Administration as Ministry: A Hospice Case Study

by

Matthew Morden Durham

A Thesis submitted to the Faculty of the University of St. Michael’s College and the Toronto School of Theology.
In partial fulfillment of the requirements for the degree of Doctor of Ministry awarded by the University of St. Michael’s College and the University of Toronto.

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University of St. Michael’s College and the University of Toronto

2017

Abstract

This thesis research study investigated leadership at The Hospice of Windsor and Essex County Inc., Canada’s first and largest community based hospice palliative care village. Using phenomenological methodology, a case study method, and mixed methods of data collection and analysis, this study sought to identify the leadership characteristics and management practices of spiritual leadership that created a unique workplace culture at the Hospice.

The scope of the study was limited to full- and part-time permanent staff at the Hospice, and the research was conducted with an anonymous questionnaire, eight individual staff interviews, and a final interview with the executive director. Based on the results from these three instruments, the study determined that there was spiritual leadership at the Hospice, the workplace culture had elements of spirituality, and there were eight specific leadership characteristics and management practices of note:

1. Collaboration and Leadership Teams
2. Communication
3. Compassion and Empathy
4. Honesty and Integrity
5. Resourcefulness
6. Visionary and Strategic Leadership
7. Intuition
8. Humility, Patience and Providence

This research study provides insight into the importance of spiritual leadership and workplace spirituality, even within secular organizations, particularly where staff members are confronted with death and dying. In addition, this study suggests that workplace
spirituality can be carefully cultivated through the selection of staff members, consistent attention to workplace culture, directly connected to mission, vision, and values. For current and future leaders, this checklist of characteristics may be helpful if developed into a hiring matrix for future leadership at the Hospice, or may also be modified for use in other similar organizations.
Autobiographical Statement

Born and raised in Windsor, Ontario, Fr. Matthew Durham, csb is a Roman Catholic priest and leader in hospice palliative care. From a very young age, Fr. Durham chose to dedicate his life in service to the marginalized, particularly those coping with life-altering diagnoses and end-of-life.

Fr. Durham is an outspoken advocate of hospice palliative care and has served as an advisor on community engagement to hospices throughout Ontario. At the time of completion of this thesis, Fr. Durham was employed by The Hospice of Windsor and Essex County Inc., Canada’s first and largest community based hospice palliative care village.

A promoter of ongoing education, teaching, and learning, Fr. Durham is a former lecturer at the University of Alberta, and continues to demonstrate a passion for leadership, administration, volunteerism, and community service.
Dedication

I would like to dedicate this thesis to the many people who spend their lives in service to others. Throughout my life, I have seen the effect that a kind word, a helping hand, and a passionate heart can have on individuals, communities, and societies.

It is my hope that this thesis will serve as an inspiration to others about the power of leadership to transform organizations and motivate generations of leaders, particularly as our country deals with the implications of medically assisted death.

It has been my privilege to be an advocate for hospice palliative care, and in particular, for those without a voice: people who are sick, marginalized, poor and infirm. I would like to thank each and every person who took time to mentor me, teach me, and help me to become the person I am today.
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Chapter 1

Introduction and Ministry Context

1.1 Introduction

Founded in 1979, The Hospice of Windsor and Essex County Inc. (hereafter, the Hospice) is the focus of this thesis. The Hospice stands as Canada’s first community-based hospice palliative care organization and, as of 2017, it remains the largest in the country. Leadership in community-based hospice palliative care is a field of study in its infancy. Current academic studies or reports on the progress and development of hospice care in either Ontario or Canada tend to focus on clinical outcomes or patient experience. The governing body for hospices in Ontario, Hospice Palliative Care Ontario (HPCO), recently developed an accreditation system for residential homes, which provide 24/7 residential end-of-life care, and visiting hospice programs, where clinicians and volunteers visit patients in their homes. This accreditation program was the first specifically developed for hospices in Ontario and began reviewing organizations toward the end of 2016. As a national leader, the Hospice was the first organization to undergo HPCO accreditation review and became a model organization for the accreditation process, with other hospices following this example.

This thesis project is the culmination of nearly two decades of personal and professional experience in management practices and culture at the Hospice. The goal of this thesis is to identify the leadership ingredients that foster organizational development while also nurturing a sense of interconnectedness and spirituality in the workplace. The reasons for the study are twofold. Firstly, I want to articulate the choices made by the leadership to develop the Hospice as a spiritually imbued workplace that exists within a secular organization. Through my personal experience working with the leadership at the Hospice, I
learned that the incumbent leader felt that her approach to administration was as a vocation as well as a ministry. I set out to confirm whether or not other members of the staff view this approach to leadership through the same lens. Secondly, the current leader at the Hospice is nearing retirement age, which will require the selection of a new leader in the near future. A checklist of leadership characteristics and management practices needs to be created in order to facilitate this search. This thesis will identify and explore leadership characteristics and management practices demonstrated by the leader at The Hospice of Windsor and Essex County Inc. who experiences her administrative role as a vocation to the mission of Hospice.

1.2 Context of Ministry

I began working with the Hospice in 1998 as a secondary school intern. After graduating from high school in 2002, I pursued post-secondary studies and graduated with a Bachelor of Arts in 2005. Throughout my undergraduate studies, I also worked as an intern at the Hospice, accumulating firsthand knowledge of Hospice operations in volunteer management, fundraising, and clinical services. I then pursued graduate studies in theology and as a thesis study I examined spiritual care at the bedside as conducted at the Hospice. In 2010, I successfully completed my Masters of Divinity, and the following year I professed perpetual vows and was ordained into the presbyterate.

Following my ordination, I returned to the Hospice in 2012 as Director of Community Engagement and Advancement, a ministry that placed me on the senior leadership team. My placement at the Hospice was concurrent with the beginning of my doctoral studies in theology and leadership. Now, with nearly twenty years of formal and informal work with the Hospice, I have direct experience of every aspect of administration, which gives me a unique understanding to explore this thesis project.
As well as studying the culture of administration and leadership, I also feel a strong connection to those people who are served by the hospice. This roots my administrative ministry in the service of people who are affected by a life-altering diagnosis or who are nearing end-of-life. I dedicate time each week to spend in the Hospice Residential Home in order to meet with patients and their families and to listen to their stories. The many different roles I have played during my time at the Hospice have enabled me to discover what I consider to be the true mission of my ministry: to provide an oasis of peace and hope for those living through their final days there. As I pause to bring the healing and comfort that the sacraments can provide, I hear about their cares, their triumphs, and their worries. Through my interactions, I am reminded of my calling to serve the People of God, following the example of Jesus, and responding to Pope Francis who challenges all Christians to “try a little harder to take the first step and to become involved. Jesus washed the feet of his disciples. The Lord gets involved and he involves his own, as he kneels to wash their feet. He tells his disciples: ‘You will be blessed if you do this.’”¹

As for that sense of vocation, I believe that the purpose of my work is to meet the People of God where they are, focusing on empowering individuals along the path towards God through my actions, relationships, and service. This demands active listening and responding to the shifting needs of people as they arise, while withholding judgement and avoiding giving directives. Over the years, I have developed a special affinity to the Hospice which continues to draw me back from considering other professional and religious appointments elsewhere in North America to the extent that my work there has become central in my ministry. In addition to my professional relationship to the Hospice I have

experienced its services through the perspectives of friends and also a family member. I accompanied the end-of-life journeys of two mentors and also of my father. These experiences, together with my interactions with a vast range of Hospice supporters, volunteers, staff members, donors, community partners, and legislators, have given me a comprehensive overview of the work and culture of the Hospice.

