

2013

Holding on to What is Sacred: Who to Protect Organizational Values and Enhance Mission Vitality

Randy Haffner

Follow this and additional works at: <https://digitalcommons.andrews.edu/jacl>



Part of the [Leadership Studies Commons](#)

Recommended Citation

Haffner, Randy (2013) "Holding on to What is Sacred: Who to Protect Organizational Values and Enhance Mission Vitality," *Journal of Applied Christian Leadership*: Vol. 7: No. 2, 22-36.

Available at: <https://digitalcommons.andrews.edu/jacl/vol7/iss2/3>

This Feature Article is brought to you for free and open access by Digital Commons @ Andrews University. It has been accepted for inclusion in Journal of Applied Christian Leadership by an authorized editor of Digital Commons @ Andrews University. For more information, please contact repository@andrews.edu.

RANDY HAFFNER

HOLDING ON TO WHAT IS SACRED: HOW TO PROTECT ORGANIZATIONAL VALUES AND ENHANCE MISSION VITALITY*

Abstract: The prevailing literature suggests that organizations can sustain their vitality and longevity by preserving their core ideology. The purpose of this article is to share the author's dissertation results, which focused on the core convictions of Seventh-day Adventist health-care and the extent to which those elements are embedded in the lives of Florida Hospital employees. The results show that there are significant differences between senior leaders and middle management compared to associates in four of the six core convictions. There was full alignment for the various Christian-based religions across all six core convictions.

Keywords: *Organizational values, mission alignment, ideology, Seventh-day Adventist hospital*

From the very beginnings of the Seventh-day Adventist Church, an emphasis on health has been an integral component of its ministry and outreach. In many ways, the Seventh-day Adventist view of health is intertwined with the fundamental doctrine and practice of the church. Adventist health reformers and innovators in the 19th century developed a healthcare message that shaped sanitariums where individuals came to be “made well” through therapeutic treatments and to “stay well” through education. Adventists were definitely pioneers in the field of preventative medicine.

This sanitarium model has evolved, with various scientific and technological advancements, into acute care hospitals today. And those hospitals are subject to the influences and pressures that shape other medical facilities: reimbursement methods, a diverse workforce, and a healthcare model centered on disease and illness rather than health.

*This article is adapted from a larger work by Haffner (2010), *Holding on to What Is Sacred: How to Protect Organizational Values and Enhance Mission Vitality*, published by Florida Hospital. Used with permission.

Randy Haffner is the Chief Executive Officer of Porter Adventist Hospital and Chairman of the Board for Avista, Castle Rock, Littleton and Parker Adventist Hospitals. He holds a Ph.D. in Leadership from Andrews University and a MBA from the Roy E. Crummer Graduate School of Business at Rollins College.

The original health reformation message was clearly applicable to the sanitarium model as it first developed. But in the world of the 21st century of tertiary acute-care medicine, the confessional identity of Seventh-day Adventist healthcare has become more of a challenge than a given. In taking up this challenge, understanding the original intent as compared to the current confessional identity is a critical first step. Heretofore, we haven't had much empirical data comparing current perceptions and practice within Seventh-day Adventist healthcare institutions with that original confessional identity.

In general, Seventh-day Adventist healthcare can claim that its confessional identity has been intertwined with the church's core convictions for more than 140 years. This fact of history, however, does not guarantee that the confessional identity of yesteryear will be preserved in the future.

So the Adventist Health System case study at Florida Hospital was developed to do two things. The first purpose was to discover the confessional identity and core convictions of Seventh-day Adventist healthcare. The second objective was to evaluate the degree to which leaders and employees at the hospital align with those convictions. To gain a holistic assessment, we looked at cognitive understanding, behaviors, and emotional attachments. Finally, the gaps which became evident were addressed.

The Discovery Phase

In the discovery phase, we included four complementary activities:

1. a historical analysis of Seventh-day Adventist healthcare through published literature,
2. a survey of the official published guidelines from the General Conference of Seventh-day Adventists,
3. the commission of four original "white paper" manuscripts based on current research by some of the foremost contemporary academic scholars, and
4. one-on-one interviews with 11 seasoned Adventist healthcare administrators.

