

Sister Roch's thoughts in regard to compassion were drawn from a book entitled Compassion A Reflection on the Christian Life by Henri J.M. Nouwen, Donald P. McNeill and Douglas A. Morrison.

There's limited time, so what I do want to – what I wish we could do is have is a conversation, because as Margaret Wheatley says in her book, Turning To One Another, conversation is the natural way that humans think. And we don't have enough conversations. In fact, my image of us often is that we are all standing next to one another looking at Washington so often to give us what we need, as opposed to turning to one another and saying how do we do this together? Bill Petasnick commented on that in the give and take that took place at his installation as Chair – it's at the local level that we speak.

So in my own reflections, there are three things that I wanted to share with you today. Before I do, I might tell you the struggle I had to come up with a title for these reflections. I ended up, as you know, with *Habits of the Heart*, and I know that's the name of a book and it's one of my favorite books. I was thinking in terms of a question that was put to us as religious women during this past year in the United States. The question was put to us by a woman thinking of possibly becoming a member of a religious community, and her question was: Will this planet be any better because religious life existed? That's a good question for us to look at. Will this planet, will the United States be any better because health care systems existed? That would be a good conversation. Another book, Prophetic Imagination, is written by a Protestant scripture scholar who takes the issues within scripture to take a look at the social issues of today. He said, what was needed in the past, particularly in the Hebrew scriptures, and what we need today are people who are prophets, who take a look at the royal consciousness that exists, and who ask how do we begin to change that, to rock and change the status quo that is there? What we heard Kevin, on behalf of the Board, say to us Sunday is, you put out a vision of where you

want to go, you know the issues you need to address, you maximize the people around you, you add education around it, and then you move forward. The downside, he says, is that most prophets are eliminated. But I think we have to bear in mind, we are prophets, not people proclaiming doom. What we're saying is, if we don't change, this is what's going to happen. So I chose *Habits of the Heart* because if we're going to make the difference, and we are, and if we are going to be able to profess for the future and change, we have to have certain habits of the heart, and that's what I'm going to reflect on with you for a little bit.

It's around three questions. One is why does the health care enterprise exist? The second one, who are we as a health care enterprise? And thirdly, how are we as leaders in the health care enterprise? And so why are we in the health care enterprise?

In the book, *Built to Last* by Collins & Porus, they take 12 myths about institutions or enterprises that are built to last. In the introduction of the second edition of that book, Collins asks, what are 12 attributes of an organization that deserves to continue to exist? And of the 12, the most fundamental one is they know from the top of their head to the soles of their feet what their core ideology is. There are two parts to a core ideology. Number one, you know your guiding star that pulls you forward, what stirs the fire in your belly, why you exist, what your purpose is. The second aspect of a core ideology is that you have certain, very few, guiding principles, aspects or convictions that you will not violate for short term financial gain or any short term advantage. I would propose then for us in the health care enterprise in the United States, our core ideology is as follows: that our purpose or our guiding star, the only reason that the health care enterprise in the United States exists – and it's true whether you're faith based, investor-owned, public or community – if we're in the health care enterprise, no matter what our other identity may be corporately, we exist solely to serve.

There is no other reason why we exist, not for ourselves alone, not to get ahead, not to become the star performer of any place, we exist to serve. That has to be rooted in us, even as we move forward with whatever we're doing to transform health care, we have to keep coming back, to what's our guiding star? And if we get off the track, we're not going to be true to who we are. I propose the two non-negotiables that I would put out, is that first to the best of our ability our services will be safe. That's fundamental for us. The second one is that our services will be beneficial, exactly what people need, no more individually and no less.