In my ministry at the Hospice and to the People of God, I am first called to active witness as a professed religious, and I am also called to leadership as a Roman Catholic priest. My understanding of ministry is drawn from the model of Christ the Servant, reflected throughout the Scriptures detailing the adult ministry of Jesus. I believe this is most clearly illustrated in the narrative of the Last Supper. I seek to serve the People of God in an apostolic and daily ministry, which involves hands-on relationships and interactions with the faithful, no matter where they are in their faith journey. The Second Vatican Council documents identify the role of the Church and its clergy as an offer to humankind of honest assistance

in fostering that brotherhood [and sisterhood] of all [people] which corresponds to this destiny of theirs. Inspired by no earthly ambition, the Church seeks but a solitary goal: to carry forward the work of Christ under the lead of the befriending Spirit. And Christ entered this world to give witness to the truth, to rescue and not to sit in judgment, to serve and not to be served.²

To work with the People of God is to bring ministry and Church beyond the confines of bricks and mortar and into the experience and struggles of life, with God present in the everyday, in relationships between people, and in the conflicts and joys that comprise the

human experience. In particular, I envision ministry as relational; it is the call to form relationships, to journey with the People of God, present to their needs no matter what form they take, with love, respect, and to provide guidance and direction to help them discern the will of God in their lives. For me, ministry simply stated, is discipleship, to follow the example of Christ who was called to serve the People of God, and to do that in whatever capacity the Holy Spirit calls me. This is most clearly illustrated in the Gospel of Matthew:

Jesus called them together and said, ‘You know that the rulers of the Gentiles lord it over them, and their high officials exercise authority over them. Not so with you. Instead, whoever wants to become great among you must be your servant, and whoever wants to be first must be your slave – just as the Son of Man did not come to be served, but to serve, and to give his life as a ransom for many.’

In order to explore my own administrative ministry, it is necessary to articulate an operative theology which helps to distinguish workplace activities from the process of ministry. I have identified the Stephen B. Bevans praxis model of “faith seeking intellectual action” as the most relevant basis for this study, particularly since this thesis explores the leadership model at the Hospice as an illustration of these techniques. The Bevans praxis model acknowledges that ministry is often enveloped in the minutiae of daily life and that by doing one can also be engaged in ministry. This is most relevant when the “doing” is accompanied by a personal relationship with the Creator, and a commitment to theological reflection, and aimed at finding revelation and enlightenment in the practice of ministry.

A key aspect of the praxis model requires openness to ongoing conversion, understood as a deepening of the relationship with the Creator, by contextualizing theology

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3 Mt 20: 25-28.
and life experience through traditions such as reflective reading, contemplation, and study.

Bevans explains that this model understands revelation as

the presence of God in history – in the events of everyday life, in social and economic structures, in situations of oppression, in the experiences of the poor and the marginalized. The God revealed in history, however, is not just there. God’s presence is one of beckoning and invitation, calling men and woman of faith to locate God and cooperate with God in God’s work and healing, reconciling, liberating. We best know God by acting in partnership with God.\(^5\)

While not explicitly referenced by Bevans, Clemens Sedmak adds an important dimension to the concept of revelation, with a call to “reappropriate the bible.”\(^6\) For me, this call means turning to the scriptures and integrating them into my praxis or reflection. In particular, the epistles of St. Paul have a dimension to add to the busyness of administration. St. Paul believes that when using our varied capabilities and gifts, while each of us engages in active service and reflection, the Church then becomes the Body of Christ and we are unified in our beliefs as we work together faithfully and hope for eternal life. Accordingly, in order to mature in our relationship with Christ, we must serve others, while also devoting time to contemplation, reflection, and personal revelation. For Bevans, praxis is a call to, and also process of, theologizing for every person engaged in the model.\(^7\) I am called not only to serve, but I must also identify with the mission of Jesus: that is, step out of my contemplative world and enter the world of real service by ministering to my sisters and brothers, building relationships with them, journeying with people in their unique circumstances, and helping them to come towards a personal understanding of the presence of God in their lives.

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\(^7\) Bevans, *Models of Contextual Theology*, 75.
Just as Jesus manifested God’s love to the world, I too believe that I am called to contribute to the Body of Christ through ministry and love, an action that flows from first loving and praising God. In Romans, St. Paul explains that each of us has a part to play:

“For as in one body we have many members, and not all the members have the same function, so we, who are many, are one body in Christ, and individually we are members one of another. We have gifts that differ according to the grace given to us: prophecy, in proportion to faith; ministry, in ministering; the teacher, in teaching; the exhorter, in exhortation; the giver, in generosity; the leader, in diligence; the compassionate, in cheerfulness.”

To each of us, Christ offers a personal call. At its heart, my ministry of administration is a service and a vocation that requires me to say “yes” to that call. As St. Paul writes, “[w]e know that all things work together for good for those who love God, who are called according to his purpose.”

As an operational theology, the praxis model appeals to me in my ministry because it provides me with “a new and profound way to do theology, a way that, more than all others, is able to deal adequately with the experience of the past (scripture, tradition) and the experiences of the present (human experiences, culture, a social location, and social change).” As a theology of ministry, the praxis model, offers me the flexibility to engage in active ministry while also providing me with tools to engage in theological reflection, which according to Bevans is a way to contextualize the art of doing within a greater service to God.

Today, members of faith communities, particularly within the Roman Catholic tradition, read the signs of the times and look beyond traditional models of leadership and

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8 Rom 12:4-8.
9 Rom 8:28.
10 Bevans, Models of Contextual Theology, 72.
ministry in order to discover new types of outreach that work within the needs of an increasingly secular society. Pope Francis calls the Church to remember the original message of Christ, to create “a church which is bruised, hurting and dirty because it has been out on the streets, rather than a Church which is unhealthy from being confined and from clinging to its own security,”¹¹ and to take on the “smell of the sheep” ¹² through service and evangelization amongst the people. Furthermore, he asks us to follow the example of Christ and go to those who are sick and needy first, caring for those without resources, those who have been overlooked and cast aside by others.¹³ In a post-modern context, ministry must become more adaptive to the increasingly individualistic and pluralistic communities in which most people live. The Church must be flexible and go to the people, finding new ways to minister.

Within the context of my current role at the Hospice, the application of ministry is the practice and study of the ministry of administration as cultivated within the institution by its leaders. In every level of administration, from operational matters to the planning of significant capital expenditures or expansions of service, I have seen Hospice leaders balance the need for action with the necessity of reflective practice. According to James L. Griffith, this approach can create hope even in the midst of the most challenging and hopeless circumstances.¹⁴ While this study of leadership does not focus on the personal religious

¹¹ Pope Francis, Evangelii Gaudium (2013), 41.
¹² Ibid., 22.
¹³ Ibid., 41.
practices of the staff and volunteers at the Hospice, it does investigate the presence of spirituality in the leadership and workplace culture.

This thesis will build a cohesive picture of the ministry of administration, spiritual leadership, operative theology, and also the practical theology that characterizes The Hospice of Windsor and Essex County. I will articulate the qualities and characteristics that have shaped its leadership and its workplace culture. My intent in this thesis is to identify and validate these characteristics and management practices so that they may be transformed into a hiring matrix in the future to preserve the Hospice culture.

1.3 About The Hospice of Windsor and Essex County Inc.

The Hospice of Windsor and Essex County Inc. was founded in 1979 by Reverend Paul Chidwick, an Anglican minister in Windsor, Ontario. Chidwick wanted to establish hospice care locally by adapting aspects from a model that was used at St. Christopher’s Hospice in London, England. St. Christopher’s Hospice in the United Kingdom was founded by Dame Cicely Saunders, who is considered to be the founding leader of modern hospice care.\textsuperscript{15} This is a model of holistic pain and symptom management that addresses whole-person care for patients, their families, and their caregivers, and which also integrates psychosocial, physical, and spiritual dimensions.\textsuperscript{16} The St. Christopher’s Hospice philosophy is embedded into the Hospice’s current mission statement with its commitment “to support, educate and empower those who are affected by or are caring for a person with a life-altering diagnosis,”\textsuperscript{17} that


\textsuperscript{16} Ibid.

\textsuperscript{17} “Our mission is to support, educate and empower those who are affected by or are caring for a person with a life-altering diagnosis, in order to achieve their desired quality of life.” The Hospice Mission, Vision and Values, accessed March 20, 2016, http://www.thehospice.ca/article-35/mission-vision-values.
reflects the core values of hospice care. In the late 1970s, the assisted death debate was raging in Canada, and Chidwick felt that the best alternative to euthanasia was high quality palliative care which provided support for the patient and their entire family, with the goal of removing the desire for a hastened death. During 1979, Chidwick worked with a group of core volunteers to establish the operational principles for the Hospice and then, in 1980, he turned the organization over to the first Executive Director, Jane Boyd.

The Hospice was the first community-based hospice palliative care village to be established in Canada. Prior to its establishment, a limited number of palliative care beds were available in hospitals, but there was no community-based care. The Hospice’s beginnings were humble, taking the form of borrowed offices for the administrators in the old Metropolitan Hospital in Windsor. From there, the Hospice eventually grew into the current 4.7-acre village which offers three levels of care to more than 2,000 patients and families annually. Although its founder was an Anglican priest, the Hospice was established as a secular organization to serve the diverse multi-faith and multi-cultural community in Windsor, Ontario. The first level of care takes the form of fifty different wellness programs that support patients and their families psychosocially, physically, and spiritually. The second level of care is community-based palliative care provided by physicians, nurse educators, social workers, spiritual care providers, and volunteers. The third level of care is round-the-clock residential palliative care in one of two residential homes: the original eight-bed Windsor campus and a new ten-bed satellite campus in Leamington, Ontario, which opened in April 2016.

