Theses and Graduate Projects

6-8-2001

Mission, Vision, Values, and Spirituality: A Case Study

Jean Kelly
Augsburg College

Follow this and additional works at: https://idun.augsburg.edu/etd

Part of the Leadership Studies Commons

Mission, Vision, Values, and Spirituality: A Case Study

Jean Kelly

ML597: Independent Study
Advisor: Beverly Nilsson
Reader: Norma Noonan

Submitted in partial fulfillment of the
requirement for the degree of
Master of Arts in Leadership

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA
2001

MASTER OF ARTS IN LEADERSHIP
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

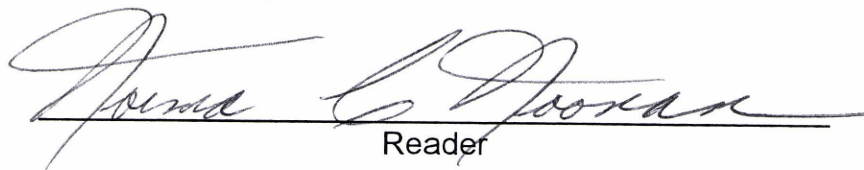This is to certify that the Non-thesis Project of

Jean Kelly

has been approved by the Review Committee for the Non-thesis Project
requirement for the Master of Arts in Leadership Degree.

Date Non-thesis Completed: 6 /8 /01

Committee:

_____
Advisor

_____
Reader

ABSTRACT

Mission, Vision, Values, and Spirituality: A Case Study

Jean Kelly

2001

ML597 Independent Study

Almost every organization has published mission, vision, and values statements. Corporations, volunteer organizations, foundations, and even some families have formulated their own unique mission statements to proclaim their purpose, their reason for being, what they stand for, believe in, and aspire to be. Mission, vision, and values are an attempt to identify, in the simplest terms possible, what is at the heart of the organization--what it is about, what it values, and what it hopes to accomplish. It is within the mission statement that the spirituality of the organization is centered.

This is a case study of one organization—a non-profit, integrated healthcare system. While this organization was once affiliated with the Protestant faith, it no longer has that religious tie. Yet its values are very spiritual and influence almost every aspect of organizational life. This case study explores the mission, vision, and values of the organization, analyzes the organization's behavior related to its stated values, and shows a clear link to spirituality and leadership.

TABLE OF CONTENTS

Mission, Vision, Values, and Spirituality: A Case Study

Mission, Vision, Values, and Spirituality: A Case Study

Almost every organization has published mission, vision, and values statements. Corporations, volunteer organizations, foundations, and even some families have formulated their own unique mission statements to proclaim their reason for being, what they stand for, believe in, and aspire to be. Together mission, vision, and values illuminate the deeper meaning of the organization's work and the greater good that a company hopes to accomplish. For some organizations, the mission statement is a collection of grandiose words used to justify the real fiscal purpose of turning a profit. But for most, they are a sincere effort to express the organization's commitment and purpose.

Mission, vision, and values are an attempt to identify, in the simplest terms possible, what is at the heart of the organization--what it is about, what it values, and what it hopes to accomplish. It is within the mission statement that the organization identifies its core values, and the vision statement paints a picture of where the organization hopes to be in the future. The mission, vision, and values are at the very core of the organization. It is where the organization's spirituality is centered. "Mission is the heart and soul of the organization…It is the manifestation of organizational spirit, the expression of what it deems to be important" (Conger & Associates, 1994, p. 92).

This is a case study of one organization—a non-profit, integrated healthcare system. This organization keeps its mission, vision, and values at the forefront of its collective consciousness. It is guided by its core values, which are

publicly proclaimed, yet the spirituality of these values seems to be invisible to employees and customers. The spirituality in its mission, vision, and values statements may be transparent, but that spirituality does exist.

While this organization was once affiliated with the Protestant faith, it no longer has that religious tie. Still, its values are very spiritual and influence almost every aspect of organizational life. This case study will explore the mission, vision, and values of the organization, analyze the organization's behavior related to its stated values, and show a clear link to spirituality and leadership.

The first section of this paper will describe the organization as it exists today, detailing its mission, vision, and values statements. The second section of this paper will explore the concepts of individual and organizational spirituality. Next, the five core values of the organization will be examined, using practical examples to link them to spirituality and leadership. Since this case study has definite applications for leaders, the final section will include a discussion of lessons and implications for leaders.

Metro Health System

Metro Health System (not its real name) is a nonprofit, integrated care delivery system located in a major metropolitan area in the upper mid-west. It includes a 426-bed community hospital, twenty-five neighborhood clinics, the Metro Foundation, and Metro Institute. Retail operations include nine optical stores, two hearing aid centers, three home care products stores, and twelve

pharmacies. Metro Health System employs 6,800 people serving a wide variety of patients across the metropolitan area.

Metro Hospital is one of approximately twenty area hospitals. It is the seventh largest in terms of operating revenues and admits 23,000 patients annually. Metro Clinic is one of the largest multi-specialty clinics in the United States, with over 700 physicians and clinical professionals. Clinic and physician visits total 1.4 million per year. Metro Foundation, the philanthropic arm of the organization, exists to build healthy communities by responding to and supporting programs to meet those communities' needs. Metro Institute engages and encourages innovation, research, and education related to health care.

It is necessary to point out that I am an employee of the organization I am studying. This has certain advantages. Because I have worked in the organization for almost six years, I have access to the organization's senior leadership and others involved in crafting and living the mission statement. I also have the opportunity to observe employees and have many practical examples of individual and organizational behavior related to the stated values.

However, personal bias is a factor in this case study. I am the Operating Room Nurse Manager at the hospital. I am influenced by the organization itself, and as a leader, I have an obligation to support and exemplify the mission, vision, and values of the organization. As belief and behavior are inextricably linked, it is at times easy to project my values onto the behavior of others. In this study, I have tried to be as objective as possible, using not only my own

examples, but also examples the organization cites as supportive of its mission, vision, and values statements.

The leadership implications of this case study are especially pertinent to me, as they relate directly to my employer. However, the lessons and implications for leaders suggested by this case study can be practically applied in many other types of situations and organizations, especially when looking for organizational spirituality in the mission, vision, and values statements.

<div align="center">Spirituality</div>

Individual Spirituality

"Spirituality" is as difficult to define as "happiness." Most of us recognize spirituality in ourselves and others, yet find it difficult to describe because of its personal and emotional nature. It is important to recognize that spirituality exists in each person (Allegretti, 2000; Conger & Associates, 1994; Holt, 1993; Chopra, 1994). Though inherent in each of us, spirituality is as individual and unique as personality. The inner spiritual aspects and the external expressed behaviors related to spirituality are different from person to person.

Spirituality may be influenced by religion, but the terms should not be used interchangeably. It can be said that all religion is spiritual, but that not all spirituality is religious. For some, spirituality and religion are synonymous, but for most, spirituality has a much broader meaning. "*Religion* for many people connotes an established system and institution, whereas *spirituality* implies

personal involvement...and is more clearly inclusive of daily life in the world" (Holt, 1993, p. 5). Religion implies rules. Spirituality implies personal values.

