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ST STEPHEN'S COLLEGE

MISSION DISCERNMENT: A PREVENTATIVE ETHICS STRATEGY
FOR LEADERS IN CATHOLIC HEALTH CARE ORGANIZATIONS

by

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A Project-Dissertation submitted to the Faculty of St. Stephen's College
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In memory of my Dad

ABSTRACT

In the demanding world of health care; an environment characterized by life and death decisions, constant change, competing priorities, and limited resources, leaders often have to make very difficult choices. Allocation of a leader's time and energy that can be devoted to any one issue is also a limiting factor. Having a reflective decision-making tool with a set of clear triggers will ensure proportionate attention is given to the critical issues facing an organization, where values such as compassion and stewardship have to be balanced.

Despite many articles devoted to the issue of moral compromise there has been less in the way of practical steps to mitigate such incidents of moral compromise occurring in the health care context. If leaders can be supported with making carefully discerned choices in the face of competing options, we prevent the likelihood that fundamental moral values of leaders will be compromised. In this way, use of mission discernment serves as a preventative ethics strategy, and a transformative tool to deepen the discerning culture of the organization.

In this Project-Dissertation, readers will be introduced to a mission discernment tool to support leaders in Catholic health care with major decision-making. The *Covenant Health Mission Discernment Tool* © 2009 was researched, developed and launched during a time of significant financial and organizational change. The consolidation of Covenant Health as the largest faith-based provider in Canada was an ideal occasion to engage leaders as the primary intended users as how to best develop a tool that would be meaningful and relevant to their leadership work. The discernment tool will help leaders make consistently balanced decisions to promote higher level systems learning, as well as collaboration and shared ownership between programs and sites, even in the face of difficult organizational challenges.

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INTRODUCTION

Be transformed by the renewing of your minds, so that you may discern what is the will of God – what is good and acceptable and perfect.

Romans 12:2

The following Project-Dissertation will examine the role of discernment in supporting leaders in Catholic health care with major decision-making. I will demonstrate that a discernment process can help leaders make consistently balanced decisions that align both personal and institutional values with the choices they make, and by doing so, prevent moral compromise.

To prove this thesis I will first define and claim my context of ministry in Catholic health care as administrative lead for mission and organizational ethics. I will then address the experience of senior executive and managerial decision-making within this context. Finally, I will present the theoretical and theological underpinnings for a practical discernment tool to guide our leaders with major decision-making, including the research project findings upon which this tool was based.

The *Covenant Health Mission Discernment Tool* resulting from my research is a design-built tool that has since become integrated into the culture of Covenant Health. My Project-Dissertation is thus appropriately governed by the requirements of the Model Ministry stream in the Doctor of Ministry Program at St. Stephen's College. As a Model Ministry, it is expected that the tool that I have researched and developed will provide a lasting contribution to our organization, and to the ministry of Catholic health care in Canada.

ASSUMPTIONS AND DISCLAIMER

I assume I have engaged in sufficient reflection regarding my learning experience in the Doctor of Ministry program, and possess the intellectual, psychological and spiritual maturity to critically evaluate my personal and professional development. I also make the assumption that my Doctoral Committee respects the particular context of ministry that frames my academic interests. This includes the perspective as viewed by my senior leadership role in a large Catholic health care organization and the experience, biases, and lessons learned in major decision-making we have gained as a senior team.

However, I am aware of the human capacity for delusion, so have contracted with my Doctoral Committee to help me notice areas where I am still lacking in freedom and grace and to consider other perspectives that might inform my Project-Dissertation.

I am cognizant that my frame of reference is invariably influenced by my faith background, spiritual formation, and leadership role. I am an active Roman Catholic, experienced spiritual director, and health care executive responsible for mission and ethics in a newly consolidated Catholic health care system, Covenant Health, now purported to be the largest in Canada. I claim my tradition and health care ministry, acknowledging the many challenges in my role, in particular, bridging the formal teachings of the Roman Catholic Church with the clinical, operational and administrative decisions within a publicly-funded health care system. The use of mission discernment is one such tool that helps balance these perspectives and guide our decision-making around major issues that can positively or negatively impact our Catholic identity and mission.

Indeed, the discernment tool that I have developed as a Model Ministry is intended to bring closer alignment between the choices our leaders make with the mission and values of Covenant Health. As foundational statements of the organization, our mission articulates what we are called to *do*, while the values define *how* this will be achieved at a behavioural, attitudinal and decision-making level.

Leaders have a significant role in setting strategic goals and ensuring accountabilities towards standards of behaviour that best advance the mission. In health care, there are many who shape the culture or ethos of the organization, including staff, volunteers, physicians and the people we serve, but it is the clinical and administrative leaders who have the most direct influence given their decision-making authority. Leadership invariably will entail making resource allocation choices around funding, staffing, capital projects and other operational priorities. These decisions can serve to integrate the mission and values, or at times, contradict them.

As I will discuss, there are many reasons why leaders may be challenged in making major decisions that are fully congruent with the mission and values of the organization, and with their own personal values, and thus would benefit from a practical tool to facilitate thoughtful analysis and support. This reflective process usually involves several steps, including: clarify the issue, ascertain the facts, name assumptions, sort and weigh values, come to a decision, and implement and evaluate the impact of the decision in light of the organization's mission and values.¹ While this is a common methodology, my Project-Dissertation focused on developing a tool that was uniquely tailored to the Covenant Health culture.

¹See, for example: John Paul Slosar, "Ethical Decisions in Health Care: A Seven-Step Ethical Discernment Process Can Help Organizational Leaders Make Wise Choices," *Health Progress* 85, no. 1 (January-February, 2004): 38-43.

I am fascinated by discernment processes and the values underlying decision-making, and have brought singular focus throughout my doctoral program in exploring values analysis as a foundation for organizational decision-making in Catholic health care systems. This is the lens through which I complete my Project-Dissertation, and my commitment to the Catholic health care tradition that I love. I presume there are other faith and organizational perspectives regarding discernment to engage this study, and I invite others to contribute to this conversation and add to my own research.

Indeed, leaders within Catholic health care represent a variety of traditions, cultures and backgrounds, and this diversity of perspectives enriches, rather than limits our capacity for discernment. While we need to be clear about the ethical and moral tradition in which Catholic health care is steeped, there is no expectation every leader, let alone the patients and residents we serve, necessarily share or own this tradition. I am cognizant that some of my language regarding discernment from the Roman Catholic tradition may not be as readily understood or meaningful to others. I am also aware of my assumption that because leaders have been oriented to Catholic health care, or even had some advanced formation experience, that the discernment tool I developed is the exclusive model for making good choices. For some of our leaders, discernment is an entirely new concept, whereas others may have had previous exposure and actual experience with a discernment process. This was reflected in the research data that showed varying degrees of exposure, understanding and receptivity to the tool. Still, moral discernment is part of the Catholic health care tradition and is worthy of leaders' consideration to support them in their work. Discernment is also a worthy field of inquiry for mainstream leadership formation in general.

Finally, I assume that helping leaders make good moral choices constitutes a preventative ethics strategy, a theme I will develop throughout this Project-Dissertation. In the very busy and demanding world of health care leadership, some choices may have lasting impact on the psyche of leaders, for good or for bad. Insofar as leaders can be supported with making carefully discerned choices in the face of competing options, we prevent or lessen the likelihood that fundamental moral values of leaders will be compromised. This strategy seeks to instill and deepen an ethical culture where leaders can flourish in bringing their entire being to the decision-making process, and have the courage to raise difficult questions that respect their deeply held values.

By fully engaging our leaders and drawing on the gifts of their experience, intellect, intuition and moral reflection, we support them in decision-making when they may otherwise feel alone and uncertain. Mission discernment is one practical way we stand behind our leaders, and in turn, help them stay with the difficult questions they face in finding a morally defensible path to guide others in the organization.

CHAPTER ONE: THE CONTEXT AND RATIONALE FOR DISCERNMENT TOOLS

WITHIN CATHOLIC HEALTH CARE

In this chapter, I will name my context of ministry and the rationale for discernment tools to support health care leaders with complex decision-making. While admittedly other support resources are readily available, I make the assumption that leaders in Catholic health care are called to champion the conscious and transparent alignment of decision-making with the values of the organization. Leaders therefore can benefit from a ready-to-use discernment process, rooted deeply in the faith tradition in which our ministry is founded, to support the explicit integration of values and organizational behaviour in Catholic health care.

NAMING OUR EXPERIENCE AND CONTEXT

To understand the need for these integrated decision-making tools, it is helpful to clarify the context of Catholic health care and the complexity of issues that leaders routinely face. As will be seen in Chapter Five, my survey of leaders' experience in other Catholic health care systems found discernment models invaluable in making sound decisions, as well as defending or communicating the rationale for the decision afterwards.² Such defense is not limited to providing cogent arguments for a decision to others, either. Given the examination of personal values in the discernment process, leaders are also able to defend

² My Applied Project for the Doctor of Ministry program involved evaluating the mission discernment model used by Trinity Health, of Novi, Michigan, and compared it with similar models used by Ascension Health (St. Louis, MO), Catholic Healthcare West (San Francisco, CA), and Catholic Health East (Newtown Square, PA).

major decisions to *themselves*. At times, we are our harshest critics, only too quick to condemn ourselves for what we did, or did not do.

Leaders in Catholic health care organizations face many difficult clinical, operational and administrative decisions during the course of their work. Significant decisions involving financial and capital planning, human resource and collective bargaining, public relations, quality and patient safety, risk management and legal, as well as ecclesial and government relations can impact the lives of hundreds, if not thousands of individuals. The very survival of our organization can be determined by one poorly managed issue.³

At times, even a seemingly mundane decision will be fraught with complexity and uncertainty testing the moral fabric of the leader, and by extension, the reputation of the organization. In Catholic health care organizations, in which we hold ourselves accountable to our funder and to the public we serve to “live our mission and values in all we do,”⁴ wrestling with the moral dimensions of what we do at a behavioural level may be subject to a finer level of scrutiny than health care organizations without a faith-based tradition. This judgment by those we serve, by our staff, and often, by our leaders themselves, is measured against the ideal of the mission, and expectations of how we are to conduct ourselves. In the Catholic health care tradition there is continuous reference to the mission and values of the organization and the healing ministry of Jesus so that it is hard for such incongruent behaviour to escape unnoticed. For better or for worse, leaders are judged by those they

³ The loss of Catholic healthcare in Humboldt, Saskatchewan in 2007 over controversy regarding tubal ligations illustrates this point. See: <http://www.cbc.ca/canada/saskatchewan/story/2007/03/07/hospital.html>

⁴ *Live our mission and values in all we do* is one of the five strategic directions of Covenant Health. See: http://www.covenanthealth.ca/resources/Covenant_Health_strategic_framework_poster.pdf. Publicly stating that Covenant Health will live the mission and values in “*all we do*,” is arguably a bolder commitment to be held accountable than simply stating “*in most we do*,” for example, or, “*in some we do*.”

serve at the behavioural, attitudinal and decision-making levels, rather than by what they pronounce.

Being clear about what ultimately drives our decision-making requires an appreciation between the *espoused* and the *operative* values of the organization. We need to be clear what our values really are and what they call us to *do*. Mission discernment provides a mechanism to align the espoused and operative values underlying decision-making, moving us toward a convergence of faith and action.

The temporal context in which decision-making occurs cannot be underestimated. Often little time is allotted for discerning among competing choices. In the demanding health care environment leaders must act quickly and decisively to ensure around the clock safe, competent, and quality care three hundred and sixty five days a year. At times, administrative, clinical, and ethical decision-making is seemingly driven by the most expedient choice among competing options. Even when sufficient time is carved out to make a good and thoughtful decision, it can go awry by inadvertently overlooking the additional time required to ensure that the decision and the rationale for it is clearly communicated to all stakeholders. Communication strategies should be part of the decision-making process right from the beginning, not an incidental step added at the end.

Given the workload pressures and unrelenting focus on tasks, it is understandable that parameters are placed on how much time, and how deep an analysis is committed to decision-making. Leaders feel pressure to expedite decision-making, sometimes losing the capacity to engage the complexity and nuances surrounding certain issues given time restraints. They also are acutely aware of their own limitations, powerless to alter certain operational and funding realities that cannot change, and which may require compromising

ideals, perhaps even their own core values when making a decision. Based on a composite of similar conversations I have had with executive and managers across Covenant Health, it is very plausible to hear a leader say:

I know we need more staffing coverage but our funding does not allow us to staff up, so why even bother debating the issue, even though I worry a lot about the impact on patient care and burning out our other staff. I tried dealing with this before and all it got was criticism. Better to just deal with what we have. I'm certainly not sticking my neck out on this again.

This level of fundamental compromise probably happens more often than we care to admit, in part due to the stigma associated with being viewed as uncooperative or obstructionist in asking further questions about an issue. Instead, leaders carry on and say nothing, but all the time bearing the weight of this lonely burden on their heart and soul. Morally, leaders often feel like they are living in a house divided.

The price of moral compromise is costly from a business continuity perspective and must be taken seriously. Leaders will disengage, and some, driven by a sense of self-preservation to hold on to any remnant of integrity left to them, may have no choice but to leave the organization altogether, only further exacerbating the employee turnover and added replacement costs. Still others will stay but with an increasing reluctance and diminished capacity to engage any form of complexity, affecting the quality of organizational decision-making overall. The cultural norm slowly drifts towards deferential thinking and risk-averse leadership. People stop questioning why certain things are done, choosing instead to stay focused on tasks and what is expected of them. Novelty, innovation and passionate engagement around important issues are diminished.

This curtailed capacity to think deeply about issues is reflective of our broader cultural context. We live in a world that values speed and efficiency, from cars, computers,

to communication devices. We are slowly losing the capacity to wait, either for a traffic light or for a decision. The illusion of technology improving the quality of our lives is a bankrupt promise, only seeming to speed up and heighten expectations of doing more in our already compressed week. Sabbath has become replaced by leisure, bringing its own compulsive behaviour of trying to fit in social activities, shopping, hobbies and even religious obligations on weekends. We are losing the capacity to stay engaged with complexity. This cultural context has a palpable influence on decision-making in which the Catholic health care ministry is immersed.

ENGAGING COMPLEXITY

One of the foundational values of Covenant Health is compassion. While expressed most tangibly in the compassionate care to patients and residents, compassion also has another face. Discernment can help leaders stay engaged with complex decision-making and identify defensible options they can support, mitigating potential moral conflict. The etymological root of *compassion* comes from the Latin *cum*, (with or together) and *passiō*, (suffering, submission) a derivative of *passus* (to suffer, submit).⁵ At its root, compassion means to be “together in suffering.” Compassion calls us to stay *with* one another in working through an exceedingly difficult issue, even when there is no immediate resolution forthcoming. Funding and resource allocation, collective bargaining and grievance procedures, patient complaints, beginning and end of life issues, accommodating special requests, alignment of service provisions with Catholic teachings, controversial research and gifting practices, are all everyday examples where leaders are called to stay engaged with

⁵ See: <http://dictionary.reference.com/browse/compassion>

complexity. At times, the daunting nature of these issues appear so overwhelming that it is understandable why some leaders are tempted to bring premature closure on discussion given no real perceived satisfactory outcome to the questions raised.

Decision-making ultimately is a values-based choice. No matter how simple or complex, decisions and how we come to them are never value-neutral. Each decision implies certain operative values. Discernment is an intentional effort to bring awareness to the underlying values behind the range of possible options for consideration. Once named, the discernment process involves weighing the values represented by each option to determine which options are most aligned with the espoused mission and core values of the organization. This is yet another meaning of compassion, in staying with or “aligned” with what we consider important, recognizing it is not always easy to do so.

For example, issues surrounding casino fundraising tests the alignment of our values with our behaviours, underscoring the need for a compassionate spirit to hear all perspectives and to stay engaged with the complexity. In recent years the Catholic Bishops of Alberta have voiced their concern regarding the noticeable shift towards a gaming culture in our province, and the corresponding moral questions this raises for Catholic sponsored facilities like Covenant Health who presently rely on some ancillary gaming revenues, in particular, video lottery activities. This concern is valid, given the research that some individuals who participate in casino and video lottery gaming will be disproportionately impacted, contributing to the exploitation of the weak and vulnerable, and the erosion of societal well-being overall.⁶ Given the Church’s longstanding commitment to defend and uphold human dignity and the efforts to improve the economic, social and political conditions so that *all*

⁶ “The ‘Charity Model’ of Casino Gambling in Alberta,” *Alberta Gaming Research Institute*, University of Alberta, 2007. See: www.abgaminginstitute.ualberta.ca/Alberta_casinos_charity_model.cfm

may flourish in service of the common good, the bishops argue that Catholic sponsored organizations have a moral responsibility to review their own fundraising efforts in light of Church teaching. While it is nearly impossible to separate what proportion of provincial funding for health care is already derived from casinos, Catholic sponsored organizations can at least ensure their own ancillary fund-raising efforts are aligned with Catholic social teaching.⁷

The ethical dilemma for our Catholic organization requires weighing the proportionate benefit or harm in ceasing reliance on casino revenues altogether if such an option results in diminished effectiveness in achieving certain fundraising goals. For other Catholic organizations in Alberta, the loss of casino revenue can be even more significant, perhaps threatening the continued viability or even survival of the organization. Thus we acknowledged the complexities regarding our own reliance on such revenues, and the need to surface realistic but morally defensible options, to more closely align our fundraising efforts with Catholic social teaching on justice and solidarity. The ethical and moral analysis we

⁷ Bishop Luc Bouchard, "On Gambling: Pastoral Letter to the Faithful of the Diocese of St. Paul," *Western Catholic Reporter* 42 (March 5, 2007): 10-12. As Bishop Bouchard maintains, it is the ancillary fund raising efforts where the organization is actively pursuing and intending to benefit from gambling revenues that he is particularly concerned:

"In Alberta, government revenue from gambling is collected by the Ministry of Gaming, and is distributed in two ways. The first is when the government disperses money through the Alberta Lottery Fund to what are termed "Payments to other Ministries." This means that the government gives additional financing to various ministries such as health, social services, and education by depositing gambling revenues into their operating budgets. In this case it is not practically possible for a hospital or a school board to sift out the revenues they receive that come from gambling and those that come from general taxation. No one who analyzes this situation is scandalized that Catholic schools, for example, accept such monies, as it is impossible to separate them from their ordinary funding.

It is the second way gambling revenue is dispersed that is problematic. In this case, a group formally requests recognition from the Ministry of Gaming in order to directly share in the proceeds of, for example, a casino. This means that Catholic institutions and organizations trying to achieve a good end, additional resources for children, are doing so by using clearly immoral means. They are making a clear choice to profit from gambling. This is scandalous and compromises the religious identity of the institution or organization."

pursued considered the Principle of Legitimate Cooperation⁸ and the tradition of weighing proportionate benefit and harm to help identify four possible options, from doing nothing to various time-limited strategies.

During this process, we recognize the need for transparent, honest dialogue by staying engaged with all the stakeholders, including the bishops. Knowing the sensitivity and complexity of this issue, and the very real economic hardships it may represent for some of our sister Catholic organizations that are part of this process, we have an opportunity to witness our values by searching for a morally defensible course of action, versus simply trying to avoid the issue. Even though there may be some discrepancy between what our organization espouses as the ideal and what it does in practice, a reasonable timeline that attempts to narrow such gap while maintaining a viable Catholic service presence in the community is simply being honest about our challenges. It is also an opportunity to seek the support of the local bishop and the Catholic community to help make this transition away from dependency on casino revenue possible. Discernment helps us find a reasonable solution facilitated in a compassionate manner that recognizes the funding pressures we often face.

Engaging the complexity of such moral decisions ultimately forces us to clarify our organizational values regarding casino revenues and the degree to which our personal values are aligned with what the organization espouses as important. For some leaders, such alignment or lack thereof on this type of moral issue can be the decisive factor whether a person chooses to stay in the organization or not, especially for those who have a strong

⁸ “The principle of legitimate cooperation in the Catholic moral tradition acknowledges that, in some instances, the good that is sought can be achieved only through cooperation with what we find morally unacceptable.” See: *Health Ethics Guide* (Ottawa: Catholic Health Association of Canada, 2000), 89.

stand on the issue. As mentioned, moral compromise occurs when leaders are forced to relegate their own personal values to the values and expectations of another. If experienced repeatedly, moral residue may force people to leave for the sake of maintaining their own personal or professional integrity. Given how prevalent reported incidents of moral compromise are becoming in health care, it is imperative that leaders be clear on their own moral boundaries regarding divisive issues such as casino fundraising.⁹ Engaging ourselves may be the most difficult part of this process given the need to examine our own values and interior landscape.

AN ETHICS OF ENGAGEMENT

An ethics of staying engaged with complexity to reconcile or balance competing values requires a nurturing of spirituality. I define spirituality as that felt inner sense of meaning or connectedness. For many, spirituality is oriented to a transcendent reality or Mystery we call God,¹⁰ for others this is expressed through a formal religious tradition. Moral theologian Richard Gula writes that ethics and spirituality do not inhabit separate spheres but are connected, and must be engaged together.¹¹ This commitment to ethics and spirituality is reflected in Covenant Health's mission defined as "*caring for the whole person*

⁹ See, for example: George Webster and Françoise Baylis, "Moral Residue," in *Margin of Error: The Ethics of Mistakes in the Practice of Medicine*, ed. S. B. Rubin and L. Zoloth (Hagerstown, MD: University Publishing Group, 2000), 217-232.

¹⁰ John H. Mostyn, CFC, "Transforming Institutions: God's Call – A Director's Response," in *Tending the Holy: Spiritual Directions Across Traditions*, ed. Novene Vest (Harrisburg, PA: Morehouse, 2003), 149.

¹¹ Richard Gula, SS, "Spirituality and Ethics in Healthcare," *Health Progress* 81, no. 4 (July - August 2000): 17-19.

– *body, mind and soul.*”¹² However this holistic spiritual vision is broader than just how we treat patients and residents. It is also a call to our own staff to bring the fullness of their personhood to all they do at work. For leaders, this is especially significant when involved in decisions that are not congruent with their own values or the values of the organization. Such decision-making practices are an assault on the inner psyche of our leaders, and only serve to undermine respect for the mission of the organization. Rather, an integrated spirituality serves to align what we hold to be fundamentally important, or valuable, with what we do. Caring for the whole person, as we attest in our mission, must therefore be evident in all behaviours, attitudes and decisions. All these dimensions of our personhood and actions must be engaged equally. Again, this is in keeping with the root meaning of compassion as “staying with.”

One everyday example where this value conflict is born out is around work/home boundaries, especially given the widespread use of personal digital assistant (PDA) devices that allow us to stay connected to our work as never before. One leader I spoke with insisted she was never going to allow work to interfere with her personal life. She will give her total time and attention at work, but when going home she is committed to leave her work behind. I believe she is exceptionally blessed to maintain such defined boundaries, with many more leaders tragically blurring the two worlds, as work spills more and more into our personal lives through use of personal digital assistants. Others who would like to maintain the same boundaries but are unsuccessful may fear impunity if they are not available for work twenty-four hours a day.

¹² “The entire mission statement reads: “We are called to continue the healing ministry of Jesus by serving with compassion, upholding the sacredness of life in all stages, and caring for the whole person – body, mind and soul.” For more information on the Covenant Health mission, vision and values, see: www.covenanthealth.ca/about-us/mission-vision-values.html

Another Vice President colleague insists that the quality of her performance and capacity for good decision-making is diminished by overwork, and hence strives to maintain a healthy work/life balance. Many more health care leaders need a great deal of support to maintain such clear boundaries, often working into the evenings and on weekends in an effort to stay on top of their responsibilities. Unfortunately, when we do pause it is often due to exhaustion. A culture that is dependent upon non-stop work will invariably suffer, including our ability to make good decisions. Ironically, our health care culture is oriented to saving lives and caring for the sick yet has toxic features that can wreak havoc with employee health. This is where our mission to uphold the sacredness of life in all its stages and manifestations, at least for our staff and leaders, is sometimes lacking. Our work practices can be anything but life-giving.

This toxicity is evident in our wider culture. In 1995, Pope John Paul II wrote about a palpable shift towards a “veritable ‘culture of death’ ” in his encyclical, *Evangelium Vitae* (*The Gospel of Life*),¹³ condemning the insidious ways in which the value and inviolability of human life is constantly eroded and treated as a commodity. According to the Holy Father, such a cultural stance is not just neutral towards respecting the dignity and life of the human person, but aggressively opposed to life. This is the cultural backdrop in which leaders in Catholic health care need to be ever vigilant. Real or perceived expectations around staying connected to work at all times is not respectful of human dignity, yet we continue to reward these behaviours in our organization by positively recognizing staff for their long hours, even exceeding what is expected of them. The encyclical identifies a number of examples how our present culture is openly hostile to “the Gospel of Life,” including pre-implantation diagnosis, human embryonic experimentation, physician assisted suicide and euthanasia

¹³ John Paul II, *Evangelium Vitae* (Rome: Libreria Editrice Vaticana, 1995), 12.

(among other troubling bioethical issues), all based on an extrinsic calculation of the worth of the human being, which the Church consistently rejects. While these are certainly challenging issues, it is in the seemingly benign norms around socially sanctioned work ethics that this threat to human dignity is probably most commonly felt.

Similarly, the 2008 release of “Instruction *Dignitas Personae* on Certain Bioethical Issues”¹⁴ by the Congregation for the Doctrine of the Faith (CDF) echoes the need to uphold human dignity from conception to natural death. The CDF statement clarifies the Church’s long-standing position on the above clinical issues on life and death. This has clear implications for the kinds of services hostile to life that cannot ever be provided in Catholic facilities, despite lobby group efforts, clinician and even patient requests to provide such services. These are refused. Good discernment knows when we can say “yes” to a proposal, and when we have to say “no” all in witness to our values:

The fulfillment of this duty implies courageous opposition to all those practices which result in grave and unjust discrimination against unborn human beings, who have the dignity of a person, created like others in the image of God. *Behind every “no” in the difficult task of discerning between good and evil, there shines a great “yes” to the recognition of the dignity and inalienable value of every single and unique human being called into existence.*¹⁵

The challenges raised in *Dignitas Personae* and *Evangelium Vitae* obviously have specific clinical significance. While these assaults on human dignity are profound in their clinical and research contexts, the underlying attitude in which the value of life is reduced to its practical, extrinsic worth has far reaching implications for how we treat one another in the workplace, as well. Leaders in Catholic health care are to uphold and respect the intrinsic human dignity of *all* persons, both patients *and* staff. We are called to create a culture of life,

¹⁴ Congregation for the Doctrine of the Faith, “Instruction *Dignitas Personae* on Certain Bioethical Issues” (Rome: Libreria Editrice Vaticana, 2008).

¹⁵ *Ibid.*, 37.

from how we treat everyone we encounter in our institutions, to what programs and services we offer, to what kinds of decisions and choices we make. Cardinal Joseph Bernadin similarly argued for a “consistent ethic of life”¹⁶ so that no matter how complex or nuanced a decision may be, or overwhelming the workload pressures leaders face, we need to demonstrate a consistent and clear alignment between what we value as an organization and what we say or do.

Still, the cultural bias towards efficiency and expediency and its effects on our decision-making are ever-present. As noted, leaders will often detect resistance when they are holding up the decision-making by asking too many questions, and will instead forgo further inquiry. But there are times that we cannot afford *not* to have the conversation. Executive summaries of *requests for decisions* are useful tools to consolidate our thinking, but they are not an end in themselves, intended to replace the substantive analysis that normally accompanies such high level summaries. If we begin framing all our thinking and communication in briefing note formats and bullet point analyses, there will inevitably be a tragic erosion of deep engagement with the issues. Reactive thinking and shallow, short-term vision in such a culture will inevitably lead to inconsistent ethical choices, and possible failure or even harm. Rather, discernment invites us to stay engaged with complexity, and, by doing so, to mitigate moral conflict.

¹⁶ See: Ron Hamel, “Twenty-Five Years Later: Cardinal Bernadin’s Consistent Ethic of Life. What it Still Means to Catholic Health Care,” *Health Progress* 89, no. 6 (November-December, 2008): 56-9.

CHAPTER TWO: DISCERNMENT AS A PREVENTATIVE ETHICS STRATEGY

In view of these observations and the research into why many business decisions fail,¹⁷ deepening the capacity for discernment can serve as a preventative ethics strategy in helping leaders avoid the very pitfalls that result in failed or poorly managed decisions, triggering moral conflict.¹⁸ I have concentrated my elective course work in the Doctor of Ministry program on the theory and theology of discernment as practiced in institutional settings. Based on these studies, as well as my experience as a spiritual director and health care executive in mission and organizational ethics, I am keenly aware of the forces that influence or impede decision-making.¹⁹ By failing to govern good discernment practices, leaders can easily be misled or deluded in their decision-making, for example, making a hasty decision during a time when our judgment may be impaired or clouded by despair.²⁰

As Catholic health care has transitioned from religious to lay leadership over the past few decades, new formative models of communal decision-making, once familiar and grounded in the rhythm of religious life, are needed to help guide today's emerging lay leaders. These raise questions of where we might see evidence of such discernment models operating in our current context, and how would we describe them. In the next section, I will

¹⁷ Paul C. Nutt, *Why Decisions Fail: Avoiding the Blunders and Traps that Lead to Debacles* (San Francisco: Berrett-Koehler, 2002). I discuss this further on p. 40.

¹⁸ The term "preventative ethics strategy" borrows from the work of Frank A. Chervenak and Laurence B. McCullough in "Physicians and Hospital Managers as Cofiduciaries of Patients: Rhetoric or Reality?" *Journal of Healthcare Management* 48, no. 3 (May-June, 2003): 172-79; discussion 180.

¹⁹ Andre' L. Delbecq, Elizabeth Liebert, John Mostyn, Paul C. Nutt and Gordan Walter, "Discernment and Strategic Decision Making: Reflections for a Spirituality of Organizational Leadership," in *Spiritual Intelligence at Work: Meaning, Metaphor, and Morals*, ed. Moses L. Pava in *Research in Ethical Issues in Organizations*, vol. 5 (New York, NY: Yeshiva University, 2004), 139-174.

²⁰ See, for example the classic: "Rules for the Discernment of Spirits," in *The Spiritual Exercises of St. Ignatius*, ed. Louis J. Puhl, SJ (Chicago, IL: Loyola University Press, 1951), 141-150. Rule 318 states: "In time of desolation we should never make any change, but remain firm and constant in the resolution and decision which guided us the day before the desolation, or in the decision to which we adhered in the preceding consolation."

provide a functional definition of discernment, as well as explore the rich theological meaning of this ancient practice. As will be seen, discernment understood in both its historic and contemporary applications is a relevant tool for supporting leaders in Catholic health care.

NAMING AND WEIGHING VALUES

The Merriam-Webster on-line dictionary defines discernment as: “the quality of being able to grasp and comprehend what is obscure.”²¹ I interpret obscurity to mean what lies beneath the surface of an issue, or what is not readily apparent to the perceiver. Discernment is closely related to having keen penetrating insight and a practical discriminating judgment. The Latin root *discernere*, means “to separate” or “distinguish,”²² as in “distinguishing fact from fiction,” or “truth from half-truths.” Applied to leadership, this initial working definition of discernment suggests *having the capacity to probe deeply and understand the subtleties of an issue in order to make a practical and accurate judgment or decision.*

In my experience, discernment is easiest understood as a values analysis process. Values are those qualities of attitudes and behaviours we consider important. By probing deeply and widely into a matter requiring a decision we are able to identify and confirm what is really important, or *valuable*, to an organization. Once named, we can critically evaluate options and the underlying values that are most aligned with our core identity.

²¹ Merriam-Webster Online Dictionary (2008). See: www.merriam-webster.com/dictionary/discernment

²² Danny E. Morris and Charles M. Olsen, *Discerning God's Will Together: A Spiritual Practice for the Church* (Nashville, TN: Upper Room, 1997), 23.

For example, in exploring whether to open a new hospital program we want to be clear whether this decision is driven by a genuine commitment to providing compassionate care to the unmet needs in the community as implied in our mission, or whether it is more about promoting public image and self interest by expanding our operational influence and control. Those are two very different value sets. Similarly we would also want to know how the proposed decision will reflect good stewardship if our funding allocation cannot be sustained over time, or if it negatively impacts other competing programs that advance our mission. Once we have probed and gained clarity regarding the implicit values represented by each option, we are then able to bring thoughtful choice as to what option best reflects or aligns with the espoused values of the organization, and with our own personal values system. This is what is meant in the human resource literature as value alignment or cultural “fit.”²³

This type of decision-making attempts to probe deeper than just establishing the facts or surfacing viable options and alternative courses of action, as important as these steps are to good decision-making. Rather, it requires an intentional naming and weighing of the values represented by each option, which are often embedded in the business case and due diligence details, though not always apparent. The values can be obscured. Or they may be explicit but ignored, especially if there is some urgency or pressure to act on the proposed decision. Discernment demands seeing clearly the many threads that make up the complex and intertwining fabric of an issue, much as the stitched weave beneath the tapestry form the basis for the pattern on the exterior surface. Alternatively, the process of discernment tries to

²³ See, for example: <http://humanresources.about.com/od/organizationalculture/a/culture.htm>

see both “the forest *and* the trees,” and to “locate the immediate and particular within a vision of the broad and distant landscape.”²⁴

To discern can be more than an intellectual or cognitive ranking exercise, such as when we move Post-it® notes around a white board during strategic planning retreats to cluster data and determine logical thematic patterns. Discernment engages the imagination, feelings, intuition, as well as reflection and prayer, as integral parts of the process. I was first exposed to the concept of discernment as a prayerful exercise in my formal spiritual direction training, drawing upon the work of St. Ignatius of Loyola in identifying the inner movements of a person’s life. In the context of spiritual direction, discernment requires a discriminating judgment and penetrating insight as to what moves a directee closer, or further away, from God (the inner movements of consolation or desolation, respectively).

I will address the fuller theological meaning of the Christian tradition of discernment later in this chapter, including the role of prayer and related attitudes or dispositions that support a discerning leadership *culture*. At this point, however, I would like to focus on discernment in its most accessible and tangible application as an operational decision-making tool. This is informed by my experience of various discernment models that are part of the main stream cultural life in other Catholic health care organizations, which I will explore further in Chapter Five.

We make value choices everyday in our lives, from how we drive our vehicles, to what we eat, to what we spend money on, to what email we open first. Whenever we become aware of the value-laden choices we are making, and weigh them against our core values (or that of the organization), we are engaged in a rudimentary form of discernment. Discernment therefore implies more than just making choices, but also making a commitment *to action*. I

²⁴ Morris and Olsen.

do not really value exercise if I never get out of bed early in the morning and use my stationary bicycle. Nor can I say I really value family life if I spend all my time at work, or when I am at home, I continue to dwell incessantly about work so that I am not really present to my wife and children. Or if my spiritual director asks me about my prayer life, I should be able to show where my good intentions actually translated into taking time to pray.

Later in this Project-Dissertation, I will talk about the virtues required to carry a discerned choice through to action, and the role of prophetic witness as part of the Christian tradition of discernment to further this line of inquiry. Words like “values” and “prophetic witness” raise questions of language which I must first address.

QUESTIONS OF LANGUAGE

One of the issues I had to explore during the research phase was how best to describe the discernment tool we envisioned for Covenant Health. During the qualitative interviews I sought input from Covenant Health leaders regarding the best term for our decision-making tool, recognizing that “discernment” may not be an accessible term in today’s business culture. In developing a practical and accessible tool for our leaders to support major decision-making, I want to ensure the language used to frame discernment is itself not a stumbling block. One strategy was to tie the model to a familiar decision-making or exploratory tool that already exists in our organization and in the general health care field, such as “root causes analyses” or “deep dive exercises.”²⁵

²⁵ A ‘deep-dive process’ is defined by one website as the “act of strategizing in depth about a single and sometimes urgent topic, often while identifying the ‘root cause’ of the issue. This is typically done among team members of complementary disciplines.” See Gaylord Palm Deep Dive Breakaways, at: www.DeepDiveBreakaways.com

While these processes are helpful in fostering a more discerning and collaborative decision-making culture, they do not necessarily involve an explicit focus on values, and in that sense, only approximate the contributions that a discernment tool can bring a leader. Values may be an incidental factor for consideration in a deep dive exercise, or any other formal review process. However I am concerned that failure to intentionally and publicly anchor decision-making to values may constitute a lost opportunity to *drive* decision-making from that foundational core level. The values remain only peripheral, not central, to the discussion. It is for this reason that I anticipated use of *mission discernment* or *organizational ethics reflection* as likely the most accessible name for the tool that characterizes its purpose and role in supporting leaders in making practical decisions in alignment with our mission and values. During my research I asked participants what they would call the proposed tool, seeking their input regarding accessible language, which I report later in Chapter Nine.

Regardless of how discernment occurs and is named in the organization, what is fundamentally important is creating a cultural environment where leaders are held accountable for values-based decisions and behaviours. This begins at the Board of Directors and Chief Executive Officer (CEO) level, and is reinforced throughout the organization by performance evaluations, selection and recruitment practices, succession planning and mission assessment tools that gauge our commitment to mission against a number of targets and measures. Unless values are reinforced through various reporting mechanisms and accountabilities, it is unlikely that values will really drive organizational behaviour.

In the section that follows I present the classic understanding of discernment that I have used to help orient leaders to the process, with some success in framing the broad theological content of the tradition.

THE CLASSIC DISCERNMENT TRADITION

The role of discernment stems far back in early Christian history, drawing from the experience of the desert ascetics of fourth century Egypt who helped guide others in the spiritual life.²⁶ Years of solitude and austerity deepened the capacity of these holy men and women to hear the voice of God more clearly in their own lives, by silencing the distraction of their own ego and compulsions. Having been sufficiently grounded in prayer and silence, they would then in turn offer a “word” of guidance or encouragement to others who journeyed out into the desert to seek them. The ascetic lifestyle of these *abbas* (fathers) and *ammās* (mothers) modelled the role of prayer and utter dependence upon God’s grace as an essential and foundational element of discernment, recognizing our capacity for delusion is ever present.

In the classic sense then, discernment is about seeking the will of God. It is not a decision-making tool *per se*; rather its primary purpose is in facilitating a deeper relationship or friendship with God. It is, however, a graced decision-making process in that it helps us live in friendship with this Mystery, aligning our will with that of God in all our thoughts, words, actions, and decisions. By listening more closely to God’s voice in our lives, we are freer to respond fully to God, seeing our way clearly through decision-making when that is otherwise clouded or obscured by our own fears, compulsions or desires.

²⁶ Gordon Self, “A Word in the Desert: The Mission Leader as Spiritual Director for the Catholic Health Care Organization,” *Catholic Health Association of Canada Review* 30, no. 1 (Spring 2002): 18-21.

The tradition of discernment and strategic decision-making are related “in that they are both processes of approaching thoughtful choice.”²⁷ As the older of the two traditions, discernment is “the process of developing eyes to see God in the midst of ordinary, finite existence, to allow ourselves to be stirred by this God and called into a vocation of service in God’s creative project.”²⁸ As with the desert ascetics, this requires stepping back to listen carefully to God’s voice among other competing voices, and adopting an attitude of *detachment* in order to be open to the will of God.

Another way to define discernment is: “a prayerful, informed, and intentional effort to distinguish God’s voice from other voices that influence us.”²⁹ In *Grounded in God*, the authors describe this process of sifting as distinguishing the voice of God from:

the voice of our parents echoing from years past, the voices of friends, voices of urgency or fear. These voices are neither bad nor good in and of themselves. God often speaks to us through them. But, if followed indiscriminately, such voices can dominate us and lead us along a wrong path.”³⁰

Much like the discriminating role of Quaker clearness committees,³¹ communal discernment models bring the attentive and prayerful presence of others to help an individual discern hear more clearly the voice of God in their life.

While fleeing to the desert or other modern retreat settings is not always practical for today’s busy leader in Catholic health care, the intentional use of a discernment tool creates an added spaciousness for leadership teams to explore the complexity of issues and to weigh possible options in light of the organization’s mission, vision and values. This does not mean

²⁷ Delbecq, *et al*, 147.

²⁸ *Ibid.*

²⁹ Suzanne G. Farnham, Stephanie A. Hull and R. Taylor McLean, *Grounded in God: Listening Hearts Discernment for Group Deliberations*, rev. ed. (Harrisburg, PA: Morehouse Publishing, 1999), 1.