The physical spaces in the Hospice campus have been designed to reflect the vision statement of the agency: “to be an oasis of peace, comfort and trust supporting the whole person with respect, compassion and empathy.”\textsuperscript{19} When a visitor arrives at the Hospice, they enter through the Wellness Centre, the largest building on the campus that has been designed to promote calm, peace, and tranquility. The visitor enters into the gathering area, a large open space with floor-to-ceiling windows, including a stained glass motif. These windows overlook the outdoor garden space. High ceilings allow for natural light to harmonize indoor and outdoor spaces. In a corner of the indoor gathering area, a fountain cascades gently in the background, making a soothing sound that also covers the usual background noises from staff and visitor traffic as well as the frequent ringing of phones.

Moving from the Wellness Centre, the next building on the campus that a visitor would see is the clinic for pain and symptom management. This is a two storey family home that was donated and then moved to the Hospice campus to provide an on-site treatment space for patients and families. This kind of care complements home visits by palliative physicians. The front living room has been transformed into a cozy space with a fireplace, easy chair, patient bed, and desk area, and decorated to look like a comfortable family home. In this space, patients and their families can meet with a social worker, physician or nurse, or proceed upstairs for a session with a naturopath, reiki healer or therapeutic touch volunteer.

The third home in the campus that a visitor would see is the children’s home. This was designed to be a sanctuary for children and teens coping with the effects of a life-altering diagnosis. Designed to capture the exuberance of youth, the door is covered in neon polka dots and the living space is painted neon green with red, purple, and bright blue polka dots.

and stripes. The furniture is also brightly coloured and there is children’s art on display. The children’s home also includes an enchanted forest mural in the main entrance and a “Treasure Island” mural that covers the walls and ceiling of the play therapy space. This is intended to encourage children to engage in play therapy.

Finally, the residential homes in Windsor and Leamington were designed by the same architect to offer patients, families and visitors a sense of home, warmth, and comfort. A visitor to any of these homes would sense they were entering a typical family living space, with a sitting area and fireplace. There is a welcome desk and beyond that, in the heart of the space, a kitchen and dining area. Soft colour palettes of taupe, browns, and greens create linkages between outdoors and indoors, and the windows are large. Each patient suite has its own private patio. The intent of the design is that every aspect of the Hospice campus should create tranquility, peace and calm for patients, visitors, volunteers, and staff.

The Hospice buildings are a shell that houses a distinct culture within. Through my personal experience and work at this agency, I sense the spirituality that flourishes within the workplace culture is a palpable thing. This sentiment has been echoed by employees, volunteers, staff, and visitors. Even though the Hospice is an entirely secular organization it communicates a spirituality that nurtures staff, volunteers, patients, families, and visitors alike. This “spirituality” is the result of shared connection to mission, vision, and values, rather than a particular faith-based doctrine. It is also what motivated my study of leadership at the Hospice as a thesis project. Before this study was carried out, no research had been conducted to determine how staff members would characterize this “spirituality” or how it had been cultivated by leadership. These findings are discussed in later chapters.
In his book, *Spiritual Leadership: The Quest for Integrity*, Leonard Doohan\(^\text{20}\) writes that visionary leaders,

bring people together into a cohesive group through dedication to common, basic values, and shared purpose in life. It is these common spiritual values that generate commitment and energize people, creating meaning in their lives, establish standards of excellence, and bridge the present and the future. When this is done successfully, visionary leadership is made visible, and the transformative impact on individuals and organizations is exceptional.\(^\text{21}\)

The purpose of this study is to identify the specific leadership characteristics and the management practices that have been useful and successful thus far in creating and maintaining the culture of the Hospice, while also looking to the future needs of the agency. The buildings themselves also play an important role. For patients and families in the midst of the chaos and turbulence that is brought on by a life-altering diagnosis, the goal of the architecture is to make everyone feel welcomed and supported as soon as they arrive.

The relationship between visionary leadership and values is addressed by Margaret J. Wheatley in her book, *Finding Our Way: Leadership for an Uncertain Time*. Wheatley believes that most people find their motivation for work in their connection to values and idealism:

Most people want their work to serve a greater good, to help other people. It doesn’t matter what the work is; we’d rather be doing it in service to other people. In certain professions, such as health care, education, and non-profits, or whenever we feel ‘called’ to our work, is easier to remember the meaning of it. But we seldom have time to pause for a moment and remember the initial idealism and desire to serve that

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\(^{20}\) An academic and professor, Leonard Doohan’s areas of research and teaching expertise include theology, spirituality and research. Author of more than 18 books and numerous articles, he also served as the dean of the graduate school at Gonzaga University. His research, in particular *Spiritual Leadership: The Quest for Integrity*, provides a solid academic background that has helped to shape my thesis problem and study. Leonard Doohan, About Me, accessed November 10, 2014, http://www.leonarddoohan.com.

led us into our profession. However, our energy and rededication are only found there, in our ideals.22

In the context of this thesis, Wheatley’s connection is particularly important, because as Doohan suggests, spiritual leadership in an organization is able to forge connections among mission, vision and values, and employees on an ongoing basis. Extrapolating from Wheatley and Doohan’s work, we can posit that a spiritual leader is able to better redirect and recharge employees to their initial motivation and dedication to the mission of service to patients and families.

1.4 Research Problem

Today, palliative and hospice care throughout Ontario is at a critical moment. Provincial coalitions and taskforces are forming, recommending expansion with appropriate funding in order to provide more community care.23 During the research and writing phases of this thesis in early 2016, there were significant legislative developments in physician-assisted dying in Canada. The co-chairs of the Provincial Territorial Group on Physician Assisted Dying, Jennifer Gibson and Maureen Taylor, state:

Many provinces and territories have long been working to improve access to quality palliative and end-of-life care within their own jurisdictions. The Advisory Group strongly recommends that this work be expedited and that province and territories develop and implement a pan-Canadian strategy to ensure consistent standards and adequate resources for meeting what should be a national priority.24

To date, the Hospice has been acknowledged as a leader in community-based

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palliative care in Ontario by HPCO, and in Canada by the Co-Chair of the 2011 Parliamentary Committee on Palliative and Compassionate Care, the retired Member of Parliament for Windsor-West, Joe Comartin. Both acknowledge the work of the incumbent Executive Director to champion community-based hospice palliative care in Windsor, Ontario, and also throughout the province and county.

At the same time that the Hospice faces significant challenges and changes in the field of palliative care and end-of-life care, it has another specific issue to address: the search for a new leader. For more than thirty years, there has been one leader. The longevity of the Hospice leadership could be considered a liability. Given the infancy of the Hospice movement in Ontario, however, leaders tend to stay a long time to lead the organization through periods of significant growth and development. While not captured through research, my role in senior administration at the Hospice has given me the opportunity to work with numerous other hospices in the province, almost all of which were founded and developed under a single leader, and many of which also face the same challenge of finding a replacement leader who can lead an organization while also maintaining its culture. In *Spiritual Leadership: The Quest for Integrity*, Leonard Doohan writes that “some describe leadership as the ‘search for excellence,’ but so much excellence suggests mediocrity must be everywhere.” Doohan continues, “there has been so much hope for leadership development, but it has been so little justified; it is disheartening to look at our so-called leaders today.”

Doohan believes that in the push for efficiency, most contemporary organizations have

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28 Ibid.
created managers, but somehow neglected to identify and mentor effective leaders who are able to “encourage the vision, communication, empowerment and trust that can foster a changing organizational culture.”29 He notes that managers may know how to delegate responsibilities and ensure that staff members perform tasks, what he calls “petty accomplishments of their small-screen focus,” 30 but they lack the ability to truly shape staff into a cohesive team with a sense of commitment to mission, passion and enthusiasm. Specifically, as managers, they have no idea how to develop and mentor leaders because “[e]mpowerment cannot be taught by people who have practiced disempowerment for years, and workers quickly see through insincerity.”31

The purpose of this thesis is not to criticize the role of a strong leadership team. Every level of administration requires people who can orchestrate the operational needs of an organization. However, as Doohan explains,

being a leader is a different calling altogether and it requires unending training in completely new skills that were not formerly needed. Moreover, theories as a whole, and unconnected insights, both stress that authority and effective leadership do not increase the more power is centralized, but the more power is shared. Leaders need to transfer power, responsibility and accountability to workers at all levels. Studies show that the leader no longer organizes the responsibility of workers, a means of production, but draws out vision, ideas, leadership from every worker. 32

Doohan describes leadership as “a vocation heard in the depths of one’s heart.”33 In *Faith at Work: A Spirituality of Leadership*, Donal Dorr characterizes the classical leader as someone

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30 Ibid., 5-6.