In the end, the process of discovery gave us a compelling and clear picture of the confessional identity of Seventh-day Adventist healthcare. Based on this broad base of input and perspective, this identity includes six primary elements.

Wholeness

Wholeness is the integration of the mind and body with the spirit, giving people the ability to experience the fullness of life. According to this view, the physical aspects of medicine are only one component of true health. Every part of a person, including emotional state, social well-being, and spiritual condition, needs to be considered and addressed. In other words, all the dimensions of a human being are interconnected and cannot be separated.

The Healing Ministry of Christ

During His life on earth, Jesus Christ spent the majority of His time teaching and healing people, dealing with the physical and spiritual needs of those He came in contact with. That's how He carried out His mission of bringing us restoration to our heavenly Father. That ministry of Christ should be prevalent in word, symbol, and practice within a Seventh-day Adventist healthcare institution. Practical applications would include teaching, prayer, spiritual nurturing, care, and compassion, which are motivated by the loving example of Jesus Christ.

Health Principles

The eight principles of health as recorded by White (1942) are “pure air, sunlight, abstemiousness, rest, exercise, proper diet, the use of water, trust in divine power—these are the true remedies” (p. 127). As demonstrated by the voluminous scientific studies on the health benefits of the Seventh-day Adventist health lifestyle, the health principles are not only spiritually relevant, they are fundamental to a life of wholeness and vitality.

Seventh-day Adventist Beliefs

As a ministry of the Seventh-day Adventist Church, health clinics and hospitals such as Florida Hospital are extensions of the belief system determined by the church. In addition to extending loving and compassionate care as demonstrated by Jesus Christ, being faithful to all biblical teachings, including honoring Saturday as the Sabbath, is core to the Seventh-day Adventist belief system.

Image of God

As reflected in the biblical book of Genesis, man and woman were created in the image of God. This means that all individuals are of great

value regardless of their race, gender, or social status. Therefore, all people should be afforded the highest levels of dignity.

Community

Seventh-day Adventist healthcare institutions were established as part of a reformation message in the 1860s as a community service that promoted health, wholeness, and ultimate restoration. Therefore, it is imperative that the betterment of the community health status be of significant ongoing concern. In addition to services provided within hospitals and health institutions, extended activities such as community clinics and events such as blood drives, heart walks and health screenings are of core significance.

The Assessment Phase

At this juncture, we have completed our first task—to identify the core convictions. Now we are ready to move on to the second phase—to assess how the organization aligns and adheres to the core convictions. To fully assess the cultural compliance of the organization, it is essential to determine if (1) there is cognitive understanding, (2) the core convictions are being practiced on a daily basis, and (3) there is an emotional connection to the core convictions.

In essence, this holistic adherence assesses the head, the hands, and the heart. In assessing the organization, it is important to segment the participants into a variety of cohorts so that one can determine the level of adherence at each level of the organization. These include the senior leaders, middle management, and the associates. The other segments will depend on the organization and nature of the confessional identity and core convictions.

For the purposes of this case study, demographic information was collected to allow the data to be segmented by years of service with Florida Hospital and by religious affiliation. For this case study, the questions to be assessed were as follows:

1. To what degree and in what ways are the current leaders' and associates' perceptions at Florida Hospital aligned with the identified core convictions?
2. To what degree and in what ways do the senior leaders, middle management, and associates understand, behave and emotionally connect with these core convictions?
3. To what degree and in what ways do the associates within religious groups align with the core convictions?

4. To what degree and in what ways do the associates within religious groups understand, behave and emotionally connect with these core convictions?

The assessment included a total of 653 associates of Florida Hospital who were asked to complete a 44-question survey. It was scored on a five-point Likert scale that was formatted around the six core convictions. The survey population was divided into three groups: senior leaders ($n = 41$), middle management ($n = 215$), and associates ($n = 397$). In assessing the responses among these three segmented populations, various statistical methods were used to quantify variances. We wanted to zero in on precisely where alignments existed and where statistically significant gaps were present.