³⁰ *Ibid.*, 6.

³¹ “A time-honored process that invites people to help each other with personal problems while practicing a discipline that protects the sanctity of the soul.” For a full description of the structure and process of clearness committees, see, Parker J. Palmer, *The Courage to Teach: Exploring the Inner Landscape of a Teacher’s Life* (San Francisco, CA: Jossey-Bass, 1998), 152-56.

the decisions will be any less challenging or difficult, rather the discernment process attempts to provide an additional way of supporting leaders by serving to integrate the mission in organizational planning and decision-making in a practical and measurable way. A discernment process may in fact call us to do something that demands great courage, unsettling our own complacency.

Moreover, use of the mission discernment tool does not mean every outcome will lead to a consensus. In fact, the discerned decision, if weighed carefully in freedom and peace, may actually reside with the minority opinion, unlike a parliamentary model of decision-making of “fifty plus one.”³² Therefore it is important that the Covenant Health discernment tool clearly delineates expectations for its use. The tool is not meant to be employed for disingenuous purposes, for example, to justify (or “baptize”) a decision already made, or as a means of providing insurance protection in cases where leaders feel they be at risk for legal action.

Despite risks of the discernment process being co-opted, we can at least be encouraged by our tradition. As a faith-based organization, we assume that God desires what is good for the organization and will guide leaders in discerning choices congruent with God’s will in freedom and peace. God desires what is good for the faith-based organization, and the leader is called to trust that God will guide them to seek and pursue the good as they understand it. A theology of the Holy Spirit assumes God’s people have not been abandoned, for as Jesus promises: “the Advocate, the Holy Spirit, whom the Father will send in my name, will teach you everything.”³³ This incarnational theology therefore assumes that examining closely the business and operational realities leaders face everyday, and bringing a

³² Mary Benet McKinney, OSB, *Sharing Wisdom: A Process for Group Decision Making* (Allen, TX: Tabor, 1987), 6.

³³ John 14:26 NRSV (New Revised Standard Version).

lens of analysis that delves into the realm of intuition, feelings (i.e., fear and joy), complemented by prayer and reflection, creates capacity to hear the movement of the Spirit in the organization, and respond in freedom to where the Spirit calls.

Our Christian tradition also reminds us that it is not up to our sheer will power to save ourselves through good works, as the Pelagian heresy maintained.³⁴ It is rather by the grace of God that we discern clearly, and through grace that we are strengthened to respond to the discerned will of God with freedom and courage. Other hallmarks or “fruits” of good discernment include peace, generosity, and joy.³⁵ Conversely, anxiety, distress and desolation may be indicative that we are not meant to decide upon a matter hastily. The lingering distress or residue around conflict of values in decision-making is evidence of a lack of peace, and demonstrates the need for a sustainable and preventative ethics strategy to support traditional decision-making for leaders in Catholic health care.

The themes of stewardship and trust in God’s grace are also operative. God provides us with gifts and we are called to use those gifts for the good of the community. Discernment is a means of seeking God’s greatest desires for the community and aligning our heart and minds to help bring these goods about, for the sake of others. This is reflected in the values of the organization, the legacy of the founding sisters, and in the tradition of Catholic social teaching in which we are steeped.

As much as discernment involves a discriminating judgment to sort through what is of God and what is more a voice or projection of our own ego, discernment is, fundamentally, an act of prayer. Thomas Green, SJ, author of the spiritual classic, *Weeds*

³⁴ Pelagius argued that we can save ourselves by good works, and denied the doctrine of original sin. He was declared a heretic by the Council of Carthage in 418. See: John J. English, SJ, *Spiritual Freedom: From an Experience of the Ignatian Exercises to the Art of Spiritual Guidance*, rev. 2d ed. (Chicago, IL: Loyola Press, 1995), 19.

³⁵ Gal. 5: 22 NRSV (New Revised Standard Version).

Among the Wheat, describes discernment as “the meeting point of prayer and apostolic action.”³⁶ Ignatian spirituality, the perspective from which Green writes, is premised on the awareness that there are diverse “spirits” in our lives, which either move us closer to God and opens us up to life and to others, or moves us away from God, keeping us self-absorbed and in a state of anxiety. This is based on Ignatius’ own experience while convalescing in bed after sustaining a leg injury in battle, when he began to notice that when he daydreamed about living the courtly life to which he long aspired, he felt dry, empty, tepid, and anxious. Conversely, having been given a book on the lives of the saints and of Jesus to occupy his long convalescence, he began to notice how reading the lives of these holy men and women would enflame his heart with love and a desire to serve, which was accompanied by a sense of peace and joy. From this initial observation of the movements of consolation and desolation, Ignatius developed his systematic *Rules for the Discernment of Spirits*.³⁷

It is beyond the scope of my Project-Dissertation to explore the insight of Ignatian spirituality and lasting gift of *The Rules* to the Church for the past five hundred years, however, it is nevertheless helpful to comment on the theological assumptions regarding discernment, and the practical implications that follow for leadership in Catholic health care.

THEOLOGICAL ASSUMPTIONS

In omnibus quaerant Deum (Let them seek God in all things)

St. Ignatius of Loyola

A foundational belief in Ignatian spirituality is the assertion that God is present in all

³⁶ Thomas H. Green, SJ, *Weeds Among the Wheat. Discernment: Where Prayer & Action Meet* (Notre Dame, IN: Ave Maria Press, 1984), 21.

³⁷ Ignatius of Loyola, “Rules for the Discernment of Spirits,” in *The Spiritual Exercises of St. Ignatius*, ed. Louis, J. Puhl, SJ (Chicago: Loyola University Press, 1951), 141-150.

things. A thousand years earlier St. Benedict made a similar claim, insisting the monastery's utensils should be treated with the same reverence as the sacred vessels of the altar.³⁸ The sacred is imbued in all human activity, including business and organizational life, and by extension, decision-making practices. The corporate office therefore is as equally the dwelling place of God as is the cathedral. Both the priest and CEO are discerners of God's spirit in the life of their respective communities. And together, Holy Scriptures and the financial balance sheet communicate what is of value and requiring our attention. There is no such thing as "secular," for as poet Gerard Manley Hopkins writes:

The world is charged with the grandeur of God. It will flame out, like shining from
shook foil; It gathers to a greatness, like the ooze of oil Crushed... Because the Holy
Ghost over the bent World broods with warm breast and with ah! bright wings.³⁹

Hopkins' metaphor of God's presence like oil seeping and pressed into every pore and experience is powerful. It is impossible to accept this theological vision and then dismiss what happens around hospital operations or senior executive team meetings as secular activities that are carved out and disconnected from traditional moments of prayer. The utter irony of offering a quick reflection at the beginning of the meeting to "satisfy" the obligatory prayer requirement fails to appreciate that the entire meeting is an experience of *prayerful* reflection. All of organizational life is prayer, inasmuch as prayer is understood in its deepest sense as a yearning for genuine relationship and communion – with God, self, and others.

In making good decisions that are congruent with our personal and organizational values we experience authenticity. It is the poorly managed decisions that leave us feeling

³⁸ Benedict of Nursia, *The Rule of St. Benedict in English* ed. Timothy Fry, OSB (Collegeville, MN: Liturgical Press, 1982), 31: 10.

³⁹ Gerard Manley Hopkins, *God's Grandeur* (1877). See the entire poem and commentary on the immanence of God reflected in Hopkins' poem at: <http://www.sparknotes.com/poetry/hopkins/section1.html>

disconnected from our deepest self, with God, and with community that contrasts with this understanding of prayer as yearning for genuine relationship. Admittedly few could claim their work as an experience of prayer when they are making decisions that are in direct violation of personal or organizational values, undermining any expression of authentic community. I will return to this later in terms of team attitudes and practices that encourage a discerning culture. Suffice to say now that we need to look more deeply at the significance of our work and see the Spirit “shining from shook foil,” or reflected, in executive decision-making.

Indeed, it is *through* our experience as leaders that we discern the presence of God. Our lives are the very scriptures upon which the story of God is told anew. Karl Rahner maintains that the experience of the self is the condition that makes it possible to experience God.⁴⁰ In fact, Rahner argues there is a unity between the experience of self and the experience of God. However, this is not an absolute identity that fails to acknowledge the “otherness” or transcendent dimension of God. The discernment tradition is equally clear about affirming a need for perspective and clear vision outside of ourselves, given the predisposition to delusion and ego aggrandizement. We search for the word in the desert that is uttered by the Mystery we call God, in dialogue with our own voice.

Still, we need to pay close attention to how the Transcendent breaks into our consciousness through the daily events of our lives, including times of prayer and quiet reflection. It is because of this unity of experience between self and God, says Rahner, in which we grow to a deeper knowledge or awareness of our own personal development. All

⁴⁰ Karl Rahner, *Theological Investigations: Volume XIII: Theology, Anthropology, Christology*, trans. David Bourke (New York, NY: Seabury Press, 1975), 125.

of this is dependent upon the revelation of God who is active and present in our lives.⁴¹ We come to know more of who we are as God sees us, in all our imperfections and gifts, by reflecting on the voice of God sounding in the depths of our being. The converse is equally true. Deepening our capacity to reflect on who we are and where God is calling us will invariably reveal aspects of the nature of God. Simply put, we come to know God more fully by paying attention to our lived experience. Those who only bring concerted focus to their experience of self and God during an-hour-a-week of worship apart from individual prayer or reflection fail to see how God is revealed in the myriad of activities, choices, behaviours and decisions made during the rest of the week. Discernment helps us become much more aware of this unity of experience in our entire life. Therefore, we can never be simply discerning one thing or another without at the same time instilling a discerning heart about *everything* we say or do. Put another way, we can not “do” discernment without also becoming a discerning person or discerning organization. The practice ultimately calls us to foster a discerning *culture*, where we listen to the voice of God “in all things.”

PRACTICAL AND THEORETICAL CONSIDERATIONS OF LEADERSHIP

Health care leaders are an eminently practical people, and typically want hands-on resources that have clearly demonstrated effectiveness and relevance. There is little appetite for engaging a process that will not add value or depth to a conversation, especially when already pressed for time. The investment to do a thorough discernment when traditional decision-making is already constrained by time has to be justifiable from a cost-benefit perspective to warrant its use. Moreover, the discernment tool user’s guideline has to be

⁴¹ *Ibid.*, 126.

clearly written, with practical examples and step-by-step reflection questions based on input from primary users, and other suggested resources to assist users in their day-to-day leadership work.

Similarly, the education around use of the tool has to be practical, borrowing from the principles of adult education in providing ample opportunity for interactive discussion and use of actual case examples. My Applied Project research that I will discuss in Chapter Five demonstrated that leaders learn best by actually doing the discernment process. Because of this there should be resources to help leaders to apply the tool early on, facilitating simpler discernments if possible to help orient them to the process itself, in order to assess its value on a first hand basis.

The proposed discernment tool must be adaptable to work with different leadership styles and needs. Some situations may also influence the necessary leadership response, from collaborative decision-making to more directive approaches.⁴² The discerned choice that emerges from use of the tool may actually call the leader to take decisive, singular action even though the process at arriving at this decision may have involved wide consultation. For example, termination of an employee for or without cause may limit how wide they may freely consult with others, or, what options are available to them other than communication of this decision to the employee and ensuring a just severance package. In this way it is hoped that use of the discernment process in seeking the will of God can afford leaders faced with these difficult decisions the confidence and support they require, all the while recognizing few desirable options may be available to them. Insofar as discernment can help

⁴² *Situational Leadership®* theory maintains that the most appropriate leadership style is dependent upon the situation at hand. This is discussed further on page 86. See: Ken Blanchard, Drea Zigarmi and Robert B. Nelson, "Situational Leadership® After 25 Years: A Retrospective," *Journal of Leadership & Organizational Studies* 1, no. 1 (1993): 21-36.

mitigate making poor choices that result in life-long consequences on self and others, the tool can serve as a preventative ethics strategy. Leaders therefore will want to know if the tool is accessible and adaptable for broad, transparent consultation decision-making processes as it is for discreet, closed-circle decisions like the one above to ensure consistent and just ethical decision-making, regardless of the situation.

As noted during my Applied Project, the discernment tool I envisioned had to be aligned with the Covenant Health culture and be both relevant and meaningful to our leaders, who are the primary intended users of the tool. What makes my Model Ministry novel is the design of the tool and the accompanying facilitation steps. While the tradition of discernment in the Christian church has arguably not seen much significant change since Ignatius of Loyola's *Rules for the Discernment of Spirits*, the Covenant Health tool does nevertheless have original features tailored for use in our new consolidated health care organization. This establishes my Model Ministry as a trustworthy professional contribution, worthy of doctoral recognition.

INTERSECTION WITH ORGANIZATIONAL DEVELOPMENT THEORY

Business management theorist Peter Senge provides a useful perspective to support development of a discernment tool for Covenant Health. In his celebrated work, *The Fifth Discipline: The Art & Practice of the Learning Organization*, Senge describes how organizations acquire learning disabilities that will interfere with managerial decision-making. If ignored, these learning disabilities only serve to reinforce past patterns of

behaviour and perceptions, often to the detriment of the organization.⁴³ Feedback loops and other compensating dynamics will perpetuate a distorted vision of reality that can blind leaders and impair their judgment. To counter this, Senge argues organizational cultures need to promote a generosity of spirit and reflective openness that will encourage leaders to question their assumptions and probe for other possibilities, especially when facing major decisions. While fear, insecurity, and ego may naturally resist such inquiry, leaders are called to develop a sense of personal mastery to break through the resistance and circular patterns of thinking and behaviour. This is what will lead to innovation and organizational flourishing.

Two aspects of personal mastery are noteworthy. First, Senge identifies the capacity of leaders to hold “creative tension.”⁴⁴ An example of this was seen when our senior team set out to clarify our position regarding the accommodation of very important persons (VIP’s) in our facilities. We acknowledged times when we felt pressured by our funder to accommodate special requests, even when doing so undermined the professional judgment of our clinical staff or even compromised the care of other patients. We desired to ensure timely and appropriate access to those most in need based on their clinical presentation, regardless of their position or influence, in keeping with the highest ethical standards we uphold as a Catholic, mission-based organization. At the same time we recognized the impact one influential person can have on our ability to provide care for thousands down the road if they elect to withdraw their political, financial or community support should their request for VIP treatment be denied. All of these concerns were legitimate, which prompted us to hold creative tension long enough to surface the appropriate, and prudent, ethical

⁴³ Peter M. Senge, *The Fifth Discipline: The Art & Practice of the Learning Organization*, rev. ed. (New York, NY: Currency Doubleday, 2006), 18.

⁴⁴ *Ibid.*, 139.

framework to guide us. Neither ignoring the external pressure nor succumbing to it seemed attractive options.

Second, Senge insists personal mastery must include a commitment to the truth. By this he does not mean a search for the ultimate Truth, but rather “a relentless willingness to root out the ways we limit or deceive ourselves from seeing what is, and to continually challenge our theories of why things are the way they are.”⁴⁵ Our senior team exhibited this willingness to be truthful about our practices, especially when we acknowledged our attitudes and expectations were we to present ourselves, our spouses or our children to the Emergency Department.

By being vulnerable with one another about our experience we were able to move beyond the circular patterns that previously kept our team from exercising a consistent, ethical practice when accommodating special requests. Paradoxically, our vulnerability led us to a place of power, shifting from the mental construct that we heretofore held us captive for fear of financial or political repercussions. Our discernment process demonstrated personal and team mastery to move beyond the impasse to real innovative policy development, which we subsequently shared with our funder to influence a region-wide approach, thus extending our positive contributions even further.

Choosing to risk vulnerability in pursuit of what we thought was a necessary conversation underscores the need for compassion, recognizing all of us may be trapped in ways of thinking and seeing whose exposure requires communal support.⁴⁶ Given the very passionate views held by our team members, we designed the discernment process so that private interviews preceded a group conversation. Accommodating special requests is not a

⁴⁵ *Ibid.*, 148.

⁴⁶ *Ibid.*, 160.

straightforward matter, and some of our leaders have lingering residue over how they previously handled matters. Discernment is a tangible way in which we live our value of compassion at Covenant Health. The process is a preventative ethics strategy in helping our leaders stay engaged with the difficult issues, thus assists in finding a reasonable, transparent, and morally defensible solution acceptable to all.

A similar theoretical approach supporting the value of discernment practice is Appreciative Inquiry. Unlike traditional problem-solving paradigms that focus on what is not working in a team or system, Appreciative Inquiry (AI), engages participants in a process of discovering what is possible and positive, and therefore worthy of the team's attention. Like personal mastery, AI promotes good conversations. By asking a series of questions that continually unfold "positive potential," a team is able to direct its energy and resources to where they are better served. AI keeps the conversation centered on the team's desired vision versus the obstacles that thwart its achievement. In this way, "intervention gives way to imagination and innovation; instead of negation, criticism, and spiraling diagnosis there is discovery, dream, and design."⁴⁷ For example, when examining a complex phenomenon like Emergency Department overcrowding, it is easy to focus attention on the competing resource needs, staff personalities, and other secondary issues, very quickly losing sight of what *is* working and ways of reinforcing those desired behaviours. It is quite possible to say Emergency backlogs are symptomatic of a bigger system issue and end up doing nothing. AI is a useful model in shifting our attention to what is possible despite the limits of any system, channelling energy towards constructive change, no matter how small or incremental.

⁴⁷ David L. Cooperrider and Diana Whitney, *Appreciative Inquiry* (San Francisco, CA: Berrett-Koehler, 1999), 10.

In our experience, mission discernment has the same positive impact. We were finally able to move beyond the impasse regarding the accommodation of special requests once we clarified our fundamental, non-negotiable values and how they could be best witnessed. The other circumstantial issues, which had always monopolized our attention, became less problematic and more easily managed. Our prior reactionary stance resulted in either passive acquiescence or aggressive resistance, which seemed only to escalate regional tensions and accusations of non-compliance by the funder. We complained about the issue often and blamed others in the region, indicative of the very organizational pitfall or learning disability which Senge calls, “the enemy is out there.”⁴⁸ Only when we committed our energy and leadership will to a pro-active solution did we break through the negative cycle. Like models of Appreciative Inquiry, the discernment process actively solicited input from our leaders as to what is morally possible and positive that we could all support.

Inquiry-based models that distil finer levels of possibility and the contribution of personal mastery in organizational development are both reflected in Margaret Wheatley’s reflections on leadership. In *Finding our Way: Leadership For an Uncertain Time*, Wheatley acknowledges the negative societal trends towards speed, polarization and ceaseless activity, leaving little or no time for thoughtful reflection. She challenges leaders to pay attention to the insidious ways in which we cooperate with such trends by our silence, rather than by courageously speaking out and claiming new ways of relating with one another.⁴⁹ This requires an honest appreciation and recognition of our connectedness to larger systems, and

⁴⁸ Senge, 19. “There is in each of us a propensity to find someone or something outside ourselves to blame when things go wrong. Some organizations elevate this propensity to a commandment: ‘Thou shalt always find an external agent to blame’.” Operating within a publicly funded system, it is admittedly convenient, though not necessarily helpful, to have an external funder to attribute blame.

⁴⁹ Margaret J. Wheatley, *Finding our Way: Leadership For an Uncertain Time* (San Francisco, CA: Berrett-Koehler, 2005), 201-229.

taking time to listen and think deeply about the systemic issues influencing our behaviour.

Wheatley thus urges leaders to deepen their capacity to be disturbed. Senge and others also write about the need to suspend our habitual ways of thinking and perceiving in order to shift the mental models of reality by which we view organizational life. In effect, we need to “see our seeing.”⁵⁰

Mission discernment, done in a communal context, requires the same capacity to suspend and critique the mental models governing organizations. We cannot shift our way of seeing new possibilities until we suspend the dominant frame of reference and call it into question. Tragically, it is when we are silent towards the dominant models, or simply too overwhelmed by the complexity of issues and the enormity of suffering in the world to envision alternative perspectives, says Wheatley, that we become numb and paralyzed, thereby inhibiting innovation. We acquiesce and disengage, tolerating inconsistent Vice President (VP) request practices, for example, even though they undermine clinical judgment and damage leadership integrity. Only when we intentionally named the moral dilemma and attempted to view the issue as an opportunity to witness our values in a positive and prophetic manner, were we able to articulate a defensible ethical framework and influence regional practices.

The ethics literature is replete with models of decision-making that support bringing unresolved ethical conflict out into the open and legitimizes the need for “good conversation.” As cited at the outset of this paper, such models engage participants in a facilitated process towards resolution of the conflict, or at least, some reasonable approach to manage and diffuse ethical tension. In the organizational ethics context, William A. Nelson

⁵⁰ Peter Senge, C. Otto Scharmer, Joseph Jaworski and Betty Sue Flowers, *Presence: An Exploration of Profound Change in People, Organizations, and Society* (New York, NY: Currency Doubleday, 2004), 27-33.

argues it is critical that the concept of procedural justice be applied to ensure that the outcome will be fair, as not all viewpoints may be ranked equally. Nelson's model essentially reflects key elements of any good discernment that attempts to move the conversation to the level of values, and then assessing their relative weights and alignment with the core organizational values:

The procedural justice approach, similar to the stakeholder theory in business ethics, takes into account the rights, values, and interests of the broad range of individuals who are affected by the ethical conflict and will be harmed by or will benefit from the decision. The challenge in responding to an ethical conflict is choosing among potential options and their underlying values. This frequently involves prioritizing competing values. There are no simple answers to the issue of ranking priorities; however, the organization's mission and value statements may provide guidance when ranking the interests or values of one over another.⁵¹

In view of the competing interests, values and personalities of leaders, and the busy health care environment where quick life and death decisions are frequently made, such organizational ethics discernment models may actually serve to prevent medical error. Research has shown that the rush to judgment and premature closure on discussion of key issues is a contributing factor to the failure of many business decisions.⁵² In the health care context, these failures ultimately will affect the vulnerable patient populations we serve. The notion of business failure in health care therefore takes on another moral dimension. From a quality perspective, it is fair to ask whether our organization can afford *not* to employ mission discernment if risk of patient harm or abandonment is at stake, or staff are morally conflicted about the right thing to do. As noted earlier, good mission discernment enables good quality and business practice.

⁵¹ William A. Nelson, "An Organizational Ethics Decision-Making Process," *Healthcare Executive* 20, 4 (July-August 2005): 10.

⁵² Paul C. Nutt, "Formulation processes and tactics used in organizational decision making," *Organizational Science* 4, no. 2 (1993): 226-251, as quoted in Delbecq, *et al.*, 154.

CLAIMING OUR EXPERIENCE *AND* OUR TRADITION

In the Roman Catholic tradition, discernment is grounded in a theology and distinctly Christian anthropology that seeks to answer the fundamental question of what it means to be human. This question is also informed by a rich scriptural tradition and authoritative magisterial teaching, as well as reflections on our own lived experience. Reflecting on our experience through the various theological, anthropological, scriptural, and dogmatic traditions reminds us that, as human persons, we are finite creatures. While created in the image and likeness of God and possessing an intrinsic dignity, we are nevertheless not without fault. As creatures we are subject to sinful, deluded, and misguided behaviour, and therefore dependent upon a transcendent Presence larger than ourselves to guide us. For the Christian, Jesus is this Incarnate Presence, active and present in our lives through the power of the Holy Spirit. Prayer and the sacraments are graced means by which we are supported on our pilgrim journey through life in service to and friendship with God.

For leaders in Catholic health care, understandably different language may be used to describe the everyday human experience, but the discernment tradition assumes there is a shared understanding about the need for guidance, certainly in complex decision-making. Left to our own egos and finite perspectives, and failing to listen carefully to other voices outside ourselves, we will invariably make poor management decisions along the way, some of them even disastrous. At times we need to widen the circle of stakeholders with whom we consult to ensure we are not simply reinforcing or looking to justify a position we already have. Like Ignatius, we need to be aware of those movements that lead us closer, or farther away from God. While this theological perspective is not required for those who work in Catholic health care, there is nevertheless value for all our leaders to be self-reflective with

regard to their inner process. Belief in God is not required to notice when decision-making experiences opens us up to life, to others, to joy and a sense of freedom or peace, or when decisions leave us feeling closed, perhaps with accompanying feelings of regret or guilt. Mission discernment is just one intentional way to facilitate this inner awareness. Often this comes with resistance. Poorly made or managed decisions tend to confront leaders with their fallibility, which understandably may not be wholeheartedly embraced. Instead, human temptation is to avoid thinking about our mistakes and to disassociate from the painful feelings they trigger, thus moving us further away from self and God.

But there is a palpable opening up of ourselves to God, self, and community when we feel we are participating in something bigger than ourselves. Most leaders have felt that consoling experience when the good decisions they make seem to flourish and yield results far beyond their expectations. Such decisions move us closer to self and God. Together, these are the inner movements of a leaders' decision-making experience to which we should pay attention. It should be clarified that consolation and peace is possible even when the decision may be difficult. We can be consoled that we have done all that we can when terminating an employee for cause, but done in compassionate, just and morally defensible ways. In the same vein, we may experience utter desolation when acquiring an honour or a gift that may have been achieved through disingenuous or unsavory means, leaving our sense of integrity tarnished in the process.

A healthy spirituality of leadership in Catholic health care seeks to claim both our experience and our tradition. There is a good business argument to be made in doing so, given the well documented toxic effects of moral distress and moral residue. If leaders are so morally conflicted regarding decisions they are obligated to make that they are prepared to

leave the organization or profession altogether, we would do well to foster a discerning culture to mitigate this tragic circumstance. In this way, discernment is indeed a preventative ethics and Human Resource strategy, which provides a tool to assist leaders make good, sustainable decisions, grounded in their values and the values of the organization.

CHAPTER THREE: APPLYING DISCERNMENT

To put our early experience with discernment in context prior to developing our own Covenant Health tool, I would like to share some acquired learning and the conditions that help foster good discernment. I will list what discernments have been conducted or are pending, along with related organizational ethics consults or policy matters that challenge us as far as aligning what we profess is important or valuable to us as an organization, with what we do. As will be seen, the issues are often complex, suggesting the need for a process to help us “grasp and comprehend what is obscure,” as discernment was defined on page twenty. Listing the discernments and organizational consults done is also an opportunity to stand back and see just how much we have moved forward in developing a discerning culture, and our capacity as a team to ask the difficult questions. I will also speak to the attitudes or dispositions to doing good discernment, and the role of the senior team in helping forge a discerning culture.

APPLICATION AND RELEVANCE OF DISCERNMENT: CASE EXAMPLES

Over the past three years, we have engaged in several high level discernment processes, relying heavily on the model I was exposed to and worked with during my time with a United States (US) health care system, with some local adaptations to our own culture. These discernments were:

- Clarifying our intention to honour true cost accounting consistently between our continuing care and acute care programs (respecting where dedicated service dollars must be spent).

- Accommodating special requests (the realities and non-negotiables in treating Very Important Persons, or VIP's).
- Declining participation in an employee referral program despite labour shortage pressures to do everything possible to recruit.
- Balancing social justice and stewardship responsibilities in caring for the uninsured.
- Disclosure around certain nuanced cases where medical harm has occurred.
- Whether to privilege obstetricians who practice externally in local abortion clinics.
- Clarifying the Voluntary Early Retirement Program to ensure a consistent, ethical approach in support of a deficit reduction strategy (in progress).
- Balancing availability of daily Mass to members of a founding congregation residing in our facilities given broader resource, professional and ecclesial considerations (in progress).
- Distribution of vaccine to family of staff during pandemic outbreaks (in progress).

- Review of gifting practices (pending).

To give a sense of the significance of these major decisions we faced or are currently facing, I will state briefly the context around one of them. Three years ago, we had questioned whether it was in keeping with our values to participate in an Employee Referral Program proposed by the local regional health and funding authority. The Referral Program compensated an employee \$1000.00 for every successful external referral they provided that resulted in a new hiring. In light of the daunting labour shortages we faced at that time, this was not a cavalier decision, especially as the lack of staff had a direct impact on our ability to open beds and run our facilities. Indeed, without staff there are no services, and therefore, no mission.

Still, the program did not sit well with us. We engaged in a mission discernment and deemed this practice could inadvertently promote a mercenary-type culture, possible kickback irregularities among referees and referred employees, and add to a “commodification” of the workforce antithetical to our cultural ethos. The program was summarily rejected. In turning down one strategy for reasons we were willing to defend publicly, we also had to search for good reasons to pursue other strategies, in particular, foreign recruitment. Our mission due diligence required us to find the *right* reason to say yes, and under what circumstances. Clearly we recognized that other organizations bring different values to their recruitment practices. We wanted to be clear as to what *our* organizational approach should be, and be willing to defend and consistently apply it.

Along with these full discernments, a number of policy papers were developed regarding reliance on casino fundraising and recruitment of internationally educated health

care workers. Also, there were several organizational consults that drew on some of the discernment process elements concerning a variety of clinical and operational issues, all potentially calling into question our values and organizational practices. These included:

- The limits of our care obligations to the homeless who frequent our facilities (non-residents of the facility whom we are not funded to serve) when infection control and safety issues are at stake.
- Parking access for clients of an outpatient rehabilitation pool.
- Issues of complicity in faxing documentation to a local abortion clinic.
- The limits of providing cosmetic surgery and other enhancements.
- Cancellation of high intensity orthopaedic cases.
- Compliance issues with no smoking bans.
- Refusing to establish a fertility clinic that would have linkages to an external *in vitro* fertilization program.

These do not reflect other ethics policy issues that were developed around emergency contraception, early induction of labour, a pandemic influenza ethics framework, and ongoing questions regarding sterilization practices. Nor does this include the perennial challenge in any organization – just allocation of office or parking spaces. As mentioned

earlier, willingness to ask challenging questions and be transparent about aligning our practices with our values takes moral courage. Together, the discernments, position papers, organizational ethics consults and policies we have engaged in the past few years reflects our growing into a discerning team, and by extension, a discerning culture.

CORPORATE ATTITUDES AND DISPOSITION

Implementation of discernment as a fully integrated component of our workplace can meet with resistance because it is *counter-cultural*. Expediency, rather, is what tends to be rewarded or valued in our broader societal culture. Health care in particular is a demanding environment where time to meet and discuss issues at length is often sacrificed to keep pace with the other pressing operational and clinical demands. There is never enough time to meet every expectation, and so priorities constantly need to be reevaluated and the allocation of calendar time carefully guarded. Discernment, as an in-depth values analysis or deep dive exercise, is by nature a time-consuming event. A discernment process may demand hours of debate and analysis. I am mindful of my own attitude of not wanting to give any more time to an issue, and move quickly to bring it to closure. However, sufficient conversation is necessary to review and assess all levels of a complex issue. Instinctively, I know if I do not attend to a new piece of information or perspective it will weaken overall assessment, and create further problems.

Along with sufficient allocation of time, an attitude of openness is critical to integrate discernment into the corporate culture. Leaders have to believe it adds value. If the tool is deemed a waste of time, it will be rejected and rightly so. The slow but progressive adoption

of discernment by our executive team has been supported by the positive and practical results it has yielded to date: it was not just a theoretical or make-work exercise. We began to appreciate that the time and energy invested in thoroughly discussing an issue when it arises, for example, whether to disclose a medication error to a family of a patient who was dying, probably saves us countless hours of debate when it inevitably arises again. This also reinforced its contributory, business-case value.

Part of openness is having the capacity to suspend judgment, as noted by Senge and Wheatley. Going into the discernment exercise already anchored to our opinions will thwart even the most skilled facilitation process. This is the caution behind prejudicial thinking. Ignatius uses the image of a fulcrum, evenly balancing two opposing weights to demonstrate the attitude needed to discern different options: openness to either one without rendering premature judgment. This, too, is not the expected norm in most executives' career path training, who are called to be quick and decisive, making fearless choices. At times, I have seen such an attitude of decisiveness shut down other important perspectives that led to a poorly implemented or even mistaken decision.

Spiritual directors are well trained to pay attention to delusional thinking in the people who seek them out for direction. I never doubt the human capacity for delusion, and the influence of our ego, fears, and ambitions in distorting our decision-making. Discernment provides necessary checks and balance. It challenges us to ask, "am I trying to convince myself?" Having an attitude of humility to question one's motives is an important disposition for good discernment. This, too, requires moral courage, even at the risk of deflating ego.

I believe the most important attitude that is foundational to the very meaning of discernment is openness to prayer. Thomas Green views discernment as the meeting place of prayer and action, “where prayer is understood as the love relationship between the soul and God.”⁵³ He reminds us that this is what St. Ignatius called the *discretas Caritas*, or discerning love, that “captures beautifully the essential truth that discernment is a function of a loving, personal relationship to [*sic*] the Lord.”⁵⁴ Discernment is indeed an act of prayer, in that we reflect deeply on issues of significance seeking to align our behaviours and attitudes with the will of God. As such, we turn to God in humility to support and guide us. Through prayer, our own narrow mindedness is revealed as needing Christ’s redeeming love. But also, it is in prayer that our courageous efforts to “do good, and avoid evil” are affirmed and strengthened with grace.

⁵³ Green, 64.

⁵⁴ *Ibid.*

CHAPTER FOUR: THE SOCIAL JUSTICE DIMENSIONS OF DISCERNMENT

In this chapter I will address the prophetic dimensions of discernment. By prophetic I interpret to mean the capacity to speak clearly and accurately about what is actually happening in a particular situation or context that demands our full attention and awareness, rather than some power of predicting future events. But this prophetic dimension involves more than just seeing, or as Senge *et al* refers to on page thirty-nine: “see our seeing.” Once an issue is seen clearly for what it is, we are changed. We can no longer ignore what we now know to be the case. Ultimately discernment calls us to action. Discernment supports leaders in making good decisions, but also in committing to a right path that has implications sometimes far beyond the immediate circumstance. No decision, however mundane, is a single, isolated event. Together, each decision communicates the moral character, and moral agency, of the organization. Each decision has the incremental power of transforming the community and creating the conditions in which people can flourish. I will argue that discernment is ultimately an instrument of social justice, and that it is everyone’s personal immersion in creating a desired or preferred culture that leads to sustained behavioural and systemic change. I will consider what we have learned and are still learning through use of discernment as we strive to become a socially just organization, and what tailored model of discernment may best serve Covenant Health.

QUESTIONS WE STILL ASK OURSELVES

Every discernment is an occasion to ask ourselves the legitimate question - “do we need to do this?” The pressure on our time and energy is unrelenting, and I believe there will

always be members of the team who question if the allocation of time to engage the process is justifiable. Rather than pretending such resistance does not exist, I think we should simply acknowledge it, and build it into the process for triggering discernment. In Chapter Nine I will describe this pre-discernment question that I built into the tool that questions participants' freedom to engage the process.

Another question we had to ask ourselves is whether discernment is a sustainable tool. I intentionally set out to develop one that would become part of the organizational culture, which can be requested, facilitated, and promoted by many users. This is especially important in the early consolidation years of Covenant Health, sensitive that any previously used tool transferred to other sites and teams is not imposed without developing a shared sense of ownership. Given the eminently practical nature of health care leaders, any tool has to demonstrate it adds value, or it will be ignored. Successful integration of discernment in our leadership culture has to bring sustainable value beyond my passionate endorsement.

There is a prophetic dimension of discernment. It raises questions for the team that may obligate us to courageous action. Once we commit to clarifying the ethical and moral parameters around gift giving, for example, we may then have to confront long-standing practices like excessive free lunches, drug samples, or other sponsor endorsements that will not be surrendered easily, especially by those who have historically benefited from such gratuities. These decisions may come at a cost by disrupting staff and physician morale in the facility, lost business opportunities and patient benefits, and accusations of administrative interference. At minimum, leaders will be perceived as naïve.

A question underlying discernment therefore is whether we have the capacity to see the process through, even if the discerned choice is not convenient or politically expedient.

That is a fair question and also one that should be part of the pre-discernment test. My hesitation in engaging the gifting practice is valid given the very real question whether sufficient political will exists to engage this issue. Timing is everything. Part of the overall discernment is doing as much of the “front-end” work in advance of the formal process and pulling in stakeholders to interview, possibly raising expectations before we are ready. Prophetic action can make us uncomfortable and cost us personally. Our historic tradition has certainly had its share of martyrs and periods of persecution, and so discernment needs to factor in these realities as well. The radical call of the Gospel challenges us to be faithful despite threat to life and reputation. Tightening up restrictions on gift giving practices certainly may bring short-term reputational damage.

However, the alternative is worse. Compromising our values is far more tragic. In the play, *A Man for All Seasons*, Sir Thomas More refuses to swear to the Act of Succession standing on his principles, knowing that his decision will likely cost him his life. His daughter Margaret tells him to simply say the words of the oath but think otherwise in his heart, in effect, to cross his fingers behind his back. Sir Thomas counters by saying:

When a man takes an oath, Meg, he's holding his own self in his own hands. Like water (*cups hands*). And if he opens his fingers *then* – he needn't hope to find himself again. Some men aren't capable of this, but I'd be loath to think your father one of them.⁵⁵

I believe we are still growing in openness to reviewing past decisions that we may not have managed well, in order to learn from our experience. It is already taking some intentional effort to do discernment in the present and to relinquish ego attachment around some passionately held positions that we currently maintain. We need a little more time to

⁵⁵ Robert Bolt and Tim Bezant, *A Man for All Seasons: A Play of Sir Thomas More* (Oxford: Heinemann, 1996), 83.

grow in comfort before we will be able to review past issues, especially where we have become identified with an unpopular decision. As we experience freedom in making current decisions, we may become increasingly free to consider where we may have been mistaken in our past decision-making, without impugning judgment. Reviewing a past decision should not be construed as rethinking the decision, either. Borrowing from the professional world of football, players will routinely view game films to see where they could learn from their mistakes on the field, and conversely, to reinforce the positive things they did to ensure future success.

Discernment invites us to reflect beyond the boundaries of any one decision presented to a group for consideration. Each discernment is an opportunity to reflect on who we *are*, and what we are *becoming* as leaders, gauging our consistency across all decision-making matters. There should be a connectedness between decisions of like-value; so that how we approach one issue is consistent ethically with how we approach another. We should also be the same person with each decision, and with whomever we are dealing, regardless of the other person's position or status. Discernment calls us to integrity of character. The prophetic dimension of discernment calls us to take an honest look at both ourselves, and the complex issues we face, and to make equitably applied decisions rooted in a consistent ethical framework. Incrementally, each of these discerned choices move us closer to creating the conditions that foster truth-telling, fidelity to mission, and social justice in our organization. When there is a loss of capacity to ask challenging questions, truth-telling, mission fidelity and commitment to social justice are compromised. Becoming our preferred culture will happen more if there is a conscious commitment to engage the difficult questions, and, to make choices that consistently witness the moral character of our leaders.

Reflecting on our discernment experience over the past few years, there is certainly much of which we can be proud.

Finally, given the reality of human weakness, we can never stop learning to be compassionate with one another, and with ourselves. We *will* make bad decisions from time to time and regret our actions. That is inevitable. We need to hold one another up and be gracious, remembering we rely on the Spirit in our decision-making and that by God's grace we are sustained in our health care ministry. To this end, it is helpful to review what is happening in our own lives, and to notice areas where we may be more or less free in decision-making.

TOWARDS A COVENANT HEALTH MODEL

The Project-Dissertation phase of my doctorate has focused on developing a discernment model for Covenant Health, based on our experience and lessons learned to date. My prior research work with the Applied Project has shown that there is no one discernment model. Feedback by internal and external participants underscored that discernment tools must be aligned with the organizational culture. Shared ownership is critical. Accordingly, my research involved interviewing leaders across our health system regarding their experience with complex decisions, including what elements they would need to see reflected in a discernment tool. The burden of proof would be its effectiveness in helping our Covenant Health leaders (for example, fostering freedom and peace, or bringing clarity or confidence) to discern morally defensible decisions in their work.

The model must be grounded in leaders' lived experience, and be accessible in terms of language, application, and ease of use. Theologically, unless it is grounded in our

experience it will remain an abstraction and disconnected from our experience of God, as people understand the presence of the sacred in their lives, serving only to reinforce the illusion of the secular and sacred dichotomy. A Covenant Health model needs to integrate our experience of self and our experience of God realized through the day-to-day realities of our work, especially when a leader feels confronted by a hauntingly difficult and complex decision.

Finally, a discernment model for Covenant Health has to become part of the leadership culture of the organization to ensure its sustainability into the future. Given the unique position we hold as the leading faith-based health care organization in Canada, we have the ability to foster a discerning culture by sharing our tool with other Catholic health care organizations, much as we benefited from adopting elements of US system models.