31 Ibid., 7.

32 Ibid., 15.

33 Ibid., 17.
“who has a burning personal vision and at the same time has found ways of inspiring hundreds or thousands or even millions of others to adopt that vision and follow the leader in working and struggling to implement it.”

Based on personal and anecdotal evidence gathered prior to beginning this study, and through the research process, I argue that the type of leader that Doohan and Door describe has the same qualities that are present in the current Hospice leadership. Looking to the future of the Hospice with the impending retirement of the Executive Director, the Board of Directors requires a selection process and hiring criteria that will identify leadership characteristics and management practices that have developed the agency to this moment in its history in order to preserve its culture. This is especially important because the current provincially funded health care system in Ontario does not have an adequate palliative care strategy, leaving many patients and families without sufficient government-funded palliative care services.

1.5 Basic Assumptions Perspectives

This thesis research was based upon the researcher perspectives and five basic underlying assumptions.

1.5.1 Perspectives:

1. The art and science of administration demonstrated by the leaders of the Hospice is a model that should/could be used as the standard of excellence in leadership.

2. The Hospice leaders exhibit management skills that are universally valued.

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35 Health Quality Ontario, Measuring Up 2016: A yearly report on how Ontario’s health system is performing (Toronto: Queen’s Printer for Ontario, 2016), 103.
across generations of employees.

3. The model of leadership excellence articulated in this thesis can be continued at this agency and could potentially be used in other similar hospice palliative care facilities.

1.5.2 Basic Assumptions:

1. Leadership skills and management practices can be identified, articulated, and developed into a replicable model.

2. There is a workplace culture imbued with spirituality.

3. This workplace culture is valued.

4. For those whose work is to care for the dying, a workplace culture imbued with spirituality is essential, regardless of their personal faith tradition or denomination.

5. The characteristics and management practices of vocational leadership can be identified, measured, and replicated, while also allowing leaders to be adaptive and responsive to contextual circumstances.

1.6 Definitions, Delimitations and Limitations

1.6.1 Definitions:

Ministry of administration / Vocational leadership: a set of terms that may be used interchangeably for the purpose of this thesis, presuming that leadership encompasses more than management practices. A ministry of administration/vocational leadership is based upon a deeply spiritual set of values that becomes the lens through which to view work and actions, and that places the human person, dignity, and divine calling at the forefront. In Doohan’s definition, spiritual leadership is “the moral center of the leader, and vision,
mission, goals, objectives and strategies are always checked against the courageous inner mastery of moral commitment."^{36}

**Spirituality**: A subjective, personal experience of the divine or transcendent interconnectedness based on established ethics, mission, values, practices and beliefs; often associated with religious practices and beliefs, but not dependent upon them. According to Doohan, spirituality “refers to the growth and evolution of life based on motivating values. It is a transitory manifestation of creation. It is the experience of faith brought to birth in the decisions of daily life.”^{37}

**Workplace culture imbued with spirituality**: A workplace culture that exists within a secular agency, but nonetheless exhibits spiritual characteristics such as an interconnected team of people serving a common mission, vision and values, with a deeply spiritual belief in the meaning and higher purpose of their work as a vocation to serve.

1.6.2 Delimitations:

The primary delimitation of this study is its application to the leadership of the Hospice. It is my hope that this model of vocational leadership will be applicable in a broader context to other hospice palliative care agencies, and perhaps even to other similar service-providing non-profit agencies. The context of this study, however, is limited to the Hospice.

1.6.3 Limitations:

There are three main limitations of note for this thesis project. First, there are approximately sixty full time staff members at the Hospice. Consequently, the sampling of gender and generational cross-sections was limited. Second, the study is further limited in that it

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^{36} Doohan, *Spiritual Leadership*, 17.

^{37} Ibid., 111.
examines the leadership practices of the Hospice administration with no direct study of other hospice leadership examples. Third, hospice leadership is an emerging field of research. Little work has been done to capture the success or failure of community-based hospice organization or their leadership in Ontario or Canada.

With these limitations acknowledged, the study does provide a coherent snapshot of leadership at Canada’s oldest and largest hospice, The Hospice of Windsor and Essex County Inc. The current Executive Director has more than thirty years of leadership activity, and has demonstrated an ability to evolve in her position to meet the needs of the Hospice. In addition, under the leadership of the Executive Director, the Hospice grew at an unprecedented rate compared to other regional and provincial examples. It is my belief that the narrow scope of the research underlying my thesis does not necessarily decrease its value, especially as this study identifies the Hospice as a model for leadership in hospice palliative care, with potential application to other similar community, volunteer-based, and service-providing organizations.

1.7 Conclusion

This chapter has provided an outline of the context of ministry, the research problem, basic assumptions, and relevant definitions, delimitations and limitation of the study. Having established the background for this thesis, Chapter 2 will turn attention to the theoretical and theological underpinnings of this project.
Chapter 2

Developing the Theoretical and Theological Implications of this Project

2.1 Introduction

In Laborem Exercens Pope Saint John Paul II wrote that humans are called to work.

*Work is one of the characteristics that distinguish* [humans] from the rest of the creatures, whose activity for sustaining their lives cannot be called work. Only [humans are] capable of work, and only [humans work], at the same time by work occupying [their] existence on earth. Thus work bears a particular mark of [personhood] and humanity, the mark of a person operating within a community of persons.38

As a defining human experience, work is central to the topic of this thesis. Almost every human being on the planet will engage in work at one point in their lives. The purpose of this thesis is not to define what constitutes work, but rather to acknowledge, as Saint John Paul II states, that work is central in our human existence and helps us to create communities and foster relationships.

Philosopher Al Gini believes that “through work we actualize ourselves, assume responsibility for our own private decisions and contribute to our communal future.”39 Gini and Saint John Paul II agree that work is a reflection of our humanity, and therefore, I would argue this makes how we structure our leadership and workplaces vitally important.40 While this thesis examines the leadership and workplace at The Hospice of Windsor and Essex County Inc., the purpose of this chapter is to situate the case study within the broader context

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of a theoretical and theological discussion about spirituality, spiritual leadership, and the construction of workplace culture.

2.2 Spiritual Leadership

Leadership as ministry accounts for how we view the world as it is today and in our best hopes for its future. It bears the weight of responsibility, intentionality, imagination, carrying and balancing the need for humanism, vision, charisma, communication, decision-making, and most importantly: inspiration. Spiritual leadership is about more than choices, decisions and actions; it is a fundamental shift in the way organizations are structured and how authority is exercised.

On the post-modern era, Gini concurs with fellow philosopher Alvin Toffler’s assessment that “we are presently experiencing more change than ever before, and that we are experiencing the change at an accelerated rate.” Gini notes that “if there is one absolute in regard to change, it is that change can and does bring about new situations and problems that can’t always be solved and answered by the same old solutions.” If the post-modern era is bringing unprecedented levels of change throughout human existence, this change is also influencing how we operate at work.

Margaret Wheatley argues in Finding Our Way: Leadership for an Uncertain Time, that for the last three hundred years Western culture has been influenced by a conceptualization of the “universe as a grand, clockwork machine.” As a result human beings have tried to replicate mechanical function within organizations, with each part or

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41 Gini, Seeking the Truth of Things, 38.
42 Ibid.
element performing its own specific function.\textsuperscript{44} The traditional organizational model, focused on “dominion over matter” also included a great deal of fear of resistance.\textsuperscript{45} For leaders, she argues, this fear led to a cycle of “exerting control, failing to control, exerting harsher control, failing again, panicking.”\textsuperscript{46} Only through confronting the powerlessness and fear that occur when the model of control does not work, can a new organizational model emerge.