Spirituality, therefore, is personal and everyday. It is individualized and unique in each person. These descriptors help in the identification of spirituality, but they don't tell exactly what spirituality is. For that, a definition is helpful, and there are many. Allegretti (2000) writes that spirituality is a

> kind of shorthand for the deepest urgings and impulses of the human self. Spirituality is what gives meaning and depth to everyday life. It encompasses our need for creativity, our desire for self-expression, and our hunger for love and for service (pp. 3-4).

Conger and Associates (1994) state that "spirituality gives expression to the being that is in us; it has to do with feelings, with the power that comes from within, with knowing our deepest selves and what is sacred to us...Spirituality is very much of this world" (p.9). Like Holt, Conger sees spirituality as an everyday phenomenon. It is common, yet dear. It is not displayed only on Sundays, but experienced and lived daily.

Handy (1998) quotes the Department of Education in Britain, defining spirituality as "the valuing of the non-material aspects of life, and intimation of an enduring reality" (p. 102). The concepts of common values, of the eternal and cyclical nature of life, of community, and human connectedness are implied in this definition of spirituality. It encompasses ethics, morals, and the determination of right from wrong. It includes the valuing of family, happiness, kindness, altruism, and respect. It is the goodness in each of us.

Spirituality can also be described as "those attitudes, beliefs, practices which animate people's lives and help them to reach out towards super-sensible

realities" (Wakefield, 1983, p. v). Spirituality is not just an internal process or focus. Attitudes and beliefs lead to practices of reaching out to others. Alegretti (2000) echoes this sentiment. He recognizes the resurgence of what he calls "New Age spirituality" and criticizes it for emphasizing individual self-actualization and ignoring the "social dimensions of the spiritual life. True spirituality...is more than a matter of prayer, contemplation, and meditation—it's equally a matter of love, service, and compassion" (p. 138). Clearly, spirituality includes inner reflection, but it also requires reaching out to others.

There are commonalities in these definitions. First, spirituality is individual and internal. It is centered in a person's values, morals, attitudes, and beliefs, and includes a search for meaning. Secondly, spirituality requires an outward focus. It is manifested through concern for others and activities that are consistent with the individual's morals and values. It is assuring that there is alignment between internal beliefs and the external behavior.

Organizational Spirituality

Spirituality exists in all people. Since people are spiritual, it may be possible for groups of people, i.e. organizations, to be spiritual as well. Though not always easy to see, the spiritual side of an organization is reflected in the mission, vision, and values statements. Mission, vision, and values are "the manifestation of organizational spirit, the expression of what it deems to be important" (Conger & Associates, 1994, p. 92). In the mission and vision statements, the organization shares its dreams for itself, its employees, and its

customers. It is where the company states its purpose. Conger and Associates (1994), Leider (1997), and Handy (1998) each state that the search for meaning and purpose is a spiritual activity.

Like individual spirituality, organizational spirituality requires an inward focus, a hard look at what the organization truly stands for, and an examination of the basic purpose for its existence. This reflection should also include a look to the future. Assuming the organization is successful, it needs to identify what it is working towards. There are many ways to get at this information, but regardless of which way is chosen, formulating mission, vision, and values statements is important and difficult work.

Creating mission, vision, and values requires concentration and commitment. It mandates a serious and exhaustive look at the core of the organization, recognizing its strengths and weaknesses, and determining what it values most. Formulating the mission, vision, and values is taxing, but actually move from theory to practice is much more difficult. If the organization is serious about its mission, vision, and values, it must assure that they become more than mere words—that they become attitudes, morals, and values that guide decision making, and that they translate into recognizable behavior consistent with the identified organizational values. Moving from the plan to the action is where many organizations fail. They do not live their values, and their spirituality is not complete.

Mission, vision, and values are an integral part of Metro's identity. The Hospital, Clinic, Foundation, and Institute share common goals as part of Metro

Health System. Metro states, "Our mission is to care for and support the health, healing and learning of those we serve." Its vision is to "be recognized as the most trusted and recommended source of personalized health care." Metro claims, "Our decisions are guided by our mission, vision, and values, depicted by the Diamond." The points on the Diamond represent the values of Care, Service, Stewardship, Joy, and Learning, as illustrated in Figure 1 on the following page.

Metro's values permeate the organization at every level. They are on the back of each staff nametag. Internal web pages are called "Facets," in reference to the gem-like qualities of the Diamond. Departmental and individual goals or initiatives are expected to relate to one of the points of the Diamond. Job tasks on performance evaluations and job descriptions are organized by the corporate value to which they relate. "The Diamond Award" is an internal annual award given to a team whose efforts best support the values depicted by the Diamond. This coveted award requires a rigorous application process and each entry is judged against the organizations core values.

Metro makes an effort to keep its mission, vision, and values at the forefront of its collective consciousness. The organization is guided by its core values, though the spirituality of these values seems to be invisible. Perhaps recognizing the spirituality in organizations requires a paradigm shift. Individuals who live their lives according to personal beliefs, morals, and ethics and who value dedicated service to others are viewed as spiritual.

Figure 1. Metro Health System's mission, vision, and values statement.

Mission, vision, values

CARE

SERVICE LEARNING JOY

STEWARDSHIP

Mission
Our mission is to care for and support the health, healing and learning of those we serve.

Vision
Metro Health System will be recognized as the most trusted and recommended source of personalized health care.

Values
Our decisions are guided by our mission, vision and values, depicted by the Diamond.

Care is our commitment to achieve the best possible outcomes for our patients and to adhere to the highest professional standards.

Service is our commitment to delight all those who experience our services whether patients, purchasers or colleagues.

Stewardship is our commitment to improve the health of our community and to make prudent use of resources that the community has entrusted to us.

Joy is our recognition that excellent health care is delivered when people are proud of their work and of their colleagues.

Learning is our commitment to expand knowledge through research, education and innovation to create better health.
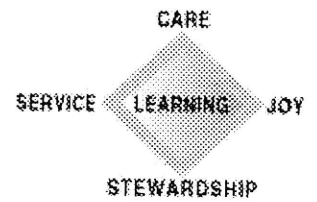
Spirituality, however, is not a word often associated with organizations, like Metro Health System, that align their actions with their values. It requires a heightened awareness to recognize the spirituality of an organization.

Perhaps Metro has learned what many organizations are just beginning to see—that spirituality in the workplace has intrinsic value. Judi Neal said,

> Something has been stirring in people's souls—a longing for deeper meaning, deeper connection, greater simplicity, a connection to something higher. This is a broadly felt hunger throughout society, and one of the places it shows up is in the workplace (Oldenburg, 1997, p. D5).