Other faith-based health care organizations may also benefit. Positively influencing others⁵⁶ through use of the mission discernment will only be possible if the tool is first owned and widely used throughout the organization, and if there is executive and board commitment to its use in helping drive values integration in all our decisions, actions and behaviours.

⁵⁶ The Covenant Health vision statement reads: “Covenant Health will positively influence the health of Albertans and be of greater service to those in need by working together with compassion, quality and innovation.” Mission discernment arguably is an innovative tool that can enhance the quality of decision-making and provide compassionate support for our leaders when faced with difficult decisions.

CHAPTER FIVE: APPLIED PROJECT SUMMARY

Mission Discernment is a reflective process intended to stimulate discussion among decision-makers that will enable them to identify and report, in mission and values terms, explicit reasons for or against a particular proposed course of action. Like other faith-based and not-for-profit organizations, Trinity Health measures its accomplishments as an organization in relation to its success in realizing its Mission and Core Values. The Mission Discernment process is intended to ensure that, in the course of making major decisions, appropriate business and clinical analyses are evaluated in light of the Mission and Core Values.

Mission Discernment: A Reflective Decision-Making Process
Trinity Health, 2001.

Trinity Health of Novi, Michigan has developed an integrative and facilitative discernment tool to assist leaders throughout their Catholic health care system engage in complex planning and decision-making. Known as Mission Discernment,⁵⁷ the tool is intended to ensure major decisions are aligned with the organization's mission and core values. Similar mission or organizational ethics discernment tools have been developed and used in other Catholic health care organizations in the US and Canada, with varying degrees of experience and success.⁵⁸

One of the organizations that merged with others in Alberta to form Covenant Health was Caritas Health Group in Edmonton. As Vice President, Mission, Ethics and Spirituality of Caritas Health Group at that time, I approached Trinity Health in June, 2007, to propose conducting an external review of their experience with mission discernment. This would have been the first opportunity for Trinity Health to evaluate their tool since it was launched

⁵⁷ See: <http://www.trinity-health.org/AboutUs/MissionValuesVision/Discernment/index.htm>

⁵⁸ See, for example: http://www.ascensionhealth.org/components/com_filesandlinks/uploads/97_organizational_ethics.pdf

in 2001. Building on an existing networking relationship with my counterpart, Paul Marceau, Interim Senior Vice President, Mission Integration of Trinity Health (now retired), we agreed to the external review, with academic oversight by St. Stephen's College as part of the Applied Project requirements of the Doctor of Ministry program. This served as a key component in my doctoral focus on organizational decision-making and discernment.

As will be seen, the results from this research were then integrated into the design of the *Covenant Health Mission Discernment Tool*, building on another Catholic health care organization's extensive experience with discernment practices in support of developing our own model.

PURPOSE AND OBJECTIVES

The purpose of the external review was summarized in the following research question:

What is the value-add of mission and/or organizational ethics discernment tools in facilitating and supporting major decision-making processes in Catholic health care organizations?

From the perspective of each organization the research had twofold, mutually beneficial objectives:

1. To provide evaluative data in support of Trinity Health's Mission Integration Excellence Audit initiated in May, 2007, while at the same time, renewing impetus for further integration across Trinity, and;

2. To validate mission discernment as a valuable resource tool to assist with complex decision-making at Caritas Health Group and Trinity Health, while also substantiating the inclusion of the tool among other mission integration metrics/standards being developed at Caritas.

METHODOLOGY

The external review utilized three approaches of program evaluation – quantitative and qualitative electronic survey, telephone interview, and focus group methodologies, targeting primarily Trinity Health mission and operational leaders who have used the process, with cross-comparative input from several other Catholic health care organizations in Canada and the United States who have developed or employ similar discernment tools. Using a program evaluation research design, we sought experiential feedback from survey and focus group participants around lessons learned, opportunities for improvement, and recommendations to further integrate the tool into the culture of the organization.

The research also provided Caritas stakeholders with pilot or test data towards developing a “home grown” and culturally appropriate model for use in the Caritas Health Group organization. In light of the consolidation activity that followed soon after the Major Project was completed, this opportunity was ultimately realized in the new Covenant Health organization as presented in Chapter Ten.

An eleven point survey was developed to solicit stakeholder feedback. These questions were tested for bias, internal consistency, and ease of use by the Organizational Development department at the former Caritas Health Group to provide an impartial critique.

We also tested the validity and relevance of the questions through a sampling of Trinity Health mission and ethics leaders beforehand. This independent validation served as a foundation for developing a similar set of questions later when evaluating Covenant Health leaders about their decision-making experience. This led to designing our own purpose-built discernment tool that I describe in detail in Chapter Nine.

Once tested, the Organizational Development department at Caritas formatted and uploaded the questions to the web-based Zoomerang® MarketTools, Incorporated, program,⁵⁹ and continued to manage the on-line site throughout the survey period of September 6 -17, 2007. Once the survey period concluded, the Organizational Development department collated the quantitative and qualitative responses and provided a thematic analysis of trend responses. Together, the independently tested survey questions and corresponding responses from Trinity Health leaders are tabled in Appendix A.

Voluntary invitation to participate in the Zoomerang® on-line survey was communicated through the Interim Senior Vice President, Mission Integration office with a reminder notice at the end of the first week of the survey window. This list of names generated for the initial electronic survey comprised all mission leaders from the twenty three Trinity Health Ministry Organizations,⁶⁰ as well as operations personnel at Trinity known to have been involved with previous mission discernments. Mission leaders were also solicited for possible names to include in the research study. A total of seventy people were then contacted and asked to participate. Of this sample forty-one people responded, representing a fifty-eight percent response rate. The qualitative trend responses are described below in this chapter.

⁵⁹ See <http://info.zoomerang.com>

⁶⁰ Trinity Health names their different hospitals and health centres as *Ministry Organizations*, or simply, MO's.

After the electronic survey period, the original cohort of seventy was randomly selected to participate in one of two focus group sessions scheduled October 9, 2007. Trend responses served as a springboard for discussion, drilling down to specific issues identified from the on-line surveys (see Appendix B). Only two people participated in the first focus group, and three people participated in the second. However, despite the poor response the feedback provided corroborated the electronic survey comments and helped underscore some key learnings and opportunities for improvement.

Finally, the survey and focus group data was compared with telephone interviews with four executives in Catholic health care with responsibilities in mission and/or ethics leadership given their own experience with discernment tools. This comparison was also widened by telephone interviews with two executive coaches having experience in guiding teams in discerning major decisions.

APPLIED PROJECT FINDINGS

The evaluation findings will be reported under each of the three methods, with a summary section providing an overall evaluative statement.

Survey Responses – Quantitative

Eight of the eleven point survey questions were designed to filter a range of opinion from “strongly agree,” “agree,” “disagree,” and “strongly disagree,” while providing a “don’t know/not applicable” response to each question (see again Appendix A). While the data indicates an overwhelming positive agreement to the use, value and benefit of mission

discernment by the fifty-eight percent of respondents who completed the survey, a finer data analysis suggests the following distinctions:

Positive Areas:

- Ninety-five percent of respondents indicated the mission discernment process helped them develop skills for analyzing values that can be used in other decision-making.
- Ninety-five percent of respondents felt the mission discernment process assists leaders in identifying with greater clarity the organization's values.
- Over three quarters of respondents (seventy-eight percent) felt the mission discernment process helps shape the strategic planning of the organization; that the mission discernment process has helped integrate the preferred values deeper into the organizational culture (seventy-six percent); and that ground the decision (seventy-five percent).

Areas of Opportunity

- Although over three quarters of respondents felt confident the mission discernment process helped them make values-based decisions (seventy-eight percent); and that the mission discernment process impacted how other decisions were made by the senior team (seventy-one percent); over one fifth (twenty-two percent) disagreed with each of these statements.

The quantitative data suggests that mission discernment may help users with analysis and becoming clearer about Trinity Health’s values in their deliberations, there is, however, less agreement among respondents regarding the actual impact mission discernment has in shaping strategic planning, influencing other routine decisions, and driving the values deeper into the organization.

This is not to imply mission discernment does not work to support these goals, indeed, three-quarters of respondents said it did, but it appears to be an area of opportunity nonetheless. Moreover, there is a similar discrepancy with users’ confidence in the process in making decisions based on the values of the organization and the communication of those decisions. While it might be difficult to conceptualize a corporate strategy to “build confidence” with mission discernment, enhancing communication strategies around disseminating results more consistently and transparently is certainly possible and worth considering. This insight was built into our own Covenant Health tool.

Survey Responses – Qualitative

The electronic survey yielded a wealth of perspective regarding barriers, improvement recommendations, and general comments on the use of mission discernment at Trinity Health. Eighty-eight responses were posted altogether. Analysis for trend and thematic patterns suggests three main findings:

1. Organizational Awareness and Understanding of the Mission Discernment Tool

Respondents noted the ongoing challenge of making people aware of the tool, especially given turnover and recruitment or promotion of new leaders who may not have

been exposed to the original rollout education in 2001. As well, respondents acknowledged that the tool needed to be more broadly available throughout the organization, beyond the senior level.

Other suggestions to improve the tool included: further educational sessions regarding the actual steps of the process; the ability to tailor questions as appropriate for each situation; and training others to lead the process:⁶¹

- “Not widely known outside SLT (senior leadership team) level.”
- “Awareness of the process. Confusion as to who decides to conduct a Mission (Discernment).”
- “It would be helpful to hold an education session for managers/directors so each can use this tool in evaluation and decision-making.”
- “Training of director level management on the use of Mission Discernment.”
- “General staff may benefit from an educational program about the process and then managers encouraged to use it to make unit specific decisions.”
- “The process needs to be introduced more formally into the middle management part of the organization.”

⁶¹ Responses have been transcribed *verbatim*, except where there may have been an obvious misspelling, or a specific word or phrase may risk identifying the respondent. In those cases some words have been omitted or replaced by a series of bullets (...). The various ways in which Mission Discernment is punctuated or abbreviated however has been left unedited.

- “Wider sharing of the mission discernments that are done, would raise awareness of the process with the people.”
- “We must continually verbalize to our associates and Medical Staff how our Trinity values shape the decisions we make as an organization. The constant and frequent reminders will help embed the process in the culture.”

2. Triggering and Streamlining the Process

There was considerable feedback about needing to trigger mission discernment earlier in the decision-making process, as an integral part of the entire business case analysis. Many commented about bringing mission discernment so late in the process that either it made it ineffective or simply justified a decision already made. Although some noted where mission discernment actually impacted the final decision, even stopping proposals from going forward, it appears there is an opportunity to trigger the process earlier, on a consistent and transparent basis.

Besides the timing of the process, others commented on the actual length in leading a process through to completion. Some respondents felt the discernment tool can be overly time-consuming – both in repetition of questions and the report writing requirements. Where possible, respondents felt it should be aligned with or built on existing due diligence processes that may already cover off some of the discernment questions to mitigate barriers of use. However, there was concern that streamlining the process could inadvertently shortchange the value of having an intentional conversation around the table on the key issues.

Participants wrote:

- “Timing the MD (mission discernment) so that impact is made earlier in the process.”
- “The desire to get the project going without the patience to slow down and force the Mission Discernment process through.”
- “There doesn’t appear to be a routine trigger mechanism. It is not automatic but needs to be remembered to be begun.”
- “Timing! Sometimes the project is under development and then the person responsible realizes that a mission discernment is done after the informal evaluation has been completed.”
- “It is frequently getting done on the ‘back end’ to be able to check off a box that it was done.”
- “It’s often hard to separate the formal mission discernment from the day to day discussions we have to reflect mission. The formality of having to write it up in a set format is a disadvantage.”
- “We stopped an initiative and significantly changed another ...based on Mission Discernments that hardwired a structure to stop and think.”

- “I usually recommend using StrataCap capital module to easily enumerate/publish criteria/issues as that electronic compilation covers most of the 23 Mission Discernment questions.”
- “Good process...a bit too long and somewhat repetitive.”
- “Streamline the process.”

3. Communication and Follow-Through on Mission Discernment Processes

Respondents reported a lack of adequate follow-through on mission discernment outcomes, as a lost opportunity to more effectively communicate results as part of an overall mission and values integration strategy. Once a discernment is completed, it is not clear what impact it may have on the organization regarding other decisions, six months or even years afterwards. Depending on the confidentiality and sensitivity of the issue, many may never know a discernment was done, possibly left to think there is less commitment to making decisions based on the organization’s values than is actually the case. Similarly, others commented on how regular review of mission discernment can serve as both a practical learning and quality/process improvement opportunity. Specific comments included:

- “Provide 6 month updates on discernment decisions for up to 2-3 years post decision.”

- “Communicate more broadly the results of the process. The discernments are kept discrete.”
- Trinity Health must practice what it preaches; that is, I am not sure how rigidly Home Office does discernments, because we seldom hear about that.”
- “We don’t use enough or communicate the results enough when it is used, to have a systemic effect.”
- “Sometimes the decision is so confidential that it is difficult to get the mission discernment completed with the appropriate people.”
- “Wider sharing of the mission discernments that are done, would raise awareness of the process with the people.”
- “Wider communication of the results and intentional communication of the values used in the process.”
- “Report to staff results process each time a Mission Discernment is completed.”

Focus Group Sessions

Two focus group sessions were organized via conference call on October 9, 2007, to engage participants regarding the trend responses captured in the above survey data. Since there was actually minimal participation in the focus group sessions (five individuals in total from a random shortlist of twenty-seven) the confidence in extrapolating their input as representative of the larger group is obviously limited. Nevertheless, the feedback provided did in many ways echo the survey findings.

There was recognition that effectiveness and skill in leading mission discernment processes was varied across Trinity Health, and that outside of mission, ethics, or senior executive levels, organizational awareness is varied from one Ministry Organization to another. Participants saw the value of a continuous educational strategy to enhance exposure, suggesting the sharing of case studies or round table reviews would help move mission discernment from a conceptual resource to a practical and accessible hands-on tool. While there had been a previous initiative by the Home Office to gather and share a database of the types of mission discernments completed across Trinity as a resource for others, participants saw this as something worth doing again.

As done with Trinity Health's Mission Assessment,⁶² it was suggested that involving facilitators from other Ministry Organizations to provide an outside perspective would equally enrich the discernment process. In this way, the database would not only identify people who have done similar mission discernments in the past as a resource person to

⁶² A regular organizational audit process to determine how the Trinity Health mission is integrated "in all of its activities, decisions and strategies." See: *Trinity Health Mission Standards: Strengthening Mission Fulfillment* (Novi, MI: Trinity Health, 2001), 1. During my Fellowship with Trinity Health in 2002-2003, I was responsible for leading the first Mission Assessment process at their Mercy Medical Centre – North Iowa Ministry Organization in Mason City, IA.

compare findings, but also surface names of those who could actually be invited to take part in the discernment if an external facilitator was desired.

Similar comments were noted about designing discernments with an “inside/outside” complement of those close to the proposal at hand who can readily speak to the operational, financial, and other business case details, along with those further removed from the issue to provide an added critical perspective that may be inadvertently overlooked along the way.

The focus group participants saw mission discernment as a valuable resource, but underscored the need to raise the standards as far as the broader exposure throughout Trinity, and to ensure it is triggered at the earliest appropriate point in the decision-making stage so as to be an effective and meaningful aid to the decision-making. Although mission discernment has undoubtedly become part of the fabric of Trinity’s organizational culture, participants cautioned that it can easily be relegated to the sidelines of actual decision-making and strategic planning initiatives without ongoing education and broad exposure of the tool system-wide. As will be seen, similar comments were voiced during development of the Covenant Health tool. Coaching and skill development to ensure facilitator competency, together with senior level commitment to continually champion the process was also underscored.

Telephone Interviews with External Stakeholders

The following leaders in Catholic health care agreed to be interviewed regarding their experience in mission or organizational ethics discernment processes, and consented to being identified for the purposes of this study:

Carol Bayley, PhD
Vice President, Ethics and Justice Education
Catholic Healthcare West
San Francisco, CA

Philip J. Boyle, PhD, STL
Vice President, Mission and Ethics
Catholic Health East
Newtown Square, PA

Br. Tom Maddix, CSC, DMin
Vice President, Mission, Ethics & Spirituality
Providence Health Care
Vancouver, BC

Dan O'Brien, PhD
Vice President, Ethics
Ascension Health
St. Louis, MO

Additionally, two other interviews were conducted with executive consultants experienced with coaching and facilitating discernment processes with business and health care leaders:

Margaret Benefiel, PhD
CEO, ExecutiveSoul.com and Adjunct Professor
Andover Newton Theological College
Newton Centre, MA

Br. Jack Mostyn, CFC, DMin
Congregation Councillor
Fratelli Cristiani
Rome, Italy

The background and leadership styles of this group are uniquely different, yielding a rich tapestry of perspectives and experiences that informed my Applied Project. The challenge of collating their input was to risk generalizing statements and failing to capture adequately the organizational context that gave shape to their experience of discernment. However, despite the challenge, certain trend comments are still possible.

Together, the external stakeholders spoke of the value of having a process to guide major decision-making, or at least an intentional attitude and disposition to surface underlying questions, assumptions, biases and values in team decision-making conversations. It is obvious that there is no one definitive model of discernment, and though some organizations formally embrace discernment practices it still might entail varied degrees of receptivity towards the practice across the organization.

Moreover, there may be use of distinct language to talk about “values-based decision-making” for example, or “reflective conversations.” In fact, the use of the word “discernment” may not even be part of the organizational vocabulary. Discernment models therefore have to be respectful of the cultural realities of the organization, as discussed earlier in Chapter Two. A model cannot be simply transplanted. It is also unlikely that it will be embedded in the culture of the organization without a considerable investment of time, change management support and education, including senior level commitment. This was an important consideration in designing the *Covenant Health Mission Discernment Tool*, to ensure it reflected the cultural realities of our organization, and was based on the needs of our leaders.

One individual stressed how discernment is part of an integrative approach to spirituality in their organization, complete with definable spirituality plans and objectives, and not meant as a stand alone process. Another saw discernment as a defining feature of their culture and tradition, and as a natural way in which decision-making is approached through prayer and reflection. Again, this was noted when designing Covenant Health’s tool, to ensure it was also fully integrated in the organization as an expected standard of practice.

Other trend comments from the telephone interviews included:

- The intentional focus on values must be clearly understood in behaviour and practice.
- The long rooted organizational values may need to be refreshed so they are accessible in contemporary language and demonstrated by measurable behaviours.

- Leaders will typically better grasp the value and role of mission/organizational ethics discernment when they can try it out on a real case.
- Expect resistance initially if the Chief Executive Officer or senior team is anxious where the process will lead them. It is also time consuming and therefore inherently countercultural to most organizational norms, requiring intentional effort to mainstream as part of the culture.
- People are hungering for a better way of decision making that engages head, heart and soul. There is a growing body of literature among mainstream management schools regarding transpersonal and values-based decision-making models. There is a “crack in the wall” of the three hundred year cultural bias towards rationalism. Discernment is indicative of emerging new leadership paradigms.
- Those who have previously participated in the process often comment on the confidence it gave them in making a difficult decision, helping ensure alignment with the organizational values.
- To introduce the process late to bless a decision already made only serves to “prostitute the process.” To be effective and meaningful it needs to be an integral part of the planning process.

- Leading a good discernment process requires training and competency. Good intentions are insufficient. More harm can be done by poor facilitation. A commitment to mission/organizational ethics discernment is a commitment to ongoing education, training and skill development for facilitating processes and learning from each. The facilitator needs to be self-reflective.
- Similarly, good facilitation requires a clear statement around ground rules, time commitment and the authority of the facilitator in guiding the process to manage expectations and group dynamics.
- The process helps to get underneath the questions that are being asked but are not always articulated. It helps unmask resistance, bias and the proverbial “elephant in the room” that may be the real issue. The process seeks to identify the underlying presence or energy driving the question or issue, and the operative values reflected or advanced by the question.
- Knowing when to do a discernment is itself a discernment. Sometimes the group is not ready for the process and it is better to wait until roles and relationships are clarified.
- The process helps the team to grow in their capacity to listen more deeply to one another. Discernment is a preventative ethics strategy in helping mitigate moral uncertainty or distress by making better choices in the front end.

- Doing a lot of the exploratory, fact-finding work before pulling the group together can help streamline the process. Others, however, feel it is valuable for the group to do this work together in articulating the basis questions, assumptions and operative values.
- No matter what it is called, it has to be culturally relevant. Ongoing education and senior level commitment is essential for it to be part of the way an organization does business.
- We can learn by reflecting further on our previous discernment experiences, and communicating results from discernment processes helps to educate others about the organizational values in a practical, relevant manner.
- Engaging in discernment over time has resulted in greater sophistication in the types and depth of discernments, the confidence in which decisions are made, as well as encouraging daily discernment practices to become normative in the organizational culture.
- The process is best supported as part of an integrative approach to spirituality versus a discreet process.

Overall Data Impressions

The survey, focus group, and external interview data provides a compelling argument about the value of mission or organizational ethics processes. There appears to be broad endorsement among respondents for intentional, values-based decision-making, and certainly Catholic health care has a rich history in the discernment tradition. The range of opinion offered through the various feedback suggest there is no one way to do discernment, or by what name the process may be known in the organization. However, participants agreed that where the process is introduced, it must be practical, accessible, well facilitated, and introduced early enough in the process to adequately impact decision-making.

Even if the process has long been part of the organizational culture, there needs to be ongoing commitment to education, follow-up communication, and networking opportunities to build on the learning from one process to the next. This was noted also by participants in researching the Covenant Health tool, as will be discussed in Chapter Eight. Mission or organizational ethics processes are an art, requiring a reflective discipline among participants, and certainly among facilitators. It also requires a commitment to deepening spirituality in the organization, and having the courage to live out of the graced, discerned, choices that are the fruit of a good conversation.

It is certainly viewed as a valuable resource in adding clarity, confidence, and support to leaders who invariably will be faced with difficult choices. The process is one way of demonstrating the organization's values in action.

In summary, the Applied Project provided a wealth of information that assisted Trinity Health in their refinement of Mission Discernment for their organization, as well as

offering a foundation to build our own tool for Covenant Health. The insights gleaned helped hone my research design and methodology, which is the focus of the next chapter.

CHAPTER SIX: DESIGN, METHODOLOGY AND SUPPORTING THEORETICAL FRAMEWORKS

Building on the previous discernment experiences at Caritas Health Group, and the Applied Project research with Trinity Health, my remaining doctoral work focused on developing an organization-specific tool for Covenant Health. As a Model Ministry, the proposed tool was developed and evaluated for its effectiveness by the primary intended users – our leaders themselves who will use it in varying contexts and around different operational, clinical or administrative issues. This theory of utilization-focused program evaluation required designing a research project that would solicit sufficient stakeholder input to ensure broad ownership of the tool.⁶³ The burden of proof lay in how well it became integrated into our leadership culture as an established standard of practice to support good decision-making.

The specific research question I sought to answer in my Project-Dissertation was:

How does a discernment process support leaders in Covenant Health in making values-based decisions?

Practically, this required developing a tool to guide leaders through a discernment process that would support them with major decision-making, and that would help align those decisions with the values of the organization.

⁶³ Based on the program evaluation model of Michael Quinn Patton, as articulated in *Utilization-Focused Evaluation*, 3d ed. (Thousand Oaks, CA: Sage Publications, 1997). Patton describes program evaluation as “the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming. Utilization-focused program evaluation (as opposed to program evaluation in general) is evaluation done for and with specific, intended primary users for specific, intended uses.” 23.

The following design elements, methodology, theoretical considerations, assessments, and validation criteria were the principal means by which I embarked on my research to answer this question.

DESIGN

Our coming together under one operating structure as Covenant Health in October, 2008, was an ideal time to engage leaders in developing a tool for the new organization. Rather than bringing forward a tool already developed from one of the pre-Covenant sites, the research project design capitalized on the consolidation activity as relationships were being forged and best practices across the organization leveraged. As a condition in forming this new operating entity, our sponsors, the Bishops of Alberta, insisted that the principle of subsidiarity be respected, to ensure sites would still have a local voice through the community board structure that was established. This principle also meant that there would be a mutual exchange of ideas at the local and corporate levels. In this spirit, I designed the research to intentionally seek out input from the various sites. I wanted to ensure the tool I developed would not alienate our leaders by having to adopt a tool produced in isolation at the corporate office, without any real connection to the experience and needs of our leaders at the local level.

The research design also had to draw from the rich theological tradition informing our ministry in Catholic health care, including discernment as discussed earlier. While grounded in the theological and discernment traditions, the tool still needed to be relevant and responsive to the current clinical, social, economic, and political realities within a publicly

funded health care system that our leaders face everyday. This integration of world views is reflected in the tone of the document, and the reflection questions posed.

Further, the research design had to result in a practical outcome, especially as a Model Ministry. I had always envisioned producing a user's guidebook, which would describe the purpose, methodology, and application of the discernment process. The guidebook would include a number of elements, partly informed by the findings from my Applied Project research, beginning with a set of trigger questions to determine whether the proposal under question requires a discernment. As well, the guidebook was thought to benefit from a potential list of reflection questions to engage users around values, including suggested facilitation steps and practical guidelines for preparing and communicating the results of the mission discernment process.

It was important, too, that the research design would serve to clarify expectations as what is possible or implied by discernment. The design needed to reinforce a model of communal decision-making grounded in the principle of subsidiarity while remaining faithful to the broader discernment tradition, rather than simply a checklist of items that are tabulated and scored, with the decision going to the highest number. This was an important issue that came up during the data analysis stage that followed the structured interviews. Participants were divided as to the preferred length and style of the tool. It was obvious that if I simply took a "majority rule" approach, just over half of our leaders would have been pleased with the final product, while others would have been disappointed. I had to be creative in designing a discernment tool that modeled an integrative approach between spirituality and contemporary business practices. I will describe at length the specific features of the tool and how these various needs were reconciled in Chapter Nine.

Moreover, the research design needed to be sensitive to the different leadership styles and personalities of participants, recognizing that leaders naturally fall along different points on the decision-making continuum between collaborative to more “command and control” styles. The end product had to be adaptable, in keeping with a utilization-focused approach, for the discerned decision that could emerge from use of the tool could well call a leader to take decisive action, in a “command and control” stance. Discernment, therefore, is as much about the discerned decision as it is about how that decision is made or could be carried out. In some instances, a leader may be required to make a difficult decision that will preclude broad consultation with those directly impacted by the decision. For example, termination of an employee for cause may limit how wide one may freely consult with others. The discerned choice may be limited to how the organization communicates this decision or determining a just severance package. Leaders will want to know if the tool is as accessible and adaptable for broad, transparent, consultation type decision-making processes as it is for discreet, closed-circle decisions as just illustrated.

The launch and implementation strategy of the tool across our consolidated Catholic health care network also needed to be incorporated into the research design. Before people could use it they needed to be properly educated as to its value, able to identify triggers for its use, and experience examples of how it had been tested successfully in the past. Educational sessions would be necessary and coaching available to help local leaders apply the process for the first time. In designing the research project it was clear that the success of the project would not end at the production stage, but rather ongoing coaching would be necessary.

But probably the most important success factor relates to the practical application of the tool. Health care leaders are an eminently practical people, and typically want hands on resources that have clearly demonstrated effectiveness and relevance. There is little appetite for engaging a process that will not add value, especially when hard pressed for time. The investment to do a thorough discernment when traditional decision-making is already constrained by time has to be justifiable from a cost-benefit perspective to warrant its use. Moreover, the discernment tool user's guideline had to be clearly written, with practical examples and step-by-step reflection questions based on input from primary users, together with other suggested resources in order to make it accessible for day-to-day use.

Similarly, the education around use of the tool had to be practical, borrowing from the principles of adult education in providing ample opportunity for interactive discussion and use of actual case examples. My Applied Project underscored Trinity Health's experience that leaders learn best by actually doing the discernment process. Resources needed to be developed that would encourage leaders to apply the tool early, and around simpler discernments, in order to orient them to the process itself and to assess its value on a first hand basis.

METHODOLOGY

The choice of methodology selected for this research project was intentional. Utilization-focused program evaluation is ideal for Model Ministry designs where a critical assessment of the value of the end product or tool is determined by the primary intended users of the tool. But my choice of methodologies was also very sensitive to the typical

dynamics of a one year-old, recently consolidated organization, where different comfort levels exist among the members now belonging to this new “family.” Some leaders were threatened by having to adapt to new ways of doing business. They resisted being evaluated with a new set of expectations and accountabilities, and having to use unfamiliar frameworks and tools. Rather than imposing a new tool or repackaging the discernment model adopted by the former Caritas Health Group, it was important that participants had an opportunity to give shape to their own tool. In this way, choosing utilization-focused program evaluation as my methodology actually supported the ongoing consolidation and integration work across Covenant Health itself, even if only by modeling respect and upholding the principle of subsidiarity.

The chosen methodology also helped surface assumptions about what our leaders interpreted decision-making support to look like. For some, support means a facilitated process to identify problem-solving options leading to a decision. For others, it is about having a good implementation plan to act on the discerned choice. It was therefore useful having a mixed methodology with both qualitative and quantitative features in order to sift through participant expectations as to what the desired Covenant Health tool should look like, and then to build those features into the final tool. The questions chosen for the structured interviews and on-line survey, previously tested for validity and relevance during the Applied Project, helped confirm leadership expectations and needs with regard to decision-making support.

The development of a discernment tool for Covenant Health as a Model Ministry was achieved by four principle means:

1. *Research* in the Christian tradition of discernment and applications of discernment practices in modern, institutional settings, including Catholic health care. Chapters One to Four of this dissertation provide this substantive analysis. As well, the telephone interviews with the health care executives on discernment practices in their representative organization during the Applied Project greatly enriched this research.
2. *Consultation* of Covenant Health leaders through confidential structured interviews regarding their lived experience with complex decision-making, while seeking their input into designing a Model Ministry tool for our organization that would best support them going-forward.
3. *Pilot data* gleaned from the Applied Project, as well as participant feedback to the decision-making and discernment curriculum covered in the *Covenant Health Leadership Program 2* was also incorporated in the prototype tool. The prototype model was then subsequently refined through participant input during the on-line survey. Lessons learned from previous mission discernment practices undertaken before consolidation and our experience with the new Mission Integration

Strategy and Toolkit⁶⁴ also informed the research.

4. *Launch and Assess* tool, using utilization-focused approach to evaluate the integration experience from the perspective of intended primary users. A feedback process and evaluation mechanism was also built into the tool, which includes mechanisms for the dissemination of trend results with leaders and Board members in annual reporting in order to strengthen accountability and shared ownership of the tool itself. The documentation and template sections discussed in Chapter Nine address this feedback learning mechanism.

THEORETICAL CONSIDERATIONS

Five theoretical frameworks also informed my research.

1. *Utilization-focused program evaluation* constituted the principle methodological framework guiding my research. This provided the lens to demonstrate the need, validity, and relevance of values-based decision-making tools in supporting leaders in Catholic health care, as judged by the primary intended users of the tool themselves.

⁶⁴ The Mission Integration Strategy is part of the ongoing education around our mission, values and ethical traditions. A toolkit was developed early in the consolidation to support understanding of the meaning of our new name, as well as our six new values. The *Covenant Health Mission Discernment Tool* is another component of the Mission Integration Strategy. See: <http://covenanthealth.ca/about-us/mission-vision-values/MissionToolkit.html>

2. *Program Logic Model theory* was a useful evaluative criteria to distinguish between program “outputs” (what is done) with actual “outcomes” (what is achieved). It challenges researchers to “work backwards” to evaluate the primary things we do as far as producing tools or content as steps towards achieving more fundamental outcomes. Specifically in my research, program logic helped me to understand that the facilitation of a discernment process or production of the guidebook itself is secondary to a broader goal. While the discernment tool is a true “product” or Model Ministry, it is, on another level, simply a means to a more desired outcome – deepening the discerning culture at Covenant Health.

3. *Situational Leadership® theory*, based on the work of Ken Blanchard and Paul Hersey and their research from the applied behavioural sciences, is featured in our *Covenant Health Leadership Programs*. This framework maintains that the most appropriate leadership style is dependent upon the situation at hand, arranged around four primary approaches: directing, supporting, coaching or delegating authority.⁶⁵ Leadership decision-making therefore is also situational, requiring careful discernment of both one’s inner leadership style and the needs of the organization with those one leads in the given moment.

⁶⁵ See: Paul Hersey, Kenneth H. Blanchard and Dewey E. Johnson, *Management of Organizational Behavior: Leading Human Resources*. 8th ed. (Upper Saddle River, NJ: Prentice Hall, 2001). See also: Kenneth R. Brousseau, Michael J. Driver, Gary Hourihan and Rikard Larsson, “The Seasoned Executive’s Decision-Making Style,” *Harvard Business Review* 84, no. 2 (February 2006): 110-121.

Situational Leadership® also aligns with the work of Stephen Bevens in *Models of Contextual Theology*,⁶⁶ underscoring the contextual dimensions of health care in order to design a meaningful and relevant tool that can be used in different situations by different leaders, each with their own leadership style.

4. *Preferences of Ethical Decision-Making* as articulated by ethicist Brian O'Toole, maintains there are four dominant approaches regarding ethical decision-making: principle (or deontological), consequential, virtue (or character), and moral sentiment.⁶⁷ This model is also featured in our *Covenant Health Leadership Programs*, which provides an integrated approach to discernment, ethical reflection, and leadership development. The values-analysis component of the mission discernment process helps leaders identify their own ethical preferences, grow in spiritual freedom, and to recognize how decision-making may be shaped or hindered by the different ethical approaches that may be brought to bear on a matter. As with the Blanchard and Bevens' models, good discernment requires that a leader know their own leanings or preferences, be it leadership style, theological orientation, or ethical stance, as well as the perspectives of the people they work with.

5. *Framework for Ethical Discernment*, as presented in the *Health Ethics Guide*,⁶⁸ and published by the Catholic Health Alliance of Canada (formerly Catholic

⁶⁶ Stephen B. Bevens, *Models of Contextual Theology* (Maryknoll, NY: Orbis Books, 2004).

⁶⁷ Brian O'Toole, "Four Ways People Approach Ethics," *Health Progress* 79, no. 6 (November-December 1998): 38-41, 43.

⁶⁸ *Health Ethics Guide*, 81-87.

Health Association of Canada). This model reflects what is commonly found in the broader ethics literature, as mentioned in the Introduction to this Project-Dissertation. The discernment tool I sought to develop, however, was intended to reflect a Covenant Health culture with specific reference to our core values, and to support major decision-making at the organizational level. Both tools are important, both are related, and both have inherent limitations. Rather than replacing one tool for another, they are best viewed as complementary processes, with the *Framework for Ethical Discernment* ideally suited for clinical ethics matters. Regular presentations on the *Health Ethics Guide* – and now the *Covenant Health Mission Discernment Tool* – in our leadership programs reflect this integrative approach to clinical and organizational ethics in Covenant Health.

Together, these theoretical frameworks provided the evaluative lens with which I engaged and critiqued my research. The greatest weight fell to utilization-focused evaluation and program logic methodologies. However, reliance upon all five frameworks provided me with the confidence and clarity needed in order to accurately assess the data.

ASSESSMENTS

From a program logic model and utilization-focused evaluation perspective, the ultimate outcome of my research was intended to gauge perceived support by leaders in our Catholic health care organization around complex decision-making. While the design of the tool and its integration is an important success factor, the deeper question lay with assessing

whether the tool actually supports leaders with making good decisions. Each discernment process is varied in terms of content and design, underscoring that what is invested in the process by way of people or materials (inputs), and what is done through facilitated activities and measures (outputs), is secondary to the primary goal of making a good discernment (outcomes). Moreover, these outcomes can be evaluated as short, medium, or long-term goals. If a good discernment is deemed the immediate short-term goal, then overall leader retention and recruitment through supportive leadership practices is a medium goal, and deepening of a discerning and ethical culture constitutes the ultimate long-term goal. In this way, the tool is part of a larger preventative ethics strategy in promoting a desired culture where leaders feel supported without fear of compromising personal or institutional integrity.

The evaluative scope of my Model Ministry project was limited to the tool's relevance and usefulness in supporting leaders in our own Catholic health care organization, primarily around short and medium-term goals. However, it is conceivable that the tool could be adopted as a best practice tailored for other Catholic and faith-based organizations elsewhere in Canada, yet always bearing in mind the cultural limitations of any discernment tool, as underscored by the lessons learned from my Applied Project. In Chapter Ten I discuss educational opportunities in exposing the tool beyond Covenant Health.

The immediate short-term outcome of a good discernment will be judged by how practical and useful the leader will assess the tool in supporting their decision-making. If the tool is inaccessible, lacking value, or ineffective, it will be rejected outright. Moreover, if the tool is too closely dependent upon the leadership and charism of one person leading the process across the recently consolidated health care organization in Alberta, it will not gain

any substantive foothold, and likely leave with the person if and when that person leaves the organization.

Outcomes will also be assessed by the degree to which they help promote the mission and values of the organization. This can be done by using a common template to document completed discernments and communicating the rationale for decisions. The interactive template presented in Chapter Nine also serves as a practical resource to help leaders articulate their own values, and clarify areas of congruence with that of the organization in the context of the decisions they make. This will demonstrate fulfillment of the medium-term goals of achieving organizational-wide support for leaders as part of a retention and recruitment and preventative ethics strategy, in contrast to the well-documented exodus of leaders who leave organizations because of unresolved moral distress. The preventative ethics strategy focus of my research dovetails with the theoretical foundation of Situational Leadership® by emphasizing that discernment requires a careful sifting of various options and the weighing of competing values. While not all options can or should be pursued, discernment is premised on finding the most morally defensible solution in light of the complexity of any given situation.

Medium outputs would therefore be assessed by the perception of leader's support around the discernment, to the degree it helped them live with, and defend, the decision they made. Finally, long-range outputs would be determined by the confidence gleaned from the process that was transferred to other decisions leaders faced in the absence of a full mission discernment process. This widening of the discernment experience would contribute to deepening the ethical culture of the organization. Attempts were made to try capture trends

in this direction; however, it is too early in the implementation of my Model Ministry to assess this long-range output in any definite manner.

As far as personal legacy, there has been incredible satisfaction in contributing to a vision of a discerning culture in our organization, and specifically, in helping individual leaders to make complex and difficult decisions without triggering moral dissonance. This is consistent with my own leadership style and spiritual direction background, which leads me to serve in a mentoring role that helps others make value-based decisions with integrity. My vision for the role of the Vice President, Mission, Ethics and Spirituality, and my own personal sense of call to ministry, is a fundamental call to discernment.

The *Covenant Health Mission Discernment Tool* is intended for use by all who are engaged in major decision-making in the organization. This was a determining factor in targeting potential participants for the structured interviews. That cohort included members of the Covenant Health Board, Senior Leadership Team, Executive Directors, Managers, Physician Site Leaders, and other key personnel. It is conceivable that our sponsor, the Bishops of Alberta, may themselves employ the tool, or become involved with a board level discernment process at some future time.

VALIDATION

The consolidation of Covenant Health on October 7, 2008, presented ample opportunity to interact with key stakeholders and primary intended users during the research phase of my doctoral program. I am the executive lead for the Mission Integration Strategy across the organization. Leading the strategy entailed frequent travel to all of our sites in

Alberta, and affording me the opportunity of meeting the administration and leadership teams to gather their input. This helped to forge trusting relationships that enabled me to approach these same leaders six months later during the research project. The Mission Integration Strategy involved facilitated discussion at all of our sites regarding the foundational organizational statements, including the meaning of *Covenant* as a word and concept description of our ministry. An accompanying resource document described each of the organization's six core values, and what the mission, vision and values call leaders to do at a behavioural level.

This targeted focus on values laid a positive foundation that led to an exploration of the place of discernment as a logical and natural component of the Mission Integration Strategy. Since it was only the former Caritas Health Group sites that would have been exposed to mission discernment practices previously, a high response rate from representative Covenant Health sites to interviews would suggest that the initial Mission Integration Strategy focus on values was successful. This suggested a genuine interest and high degree of receptivity to discernment as a new standard of practice.