Describing the new model, Wheatley writes:

Leaders who live in the new story help us to understand ourselves differently by the way they lead. They trust our humanness; they welcome the surprises we bring to them; they are curious about our differences; they delight in our inventiveness; they nurture us; they connect us. They trust that we can create wisely and well, that we seek the best interests of our organization and our community, that we want to bring more good into the world.\textsuperscript{47}

According to Wheatley, the mechanistic model of organization was created to address the chaotic, complex, and unpredictable world we now live in.\textsuperscript{48} While science and technology have become the go-to method for determining the “why” of human existence, Wheatley suggests, ‘we are being called to encounter life as it is: uncontrollable, unpredictable, messy, surprising, erratic.’\textsuperscript{49} Because life cannot be controlled, she believes that modern leaders are being called to take on the role of a spiritual leader and “help people move into a relationship with uncertainty and chaos.”\textsuperscript{50}

\textsuperscript{44} Wheatley, \textit{Finding Our Way}, 17-18.
\textsuperscript{45} Ibid., 18
\textsuperscript{46} Ibid.
\textsuperscript{47} Ibid.
\textsuperscript{48} Ibid., 125.
\textsuperscript{49} Ibid., 125.
\textsuperscript{50} Ibid., 126.
Wheatley calls this type of leadership spiritual because it has foundations in spiritual traditions throughout history and across cultures. She believes it involves key acknowledgements:

- life is uncertain
- life is cyclical
- meaning is what motivates people
- service brings us joy
- courage comes from our hearts
- we are interconnected with all life
- we can rely on human goodness
- we need peace of mind

The spiritual leadership paradigm offered by Wheatley is radically different from mechanistic understandings. She argues that “the general culture is already engaged in spiritual thinking” using the common understanding of the word vocation to describe work as a justification for this assertion. According to Wheatley, “we do not decide what our vocation is, we receive it; it always originates from outside ourselves.” For some leaders,
the link among leadership, vocation, and spirituality is jarring in the modern age. As Zeni Fox, a Professor of Pastoral Theology at Seton University writes: \(^{56}\)

> We live today in a secular age; we do not expect to hear the voices of saints, as Joan did; we do not expect to kneel in a chapel and receive an audible call from God, like Francis. But Catholic belief has as a central tenet the conviction that God has revealed God’s very self to us, in Jesus, and that this revelation is ongoing, that even today God is revealing the very Truth, Goodness and Beauty of God’s infinite Being to us. The God that called each of us into being reveals God’s self to us, that we may enter into an intimate relationship with God and through God with each other, creating community, *communio* (as Pope John Paul II stressed). \(^{57}\)

Wheatley acknowledges that her model of spiritual leadership is new in the modern era. In contrast, there are many examples of the failures in leadership, many of which have been created through a laser focus on administrative skills, practice, and process in modern businesses, in government, and also non-profit agencies. Leonard Doohan reinforces the point observing that “it has become a disheartening practice to look back over the recent shameful endings of so-called leaders’ careers. Frustration replaces the hope we placed in gifted individuals. They became arrogant, failed to facilitate the growth of others as they could have.” \(^{58}\)

Just as Wheatley argued that the mechanistic model of organization resulted in fear and powerlessness, Doohan suggests that in our drive for efficiency we have created generations of “blind visionaries and do-nothing managers.” \(^{59}\) In *Spiritual Leadership: The Quest for Integrity*, Doohan discusses the focus on efficient management that has left many

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\(^{58}\) Doohan, *Spiritual Leadership*, 121.

\(^{59}\) Ibid., 121.
workforces without leaders who know how to bring teams together, inspire staff, create cohesive missions and values, and — most importantly — educate leaders themselves through mentorship and example. He says that great leaders “are grounded in motivating values such as inner integrity, shared vision, inspiration, pursuit of mission, an awareness of human interdependence, constant humility, service of others, courage, and an enthusiastic challenge of others to be their best.”

Doohan suggests that organizations should consider the spirituality of leadership and address how they might find and cultivate leaders who can accomplish more than tasks by creating cultures of service. “Spirituality is directed to others in the essential Christian characteristic of service,” he argues. “The interaction with others is a way of embodying spirituality, and at the same time the interaction with others in mutual service creates and constitutes the spirituality.” In Doohan’s summary,

authority and effective leadership do not increase the more power is centralized but the more power is shared. Leaders need to transfer power, responsibility and accountability to workers at all levels. Studies show that the leader no longer organizes the responsibility of workers, a means of production, but draws out vision, ideas, leadership from every worker. He or she must discover the organization’s future in its people. To do this the leader will need to establish conditions, build communities, give priority to morale, show reverence, and treat everyone with grace, faith and hope.

Leadership from this perspective becomes less focused on a specific style of management and more concerned with the ability of a leader to create an environment conducive to success. We cannot expect managers to suddenly morph into the leaders we

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60 Doohan, Spiritual Leadership, 122

61 Ibid., 109.

62 Ibid., 15; emphasis in original text.
envision for our organizations; we must select the right people to place within our organizations who have the capacity to lead and the authentic, deep-rooted desire to be a leader, with all the struggle and self-sacrifice inherent in the position. As Doohan explains, there are many who

would like to be leaders or who are in potential leadership positions, seek to professionally improve themselves in study, workshops, courses, and degree programs, hoping to find the skills, the behaviours, the experiences that might enable them to be the leaders they yearn to be. They are all good but inadequate. Rather they should go deep within themselves to find the authentic self, purpose in life, and personal destiny. Then they should begin to live by the values that are part of their new outlook on life, embody the vision and values of spiritual leadership no matter the cost, focus on influencing others to be leaders, seek reflection, contribute in whatever way possible to organizational well-being, and see self as a spiritual leader.  

In Doohan’s estimation, spiritual leadership is a vocational calling and an ongoing commitment to reflection, development, and sacrifice. As already noted, authority for a spiritual leader comes from sharing their power with followers. Similarly, “a great leader is always ready to step back and welcome the birth of new leadership in former followers.” In this way, spiritual leadership becomes a reciprocal relationship in which

*showing love and encouragement* is the essential for spiritual leadership, and the spiritual leader’s love shows itself in a deep understanding of others, in sharing ideas and information, in giving and receiving emotional support, in giving help to others and also letting them know they are needed…. When people leave the presence of a great leader they know they are loved.  

The work environment created by a spiritual leader has a foundation in love, which “fosters discretionary commitment whereas in absence assure the minimalist dedication

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64 Ibid., 40.

65 Ibid., 41; emphasis in original text.
necessary to preserve one’s job,” and as a result organizations with a spiritual leader often experience unprecedented growth, employee loyalty, and accomplishments. Doohan does not propose a roadmap or identify characteristics that might allow organizations to find or develop spiritual leaders from inside or outside the organization. Rather, he presumes that leaders who wish to become spiritual leaders will challenge themselves to rise to the task of leadership. In his conclusion, Doohan sets out seven steps that leaders can undertake to create a model for spiritual leadership:

1. Remote preparation
2. Conversion – a new way of looking at things; conversion to the self can become conversion to the community one can be a part of
3. Acceptance of call
4. Implementation of the vision in action
5. Utilization of a mentor or guide or facilitation of peer support in mutual mentoring
6. Evaluation, self-evaluation, professional evaluation by others, and
7. Reflection on one’s leadership

Doohan concludes that as spiritual leaders, “we do not imitate anyone else, but see their gifts and internalize their values; then we ourselves become leaders – each one a unique leader.” The limitation of Doohan’s work is that it is most applicable to current and future leaders as a practical exploration of spiritual leadership and how to implement the practice in their own administration. It does, however, provide an excellent foundation for the exploration of the practices of spiritual leadership and the inherent motivations that a spiritual leader must possess.

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66 Doohan, Spiritual Leadership, 41.
67 Ibid., 127.
68 Ibid., 131.
69 Ibid., 135.
As a professor at the Aquinas School of Theology, a former director of the doctor of ministry program in preaching, and as an experienced administrator, Anne M. Garrido brings an important perspective to this discussion. In *Redeeming Administration: 12 Spiritual Habits for Catholic Leaders in Parishes, Schools, Religious Communities and Other Institutions*, she provides a concrete conceptualization of spiritual leadership with a list of twelve best practices for administrators which also comprise the chapters of her book. These are: breadth of vision, generativity, trust, agape, integrity, humility, courage, reflection, humour, forgiveness, embrace death, and hope. Of particular relevance to this thesis, Garrido presents twelve administrators engaged in the praxis model (discussed in chapter one as foundation in my ministry) to illustrate the twelve practices in action. She notes that “whether or not their work produced the desired effects in their settings or within their institutions, it certainly had a lasting effect on both the places in which they ministered and on the persons God intended each of them to be. They model administration as a praxis – an avenue for self-transformation.”