Values

Values are an important part of spirituality. When spirituality is incorporated into the mission, the organization's core values become apparent and can be used to guide decision making. These values can also be used as an internal standard, against which performance is measured and compared. Covey (1991) uses the word "principles" to refer to "self-evident, self-validating natural laws" that remain constant and unchanging (p. 19). They provide direction or guidance to individuals and organizations. "They surface in the form of values, ideas, norms and teachings that uplift, ennoble, fulfill, empower, and inspire people" (Covey, 1991, p.19). Values, when used to guide behavior, can help an organization remain true to its mission and true to itself.

As stated above, the core values of Metro Health System are Care, Service, Stewardship, Joy, and Learning. These values guide the organization in all that it does. In the following section, I will explore the each of Metro's core

values, looking for the spirituality present in each. Metro's explanatory statement for each value is listed in italics.

Care

Our commitment to achieve the best possible outcomes for our patients and adhere to the highest professional standards.

Health<u>care</u> is obviously an industry in the business of caring. Caring is "the act of conveying individualized or person-to-person concern or regard through a specific set of behaviors" (Issel & Kahn, 1998, p. 44). It is responsiveness to others and part of a therapeutic relationship. Kreyche (1993) credits French philosopher, Gabriel Marcel for pointing out that "caring is making oneself available to others, putting oneself at their disposal without somehow invading their privacy" (p. 98). Kreyche also refers to Immanuel Kant's belief that caring is a "disinterested duty which, when done for the sake of reward, loses its ethical nature" (p. 98). Kant believed that caring was in the realm of ethics, which links caring to spirituality.

There is also an aspect of health care that relates back to the Christian virtue of visiting and caring for the sick. Hospitals and clinics provide the technical care of disease prevention and treatment, but also provide personal care, emotional care, and spiritual care through the variety of services offered.

Healthcare workers believe in the value of care. It is the predominant commodity or service they provide to a community. "Caring is a professional norm and value held by health care professionals, including physicians, nurses,

pharmacists, physical therapists, and social workers, among others" (Issel &

Kahn, 1998, p. 43). Quality patient care is a strongly held tenet, and one that is

frequently cited when cost cutting of any type is discussed.

Research has shown, however, the possibility of significant cost savings

by organizations that foster and enable practitioners to engage in caring

behaviors.

> The caring attitudes of health care professionals such as doctors, nurses,
> pharmacists, physical therapists and social workers have economic value to
> health care organizations through the effects on patient satisfaction, physiology,
> self-disclosure, self-esteem, and subsequent application of medications,
> laboratory tests and procedures (Issel and Kahn, 1998, p. 43).

Like most organizations, those in healthcare must make money to ensure their

ability to function into perpetuity, and yet without a higher purpose, these

organizations lack soul. "The only justifiable purpose of a business is to create

and add value, to make something happen that wasn't there before, or, if it was

already there, to make it better, or cheaper, or available to more people" (Handy,

1998, pp. 147-8). Metro hopes to do this through its own brand of personalized

care.

Care at Metro Health System. Care is an important and prominent value

of Metro Health System. Care is the first point listed on the Diamond, and Metro

believes its way of caring sets it apart from its competitors. Metro Hospital

recently won national recognition as a "100 Top Hospitals" winner awarded by

HCIA-Sachs Institute. Metro Health System won the American Medical Group

Association's Acclaim Award for outstanding improvement in care quality in 1999

and 2000.

Each year, Metro's organizational goals include formal and documented Care Improvements. In each of the last three years, Metro has exceeded the number of improvements it projected. Examples of these improvements include assuring that children's immunizations are up-to-date before they enter school, increasing the rate of patients screened for colon cancer from 56 to 72 percent, and almost doubling the rate of cholesterol screening for those with coronary artery disease. The colon cancer initiative won Metro Health System the 2000 Excellence in Quality Silver Award.

There are those who believe that the caring part of healthcare does not matter, as long as there it competence and knowledge. "I don't care if a professional cares about me. My concern is whether that person is competent. In a very real way, that competence is the finest evidence of real caring a person can give" (Kreyche, 1993). While very different from the other definition of care discussed above, this particular view of care is also supported by Metro's commitment to professional standards and the core value of learning, which will be discussed later.

Caring Leaders. There are numerous leadership implications related to the spirituality of care. First, leaders must assure that staff is well cared for themselves. Leaders must provide care for the caregivers and lead by example. The individuals within the organization must demonstrate care, but organizations also need to be caring. Issel & Kahn (1998) compare care to a bank account. People are able to care for others as long as their care account has something to draw from. But given too many withdrawals and not enough deposits, health

care workers can go into a state of debt. Practitioners may require caring from others within the organization to bring their care account back into balance. Leaders are key in providing this care and support.

Without that support, "caring fatigue" (Olcott, 1992) or burnout comes into play. When problems seem unsolvable, when issues are too emotional or when staff becomes overwhelmed, the risk of caring fatigue increases. At these times, leaders must provide additional care to and for their followers.

The alternate definition of caring requires competence as the ultimate form of care. Leaders must assure that their staff is competent, professional, and available to their patients. They must foster an organizational culture that embraces caring on all levels.

Service

Our commitment to delight all those who experience our services, whether patients, purchasers or colleagues.

The commitment to service overlaps with the value of care. Mayer and Cates (1999) discuss health care providers' differing views on customers and patients. They conclude that the more horizontal the individual, the more likely they will be seen as patient. Those who are ill, get more care. Those who are not so ill, get more service. They contend that individuals need both and that practitioners should develop a service diagnosis, in addition to a care plan, to ensure that the patient's/customer's service needs are met. Mason (1998) states

that, "customer service is any action that results in customer satisfaction" (p. 31), and that action should certainly include caring behaviors.

Customer Service. Service does, however, extend far beyond care. Customer service includes respect, honesty, and fairness. It calls for attention to detail, kindness, support, flexibility, tact, understanding, and attentive listening. It is focusing on others, yet requires that individuals and organizations have a firm understanding of who they are and what they are about. A defined and knowable sense of purpose is important. "To provide exceptional customer service, first look to yourself; customer service arises from the clearly defined values within you" (Mason, 1998, p. 31). Employees must have a clear image of the organization in order to project it to others. They must understand the organization's values in order to communicate those values both inside and outside of the organization's boundaries.

At Metro Health System, the value of service is displayed daily. In the year 2000, primary care departments improved access times and met customer expectations for appointments eighty percent of the time. The Emergency Center initiative focused on getting patients from door to doctor in less than thirty minutes, seeing a seventeen percent improvement. Several call centers were established to decrease telephone wait time when calling the clinic.

Wang (2000) argues that length of wait time is not as important as how the customer feels about the wait, citing Disney World as an example. Perhaps this can be simply explained by addressing customer expectations. Patrons of

Disney World usually expect to wait forty-five minutes to ride Space Mountain. Ill patients do not want to delay services that may make them feel physically better.

The leadership implications related to the value of service include fostering an environment for staff that allows for good customer service. Good service adds value to any product (Handy, 1998). Expectations must be clear and attainable. Mayer and Cates (1999) applaud managers for holding staff accountable to customer service excellence, but point out that most have received no formal training in this area. Organizations may need to provide customer service training for their employees.