The specific results of the questionnaire are formatted around four questions which we want to test.

Question One: Alignment by Organizational Level

The first question to be assessed asks, “To what degree and in what ways are the current leaders and associate perceptions at Florida Hospital aligned with the identified core convictions?”

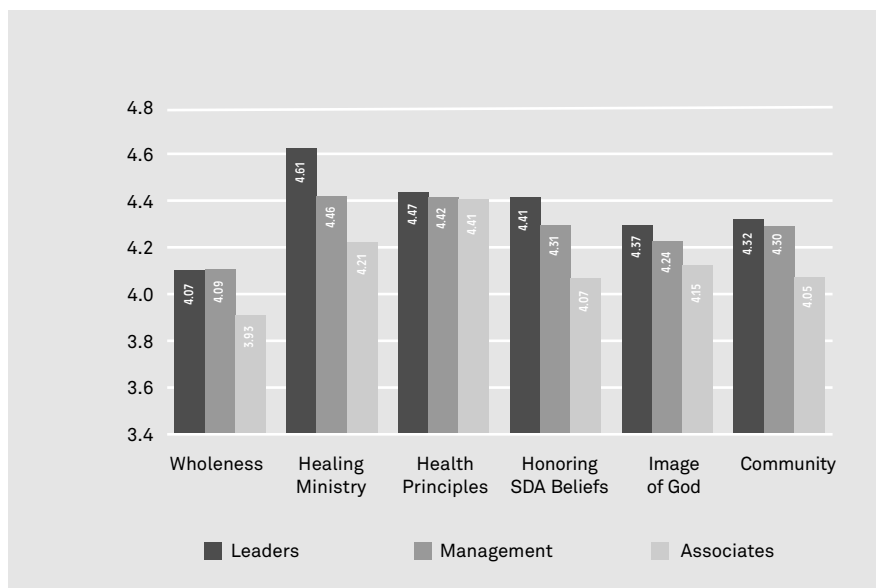


Figure 1. Alignment of core convictions with organizational level.

As shown in Figure 1, based on the 5-point scale, the average across all five questions was roughly 4.1, which would indicate a solid alignment overall. In assessing by individual core conviction, the highest adherence was with the Healing Ministry of Christ and the lowest was with Wholeness.

However, it is not sufficient to only assess based on overall scores—for the sake of determining the organizational ability to live within a status of cognitive consonance, it is important to drill down to the next level to determine if any gaps exist between the senior leaders, middle management and associates.

The three groups scored very similarly when it came to the six core convictions (although different responses to the Healing Ministry of Christ approached statistical significance). The picture was a little different when it came to comparing associates with senior leaders. Statistically significant differences appeared in responses to questions about four out of the six core convictions (Healing Ministry, Honor Seventh-day Adventist Beliefs, Image of God, and Community).

There were also differences between middle management and associates. Statistically significant variations appeared in statements about the following four (out of six) core convictions: Wholeness, Healing Ministry of Christ, Honor Seventh-day Adventist Beliefs, and Community.

Interestingly enough, there was one area in which full alignment was determined across all three segmented groups. That was the area of Health Principles.

Implications. The overall scores across the survey suggest a fairly strong adherence to the core convictions. Granted, there are some levels of difference between core convictions like Health Principles compared to Wholeness. Yet, with an overall score of over 4.1 on average, there appears to be a healthy organizational understanding and commitment to the core convictions.

Over the longer term, it will likely prove problematic to have the gap between the leadership team (senior leaders and middle management) and associates. There is a very practical and organizational view that needs to be considered here.

For some organizations, the idea to infuse value beyond what is absolutely necessary to complete a task required takes time, energy and resources. In view of the financial and operational constraints on the healthcare industry today, it's increasingly difficult to promote practices that are perceived as inefficient or irrelevant. This could make

institutional values secondary to the mandates of an external agency.