While Garrido’s work, like Doohan’s, is intended to help leaders develop their skills and ministry, she also provides an insightful window into the challenges of leadership when she writes: “God molds us and shapes us into the people that God dreams us to be by placing us in circumstances that insist we become those people. Administration is difficult work; there is no way around it. Every day asks us to become more than we are right now.”

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70 Anne M. Garrido, *Redeeming Administration: 12 Spiritual Habits for Catholic Leaders in Parishes, Schools, Religious Communities and Other Institutions* (Notre Dame: Ave Maria Press, 2013), n. pag.


72 Ibid., 201.
The challenge for administrators that comes to light in the works of Doohan and Garrido is how they respond to challenges and to adversity. Management educator R.J. Stepansky addresses this issue in *Thoughts on Leadership from a Higher Level: Leadership Lessons from the Bible*. Linking his analysis to the Christian notion of free will, Stepansky asserts that we have a choice to either let things happen as they may and hope the outcomes are satisfactory and pleasing to us, or to be more proactive and direct our activities and energies to ensure we will be more likely to achieve the things that will bring us satisfaction. The proactive approach takes more energy and work but the likelihood of a positive outcome is greatly increased.\(^7\)

Just as Doohan calls for spiritual leaders who are willing to take up the mantle of leadership,\(^7\) Stepansky echoes the requirement for leaders to commit to facing the inherent challenges of leadership with patience and positivity.\(^7\) Relating his theories to biblical sources, he calls on the Book of Ecclesiastes as an illustration of the power of emotional management\(^7\) and the Gospel of St. Matthew which stresses addressing each issue individually without becoming consumed by worry.\(^7\)

Self-awareness and self-leadership are key components of the Jesuit model of leadership, discussed by former Jesuit Chris Lowney in *Heroic Leadership*. Bringing his experience as the managing director of J.P. Morgan in New York, Tokyo, Singapore, and


\(^{74}\) Doohan, *Spiritual Leadership*, 127.

\(^{75}\) Stepansky, *Thoughts on Leadership from a Higher Level*, 17.

\(^{76}\) Ibid.

\(^{77}\) Ibid.
London, and in his current role as consultant for the Catholic Medical Mission Board,\textsuperscript{78} he argues that the Jesuit approach “to molding innovative, risk-taking, ambitious, flexible global thinkers \textit{worked},”\textsuperscript{79} and that modern leadership is a “shallow substitution of technique for substance.”\textsuperscript{80} Lowney focuses on four key values in the model developed by Ignatius Loyola:

- Self-awareness
- Ingenuity
- Love
- Heroism\textsuperscript{81}

These four values acknowledge that “we’re \textit{all} leaders and that our whole lives are filled with leadership opportunities.”\textsuperscript{82} The Jesuit model proposes that first of all we are self-leaders\textsuperscript{83} and this is why it also includes a typical Ignatian daily \textit{“examen”} in the form of a prayerful self-reflection that allows leaders to identify the heart of a challenge and to focus on the “richest potential of every moment.”\textsuperscript{84} As heroic leaders, spiritual leaders grounded in the four pillars will embrace:

1. understanding their strengths, weaknesses, values, and worldview
2. confidently innovating and adapting to embrace a changing world


\textsuperscript{79} Lowney, \textit{Heroic Leadership}, 4.

\textsuperscript{80} Ibid., 9.

\textsuperscript{81} Ibid.

\textsuperscript{82} Ibid., 5.

\textsuperscript{83} Ibid., 9.

\textsuperscript{84} Ibid., 208-9.
3. engaging others with a positive, loving attitude
4. energizing themselves and others by heroic ambitions\textsuperscript{85}

Lowney’s work showcases the important history of spiritual leadership. The Jesuit community has been active since its foundation in 1540, and as leaders Jesuits have built a global network of higher education. They have acted as advisors to monarchs throughout Europe and Asia and were missionaries and explorers throughout Europe, Asia, and North America.\textsuperscript{86} Jesuit (or Ignatian) spirituality is effective because of the \textit{modo de proceder} or self-reinforcing commitment to the four core principles identified by Lowney.\textsuperscript{87} By implementing any one of the values of self-awareness, ingenuity, love, or heroism in their daily lives, Jesuit leaders also reinforce each of the other values.\textsuperscript{88}

As Lowney says, “leadership is a way of living in which basic life strategies and principles reinforce one another.”\textsuperscript{89} Through living the Ignatian model, “real leaders – real heroes – find fulfilment, meaning, and even success by shifting their gaze beyond self-interest and serving others. And they become greater – enhanced as persons – by focusing on something greater than self-interest alone.”\textsuperscript{90} With such impressive historical contributions from Jesuit leaders, the model adds an important dimension to the definition and evaluation

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\textsuperscript{85} Lowney, \textit{Heroic Leadership}, 294-295.
\textsuperscript{86} Ibid., 7.
\textsuperscript{87} Ibid., 245.
\textsuperscript{88} Ibid.
\textsuperscript{89} Ibid.
\textsuperscript{90} Ibid., 292.
\end{flushright}
of spiritual leadership; particularly because it is self-sustaining, it focuses on positive
development, and it has proven to be highly effective in a variety of fields and endeavours.

The former President and CEO of the Southdown Institute and a clinical psychologist
who is a leader in healthcare, Donna Markham, OP stresses the power of positivity as a
leadership tool in her book *Spiritlinking Leadership*. Markham coins the term
“spiritlinking” to define an ability to address organizational change through building
networks and relationships that generate ideas and focus on organizational mission.
Furthermore, she believes that spiritlinking leaders have the ability to “generate courage and
the belief that as long as persons are connected and unified in single-minded commitment to
the mission that is yet hazy and amorphous, the swirling and fuzzy vista ahead is filled with
possibility and potential.” In their call to what she identifies as heroism, spiritlinking
leaders “invite us to passion and help us to face together the different, the other, the
frightening and the unexpected so that we may discover more deeply that the good that we
hold in common is nothing less than the participation of the mystery of the yet
unimagined.”

In *Faith at Work: A Spirituality of Leadership*, Donal Dorr classifies this type of
leadership as “classical” and describes such a leader as someone “who has a burning personal

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91 Donna J. Markham, *Spiritlinking Leadership: Working through Resistance to Organizational
Change* (Mahwah, NJ: Paulist Press, 1999), back cover.

92 Ibid., 3.

93 Ibid., 13.

94 Ibid., 89.

95 Ibid., 89.

96 Donal Dorr is a writer and specialist in conflict management and also leadership. His
writings offer various frameworks for leadership, particularly in the definitions he provides of
vision and at the same time has found ways of inspiring hundreds or thousands or even
millions of others to adopt their vision and follow the leader in working and struggling to
implement it."97 As Dorr points out, “the most striking quality of the vision is its power.”98
Drawing on the work of the Catholic theologian Timothy O’Connell, Dorr illustrates the link
between human emotions and imagination,99 explaining how O’Connell suggests that by
imagining a vision and helping others to conceptualize this potential future reality, a leader
can motivate, in Dorr’s words, “heroic action” that stems from “strong feelings of faith, hope
and determination.”100

Dorr argues that although vision is a difficult concept to define, it usually includes a
strong link between the values that a person espouses and the end goal they are trying to
achieve.101 He further clarifies that vision goes beyond a mere statement of values and is
transformed by the leader’s imagination and conceptualization of a possible future that is
worth working towards.102 By motivating others to embrace their vision, leaders are
harnessing a great deal of creative and imaginative energy as each individual pictures the
potential future and finds common ground with the underlying values.