The provision of "positively outrageous service" is adding the personal touch to interactions with customers, allowing for plenty of "face time", resolving complaints quickly, and incorporating playfulness whenever possible (Wang, 2000). This sounds remarkably like Metro Health System's commitment to delight their patients, purchasers, and colleagues.

Beyond Customer Service. In The Fourth Wave (1993), Maynard and Mehrtens describe the evolution of business paradigms. In the Second Wave, businesses and organizations have a local perspective, with maximization of profits as the primary goal. In the Third Wave, creating value becomes important, with an emphasis on cooperation, trust, and learning. In the Fourth Wave, organizations seek to leave a legacy for the future, valuing service and personal fulfillment of stakeholders. "[Business] will have shifted its self-image to...a primarily serving organization and will act as a leader...focusing on what is

best for all. The model of servant-leadership originated by Robert K. Greenleaf will become the corporate ethos of the Fourth Wave" (p. 55).

That corporate ethos will require the definition of service to be expanded beyond the traditional business premise of customer service. Service will still be directed towards customers, but will now also include colleagues, co-workers, and others within the organization. This service to others is best described in Greenleaf's servant-leadership model (1977, 1991). According to this theory, "the servant-leader is servant first. It begins with the natural feeling that one wants to serve, to serve *first*. Then conscious choice brings one to aspire to lead. Such a person is sharply different from one who is a *leader* first" (Greenleaf, 1998, p. 123). Those who are leaders first may aspire to greatness, material possessions, and power. Those who are servants first assure that the needs of those served are of the highest priority. The servant-leader develops those served and encourages personal growth, so that it is likely the followers will become servant-leaders themselves (Greenleaf, 1998).

In its most basic form, the servant-leader's purpose is simply to serve the followers. "The leader exists to serve those whom he nominally leads, those who supposedly follow him. He takes their fulfillment as his principal aim" (Keichel, 1992, p. 121). Greenleaf's philosophy "revolves on the principle of selfless service to others; a concept which can be practically applied to work and personal development" (Lee & Zemke, 1993).

Service to others is the key component of servant-leadership. Greenleaf's model "emphasizes increased service to others; a holistic approach to work; the

promotion of a sense of community; and a deepening understanding of spirit in the workplace" (Greenleaf, 1998, p. 4). Servant-leadership brings humanity back into leadership, recognizing that balance and spirituality are important in all areas of life.

Leaders can delight those they serve by providing a supportive environment. Parker Palmer discusses the choice that leaders have in creating this environment. "We share a responsibility for creating the external world by projecting either a spirit of light or a spirit of shadow on that which is other than us...We have a choice about what we are going to project, and in that choice we help create the world that is" (Conger & Associates, 1994, p. 24). Palmer is clearly stating that leaders set the tone for their staff. Those who "serve" as leaders, promote service among their followers.

Service to others within the organization can be powerful. Servant-leadership, if practically applied, can lead to dramatic changes in organizations. The leader's responsibility is not only to direct work, but also to serve those who follow. Larry Spears of The Greenleaf Center for Servant-Leadership said, "At its core, servant-leadership is a long-term, transformational approach to life and work—in essence, a way of being—that has the potential for creating positive change throughout our society." (Greenleaf, 1998, p. 5)

<u>Stewardship</u>

Our commitment to give something of ourselves to improve the health of our community and to make prudent use of the resources that the community has entrusted to us.

The values of care and service overlap. Stewardship, too, is inextricably intertwined with the other values of Metro Health System, to include care and service discussed above. Stewardship has many different dimensions. No longer defined only as holding something in trust for another, it is now associated with empowerment, spirituality, community service, and the judicious use of resources. All of these aspects are included in Metro Health System's value of stewardship.

<u>The Steward as Resource Manager</u>. Metro states that stewardship is the prudent use of the resources entrusted to them. The organization carefully weighs the costs and benefits as decisions are made, considering the impact on material, financial, and human resources. In the challenging and ever-changing health care market of the last decade, this has been especially important to hospitals and clinics.

"We are entitled to good care, perhaps the best care, but that does not necessarily mean the most expensive care" (Hawk, 1992). In order to be good stewards, it is important that high cost care and high quality care are not seen as one and the same. This has been a difficult concept for many health care organizations to grasp. It is counter to the cliché, "You get what you pay for," and it is often replaced by a newer phrase. "Why buy a Cadillac when a Chevy will do?" Again, the key here is wise choices. There are times when health care

organizations will choose the Cadillac, but there are other times when cutting edge technology is just another gadget that doesn't add value. Now more than ever, health care organizations must make wise choices when determining where to deploy money, time, and resources.

Metro fulfilled its commitment to this type of stewardship by reducing costs associated with paper driven processes. By going on-line they eliminated almost 20,000 pages of reports printed weekly. The Value Analysis Team within Surgical Services saved an estimated $300,000 through product standardization and practice changes in the year 2000. Revenue processes were streamlined on the clinic side to reduce rework and delays and increase patient satisfaction. These efforts, together with others, gave Metro a $20 million improvement in operating income from 1999 to 2000. In these ways, Metro Health System demonstrates stewardship as the wise use of resources and connects to the concept of stewardship as community service.

Stewardship as Community Service. As a community hospital, Metro Hospital has an obligation to wisely use the resources it is given. This definition of stewardship is also closely tied with Metro Health System's belief that stewardship encompasses community service through improved health care. Metro Foundation recently distributed more than 165 grants totaling $3.3 million to support patient care, education, research, and community initiatives. It also partnered with local schools to open a community clinic providing free health care to children less than eighteen years of age.

Murray and Frenk (2000) describe stewardship's role in the regulation of the health care industry. They see stewardship as a way to set, implement, and monitor the rules for health systems by defining direction. In this sense, stewardship is not only regulation, but also careful system design and evaluation, performance assessment, and consumer protection. "The positive dimensions of stewardship are predominantly tied to its potential of improving...outcomes" (Saltman & Ferroussier-Davis, 2000, p. 735). With this definition, the steward becomes patient advocate and community servant.

Stewardship as Service. Bole (1994, " Biblical stewardship") discusses stewardship in a slightly different way. Instead of resource management or community service, Bole's definition includes giving to others within the organization. "Stewardship is not new to the corporate lexicon. But for a long time, in business as in religion, its meaning has been tied to purely monetary matters; personal and corporate giving and financial accountability", but now that characterization has expanded to include viewing stewards as people who serve and enable others (p. 3). Giving of the self is as important as philanthropy.

In Stewardship: Choosing Service Over Self-Interest (1993), Peter Block brings more clarity to the concept of steward as servant. He sees stewardship as a call to serve.

> Stewardship is a willingness to be accountable for the well-being of an institution. It's a willingness to act without need to control those around us. Empowerment is one element of stewardship. But it has a downside, too. It also creates more pressure, more accountability and more stress. It demands that people think more and offer more of themselves to the workplace than simply coming in and being well-behaved employees (Laabs, 1993, p. 27).