Let's consider the following practical example. A surgery today cannot begin without staff members completing the national patient safety guideline checklist. On the other hand, something like ensuring a holistic approach to patient care might be considered optional. Any surgery will be stopped if the "site and side" policy has not been completed. But what if a patient would like a prayer offered before the procedure? Would people be willing to delay an operation for that reason? Some who oversee healthcare in general might discount a time of prayer in the operating room as automatically inefficient. But that's one practice that definitely reflects and sustains institutional core convictions. A confessional identity is diluted if the spiritual side of healing is de-emphasized. Do we really want to preserve core convictions? Then the practice of holistic care and prayer has to be elevated to the same level of importance as external regulatory mandates.

Question Two: Holistic Adherence

Our second question asks, "To what degree and in what ways do the senior leaders, middle management, and associates cognitively understand, behave and emotionally connect with these core convictions?" In other words, we want to look at mind, body and heart—across the three teams. We formulated specific questions in the survey that addressed these facets of core convictions.

The result across all three groups is that there was a clear cognitive understanding of the core convictions. In fact, on a five-point scale, all three groups indicate a strong understanding of the core convictions, with all groups scoring higher than 4.5, on average (see Figure 2). This is a very impressive and positive finding!

It is quite noteworthy to see that despite strong cognitive understanding, there are much lower scores on the behavioral component. How concerning is this? To a significant degree this is to be expected as part of our human condition. Two examples illustrate this point:

- Many of us know that we should exercise daily but most of us fail to do so.
- Likewise, nearly everyone knows that we should eat five to six servings of fruits and vegetables each day—but many times that simply does not happen with everyone.

So again we ask, how concerning is this? The answer is one of judgment to assess an acceptable level of dissonance between knowing and doing. In this case, the difference seems to be large enough to warrant concern.

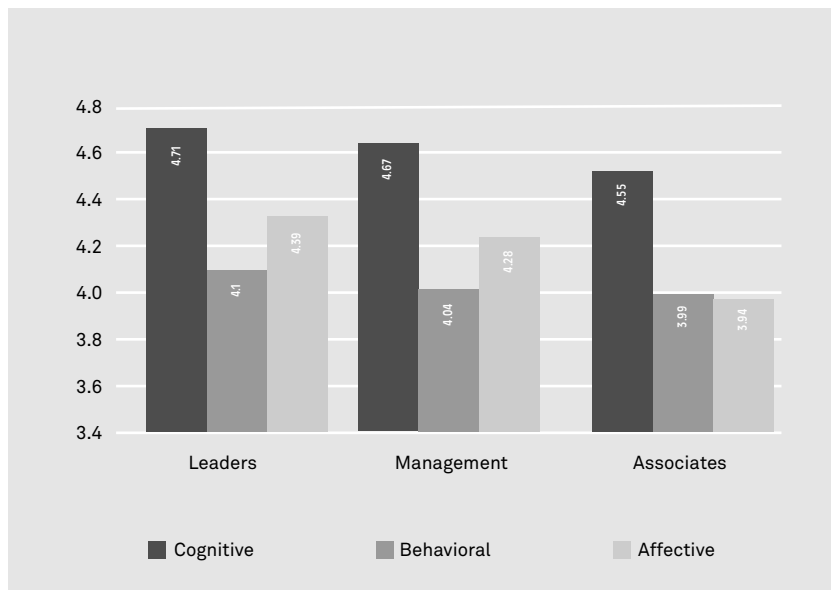


Figure 2. Degree of holistic adherence (cognitive understanding, behavior, and emotional connection) by leaders and associates.

One mitigating factor to resolve this dissonance is for the emotional aspect to reconcile the cognitive and behavioral. The formula is well tested in research and is fairly simple to follow. If you want to change behavior, tap into the emotional aspect in order to achieve lasting change. In light of the fact that the scores on the emotional component are generally around 4.0, there seems to be an adequate emotional quotient to convict the behavioral change necessary to be more aligned with the cognitive understanding.

Another area to examine is between the senior leaders, middle management and associates. Full alignment across all three segmented groups appeared in only one component: the behavioral. When looking at all three components—cognitive, behavioral and emotional—full alignment appeared only between two of the groups: senior leaders and middle management. And again, statistically significant differences showed up between senior leaders and the associates—especially when it came to cognitive understanding and emotional connection.