Engaging leaders in developing a novel tool that would be collectively owned, be deemed highly valuable to their work, and serve to unite them, is no small task. For a new organization, this is an even greater challenge. The coming together of sixteen sites from diverse geographical areas of the province, founded by eight different religious congregations, each with their own local cultural identity and service delivery focus, required sensitivity to the broader change management issues underlying the consolidation effort. One noted cultural anthropologist cautions that failure to heed the cultural issues will

threaten the successful merger of any health care organization.⁶⁹ Attempting to implement a Model Ministry in this environment without validating the need for the tool or in seeking input from primary intended users would surely have failed. In fact, I can assume that the successful implementation of the Model Ministry discernment tool in our organization demonstrated that sensitivity to the cultural issues was truly respected, and the ethical integrity of the project upheld. There is anecdotal evidence to support the claim that the research project also served as a vehicle for strengthening organizational ties and shared ownership to our collective culture in general.⁷⁰

My research project also assumed, as noted during the telephone interviews with the external stakeholders conducted during the Applied Project, that the strength of any discernment tool is its cultural alignment or fit with the organization. A tool simply cannot be transplanted from one organization to another without forcing some degree of cultural fit. Such a forcing would include alignment with the foundational theological traditions that cannot be “force fit” either. While the tradition of discernment in the Christian church has not seen many significant changes since Ignatius of Loyola’s *Rules for the Discernment of Spirits*,⁷¹ the new tool I developed had original features intended for a unique application that leaders were receptive to use in the new born Covenant Health organization. This

⁶⁹ Gerald A. Arbuckle, SM, “Nine Axioms for Success in Mergers: Health Care Leaders Must Take Great Care with the Cultural Factors Involved,” *Health Progress* 84, no. 1 (January-February, 2003): 38-42, 60. See also by Arbuckle: “Organizations Must Ritually Grieve.” *Human Development* 12, no. 1 (Spring, 1991): 22-27.

⁷⁰ Frequent senior leadership visibility at all the Covenant Health sites was identified as a critical success factor for the early consolidation work. Face-to-face interviews in developing the Mission Discernment Tool provided another occasion to visit leaders, build relationship with them, and to seek and respect their opinions, which several leaders commented positively as helping them feel proud to belong to this new organization.

⁷¹ Green, 14. As Green asserts: “Even today these rules, written 450 years ago, are the church’s canonical *locus* on discernment. What St. Augustine has done for the problem of evil, or St. Teresa of Avila and St. John of the Cross for the phenomenology of prayer, St. Ignatius, by the grace of the same revealing God, has done for the art of discernment.”

assessment is a determining factor regarding the value of the Model Ministry as a worthy contribution to ministry.

CHAPTER SEVEN: ETHICAL APPROVAL AND SAFEGUARDS

In this chapter I will demonstrate the ethical integrity with which I undertook my research. Various approval steps and safeguards were incorporated to elicit candid feedback from participants in order to design a credible tool that would truly reflect leader's decision-making experience. However, it was imperative that confidentiality was respected at all times, and that participants' willingness to share very personal details of their experience would never be exploited. I am aware that I am held to a higher ethical standard than other staff and leaders because of my profile and role as executive lead for ethics in the organization. I was therefore even more deeply committed to demonstrating ethical integrity in all my research protocols and dissemination of research findings, as described below.

ETHICAL AND ADMINISTRATIVE APPROVAL

Ethics approval for the research project was obtained through the *Health Research Ethics Board* (HREB) of the University of Alberta, the St. Stephen's Research Ethics Committee, and administrative approval granted by the *Covenant Health Research Centre* (see Appendix C for all three documents). The HREB and *Covenant Health Research Centre* approval processes were necessary in addition to requirements of St. Stephen's College because of a tripartite agreement between the University of Alberta Health Sciences Faculties, Alberta Health Services and Covenant Health governing any research taking place within their facilities. The HREB has two panels adjudicating research submissions: Biomedical Research and Health Research. As principally a qualitative improvement

process, my research project was appropriately channeled through the Health Research panel of HREB.

While the St. Stephen's College and HREB submissions were largely parallel processes, with identical purpose statements, procedural steps and research methodology, there were some differences in the format of the consent documents that participants were asked to sign, which created the need for a separate instruction sheet to satisfy HREB requirements. This was explained to participants at the time the structured interviews were held, requiring participants to read and sign two consent forms (see Appendix D), and an additional instruction sheet (Appendix E), reinforcing the ethical integrity of the research project.

There were also some differences in the submission process. Both HREB and the *Covenant Health Research Centre* require submitting on a standard web-based electronic template, leading candidates through the step-by-step application, culminating in an upload of all necessary supporting documents. For example, HREB uses the Human Ethics Research Online system (HERO). Access to HERO required a computer campus identification number. As a University of Alberta administered tool, I was able to use the same identification number assigned through web-based courses taken previously in my Doctor of Ministry program.

Both HREB and the *Covenant Health Research Centre* assigned a separate study number in which the progress of the research could be tracked. At the conclusion of the research project, all ethics approval and administrative bodies were advised. The *Covenant Health Research Centre* will be disseminating the results of my research study in their

quarterly report. However numerous education and orientation sessions within Covenant Health have seen the result findings discussed since launch of the tool.

SAFEGUARDS: STRUCTURED INTERVIEW

In June 2009, a memo from my office was sent to potential participants, inviting them to take part in a voluntary and confidential interview process, of approximately one hour in length, to be held at a mutually convenient Covenant Health facility location (see Appendix F). The letter detailed the purpose of the research study, including reference to the role discernment has played in supporting previous organizational decisions and the intent to develop a model tailored for Covenant Health. The memo clearly declared my interest in the project from both an academic and institutional perspective, with the option to either accept or decline participation in the study without prejudice. Potential participants were apprised of a second part on-line survey they could access once the interviews were completed and the draft prototype tool circulated for feedback.

The memo provided my contact information so that one hour interviews could be arranged. My assistant, who had signed a letter of confidentiality and commitment to uphold the ethical guidelines of the study, took responsibility for setting up the interviews. This provided another distancing of myself from the participants, thereby mitigating any undue influence. Participants were, however, invited to contact me either directly or through my assistant, should they have any questions requiring clarification. This ensured a free and fully informed choice for their taking part in the study. My assistant had no role in transcribing or coding the data, nor did she have access to this information. Her role

remained at arms length from the study to the extent that she would not be able to associate interviews she initially set up with the content reported later.

As Vice President of Mission, Ethics and Spirituality for Covenant Health, it was imperative that my role did not obligate people to take part in the study, nor influence the interview process itself. This was borne out in the research findings themselves, in which power differentials were clearly identified as a factor in good decision-making (see page 106). The memo clearly stated that leaders were free to participate in the study, without any prejudice whatsoever. Their decision to participate was independent of any real or perceived role I may have with them. Only two potential participants from a list of fifty-one interviewees actually had a direct reporting relationship with me.

At the time of the actual interview informed consent was obtained by providing participants with a written document stating the purpose of the study, explaining that their free and informed consent was required, and that they could refuse or stop participation in the study at any time. Only once participants had read the letter and had an opportunity to discuss any questions for clarification, were they invited to sign the two consent forms, as required by both St. Stephen's College and the Health Research Ethics Board. A copy of the signed consent form was provided for them at the end of the interview.

It was then that participants were invited to take part in the second-part of the study via the on-line survey. Instructions were offered concerning the follow-up memo that would guide them of when and where to log in, of how to review the on-line welcome and instructions, and then to make a decision about whether or not they wish to proceed. Participation in the on-line survey was therefore entirely voluntary. It was understood that by completing the survey and submitting their response, that their free and informed consent

was implied. Contact information was available at the welcome page of the survey to address any questions that might arise (see Appendix G).

Participants had several opportunities to exercise their right to opt out of the study. First, they could ignore the initial invitation letter to take part in the structured interviews. If, after contacting my office, the study explained and or interviewed booked, they could still opt out and refuse to sign the consent form. Participants were free to end the interview at any time or have their interview input withdrawn from the study. Finally, participants had the opportunity to opt out of the second-part on-line survey by choosing not to log in. Or after logging in, one could, after reviewing the welcome and instruction page, refuse to proceed to the actual survey. The instructions page clearly stated that participants were not obligated to answer any one or all of the questions. Even after completing the on-line survey, a final opportunity to opt out was available to participants if they chose not to submit their responses.

Complete anonymity and confidentiality was guaranteed with the second-part on-line survey just as it was in the first-part personal interview. Although I did have a list of all *potential* participants in the study contacted via memo to invite their participation, there was no way of knowing who actually took part in the on-line survey. The same degree of anonymity was obviously not possible with the structured interviews, but at no time was participant identity divulged other than to my assistant at the time of setting up the interviews, and potentially, the participant's own assistant. All interviews were taped, transcribed and coded for thematic content, without reporting the identity of the respondent, or providing any means with which to speculate on the identity of an interviewee in any subsequent reports. Interviews recorded on the digital recorder were transferred to my secure

home office hard drive computer where they will be kept for five years, along with my written notes and the coded data as per HREB requirements. The portable digital recorder tapes were then erased.

Potential harm and threat to participants was avoided by ensuring they were truly willing to participate in the interview, in a location that afforded them appropriate privacy and security (to engage the interview questions comfortably). The interview questions were reviewed based on the experience with the Applied Project to ensure they remained valid, non-threatening, and open-ended to mitigate interview bias (Appendix H). The consultant in the Organizational Development office set up and managed the on-line reporting. She also tabulated the quantitative scores and offered an independent, external analysis to support the ethical integrity and rigour of the research. The consultant also provided input for the design of the interview and on-line questions that ensured validity.

I informed participants prior to the interview that they were free not to answer any question, or to disclose only as much detail as they wished without any explanation being required. I reminded them that they were not to say anything that could compromise their comfort, integrity or moral boundaries. Given the personal nature and emotional content of some leaders' decisions, it was anticipated that some questions could evoke a strong emotional response. I gently probed when asking explorative questions, being sure to check with participants if I sensed any question might be threatening or upsetting. The entire interview process was conducted with integrity, and safeguarded participants from real or perceived harm.

SAFEGUARDS: ON-LINE SURVEY

On-line reporting in the second phase of the study was managed by the Organizational Development office at Covenant Health using Zoomerang® MarketTools, Incorporated, a reputable web-based survey system with a proven track record in confidential reporting. Interview field notes, thematic data, and other written observations, were kept in a secure location during the research period, where they will remain for five years before finally being destroyed. Electronic transmission of data and use of computers, digital recorders, and memory keys during the research project were held to the highest standards of security and confidentiality. No written record that could associate participant names with the actual transcribed notes was kept.

The target group of potential participants was drawn from the middle to senior leadership group in our organization. As explained to participants in the welcome page of the on-line survey, the information sought from them would only be used to develop the *Covenant Health Mission Discernment Tool* for quality improvement purposes. Given the target group's proven oral and written language skills as leaders in our organization, it was reasonable to presume that no barriers existed regarding their understanding of the introductory memo, the instruction sheet and consent forms, or in comprehending the on-line welcome and survey questions. However, I did confirm with the Organizational Development consultant that the interview and on-line questions were clear, non-leading, unambiguous, and was prepared in such a way as to rephrase questions during the structured interviews to ensure that participants fully understood what was being asked.

With these safeguards in place for both the structured interviews and the on-line survey, I was then able to proceed with the research, confident that the highest ethical standards were being met. This commitment to ethical integrity helped assure participants that they could respond candidly without fear of consequences. Participants demonstrated a high level of engagement in the interviews, reflecting openly about their decision-making experience at Covenant Health, and what they thought could be built into a discernment tool to support them in the future.

CHAPTER EIGHT: RESEARCH FINDINGS

The mixed qualitative and quantitative methodology of the research design yielded a robust set of data to develop and refine a discernment tool for Covenant Health leaders. The structured interviews solicited primary feedback based on leader's own decision-making experience. Numerous themes were identified during the interviews, some approximating the level of data saturation, as well as surfacing specific features and questions leaders thought would be valuable in the tool. Once the prototype tool was developed, the same cohort of leaders were then asked to evaluate the tool in an on-line survey. The high response rate of the structured interviews adds confidence to the thematic trend data captured and reinforced the elements incorporated in the tool, while the satisfactory response to the on-line survey suggests a reasonable degree of probability with regard to its value in addressing the needs of intended users. The response rate, thematic data, and survey findings will be discussed next.

RESPONSE RATE: STRUCTURED INTERVIEWS

A total of fifty-one key leaders were targeted for participation in the research study because of their role in major organizational decision-making. This cohort included members from the Senior Leadership Team, Risk Management and Legal, Patient Relations, Quality and Patient Safety, Covenant Health Board, and Mission, Ethics and Community Engagement Board Committee members, as well as select Directors and Managers. Of these, a total of thirty-five respondents participated in over thirty-seven hours of recorded

interview time. This reflects almost a sixty-nine percent response rate. Among Senior Team Leaders and Executive Directors, the response rate was even higher: approximating eighty-five percent. The response rate of structured interviews is summarized below:

Total # Respondents	35/51
Overall Response Rate	68.6%
Total Recorded Data	37 hours, 20 minutes
Senior Leadership Team (SLT)	86.6%
Executive Directors (ED)	81.8%
Combined SLT/ED	84.6%
Board/Board Committee	40%
Targeted Others	60%
Male/Female	43%/57%

The response to the structured interviews and the quality of the recorded data was exceptional. The thirty-seven hours and twenty minutes of recorded interview time provided ample data with which to draft an initial prototype tool. Once developed, the tool was assessed through an on-line survey.

RESPONSE RATE: ON-LINE SURVEY

For the on-line survey I targeted the same cohort of fifty-one leaders as identified during the structured interviews. The same individuals were invited to participate in the Zoomerang® survey, regardless of whether they consented to the initial interview or not.

Only seventeen persons took part in the survey, providing some reasonable degree of assurance that the prototype tool generally reflected leader's decision-making experience and needs. While it is not possible to claim a high degree of confidence in the survey findings, it is nevertheless an adequate response. I have speculated that the timing of the survey window, namely, in the last two weeks of August, marked by looming financial challenges, and H1N1 influenza pandemic surge pressures, may have contributed to a lower than expected response rate. Comments have been made by individuals indicating that although they generally wished to participate, their responsibilities prevented them from doing so during the narrow survey time frame. This unsolicited verbal feedback regarding the tool confirms the hard evidence captured by survey respondents:

Total # Respondents	17/51
Overall Response Rate	33.3%

CODED DATA BY THEMES

All interviews were reviewed and coded for thematic content. A total of seventy-seven distinct and overlapping themes were voiced by participants during the structured interviews. Of these, ten themes were ranked the highest, suggesting that consensus and data saturation was reached. Together these themes provide insight into our Covenant Health culture about barriers and opportunities in making consistently good decisions, in alignment with our mission and values. Thematic elements were then integrated into the discernment tool to reinforce the desired decision-making culture. These ten themes are listed in the order

in which they were named and voiced by succeeding participants. The executive summary of the research findings that was provided to our Board, Senior Leadership Team and entire leadership group is found in Appendix I.

1. Managing Power Differentials and Conflict of Interest

Good decision-making depends on the capacity to hear others in a culture of transparency in which people are able to come forward to raise concerns or offer differing opinions without fear of rejection or reprisal. While this is the ideal, leaders need to recognize that they carry positional power that may inhibit staff from sharing their opinions, especially if it is perceived to be challenging. Leaders may be deluded by a seemingly sound idea, not recognizing that other staff think differently but are reluctant to express themselves. Conversely, every staff member possesses the gift of their own opinions, experience, and insight that would benefit the organization if these perspectives could be freely brought forward or presented. Being overly deferential to the positional power of others can result in many sound ideas going unheard. Good decision-making requires both the sharing of one's own insights, as well as the actively seeking and listening to the insights of others.

One way in which this two-way exchange of opinions may be impaired is when conflicts of interest are operative. In reality, conflicts of interest are common and often unavoidable given pre-existing relationships and professional obligations. For example, a physician may have a fiduciary responsibility to a patient while also an administrative responsibility to the organization in managing a program or budget. Such a situation could well inhibit the physician from advocating equally for both interests. While unavoidable, conflicts of interest need to be disclosed and properly managed. If leaders do not feel free to

acknowledge a perceived conflict of interest they may be reluctant to verbalize their opinions. Or they may use the power afforded them in the organization to advance a personal agenda, not always conscious that they may be blurring lines of their authority. In both cases, good decision-making may be negatively impacted. During a discernment process, it is important that leaders be able to disclose any potential conflicts of interest in order to be enabled to freely participate in discussion, without either over-stating or understating their opinions.

2. Discernment can give leaders more confidence

A majority of participants stated that they have more confidence in making difficult decisions if they think the decision is grounded in the mission and values of the organization. Those are the decisions they can personally support. A number of respondents spoke of their experience in the health care environment in the mid-1990's, during the last major down-turn in the Alberta economy. The resultant cuts to programs led to massive lay-offs and disruption in services. Leaders who either were involved in those decisions at that time, or were impacted by the decisions of others, carry moral dissonance in recalling how people were poorly treated. Today, we are going through another economic down-turn, and the research window and launch of the Mission Discernment tool occurred right at a time when leaders in our organization were faced with developing a fifteen million dollar deficit reduction plan. Many participants in the interviews commented on the tough decisions they anticipated they needed to make in the coming months in order to meet this deficit reduction target. They welcomed a credible process to support them. Many voiced the dread of repeating the mistakes of the mid-1990's without regard for those who would be directly

affected. They expressed concern for making short-sighted decisions such as laying-off nurses that could well trigger an exodus of skilled professionals away from the province, only then to resort to foreign recruitment when the economy inevitably recovers. Participants wanted to ensure they were making decisions congruent with who they say they are as an organization: decisions they could defend, both in public and privately among themselves. They saw the Mission Discernment tool as a preventative ethics strategy to mitigate the same incidence of moral residue over hastily made, short-sighted, or poorly executed decisions, as that which characterizes the experience in health care in the previous decade.

3. Decision-making in a culture of expediency

Another obvious theme voiced by almost all participants was the challenge of making good decisions given the constant time constraints in a busy health care environment. In this context, many are reluctant to raise questions regarding proposed decisions for fear of being perceived as obstructionist. Leaders feel a subtle pressure to not retard the group by adding another item to an already full agenda, or asking for more time to discuss an item even if warranted. Rather than bringing forward new information that may ultimately serve the organization, it is not uncommon for leaders to defer items or just leave it to individual discretion so as not to burden the group. While our health care culture will always rely on quick diagnostic and treatment interventions to save people's lives, adopting this paradigm of "rapid response" for every operational and administrative decision will invariably result in some poor decisions being made. Not every issue is a "life or death" proposition, yet function as *if* it were. The broader societal context values expediency, so even if an organization experiences success in slowing down some decision-making processes, there

will always be pressure to do more, and to do so faster. Reflective decision-making is in fact quite counter-cultural.

This is evident by the technological influences upon our decision-making. Mobile phones, personal digital assistants, and pagers, constantly intrude into meeting space, further undermining the capacity for prolonged quality reflection. Leaders often take work home “where they can think” without the distractions of answering email, returning phone messages, and myriad other tasks that demand attention, suggesting that regular business hours are devoted to simply “doing.” Sometimes it is only when away from work that one can glean what one really thinks about an issue, and often only after the opportunity to provide feedback on a proposed decision has passed. This, too, can trigger moral dissonance if leaders believe it is too late to revisit issues that have already been decided in order for the team to move onto the next item of business. This was another way that participants saw the Mission Discernment tool functioning as a preventative ethics strategy: it legitimized the need to be counter-cultural, and to claim the necessary space and time for key strategic issues that may impact the mission, values and ethical integrity of the organization.

4. Discernment compels us to make conscious decisions

Good decision-making requires having as complete an assessment of the various details surrounding an issue as possible. The process of naming these elements may challenge leaders, especially if they do not have the capacity to deal with this information, or if it confronts them with their own assumptions and biases. The discipline of a clearly defined discernment process prompts leaders to name *all* the elements of an issue, to explore where there might be resistance about certain facts, and what this might signal about personal

or organizational bias. Once these are consciously named, leaders are in a better position to respond in freedom, even if the decision is to do nothing about an issue (which can be a valid response). This is to be distinguished from backing away from the facts surrounding an issue, or from trying to forget or deny being told of an issue. In this way, discernment can help leaders to be more courageous in naming and speaking honestly about issues, without reservation or fear.

5. Bringing proportionate energy in communicating the rationale for decisions

Participants spoke about the energy required or needed to make difficult decisions. They spoke of their failure to bring proportionate attention to the issue afterwards, and to adequately communicate their rationale to actions. Leaders frequently under-communicate (down-play) their message after having spent inordinate time and energy arriving at it, or over-communicate (choreograph) the message that may disguise lingering discomfort with the decision itself or how it was concluded. Determining the appropriate communication strategy for a decision can be a discernment in itself: in trying to determine the appropriate media; the target audiences; key message[s]; tone; as well as whether repetitive or staged communication is required, and who the best spokesperson could be. It is helpful to have a process to guide leaders, not only making the decision, but also in how that decision should be communicated. This can make the critical difference in how well a decision is supported. Experience proves that people are more likely to accept a decision, even if unpopular or difficult, if a reason is provided as to why, and how, the decision was actually made.

6. The value of having a transparent and shared methodology for major decisions

For some leaders decision-making is an intuitive process, drawing on a foundation of experience, knowledge, and professional judgment. This synergy of skill sets and background is what enables the seasoned leader to make quick decisions. While these quickly arrived at decisions may often be accurate, the leader may not always be so clear in articulating the thought process that went behind them. This can result in doubt or uneven support for a decision. Having a transparent and shared methodology to help others understand the intuitive process that went into a decision can result in broader support, and can assist with developing a communication strategy around a decision. The Mission Discernment tool and interactive template for documenting key decision-making steps allows leaders to speak a common language, and to work from a shared methodology. This is true even if they took an intuitive process to reach their decision. Moreover, it prompts leaders as to what key information is required. Conversely, it directs those reviewing the decision to look for relevant information from the lens of their own particular discipline[s], in order to solicit shared ownership for the decision.

However, the intuitive approach to decision-making is not without its limits. During the structured interviews some leaders admitted that, when presented with an issue, they often moved immediately to a solution. They were aware that by jumping to a solution could mean that key facts were overlooked, or that key stakeholders were not heard. The result is a less than ideal decision. Having a common methodology and template can serve to remind leaders, especially those more intuitively minded, not to overlook a critical step in the decision-making process. While it is important that we pay attention to “gut feelings,” they are best complemented by other important decision-making steps. Ethicist Brian O’Toole

cautions that heeding only to a “moral sentiment” approach to decision-making may weaken the justification for the decision, be perceived as overly subjective, and seen as lacking the benefit of clear thinking.⁷² In this way, the Mission Discernment tool can help hold leaders accountable to one another while demonstrating that all the key elements were attended to in making the decision.

7. Explicit in naming the values underlying the decision

Several participants acknowledged having made oblique reference to the mission and values as a driver for a decision, while not actually articulating what those values were, or how they informed a particular decision. Coming together as Covenant Health in October, 2008, was an opportunity to engage staff about values, their meaning, and their role in guiding all actions, behaviours and decisions. My experience with one of the previous organizations that consolidated to form Covenant Health was that leaders were seldom explicit in naming the values underlying their decisions. They would often say: “we followed our mission and values,” without really stopping to define what they meant. Some assumed that what one leader meant by the value of respect was consistent with how another defined it. Financial planning meetings that demonstrated the same lack of rigour to generally accepted accounting principles and terms would be unacceptable. Yet how often has leadership failed to bring the same degree of accountability in defining values and probing what exactly was meant by “following” the expressed mission and values?

Mission Discernment will help articulate what operative values underlie leaders’ discerned choices, and when competing values might need to be balanced. Discernment will help leaders know which core values may hold more weight, or trump, in certain instances.

⁷² O’Toole, 40.

Ultimately, values compel action. The Covenant Health Mission Integration Toolkit found on the organization's website issues a similar challenge:

By definition, values are those qualities of attitude or behaviour we consider important. As a Catholic organization, we hold six core values of critical importance that define who we are. These values should govern all our behaviour, attitudes, actions, and decisions. Our values are the means by which we operationalize or make tangible our mission in practical and everyday ways. They are the intersection between what we say we are as an organization, and what we do.⁷³

8. Making consistently balanced decisions

Different personalities will see or focus on different information. We all have preferences and degrees of interest or comfort around different issues. As noted above, Covenant Health has six core values, and it is understandable that one department, by virtue of their day-to-day work, may naturally gravitate to one value over another (i.e., stewardship in Finance; compassion in Palliative Care). Good discernment, however, requires a balance of perspectives, and an attending to all values in the decision-making process. For example, Finance is equally about compassion as it is about stewardship when it ensures the allocation of resources to where they will meet the greatest unmet need. Or, Palliative Care exercises wise stewardship by educating and mentoring teams to provide quality end-of-life care in other clinical departments. All need to move beyond stereotypes and platitudes when talking about values. Values are dynamic and powerful forces in an organization that will drive decision-making, consciously or not. They are interconnected, with multiple values frequently underlying any one given situation. It is in these circumstances especially that good discernment, informed by the organization's values, is needed. All are also called to make consistent and equitable choices, so that like situations are treated in like manner, as

⁷³ *Covenant Health Mission Integration Toolkit*, 5.

opposed to applying certain values or preferences for one stakeholder group, and applying a different set of values or preferences for another.

This is particularly important when there is political pressure, and the temptation arises to give disproportionate weight to irrelevant factors or undue influences in the decision-making process that would not normally apply in another situation. Duress may lead to overlooking what is actually motivating a decision, or avoid exploring other options for the sake of appeasing the select agenda of others. This can lead to reduced support for decisions within the organization, and even to opposition or cynicism. Mission Discernment helps leaders to examine all the relevant factors and weigh different options against the entire set of core values.

9. Clarifying the question and accountability for the decision

Too often good decision-making can go awry when parties have different assumptions as to what the actual question is before the group. Seldom do major decisions involve only one or issue. Multiple or ancillary questions may arise around an issue, and early in the discernment process it is important that leaders agree on what will be addressed at this time, and what may need to be deferred until later. Participants in the structured interviews acknowledged their own human tendency to hear only selective information. If people have different assumptions about what is actually being debated and discerned, they will also be selective in filtering information around the proposed options. Careful facilitation is necessary to confirm with the group what the actual question is, and to keep the group focused on this question throughout.

Moreover, if there is uncertainty as to who is ultimately accountable for the decision, it is not uncommon that the actual decision-making, implementation, and monitoring steps will stall. Some decisions may leave very few positive options available, and it is understandable that people may hesitate in coming to a decision. This is especially so if it will mean negatively impacting others in the organization or community. Also, if all things are equal, with compelling arguments to be made on all sides of an issue, it is important that someone be a final arbiter for the decision. If this is not clarified at the outset, people can become frustrated if they have different expectations about why their input is being sought and what role they actually have in the final decision.

10. Discernment as a way of ongoing leadership formation

Several leaders described their own formation experience through the example and influence of the founding congregations of religious women who established Catholic health care facilities in Alberta.⁷⁴ Leadership decision-making within these religious communities was part of a larger call to service. While the Roman Catholic sisters worked tirelessly to establish hospitals and to meet the needs of the communities they served, their apostolic vision was also directed in witnessing the compassionate and healing love of Jesus. In the midst of today's busy health care context, it is easy to forget their vision and example in why they exist, and in whose name they served. Yet, the resource allocation issues, funding pressures, political sensitivities, and demanding clinical needs that are part of today's health

⁷⁴ There are eight founding congregations of Roman Catholic religious women that comprise Covenant Health: Sisters of Charity of Notre Dame d'Evron; the Sisters of Charity (Grey Nuns) of Montreal; the Misericordia Sisters, the Sisters of Providence of St. Vincent de Paul, the Daughters of Wisdom, the Sisters of St. Joseph of London, the Sister Servants of Mary Immaculate, and the Sisters of St. Martha of Antigonish.

care reality are not all that dissimilar to the challenges these founding sisters faced. Despite the pressures of building and running hospitals, the founding sisters always took time to pray and to discern where God was calling them.

Mission discernment is a tool to help reorient clinical, operational and administrative decision-making within the same larger apostolic vision that is called the healing ministry of Jesus. Values are the fundamental reference points that guide everything that is done, and that help leaders to remain faithful to the vision of Catholic health care. This vision is always more than just being about cure and treatment: it is also a witnessing to the covenantal love of Jesus Christ. Although the sisters have largely transitioned away from health care ministry, they have left an enduring example of courageous leadership characterized by compassionate service and wise stewardship that has sustained Catholic health care in Alberta for over a hundred and fifty years. The Mission Discernment tool is one practical tool to help today's leaders bring the same balanced, prayerful, values-based approach to running hospitals that inspired the sisters. The tool can help reignite a discerning organizational culture as modeled by the sisters' communal decision-making practices.

Once the structured interviews were complete, and the themes coded and analyzed, a prototype tool was then developed, reflecting the needs and experiences of the intended primary users. The prototype tool included a discernment pathway, reflection questions, and a matrix to indicate when a discernment should be done. This will be discussed in detail in Chapter Nine. Before the tool was finalized, however, the opinion of the intended primary users was sought through an on-line survey. It is to that survey that we now turn our attention.

SURVEY FINDINGS

The second part of the research period ran from August 18, 2009, to September 4, 2009. A memo announcing the beginning of the survey period, including the purpose of the thirteen question survey, and the means to access the on-line link to the Zoomerang® survey was sent from my office via email on August 18, 2009 (see Appendix J). The original survey period for the questionnaire ended September 1, 2009, but due to low participation rates potential participants were advised in a subsequent email that the survey was extended to September 4, 2009. The original email attached both the cover memo and the prototype Mission Discernment tool. Potential participants were invited to evaluate the prototype tool and respond to the survey in order to assess its relevance and usefulness, in keeping with utilization-focused program evaluation theory. The intent of the survey was to obtain quantitative evidence with which to further refine the tool before proceeding to the final design stage. The on-line survey served as a check and balance step to ensure I accurately captured participant feedback during the structured interviews. It also served to ensure that my coding and interpretation of the themes was consistent with their experience and that it was incorporated into the various elements of the prototype tool.

The prototype tool was comprised as a Word® document with some basic formatting elements to highlight headings, quotes, and the colour-coded triggers section. It was purposely kept simple so evaluators could focus more on the content of the tool, rather than its visual presentation (See Appendix K). The prototype tool included in the Appendix of this Project-Dissertation faithfully represents how it was shared with participants, including

grammatical and spelling errors, misquotes, and other editorial errors that were corrected in the final design version.

The confidential Zoomerang® survey was administered by the Organizational Development staff member consulted for this research project, in order that I remain at arms length from the study. The thirteen question survey sought to evaluate key sections of the prototype tool and to ascertain its usefulness to leaders in major decision-making. The survey also sought to explore its impact upon the culture of the organization. At the conclusion of the survey period the consultant compiled the results. These are presented in both table and graphic format including the list of feedback comments (see Appendix L). All of these feedback comments were addressed and integrated into the final tool.

While there was only a thirty-three percent response rate, the feedback provided was still substantive enough to assist with refining the tool. As will be noted in comparing the prototype tool with the final design version, only minor content changes were required. Attention to the actual size of the document, colour scheme, graphics, layout, and even bond paper, were all intentionally evaluated against its utility for primary intended users. The design of the final tool itself would not pose a barrier to its use.

Participants taking part in the Covenant Health Mission Discernment Survey agreed or strongly agreed that the tool:

- “will help me make major decisions in my organization;”
- “is easy to understand” (the Introduction, Triggers and Pathway sections);

- “will make it easier for leaders to identify the organization’s values in deliberations.”

There were, however, more variable responses regarding the other survey questions. While the majority of respondents largely agreed to the following, there were some who disagreed or didn’t know, whether:

- “the tool will impact how other routine decisions are made;”
- “I have developed skills for analyzing values that I can use in other decision-making as a result of participating in the Mission Discernment process;”
- “the tool will help integrate our Covenant Health values deeper into the culture of the organization;”
- “I have greater confidence that the Mission Discernment process will help make decisions based on our organization’s values;”
- “communication of major decisions clearly articulates the values that ground the decision.”

Five main themes were evident among the forty-two responses recorded in the survey’s open-ended text box questions. The themes speak to potential barriers, orientation needs, and integration of the tool. These were addressed during the launch of the tool, and are continuously monitored. Other concerns and specific recommendations identified by respondents were incorporated in the final design before the launch on September 22, 2009.

1. Perception of time required to use the tool

Several respondents questioned whether people might be deterred by the length of the tool, or if the need for quick decisions might hinder use of the tool. There were also comments about work load and time, recognizing that if leaders are already pressed, would there be support for engaging a process knowing it would require an additional investment of time. This theme was also raised during the structured interviews. The triggers and application sections and Step One of the Discernment Pathway are all intended to address this concern, asking, for example, whether a discernment is required if other resources are available to provide authoritative direction – including previous related discernments. During the launch and ongoing education on use of the tool, I have continually emphasized that the tool is designed to be tailored to fit specific situations, and can be modified if time is an issue. As well, I emphasized the learning curve associated with other new organizational practices. These took effort the first few times they were tried and became second-nature with practice. As an example, I pointed out what leaders described as equally daunting when they were first required to do a root cause analysis (as described on page twenty-three), with all its procedural steps and reporting accountabilities, but has now become a standard practice.

2. Unclear expectations regarding when to use the tool

My first mission discernment process took place during my mission fellowship with Trinity Health in 2002. At that time, leaders on their senior team did not know what to expect until after they engaged the process. That same pattern was evident when we went through the first discernment processes with the former Caritas Health Group. It is

understandable that there will be unclear expectations regarding the tool, and when to employ it. Despite the trigger examples and section on application and timing in the tool, experience has shown that it takes repetition before expectations regarding its use are clear to all. During the Applied Project, similar comments were voiced by the representative mission and ethics leaders in the US Catholic health care systems.

3. Need to ensure adequate orientation to the tool

As noted above, the unclear expectations regarding use of the tool makes it essential that a thorough orientation period is provided to leaders, and that resource people are available to help facilitate or support leaders when they first employ a formal application of the tool. The reflection question on the pathway steps and Covenant Health values are intended to support informal use of the tool, which does not require the same degree of orientation or coaching. Because each discernment needs to be set up and tailored to the question at hand, it is expected that more support will be required to assist those during their first formal application of the tool. Orientation on use of the tool has to be continuous, and several sessions have already occurred or are planned since the launch in September, 2009. The Mission Discernment tool is now part of the curriculum of the *Covenant Leadership Program 2* course which provides a thorough orientation to the tool for approximately fifty leaders in the organization each year.

4. Lack of awareness of demonstrated benefits

The large number of participants identified to take part in the structured interviews and follow-up on-line survey had not experienced a mission discernment tool previously.

However, there were others in the cohort sample who would have had the experience, and were aware of the demonstrated benefits as discussed on pages forty-four and forty-five. The interview process was an opportunity to discuss other health care system's tools and previous discernments undertaken by the former Caritas Health Group organization. Moreover, the *Covenant Health Mission Discernment Tool* provides a comprehensive overview of the purpose and application of the tool. Still, despite this initial education, it will simply take time for a large cohort of our leaders to have experienced the process. There is anecdotal evidence to suggest that the tool has already been used informally by some leaders to support them during the recent deficit reduction process. This will be discussed later in Chapter Ten.

5. Commitment by organization regarding its value

Of the five themes that emerged from the on-line survey comments, I believe the most important observation is the need for organizational commitment to the tool. This has to begin at the board and senior executive level. I will discuss this in Chapter Ten. Launching the tool concurrently with the videoconference session that outlined our deficit reduction process, conveyed a strong message from the Senior Leadership Team about its inherent value. This support has no doubt been strengthened by the experience with previous discernment exercises at Caritas Health Group. I also believe that the research design greatly contributed to the shared ownership and commitment to the tool. Over thirty-seven hours of face to face confidential interviews with leaders in our organization, combined with the dedicated time allocated for this doctoral research, and the interest and enthusiasm in which people took part in the interviews, signaled a clear commitment by the organization for the

tool. As mission discernments occur, and as more people are engaged in the process, the organizational commitment and endorsement of the tool will undoubtedly grow.

Together, the qualitative and quantitative research has led to the development of the *Covenant Health Mission Discernment Tool*. This tool has now become integrated into the organization and is widely circulated and promoted on the organization's public website.⁷⁵ The input from primary intended users in developing the prototype model, with further refinement from the on-line survey, has resulted in a concise, visually attractive and user-friendly tool. The *Covenant Health Mission Discernment Tool* is the subject of the next chapter.

⁷⁵ See: <http://covenanthealth.ca/about-us/missiondiscernment.html> The website link also includes my full contact information to support users in applying the tool.

CHAPTER NINE: COVENANT HEALTH'S MISSION DISCERNMENT TOOL⁷⁶

The culmination of my research project was the final design and publication of the *Covenant Health Mission Discernment Tool* © 2009. The tool is intended to provide practical support to Covenant Health leaders, and is thus appropriately subtitled: *A process for making good organizational decisions*. It is more a workbook or guidebook than a theoretical treatise, which is reflected in its layout, content, and visual presentation. The five-and-a-half by eight-and-a-half inch dimensions of the document was purposely chosen so that it could sit on a leader's desk within easy reach while not being too bulky, or too flimsy that it risks getting buried underneath other papers. It is also comparable in size and shape to the *Health Ethics Guide*, the foundational ethics resource for Catholic health care organizations in Canada. This guide is also intended to be within easy reach of our leaders and to be used often. The twenty-seven page Mission Discernment tool includes a four page appendix with the documentation template, which brings a balance of substantive content and practical methodological steps to guide leaders through an actual discernment process.

The Corporate Communications Department of Covenant Health assisted with the final design and proofreading, further demonstrating shared organizational commitment to the tool. They contracted with an external agency specializing in graphic design work for the layout to ensure it was visually attractive, accessible, and tasteful. Feedback from our leaders regarding the final print design has been very positive. When compared to the prototype version, the final Mission Discernment tool pulls together content, images, graphics, colour, and font in one comprehensive package. All the key elements identified during the structured interviews and survey questions were integrated into the text. It is even

⁷⁶ ©2009.

possible for some participants to be able to identify a key word or phrase they voiced during interview. This, once again, contributes to a shared ownership of the tool.

STRUCTURE OF THE TOOL

The Mission Discernment tool first presents the reader with an overview of the main conceptual elements and themes before moving to specific application of the tool and documentation steps. The opening pages situate the discernment tool within our official mission, vision and values organizational statements, then define the tool's purpose and role in supporting leadership formation. In the following pages the tool discusses the triggers for its use, practical applications and methodological steps. An additional set of reflection questions addressing our Covenant Health values were designed to instill a deeper discerning culture in our organization. Finally, the tool provides a practical template to be used for documenting and facilitating a discernment process. The entire tool is available on the Covenant Health website, including an interactive Word® document template that users can input data right onto the page, save a copy for their own records, and disseminate as required.⁷⁷ Punctuated throughout the tool are relevant quotes from scripture, a papal encyclical,⁷⁸ the Covenant Health Mission Integration Strategy, and one quote from an anonymous participant from the structured interviews.

What ultimately gives the text coherence is the image of a forest path depicted on the front cover, which is duplicated as a tab on nearly every page in the text. The path is, of course, a visual representation of the Discernment Pathway described in the tool, as well as a

⁷⁷ See: http://www.covenanthealth.ca/resources/Mission_discernment_template.doc

⁷⁸ See p. 128.

gentle and hopeful metaphor of finding our way through the forest. Finally, use of the primary two-tone blues throughout mirrors our official Covenant Health logo colours, reinforcing once again corporate ownership of the tool. The greenery in the forest scene is consistent with the green background found in the Covenant Health Strategic Framework. It reflects new life and new growth, and is the green backdrop used on our website in a corporate video addressing Covenant Health's values.⁷⁹ The entire Portable Document Format (PDF®) version of the discernment tool is included in Appendix M.

TITLE

One of the questions I asked participants near the end of the structured interviews was what we should call our tool. A number of options were presented. Some thought the word “discernment” could pose a barrier and risk undermining the value of the tool, as was discussed previously in Chapter Two. However, as the structured interviews progressed there was a growing preference for “discernment,” which one participant described as an “eloquent” word, one befitting of our culture. Another participant thought “discernment” conveyed a more intentional approach to decision-making. While every health care leader makes decisions, this person argued, discernment speaks of a deeper questioning as to how we make decisions, and whether our decisions consistently reflect what we consider important as an organization. One thought the choice of “discernment” would communicate the strength of Covenant Health identity and culture to our provincial funder and other

⁷⁹ For the Covenant Health Strategic Framework poster see: http://www.covenanthealth.ca/resources/Covenant_Health_strategic_framework_poster.pdf and the Covenant Health Values Video can be viewed at: <http://covenanthealth.ca/about-us/mission-vision-values.html>

stakeholders. Still, another participant expressed concern for the strategy of introducing a new word to our corporate vocabulary and then expecting others automatically to understand the term. Building on this, another person emphasized that whatever nomenclature was chosen, the tool would have to clearly denote its purpose, either in the title or subtitle.