As a side bar comment, I shook up the members, the leadership of our health ministry in our system, about two years ago. I said let's drop the word quality. What? I said, you know, let's drop it because I think we shade ourselves. You think about quality, what do you think about, using technology, being on the cutting edge. But it's hollow unless we're safe and what we do is beneficial, not necessarily the latest technology. So I think those are two fundamental aspects about us that we cannot violate if we're true to why we exist. They have to be driving forces when we're setting our budgets, doing our strategic planning, whatever it might be, and our boards are going to say, what will this do for us in safety? What will it do for us in the area of beneficial care, not just in our institution, but in the communities where we serve? Another personal example is when we got into this whole safety issue, as I reflected on my own experience as a CEO, I'll tell you, safety was not top of my list when we were doing budgeting. A specific example came to me one year. The anesthesiologists were going to replace all the anesthesia machines. And what did I say? Half this year, half next year, budget. But if they all needed to be changed for safety, I should have done it all. I didn't think of that. It's easy to slip into that – holding that healthy tension. So, that's why we exist, we exist to serve, and our services must be safe, and they must be beneficial.

Then who are we? What I would propose for us is that we are a community of communities in the health care enterprise, that we are not a family. We have chosen to come, freely chose to be involved in this health care enterprise, and we have been chosen because of the gifts and talents we have. When we are a community, we are bound together by a vision and a mission that stirs us. And we're not only bound together that way, we hold ourselves accountable personally or institutionally, and we hold one another accountable to our non-negotiables, to our core values. We are bonded together, we are a community. The American Hospital Association and the American health enterprise is a community of women and men, gifted to follow that vision, and we're going to walk the talk and hold one another accountable. But we can't get done on a national level, it has to be done at the local level. Bill Petasnick referenced that in his response to a question from the floor the other day when he said it takes place at the local level.

I was struck by, and I don't mean this critically, of the picture on the front of Hospitals & Health Networks where it said, the hospital needs to connect with its community. What we ought to be saying is the hospital as a community of service locally should have the face of health care within the community. As Rich said, we'll connect with other people as well, but in our locales, do you they see us as a community of health care? Women and men who are committed to saying this is the face of us out here and we do it together. We don't do that very well, it's a challenge for us. We are all bent on achieving why we are there as an individual. But as long as there are institutions that are separate, people will fall between the cracks, and so we are a community.

How do we begin then to turn to one another and start talking about what's dearest to us, and how do we form a community vision at the local level, at the regional level, that people see

us differently, and that we are true to who we are? I recall, this goes back a number of years when I was still on the Board of AHA, and some of you may recall this, we had *Reality Checks* at the time. One of the questions asked was what are the institutions that you really admire, that you trust, in your local community? Hospitals weren't there at all, we weren't there, except in the smaller rural areas. And when you think about that, the face that we have is that we are cold corporate people out for ourselves, and so we have to have our boards and others come together, work together, we cannot do it solely by ourselves as institutions. So our challenge, I think, is to be true to who we are, the community of women and men truly gifted to achieve this, knowledgeable about it. So how then do we begin to work together?

Now what I've said – this other place they say, well, Roch, you've been out of the leadership role too long. Maybe that's good. Maybe when we're in the leadership role we can't think out of the box. And I know it's not easy to do. We've got all the various groups like the physicians and other health care organizations that we have to work with, but as leaders, how do we make sure that we come together as a community and we are a more permeating presence? How do we come together to respond, to serve the needs of people? As Kevin kept saying the other day, we are going to have to raise the bar. That's going to be a real challenge for us locally and regionally.

Then the third aspect is how are we as leaders? How do we go about doing this? I would say that we are called to be and participate in transformational leadership. Now, we've done a lot of changing of health care, but we haven't transformed it. In many ways we are still the same. If you look up the word in the dictionary, when you transform you move from one place to another place, you step out from where you are and you take another stance, you look at it differently, you see differently. And another definition of transform is that you release power

and great potential. So if you think about it, we've done a lot of tweaking on the edges of health care, but transforming means we get at the core and we move to another place. One example that comes to me in that regard, is Mother Theresa, and how everybody holds her up. I don't know how many know her story. She was a member of a religious community that taught in a very elite school, they had a wall around them, you know, very, very private. I don't know how often she went into New Delhi to take care of whatever she had to take care of, but she said one day I saw what I was looking at for years. And she left that community and formed a new one. So it's seeing differently. Transformation causes us to see differently, and then to move to another place. For transformational leadership, I would propose that there are two elements to it and an indispensable discipline. First of all, if transformational leadership is going to change anything, we have to have who we have in this room and others, women and men, who have the ability to see and say it can be different. We have to have the will and the drive and the ability and skills to begin to bring about effective, substantive change in systems, structures and services. That's what we've been talking about here these last few days, the agenda of what we need to bring it about. And we've been talking about that for years, long before even any one of us were involved in health care. But for truly transformational leadership to achieve what we're about, we need the second element of transformational leadership, and that is, women and men who themselves are willing to be transformed, women and men who ask how do we go about it? Letting ourselves be transformed is when we can enter into the struggle of what we are about, and be willing to be shaped and changed by our experiences. I think we're transformed, mainly, when we're confused. If you're having success all the time, then keep doing it the way you've always done it. But if we're not being successful, we're confused, we're dealing with ambiguity. There's a sense of failure when you step back and say, what's really happening when we're not