Block's view of stewardship and service require that organizations empower staff, instead of controlling them. It requires that leaders pay attention to relationships. "When it comes to our relationships, what we are is more important than what we know, or even what we do. Even [at work] matters of the heart transcend matters of the mind" (Boyce, 1995, p. 30). In this way, stewardship is very spiritual.

This type of stewardship is also about the belief that economic success and spiritual values are not mutually exclusive. Organizations can have both. "Stewardship taken seriously is not just an economic strategy or a way to achieve higher levels of productivity or to succeed in a marketplace. It is also an answer to the spirit calling out" (Block, 1993, p. 48).

Covey (1991) describes stewardship as "the idea that you don't own anything, that you give your life to higher principles, causes, and purposes" (p. 53-4). He suggests that principled leaders practice stewardship in all aspects of their lives and calls for service to others at work and at home. Novak (1996) echoes this outward focus. "Those practicing it often see business as a way of giving back to society, both through the goods and services it produces and in philanthropy, through the new wealth it generates" (p. 36). The Metro Foundation, as the philanthropic arm of Metro Health System, fulfills this aspect of stewardship.

The Leader as Steward. With stewardship taking on so many different meanings, the leadership implications are broad and varied. As previously discussed, stewardship encourages leaders to empower followers, to understand

that relationships are of primary importance, and to carefully use resources entrusted to them.

With the potential nurses' strike this spring, relationships between nurse managers and nurses at the hospital became extremely tense. In my department, I had many conversations with the nurses. While we disagreed about the issues, we agreed that maintaining relationships was important and resolved to be respectful of each other's positions. We were able to maintain dialogue through the stressful week after the strike was announced, knowing that eventually we would be working together again. The strike was ultimately averted and relationships were strained, but not broken.

Stewardship is about relationships, but also about finding purpose. "The powerful are called to serve by helping others find meaning, purpose and spirit in their work" (Bole, 1994, "Stewardship guru", p. 5). At Metro, managers are encouraged to assist employees find meaningful work within the organization. I have been involved with several employees who did not fit well into my department. Rather than moving them out of the organization, Human Resources assisted me in finding them other positions within the system.

Leaders can also be good stewards by understanding their role as patient advocate, especially in regard to regulation of the health care industry. Giving to others, nurturing relationships, empowering staff, and choosing service over self-interest are all ways that leaders can live the spiritual side of stewardship. According to Block, "Spirituality has to do with meaning and purpose...The practice of stewardship supports that longing in all of us" (Laabs, 1993, p. 29).

<u>Joy</u>

Our commitment to recognize that excellent health care is delivered when people are proud of their work and of their colleagues.

Of all the values espoused by Metro Health System, joy is the most unusual, most atypical, most controversial, and most spiritual. It is the value that sparks the most cynicism from employees and the one that most touches their everyday lives. Lopez (1992) states that joy is "grounded in the people within an organization [and] the task of creating joy belongs to everyone in an organization or institution" (p. 35). It is important to note that the organization is not responsible for providing joy, but that all involved with the organization must take some responsibility for attaining and maintaining a joyful environment.

Joy is truly a spiritual value. Like spirituality itself, it is tied to finding meaning and purpose in life. Leider (1997) states, "Purpose evolves over our lifetime. As it is discovered and rediscovered, it becomes a sense of joy" (p. 140). It is experienced as individuals discover their own spirituality, as they begin to understand their place in the world, and as they find the work and service they feel called to.

<u>Joy and Pride</u>. When I first came to the organization, this point of the Diamond was named "joy and pride." While it has since been shortened to joy, the pride is still there. People want to be proud of the work that they do, and Metro Health System is committed to providing a positive work environment where staff can do what they do best—provide excellent patient care.

The spirituality of values does not suggest that they are counter to business objectives. As suggested above, caring behavior can have positive economic outcomes for organizations. Joy, too, can affect profitability. Oldenburg (1997) recognizes and encourages spirituality in work, suggesting that the resulting joy, meaning, and commitment are good for a company's bottom line. "Joyful organizations produce quality. Fearful organizations produce procedures, rules and punishments. In fearful organizations, people focus on survival. In joyful organizations, people focus on excellence" (Lopez, 1992, p. 35). Metro feels this is reflected in the work its people do. It is proud of the awards that it has won, and credits, recognizes, and celebrates the contributions its employees have made to the organization. As previously discussed, the Diamond Award is given annually to a team that most exhibits the values of the organization. This is one of the ways Metro celebrates accomplishments and supports joy and pride.

At one time, Metro Hospital had strong ties to a Protestant church. Part of Metro's pride in work may be a remnant of the Protestant work ethic, where work was seen as an offering or praise to God. While that particular belief is not longer articulated, the behavior and feeling of joy and pride in a job well done lingers.

> Have you ever wondered at a co-worker who is so caught up in the effort to solve a significant problem that she has moved beyond simply doing her job and is experiencing an intellectual joy in the insights she is getting? She is giving you a glimpse of spirit, of the mind's desire to know, which can have a kind of joy associated with it (Conger & Associates, 1994, p. 135).

This kind of joy is similar to the "flow" described by Csikszentmihalyi (1991). He describes a state "in which people are so involved in an activity that nothing else seems to matter; the experience itself is so enjoyable that people will do it even at great cost, for the sheer sake of doing it" (p. 4). This optimal experience requires intense concentration, and yields satisfaction and joy.

Joy can be seen as a matter of personal choice. When presented with a situation, individuals can choose their reaction. But joy is more than a reaction. It is a state of being. It is an attitude. It is a spiritual feeling. Metro Health System believes that satisfaction, communication, and recognition contribute to personal and organizational joy. They believe that people must fit their jobs, and they actively seek to match ability, skill, and personality with job tasks, assuring personal success, personal joy, and personal pride wherever possible.

Joy and Service. Each of Metro's values overlaps and intersects the other values. Joy is no exception. Joy can be the outcome of acting on each of the other values, though it is especially pertinent when serving others. Nelton (1990) describes joy as the "sense of self-worth that comes when what you do is of value to someone else" (p. 59). It is through serving others well that joy is attained.

> Joy (the root word in enjoyment) comes when we forget ourselves and our desires in favor of others...Isn't it obvious that the happiest people are the ones who don't take themselves seriously? And that the most miserable people are the ones who seek pleasure insatiably? (Alexander, 2001, p.35-6).

Gordon (2000), in exploring the works of philosopher Martin Buber, describes joy as a "blessed moment of human existence" and suggests that it is seldom found when a person is engrossed in him/herself, but only when focusing wholly on the

world and others. By focusing on others, by serving and caring for others, individuals find satisfaction, happiness, and joy.

Leaders must also experience joy. They "obviously need high self-esteem, but this self esteem must originate from a healthy pride in their accomplishments as well as the esteem of their followers" (Conger & Associates, 1994, p. 187). It is important that leaders not only find joy in work, but also allow their followers to find joy in theirs. Townsend and Gebhardt (1995) suggest that leaders have a responsibility to assure that their followers find joy and meaning in work. "Managers should cultivate a work environment where their employees enjoy and take pride in their work to ensure their continued cooperation...This, in turn, will lead to happier employees and better work" (p. 10). They assert that leaders must be visible and available to staff, further supporting the link between service and joy. At Metro, Fridays are "no meeting" days, allowing leaders to do just that.