The majority of participants who preferred “discernment” also thought we should be equally explicit in anchoring the tool in our mission. During the interviews I indicated to participants that one US Catholic health care system references their tool as “organizational ethics discernment process.”⁸⁰ This did not resonate with many. More thought that the kind of decisions likely to trigger a discernment would in fact be those issues that significantly impact our core identity and what we stand for, and potentially involve any number of clinical, operational and administrative matters, including issues of governance. Because discernment is understood as a mission focused tool, the word was included in the title.

FOUNDATIONAL STATEMENTS

The Mission Discernment tool is an instrument to operationalize our mission and values in major decision-making. It is a useful, practical tool to use in day-to-day decision-making as well. Regardless of its application, the discernment tool would lack focus if it were not connected to the foundational statements of the organization. The reason why we engage a discernment process in the first place is because we want to assess how a proposed decision measures up to our mission, vision, and values. Page one of the tool presents the official organizational statements articulating the identity and *raison d'être* of Covenant

⁸⁰ Ascension Health process also uses the acronym OEDP – organizational ethics discernment process. The website link to the OEDP was already quoted on page 57.

Health. The page also references a quote from the Covenant Health Mission Integration Strategy, initiated in October, 2008, to support the launch and ongoing staff orientation regarding these defining elements of our organization. The *Covenant Health Mission Discernment Tool* comprises another component of this integrative work.

Many organizations stop short at simply unveiling their mission, vision and values, and displaying decorative plaques throughout the facility. Here, the challenge rather is to apply, measure, and hold people accountable to these foundational statements. One practical and accessible way is by evaluating our decision-making – especially those mission-critical decisions that require a thoughtful balancing of our values. The quote on the inside front cover adjacent to the foundational statements asks the rhetorical question of whether God’s commandments really have the capacity to clarify the daily decisions of individuals and entire societies.⁸¹ The Mission Discernment tool provides a compelling answer to this question: our mission to continue the healing ministry of Jesus calls us to bring God’s covenantal love to all of those we serve. Ultimately, all the decisions we make must be evaluated to the degree that we are faithful to this commandment to serve others in the spirit of the Gospel.

PURPOSE

The purpose of the tool is presented on page three. The tool is intended to help leaders facing major decisions in clinical operations and administrative contexts, including Board level issues. This signals its broader use as an organizational ethics resource. The purpose statement acknowledges that many health care issues are complex and challenging,

⁸¹ John Paul II, *Veritatis Splendor* (Rome: Libreria Editrice Vaticana, 1993), 4.

and that there is not always a clear path forward for leaders. The reference to “path” not only ties in with the visual graphic throughout the document, but to the pathway discernment steps as well. Having a path to follow will give our leaders confidence when needing to make a weighty decision.

The purpose section of the tool also references Covenant Health’s code of conduct, entitled, *Our Commitment to Ethical Integrity*.⁸² The Mission Discernment tool reinforces this shared commitment to deepening the ethical culture of our organization by guiding leaders with making good decisions within a consistently applied ethical framework, and through appropriate behaviour. It is when we are faced with difficult choices, often under stressful circumstances, that we need to be especially vigilant that our behaviour is respectful of others. This includes having sufficient respect for ourselves and our own moral boundaries that neither be compromised in the process.

DECISION-MAKING AND DISCERNMENT

The tool then defines what is meant by “discernment,” and how the concept relates to, and is distinguished from, traditional decision-making practices. The introductory section of the Mission Discernment tool that focuses on defining key terms is a useful summary of the theological content explored in Chapter Two of this Project-Dissertation. Since the tool is intended for Covenant Health leaders who come from a broad range of cultural, ethnic, religious backgrounds, and professional roles, it was important that the language in this section be accessible and relevant to leaders’ decision-making experience. The language

⁸² See the Covenant Health Code of Conduct at:
http://www.covenanthealth.ca/resources/pdf/Our_Commitment_to_Ethical_Integrity_FINAL.pdf

considerations previously identified in Chapter Two reminded me that the tone of the document had to reflect the needs of the primary intended users. How key terms are identified at the outset determine whether intended users will bother to continue reading, and, more importantly, actually apply the tool in real-life situations. This section concludes with the assertion that “good discernment therefore leads to good decision-making,” which underscores the value of the tool for effective leadership in Covenant Health.

FORMATION AND FIDELITY

One of the top ten themes identified from the structured interviews was how a discernment process could support the formation of leaders within a faith-based tradition. Frequently those we serve will comment on the distinct cultural feel of our facilities, and the palpable “something more” in how patients and residents are treated. They feel cared for in body, mind *and* soul. Many staff, physicians, and volunteers describe their work in Covenant Health as a calling, where they bring the fullness of their being to service of others. A holistic vision of health that engages the inner experience of both caregiver and recipient is possible because of the commitment to foster these values within the organization. Leadership has an enormous influence in setting a positive example and holding others accountable ensuring this holistic vision endures. In order to be a champion of these ideals, leaders themselves need to be supported and mentored. Ongoing leadership development and formation requires more than technical proficiency. As Pope Benedict XVI wrote in his first encyclical, *Deus Caritas Est* (God is Love), these leaders need a uniquely focused formation experience:

Yet, while professional competence is a primary, fundamental requirement, it is not of itself sufficient. We are dealing with human beings, and human beings always need something more than technically proper care. They need humanity. They need heartfelt concern. Those who work for the Church's charitable organizations must be distinguished by the fact that they do not merely meet the needs of the moment, but they dedicate themselves to others with heartfelt concern, enabling them to experience the richness of their humanity. Consequently, in addition to their necessary professional training, these charity workers need a “formation of the heart”: they need to be led to that encounter with God in Christ which awakens their love and opens their spirits to others.⁸³

A formation of the heart requires leaders taking time to reflect on what is truly important to them, and to bring this to their work. It is helping leaders to name the “pearl of great value”⁸⁴ that they would be prepared to give everything in order to possess. These are the essentials that cannot be compromised. In health care, some complex decisions will in fact come down to two equally good choices that cannot be both satisfied; or two equally poor options, neither of which are desirable. It is in this context especially that we need to know what our fundamental reference points are: personally and institutionally. While it is true that “some hills are not worth dying over,” nevertheless a leader still needs to know what hills *are* worth everything to defend. It is when we are obliged to settle for less, or make an unconscious decision that we regret later, that moral compromise can result. If that happens repeatedly, people will leave an organization.

Providing leaders with a tool to discern options in light of their deeply held values requires first that leaders know what those values are. This requires more than competency, training, and other traditional professional development support. The “formation of the heart” that Pope Benedict XVI describes requires the organizational commitment to support and legitimize this kind of interior mentoring. Where the religious sisters who founded our

⁸³ Benedict XVI, *Deus Caritas Est* (Rome: Libreria Editrice Vaticana, 2005), 31.

⁸⁴ Matthew 13:45-46 NRSV (New Revised Standard Version).

institutions may have at one time served as iconic figures for promoting the spirit in our facilities, today's leaders must model this same commitment to our values in all that is done. During the structured interviews there were some participants who looked to the Mission Discernment tool as an instrument for leadership development and formation to deepen their sense of call and fidelity to fundamental values.

As a preventative ethics strategy, the discernment tool helps us to be faithful to our inner experience to mitigate those times when we may act contrary to our fundamental values. The section on the call to fidelity is not just about being faithful to Roman Catholic ethical and social teaching, nor to the legacy of our founders, or even to our reputation as a faith-based provider of quality care, it is much more. As important as these are, the call to fidelity is about being faithful to our own deeply held conscientious beliefs, and having the courage to act from that place of faithful witness in decision-making. This is the "pearl of great value" that we cannot lose. The discernment tool assumes that God desires our good and the good of the organization, and that we are never alone in discerning the right path forward. Indeed, the ultimate resource to support good decision-making is prayer. It is in prayer that we reach out beyond the confines of our ego and limited world-view to see other possibilities. Discernment is a response of faith in all things possible, so that even when confounded by seemingly difficult choices, God's word breaks into our communal decision-making as "a lamp to [our] my feet and a light to [our] path."⁸⁵

⁸⁵ Psalm 119:105

TRIGGERS

A distinguishing feature of the *Covenant Health Mission Discernment Tool* is the articulation of the triggers for its use. A colour-coded matrix of red, yellow, or green, is used to help familiarize leaders with the kinds of issues that would normally suggest that a discernment process is required, when additional time is necessary to consider options, or how to communicate the decision. The tool is not intended to be prescriptive or to excuse leaders from exercising their own prudential judgment in determining when a discernment is required. It is nonetheless educative in inviting leaders to think about certain possible triggers *before* committing to a course of action. The examples chosen under each of the three columns is not exhaustive, but have been carefully chosen based on input from the structured interviews and survey feedback. They underscore why a discernment is required, and points out that failing to fully engage the mission with due diligence around significant issues can impact the reputation of the organization, which may make it harder to *undo* those decisions later. There are still issues within our organization that we are attempting to reverse years after they were originally consented to: we just did not consider the long range impact or the precedent we were setting. Often, the energy trying to undo such decisions is disproportionate to what would have been required if we had just initially given ourselves time to ask the necessary questions. This further illustrates the preventative ethics contribution of the tool.

It is hoped that as leaders familiarize themselves with the tool during the orientation period they will find in these examples relevant issues that will cause them to think ahead, seeing possible critical junctures that could trigger a discernment process. The tool helps

leaders to maintain a long-term vision beyond what is of the moment. Drawing from an analogy in the clinical ethics world, it is easier to withhold treatment than to withdraw what is already started. Mission due diligence is best served by asking the right questions now, before entering into a cooperative arrangement. For example, one of our leaders admitted not having even thought of engaging a mission discernment in proposing the building of designated assisted living facilities to support our founding congregations. It just seemed “like the right thing to do.” While that may be true, the proposal could still benefit from a mission discernment to support the communication strategy about the vision informing this proposal. A discernment could help articulate for community board members and donors *why* it is right to be investing resources, knowing it may preclude pursuing other equally important strategies, and despite eventual challenges.

APPLICATION AND TIMING

One of the critical discernment steps is determining when to apply the process. As mentioned above, the tool is best used early in a business case development or other decision-making process to add practical value to the desired outcome. If coordinated with the regular financial, legal, and legislative considerations, discernment may help inform the fact-finding and stakeholder review process, surfacing other viable options. But if engaged too late in the due diligence process to make any appreciable difference to the outcome, calling for discernment may be interpreted as disingenuous. It may be seen as a veiled attempt to justify what was already decided upon, or perceived as an insurance gesture. Given this, there are still times that it is entirely appropriate to call for discernment even

when it is obviously clear what the decision is. At times it is simply “the right thing to do.” The value then may not be so much in helping participants identify a solution, but in how that solution may be implemented or communicated.

Undertaking a discernment process with an open attitude may very well compel stakeholders to a different course of action than expected. Rather than providing a degree of insurance or to confirm a decision already made, the discernment process may bring to light other facts that can no longer be denied, or that may require more work being done on a proposal. To some, this may seem like discernment actually thwarts good decision-making. It will understandably be resisted. But the long-term investment in terms of saved time, money, and reputation justifies the use of discernment if it may expose weakness in a business case proposal. Holding fast to a course of action that ultimately is doomed to failure just to show “we are doing something” when pressured for a decision can result in disastrous consequences. Calling for discernment can provide leaders with the necessary time to ask further questions and consider alternative options.

The tool is intended to be adapted to the situation at hand. One of the potential barriers regarding its use in the organization is the excessive amount of time some believe will be required to complete a process. This perception may result in inappropriate applications of the process, brought in only at the end of the fact finding and stakeholder consultation process so as not to delay the decision-making. If the team views discernment as duplicative, then it is understandable why participants may only see it as a formality to do at the end – once all the necessary work has been done. If used in its proper context, however, in an integrated and coordinated fashion with the other due diligence steps, the discernment process may in fact save time. One of the pathway steps, for example, will ask

whether some existing authoritative opinion, ethical principle, Church teaching, or legal precedent exists that can determine whether to pursue the business case further. No matter how financially viable or tempting an option might be, any proposed option that is illegal or in direct violation of either the *Health Ethics Guide* or the *Code of Conduct* is grounds to stop and abandon the proposal.

ROLE OF PARTICIPANTS AND FACILITATORS

Ideally, mission discernment should be integrated into an existing team meeting that will mitigate the burden on participants to find another time and place to engage the process. Team dynamics, time pressures, and meeting schedules should be respected in setting up the discernment process and engaging participants. As well, it is important to know who should be involved in the discussion, and to determine who should facilitate. As a Model Ministry, I am aware that the discernment process cannot be dependent upon my leadership alone, but must be integrated within the culture of the organization that will endure long after I retire. This requires that over the next several years I need to mentor others to lead the process and to ensure shared ownership of the tool. As we acquire more experience there will be need for more skilled facilitators to lead the process. Even if there are a number of competent individuals within Covenant Health who have the facilitation skills, experience, and familiarity of the tool, some discernments may require an outside facilitator. It would be beneficial to work closely with other like-minded organizations to provide this mutual

service.⁸⁶ The pathway steps reinforce this by asking whether an internal or external facilitator is required.

DISCERNMENT PATHWAY

The Discernment Pathway is the core section of the tool, and describes the various elements in the discernment process. In many respects, the Discernment Pathway *is* the tool. The introductory section acknowledges that decision-making is usually not a linear process, with one step building sequentially upon another. Rather, the process usually requires revisiting of previous steps, sometimes several times, before a decision can be made. For example, during the current pandemic crisis, health care leaders are continuously revisiting decisions as new scientific data about the H1N1 virus comes to light. As mentioned previously, many seasoned leaders have acquired an intuitive sense about certain decisions who would not naturally turn to a discernment pathway or find it particularly helpful – especially if it was imposed. One of the participants in the structured interviews asked if we could call the process a “pathway.” I am grateful for this invaluable suggestion. This person maintained a pathway suggests a more fluid process, where one step flows into the next and sometimes back again, much as layered concentric circles lead one ever deeper into the core of an issue.

Still, it is helpful to have some frame of reference to guide the decision-making process. This is especially true when dealing with major decisions that have many different ancillary issues occurring simultaneously where critical distance is required to make sure we

⁸⁶ For example, Providence Health in Vancouver, BC and Covenant Health collaborate on a number of initiatives that we could easily call on each other if outside facilitation is required.

are focusing on the right things. In this way, a clearly delineated pathway can provide a useful starting place and a means of focusing the conversation.

The Discernment Pathway articulates ten distinct, but related steps. The stylized graphic that is built around the Covenant Health logo reinforces that the Discernment Pathway is ultimately structured around the mission and values of the organization. Each pathway step begins with a short description of what is intended in this step, followed by a number of suggested questions to guide participants. The questions are not prescriptive nor are they exhaustive, but the ones listed do provide a comprehensive set of key questions and prompts to help the user deepen their thinking around an issue.

The Discernment Pathway begins by framing the question before the group, then gathering the necessary background information and stakeholder input before moving to the decision, implementation, and review steps. While there are some elements that are unique to Covenant Health's model, admittedly many organizational ethics and discernment tools in the literature articulate similar multi-step processes, as mentioned previously in the Introduction. The novel dimensions are seen in the first pathway step which helps to determine whether a discernment is required (in relation to the triggers matrix), and the last pathway step that requires revisiting and reviewing learning (in a fashion similar to professional athletes reviewing game film). The description of each step and the bullet point questions that expand the thought process behind each step are also unique features of the Covenant Health model, building on the feedback from research participants. In some instances, the expander questions are nearly *verbatim* quotes from participants, reflecting the way in which the utilization-focused program evaluation approach was honoured. The steps

are listed below, with the entire descriptions and expander questions seen in the Discernment Pathway section of tool, as featured in Appendix M.

1. Determine the need for a mission discernment.
2. Define the issue(s).
3. Acknowledge intuitive and emotional reactions.
4. Clarify the facts.
5. Identify stakeholders and various perspectives.
6. Weigh the options against the values.
7. Identify options and alternative courses of action.
8. Make a decision.
9. Implement and document the decision.
10. Revisit and review learning.

VALUES – OUR FUNDAMENTAL REFERENCE POINTS

The other unique feature of the *Covenant Health Mission Discernment Tool* is the set of accompanying reflection questions addressing values, and their specific relationship to good decision-making. As our fundamental reference points, our values define the boundaries around what is morally permissible without compromising personal or institutional integrity. As a preventative ethics strategy, mission discernment helps name and weigh the values underlying each possible option in order to make choices congruent with our core identity. They are fundamental in that they should not have to be discovered each

time a major decision is made. Rather, they should be readily apparent to our selves as well as to others. They should define how we are known in the community. Our values are also reference points, in providing practical guidance around decision-making versus simply constituting a set of lofty ideals.

The introduction to this section acknowledges again the intuitive nature in which we often engage decision-making, especially among seasoned leaders who may not always articulate the values underlying their choices. Still, some decisions often reveal the competing values at play, which will in turn require making choices around which values more closely align with our fundamental reference points. In these circumstances we cannot always rely on intuition, nor can the accompanying communication strategies announcing the decisions assume that others intuitively understand how that decision was made.

The more we can make consistent and explicit choices around our values in major decision-making, the greater likelihood they will have a transferable impact on other routine decisions in the organization. In this way, the reflection questions addressing our six core Covenant Health values deepen our capacity as a discerning leadership culture. The reflection questions help integrate our values with the Discernment Pathway, so that over time the *values themselves becoming the defining means for good discernment*.

The *Covenant Health Mission Discernment Tool* may provide valuable assistance around specific decisions, but it is in grounding ourselves in our values that is of enduring importance. As described earlier in Chapter Six, a program logic methodology reminds us that the discernment tool is really an output – or means – for achieving the desired outcome or end of becoming a more discerning culture. As fundamental reference points, our personal and institutional values are the lens to evaluate everything we say or do.

DOCUMENTATION AND REVIEW

One of the lessons learned with previous discernment experiences undertaken by Caritas Health Group was the documentation step. The process of writing up the trend data captured through one-to-one stakeholder interviews, and then pre-circulating the findings before engaging the large group discussion, brought a finer level of analysis. It allowed some of the more introverted participants to give equal voice to their opinions thereby enriching the large group discussion. Documenting the findings also provided a repository to draw upon should similar situations emerge later; one that could provide a relevant perspective precluding a similar discernment process. The documentation and review process provides insight into team functioning, where there may be patterns in group decision-making that reflect a bias in screening out input from certain stakeholders, or a tendency to skip over steps in a rush to make a decision. Or, as one participant expressed it, whether we even make decisions at all. While this may be a sobering group exercise to periodically undertake, reviewing patterns in decision-making through a facilitated process constitutes a preventative ethics strategy. It can serve to avoid similar pit-falls in subsequent decision-making, thereby further compromising personal and institutional integrity.

Revisiting and reviewing decisions to ensure they still make sense or to consider any change in data, liberates leaders from being locked into a precedent-setting decision. One of the pathway steps is ascertaining when a decision may need to be reviewed and adjusted. At times, leaders may be reluctant to make a decision for the fear of not being able to change it later should it no longer serve our patients, residents, or the common good of the

organization. Some fear a loss of maneuverability and thus will only commit to a certain course of action: to make a “safe choice,” not necessarily the “right choice.”

The section concludes by listing the three-fold benefit of reviewing decisions: by providing an invaluable learning opportunity for teams; by demonstrating accountability to one another; and by fostering a discerning culture through critical self-reflection.

MISSION DISCERNMENT TEMPLATE

The discernment tool provides for an interactive template to guide participants through the process and to assist with documenting key steps. While there is an overview of the template in the actual guidebook, an electronic document is referenced that will take leaders to the Covenant Health website, where they can download the tool, record their responses in shaded boxes that automatically expand as information is entered, and then save and print a copy for their records (see also Appendix N).⁸⁷ This allows leaders to work from a common template that, over time, will become increasingly familiar with each subsequent discernment process.

The tool then prompts leaders to forward templates to the Vice President, Mission, Ethics and Spirituality, in order to create a repository of discernment experiences. This will enable shared learning, the flagging of trend issues, and ensuring continuous quality improvement. The section concludes by providing contact information should mentoring and coaching in use of the tool be required, or to arrange for facilitation.

⁸⁷ See the interactive template at: <http://covenanthealth.ca/about-us/missiondiscernment.html>

While leaders will benefit from having a common template when engaging a mission discernment, the template, pathway steps, values reflection questions, indeed, the entire tool itself, can assist with helping to frame thinking even around routine issues. As discovered recently, some leaders found the discernment tool helpful in confirming their approach in developing deficit reduction plans for their departments, even though a formal discernment was not initiated. One person admitted feeling uneasy about what she put forward on her deficit reduction list, and wanted to go back to make sure it aligned with her values and the values of Covenant Health. This is yet another example of how a tool, developed through input of primary intended users, can have a significant impact on the culture of the organization and prevent moral compromise.

CHAPTER TEN: LAUNCH AND EARLY LESSONS LEARNED

The launch of the *Covenant Health Mission Discernment Tool* occurred in two stages, in quick succession. The first was related to a significant financial challenge facing the organization in which our Senior Leadership Team deemed the tool would be of immense value to our leaders if we could advance the originally scheduled launch date by a few weeks, and proceed with an earlier “soft” launch. The second “official” launch occurred a couple weeks later at the one year anniversary of our coming together as Covenant Health, during a series of corporate events with our Board, Community Board, and entire leadership group.

In the months since the tool has been introduced to the organization a number of orientation sessions have been held. It has also been shared with other partners and stakeholder groups, including fifteen copies of the tool accompanying a high-level strategy document presented to government to support our work in mental health. At the time of writing this Project-Dissertation, only three formal processes have been initiated, although anecdotal evidence suggests it has been used informally by our leaders. This is consistent with the application design that it can be used informally, and that it is meant to be within easy reach of leaders. As will be described below, the launch and early lessons learned have clearly shown how the tool has already become part of the culture of the organization. This establishes the *Covenant Health Mission Discernment Tool* as a Model Ministry, in keeping with the doctoral focus of my Project-Dissertation.

LAUNCH

The realization that Covenant Health would soon be required to address a significant deficit reduction strategy served as a backdrop for the structured interviews and on-line survey between June and September, 2009. As participants reflected on their decision-making experience, with some recalling difficult choices previously made in their careers where personal and institutional values were called into question, the looming financial challenge brought back the emotional impact of those past decisions. Nearly all the participants in the structured interviews made unsolicited comments about the deficit reduction strategy that lay ahead of us, once our final target amounts were confirmed by our provincial funder. Dialogue with the funder continued during the summer and into September before a three percent reduction in our operating budget was announced. This translated into a fifteen million dollar net loss in funding.

Once the budget reduction amounts were confirmed, a video and teleconference was scheduled for September 23, 2009, for our Senior Team, Executive Directors, and key leaders throughout Covenant Health. At that time, finalization of the discernment tool was nearly complete and it had already been sent to the external design company for layout and printing. An electronic copy was already prepared and ready to post to the website. The originally scheduled launch date of the Mission Discernment tool was set for October 7, 2009, on the first year anniversary of Covenant Health, in conjunction with a missioning exercise at a joint Board of Directors, Community Board and Leaders Banquet. This was deemed an appropriate showcase event to launch the tool.

However, given the timing of the deficit reduction announcement and the fact that most participants during the structured interviews expressed concern about making the right choices around our budget, it appeared prudent to schedule an earlier launch. To ask our leaders to make budget decisions in September and only later, in October, to provide them with the final printed copy of the tool, was contrary to stated purpose of the tool. Indeed, I thought to do so would only undermine the credibility of the tool. Instead we arranged to circulate an electronic copy of the discernment tool as part of the agenda package for the September 23, 2009, video and teleconference.

As a result, we worked closely with the design firm to ensure we would have our final printed copies of the Mission Discernment tool by early October, in time for the series of Board, Community Board and Leaders' Retreats, including the missioning event at the Banquet Dinner. In the meantime, we sent a memo to our leaders requiring their attendance September 23, 2009, to review our deficit reduction targets and requirements. In the memo we provided our leaders with background information of the decisions we faced, as well as a financial worksheet to complete their projected annualized cost savings. Along with the financial worksheet, we attached an electronic copy of the *Covenant Health Mission Discernment Tool*, with a brief description of its purpose and application (see Appendix O).

The speakers at the video and teleconference included the Chief Executive Officer and President, the Chief Financial Officer, and me. Each in turn discussed the challenges facing us and ways in which to address these challenges. This included speaking to the financial and mission discernment templates to assist our leaders with this work. Together, the three senior leadership team members conveyed the message that we needed to reduce our operating budget by fifteen million dollars, and to live within our budgets going forward

given the projected deficits we would likely face next year. However, we also stipulated that it was not just meeting this goal that mattered, but *how* we met our targets, and the principles by which we would abide. There were:

- Identify what makes sense based on our values and strategic directions;
- Ensure patient and resident safety is not compromised;
- Look for efficiencies with the least impact to staff;
- Seek solutions with the least impact to patients and residents;
- Seek opportunities to be more efficient in how we provide programs and services.

This “soft launch” of the discernment tool served to profile it as valuable and legitimate leadership resource, on equal footing with the financial template. I explained we would follow-up with the final design booklet at the corporate events in two weeks, and that I was available in the meantime to assist leaders. I also indicated then that orientation sessions were being planned, but circumstances necessitated moving up launch dates so the tool could be of practical use to leaders now. By the time we officially launched the tool with printed copies of the booklet October 7, 2009, most of our leaders had already completed their deficit reduction plans, underscoring the wisdom of having an earlier launch date.

While there was not a formal discernment done during this early launch phase, anecdotal evidence confirms that leaders did consult the Mission Discernment Tool to support their deficit reduction plans for their departments. There was also a call to do a mission discernment at two of our facilities regarding an operational matter and service delivery issue respectively, and preparatory background information on both issues was gathered. However, the two requests were deferred and the issues resolved, with one of the leaders saying the tool was nevertheless helpful in framing their thinking about the one

service delivery issue, precluding the need to proceed with a formal discernment. Again, this was consistent with the design features of the tool that it can be adapted to both formal and informal use.

During the missioning exercise at the Board, Community Board and Leaders Banquet, two top ranking officials from our provincial funder attended as special guests. The missioning prayer was inserted into copies of the final printed version of the *Covenant Health Mission Discernment Tool* on each participant's table, and each table in turn was assigned a section of the missioning ritual to pray out loud during the missioning. At one point in the missioning exercise the following statement was made:

The symbol chosen for this year, in a time of economic restraint, needed to be more practical than just something to adorn our offices, but kept close on our desk and next to our deficit reduction spreadsheets and operational plans and applied in a concrete way. The mission discernment tool is intended to be used to support us in making consistently good decisions, in applying our values and articulating our mission in a tangible and practical way.

The entire introduction of the missioning and the accompanying prayer is found in Appendix P. At the table with our Board Chair and Chief Executive Officer were the two top ranking officials from our public funder, who examined and discussed the tool during dinner, helping to advance the profile of the tool as a defining feature of our organization. As mentioned in the missioning reflection, the accreditation standards by which hospitals across Canada are evaluated require substantiated evidence that demonstrates how the organization's values are used to guide decision-making and determining how services are provided. I pointed to the *Covenant Health Mission Discernment Tool* and its role in supporting our leaders with the financial challenge ahead as one clear example of meeting this accreditation standard.

Orientation sessions continued in November, 2009, beginning with the Mission, Ethics and Community Engagement Committee of the Board, as well as different Covenant Health leadership teams in Edmonton, Lethbridge, Camrose and Banff. The entire content of my orientation presentations is found in Appendix Q (with the exception of the on-line survey results which I have extracted and included in Appendix L). Two organization-wide videoconference Question and Answer workshops are also scheduled in January and February, 2010 to review some of the more detailed questions concerning setting up a discernment, and facilitating the process. The tool has already been presented at the fall offering of the *Covenant Health Leadership Program 2*, and I acknowledged how the tool was a key component of the overall Mission Integration Strategy at the full Covenant Health Board in December, 2009.

Nationally, the tool and the research findings that led to its development will be profiled in May, 2010, at the Catholic Health Alliance of Canada annual convention in Toronto. Finally, the *Covenant Health Research Centre* asked for permission to publish the executive summary of the research findings in order to profile the discernment tool in their upcoming newsletter. This reinforces the confidence in the research findings, and helps legitimize the tool throughout the organization as a valid qualitative and quantitative research project.

Finally, as part of the launch and orientation strategy, copies of the tool are being distributed to sister Catholic health care organizations, including the participant executives who took part in the Applied Project earlier in my doctorate program (see page seventy-one).

EARLY LESSONS LEARNED

At the time of writing this Project-Dissertation, it has been only four months since the launch of the tool. Evidence suggests that the tool has been used informally with the deficit reduction strategy, and in a formal capacity regarding the Voluntary Early Retirement Program to help meet our deficit targets (see page forty-five). This included documenting the results of the discernment on the Word® template and reporting back to the Senior Leadership Team, and to the Human Resource Department who asked for the discernment given sensitivities of applying the early retirement program equitably and justly in alignment with the principles outlined on page one forty-seven. The tool also informed our collaborative approach to address liturgical needs at one of our Edmonton facilities, and in addressing the ethical considerations in providing vaccine to family of staff and physicians during pandemic influenza. Since its launch the tool has been publicly endorsed by our President and Chief Executive Officer with the Senior Leadership Team, and is cited among the resources on Covenant Health's new *Code of Conduct*. This high ranking endorsement addresses one of the potential barriers noted during the on-line survey.

One of the early lessons learned deals with the importance of timing the launch of the tool with a genuine pressing issue for the organization. If the tool had been launched *after* we had already provided leaders with the financial template to complete their deficit reduction plans, leaders would have understandably questioned the relevance of the tool. The integration of the preemptive launch during the video and teleconference on our budget plans was possible because of the existing confidence in the discernment process by the Senior Leadership Team. This confidence was also evident by what participants saw

reflected in the final tool, which incorporated their initial input derived from the structured interviews and subsequent comments from the on-line survey. This timely exposure and endorsement was critical for its successful launch, and reflected a shared ownership of the tool independent of my own personal efforts.

Another early lesson learned is that orientation needs to be ongoing. This was echoed in the recommendations from the Applied Project research. Sessions with Covenant Health leadership teams have been arranged, and I suspect this work will continue over the next six months or more. Again, integrating the orientation sessions with the contextual realities of a department or site will make the tool more relevant and will better ensure its receptivity. In many respects, department-based orientation sessions have the greatest degree of receptivity given the shared interests of participants. While it is helpful to present the tool twice a year in the *Covenant Health Leadership Program 2*, I do not want to rely on this venue alone to successfully integrate the tool into the organization. Similarly, in the co-sponsored Providence Health and Covenant Health leadership program entitled *Foundations in Leadership in Catholic Organizations*, I will present the discernment tool on the final afternoon of the program. This is a good opportunity to expose the tool further, given the diverse number of organizations that participants represent. I will incorporate discernment into my usual talk on moral imagination and resiliency given the preventative ethics component of the tool, thereby providing encouragement to participants as they leave the *Foundations* program. While it is good to expose the tool beyond the walls of the organization, I am cognizant that much work still remains with educating Covenant Health leaders. Despite the successful launch of a tool, this will not guarantee its continued

presence in the organization if the vast majority of leaders are not aware of it, or do not know how to use it.

Finally, as leaders are exposed to the tool, I have learned that it is very helpful to provide people with an example of how an earlier model of discernment was applied in the Caritas Health Group organization, drawing from any of the examples listed on pages 44 and 45 in this Project-Dissertation. The Voluntary Early Retirement Program served as the first opportunity to employ the *Covenant Health Mission Discernment Tool* in a formal capacity, and the final documented report contributed to both the orientation and demonstrated benefits of the tool. In my experience, this is how it is best understood as a practical decision-making resource for leaders, and how it can concretely assist leaders when faced with complex issues that can positively or negatively impact the mission of the organization. This contextual learning reflects the general principles of adult learning, especially for seasoned health care leaders who are part of an evidence-based culture that need to see a tool's demonstrated value if it is going to have any likelihood in being adopted as a standard of practice. Beyond posting the tool to our website, and making orientation sessions available, the real test of its demonstrated worth will be when it helps even one leader make a mission-critical decision without compromising institutional and personal integrity. As we see our way through our deficit reduction challenges by making thoughtful choices about voluntary early retirement plans and other strategies without compromising our values in the process, there is confidence that the tool will continue to demonstrate its worth over time.

CONCLUSION

In this Project-Dissertation I have shared and referenced experiences with discernment as a value analysis decision-making tool in our Catholic health care organization. I have also presented the research findings from both the Applied Project and final doctoral project that led to the development of a purpose-built *Covenant Health Mission Discernment Tool*. This tool has now been launched across our organization, and is gaining a foothold as a standard of practice.

While we have had good initial success, orientation and support for the tool must continue, and extend to all sites across our new organization. The basic premise of the tool is not new. Discernment is steeped in the Christian tradition and provides a practical and tangible means of supporting decision-making that aligns both personal and organizational values. Ensuring that our values are reflected in every decision will move us toward our preferred culture. Leaders will be supported in their decision-making efforts, confident they are making just choices that best reflect the moral character of the organization. As expressed by the conviction of some leaders, reflective of the deeper religious tradition, discernment is ultimately about seeking and following the will of God. However discernment is understood, the practical support it provides will more likely help leaders stay engaged in their work and profession, despite the challenges of the current health care environment. Leaders will want to stay connected to the organization because discernment helps them stay connected to themselves, and to their moral foundations and beliefs. It makes good business sense to champion leadership integrity.

In this Project-Dissertation, I have argued that mission discernment is a preventative ethics strategy that mitigates instances of moral compromise. To prove this thesis, I provided in Chapter One an overview of the current Catholic health care environment, and the experience of leadership decision-making in this environment and the broader societal context that can often lead to moral compromise. In Chapter Two, I suggested that staying engaged with the complexity of decision-making requires a process that weighs competing values, and makes choices that are congruent with both organizational and personal values. I showed how this process, as applied to Catholic health care, is rooted in a rich theological tradition, with affinities to mainstream organizational development theory. In Chapter Three I presented a number of examples of how mission discernment could be applied, and the attitudes and disposition necessary to integrate discernment as part of the everyday life and culture of the organization. Looking ahead in Chapter Four, I sketched what a Covenant Health model could look like, and the prophetic dimensions of discernment as a transformative element in the lives of leaders and the culture of the organization.

The remaining chapters chronicled my research in developing a purposely-built tool for Covenant Health. In Chapter Five I examined the experience from other Catholic health care systems that have employed discernment practices as part of their culture. Building from their learned experience, I was able to begin conceptualizing what a prototype tool would look like to reflect our own organizational culture. The various research design, methodology, and supporting theoretical elements were presented in Chapter Six. I showed how integrating the research into the ongoing consolidation efforts underway at Covenant Health during its first year of existence by seeking the input of our leaders, thereby strengthening relationships across the organization and shared ownership of the tool. As

demonstrated in Chapter Seven, the research was conducted with the highest ethical and professional standards. Thirty-five structured interviews yielded a robust set of qualitative, thematic data that was incorporated into a prototype discernment tool, which was further refined by on-line survey. This mixed methodological approach, using qualitative and quantitative data and based on utilization-focused evaluation theory, led to the development of the *Covenant Health Mission Discernment Tool* © 2009. The various features of the tool and their rationale based on participant feedback are described in Chapter Nine. In Chapter Ten, I discuss the circumstances surrounding the launch of the tool during a time of significant financial challenge, and how the early lessons learned indicate the valuable role the tool has played in supporting leaders with the deficit reduction decisions they were required to make. Finally, the Bibliography demonstrates the broad sweep of literature I consulted to inform my thinking and support the references cited in the Project-Dissertation. The numerous Appendixes help the reader see the evolution and background work of my doctoral research.

This tells only part of the story. As I conclude my Project-Dissertation other questions are raised that require further reflection and study. As a new tool for Covenant Health, attention will be required to see how the tool is fully integrated, especially as changes in the leadership structure occur. Will mission discernment remain an enduring presence in the life and culture of the organization? Will it be adopted and practiced as new leaders join the organization? Will discernment become part of the day-to-day decision-making, extending to all levels of the organization? How will discernment become integrated with other business proposal and financial due diligence processes? Will we see lesser incidence of moral compromise and residue over time through use of mission discernment? Answers to

these questions require the benefit of time. As much as Trinity Health benefited from bringing in an external reviewer to evaluate their mission discernment process, it would be an invaluable learning opportunity for Covenant Health to plan for such a formal evaluation period after a few years of implementation. This may well serve as a useful doctoral research project for another learner at St. Stephen's College.

In conclusion, the mission discernment process is more than an exercise to justify what we already know. I believe it opens us to the living God, who is always with us and guides us: it is another tangible way to deepen the mission of the Catholic health care organization. By "reaching into the heart of one's fundamental commitments to God,"⁸⁸ mission discernment can open us to grace and freedom in responding courageously to the complex and challenging issues we will face.

Discernment is an essential tool for leaders and executives in Catholic health care. As a practical and accessible tool, grounded in our rich tradition of faith and lived experience, discernment supports leaders for the noble work to which they are called.

⁸⁸ Richard Gula, SS, *Moral Discernment* (Mahwah, NJ: Paulist Press, 1997), 47.

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APPENDIX A

APPLIED PROJECT SURVEY QUESTIONS AND RESPONSES

Zoomerang® Survey Results

Mission Discernment Survey
 Response Status: Completes
 Filter: No filter applied
 Sep 18, 2007 7:47 AM PST

1. The mission discernment process is used for decision-making in my organization.		
Strongly Agree	17	41%
Agree	20	49%
Disagree	4	10%
Strongly Disagree	0	0%
Don't Know/Not Applicable	0	0%
Total	41	100%

2. The mission discernment process helps shape the strategic planning of the organization.		
Strongly Agree	9	22%
Agree	23	56%
Disagree	6	15%
Strongly Disagree	1	2%
Don't Know/Not Applicable	2	5%
Total	41	100%

3. Use of mission discernment in making major decisions impacts how other routine decisions are made by the senior team.		
Strongly Agree	8	20%
Agree	21	51%
Disagree	9	22%
Strongly Disagree	1	2%
Don't Know/Not Applicable	2	5%
Total	41	100%

4. I have developed skills for analyzing values that I can use in other decision-making as a result of participating in the mission discernment process.

Strongly Agree	9	22%
Agree	30	73%
Disagree	2	5%
Strongly Disagree	0	0%
Don't Know/Not Applicable	0	0%
Total	41	100%

5. The mission discernment process has helped to integrate the preferred values deeper into the culture of the organization.

Strongly Agree	7	18%
Agree	23	58%
Disagree	6	15%
Strongly Disagree	0	0%
Don't Know/Not Applicable	4	10%
Total	40	100%

6. I have greater confidence that the mission discernment process helps us make decisions based on our organization's values.

Strongly Agree	13	32%
Agree	19	46%
Disagree	9	22%
Strongly Disagree	0	0%
Don't Know/Not Applicable	0	0%
Total	41	100%

7. The mission discernment process assists leaders in identifying with greater clarity the organization's values in their deliberations.