The same held true when comparing the responses of middle management with those of associates. Statistically significant differences showed up between those two groups in the areas of cognitive understanding and emotional connection. In fact, the most statistically significant differences always appeared between associates and leadership—both senior leaders and middle management.

Implications. One of the propositions behind the research is this:

current actions must align with stated core convictions if an organization is to preserve its confessional identity. Misalignments or gaps produce disconnects. A healthy identity requires alignment. Current practice needs to fit core convictions. Our data suggest that there are gaps between the leadership team and the associates, different levels of cognitive understanding, behavioral adherence, and emotional connection.

The data also reveal a gap between cognitive understanding and behavioral adherence in each of the three levels within Florida Hospital. Behavioral mean scores were significantly lower than cognitive scores—across all three segmented populations. In other words, what the mind comprehends is disconnected to some degree from what the hand is doing and what the heart holds dear. Oliver (1992) of York University, Toronto, notes in her work on the antecedents to deinstitutionalization that under certain specific conditions, institutional values and traditions are “vulnerable to challenge, reassessment or rejection” (p. 564). In particular, if an institutional value is “no longer reproduced or reenacted over time” (p. 564), it may well be set aside as irrelevant. That’s precisely the peril a low behavioral mean score points out. That’s the challenge at Florida Hospital highlighted by our data.

These results raise a number of daunting questions: Why is there a gap between the cognitive and behavioral scores across all levels in the organization? What factors are leading to the gulf between the leadership team and the associates? Is there a gap in communication between the leadership team and the associates? Are the associates simply reflecting the behaviors they perceive to be of greatest significance to the leadership team?

After reflecting on these questions, I am convinced that the sustenance of the Seventh-day Adventist health core convictions depends on this one crucial issue: focusing on behaviors and emotional commitment across all levels within the organization. That’s the only way values will be internalized, the only way they’ll be reproduced from one generation to the next. To really last, they have to be organizationally embedded.

Question Three: Alignment by Faith Group

The third question inquires, “To what degree and in what ways do the associates within religious groups align with the core convictions?” To test this, we looked at Florida Hospital staff members who came from a variety of religious backgrounds. What we discovered was full

alignment in the areas of the Healing Ministry and Community. In other words, people of various faiths ascribed to similar values related to Healing Ministry and Community (see Figure 3).

The other four core convictions scored a bit differently. Full alignment came out most clearly among people who identified with Christian-based religions (Protestant, Roman Catholic, Seventh-day Adventist) for all of the core convictions. It was also determined that no statistically significant difference existed between the Christian-based religions and the other religions. Statistically significant differences did show up, however, when we compared the responses of people with a religious affiliation with those who claimed “No Religion.”