Dorr is willing to acknowledge that the evolution of this type of leader is rarely
spontaneous and may require development over time:

leadership styles and traits. I use these as a basis for my thesis research. Donal Dorr, About Donal Door,

97 Dorr, Faith at Work, 68.
98 Ibid., 85.
99 Ibid.
100 Ibid., 85.
101 Ibid., 86.
102 Ibid.
For instance, the person who is now a major leader of the classic type may have started off as an emergent leader. While working with others, this person gradually discovered the full range of his or her leadership gifts and eventually grew into the dominant and almost overwhelmingly powerful leader of the classic type.103

At the same time, Dorr believes it is important to acknowledge that the characteristics of a visionary and inspiring leader can also be used to perpetuate great harm within organizations, communities, and societies. He illustrate this example with well-known political leaders whose controversial leadership choices are well documented and highly visible. Dorr suggests that Robert Mugabe of Zimbabwe and Hastings Kamazu Banda, the former president of Malawi, serve as warnings:

They were visionary people, working to serve the community, and were truly inspirational for millions of people. But over the years they became more and more isolated from those who could challenge them. Gradually, they became corrupted by the power they had taken and been given.104

For this reason, Dorr looks to leadership that is rooted in spirituality, that concerns itself with morality, and most importantly, that has “the ability to ‘discern between good and evil.’”105 Citing the Gospel of St. Matthew and Jesus’ invitation to view leadership as the service of others, Dorr distinguishes leadership from the pursuit of power, seeing it as an act of service,106 as well as a responsibility to “inspire, encourage, and challenge those who were subject to their authority.”107 Margaret Benefiel, an expert in spiritual management and leadership coaching, and an adjunct faculty member at Andover Newton Theological School,

103 Dorr, Faith at Work, 71-72.
104 Ibid.
105 Ibid., 3.
106 Ibid., 4.
107 Ibid., 100.
concludes that “leaders know that material success, while it is one element of a healthy organization, is not the most fundamental. Because their leadership grows out of a wellspring of deep spiritual groundedness, their leadership is characterized by compassion, service, respect and wisdom.”

The authors referred to in this section provide an essential snapshot of spiritual leadership theory to date. For the purposes of this thesis, I have chosen to focus on the spirituality of leadership described by Doohan and the essential leadership characteristics described by Dorr as foundations for the research design, which is discussed in Chapter 3.

2.1.1 Spiritual Leadership at Work

I now turn my attention to the impact of spiritual leadership on the workplace. Doohan, Dorr, Markham, and Wheatley present the case that spiritual leadership has a great potential to change the relationship between a leader and his/her followers. A focus on mission, vision, and values is essential for the development of spiritual leadership according to Doohan:

The leadership style of an organization directed by a spiritual leader would be collegial government in which a leader discovers his or her true self in the group or community in which he or she works. This requires the humility to realize a leader does not have all the answers, and the awareness that genuine organizational direction percolates up to the leader from followers. The organization is led by mission and values, not by organizational goals and objectives. It is shared mission, values and vision that enthuse and motivate the organization.

Doohan’s work suggests that spiritual leaders are able to build workplaces that have a strong sense of unity and collegiality. The effectiveness of this type of leadership is discussed in a study conducted by Gary Strack, the President and CEO of Boca Raton Community

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109 Doohan, *Spiritual Leadership*, 93; emphasis in original text.
Hospital in Florida and Myron Fottler, Professor and Executive Director of the Department of Health Professions at the University of Central Florida.\textsuperscript{110} In a review of literature on the subject of leadership and spirituality in health care and other organizations, Strack and Fottler found a strong link between spirituality and organizational performance and suggest that “effective leaders use their spiritual wisdom, intelligence, and power to benefit others and achieve outstanding results for their organizations.”\textsuperscript{111}

Strack and Fottler take a unique approach to understanding how the effective leadership techniques identified by James M. Kouzas and Barry Z. Posner can address the spiritual needs that Tom Morris, an active public philosopher and recipient of a joint Ph.D. in Philosophy and Religious Studies,\textsuperscript{112} established. Kouzas’ and Posner’s practices for extraordinary leaders are:

1. challenge the process
2. inspire a shared vision
3. enable others to act
4. model the way
5. encourage the heart\textsuperscript{113}

Morris’ four human spiritual needs are:

1. to be unique
2. to be in union with something greater than oneself
3. to be useful
4. to be understood by others as well as to understand how one fits into a greater context\textsuperscript{114}


\textsuperscript{111} Ibid., 16.


\textsuperscript{113} Strack and Fottler, “Spirituality and Effective Leadership,” 9.

\textsuperscript{114} Ibid., 8.
Based on their research, Strack and Fottler determined that Kouzes’ and Posner’s leadership practices address Morris’ spiritual needs framework in the following ways:

1. encouraging the heart nurtures and respects the need to be unique and to be understood and to understand
2. challenging the process, inspiring a shared vision, and encouraging the heart nurture and respect the need to be understood and to understand
3. inspiring a shared vision nurtures and respects the need to be in union with something greater than self
4. modeling the way and enabling others to act nurtures and respects the need to be useful

Through their research, Strack and Fottler discovered that effective leaders implement practices that nurture and respect Morris’ four needs of the human spiritual dimension: to be unique, to be in union with something greater than one’s self, to be useful, and to be understood by others as well as understand how they fit into a greater context. Effective healthcare leaders do this by challenging the process, inspiring shared vision, enabling others to act, modeling the way, and encouraging the heart.

Strack and Fottler’s work has particular relevance to this thesis because it surveys the most relevant literature pertaining to spirituality and effective leadership, and draws links to specific practices employed by health care leaders. Paul Longenecker, a senior instructor in the Department of Health and Sport Sciences at Otterbein University, conducted a similar study of executives in American hospices. While Longenecker was investigating transformational leadership, Strack and Fottler established a link between transformational leadership and spirituality, using an unpublished Ph.D. dissertation by S.E. Jacobsen, whose study participants were transformational leaders who “agreed that spiritual traditions or

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116 Ibid., 16.

principles have played a fundamental role in the formation of their values and beliefs. These values and beliefs are the foundation of everything they did and have had a profound affect on their leadership practices.”\(^{118}\) In addition, in the course of his Ph.D dissertation, R. Marinoble also found a correlation between transformational leadership and spirituality, discovering that “for the majority of participants, their faith and leadership experiences were mutually interactive.”\(^{119}\)

Based on Strack and Fottler’s correlation, transformational leadership studies such as Longenecker’s are relevant in the discussion of leadership skills, especially given that his study was conducted with hospice leaders. Longenecker was looking for four behaviours in transformational leaders: “idealized influence (attributed and behavioral), inspirational motivation, individualized consideration, and intellectual stimulation.”\(^{120}\) These were compared to traditional (transactional) leadership that “focuses on exchanges between leaders and their subordinates.”\(^{121}\) Although his study was limited by its small sample size, he found that hospice leaders believed they “utilized high levels of transformational leadership skills.”\(^{122}\)

The effect of transformational leadership in the workplace was studied by Jane Howell, Professor Emeritus of Organizational Behavior at the Ivey Business School at the

\(^{118}\) Strack and Fottler, “Spirituality and Effective Leadership,” 12.

\(^{119}\) Ibid., 14


\(^{121}\) Longenecker, “Evaluating Transformational Leadership Skills,” 216.

\(^{122}\) Ibid., 211.
University of Western Ontario,¹²³ and Bruce Avolio, a Professor of Management in the Foster School of Business at the University of Washington.¹²⁴ In their collaborative research they identified a positive correlation between transformational leadership skills and organizational success and proposed that “leaders who displayed less management by exception and less contingent reward and more individualized consideration, intellectual stimulation and charisma positively contributed to the achievement of business unit goals.”¹²⁵ They concluded that “managers need to develop transformational-leadership behaviors for a more effective leadership profile and for higher payoff in their respective organizations.”¹²⁶

With a correlation established by Strack and Fottler between the characteristics of transformational leadership and spiritual leadership, these studies help to establish the benefits to both the leader and the organization when a spiritual leadership model is employed. Spiritual beliefs can and do guide the decisions made by a leader, especially influencing how they view problems. This is a topic studied by Kelly Phipps, a professor in the Helzberg School of Management at Rockhurst University,¹²⁷ who believes “a strategic leader’s spiritual beliefs can provide strategic advantage in the way they filter and frame the


¹²⁶ Ibid.

information available to the leader. Thus the strategic advantage is not in having the “right” belief, but rather is the product of how the belief is used by the leader.”

Phipps does acknowledge that the effectiveness of using spirituality to frame decision-making is dependent upon the leader’s degree of self-knowledge and self-enlightenment. Phipps writes that these offer a strategic advantage in organizational decision making that will increase as the leader examines how he or she uses them to filter or frame available information. Through higher levels of constructive development, reflection, and self awareness about how those beliefs are used, a leader could increase the likelihood that personal spiritual beliefs would provide strategic advantage in future decision making. Leadership development then becomes less about adding spirituality and more about examining the existing belief system and its method of use by the leader.