Strongly Agree	14	35%
Agree	24	60%
Disagree	2	5%
Strongly Disagree	0	0%
Don't Know/Not Applicable	0	0%
Total	40	100%

8. Communication strategies for major decisions clearly articulate the values that ground the decision.

Strongly Agree	14	34%
Agree	17	41%
Disagree	7	17%
Strongly Disagree	0	0%
Don't Know/Not Applicable	3	7%
Total	41	100%

9. What barriers hinder the use and/or integration of mission discernment in your organization?

37 Responses

10. What can be done to improve the use and /or integration of mission discernment in your organization?

35 Responses

11. Please provide any additional comments or suggestions.

APPENDIX B

APPLIED PROJECT DRILL DOWN FOCUS GROUP QUESTIONS

Mission Discernment Focus Group
October 9, 2007

Organizational Awareness and Understanding of Mission Discernment

- **Do you feel mission discernment is clearly understood, both in terms of how it actually works, who need to be involved and the kinds of questions asked, as well as the value it brings to the decision-making process?**
- **Is mission discernment available to enough people in the organization? Does it need to reach further to other levels in the MO? the Home Office?**

Ways to Improve the Process

- **Many commented about the need to introduce mission discernment earlier in the decision-making process. Are there ways in which mission discernment can be triggered earlier, and what would those triggers look like?**
- **Are there ways in which mission discernment can be streamlined, perhaps through LEAN, and hardwired into appropriate policies? Can and should it be made available in electronic format?**
- **Would it be important to build in more cost related issue and business case analysis as part of the mission discernment process? How would that look like?**

Communication and Follow-Through

- **Is there adequate follow through on mission discernment outcomes?**
- **Are there ways in which results of mission discernment can be more effectively communicated? Would updates after the mission discernment has been done to evaluate the long term impact on major decisions be of value?**

Other Recommendations and Comments

- **What other ways can we improve upon the process?**

APPENDIX C

ETHICS AND ADMINISTRATIVE APPROVAL CORRESPONDENCE

ETHICS APPROVAL - HEALTH RESEARCH ETHICS BOARD (HREB)

Date: June 3, 2009	
Principal Investigator:	Gordon Self
Study ID:	Pro00006262
Study Title:	<i>Mission Discernment: A Preventative Ethics Strategy for Leaders in Catholic Healthcare Organizations</i>
Sponsor/Funding Agency:	Caritas Health CARIT Group

Expiration Date: June 2, 2010

Thank you for submitting the above study to the Health Research Ethics Board (Health Panel). Your application, along with revisions submitted June 3, 2009, has been reviewed and approved on behalf of the committee.

The ethics approval is valid until June 2, 2010. A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the Health Research Ethics Board does not encompass authorization to access the patients, staff or resources of Capital Health or other local health care institutions for the purposes of the research. Enquiries regarding Capital Health administrative approval, and operational approval for areas impacted by the research, should be directed to the Capital Health Regional Research Administration office, #1800 College Plaza, phone (780) 407-1372.

Sincerely,

Glenn Griener, Ph.D.
Chair, Health Research Ethics Board (Health Panel)

Note: This correspondence includes an electronic signature (validation and approval via an online system).

ETHICS APPROVAL – ST. STEPHEN'S COLLEGE



ST. STEPHEN'S COLLEGE

12 May 2009

Gordon Self
518 Hegler Crescent
Edmonton, AB T6R 1T3

Dear Gordon,

**Re: Ethics Review Application: DMin Project Dissertation: Mission Discernment:
A Preventative Ethics Strategy for Leaders in Catholic Healthcare Organisations.**

The Research Ethics Committee has had opportunity to review your research ethics documents and have approved your proposed research. Please see the enclosed documents for comments.

I wish you well as you proceed into the research phase. We look forward to receiving your project dissertation next spring.

Sincerely,

Dr. Jean Waters
Interim DMin Coordinator

cc/enc: Rev. Dr. Geoff Wilfong-Pritchard
Dr. Thomas Maddix
Rev. Roger Keeler

ADMINISTRATIVE APPROVAL – COVENANT HEALTH

Healing the Body Enriching the Mind Nurturing the Soul



June 4th, 2009

Mr. Gordon Self
Tawa Centre – Edmonton
email: Gordon.self@caritas.cha.ab.ca

Dear Mr. Self,

RE: Study# 1090, *"Mission Discernment: A Preventative Ethics Strategy for Leaders in Catholic Healthcare Organizations"*

Thank you for submitting information on your research study to the *Covenant Health Research Centre*. I am pleased to inform you that your study has received *Covenant Health Administrative Approval* for the *Edmonton General Continuing Care Centre, Misericordia Community Hospital, and the Grey Nuns Community Hospital*.

We have a copy of the current *Health Research Ethics Board (HREB)* approval letter on file. We do not require that you submit protocol amendments as these will be reported to HREB; however, it is important that we receive updated copies of:

- HREB approval letters;
- consent forms;
- study information sheets; and,
- reports of serious adverse events if applicable.

We would also appreciate a copy of your final research report upon completion of the study. You are eligible to submit a paper, article or abstract for inclusion in the *"Covenant Health Research"* publication. All documents can be faxed to (780) 735-2674, emailed to caritasresearch@caritas.cha.ab.ca or mailed to the *Covenant Health Research Centre, IW-33, Misericordia Hospital, Edmonton, Alberta, T5R 4H5*.

On behalf of the *Covenant Health Research Centre* and the *Cartas Research Steering Committee*, we wish you every success with this project. If you have any questions or require assistance, please do not hesitate to contact the *Covenant Health Research Centre* at (780) 735-2274.

COVENANT HEALTH RESEARCH CENTRE

Mary-Ann Clarkes
Administrator

cc V. Newman

APPENDIX D

CONSENT FORMS– HEALTH RESEARCH ETHICS BOARD (HREB)

**CONSENT FORM****Part 1 (to be completed by the Principal Investigator):**

Title of Project: *Mission Discernment: A Preventative Ethics Strategy for Leaders in Catholic Healthcare Organizations*

Principal Investigator: *Gordon Self* Phone Number: *780.735.9596*

Part 2 (to be completed by the research subject):

	<u>Yes</u>	<u>No</u>
Do you understand that you have been asked to be in a research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read and received a copy of the attached Information Sheet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the benefits and risks involved in taking part in this research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you are free to withdraw from the study at any time without having to give a reason and without affecting your employment?	<input type="checkbox"/>	<input type="checkbox"/>
Has the issue of confidentiality been explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand who will have access to your records?	<input type="checkbox"/>	<input type="checkbox"/>
Who explained this study to you? _____		

I agree to take part in this study: YES ☐ NO ☐

Signature of Research Subject _____

(Printed Name) _____

Date: _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Designee _____ Date _____

THE INFORMATION SHEET MUST BE ATTACHED TO THIS CONSENT FORM AND A COPY GIVEN TO THE RESEARCH SUBJECT

CONSENT FORMS – ST. STEPHEN’S COLLEGE



Consent Form

My name is Gordon Self and I am currently researching the value of mission discernment tools to support Covenant Health leaders in making major decisions in alignment with our mission and values. The research is intended to satisfy requirements for my Project/Dissertation in the Doctor of Ministry program at St. Stephen’s College. The research will be carried out as stated with no deception involved.

I am seeking your opinion whether such a tool would be helpful to you in your leadership work, and if so, what the design of the tool should look like. I will also be asking you questions about your experience with major decision-making and whether you may have previously been part of a mission discernment process and what your experience was like. Due to the personal nature of responses that may be invoked by some questions, you are free to decline answering any question at any time, and share only what you are comfortable in sharing.

The interview will take the form of a conversation. It should take no more than 1 hour of your time, and, with your consent, the interview will be recorded. I will use the recording of this interview to identify and code key themes that will be used to develop a Covenant Health Mission Discernment Tool.

At no time during the research process or in the final tool will your name or any other identifying characteristics be included. After the interviews and once the trend data is recorded the tapes will be destroyed.

Verification and review of the trend data as captured in the Mission Assessment Tool design will be achieved through a second quantitative on-line survey, in which you will be invited to participate in and provide consent at a later date. The purpose of this consent is to clarify your rights and seek your free and informed consent in the initial interview process.

As a participant in a research study, you have the following rights:

- Your participation in this project is entirely voluntary.
- You are free to refuse to answer a question at any time without prejudice or fear of reprisal.
- You are free to withdraw from the project and all data you provided will be returned or destroyed.
- You are not obligated to participate in this study due to any organizational role or relationship expectations, either real or perceived, that would inhibit your free and voluntary involvement.

- The interview will be kept strictly anonymous and confidential and will be available only to the interviewer. My assistant will be aware of the appointment but not the content of the interview, or have access to the audio recording or transcribed notes.

If you have any questions or concerns about this research please contact me at 780.735.9596 or Gordon.Self@covenanthealth.ca

My Doctoral Committee Chair is Rev. Dr. Geoff Wilfong-Pritchard who is supervising this research and can be reached at 780.452.4454. A copy of this signed consent form will be provided you after the interview.

The final discernment tool will be launched later this year, of which you will be provided a copy.

I, _____, understand that I have the above rights as a participant in this study as explained to me by the researcher and I consent to this interview.

(participant's signature)

(printed name)

(date)

APPENDIX E

INFORMATION SHEET



June 3, 2009

INFORMATION SHEET

Title of Research Study:

Mission Discernment: A Preventative Ethics Strategy for Leaders in Catholic Healthcare Organizations

Principal Investigator:

Gordon Self

Background:

Mission Discernment is a facilitated process that attempts to bring alignment between the choices healthcare leaders make with the core mission and values of the organization. The tool is used specifically in making significant clinical, operational and administrative decisions that may impact, positively or negatively, the organization's mission and values. Various discernment processes are used in other Catholic healthcare organizations, and are considered a helpful resource for leaders. While it is possible to adopt features of these other decision-making tools for use elsewhere, this study seeks to research a comprehensive, locally designed tool that will be culturally relevant and meaningful to leaders working within the Covenant Health environment.

Purpose:

You are being asked to participate in a research study to develop a discernment tool that will be aligned and responsive to the cultural reality and context of Covenant Health. Your confidential feedback is required in designing the tool, and, how it can best be used and facilitated to support major decision-making in your leadership role at Covenant Health. As a newly consolidated Catholic healthcare organization, it is important intended users of the proposed mission discernment tool have the opportunity to give input into the design of the tool to ensure shared ownership by Covenant Health leaders.

Mission Discernment: A Preventative Ethics Strategy for Leaders in Catholic Healthcare Organizations

Procedures:

Participating in this study will involve both a qualitative and quantitative data collection process:

a) Qualitative - you will be invited through written correspondence to take part in a confidential 1-hour structured interview to share your leadership experience around major decision-making, and what a tool should look like to assist you with future decision-making. Once you have been contacted and agreed to meet the investigator, the study will be explained and your free and informed consent will be obtained before proceeding to the actual interview. This interview will be taped, analyzed and coded for thematic data without reporting any identifying information that could compromise participant confidentiality. After the data has been coded it will be kept in a confidential database accessible only to the Principle Investigator in his private and secure home office for a minimum of 5 years before being destroyed. The actual interview will take place in a confidential setting and you will be free to stop the interview at any time, or refuse any question you do not wish to answer. The tape recorder can be shut off at any time during the interview.

b) Quantitative – based on your input in the first stage of the study, a prototype model will be developed and you will then be invited, again through written correspondence, to evaluate the tool through an on-line questionnaire that you will be directed to log onto during the survey period. This survey should not take more than 10-15 minutes to complete. This survey will seek participant feedback on a number of questions regarding the design and perceived usefulness of the tool using a 5- point Likert-scale.

Both procedures will require your consent, and you are free to participate in both, either, or none. Utmost confidentiality and discretion will be maintained and no self-identifying content will ever be reported. You have the right to have your input withdrawn from the study. Refusal to participate or continue in the study will not be subject to reprisal or prejudice.

Possible Benefits:

The possible benefits to you for participating in this study are that you have an opportunity to help create a tool that will support you and other leaders with complex decision-making in your leadership work. There may be some therapeutic benefit in sharing about your previous decision-making experience where you did not feel supported, or still carry moral conflict about how a decision was handled. Participants will be able to recommend elements that need to be incorporated in the mission discernment tool that best reflects their needs and expectations. Finally, you may benefit in contributing to a mission discernment tool that may serve as a model and best practice process for leaders in other healthcare organizations elsewhere in Canada.

Possible Risks:

Some risk exists that intense emotions may be elicited when sharing about a previous

Mission Discernment: A Preventative Ethics Strategy for Leaders in Catholic Healthcare Organizations

decision that carries lingering moral conflict. Again, you are free to stop the interview at any time or refuse to answer or expand on a question if this occurs. As well, the tape recorder can also be shut off at your request, at any time. You will be asked if you wish support in accessing appropriate counseling or other stress management support as a result of any intense emotions that may be elicited through this interview process.

Confidentiality:

Any research data collected about you during this study will not identify you by name, only by your initials and a coded number. Your name will not be disclosed outside the research study. Any report published as a result of this study will not identify you by name. To ensure utmost confidentiality, the coded data will be kept in a secure database accessible only to the Principle Investigator in his private home office for a minimum of 5 years, at which time it will be destroyed.

Voluntary Participation:

You are free to withdraw from the research study at any time, without fear of reprisal or prejudice. Your continuing working relationship at Covenant Health will not be affected in any way.

Contact Names and Telephone Numbers:

If you have any concerns about any aspect of this study, including your right as a research participant, you may contact the Covenant Health Research Centre at (780) 735-2274, and the Health Research Ethic Board at (780) 492-0302. These offices have no affiliation with the study investigator.

Please contact the individual identified below as the Principle Investigator of this study if you have any questions or concerns:

*Gordon Self, Vice President, Mission, Ethics and Spirituality, Covenant Health
(780) 735-9596*

APPENDIX F

COVER MEMO – STRUCTURED INTERVIEWS

**MEMO**

DATE: June 4, 2009

TO: Senior Leadership Team, Executive Directors, Directors, Risk Management, Legal, Patient Relations, Quality and Patient Safety

FROM: Gordon Self
Vice President, Mission, Ethics and Spirituality

SUBJECT: Research Consultation Interviews – Mission Discernment Tool

In support of the Mission Integration Strategy and my doctoral research project, key Covenant Health leaders are invited to take part in a confidential 1-hour interview process to provide input in developing a Mission Discernment Tool for our organization. Your participation in this process is entirely voluntary.

Mission and/or Organizational Ethics Discernment is a facilitated process to bring alignment between the choices we make with our core mission and values. The tool is used specifically in making *significant* clinical, operational and administrative decisions that may impact, positively or negatively, our mission and values. Discernment tools are used widely in other Catholic healthcare organizations, and in recent years we have benefited from adopting features from other systems' tools in guiding our decision-making around a number of sensitive issues.

As we come together as a new organization this is an opportune time to develop our own Covenant Health discernment tool that will be aligned and responsive to our own cultural reality and context. I am seeking your support and input in designing such a tool.

You are invited to participate in this process in two steps. First, agreeing to an interview to share in confidence your experience with major decision-making and how a discernment tool may assist you going forward. Second, once a prototype model has been created based on

your feedback, to then evaluate the tool through an on-line questionnaire. Both steps will require your consent, and you are free to participate in both, either, or none.

If you are interested in taking part in this process, I ask that you contact my assistant, Nasreen Bhimji at 780.735.9597 or Nasreen.Bhimji@covenanthealth.ca to arrange time for an interview at a mutually convenient Covenant Health location. Interviews will take place between June 4th-July 3rd, with follow-up evaluation with an on-line questionnaire scheduled later in September. Nasreen will direct you to me should you have any questions for clarification or to learn more about mission discernment tools.

Thank you in advance for considering taking part in this project. I hope to launch the new Covenant Health Mission Discernment Tool by the end of this year.

APPENDIX G

ON-LINE ZOOMERANG® SURVEY



Welcome to the Covenant Health Mission Discernment Survey.

The purpose of this survey is to seek your feedback regarding the design, relevance and applicability of the Mission Discernment Tool. You have been selected to participate in this survey given your leadership role and possible involvement in previous discernments in our organization, and/or participation in the recent interview process regarding the proposed Mission Discernment Tool.

In responding to the survey questions, we ask that you reflect on your experience and how the proposed tool could be used in the future to support major decision-making at Covenant Health. We encourage you to provide your confidential feedback by clicking on the appropriate box that best answers each question. The survey should not take more than 10-15 minutes of your time to complete.

Some questions also invite your written comments. The comment box will automatically expand to record your feedback. You are free to write as much or as little in these comment boxes. You may choose to answer only some questions, or not complete the survey at all.

Your participation in this survey is entirely voluntary, and therefore by completing the survey and submitting your response you signal your free and informed consent. The information obtained will be kept confidential and used for quality improvement purposes only towards finalizing a Mission Discernment Tool for Covenant Health.

If you have any questions or have difficulty completing this survey, please contact the principal investigator, Gordon Self, Vice President, Mission, Ethics and Spirituality, Covenant Health, at 780.735.9596 or Gordon.Self@covenanthealth.ca

Thank you.



Mission Discernment Survey – v1

- 1 The Mission Discernment Tool will help me make major decisions in my organization.

Strongly Agree Agree Disagree Strongly Disagree Don't Know/Not Applicable

- 2 The introduction to the Mission Discernment Tool is easy to understand.

Strongly Agree Agree Disagree Strongly Disagree Don't Know/Not Applicable

- 3 The Triggers for when to use Mission Discernment are easy to understand.

Strongly Agree Agree Disagree Strongly Disagree Don't Know/Not Applicable

- 4 The Discernment Pathway is easy to understand.

Strongly Agree Agree Disagree Strongly Disagree Don't Know/Not Applicable

- 5 The Mission Discernment Tool will impact how other routine decisions are made.

Strongly Agree Agree Disagree Strongly Disagree Don't Know/Not Applicable

- 6 I have developed skills for analyzing values that I can use in other decision-making as a result of participating in the Mission Discernment process.

Strongly Agree Agree Disagree Strongly Disagree Don't Know/Not Applicable

- 7 The Mission Discernment tool will help integrate our Covenant Health values deeper into the culture of the organization.

Strongly Agree Agree Disagree Strongly Disagree Don't Know/Not Applicable

- 8** I have greater confidence that the Mission Discernment process will help make decisions based on our organization's values.

Strongly Agree Agree Disagree Strongly Disagree Don't Know/Not Applicable

- 9** The Mission Discernment process will make it easier for leaders to identify the organization's values during deliberations.

Strongly Agree Agree Disagree Strongly Disagree Don't Know/Not Applicable

- 10** Communication of major decisions clearly articulates the values that ground the decision.

Strongly Agree Agree Disagree Strongly Disagree Don't Know/Not Applicable

- 11** What barriers hinder the use and/or integration of the Mission Discernment Tool in our organization?

- 12** What can be done to improve the use and/or integration of the Mission Discernment in our organization?

13 Please provide any additional comments or suggestions.



Thank you for participating in this survey. Your responses will be kept strictly confidential and the information obtained regarding the use of and integration of discernment will be used for quality improvement purposes only towards finalizing the Mission Discernment Tool for Covenant Health. Results of this survey will be made available and copies sent to all those invited to take part in the survey.

APPENDIX H

SAMPLE INTERVIEW QUESTIONS



Sample Interview Questions - Mission Discernment

1. Have you been involved or used mission discernment in making previous significant decisions? How did you find the process?
2. Have you been involved or made a significant decision before where you would have benefited from an in-depth mission and values analysis?
3. How do you see mission/organizational ethics discernment shaping decision-making in the organization?
4. Does use of mission/organizational ethics discernment with major decisions impact how other routine decisions are made in the organization?
5. How has use of mission/organizational ethics discernment helped deepen awareness and integration of our values in our organization?
6. How has mission/organizational ethics discernment impacted your decision-making confidence?
7. What barriers hinder the use and/or integration of mission/organizational ethics discernment in our organization? Are there areas of resistance you are aware of?
8. Does communication of major decisions articulate the values that are reflected by the decision?
9. What have you learned as a result of using mission/organizational ethics discernment?
10. What term do you prefer in describing or naming this process, and why?
11. What particular features do you think the discernment tool should include and why?
12. What other feedback do you have?

APPENDIX I

RESEARCH FINDINGS EXECUTIVE SUMMARY



Research Findings Executive Summary

“Mission Discernment: A Preventative Ethics Strategy for Leaders in Catholic Health Care Organizations”

Introduction

In support of the Mission Integration Strategy, a doctoral level research study involving key leaders in Covenant Health took place between June 4th and September 4th, 2009. The purpose of the study was to seek input in developing and evaluating a discernment tool to support leaders with making major organizational decisions, congruent with Covenant Health's mission and values. Based on utilization-focused program evaluation theory¹ and using a mixed qualitative and quantitative methodology, a prototype mission discernment tool was developed through structured interviews and then further refined through a subsequent on-line survey. The Covenant Health Mission Discernment Tool © 2009 is the outcome of this applied research.

Ethical approval for the research study was granted by both the Health Research Ethics Board (HREB) of the University of Alberta and the Research Ethics Committee of St. Stephen's College, with Administrative Approval by the Covenant Health Research Centre. Public presentations of the doctoral research are scheduled in 2010 at both national and local venues.

Response Rate

Participation in the research study was entirely voluntary. Structured interviews were taped and coded for thematic data. On-line survey data further refined the prototype tool. All responses obtained in both the interviews and on-line surveys were kept strictly confidential with no identifying comments reported. The information obtained was used for quality improvement purposes only towards finalizing the Mission Discernment tool for Covenant Health.

A total of 51 key leaders were targeted for participation in the research study given their typical role in major organizational decision-making, including: Senior Leadership Team; Executive Directors; Mission, Ethics and Community Engagement Board Committee; Risk Management and Legal; Patient Relations; Quality and Patient Safety and other select Covenant Health Board members, Managers and Directors.

Structured Interviews (qualitative input)

	Total # Respondents:	35/51
	Overall Response Rate:	68.6%
	Total Recorded Data:	37 hours, 20 minutes
Senior Leadership Team:	86.6%	Board/Board Committee Members: 40%
Executive Directors:	81.8%	Targeted Others: 60%
Combined SLT/ED:	84.6%	Male/Female: 43%/57%

¹ Utilization-focused program evaluation theorizes that judgments about program effectiveness, utility, and relevance is determined best by intended primary users of the tool, for specific, intended uses. See Michael Quinn Patton, *Utilization-Focused Evaluation*. 3d ed. (Thousand Oaks, CA: Sage Publications, 1997).

Zoomerang On-line Survey (quantitative input)

Total #Respondents:	17/51
Overall Response Rate:	33.3%

(See attached summary for Likert ranking by question, and supplemental written feedback)

Coded Data by Themes

All interviews were reviewed and coded for thematic data. A total of 77 distinct and overlapping themes were voiced by participants during the structured interviews. Of these, 10 themes were ranked the highest, suggesting consensus and data saturation being reached. Together they provide insight into our Covenant Health culture about barriers and opportunities in making consistently good decisions, in alignment with our mission and values.

The final Mission Discernment tool integrated these primary themes in the triggers and personal reflection questions, discernment pathway, application and facilitation steps, and documentation template. In this way, the Covenant Health Mission Discernment Tool © 2009 reflects the practical needs and shared interest of our leaders to support them with major decision-making.

Top 10 themes:

1. The need to own and manage power differentials, and conflicts of interest that can impair our freedom to raise or hear issues critical to good decision-making.
2. Decision-making that is grounded in our mission and values can give us more confidence in making difficult choices (and to live with the tough decisions without the moral residue).
3. The urgency to make decisions given constant time restraints within a culture of expediency can result in poor decisions if we don't carve out sufficient time when it is absolutely required.
4. Discernment compels us to make a conscious decision, even if it is a decision to do nothing (versus backing away from the facts once we have intentionally named something).
5. There is a need to bring proportionate energy in communicating the rationale for decisions (versus under-communicating/down-playing or over-communicating/spinning the message).
6. There is value in having a transparent, shared methodology that leaders can all use in major decision-making to help defend and be held accountable to one another for the decision.
7. A discernment tool will help us to be explicit about naming our values, as well as being more intentional in driving decision-making through our mission and values.
8. Discernment can help us make consistently balanced decisions, ensuring we are not missing key steps, or giving disproportionate weight to irrelevant factors or undue influences.
9. Discernment helps us to be clear as to what the real question is before the group, and who is ultimately accountable for the decision.
10. Discernment is beneficial to leadership formation in general, helping to instill a discerning organizational culture that can positively impact how everyday decisions are made.

Launch of the Covenant Health Mission Discernment Tool © 2009

Launch of the Covenant Health Mission Discernment Tool © 2009 is officially scheduled for early October during the major series of corporate events. A videoconference presentation on the research data, the discernment pathway, the triggers for its use, the facilitation steps and documentation requirements will occur in November, with ongoing mentoring and staff presentations to sites/teams as required through the office of Mission, Ethics and Spirituality.

However, given the current budget challenges and the likelihood difficult choices will need to be made across Covenant Health in the interim, an earlier "soft launch" of the tool will occur in September as part of a leadership tool kit of resources. Even if leaders do not do a formal discernment at this time, the reflection questions in the Mission Discernment Tool can provide informal support to our leaders in this deficit reduction process. This was reinforced by many respondents participating in the structured interviews, who commented on the value of having such a tool given the looming budget challenges they anticipated facing.

Summary

The Covenant Health Mission Discernment Tool © 2009 was developed based on the input of the primary intended users of the tool. Whereas discernment tools are widely used in Catholic health care in the US, this represents a possible first for Canada, and certainly a first for Covenant Health as one year old newly consolidated organization.

Transplanting a tool into the organization from elsewhere will not generate the same sense of shared ownership, therefore it was important that broad stakeholder feedback was sought in both designing and evaluating the tool. While this has been achieved, the real test will be its value in supporting our Covenant Health leaders with major decision-making on a go forward basis. The current deficit reduction issues may well provide that opportunity.

APPENDIX J

COVER MEMO - ON-LINE SURVEY

**MEMO**

DATE: August 18, 2009

TO: Senior Leadership Team, Board Mission, Ethics and Community Engagement Committee, Executive Directors, Directors, Risk Management, Legal, Patient Relations, Quality and Patient Safety

FROM: Gordon Self
Vice President, Mission, Ethics and Spirituality

SUBJECT: Research On-Line Questionnaire – Mission Discernment Tool

Please find attached the prototype Mission Discernment Tool that has been developed based on feedback you provided earlier during the initial interview process.

The tool includes: trigger questions to determine whether a proposal under question warrants a discernment process; a list of potential reflection questions to engage the discernment process; suggested steps for creating the necessary conditions and attitudes to facilitate a discernment process; and, practical guidelines for writing up and communicating the results of the mission discernment process.

As a follow-up to the interviews, I would like to invite your participation with an on-line questionnaire between August 18, 2009 to September 1, 2009. Participation in this process is also entirely voluntary. The focus of this second stage of the research project is to evaluate the discernment tool, and invite additional feedback and critique to improve upon the design. The hope is to forge a sense of shared ownership with the tool, that it may support you in major decision-making in the future.

The survey can be found by clicking on the following link:

<http://www.zoomerang.com/Survey/?p=WEB229JGPJXVQ>

It is expected the 13 question survey will take no more than 10-15 minutes to complete. All responses will be kept confidential and the findings will be used to evaluate and improve upon the design of the Mission Discernment Tool. You are free to participate in this survey even if you did not participate in the earlier interview consultation process.

If you have any questions or have difficulty completing this survey, please contact me at 780.735.9596 or Gordon.Self@covenanthealth.ca

Thank you again for your support and input in designing our own Covenant Health Mission Discernment Tool. As we continue the healing ministry of Jesus, and engage the many complex and nuanced issues that will inevitably face us, I hope Mission Discernment supports our leaders with decision-making, and helps deepen the discerning culture of our organization.

I look forward to launching the Covenant Health Mission Discernment Tool in the next couple months.

APPENDIX K

PROTOTYPE MISSION DISCERNMENT TOOL

(Note: The prototype tool below accurately represents how it was sent to potential participants, inviting their comments and feedback. No corrections regarding spelling, misquotes, and other grammatical errors have been made)



Covenant Health Mission Discernment Tool

*A process for making good
organizational decisions*

Prototype Draft – August 18/09

© Covenant Health 2009

“Do the commandments of God, which are written on the human heart and are part of the Covenant, really have the capacity to clarify the daily decisions of individuals and entire societies?”

John Paul II, Veritatis Splendor, 2, 1993

Our Covenant...

To clarify and make good decisions

“The mission, vision and values of Covenant Health define our identity as an organization and committed team of physicians, staff and volunteers. They guide the decisions, behaviours and attitudes for which we are all accountable.”

Covenant Health Mission Integration Strategy

Our Mission

We are called to continue the healing ministry of Jesus by serving with compassion, upholding the sacredness of life in all stages, and caring for the whole person – body, mind and soul.

Our Vision

Covenant Health will positively influence the health of Albertans and be of service to those in need by working together with compassion, quality and innovation.

Our Values

As a Catholic organization, we are committed to serving people of all, cultures and circumstances, according to our values:

Compassion
Respect
Collaboration
Social Justice
Integrity
Stewardship

Our Commitment

Each person in the organization, at every level, makes ethical decisions every day. Therefore, every person has a role in shaping the ethical culture, or character, of the organization.

Our Commitment to Ethical Integrity calls us to promote ethical behaviour and to resolve ethical conflict with people directly and respectfully.

Covenant Health Mission Discernment Tool

“The heart of discernment is listening to the voice of the Spirit”

Purpose

Mission discernment is a facilitated process to help Covenant Health leaders make good decisions around major clinical, operational, or administrative issues, in alignment with the mission and values of the organization.

Some health care issues are complex and challenging, often leaving decision-makers without a clear path forward. Leaders facing such difficult decisions may benefit from a tool to choose the option that best reflects our mission and values, helping the leader to stand behind and defend more confidently.

Decisions that significantly impact the lives of those we serve or affect our reputation as an organization, either positively or negatively, deserve careful consideration. In the absence of a clear process that guides leaders in weighing options against our mission and values poor decisions can be made, sometimes at risk of compromising the leader’s own personal integrity. Mission discernment rather is a proactive or preventative ethics strategy to help Covenant Health leaders make more consistently good decisions, with less risk of compromise.

Decision-making and discernment

Decision-making involves considering a range of choices among competing options. Choosing one option over another is typically a preference for what is important, or valuable, to the decision-maker. No matter how simple or complex, each decision will imply certain operative values at work.

Discernment is similar to decision-making in about making choices. However, the intentional focus in naming and being explicit about the values informing our choices distinguishes discernment from decision-making. This values-based analysis is helpful to ensure alignment between what we say is valuable or important as an organization, with what we do.

Once named, the discernment process involves weighing or sifting the value choices (from the Latin root, *discernere* – “to sift or distinguish”) to make a practical and accurate judgment or decision. In this way, the discernment process helps us make our Covenant Health values *explicit*, and to then make *consistent* choices based on our values. Good discernment therefore leads to good decision-making.

A call to formation

Whereas discernment is a practical decision-making tool, it is also an instrument to strengthen leadership development and formation. In the midst of competing options and priorities in today’s complex Catholic health care environment, discernment

helps leaders uphold the healing tradition of Jesus by ensuring our mission and values drive all our decisions. Employing discernment is an opportunity to reflect deeply on the fundamental reference points informing our work and how in turn our own calling and faith may be personally enriched.

Discernment also requires we examine how all our Covenant Health values are informing our choices to ensure a balanced approach to decision-making. The healing ministry of Jesus is as much about courageous decision-making and fiscal responsibility as it is compassionate service and love.

A call to fidelity

Discernment is a disciplined practice to help bring consistent example in living our mission and values in all we do. We are called to fidelity to uphold Roman Catholic ethical and social teaching, the legacy of our founders, as well as our identity and reputation as a ministry of the Church through the example of Jesus Christ, not only in how we care for the sick, but also treat one another. This is reflected in the very name of our organization, *Covenant Health*, in remaining deeply committed to keep covenant all we have been entrusted. In the midst of difficult choices, discernment helps us to listen carefully to both the voice of reason as well as the voice of conscience welling up within our hearts. Discernment calls us to be faithful to our inner experience.

Decision-making in today's health care environment is certainly not without its challenge. It is an awesome responsibility and difficult task. Yet the Mission Discernment Tool attests to our uncompromising belief that the Spirit of the Living God is always with us, guiding us in every decision we make.

When to use Mission Discernment

Triggers

The Covenant Health Mission Discernment Tool should be considered whenever leaders or teams face a major clinical, operational or administrative issue that can positively *or* negatively impact the mission of the organization.

While the tool is not intended to be prescriptive, or to excuse leaders from exercising their own professional judgment and experience whether an issue requires a formal discernment process, there are certain issues that normally would signal a discernment is strongly recommended.

A simple colour coded matrix can serve to prompt us to ask whether a particular issue warrants a formal discernment process.

Code	RED	YELLOW	GREEN
<i>When issues call us to...</i>	STOP	SLOW DOWN	PROCEED WITH CONFIDENCE

Some trigger issues definitely require us to *stop* and take a sufficient time-out to weigh all the different aspects of the issue.

Some issues raise questions of doubt and uncertainty that may make us *slow down* or proceed more cautiously before making a decision.

Some scenarios may benefit from a discernment process to support the communication or implementation of the decision when we generally already feel confident about to *proceed*

See the chart on the following page which outlines potential triggers.

This is not an exhaustive list of triggers, nor does every significant issue always require a full discernment process. For example, no matter how complex an issue, any proposed option that is illegal or contrary to the *Health Ethics Guide* should be sufficient grounds to decide against the option outright.

Moreover, some decisions may not appear significant, but once leaders become engaged in the issue realize there is value for a formal process to ensure all perspectives are heard and to identify other possible options.

TRIGGERS FOR MISSION DISCERNMENT

Code	RED	YELLOW	GREEN
When issues call us to...	STOP	SLOW DOWN	PROCEED WITH CONFIDENCE
Description	<i>It's time to take a sufficient time-out to weigh all the different aspects of the issue.</i>	<i>Let's pause to address questions of doubt and uncertainty that may make us proceed more cautiously before making a decision.</i>	<i>Even when we feel confident, we may require some reflection to support the communication or implementation of the decision</i>
Potential Triggers	<ul style="list-style-type: none"> • pose a legitimate and real risk to our reputation and those we serve • risk harming others or the environment • threaten our financial viability and survival • conflict with the <i>Health Ethics Guide</i> and Catholic social teaching or risk scandal and litigation • threaten our Catholic identity and relationship with the Church • involve opening or closing of major programs and service lines • contemplate mergers, acquisitions or major partnerships • require divesting of facilities or property • require our attention for unresolved, mission-critical issues 	<ul style="list-style-type: none"> • require a major commitment of human resource, financial or capital commitment for success • require focused attention to ensure a balanced review of all possible options and stakeholders • involve recruitment and selection of key board, leadership and clinical positions who impact the reputation of the organization • require the investment of time to generate a solution or strategy that will add value to the people we serve • involve significant political, funder, donor or community pressures that conflict with our values • require a major review or refreshing of the mission, vision, values or strategic directions 	<ul style="list-style-type: none"> • require assurance that an option is aligned with the mission and values • require an ethical framework to better communicate the rationale for a difficult but quickly arrived at decision • require sensitive and multiple communication strategies • may be necessary to strengthen confidence and support for an already perceived opportunity • strengthen other due diligence or business case plans with a mission and values framework

Timing of Mission Discernment

The Discernment tool is used to help identify and weigh options in light of the Covenant Health mission and values to ensure consistency in decision-making. The tool is ideally to be used as part of the business case proposal, root cause analysis, financial planning or other forms of due diligence reviews generated by the various triggers. Mission Discernment should not be done separate and independent of these processes if at all possible, especially when its integration strengthens the analysis and decision-making outcome.

At minimum, the tool should complement the various decision-making processes, with the added benefit of ensuring a balanced and consistent approach, and to help make explicit our values in arriving at, supporting, and communicating the decision.

The tool should also be employed at an appropriate time early in the process so as to inform the thinking leading to the decision. Bringing in the tool at the end of a process only to ensure a mission “blessing” is not an appropriate use of the tool.

The role of participants and facilitators

Each discernment process needs to be creatively tailored to the decision at hand. This will require an assessment of who needs to be involved in the process, and the best time and means to solicit their feedback so as to ensure a balanced and objective review. Consideration should be given to the appropriate number of representatives without becoming unnecessarily cumbersome. Participants invited to take part in the discernment process should freely voice their perspectives, with the assumption that everyone has an important piece of wisdom to offer.

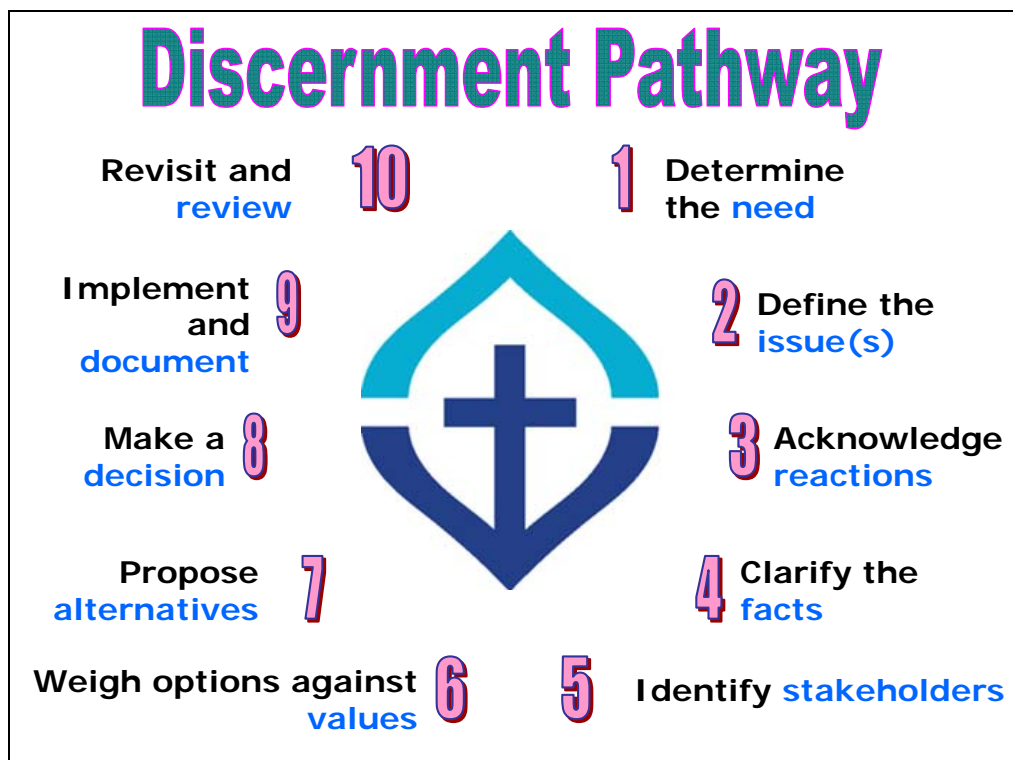
There is no one set method for facilitating discernment processes. Team cultures, time pressures and meeting schedules should be respected in setting up the discernment exercise and engaging participants. As much as possible, the process should leverage other existing meeting structures to avoid duplication and diminished attention and energy to the process. This too can serve as an education or formation experience for the team, with the expectation some of the reflection questions used during the discernment can become part of the team for routine, everyday issues, and to help promote a discerning culture.

Discernment Pathway

A path for good decision-making

As with most tools, judgment and skill is required in how Mission Discernment will be actually employed in any specific situation. While it is convenient to list steps in a linear fashion, in reality one step may feed into another, or require circling back to previous steps as new information comes to light.

In this way, discernment is more a pathway than it a prescribed series of steps. Yet, the literature has shown that pathway steps are invaluable to good decision-making. For many leaders, decision-making is an intuitive exercise, and may not consciously follow a step by step methodology. However, having a shared discernment pathway is extremely helpful when facing complex issues with the potential for huge impact. Having a place to start, and a methodology to ensure we are not missing any key step along the way can be a tremendous support for leaders. It is also helpful to have a shared process that we can use consistently over time, to help deepen the discerning culture of the organization.



1. Determine the need for a Mission Discernment

The following questions will help decision-makers to determine whether a particular issue calls for a Mission Discernment. This can take on the form of a discernment itself. Discernment is not the exclusive methodology for decision-making and leaders may be able to leverage other tools. Other practical issues need to be considered before proceeding.

- Do the triggers for discernment apply?
- What time, energy and consideration does this decision require of us?
- Is there another or simpler process that may better achieve the desired outcome?
- Has there been a previous related discernment that we can draw upon and benefit from its documented analyses?
- Does the *Health Ethics Guide* already provide authoritative direction to make this decision?
- Is the need for discernment more to help leaders come to a decision, to confirm a decision already made, or to best communicate the decision?
- Does the discernment need to be done now, or at some later time?
- Is the sense of urgency of making this decision real or perceived? Is it artificially imposed? Can this decision be delayed?
- If leaders are presented with something they must do seemingly without any choice (i.e., a legislative requirement, deficit reduction), is there still a role for discernment in how we will implement the changes?
- If the need for Mission Discernment exists, does the issue at hand require an internal or external facilitator to guide the process?