so sure of ourselves, when we can enter into it and say how do I need to change, how do we need to change in how we relate and how we serve? I think if you look at your own life in your experiences in leadership, how have you been transformed by your experiences, or are you still singing the same song you always sang? One example of this is, the other day, someone was telling me something about how there's no such thing as wind chill factor, I never heard it when I grew up and we don't have it now, you know, we don't. Are we so set in our ways that we cannot be shaped and help others be shaped? That we change, that we can turn to one another and listen? That is the key aspect of it. We can change a lot of things, but if it's going to be sustained, we have to be changed.

And that brings me to my third point in regard to transformational leadership – and this is my final part – the indispensable discipline that will shape how we serve and sustain us as a community of communities in service is that of compassion. Now, compassion we usually think of as empathy of the heart. I feel sorry for you, it's a bedside kind of manner, I'm gentle with you, I feel with you. Those are expressions of compassion. But compassion is much more than that. Compassion, if you go to the original definition, is with passion, with patience. That doesn't mean before you can have passion we sit around and twiddle our thumbs, that's how we think of patience usually. But compassion as patience is the opposite of being impatient. You know, if we're really going to be transformational leaders, then we have to be people of very great patience so that we can enter into what's going on and not fight it nor flee it. One of the best descriptions of compassion that I have read is by Wendy Farrell, she says, compassion is a mode of relationship, it's not just an instant feeling, it's how we always relate, it's our style. So it is a mode of relationship, it is also a power and an energy, it's the fire in our belly that does what? That makes us recognize and respond, we're propelled to action to respond to needs, to

problems, to suffering of others, and we do it now, we don't wait until next week. And so then how do we as leaders, if we're going to go forward as compassionate people, how do we go about doing that, what does it look like for us? I'll give you a couple examples, these come from a book entitled *Compassion*. For us as leaders, for us to be able to be women and men of compassion, we have to be able to sustain the pain of bringing about change. A leader frequently is one who can start something, but a transformational leader is one who can stay with it all the way to the end. We are compassionate in our leadership when we don't fight the issues and we also don't run away from them, we keep our feet to the fire. We aren't impatient with it. We do this by overcoming fear of controversial issues with a strong, non-destructive presence. We are compassionate when we welcome criticism and are willing to change, as appropriate. It means a willingness to be influenced when this requires giving up control or giving up something that is very familiar, that we move to another place. Compassion is embracing and entering into – I really like this – the thick of life and fully extracting the joys, the sorrows and the struggles. So compassion is really, I would say, the paseo of entering into, knowing what's going on, you're not controlled by it, you don't run away from it, but we enter the struggle and we don't leave it. Compassion is not achievable, or rather, our transformation is not achievable unless we are women and men of compassion, that deep ability to work together and to turn to one another. We are not independent, solely strong people by ourselves. And so compassion shapes how we're going to serve. Compassion is what will sustain us as a community.

And so back to my questions of what would I title this? If we live as transformational leaders and know why we exist, who we are, and how we're to do it, we're really going to make a difference, and I think we are already. We then will be able to really make our prophetic imagination real and, hopefully, still be around to be able to achieve it. And so may these habits

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of the heart remain with us, and may we remember this tradition about us, that we are called to serve, we are not here for ourselves. One last phrase I'd like to put out, because I think in health care, among other places, we forget this. "We are called to serve, we're not called to be slaves. Slaves never take a day off, they don't get one. So take some time off, be a servant, not a slave."

Thank you.