Learning

Our commitment to expand knowledge through research, education and innovation to create better health.

When the Diamond was first developed, learning was not included as a value. The organization talked only of the four points of the Diamond. In the last few years, though, learning has come to be seen as essential to the continued growth and development of the individual and the organization. It is through

learning that Metro Health System establishes new and different ways to live its values.

Individual Learning. Continuous growth and development is an established part of spirituality. Learning and personal growth go hand-in-hand, and together they are spiritually renewing.

> Efforts to acquire and retain an openness to the new and unknown, to seek self-understanding, to embrace the complexity and discomforts of seeing things whole, and to structure one's life and work in ways that connect the internal and the external, the private and the public, the self with other—these are all spiritual acts (Conger & Associates, 1994, p. 95).

Conger suggests that individuals and organizations actively seek out new experiences, for it is through these experiences that they learn and grow. By connecting internal values with the external world, organizations and individuals become more spiritual.

Whitney (1999) states that learning is dynamic and essential to the success of both individuals and organizations. "To be a visionary organization or leader, people must be empowered to learn, expand and create new ideas, think creatively, and anticipate the future" (p. 5). Learning is necessary, then, to maintain spiritual and financial viability.

Learning has an unbreakable connection to Metro Health System's other values, but is especially pertinent to joy and service. Lopez (1992) states that individuals are born with an inherent sense of "joy in work, joy in learning" (p. 35). Borrowing the phrase from W. Edwards Deming, Lopez suggests that constant learning is necessary if organizations are to thrive and continue to produce quality service. Joy is needed in the workplace, and for joy to occur, staff must

continue to grow and develop and to expand the limits of their knowledge. It is only in this circumstance that they are able to provide excellent service.

Peter Drucker recently said, "The only comparative advantage of the developed countries is the supply of knowledge workers. The basic economic resource—the means of 'production'—is no longer capital, land nor labor. It is, and will be, knowledge" (Birkner & Birkner, 1998, p. 157). Knowledge, gained through learning, is *the* vital commodity of the twenty-first century. "Knowledge workers" truly have an advantage and are a necessary part of vital organizations.

Learning and Teaching. Metro supports individual learning and the development of knowledge workers in a multitude of ways. In the operating room, for example, staff are offered monthly inservicing on new equipment and procedures. This assures that staff maintain their clinical competence, which improves job performance and increases joy. In addition, the organization has a generous tuition and workshop reimbursement policy. By supporting education, Metro demonstrates that lifelong learning is valued and encouraged.

Metro Health System also seeks to support the growth and learning of those outside of the organization. Metro Hospital is a teaching institution, supporting the education of medical students, student nurses, surgical technicians, and others. Staff have published over a hundred articles in leading health care journals, passing their knowledge on to others. Metro Institute's Health Education Center received five medals for its publications in the National Health Information Awards competition. There are currently almost two hundred

active research studies being conducted through Metro Institute. This research is part of its commitment to innovation and education.

Another vital part of health care is teaching patients to care for themselves. "Give a man a fish and you feed him for a day; teach him how to fish and you feed him for a lifetime" (Covey, 1991, p. 14). By sharing information and knowledge with patients, the organization encourages patients to better care for themselves, therefore increasing their independence and ability to make wise decisions about their health care.

Organizational Learning. Individual learning is supported throughout the health system, but Senge (1990) says that is not enough. In order to succeed, organizations must learn faster than their competitors. Individual learning is important, but "organizational learning" is better (Senge, 1990; Whitney, 1999; Davies & Nutley, 2000). When groups of people learn together, they expand their capacity to create. Group learning becomes more than the sum of the individual learnings. It takes on a synergistic quality, actually increasing the learning capacity of the group or organization. This is especially important in healthcare. "The emphasis on team delivery of health care reinforces the need for team learning" (Whitney, 1999, p. 5). Because differing disciplines practice in concert, it makes sense that they also learn together.

Leaders have an obligation to assure that those they serve continue to grow and develop. Education is one means to that end--one that has material and spiritual consequences. Growth and development does not mean that individuals only gain new knowledge, but that they also become aware of their

sense of purpose. The leader takes on the role of teacher and advisor in helping

staff find joy and meaning in their work.

> The leader, then, is one who can create occasions for that process of reflection,
> conversation, and renewed action...The teacher's most important attribute, we
> believe, is a capacity to bring diverse perspectives into relation with one another
> and to elicit patterns of meaning among those perspectives (Conger &
> Associates, 1994, pp. 124-5).

By offering different viewpoints, the leader assists the followers in expanding

their horizons and their perspectives. Leaders also encourage and expand

creative thinking by empowering care providers. This anticipatory learning

ultimately leads to better health care (Whitney, 1999), which, after all, is the

organization's goal. Learning, like the other core values, increases the

organization's ability to fulfill its mission.

Lessons for Leaders

In exploring the core values of Metro Health System, I have shown the

spiritual component inherent in each and have indicated the implications for

leaders. I have discussed both individual and organizational spirituality and have

shown that they exist in the mission, vision, and values of the organization in

which I work. This case study does suggest several lessons for leaders. While

particularly pertinent to Metro Health System, most of these lessons can be

practically applied to other organizations, as well.

Metro Health System's mission, vision, and values have meaning to those

within the organization. Care, service, stewardship, joy, and learning guide the

organization and the individuals within the organization in making decisions that

are consistent with its purpose. By basing the mission and vision on these

values, Metro Health System has established a solid foundation on which to build. The mission and vision state its purpose in clear and simple terms and demonstrate the organization's commitment to spiritual values. These five values are truly the core of its being and are fundamental to its identity in the healthcare market.

Mission, vision, and values statements must be more than words. They must inspire action. Unless an organization truly lives its values, it is acting unethically, and will not survive long (Novak, 1996). This is the first lesson for leaders. The heart and soul of the organization must influence action. Mission, vision, and values must be lived. Without that connection between belief and behavior, organizations are not being true to themselves, their employees, or their customers. It is not enough to profess belief in certain values and principles, the organization must also demonstrate its willingness and ability to live them. It must be willing to "talk the talk *and* walk the walk." If it does not, it is either cowardly or dishonest.

Leaders must understand the mission, vision, and values of the organization and know how to act upon them. They must incorporate the organization's values into their daily work and be able to show their followers their own ability to live by those values. They must find a way to transmit those same values and to encourage thought, word, and action that mirror organizational values. If employees do not agree with and cannot support the organization's values, the organization will suffer dire consequences.

That is the second lesson for leaders. As organizations must live their values, so must people. Employees need to see the spiritual side of an organization, and most often, those human values are reflected in the mission and vision statements. It is there, that employees can compare their values to those of the organization, for "souls must match if the organization is to live" (Handy, 1998, p. 151). Employees must understand, embrace, and project the organization's values if the organization is to thrive. Imagine the damage to Metro Health System of just one employee who did not embrace the value of care! It is important that there be congruence between organizational and individual values.