2. Define the issue(s)

Being clear about the question we are asking people to discern is essential to good decision-making. Any one issue may raise additional questions that may or may not be related to the issue at hand. Good discernment requires that we stay focused on the issue(s) that demand the most attention of the group at this time.

- Are there multiple issues at play that require our attention, and if so, which is the most important issue to address?
- What secondary issues can be tabled for later?
- Is there consensus what the actual question for discernment is, and is this periodically revisited during the process?
- Does the question for discernment meet the trigger questions, or can some other process be employed?
- How much does history or personalities colour how participants view the issue, requiring further clarification before engaging the discernment?
- Does dedicated time and space need to be carved out to give this issue the attention it deserves?
- Is it better to use prescriptive or more open-ended questions in facilitating this particular discernment?

3. Acknowledge intuitive and emotional reactions

Often our “gut” reactions towards issues are revealing, including the insight of prayer, dreams and moral imagination, and can inform our intellect and analytic reasoning. A balanced decision-making process engages all our senses.

- What do strong reactions around an issue reveal about its importance for our group’s consideration?
- In what way do our feelings, history, and experience help clarify subtleties around an issue?
- Is there emotional residue around a particular issue that distorts or gets in the way of good decision-making?
- What biases, loyalties, and conflicts of interest are operative that need to be acknowledged and managed?
- In what ways does our passion around certain discerned choices help or hinder good decision-making?
- What does prayer reveal about this proposed decision?

- What insight or perspective does scripture offer?
- What does our individual conscience compel us to say or do?

4. Clarify the facts

Good decision-making is possible only if we have a grasp of the facts. Paying attention to what is undisputed fact versus assumption, hearsay or opinion is one of the most important “sift and sort” steps of discernment.

- Establish what we know about an issue, including key contextual background information.
- Establish what we do not know and what still needs to be ascertained before making a decision.
- What other information is relevant and available to help understand this issue (i.e., legal, financial, clinical, legislative, ecclesial, social, historical)?
- What data is irrelevant and risks confusing or confounding the issue that should be laid aside?
- What new evidence has come to light that may cause us to reverse or reconsider a proposed decision?
- How much information do we need to gather before we can confidently make a decision?
- Is our need for more information only serving to avoid making a decision?
- Are we tempted to back away from the facts now that they have been made known to us?

5. Identify stakeholders and various perspectives

Discernment seeks the wisdom of multiple stakeholder opinion and perspectives to ensure a balanced decision. This is especially important when there may be power differentials or resistance to seek input from certain sectors. Acknowledging those voices whose input disturbs us but nevertheless

have something important to say will require openness and sometimes, even moral courage.

- What are the various ways in which we can view this issue?
- Is the decision-making group free to name their own biases and internal power differentials?
- Are there some stakeholders who may be emotionally or psychologically unable to engage this issue freely that we must be sensitive to (i.e., a related traumatic experience with this issue)?
- What perspectives dominate group discussion? What perspectives are negated?
- Whom do we still need to consult to ensure a balanced decision?
- What is our purpose for consulting others – to seek input, to debate or to merely inform?
- Who is accountable for this decision?
- Who will be the final arbiter of this decision?

6. Weigh the options against the values

Discernment helps make the Covenant Health values explicit and accessible to inform our decision-making. While multiple values may be at play, it is important to know which of our six core values may be more relevant to a situation, and perhaps even trump. Discernment often requires a balancing of values (i.e., compassion and stewardship). As a Catholic health care organization, our values are our fundamental reference points.

- What values underlie each possible option and are they consistent with our Covenant Health values?
- Is there a shared understanding of the meaning and implication of the values?
- What Covenant Health value(s) carry more weight among the discerned options, and is there capacity to publicly acknowledge this?
- In balancing competing values, is there consensus as to what particular value(s) trumps?

- How do the discerned options align with our own personal values?
- Is there risk that the proposed option seriously conflicts with either our personal values or the values of the organization, triggering moral conflict or dissonance?
- How does the proposed option help us demonstrate the mission and values of Covenant Health?

7. Identify options and alternative courses of action

Discernment often surfaces new and previously unexplored options worthy of the team's consideration. In this way, Mission Discernment can help identify other possibilities and opportunities, and help advance fulfillment of our strategic priorities. Far from an academic exercise, discernment can compel a team to courageous action.

- What other possible courses of action exist, including the conscious decision of doing nothing?
- What option is most aligned with our mission, vision and values?
- What option best advances the Covenant Health Strategic Plan?
- What are the limiting factors or non-negotiables regarding this issue that must be respected and publicly defended?
- Is there resistance to pursue a discerned option simply because it is inconvenient or might hinder our manoeuvrability in managing this issue?
- Is it tempting to back away from an option because of the financial, political, capital or human resource implications? Is this a legitimate limiting factor signalling further discernment is required?
- What other areas of resistance are we aware of and is there capacity to see a discerned course of action through to completion despite resistance?

8. Make a decision

Discernment ultimately requires a decision be made. This in turn may trigger additional discernment about the timing and communication of the decision, as well as the resources required to see the decision through. In some cases, choices may be necessary to put on hold or reversing other initiatives in order to satisfy the discerned option. The wisdom of “sleeping on a decision” as a final check before rushing ahead can be extremely useful.

- At what point in the discernment conversation is the question more about the communication and implementation of the decision, versus coming to the decision itself?
- What feelings and energy are evoked among participants in going forward with this decision?
- Do we anticipate the decision may still cause unease with participants the next day/week/month, or in the face of possible criticism?
- Does the decision bring peace, consolation or hope after praying about it? Does it bring opposing feelings instead?
- Would we be able to publicly defend the decision in the media, at staff forums, with colleagues, when looking ourselves in the mirror?
- Can we live with this decision, even if it is difficult, unpopular, or inexpedient, knowing it is still the best choice given all the circumstances?
- Is there a contingency plan in case the decision does not bring about the intended outcomes or raises unanticipated hardship or harm?

9. Implement and document the decision

Once the discerned choice is made, it must be put into action. Closing the loop on decision-making and seeing discernment through to implementation is a critical next step. Practical logistical steps about who, when, and how the decision will be implemented and documented, and best communicated, underscores this part of the discernment pathway. Sometimes good decision-making goes awry in the implementation and communication step.

- Who will implement and document this decision, by what process, and within what timelines?

- What key messages need to be reflected in communication strategies?
- What kinds of venues are required for discussing the decision and answering staff and/or media enquiries?
- What process and criteria for measuring will be used to evaluate the decision and outcome?
- What implementation milestones serve as potential decision-points for making adjustments or evoking contingency planning?
- Is this decision for only a specified period of time or is it perceived to be enduring?
- When would we know we are “done” with this issue?

10. Revisit and review learning

The discernment process is complete only when the decision is revisited and reviewed. Much as athletes routinely review film after the game has been played, organizational decision-making around major issues brings with it incredible learning opportunities about team functioning, the role of our values in driving decision-making, spin-off questions and issues tabled for future consideration.

- What has this decision revealed about the operative values (versus the espoused values) of the organization?
- What went well and is worthy of repeating in future decision-making and implementation strategies? What didn't work well and should be avoided?
- What did we learn about our team process and our capacity for decision-making?
- What did we learn personally about ourselves?
- What are we most proud of in this decision-making experience?
- What might carry lingering doubt or dissonance in how this decision was made, implemented or communicated?

- Finally, what “gift of the spirit” (for example, love, peace, patience, generosity, faithfulness, etc. See *Galatians 5:22*) might this decision leave us with?

Questions for Reflection

To Deepen a Discerning Culture

“As a Catholic organization, we hold six core values of critical importance that define who we are. These values should govern all our behaviour, attitudes, actions, and decisions. Our values are the means by which we operationalize or make tangible our mission in practical and everyday ways. They are the intersection between what we say we are as an organization, and what we do.”

Covenant Health Mission Integration Tool Kit

Values – our fundamental reference points

Mission Discernment is as much an art as it is disciplined process for making good decisions. Use of the tool around specific questions can have a spill over effect, helping our Covenant Health leaders become more discerning when dealing with day-to-day issues.

The following sample personal reflection questions, based on our Covenant Health values, serve as a checklist to support both major and everyday decision-making. While many of these questions are intuitive there are times when confronted by a major decision and the way forward is not so obvious, taking time to intentionally explore some of these questions can serve as a moral barometer in how we really feel about the decision.

Periodic reflection on these questions around major issues can influence our mindful attention to everyday decision-making. In this way, the Mission Discernment tool can support the desired goal of Covenant Health becoming an ever-deeper *discerning culture*.

Compassion

We will treat others as we would expect to be treated

- Are there potential emotional, historical or other competing interests that might preclude your free and transparent participation that you need to own, and give yourself permission to step out of some decisions?

- What personal lessons have you learned from past decision-making experiences that continue to disturb you that may be relevant in how you approach, or not approach, this particular decision?
- Imagine yourself six months from now. Would you still feel good about this decision?
- If you knew what you know now about the impact of this decision, would you still make the same decision?
- Do you feel troubled by this decision?
- Will this decision keep you awake at night?
- Do you identify with those who may be impacted by this decision, and does that clarify or distort your decision-making?
- What grace do you seek to make this decision?

Collaboration

We will achieve more by working together than on our own

- Who do you need to support you in this decision?
- Do different learning style, needs and personalities of those you are collaborating with need to be considered in making this decision?
- Who is the best positioned to facilitate this process, and should the person come from within or outside the organization? Should you lead this process?
- Does the debriefing of the discernment process require an off-site location to allow you and others the space to engage the issue together without distractions?
- Does this require the entire group to discuss or can you, together with a small group, engage the process and report back to the large group?
- What specific sections of the *Health Ethics Guide* apply that help inform your understanding of the ethical dimensions of this decision?
- Who is ultimately accountable for this decision?
- Who might need to be the final arbiter of this decision if consensus is not reached? If you, can you courageously make this final decision?

Social Justice

We will work in partnership with others to build healthy and just communities and to promote human flourishing

- What barriers are you aware of that may influence the decision-making experience (i.e., time, political pressure, legislature requirements, funding)? Are these real or perceived barriers?
- What conflicts of interest do you or other participants bring to the decision-making that hinder free participation in the process? Can you own and manage these conflicts and still stay engaged in the process?
- Is this decision fair for all concerned? Do you feel it would be fair if it impacted you?
- Is this decision life-giving and will positively promote our reputation in the community?
- Does this decision have an environmental impact, and are you prepared to accept this?
- Does this decision promote your own flourishing as a leader?

Stewardship

We will be good stewards of all our resources, to sustain our mission into the future

- Are there sufficient resources (capital, financial, human) to support your decision? Have you thoroughly consulted others in the organization to determine the long-term viability of the proposal?
- Does this capital expense require a formal discernment?
- When do you know you are finished with the discernment, and, when the discernment may be finished with you?
- Would you be prepared to rethink your perspective if the discernment process compelled you to another option that is more sustainable?
- How might you approach this issue similarly or differently in the future, so as to be better stewards of your own lived experience?
- Do you have the capacity to revisit this decision in the future if there is the possibility it may need to be changed? How personally involved are you in this decision that might hinder your honest assessment of the outcome?

- Is your investment of time engaging this discernment proportionate with the associated risks the decision may bring?

Respect

We will respect the dignity of every human being, from conception to natural death

- What have you learned about yourself in this process and do you respect yourself for the decision you made?
- Do you respect the diversity of opinion regarding this issue, and are you open to different cultural or religious perspectives that may need to be weighed?
- Do you have the cultural competency to understand the subtle nuances of this issue if certain populations may be impacted?
- What emotional space do I need to own and respect that can get in the way of objective decision-making around this particular issue, and at this particular time?
- Are you free to question this decision and do you respect the limited amount of energy that can be afforded to any one issue?

Integrity

We will put into practice what we profess to be the right and ethical thing to do

- If you defended your decision later at a staff forum, and in the media or courtroom, would you still be comfortable with this decision?
- What is the purpose of communicating your decision? To inform others, to seek their input or approval, to justify and defend your decision, to clarify your own thinking, to put others at ease, to prepare others for the implications of your decision?
- Is the energy put you put into the communication of your decision proportionate to your energy that went into the decision?
- Are you concerned that you may be hampered in your future leadership by this decision? That you may be overly-identified by this decision, for good or for bad?
- Do you sense this decision risks compromising your values or slides you toward an unacceptable outcome?

- How do you preserve your personal and professional integrity with this decision-making process?

Documentation and Review

Discernment has tremendous value in educating a group about its own biases, assumptions, and team functioning. We demonstrate good stewardship by building on our past learning. This will help us close the loop on decisions we made, and to actually bring them forward to action. We can also determine, as in step 1 of the Discernment Pathway, whether we actually require a discernment if we have captured the insights of previous related discernments.

However, some decisions are for a specific time and place. Leaders should not be narrowly confined to the precedent of a previous decision if new information comes to light or circumstances change. Good discernment can give us the freedom and confidence to reverse previous decisions if they no longer make sense.

Reviewing decisions has the three fold benefit of providing an invaluable learning opportunity (i.e., as a case study), of demonstrating our accountability to one another to ensure we have not missed anything along the way, and a further means of supporting a discerning culture through critical self-reflection.

Covenant Health Mission Discernment Template

The following electronic template provides a short form overview of the discernment process. It begins first by asking users whether a decision requires a formal discernment analysis, and if so, guiding participants through the subsequent pathway steps. This can also streamline the reporting and documentation, demonstrate accountability to our strategic direction, and call us to *live our mission and values all we do*.

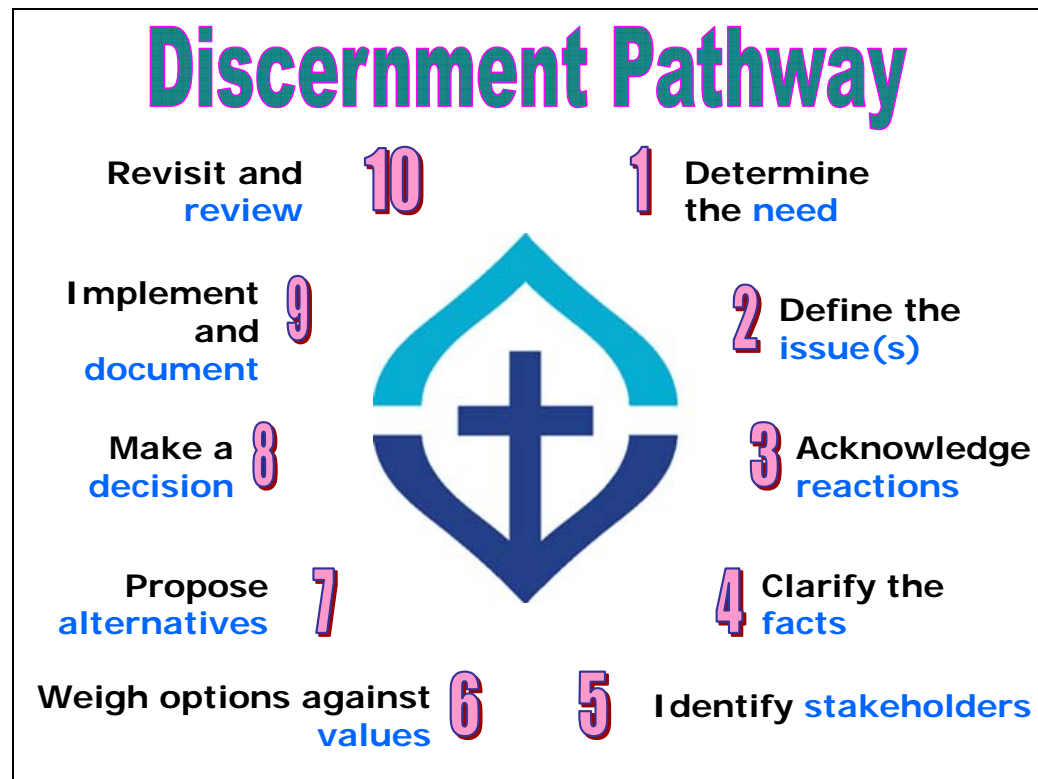
The electronic template will automatically expand to capture the relevant information, as required. Mission Discernments should be documented on this official Covenant Health template, and is available on-line, at <http://covenanthealth.ca/about-us/missiondiscernment/reportingtemplate.html>

Copies should then be sent to the Vice President, Mission, Ethics and Spirituality, at mes@covenanthealth.ca

Mission Discernment:

Date:

Executive Summary (2-3 paragraphs max)



1. Is a discernment required? (Please refer to the colour coded trigger matrix). Review related discernments or other operational business cases reviews that may apply:

Yes ____ No ____

Colour status:

Call us to stop **Red** ____

Call us to slow down **Yellow** ____

Call us to proceed with confidence **Green** ____

Other related discernments, analyses or briefing notes that provide a perspective on this issue:

2. What is the issue or issues before the group?

Key issue:

Secondary issues:

Relationship between issues:

3. Acknowledge Reactions and Intuitive Input:

What strong reactions, either positive or negative, need to be acknowledged?

Are there any identified conflicts of interest that need to be owned and managed?

4. What are the key facts?

What do we know about this issue?

What do we still need to ascertain?

What remains merely rumour or perception?

5. Whom do we need to be consulting on this issue?

Identified Stakeholders:

Significant Input noted:

What specific articles of the *Health Ethics Guide* apply, if any?

Who is ultimately accountable for this decision?

6. Identify options and weigh against Covenant Health Values:

Options:

Compassion
Collaboration
Stewardship
Social Justice
Respect
Integrity

What value(s) tends to weighted more in this decision? Please briefly explain:

Is there a value that trumps all?

7. Explore other alternative courses of action

Have we missed anything?

What questions remain?

8. Make a decision

State clearly what the decision is, and any other relevant background information not already noted.

9. Implement and document

Implementation plan:

Communication plan:

Contingency plan, if any:

10. Review and revisit

Is there a review required? By when? By whom?

Any additional key learning identified?

Addendum notes and date:

”Do not be conformed to this world, but be transformed by the renewing of your minds, so that you may discern what is the will of God—what is good and acceptable and perfect.”

Romans 12:2

APPENDIX L

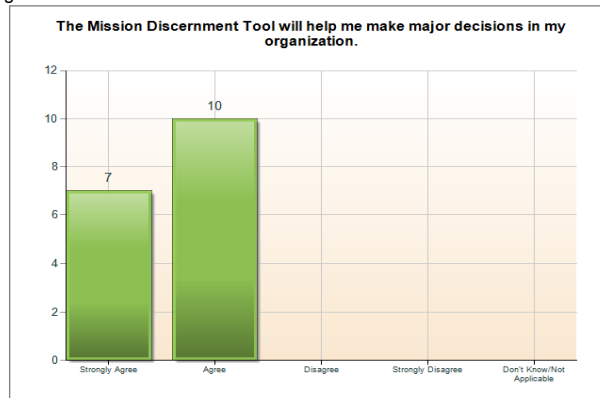
ON-LINE SURVEY RESULTS



Covenant Health Mission Discernment Survey

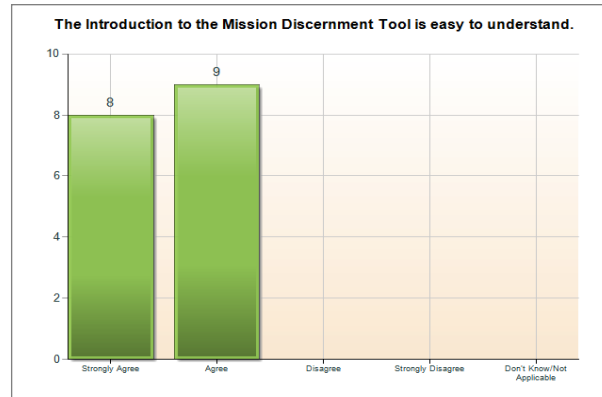


Covenant Health Mission Discernment Survey: The Mission Discernment Tool will help me make major decisions in my organization.



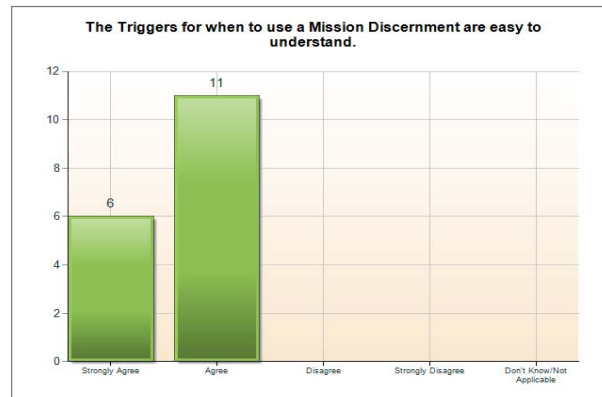
The Mission Discernment Tool will help me make major decisions in my organization.	
Strongly Agree	7 (41 %)
Agree	10 (59 %)
Disagree	0 (0 %)
Strongly Disagree	0 (0 %)
Don't Know/Not Applicable	0 (0 %)

Covenant Health Mission Discernment Survey: Introduction to the Mission Discernment Tool is easy to understand.



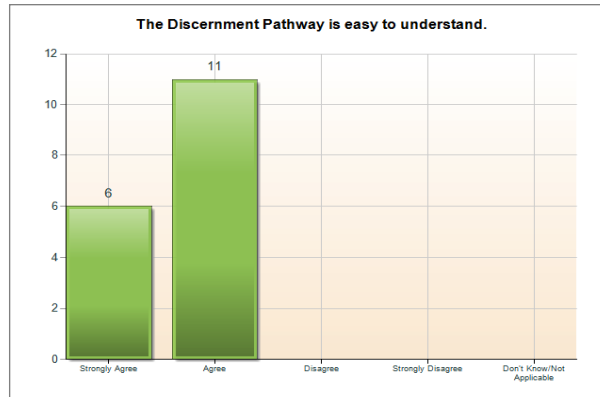
The Introduction to the Mission Discernment Tool is easy to understand.	
Strongly Agree	8 (47 %)
Agree	9 (53 %)
Disagree	0 (0 %)
Strongly Disagree	0 (0 %)
Don't Know/Not Applicable	0 (0 %)

Covenant Health Mission Discernment Survey: Triggers for when to use a Mission Discernment are easy to understand.



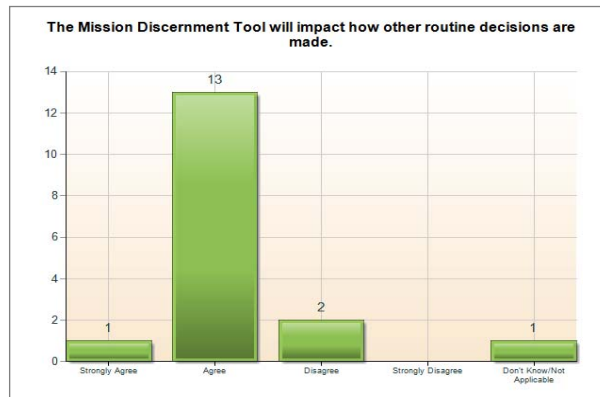
The Triggers for when to use a Mission Discernment are easy to understand.	
Strongly Agree	6 (35 %)
Agree	11 (65 %)
Disagree	0 (0 %)
Strongly Disagree	0 (0 %)
Don't Know/Not Applicable	0 (0 %)

Covenant Health Mission Discernment Survey: Discernment Pathway is easy to understand.



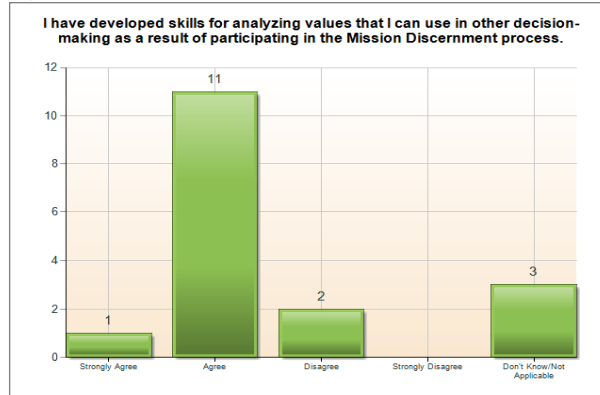
The Discernment Pathway is easy to understand.	
Strongly Agree	6 (35 %)
Agree	11 (65 %)
Disagree	0 (0 %)
Strongly Disagree	0 (0 %)
Don't Know/Not Applicable	0 (0 %)

Covenant Health Mission Discernment Survey: Mission Discernment Tool will impact how other routine decisions are made.



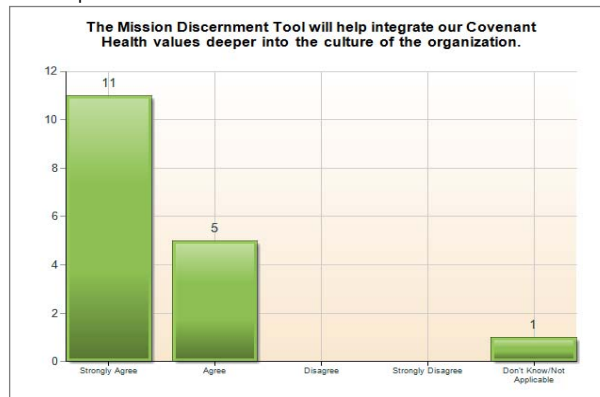
The Mission Discernment Tool will impact how other routine decisions are made.	
Strongly Agree	1 (6 %)
Agree	13 (76 %)
Disagree	2 (12 %)
Strongly Disagree	0 (0 %)
Don't Know/Not Applicable	1 (6 %)

Covenant Health Mission Discernment Survey We have developed skills for analyzing values that I can use in other decision-making as a result of participating in the Mission Discernment process. 



I have developed skills for analyzing values that I can use in other decision-making as a result of participating in the Mission Discernment process.	
Strongly Agree	1 (6 %)
Agree	11 (65 %)
Disagree	2 (12 %)
Strongly Disagree	0 (0 %)
Don't Know/Not Applicable	3 (18 %)

Covenant Health Mission Discernment Survey The Mission Discernment Tool will help integrate our Covenant Health values deeper into the culture of the organization. 



The Mission Discernment Tool will help integrate our Covenant Health values deeper into the culture of the organization.	
Strongly Agree	11 (65 %)
Agree	5 (29 %)
Disagree	0 (0 %)
Strongly Disagree	0 (0 %)
Don't Know/Not Applicable	1 (6 %)

Covenant Health Mission Discernment Survey I have greater confidence that the Mission Discernment process will help make decisions based on ...



I have greater confidence that the Mission Discernment process will help make decisions based on our organization's values.

Strongly Agree	3 (18 %)
Agree	11 (65 %)
Disagree	1 (6 %)
Strongly Disagree	0 (0 %)
Don't Know/Not Applicable	2 (12 %)

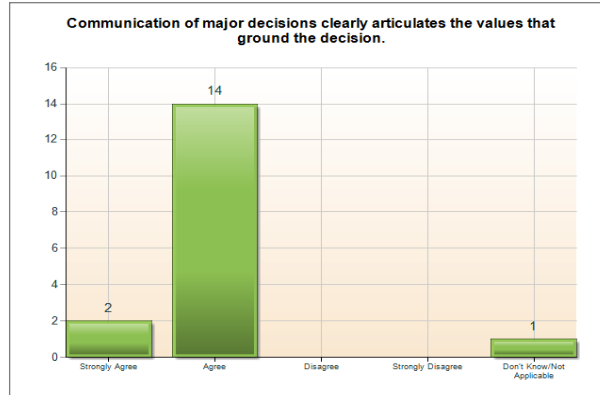
Covenant Health Mission Discernment Survey The Mission Discernment process will make it easier for leaders to identify the organization's values during deliberations.



The Mission Discernment process will make it easier for leaders to identify the organization's values during deliberations.

Strongly Agree	6 (35 %)
Agree	11 (65 %)
Disagree	0 (0 %)
Strongly Disagree	0 (0 %)
Don't Know/Not Applicable	0 (0 %)

Covenant Health Mission Discernment Survey Communication of major decisions clearly articulates the values that ground the decision.



Communication of major decisions clearly articulates the values that ground the decision.	
Strongly Agree	2 (12 %)
Agree	14 (82 %)
Disagree	0 (0 %)
Strongly Disagree	0 (0 %)
Don't Know/Not Applicable	1 (6 %)



11. What barriers hinder the use and/or integration of the Mission Discernment Tool in our organization?

No barriers as such, the tool would need to be introduced on a team level for others to buy into its value and to foster interest in its use.

Time & Understanding - if managers haven't used this type of tool before, it will take some time to get familiar with it as well as to use it.

Getting used to the process itself

perception of the time it will take to use the tool

Taking the time to review issues to determine whether or not the discernment tool is required/beneficial.

I believe in most cases it will require personal/organizational discipline to ensure that this tool is utilized. In the short-term, as we resource considerations and service pressures collide, it will become even more challenging for people to take a step back and give thoughtful consideration to decisions via this process. I believe there will be some element of paralysis through the events to come and disengagement that may impact use of this tool

I am not sure that individuals will reach for the tool except in making 'mission critical decisions'.

Perceived add-on to an already full meeting agenda or to an overwhelming workload
 -lack of clear understanding of the value of this discernment process
 -the value of this process is best demonstrated through use. The initial period of utilization is critical.

Expectation of short turn around times for decisions.

On a basic level, does everyone want to ensure that the organization's values are considered in all decisions? I would hope so, but it may be wrong to assume so. Further to that thought, this could be an excellent opportunity to have the expectation that staff are aware of the tool and encouraged to learn about it and use it. Education and competency in using the tool might also be a challenge.

The general use. It is fine to have the tool in the box, but if you don't pull it out and use it it begins to rust and is covered in dust. The use of the tool needs to be constantly reinforced at all levels of the organization.



11. What barriers hinder the use and/or integration of the Mission Discernment Tool in our organization? (continued)

The need to make a quick decision may hinder the use of the Mission Discernment tool. Lack of understanding of how it can be used to facilitate sound decision making that support our mission and values may also hinder its use.

Time

The introduction, although clear, is quite lengthy. I think a lot of people may be deterred by its length to carrying all the way through to the tool.

Work load

Lack of awareness of the benefits of using the tool



12. What can be done to improve the use and/or integration of the Mission Discernment Tool in our organization?

Orientation to the tool and its intended use.

Expanding on #11 - incorporate the discernment tools into the strategic planning process

Educate the leaders regarding the tool. Deliberate practice with the tool at the senior tables.

Raising awareness. Providing support for the first couple of times....even via teleconference or videoconference.

In the short-term SLT will have to take a lead - probably and unfortunately - defaulting to Gordon to ensure we do use the tool in a planned and deliberate fashion.

There are two steps that would enhance the tool. The process now culminates with decision and its implementation with review being less emphasized. I would encourage that you consider a step in which the decision maker a) articulates his/her/their accountability for the decision, including for monitoring the impacts of the decision against the aims and values that were important considerations, b) defines the conditions under which the decision or process would need to be revisited, c) identifies the broader relevance of the decision - what the consequences of the decision might be elsewhere in the system (if applied consistently)

Additionally

In identifying the issues I think it is already worth defining the issues in terms of - whose issue it is. The issue may be different for the organization, the team, the funder, the patient, etc. Whose issue is most relevant in the process? For example an impending decision about bed closure - different issue for funders, organization, employees and patients.

The document does not draw attention to the distinction between good aims and good means and the values in many cases can be conceptualized as either good means (compassion) or good ends (compassion). Problems can arise when good means are applied to not so good ends or not so good means are applied to good ends.

-intentionally develop a culture in which mission discernment is integral to decision making throughout the organization

-the value of the tool will become evident through use

-this tool will result in the values being front and center in all that we do as an organization.

Opportunities to be proactive rather than reactive.

I'm a fan of on-line education and competency so I would find a related module with examples of scenarios useful.

from SLT on down, there has to be a visual that the tool is being used. Education and communication about the tool, how it can be used, when, by whom. Reinforcement of the process and communication of the outcomes will get the foot in the door that is necessary to make this a success.

Education on the purpose and use among all leaders will facilitate greater use of the tool. The education could include examples of relevant issues and then have participants work through a mock scenario utilizing the tool.

shorten the introduction

Education

more concrete examples of when the tool was used the outcomes achieved



13. Please provide any additional comments or suggestions.

Very fine work. In many cases this tool would replace an already existing process that has been adapted to mission discernment, e.g. ethical reflection process from the Health Ethics Guide

I note that the discernment pathway gives no attention to the development of an appropriate framework within which discernment is possible. That framework is a life of faith. When one consciously develops their personal relationship with the living God, one is ever more attuned to "the voice of the Spirit" (opening citation) and wary of the voices of "the world" to which we do not want to be conformed (last citation) if we are to be an organization faithful to the Church.

Excellent document. Flows well. Easy to read and understand.

I think that the tool will help define the culture of our organization. In time, it will likely become 2nd nature to use the framework in many aspects of the operations.

This tool requires organizational commitment throughout the organization including the Board and Medical Staff.

I am really excited by this process. Congratulations Gordon on work well done to date-work which promises a valuable tool that will differentiate Catholic Health Care as we will be demonstrating on an ongoing basis that we are values-based in all that we do. The question "what is our value-add" should become quite redundant.

I like the "triggers" idea. However, how the content on the page is laid out makes it difficult to get through.

Living the mission is something I greatly admire about Covenant Health and this tool is a fine example of helping us step up to the plate. Nice work!

Good work, a lot of work. Thank you for allowing me to be a part of this process. I pray that this can be successfully incorporated across the whole organization.



I found the background document very helpful and very comprehensive. The need to review it prior to education on the tool would be very beneficial to users.

A great piece of work Gordon! Congrats.

Rethink Red=Stop; Yellow=Pause (which is also a stop even if short); and Green=Confidence

APPENDIX M

COVENANT HEALTH MISSION DISCERNMENT TOOL © 2009

	
<p>A process for making good organizational decisions</p>	
 <p>Covenant Health <small>Compassionate care led by Catholic values</small></p>	

*Do the commandments
of God, which are written
on the human heart
and are part of the
Covenant, really have
the capacity to clarify
the daily decisions
of individuals and
entire societies?*

John Paul II
Veritatis Splendor, 4, 1993



Covenant Health

A Discerning Culture

*"The mission,
vision and values
of Covenant Health
define our identity
as an organization,
and our culture
of a committed team
of physicians, staff
and volunteers.
They guide the
decisions,
behaviours and
attitudes for which
we are all
accountable."*

Covenant Health Mission
Integration Strategy

Our Mission

We are called to continue the healing ministry of Jesus by serving with compassion, upholding the sacredness of life in all stages, and caring for the whole person—body, mind and soul.

Our Vision

Covenant Health will positively influence the health of Albertans and be of service to those in need by working together with compassion, quality and innovation.

Our Values

As a Catholic organization, we are committed to serving people of all faiths, cultures and circumstances, according to our values:

Compassion
Respect
Collaboration
Social Justice
Integrity
Stewardship

*"The heart of discernment
is listening to the voice
of the Spirit"*



Covenant Health

Mission Discernment Tool

Our Commitment

We promise to create a culture that will allow our staff, physicians and volunteers to flourish, knowing we are making decisions and setting standards of behaviour that are directed solely to support those we serve.

This is Our Commitment to Ethical Integrity, and the hallmark of Covenant Health that we are proud of.

Purpose

Mission discernment is a process to help Covenant Health leaders make good decisions about major clinical, operational, and administrative issues, in alignment with our mission and values.

Some health care issues are complex and challenging, often leaving decision-makers without a clear path forward. As a leader, when you are facing such difficult decisions, you may benefit from a tool to choose the option that best reflects our mission and values, helping you to stand confidently behind your decision.

Decisions that significantly impact the lives of those we serve or affect our reputation as an organization, either positively or negatively, deserve careful consideration. In the absence of a clear process to guide you in weighing options against our mission and values, poor decisions can be made, sometimes at the risk of compromising your personal integrity. Mission discernment is a proactive or preventative ethics strategy to help you, as a Covenant Health leader, to make more consistently good decisions, with less risk of compromise.



Covenant Health Mission Discernment Tool

Decision-making and discernment

Decision-making involves considering a preferred choice among competing options. That option may be both about the aim or goal that is sought, as well as the means in which the aim is achieved. Choosing one option over another is typically a preference for what is important, or valuable, to the decision-maker. No matter how simple or complex, each decision will be based on certain values.

Discernment is similar to decision-making because it is about making preferred choices. However, the intentional focus in *naming and being explicit about the values informing our choices* distinguishes discernment from decision-making. This values-based analysis is helpful to ensure alignment between what we say is important to us as an organization, with what we do.

Once named, the discernment process involves weighing or sifting the value choices (from the Latin root, *discernere* – “to sift or distinguish”) to make a practical and accurate judgment or decision about what we ought to do, and how we will achieve this end. In this way, the discernment process helps us make Covenant Health values explicit, and to then make consistent choices based on our values. Good discernment therefore leads to good decision-making.

A call to formation

Whereas discernment is a practical decision-making tool, it is also an instrument to strengthen leadership formation. In the midst of competing options and priorities in today’s complex Catholic health care environment, discernment helps leaders uphold the healing ministry of Jesus by ensuring our mission and values drive all our decisions. Employing discernment is an opportunity to reflect deeply on the fundamental reference points informing our work and how, in turn, our own calling and faith may be personally enriched.



Discernment also requires we examine how all our Covenant Health values inform our choices to ensure a balanced approach to decision-making. The healing ministry of Jesus is as much about courageous decision-making and fiscal responsibility as it is compassionate service and love.

A call to fidelity

Discernment is a disciplined practice to help us live our mission and values in all we do. We are called to fidelity to uphold Roman Catholic ethical and social teaching, the legacy of our founders, as well as our identity and reputation as a ministry of the Church through the example of Jesus Christ, in how we care for the sick, and how we treat one another. This is reflected in the very name of our organization, Covenant Health, which is our promise to one another and those we serve. In the midst of difficult choices, discernment helps us to listen carefully to both the voice of reason as well as the voice of conscience welling up in our hearts. Discernment calls us to be faithful to our inner experience.

Decision-making in today's health care environment is certainly not without its challenge. It is an awesome responsibility and difficult task. Yet the Mission Discernment Tool attests to our uncompromising belief that the Spirit of the Living God is always with us, guiding us in every decision we make.



When to Use Mission Discernment

Triggers

The Covenant Health Mission Discernment Tool can be used whenever you or your team faces a major clinical, operational or administrative issue that can positively or negatively impact the mission of the organization.

While the tool is not intended to be prescriptive, or to excuse you from exercising your own professional judgment and experience, there are certain issues that would normally signal a discernment is strongly recommended.

A simple colour coded matrix can prompt us to ask whether a particular issue warrants a formal discernment process:

When issues call us to...



Some trigger issues definitely require us to stop and take a sufficient time-out to weigh all the different aspects of the issue until mission due diligence is complete. In some cases, this may even cause us to abandon an initiative or reverse a decision.

Some issues raise questions of doubt and uncertainty that may make us slow down or proceed more cautiously before making a decision.



Some scenarios may benefit from a discernment process to support the communication or implementation of the decision when we generally already feel confident to proceed.

Below is a chart of potential triggers. This is not an exhaustive list, nor does every significant issue always require a full discernment process. For example, no matter how complex an issue, any proposed option that is illegal or contrary to the Health Ethics Guide should be sufficient grounds to decide against it.

Moreover, some decisions may not appear significant, but once you become engaged in the issue, you may realize there is value to have a formal process to ensure all perspectives are heard and to identify other options.

Triggers for Mission Discernment

It's time to take a sufficient time-out to weigh all the different aspects of the issue until mission due diligence is complete.

Let's pause to address questions of doubt and uncertainty that may make us proceed more cautiously before making or carrying through a decision.

Even when we feel confident, we may require some reflection to support the communication or implementation of the decision.

Potential Triggers when facing issues that...