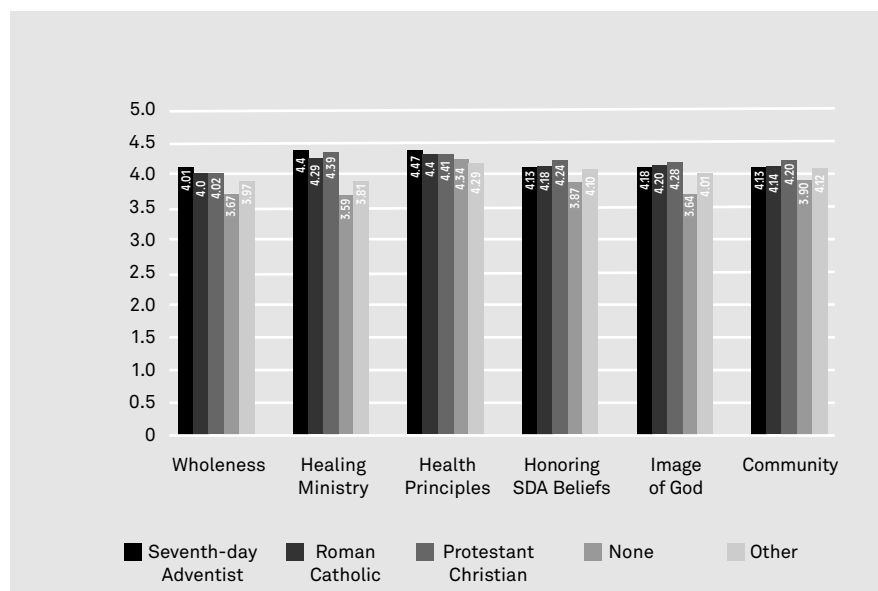


Figure 3. Alignment with core convictions by associates within different religious groups.

This is a remarkable finding. Of those with a stated faith background, there were very few statistical differences across the six core convictions. Only the group of those with no religious affiliation had lower scores. Let's now look at the holistic adherence to see if there are similar findings.

Question Four: Holistic Adherence by Faith Group

Our fourth question is closely tied to the third: “To what degree and in what ways do the associates within religious groups cognitively understand, behave and emotionally connect with these core convic-

tions?” Now we were looking more closely at how the hand and heart, as well as the mind, align with the confessional identity based on faith affiliation. Our results revealed that very high and similar scores existed amongst those professing a faith affiliation (see Figure 4).

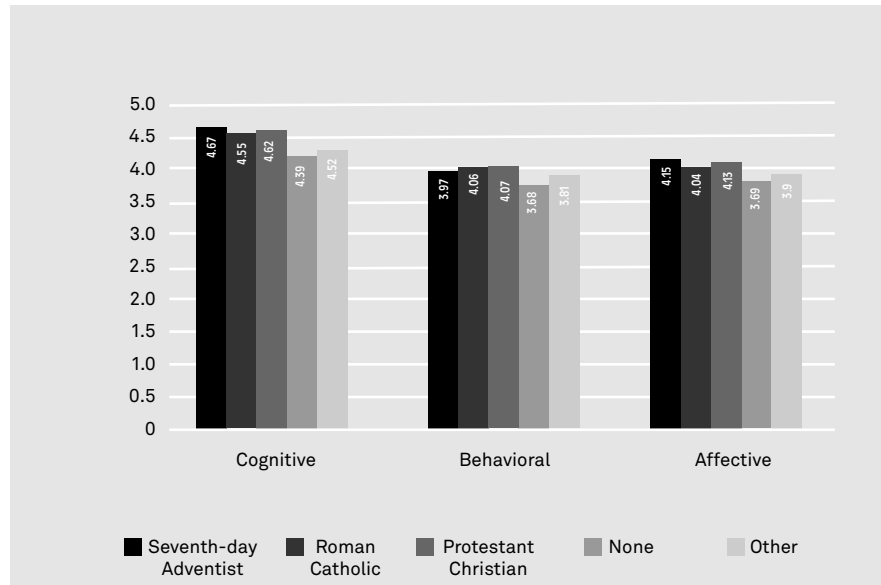


Figure 4. Degree of holistic adherence (cognitive understanding, behavior, and emotional connection with core convictions) among associates within religious groups.

In terms of differences, what our survey showed were that differences at these levels did exist. The most significant statistical difference appeared again when we compared those having a Christian-based religion with those who indicated “None” for religious affiliation.

So again, the head, hand and heart were aligned with core convictions among people with a Christian faith, but less so among people without a religious identification.

Implications. In sharing these results, the findings by faith group have raised a significant amount of interest and discussion. In essence, for those individuals who identify themselves with a Christian faith group, there is a similarity in understanding, behavior and emotional connection across the six core convictions. Where much is made regarding the difference between various religions, there seems to be a unifying theme in extending the healing ministry of Christ.

While the healing ministry of Christ is an area that can easily be understood from a broad Christian perspective, what about the areas

that are more particular and unique to the Seventh-day Adventist belief system? This survey reveals that, in response to the core conviction “Honoring the Beliefs of the Seventh-day Adventist Church,” the scores were very similar amongst the Christian-based faith groups. Despite the fact that many of these individuals do not profess the particular beliefs of the Seventh-day Adventist Church, there is a sacred bond of faith that seems to be prevalent at Florida Hospital.