A mismatch in values is detrimental to the organization, but may be even more damaging to the individual. Working in an organization with values counter to an employee's personal values can have disastrous results. The employee must choose to support the organization at the cost of his/her principles, or violate his/her principles in favor of the organization. Both scenarios lead to an erosion of the spirit, and both are unethical.

There must be a "matching [of] the organization's reason for being with the individual's sense of purpose. It is this match that deepens commitment and increases the potential of individuals to hold the organization in trust" (Conger & Associates, 1994, p. 82). This has important implications for leaders. Not only must they assure that the values of the organization match their own, but they must help their staff ascertain it, as well. And if they find a mismatch, they or

their employee must find a way to resolve it, or the spiritual center of the

organization or the individual will certainly wither.

It is important that spirituality and values remain consistent in all aspects

of life--both at home and at work—and leaders must come to understand that

concept.

> It is my contention that coming to a deeper understanding of spirituality and
> leadership can be facilitated by an exploration of three things: the division we
> experience between the private and public realms of our lives; our capacity for
> self-knowledge; and the organizational structure in which we work and live. Such
> exploration will help us understand the ways in which these two words and their
> meanings commingle and manifest in our lives (Conger, 1994, p. 65).

Metro Health System recognizes this. As it aligns belief and action, it

publicly proclaims its values. Whether intended or not, the values of Metro

Health System are spiritual values with important implications for leaders.

Though the spirituality is almost invisible, Metro's values encourage leaders to

support the growth of staff, they guide the organization in its efforts toward

community service, and they dictate how members of the organization treat

individuals. They allow for a kinder, gentler approach in the often technical

enterprise of healthcare.

Metro has learned to strike a balance between the humanistic values of

care and joy and learning, and the more business oriented values of service and

stewardship. Hopefully, this will be a successful formula, for it has a moral and

ethical obligation to stay in business, both to provide work for employees and to

continue to serve patients.

References

Alexander, J. (2001, January & February). Enjoying life: Once we're freed from the burden of serving ourselves, we can find true joy. The Other Side, 35-6.

Allegretti, J.G. (2000). Loving your job, finding your passion: Work and the spiritual life. New York: Paulist Press.

Birkner, L.R., & Birkner, R.K. (1998, October). Learning organization update: Safety and health pros must prepare for careers as knowledge workers. Occupational Hazards, 60 (10), 157.

Block, P. (1993). Stewardship: Choosing service over self-interest. San Francisco: Berrett-Koehler.

Bole, W. (1994, April 8). Biblical stewardship takes on real world: Experts on workplace seek spiritual pointer. National Catholic Reporter, 30 (23) 3-4.

Bole, W. (1994, April 8). Servant leadership, a '70s concept, opens doors to possibilities. National Catholic Reporter, 30 (23) 4.

Bole, W. (1994, April 8). Steward guru coaxes spirit into workplace. National Catholic Reporter, 30 (23) 5.

Boyce, W.D. (1995, Winter). The ecology of the soul: Stewardship at home and at work. National Forum, 75 (1) 29-33.

Chopra, D. (1994). The seven spiritual laws of success: A practical guide to the fulfillment of your dreams. San Rafael, CA: Amber-Allen.

Conger, J.A. & Associates, (1994). Spirit at work: Discovering the spirituality in leadership. San Francisco: Jossey-Bass.

Covey, S.R. (1991). Principle centered leadership. New York: Simon & Schuster.

Csikszentmihalyi, M. (1991). Flow: The psychology of optimal experience. New York: Harper Perennial.

Davies, H.T.O, & Nutley, S.M. (2000, April 8). Developing learning organizations in the new National Health Service. British Medical Journal, 320 (7240), 998.

Gordon, R. (2001, Winter). Joy: A Buberian perspective. Shofar, 19 (2), 105+.

Greenleaf, R.K. (1977). Servant leadership. New York: Paulist Press.

Greenleaf, R.K. (1991). The servant as leader. Indianapolis, IN: The Robert K. Greenleaf Center.

Greenleaf, R.K. (1998). The power of servant leadership (L.C. Spears, Ed.). San Francisco: Berrett-Koehler Publishers, Inc.

Handy, C. (1998). The hungry spirit. New York: Broadway Books.

Hawk, J.C. (1992, March 2). The necessary involvement of stewardship in medicine. American Medical News, 35 (9), 31.

Holt, B.P. (1993). Thirsty for God: A brief history of Christian spirituality. Minneapolis, MN: Augsburg Fortress.

Issel, L.M., & Kahn, D. (1998, Fall). The economic value of caring. Health Care Management Review, 23 (4), 43-45.

Kiechel, W., III. (1992, May 4). The leader as servant. Fortune, 125, 121-122.

Kreyche, G.F. (1993, January). Who cares about caring? USA Today Magazine, 121 (2572), 98.

Laabs, J.J. (1993, November). Stewardship redefines empowerment. Personnel Journal, 27-9.

Lee, C., & Zemke, R. (1993, June). The search for spirit in the workplace. Training, 30 (6), 21-9.

Leider, R.J. (1997). The power of purpose: Creating meaning in your life and work. New York: MJF Books.

Lopez, I.O. (1992, March). Joy in work, joy in learning: The philosophy of joy in work. Colorado Business Magazine, 19 (3), 35.

Mason, J.E. (1998, September). Superb customer service comes from within. Nursing Management, 29 (9), 31.

Mayer, T., & Cates, R.J. (1999, October 6). Service excellence in health care. The Journal of the American Medical Association, 282 (13), 1281-6.

Maynard, H.B., Jr., & Mehrtens, S.E. (1993). The fourth wave: Business in the 21st century. San Francisco: Berrett-Koehler.

Murray, C.J.L., & Frenk, J. (2000, June). A framework for assessing the performance of health systems. Bulletin of the World Health Organization, 78 (6), 717+.

Nelton, S. (1990, October). Never too young for the joy of work. Nation's Business, 78 (10), 59.

Novak, M. (1996). Business as a calling: Work and the examined life. New York: Free Press.

Olcott, W. (1992, January). The collapse of caring. Fund Raising Management, 22 (11), 6.

Oldenburg, D. (1997, April 15). Spirituality at work: Linking joy, meaning, commitment and the company's bottom line. The Washington Post, D05.

Saltman, R.B., & Ferroussier-Davis, O. (2000, June). The concept of stewardship in health policy. Bulletin of the World Health Organization, 78 (6) 732+.

Senge, P.M. (1990). The fifth discipline: The art and science of the learning organization. New York: Doubleday.

Townsend, P., & Gebhardt, J. (1995, December). Work and enjoyment. The Journal for Quality and Participation, 19 (7), 10-13.

Wakefield, G.S. (ed.). (1983). Westminster Dictionary of Christian Spirituality. Philadelphia: Westminster.

Wang, J.M. (2000, July 1). 'Outrageous' service, personal touch, lead to patient loyalty. Family Practice News, 30 (13), 36.