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • pose a legitimate and real risk to our reputation and those we serve • risk harming others or the environment • threaten our financial viability and survival • conflict with the Health Ethics Guide and Catholic social teaching or risk scandal and litigation | <ul style="list-style-type: none"> • require a major commitment of human resource, financial or capital commitment for success • require focused attention to ensure a balanced review of all possible options and stakeholders | <ul style="list-style-type: none"> • require assurance that an option is aligned with the mission and values • require an ethical framework to better communicate the rationale for a difficult but quickly arrived at decision • require sensitive and multiple communication strategies |
|--|---|--|



Covenant Health Mission Discernment Tool

Triggers for Mission Discernment Continued

Potential Triggers when facing issues that... Continued

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • threaten our Catholic identity and relationship with the Church • involve opening or closing of major programs and services • contemplate mergers, acquisitions or major partnerships • require divesting of facilities or property • require our attention for unresolved, mission-critical issues | <ul style="list-style-type: none"> • involve recruitment and selection of key board, leadership and clinical positions who impact the reputation of the organization • require the investment of time to generate a solution or strategy that will add value to the people we serve • involve significant political, funder, donor or community pressures that conflict with our values • require a major review or refreshing of the mission, vision, values or strategic directions | <ul style="list-style-type: none"> • need to strengthen confidence and support for an already perceived opportunity • strengthen other due diligence or business case plans with a mission and values framework |
|---|---|---|

Application and timing of mission discernment

This discernment tool is meant to be used to help identify and weigh options in light of the Covenant Health mission and values to ensure consistency in decision-making. The tool should ideally be used as part of a business case proposal, root cause analysis, financial planning or other form of due diligence based on the various triggers. Mission discernment should not be done separate and independent of these processes if at all possible, especially when its integration strengthens the analysis and decision-making outcome.

At minimum, the tool should complement the various decision-making processes, with the added benefit of ensuring



a balanced and consistent approach, and to help make our values explicit in arriving at, supporting, and communicating a decision.

The tool should also be employed at an appropriate time early in the process so as to inform the thinking behind the decision. Bringing it in at the end of a process only to ensure a mission “blessing” is not an appropriate use of the tool.

The tool can be adapted to use with everyday decisions without having to employ a formal mission discernment. The personal reflection questions, for example, can be useful to help you clarify your thinking, or uncover biases and assumptions that may impede good decision making, even about the simplest matters. Used in this informal way, the tool can still be a helpful check-list and resource for leadership formation.

The role of participants and facilitators

Each discernment process needs to be creatively tailored to the decision at hand. This will require an assessment of who needs to be involved in the process, and the best time and means to solicit their feedback to ensure a balanced and objective review. Consideration should be given to the appropriate number of representatives without becoming unnecessarily cumbersome. Participants invited to take part in the discernment process should freely voice their perspectives, with the assumption that everyone has wisdom to offer.

There is no one set method for facilitating discernment processes. Team culture, time pressures and meeting schedules should be respected in setting up the discernment exercise and engaging participants. As much as possible, the process should leverage other existing meeting structures to avoid duplication and ensure there is energy for the process. It can also serve as an education or formation experience for your team to help you grow, understand team dynamics and promote a discerning culture.



Discernment Pathway

A path for good decision-making

As with most tools, judgment and skill is required in how mission discernment will actually be employed in a specific situation. While it is convenient to list steps in a linear fashion, in reality one step may feed into another, or require circling back to previous steps as new information comes to light.

In this way, discernment is more a pathway than a prescribed formula. Discernment is ultimately rooted in a life of faith and a prayerful, loving openness to the truth (*caritas in veritate*). For many leaders, decision-making is an intuitive exercise that may not consciously follow a step-by-step methodology. However, having a shared discernment pathway is extremely helpful when facing complex issues and the potential for either positive or negative impact is significant. Having a place to start, and a common methodology to ensure we are not missing any key steps along the way can be a tremendous support for us as leaders. It is also helpful to have a shared process that we can use consistently, over time, to help deepen the discerning culture of the organization.



Discernment Pathway



1. Determine the **need**
2. Define the **issue(s)**
3. Acknowledge **reactions**
4. Clarify the **facts**
5. Identify **stakeholders**
6. Weigh options against **values**
7. Propose **alternatives**
8. Make a **decision**
9. Implement and **document**
10. Revisit and **review**

1. Determine the need for a mission discernment

The following questions will help you determine whether a particular issue calls for a mission discernment. This can take on the form of a discernment itself. Discernment is not the exclusive methodology for decision-making and you may be able to leverage other tools. As well, other practical issues need to be considered before proceeding.

- Do the triggers for discernment apply?
- What time, energy and consideration does this decision require?
- Is there another or simpler process that may better achieve the desired outcome?
- Has there been a previous related discernment that we can draw upon and benefit from its documented analyses?
- Does the Health Ethics Guide already provide authoritative direction to make this decision?



Covenant Health Mission Discernment Tool

- Is the need for discernment more to help you come to a decision, to confirm a decision already made, or how best to communicate the decision?
- Does the discernment need to be done now, or at a later time?
- Is the sense of urgency of making this decision real or perceived? Is it artificially imposed? Can this decision be delayed?
- If you are presented with something you must do seemingly without any choice (i.e., a legislative requirement, deficit reduction, closing a program), is there still a role for discernment in how you will implement the changes?
- If the need for mission discernment exists, does the issue at hand require an internal or external facilitator to guide the process?

2. Define the issue(s)

Being clear about the question we are asking people to discern is essential to good decision-making. Any one issue may raise additional questions that may or may not be related to the issue at hand. Good discernment requires that we stay focused on the issue(s) that demand the most attention at the time.

- Are there multiple issues at play that require our attention, and if so, which is the most important issue to address?
- What secondary issue(s) can be tabled for later?
- Is there consensus about what the actual question for discernment is, and is this periodically revisited during the process?
- Whose issue is this? Is the issue the same for the organization, the funder, the patient/resident? Whose issue is most relevant for this particular discernment process?
- Does the question for discernment meet the trigger questions, or can a process other than mission discernment be employed?



- How much does history or personalities affect how participants view the issue, requiring further clarification before engaging in the discernment?
- Does dedicated time and space need to be carved out to give this issue the attention it deserves?
- Is it better to use prescriptive or more open-ended questions in facilitating this particular discernment?

3. Acknowledge intuitive and emotional reactions

Often our “gut” reactions towards issues are revealing, including the insight of prayer, dreams and moral imagination, and can inform our intellect and analytic reasoning. A balanced decision-making process engages all our senses.

- What do strong reactions around an issue reveal about its importance?
- In what way do our feelings, history, and experience help clarify subtleties around an issue?
- Is there emotional residue around a particular issue that distorts or gets in the way of good decision-making?
- What biases, loyalties, and conflicts of interest are operative that need to be acknowledged and managed?
- In what ways does our passion around certain choices help or hinder good decision-making?
- What does prayer reveal about this proposed decision?
- What insight or perspective does scripture offer?
- What does our individual conscience compel us to say or do?



Covenant Health Mission Discernment Tool

4. Clarify the facts

Good decision-making is possible only if we have a grasp of the facts. Paying attention to what is undisputed fact versus assumption, hearsay or opinion is one of the most important “sift and sort” steps of discernment.

- Establish what we know about an issue, including key contextual background information.
- Establish what we do not know and what still needs to be ascertained before making a decision.
- What other information is relevant and available to help understand this issue (ie, legal, financial, clinical, legislative, ecclesial, social, historical)?
- What data is irrelevant and risks confusing or confounding the issue that should be set aside?
- What new evidence has come to light that may cause us to reverse or reconsider a proposed decision?
- How much information do we need to gather before we can confidently make a decision?
- Is our need for more information only serving to avoid making a decision?
- Are we tempted to back away from the facts now that they have been made known to us?

5. Identify stakeholders and various perspectives

Discernment seeks the wisdom of multiple stakeholder opinion and perspectives to ensure a balanced decision. This is especially important when there may be power differentials or resistance to seek input from certain sectors. Acknowledging those voices whose input disturbs us but nevertheless have something important to say will require openness and, sometimes, even moral courage.

- What are the various ways in which we can view this issue?



- Is the decision-making group free to name their own biases and internal power differentials?
- Are there some stakeholders who may be emotionally or psychologically unable to engage this issue freely that we must be sensitive to (i.e., a related traumatic experience with this issue)?
- What perspectives dominate group discussion? What perspectives are negated?
- Who do we still need to consult to ensure a balanced decision?
- What is our purpose for consulting others – to seek input, to debate or to inform?
- Who is accountable for this decision?
- Who will be the final arbiter/decision-maker of this decision?

6. Weigh the options against the values

Discernment helps make Covenant Health values explicit and accessible in our decision-making. While multiple values may be at play, it is important to know which of our six core values may be more relevant to a situation. Discernment often requires a balancing of values (i.e., compassion and stewardship). As a Catholic health care organization, our values are our fundamental reference points.

- What values underlie each possible option and are they consistent with our Covenant Health values?
- Is there a shared understanding of the meaning and implication of the values?
- What Covenant Health value(s) carry more weight among the discerned options, and is there capacity to publicly acknowledge this?
- In balancing competing values, is there consensus about what particular value(s) are most critical at this time?
- How do the discerned options align with our own personal values?



Covenant Health Mission Discernment Tool

- Is there risk that the proposed option seriously conflicts with either our personal values or the values of the organization, triggering moral conflict or dissonance?
- How does the proposed option help us demonstrate the mission and values of Covenant Health?

7. Identify options and alternative courses of action

Discernment often surfaces new and previously unexplored options worthy of your team's consideration. In this way, mission discernment can help identify other possibilities and opportunities, and help advance our strategic priorities. Far from an academic exercise, discernment can compel a team to courageous action.

- What other possible courses of action exist, including the conscious decision of doing nothing?
- What option is most aligned with our mission, vision and values?
- What option best advances the Covenant Health Strategic Plan?
- What are the limiting factors or non-negotiables regarding this issue that must be respected and publicly defended?
- Is there resistance to pursue a discerned option simply because it is inconvenient or might hinder our ability to manage this issue?
- Is it tempting to back away from an option because of the financial, political, capital or human resource implications? Is this a legitimate limiting factor signalling further discernment is required?
- What other areas of resistance are we aware of and is there capacity to see a discerned course of action through to completion despite resistance?



8. Make a decision

Discernment ultimately requires that a decision be made. This in turn may trigger additional discernment about the timing and communication of the decision, as well as the resources required to see the decision through. In some cases, initiatives may need to be put on hold or reversed in order to satisfy the discerned option. The wisdom of praying and “sleeping on a decision” as a final check before rushing ahead can be extremely useful.

- At what point in the discernment conversation is the question more about the communication and implementation of the decision, versus coming to the decision itself?
- What feelings and energy are evoked among participants in going forward with this decision?
- Do we anticipate the decision may still cause unease with participants the next day/week/month, or in the face of possible criticism?
- Does the decision bring peace, consolation or hope after praying about it? Does it bring opposing feelings instead?
- Would you be able to stand by the decision at staff forums, with colleagues, in the media and when looking yourself in the mirror?
- Can you live with this decision, even if it is difficult, unpopular, or inexpedient, knowing it is the best choice given all the circumstances?
- Is there a contingency plan in case the decision does not bring about the intended outcomes or raises unanticipated hardship or harm?



Covenant Health Mission Discernment Tool

9. Implement and document the decision

Once the discerned choice is made, it must be put into action. Closing the loop on decision-making and seeing discernment through to implementation is a critical next step. Practical logistical steps about who, when, and how the decision will be implemented and documented, and best communicated, underscores this part of the discernment pathway. Sometimes good decision-making goes awry in implementation and communication.

- Who will implement and document this decision, by what process, and within what timelines?
- What key messages need to be reflected in communication strategies?
- What kinds of venues are required for discussing the decision and answering staff and/or media inquiries?
- What process and criteria for measuring will be used to evaluate the decision and outcome?
- How will you articulate your accountability for the decision, including monitoring the impact of the decision based on the aims and values that factored in the discernment?
- What implementation milestones serve as potential decision-points for making adjustments or evoking contingency planning?
- Is this decision for a specified period of time or is it enduring?
- When would you know you are “done” with this issue?



10. Revisit and review learning

The discernment process is complete only when the decision is revisited and reviewed. Much as athletes routinely review film after the game has been played, organizational decision-making around major issues brings with it incredible learning opportunities about team functioning, the role of our values in driving decision-making, spin-off questions and issues tabled for future consideration.

- What are the conditions under which the decision or discernment process needs to be revisited?
- What is the broader relevance of this decision? What are the consequences or impact of the decision elsewhere in the health care system if it were to be applied consistently?
- What has this decision revealed about the operative values (versus the espoused values) of the organization?
- What went well and is worthy of repeating in future decision-making and implementation strategies? What didn't work well and should be avoided?
- What did you learn about our team process and our capacity for decision-making?
- What did you learn personally about yourself?
- What are you most proud of in this decision-making experience?
- What might carry lingering doubt or dissonance in how this decision was made, implemented or communicated?
- Finally, what "gift of the spirit" (for example, love, peace, patience, generosity, faithfulness, etc. See Galatians 5:22) might this decision leave you with?



Deepening a Discerning Culture

"As a Catholic organization, we hold six core values of critical importance that define who we are. These values should govern all our behaviour, attitudes, actions, and decisions. Our values are the means by which we operationalize or make tangible our mission in practical and everyday ways. They are the intersection between who we say we are as an organization, and what we do."

Covenant Health Mission Integration Strategy

Values – our fundamental reference points

Mission discernment is as much an art as it is a disciplined process for making good decisions. Use of the tool around specific questions can have a spill over effect, helping you become more discerning when dealing with day-to-day issues.

The following sample of personal reflection questions, based on Covenant Health values, serves as a checklist to support both major and everyday decision-making. While many of these questions are intuitive, there are times when we are confronted by a major decision and the way forward is not so obvious, that taking time to intentionally explore some of these questions can serve as a moral barometer in how we really feel about the decision.



The questions are fluid and multi-layered, recognizing that our values are interdependent and frequently several or all are reflective in our choices. The questions simply help you become more aware of how your values, both personal and organizational, are affirmed or negated.

Periodic reflection on these questions around major issues can influence our mindful attention to everyday decision-making. In this way, the Mission Discernment Tool can support our desired goal for Covenant Health to become an ever deeper discerning culture.

Compassion

We will treat others as we would expect to be treated

- Are there potential emotional, historical or other competing interests that might preclude your free and transparent participation that you need to own, even to the point of giving yourself permission to step out of some decisions?
- What personal lessons have you learned from past decision-making experiences that continue to disturb you that may be relevant in how you approach, or not approach, this particular decision?
- Imagine yourself six months from now. Would you still feel good about this decision?
- If you knew what you know now about the impact of this decision, would you still make the same decision?
- Are you consoled or troubled by this decision?
- Will this decision keep you awake at night?
- Do you identify with those who may be impacted by this decision, and does that clarify or distort your decision-making?
- What grace do you seek to make this decision?



Covenant Health Mission Discernment Tool

Collaboration

We will achieve more by working together than on our own

- Who do you need to support you in this decision?
- Do different learning styles, needs and personalities of those you are collaborating with need to be considered in making this decision?
- Who is best positioned to facilitate this process, and should the person come from within or outside the organization? Should you lead this process?
- Does the debriefing of the discernment process require an off-site location to allow you and others the space to engage the issue together without distractions?
- Does this require the entire group to discuss or can you, together with a small group, engage the process and report back to the large group?
- What specific sections of the Health Ethics Guide apply that help inform your understanding of the ethical dimensions of this decision?
- Who is ultimately accountable for this decision?
- Who might need to be the final arbiter of this decision if consensus is not reached? Can you courageously make this final decision?



Social Justice

We will work in partnership with others to build healthy and just communities and to promote human flourishing

- What barriers are you aware of that may influence the decision-making experience (i.e., time, political pressure, legislative requirements, funding)? Are these real or perceived barriers?
- What conflicts of interest do you or other participants bring to the decision-making that hinder free participation in the process? Can you own and manage these conflicts and still stay engaged in the process?
- Is this decision fair for all concerned? Do you feel it would be fair if it impacted you or your team?
- Is this decision life-giving? Will it positively promote our reputation in the community?
- Does this decision have an environmental impact, that you are comfortable with?
- Does this decision promote your own flourishing as a leader?

Stewardship

We will be good stewards of all our resources, to sustain our mission into the future

- Are there sufficient resources (capital, financial, human) to support your decision? Have you thoroughly consulted others in the organization to determine the long-term viability of the proposal?
- Does this capital expense require a formal discernment?
- When do you know you are finished with the discernment?
- Would you be prepared to rethink your perspective if the discernment process compelled you to another option that is more sustainable?



Covenant Health Mission Discernment Tool

- How might you approach this issue similarly or differently in the future, so as to be better stewards of your own lived experience?
- Do you have the capacity to revisit this decision in the future if it needs to be changed? How personally attached are you to this decision and how that might hinder your honest assessment of the outcome?
- Is your investment of time engaging in this discernment proportionate with the associated risks or impact the decision may bring?

Respect

We will respect the dignity of every human being, from conception to natural death

- What have you learned about yourself in this process and do you respect yourself for the decision you made?
- Do you respect the diversity of opinion regarding this issue, and are you open to different cultural or religious perspectives that may need to be weighed?
- Do you have the cultural competency to understand the subtle nuances of this issue if certain populations may be impacted?
- What emotional space do you need to own and respect that can get in the way of objective decision-making around this particular issue, and at this particular time?
- Do you respect the limited amount of energy and time that you can devote to this issue before needing to move on?



Integrity

We will put into practice what we profess to be the right and ethical thing to do

- If you defended your decision later at a staff forum, and in the media or courtroom, would you still be comfortable with this decision?
- What is the purpose of communicating your decision? To inform others, to seek their input or approval, to justify and defend your decision, to clarify your own thinking, to put others at ease, to prepare others for the implications of your decision?
- Is the energy you put into the communication of your decision proportionate to your energy that went into the decision?
- Are you concerned that you may be hampered in your future leadership by this decision? That you may be overly-identified by this decision, for good or for bad?
- Do you sense this decision risks compromising your values or slides you toward an unacceptable outcome?
- How do you preserve your personal and professional integrity with this decision-making process?



Documentation and Review

Discernment has tremendous value in educating a group about its own biases, assumptions, and team functioning. We demonstrate good stewardship by building on our past learning. This will help us close the loop on decisions we made, and to actually bring them forward to action. We can also determine, as in step 1 of the Discernment Pathway, whether we actually require a discernment if we have captured the insights of previous related discernments.

However, some decisions are for a specific time and place. Leaders should not be narrowly confined to the precedent of a previous decision if new information comes to light or circumstances change. Good discernment can give us the freedom and confidence to reverse previous decisions if they no longer make sense.

Reviewing decisions has the three fold benefit of:

1. Providing an invaluable learning opportunity (i.e., as a case study)
2. Demonstrating our accountability to one another to ensure we have not missed anything along the way
3. Further means of supporting a discerning culture through critical self-reflection



Covenant Health

Mission Discernment Template

The following template provides an overview of the discernment process. It begins by asking you whether a decision requires a formal discernment analysis, and if so, guiding you through the subsequent pathway steps. This can also streamline reporting and documentation, demonstrate accountability to our strategic directions, and witness how we *live our mission and values in all we do*.

An electronic template is available at
<http://www.covenanthealth.ca/about-us/missiondiscernment.html>

As a means of creating a repository of discernments, enabling shared learning, flagging trends and ensuring ongoing quality improvement, please send a copy of your completed template to: Vice President, Mission, Ethics and Spirituality, at:
mes@covenanthealth.ca

Elements of the mission discernment tool can be easily adapted to assist with clarifying options around routine decisions where a formal discernment is not required. While it is up to you to complete and submit the template, it can serve as a helpful worksheet to assist leaders with making everyday decisions where some degree of reflection is desirable.

For mentoring and coaching in how to use mission discernment, or to arrange facilitation support in leading a process or for training, please call the Vice President, Mission, Ethics and Spirituality at: 780.735.9597.

Covenant Health

Mission Discernment Template

Discernment Pathway



1. Determine the **need**
2. Define the **issue(s)**
3. Acknowledge **reactions**
4. Clarify the **facts**
5. Identify **stakeholders**
6. Weigh options against **values**
7. Propose **alternatives**
8. Make a **decision**
9. Implement and **document**
10. Revisit and **review**

Outline the decision that needs to be made, providing background and context (two to three paragraphs)

1. **Is a discernment required?** Yes ☐ No ☐ (Please refer to the colour coded trigger matrix in the user's guide). Review related discernments or other operational business cases that may apply:

Colour status

- ☐ ● Call us to stop Red
☐ ● Call us to slow down Yellow
☐ ● Call us to proceed with confidence Green

Other related discernments, analyses or briefing notes that provide a perspective on this issue:

2. What is the issue or issues before the group?

Key issue:

Secondary issue(s):

Relationship between issues:

3. Acknowledge reactions and intuitive input:

What strong reactions, either positive or negative, need to be acknowledged?

Are there any identified conflicts of interest that need to be owned and managed?

4. What are the key facts?

What do we know about this issue?

What do we still need to ascertain?

What remains merely rumour or perception?

5. Who do we need to be consulting on this issue?

Who are the identified stakeholders?

What significant information was identified among key stakeholders?

What specific articles of the Health Ethics Guide apply, if any?

Who is ultimately accountable for this decision?

6. Identify options and weigh against Covenant Health values:

Options:	Compassion
	Collaboration
	Stewardship
	Social Justice
	Respect
	Integrity

What value(s) tends to weighted more in this decision?
Please briefly explain:

Is there a value that trumps all?

7. Explore other alternative courses of action

Have we missed anything?

What questions remain?

8. Make a decision

State clearly what the decision is, and any other relevant background information not already noted.

9. Implement and document

Implementation plan:

Communication plan:

Contingency plan, if any:

10. Review and revisit

Is there a review required? By when? By whom?

Any additional key learning identified?

Addendum notes and date:

*Do not be conformed to
this world, but be
transformed by the
renewing of your minds,
so that you may discern
what is the will of God—
what is good and
acceptable and perfect.*

Romans 12:2



**Covenant
Health**

*Compassionate care led
by Catholic values*

Mission, Ethics and Spirituality
780.735.9597
mes@covenanthealth.ca

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APPENDIX N

COVENANT HEALTH MISSION DISCERNMENT WORD TEMPLATE (For Documentation)

Discernment Pathway



1. Determine the **need**
2. Define the **issue(s)**
3. Acknowledge **reactions**
4. Clarify the **facts**
5. Identify **stakeholders**
6. Weigh options against **values**
7. Propose **alternatives**
8. Make a **decision**
9. Implement and **document**
10. Revisit and **review**

Outline the decision that needs to be made, providing background and context (two to three paragraphs).

1. Is a discernment required? Yes ☐ No ☐

Please refer to the colour coded trigger matrix in the user's guide. Review related discernments or other operational business cases that may apply.

Colour status

● Call us to stop ☐

● Call us to slow down ☐

● Call us to proceed with confidence ☐

Other related discernments, analyses or briefing notes that provide a perspective on this issue:

2. What is the issue or issues before the group?

Key issue:

Secondary issue(s):

Relationship between issues:

3. Acknowledge reactions and intuitive input

What strong reactions, either positive or negative, need to be acknowledged?

Are there any identified conflicts of interest that need to be owned and managed?

4. What are the key facts?

What do we know about this issue?

What do we still need to ascertain?

What remains merely rumour or perception?

5. Who do we need to be consulting on this issue?

Who are the identified stakeholders?

What significant information was identified among key stakeholders?

What specific articles of the Health Ethics Guide apply, if any?

Who is ultimately accountable for this decision?

6. Identify options and weigh against Covenant Health values
Values: Compassion, Collaboration, Stewardship, Social Justice, Respect, Integrity

Options:

What value(s) tends to weighted more in this decision? Please briefly explain.

Is there a value that trumps all?

7. Explore other alternative courses of action

Have we missed anything?

What questions remain?

8. Make a decision
State clearly what the decision is, and any other relevant background information not already noted.

9. Implement and document

Implementation plan:

Communication plan:

Contingency plan, if any:

10. Review and revisit

Is there a review required? By when? By whom?

Any additional key learning identified?

Addendum notes and date:

APPENDIX O

VIDEO AND TELECONFERENCE BUDGET MEMO



**Covenant
Health**

Compassionate care led by Catholic values

memo

Date: September 22, 2009
To: Covenant Health Executive Directors/Leaders
From: Patrick Dumelie, President and CEO
Re: **Budget preparations**

Thank you for agreeing to participate in the video/teleconference scheduled for tomorrow, Wednesday, September 23 at 10 a.m. This memo will provide you with background information and materials to help you prepare for the meeting and the upcoming budgeting process.

As you know, as an organization, we must reduce our expenditure by 3%, which equates to \$15 million. Alberta Health Services has mandated health care providers to reduce costs by 3% to tackle the \$1.3 billion deficit that has been projected for 2009/2010.

While \$15 million is a daunting amount, I am confident that we will work together as leaders, engaging our teams, to determine the best possible solutions.

There are several key principles I would encourage you to consider when identifying budget reduction strategies:

- Identify what makes sense based on our values and strategic directions
- Ensure patient and resident safety is not compromised
- Look for efficiencies with the least impact to staff
- Seek solutions with the least impact to patients and residents
- Seek opportunities to be more efficient in how we provide programs and services

In addition to these key principles, as you know, it is imperative that we only spend what we have been allocated—we cannot overspend and need to address any variances.

Alberta Health Services will be making decisions in November and December about which initiatives will be implemented. We will need to present our list of Covenant Health initiatives to Alberta Health Services by mid-October. This means our timelines are very short and your suggested budget initiatives must be sent to the Senior Leadership Team by **October 7, 2009**.

As part of this package, you will find three tools to assist you as you work with your teams to identify cost savings:

- **Finance worksheet**—This worksheet helps you to determine your annualized cost savings for the various budget reduction scenarios you and your team may consider. An instruction sheet, explaining each of the columns, accompanies the sample worksheet. Please draw on the expertise of your advisors in Finance and Human Resources to answer questions and help you complete the worksheets.
- **Mission Discernment Tool**—This tool is designed to support major organizational decision-making using an explicit values-based process. The outline *on the last three*

Office of the President and CEO



memo

pages of the booklet has valuable questions that can help you deliberate budget options. In my experience, going through some form of mission discernment increases confidence that a decision we're making is the best possible one. In addition to being attached with this package, the tool will soon be available on-line at www.covenanthealth.ca/about-us/missiondiscernment.html. Gordon Self, Vice-President, Mission, Ethics and Spirituality, is also available to provide coaching.

- **Engagement tools**—I encourage you to talk with your teams as much as possible throughout this budget process. I believe it is important for our teams to better understand the challenges we are facing and to feel part of the process. We know through experience that we can generate many more ideas together than working alone.

One engagement tool staff can access is the electronic suggestion box, good.suggestion@covenanthealth.ca, which was introduced to staff in last week's memo. This e-mail has already generated some great ideas for efficiencies and cost savings in such areas as supplies, energy use and work flow.

Another way staff can talk about the budget is through the two staff forms being held in person and via video/teleconference next week. Please encourage your staff to attend and bring their questions and ideas. I'm looking forward to an open and honest conversation with our team. The forums will be held on **Tuesday, September 29 at 2:30 p.m.** at the Misericordia Community Hospital and **Wednesday, September 30 at 10 a.m.** at the Grey Nuns Community Hospital and broadcast to all facilities. Posters will be distributed this week.

In addition, we would like to work on a set of Q+As as a document you can refer to when your team asks questions about the budget and our need to reduce costs. As leaders, please think about the questions that you have already been asked or may be asked by your staff, patients/residents and families and e-mail them to mandy.morrison@covenanthealth.ca. We will then compile the questions we receive, develop the reference document and send it to you in the next week.

I know the work ahead will be difficult both professionally and personally. It is important to get the work done in the spirit of our mission, values, vision and strategic directions. It is equally important that we support each other through this process. Let's learn from one another, draw on each other's experiences and be available to be sounding boards as we consider options. We are a strong and courageous team and I believe we will come through this process with an even stronger commitment to Catholic healthcare and the people we serve.

APPENDIX P

MISSIONING PRAYER AND REFLECTION

Covenant Health Board, Community Board, and Leaders Banquet
October 7, 2009

For this Mission exercise I have provided on your table a copy of the new discernment tool and the missioning prayer that I lead us through in a moment.

You will see that I have assigned tables to read out loud at the appropriate time the value section that is highlighted in colour. So if you take a quick look now you will see what is the value your table will read.

In a perfect world, the two or three tables assigned to each value will be read in sync, but it's not a perfect world, so it may come across as somewhat of a delayed echo, but that's ok. I just ask that we don't rush through it.

But before we proceed I just want to remind us of where we have been in the last year. With the coming together of Covenant Health, we promulgated our new name, mission, vision and values. Part of the mission integration work was just learning our new values, to begin to identify them and to define their meaning. Now, on our one-year anniversary, we want to make a recommitment to our mission and values, going beyond just naming them but applying them in our everyday decision-making. As we face huge financial challenges, this is especially important. It's in the context of real concrete issues that our mission and values really become clear.

We face many tough decisions ahead. In choosing one thing, but not another, we signal what is important to our organization, what is deserving of our attention and resources, the pearl of great value that we prepared to focus all our efforts in acquiring (Mt 13:46). It is in our decision-making that we define our moral character as an organization. It is relatively easy to say we stand for something, but it's in the choices we make, and in our behaviour and attitudes in making and implementing those choices that we communicate our moral character and establish our reputation.

Many of you have participated in missioning ceremonies before. It's not uncommon that some object or symbol is provided in the missioning as a way of expressing those intangibles that we feel when we walk into our Covenant Health facilities, but cannot so easily articulate or point to. Like you, I have collected a number of symbols over the years, which many carry memory and have a powerful way, like the wedding rings around our fingers or the crosses around our neck, of reminding us of our commitment and our faith. The symbol chosen for this year, in a time of economic restraint, needed to be more practical than just something to adorn our offices, but kept close on our desk and next to our deficit reduction spreadsheets and operational plans and applied in a concrete way. The mission discernment

tool is intended to be used to support us in making consistently good decisions, in applying our values and articulating our mission in a tangible and practical way.

Earlier today there was a board presentation on Accreditation Canada's Qmentum program. Number 3 of the accreditation standards evaluates the degree to which the "governing body defines values for the organization that are used to guide decision-making and for determining how services are delivered". That is a very specific question to which we are obligated to provide very specific evidence. In light of the challenging decisions that lay before us we will have a lot of opportunity to demonstrate the application of our mission and values in concrete ways, with clear supporting evidence.

While the discernment tool is a resource it is certainly not the only resource to guide us in our decision-making nor is it the greatest. No missioning exercise is complete without turning to the greatest resource we in Catholic health care lay claim, and that is prayer. In prayer, we attest "to our uncompromising belief that the Spirit of the Living God is always with us, guiding use in every decision we make." (Covenant Health Mission Discernment Tool, p. 5)

And so at this point, I ask that you please stand and join with me in prayer, as we seek God's grace in discerning our path together through difficult times...

Discerning our Path Together Through Difficult Times



"Your word is a lamp to my feet and a light to my path." Psalm 119: 105

Leader

We gather here today knowing that in the weeks and months ahead, there will be changes in our organization that will challenge us and new grace that will sustain us and move us forward.

We recall the words of the cardinal of the church, John Henry Newman: "Perhaps in heaven it will be otherwise, but on this earth, to live is to change and to be perfect is to have changed often."

Let us pray today for the gift of being able to recognize the changes that are needed in Covenant Health; the gift of being able to discover the opportunities that lay before us that

we had never seen before, and the gift of being able to welcome and embrace these opportunities with courage.

Grant us a discerning heart, to guide our decision-making in face of the difficult financial choices before us, congruent with our mission, values and ethical traditions.

Assigned Tables (*Saying out loud in turn the highlighted sections, as per assigned tables*)

Compassion – grant us O Lord a compassionate heart that all our decisions be made with conscious awareness of their impact on others; being sure to treat others as we wish to be treated.

Collaboration – grant us O Lord a collaborative spirit, that we may discern our path forward by seeking what is best for the people we serve, knowing we will achieve far more by working together with our partners than we will alone.

Social Justice – grant us O Lord a zeal for justice, that we may be fearless in advocating for the vulnerable populations we serve, creating also the conditions within our own organizational culture that will allow our people to flourish.

Stewardship – grant us O Lord a spirituality of abundance, that we may see opportunity where some may only see scarcity, that we be good stewards of all our resources to sustain our mission well into the future.

Respect – grant us O Lord a profound reverence for the dignity of all human beings, that we may guide all our attitudes, behaviours and decisions with unqualified respect for others, including respect for ourselves, especially when difficult choices must be made.

Integrity – grant us O Lord a holistic vision of health care that tends to the whole person as an integration of body, mind and spirit, and that we make all our decisions congruent with who we say we are.

Leader


These are the Covenant Health values to support all our financial, operational and strategic planning efforts to discern a path together, together in partnership with Alberta Health Services and those we serve. Our values are our fundamental reference points by which we will see our way forward during these challenging times. They are a lamp for our feet and a light for our path.

All

Jesus, healer of all, help us to be a partner in your healing ministry, finding ways to enhance the life and wholeness of others. Link our passion with courage and our caring with persistence that we may find innovative ways to enhance the lives among us and those we serve. Make us one people a community entrusted with your covenantal love. Amen.

APPENDIX Q

ORIENTATION PRESENTATION

<i>Healing the Body Enriching the Mind Nurturing the Soul</i>	
 <div style="display: inline-block; vertical-align: middle;"> Covenant Health </div>	<div style="text-align: center;"> <h1 style="margin: 0;">Covenant Health</h1> <h2 style="margin: 0;">Mission Discernment Tool</h2> <h3 style="margin: 20px 0;">Research Summary and Orientation to Tool</h3> <p style="margin: 20px 0;">Gordon Self VP Mission, Ethics and Spirituality</p> <p style="margin: 20px 0; font-size: small; font-style: italic;">Compassionate care led by Catholic values</p> </div>

 <div style="display: inline-block; vertical-align: middle;"> Covenant Health </div>	<div style="text-align: center;"> <h2 style="margin: 0;">Project/Dissertation</h2> <p style="margin: 0; font-size: small; font-style: italic;">Compassionate care led by Catholic values</p> </div>
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- Integration of doctoral work in organizational decision-making and discernment
- Develop a tool to support leaders in major decisions – a preventative ethics strategy
- Widely used in US Catholic health care systems
- Some previous experience with discernment within Caritas – opportunity for Covenant Health



Covenant Health

Methods

Compassionate care led by Catholic values

- Utilization-focused program evaluation theory – relevance/utility from perspective of primary intended users of the tool
- Mixed qualitative and quantitative methodology
- Research window: June – September 2009
- HREB and St. Stephen's Research Ethics and Covenant Health Administrative approvals

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Covenant Health

Confidential Structured Interviews

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- Targeted 51 senior leaders, including board
- Interviews taped and coded for thematic content
- Security of data ensured; erase after 5 yrs.
- 35 interviews – 68.6% response rate (37 hours)
- 84.6% combined SLT/Exec Directors

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Coded Themes

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- 77 themes (distinct and overlapping)
- 10 top themes, several approximating level of data saturation
- Differing views regarding hands-on workbook versus short-form policy level style
- Observation regarding workbook preference

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Discernment can help us...

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- 1. Own/manage power differentials, COI's
- 2. Have confidence in making tough decisions
- 3. Mitigate pressure of time, tyranny of the urgent
- 4. Compel us to make a conscious decision
- 5. Communicate the rationale for tough decisions

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Discernment can help us...

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- 6. Hold one another accountable using common tool
- 7. Be explicit in naming our values/intentional choices
- 8. Make consistently balanced decisions
- 9. Clarify the question & accountability for decision
- 10. Support formation of leaders in Catholic health care and instill a discerning culture

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Prototype Tool

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- Integration of feedback; multiple review of tapes
- Balanced preference for both policy overview and workbook style
- Key features:
 - Triggers for use using colour coded matrix
 - Discernment pathway
 - Values and personal reflection questions
 - Application and facilitation guidelines
 - Documentation template

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- Administered by Organizational Development (who also helped develop/test interview and survey questions)
- 17/51 respondents; 33.3%
- Only minor changes to prototype tool identified



ON-LINE SURVEY RESULTS NORMALLY REPORTED HERE (SEE APPENDIX L)



- Perception of time required to use tool
- Unclear expectations regarding when to use
- Need to ensure adequate orientation to the tool
- Lack of awareness of demonstrated benefits
- Commitment by organization regarding its value



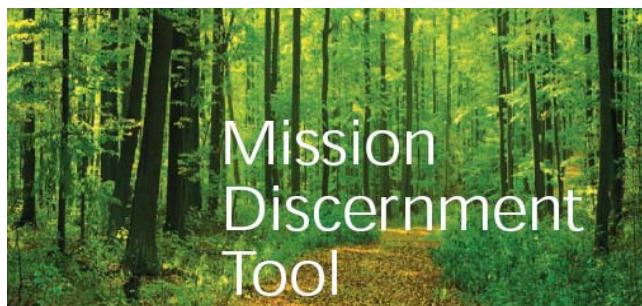


- Initial soft launch to support deficit reduction. Rolled out at Fall Leader's Retreat
- Orientation sessions planned, including ongoing coaching/facilitation support, CLP2
- Not the only tool to support good decision-making, but an important one.
- A preventative ethics strategy to mitigate moral residue

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- Electronic copy of tool and word template available on Covenant Health website
- http://www.covenanthealth.ca/resources/Mission_discernment_template.doc



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- A process to help Covenant Health leaders make good decisions in alignment with our mission and values
- Applicable to clinical, operational or administrative issues
- Used specifically for those decisions that can:
 - Significantly impact the lives of those we serve
 - Affect our reputation as an organization (positively or negatively)

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- Decision-making – considering one preferred choice among two or more competing options
- Decision may be about either the end sought, or the means to achieve it
- Behind every choice are implied values (what we consider important). No decision is value-neutral
- Discernment, however, brings an intentional focus on the values underlying each choice. From the Latin, *discerne* – “to sift or distinguish”

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- Some issues call us to **STOP** to take sufficient time-out to weigh all the different aspects of the issue until mission due diligence is complete.
- I.e., issues that:
 - Pose a legitimate risk to our reputation and those we serve
 - Risk harming others or the environment
 - Threaten our financial viability or survival
 - Conflict with the *Health Ethics Guide* or risk scandal/litigation
 - Threaten our Catholic identity and relationship with the Church
 - Involve opening or closing of major programs/services
 - Contemplate mergers, acquisitions or major partnerships
 - Divesting of facilities or property
 - Require our attention for unresolved mission-critical issues

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- Some issues raise questions of doubt and uncertainty that call us to **SLOW DOWN** or proceed more cautiously before making a decision.
- I.e., issues that:
 - Require a major commitment of human resources, financial commitment for success
 - Require focused attention to ensure a balanced review of all possible options and stakeholders
 - Involve recruitment and selection of key board, leadership and clinical positions who impact the reputation of the organization
 - Require the investment of time to generate a solution or strategy that will add value to the people we serve
 - Involve significant political, funder, donor or community pressures that conflict with our values

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Triggers

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- Some issues may benefit from discernment to support the communication or implementation of the decision when we generally already feel confident to **PROCEED**.
- I.e., issues that:
 - Require assurance that an option is aligned with the mission and values
 - Require an ethical framework to better communicate the rationale for a difficult but quickly arrived at decision
 - Require sensitive and multiple communication strategies
 - Need to strengthen confidence and support for an already perceived opportunity
 - Strengthen other due diligence or business case plans with a mission and values framework

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Application and Timing

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- Meant to be part of the business case proposal, root cause analysis, financial planning or other due diligence process
- Should complement the various processes with the added benefit of ensuring a balanced decision and to help make our values explicit.
- Should be employed earlier on in the process, not tagged on at the end to “bless” a decision already made
- Can be adapted without having to employ a formal discernment process. The reflection questions themselves can serve as a check-list.

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Role of facilitator and participants

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- No one set process. Can be led by internal or external facilitator, or by a team's usual chair
- Can be conducted within an existing meeting structure or convened in a separate time and place
- Need to determine who needs to be part of the process to ensure all the various perspectives of an issue can be named
- Can serve as an education or formation experience for a team

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Discernment Pathway and Template

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1. Determine the **need**
2. Define the **issue(s)**
3. Acknowledge **reactions**
4. Clarify the **facts**
5. Identify **stakeholders**
6. Weigh options against **values**
7. Propose **alternatives**
8. Make a **decision**
9. Implement and **document**
10. Revisit and **review**

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Towards a discerning culture

Compassionate care led by Catholic values

“Do not be conformed to this world, but be transformed by the renewing of your minds, so that you may discern what is the will of God – what is good and acceptable and perfect.”

Romans 12:2

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