Let me illustrate this with a recent example. One of the sacred beliefs of the Seventh-day Adventist Church is the practice to honor and connect with God and our fellow man through a special Sabbath celebration from sundown Friday through sundown Saturday. This belief was tested in a very practical way. In order to pour the concrete foundation for a new patient tower on the Orlando campus, the general contractor specified the absolute necessity to start the 36-hour process Friday night—during Sabbath hours. The decision was made to accept the risks associated with deferring the pour until the after Sabbath ended—on Saturday night. In anticipation of the pour, associates across Florida Hospital prayed and expressed pride that Florida Hospital chose to be faithful to its core convictions. Even though many of these associates are not Seventh-day Adventists, they understood the importance, supported the decision, and were further emotionally connected to Florida Hospital honoring the Sabbath.

Stories like this demonstrate an organizational maturity in relation to its confessional identity. In this case, the commonality of faith seems to be a unifying factor that can be a driving force in sustaining the confessional identity.

Through this survey and analysis, it is evident that the key components necessary to sustain confessional identity are modeled around a “head, hand and heart” approach. In other words, the entire organization must have a deep understanding of the confessional identity (head), behave accordingly (hand), and be inspired by a deep passion (heart) for those items that the organization has defined as the essential core.

Experiencing Confessional Identity: How to Create Deeply Committed Stakeholders

Reflection on the four questions explored in this survey reminds us that there is some organizational disconnect between the leadership and associates on many of the core convictions. In addition, the difference between what is cognitively known compared to what is practiced is of concern. Cognitive Dissonance Theory reminds us that individuals

cannot remain in a divided world where a belief is professed but not practiced. Given the survey results, additional focus is needed at Florida Hospital to bring complete consonance. But how is this accomplished?

An organization is never more than one generation away from losing its confessional identity. This statement unsettles me to my core. At the same time, it motivates me to ensure that the decisions that I am a part of and the people who are being developed around me are intentionally groomed to understand, practice, and have an emotional attachment to the organization's confessional identity.

So we need to answer the following questions: What steps can an organization take to bring behavioral consistency? How can leadership create an organization that is deeply committed to sustain their core convictions?

The answers can be found in the *Head, Hand and Heart* approach. While many times we think of organizations in terms of their marble headquarters, manufacturing plants and corporate logos, in reality they are collections of individuals harnessed together by a common collective purpose. Each of these individuals has a head, two hands, and a heart that ultimately determine organizational direction.

An organization can ensure that the confessional identity is fully aligned towards the organization's purpose when the entire organiza-

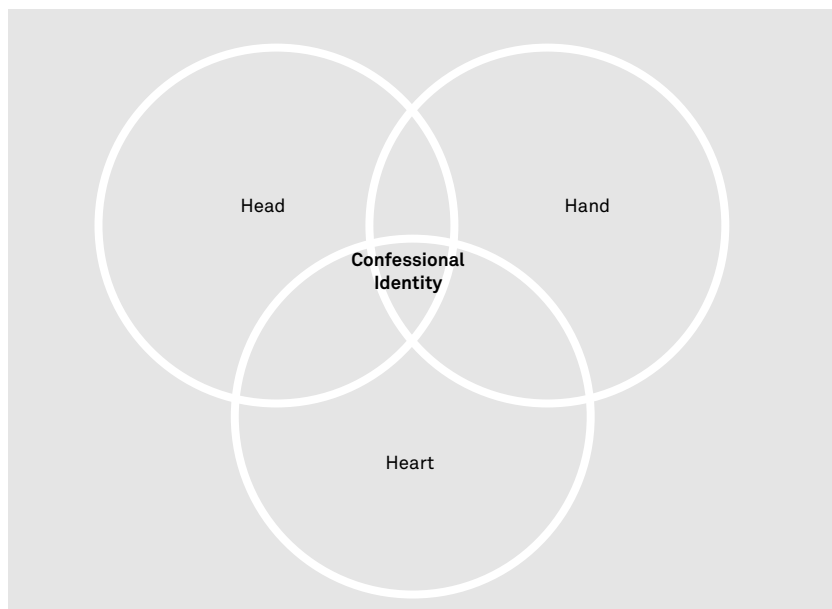


Figure 5. Integrative Approach: The Head, Hand, and Heart.