Whitney, R.G. (1999, February). Learn to learn. MedSurg Nursing,8 (1), 5.

Bibliography

Aguayo, R. (1990). Dr. Deming: The American who taught the Japanese about quality. New York: Carol Publishing Group.

Alexander, J. (2001, January & February). Enjoying life: Once we're freed from the burden of serving ourselves, we can find true joy. The Other Side, 35-6.

Allegretti, J.G. (2000). Loving your job, finding your passion: Work and the spiritual life. New York: Paulist Press.

Birkner, L.R., & Birkner, R.K. (1998, October). Learning organization update: Safety and health pros must prepare for careers as knowledge workers. Occupational Hazards, 60 (10), 157.

Birkner, R.M., & Birkner, L.R. (1999, August). The common thread of biologists and learning organization structures: Nature's lessons in growth and change prove instructive. Occupational Hazards, 61 (8), 32.

Block, P. (1993). Stewardship: Choosing service over self-interest. San Francisco: Berrett-Koehler.

Bole, W. (1994, April 8). Biblical stewardship takes on real world: Experts on workplace seek spiritual pointer. National Catholic Reporter, 30 (23) 3-4.

Bole, W. (1994, April 8). Servant leadership, a '70s concept, opens doors to possibilities. National Catholic Reporter, 30 (23) 4.

Bole, W. (1994, April 8). Steward guru coaxes spirit into workplace. National Catholic Reporter, 30 (23) 5.

Boyce, W.D. (1995, Winter). The ecology of the soul: Stewardship at home and at work. National Forum, 75 (1) 29-33.

Chopra, D. (1994). The seven spiritual laws of success: A practical guide to the fulfillment of your dreams. San Rafael, CA: Amber-Allen.

Conger, J.A. & Associates, (1994). Spirit at work: Discovering the spirituality in leadership. San Francisco: Jossey-Bass.

Covey, S.R. (1991). Principle centered leadership. New York: Simon & Schuster.

Csikszentmihalyi, M. (1991). Flow: The psychology of optimal experience. New York: Harper Perennial.

Davies, H.T.O, & Nutley, S.M. (2000, April 8). Developing learning organizations in the new National Health Service. British Medical Journal, 320 (7240), 998.

Falk Rafael, A.R. (1996, September). Power and caring: A dialectic in nursing. Advances in Nursing Science, 19 (1), 3-18.

Gordon, R. (2001, Winter). Joy: A Buberian perspective. Shofar, 19 (2), 105+.

Graves, S.R., & Addington, T.G. (2000). The fourth frontier: Exploring the new world of work. Nashville, TN: Word Publishing.

Greenleaf, R.K. (1977). Servant leadership. New York: Paulist Press.

Greenleaf, R.K. (1991). The servant as leader. Indianapolis, IN: The Robert K. Greenleaf Center.

Greenleaf, R.K. (1998). The power of servant leadership (L.C. Spears, Ed.). San Francisco: Berrett-Koehler Publishers, Inc.

Handy, C. (1998). The hungry spirit. New York: Broadway Books.

Hawk, J.C. (1992, March 2). The necessary involvement of stewardship in medicine. American Medical News, 35 (9), 31.

Healy, J. (1994, March 25). If Chrisitanity is joyful, why are we so somber? National Catholic Reporter, 30 (21), 2.

Holt, B.P. (1993). Thirsty for God: A brief history of Christian spirituality. Minneapolis, MN: Augsburg Fortress.

Issel, L.M., & Anderson, R.A. (1996, March-April). Take charge: Changing six transformations in health care delivery. Nursing Economics, 14 (2), 78-86.

Issel, L.M., & Kahn, D. (1998, Fall). The economic value of caring. Health Care Management Review, 23 (4), 43-45.

Kelly, D., & Weber, D. (1995, December). Creating an environment for participation in healthcare: Pride and joy in work. The Journal for Quality and Participation, 18 (7), 38-44.

Kiechel, W., III. (1992, May 4). The leader as servant. Fortune, 125, 121-122.

Kreyche, G.F. (1993, January). Who cares about caring? USA Today Magazine, 121 (2572), 98.

Laabs, J.J. (1993, November). Stewardship redefines empowerment. Personnel Journal, 27-9.

Lee, C., & Zemke, R. (1993, June). The search for spirit in the workplace. Training, 30 (6), 21-9.

Leider, R.J. (1997). The power of purpose: Creating meaning in your life and work. New York: MJF Books.

Lopez, I.O. (1992, March). Joy in work, joy in learning: The philosophy of joy in work. Colorado Business Magazine, 19 (3), 35.

Mason, J.E. (1998, September). Superb customer service comes from within. Nursing Management, 29 (9), 31.

Mayer, T., & Cates, R.J. (1999, October 6). Service excellence in health care. The Journal of the American Medical Association, 282 (13), 1281-6.

Maynard, H.B., Jr., & Mehrtens, S.E. (1993). The fourth wave: Business in the 21st century. San Francisco: Berrett-Koehler.

Murray, C.J.L., & Frenk, J. (2000, June). A framework for assessing the performance of health systems. Bulletin of the World Health Organization, 78 (6), 717+.

Nelton, S. (1990, October). Never too young for the joy of work. Nation's Business, 78 (10), 59.

Novak, M. (1996). Business as a calling: Work and the examined life. New York: Free Press.

Olcott, W. (1992, January). The collapse of caring. Fund Raising Management, 22 (11), 6.

Oldenburg, D. (1997, April 15). Spirituality at work: Linking joy, meaning, commitment and the company's bottom line. The Washington Post, D05.

Reese, S. (2000, May). Productivity plus: Strength in service. Business & Health, 41-2.

Richards, D. (1995). Artful work: Awakening joy, meaning, and commitment in the workplace. San Francisco: Berrett-Koehler.

Saltman, R.B., & Ferroussier-Davis, O. (2000, June). The concept of stewardship in health policy. Bulletin of the World Health Organization, 78 (6) 732+.

Senge, P.M. (1990). The fifth discipline: The art and science of the learning organization. New York: Doubleday.

Sinetar, M. (1992). A way without words: A guide for spiritually emerging adults. New York: Paulist Press.

Spears, L.C. (ed.). (1998). Insights on leadership: Service, stewardship, spirit, and servant-leadership. New York: John Wiley & Sons.

Spencer, J.A., & Jordan, R.K. (1999, May 8). Learner centered approaches in medical education. British Medical Journal, 1280-6.

Townsend, P., & Gebhardt, J. (1995, December). Work and enjoyment. The Journal for Quality and Participation, 19 (7), 10-13.

Wakefield, G.S. (ed.). (1983). Westminster Dictionary of Christian Spirituality. Philadelphia: Westminster.

Wang, J.M. (2000, July 1). 'Outrageous' service, personal touch, lead to patient loyalty. Family Practice News, 30 (13), 36.

Whitney, R.G. (1999, February). Learn to learn. MedSurg Nursing, 8 (1),5.