MAKING IT PRACTICAL**1. Stimulate the Head by . . .**

- *Clarifying Your Confessional Identity:* Develop a clear and concise articulation of your confessional identity for your board, leaders and associates to have and understand.
- *Offering Educational Retreats:* Build the case for your confessional identity through educational retreats where leaders can step away from workplace pressures and focus on the organization's core convictions.
- *Planning Broad Communication:* Articulate and educate on your confessional identity through printed materials and seminars.
- *Integrating Into New Employee Orientation:* Dedicate significant time and effort to new associate orientation and ongoing educational sessions to promote understanding of the meaning and purpose of the organization.

2. Commission the Hand by . . .

- *Encouraging Experiential Learning:* Foster experiential learning opportunities through simulated scenarios.
- *Commissioning Leadership From All Levels:* Select champions who will bring the front-line perspective. Appoint these associates as your ambassadors of the confessional identity.
- *Incorporating Confessional Identity Into Annual Reviews:* Include the confessional identity behaviors in the annual reviews of your leaders and associates. This adds credibility to the identity.
- *Evaluating Daily Behaviors:* Hire secret shoppers to witness and evaluate daily behaviors.

3. Engage the Heart by . . .

- *Using Stories:* Stories have the incredible ability to stimulate an emotional connection and bring a different level of attachment to a cause. These stories should demonstrate the power that happens when the confessional identity is practiced. Within the healthcare field, highlight "mission moments" (when associates have embodied the mission), or highlight a patient experience that exemplifies the power of the confessional identity.
- *Renewing Passion for the Profession:* Center associates back to the reason they chose to pursue the profession and the passion that resides within each human being to serve and make a difference.
- *Focusing on Significance:* Recast the "job" into "a calling" of higher purpose and significance.
- *Considering the Use of Commitment Exercises:* Commitment exercises, such as retreats, pledge forms and re-enactments of historical or desired events, help keep the heart engaged.
- *Drawing on Existing Insight:* Tap into the experience and insight of your board, former leaders and colleagues in the industry.

tion is holistically engaged. The "head" has a clear understanding of the organization's confessional identity. The "hand" is consistently bringing the confessional identity to life by behaviors and actions. The "heart" brings a zeal and sense of meaning to the cause.

In considering these three components of the *Head, Hand and Heart* approach, many practical steps could be pursued by any leader. Literally hundreds of practical activities and tactics could be utilized (see sidebar for some ideas to inspire your thinking). This is the sweet spot that every organization should seek to find. This is where the true confessed identity of an organization is understood, practiced and appreciated.

Something Worth Holding On To

A confessional identity is institutional. But in the end, it is person-

al. It was personal for a woman named Mabel. “Every day and every experience,” she said in a letter to me, “was a reflection of your mission statement.” Every organization should aspire to this daily alignment between intent and daily occurrence. In the case of Adventist Health System, the organizational purpose is to create a destiny of extending the healing ministry of Christ. It is for these reasons that we must protect our confessional identity. Creating and sustaining a confessional identity is a sacred calling that is worth holding on to.

References

- Haffner, R. (2006). *Identification of Seventh-day Adventist health core convictions: Alignment with current healthcare practice* (Unpublished doctoral dissertation). Andrews University, Berrien Springs, Michigan.
- Haffner, R. (2010). *Holding on to what is sacred: How to protect organizational values and enhance mission vitality* [Florida Hospital Healthcare & Leadership Monograph Series, Vol. 5]. Orlando, FL: Florida Hospital.
- Oliver, C. (1992). The antecedents of deinstitutionalization. *Organization Studies*, 13, 563-588.
- White, E. G. (1942). *The ministry of healing*. Mountain View, CA: Pacific Press.