Integrating spiritual beliefs in leadership has an ability to transform workplace culture, makes a positive impact on employee satisfaction, improves the strategic decision-making skills of a leader, and also increases the productivity of an organization. However, spiritual leadership also requires a great deal from the leader, including a willingness to engage in self-reflection, and nurture a belief system that can be used as a leadership tool. The next section outlines some of the coping mechanisms that spiritual leaders may need to incorporate in order to remain grounded in their work.

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128 Phipps, “Spirituality and Strategic Leadership,” 186; emphasis in original text.

129 Ibid., 186.
2.2.2 Coping Mechanisms for Spiritual Leaders

Carnegie Calian, the former president of Pittsburgh Theological Seminary,\textsuperscript{130} highlights some of the challenges faced by spiritual leaders. He explains that

> the realities of our lives are filled with ambiguities, and this is certainly true in our organization life. This is why followers and leaders, faced with demanding and unhappy decisions, ought to have their own private spaces as sanctuaries for emotional rest and reflection. Quiet moments of disciplined meditation offer one a chance to review issues that may have been neglected or handled foolishly. In a more prayerful context, we can confess our doubts and anxieties, thereby strengthening our inner soul, where the heart of leadership resides and listens for divine guidance.\textsuperscript{131}

Calian admits to being “suspicious of anyone who says he or she loves being the leader of any organization all of the time, not willing to admit publicly at least the number of frustrations and disappointments that exist without solutions, knowing that most responses may be fruitless.”\textsuperscript{132}

From the perspective of psychology, Jeremy Cummings and Kenneth Pargament believe that any goal or action can take on religious significance when a person believes it involves some aspect of the divine. For example, goals take on additional forms and become a religious endeavour when either the goals or the pathways used to reach those goals involve the sacred. Anything that an individual believes to be associated with the divine or to possess divine qualities (e.g., boundlessness, transcendence, ultimacy) is sacred for the individual. Communion with God is an obvious example of a sacred goal, and prayer is one sacred pathway to attain that goal.\textsuperscript{133}

\textsuperscript{130} Carnegie Samuel Calian, \textit{The Spirit-Driven Leader: Seven Keys to Succeeding Under Pressure} (Louisville, KY: Westminster John Knox Press, 2010), back cover.

\textsuperscript{131} Calian, \textit{The Spirit-Driven Leader}, 85-86.

\textsuperscript{132} Ibid., 89.

This finding is significant for spiritual leaders because any task, even the most tedious administrative duties, can become more meaningful when they contribute to sacred goals. Psychiatrist James L. Griffith suggests that “religious faith is often a pillar that supports hope even when life’s circumstances leave no statistical probability for a good fortune,” and thus coping mechanisms can be discovered through relationships with God.\(^{134}\) Harkening back to the Ignatian model of leadership, Lowney believes that connection can be found through the daily examen, a spiritual practice which he explains as

a prayerful encounter yielding insights that may, in some inscrutable way, bear God’s fingerprint. The examen begins with prayer, which frames each day’s challenges and frustrations within a broader perspective: this is ultimately not your world but God’s. And with that perspective in place, inner calm follows frequently enough.\(^{135}\)

Erik Rees, a pastoral leader at Saddleback Church in Lake Forest, California and a trainer and consultant with Purpose Driver Ministries,\(^{136}\) and Jeff Jernigan, the senior pastor at West Community Friends Church in Corona, California and a pastoral counsellor experienced in life coaching and corporate consulting,\(^{137}\) also emphasize the requirement that leaders engage in a relationship with God in order to effectively transform their workplaces. They write that “it is the Holy Spirit that opens the mind and the heart, often using what we as servants and witnesses have communicated in the message of our walk and talk.”\(^{138}\)

\(^{134}\) Griffith, *Religion that Heals*, 86.


\(^{137}\) Rees and Jernigan, *Tilt*, back cover.

\(^{138}\) Ibid., 199.
For philosopher Gini, the key to success is a deliberate forgetting of self that “each generation needs to learn to forget itself on purpose, to let go of its ego needs, to step back from centre stage, and at the very least be open to the voices and the needs of others.”

While the challenges and benefits of spiritual leadership are immense, Dorr argues that “those of us who are looking for good leaders are entitled – even obliged – to turn to the people in whom we see leadership potential and invite them to take on a leadership role.” Integrating this theory with Gini’s work, it is plausible to argue that leaders who have the potential to step forward and transform their organizations are obligated to do so, forgetting self, and serving the needs of others.

2.2.3 Grounding Spiritual Leadership in Theology

Grounding the spiritual leadership in theology is an important facet of this study of The Hospice of Windsor and Essex County. In *A Theology for Ministry*, Gordon Jackson, a retired professor of theology and pastoral care and dean of the faculty at Pittsburgh Theological Seminary, compares spirituality to adventuring, and suggests that spirituality allows individuals to envision a greater future and strive towards a goal that is attainable through the grace of God. Spirituality becomes the discovery of purpose, of reason for being, and of a way to serve God, while loving fellow human beings. Spirituality helps people to determine such things as importance, intentionality, and imagination in their work and in their lives. Jackson argues that conscious and subconscious decisions are related to our

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140 Dorr, *Faith at Work*, 96.
142 Ibid., 105.
intensions, which in turn can create purpose and also steer the direction of human lives, as imagination conceptualizes those priorities and intensions and transforms them into a potential vision of the future.

Jackson does propose an important consideration for a leader. He believes that our intensions are formed from our experiences which are “culture laden, conveyed in the stories that trace the life of our universe, the rise of philosophical visions, the rational or theological explanations of our religious institutions, the moral, social, economic and political values by which a people live.” In Jackson’s estimation, understanding our call to serve God must also include self-knowledge. This concept was addressed by St. Bernard of Clairvaux, a millennium earlier, when he suggested that in order to have knowledge, determine intentionality, and gain perspective, a leader must first know himself or herself:

Although you know every mystery, the width of the earth, the height of the heavens, the depth of the sea; if you do not know yourself, you are like a building without a foundation; you raise not a structure but ruins. Whatever you construct outside yourself will be but a pile of dust blown by the wind. Therefore, [they are] not wise, whose wisdom is no benefit to [themselves]. The wisdom of the wise [person] will benefit [them] and [they] will be the first to drink from the water of [their] own well. Therefore, let your consideration begin and end with yourself.

A credible and experienced leader of the Cistercians, St. Bernard of Clairvaux established that a leader requires a great deal of self-knowledge in order to set priorities and to lead from a place of wisdom, a theme that Jackson further develops. How a leader chooses to express his or her vision and intentionality in the world is the subject of Fr. Donald Senior’s study of

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143 Jackson, *A Theology for Ministry*, 64.
144 Ibid., 79.
145 Ibid., 54.
leadership examples in the New Testament. Fr. Senior, C.P. holds a Licentiate in theology and a Doctorate in New Testament Studies from the University of Louvain, and among his other professional accomplishments, he has served as the president of the Catholic Theological Union for twenty-three years. Similar to Dorr in his focus on leadership as a service to others, Senior believes that “leadership expressed in service to others is truly a Christian vocation, one at the heart of the Gospel message.”

Senior looks to the Gospel of Matthew for examples of the qualities of leadership commanded by Jesus: “leaders should be humble like a child (18:2-5), should care for the vulnerable members of the community – seeking them out rather than despising them (18:6-14) – resolve conflicts in a reasonable and respectful way (18:15-20) and, above all, have a spirit of unlimited forgiveness (18:21-35).” Of particular importance for Senior is the contrast that Jesus drew between Christian and secular leadership, citing the Gospel of Mark:

“You know that those who are recognized as rulers over the Gentiles [i.e., the Roman imperial authorities] lord it over them and their great ones make their authority over them felt. But it shall not be so among you. Rather, whoever wishes to be great among you will be your servant; whoever wishes to be first among you will be the slave of all” (Mark 10:42-44). Jesus concludes with a profound statement about his own life and mission: “For the Son of Man did not come to be served but to serve and to give his life as a ransom for many” (10:45). All of his life – his healings, his association with the outcast and the vulnerable, his words of inspiration and comfort, his confrontation with injustice, his care and feeding of the poor – all of this was an act of “service” (the Greek word, diakonia), an outpouring of Jesus’ life on behalf of all.


149 Ibid., 72.

150 Ibid., 72-73.
Donald Messer, president of the Iliff School of Theology,\textsuperscript{151} also develops a strong link between service and spiritual leadership. In \textit{Contemporary Images of Christian Ministry}, he asserts that all Christians “are called into ministry; this is the essence of the doctrine of the ministry of the laity…. As Leo Tolstoy would say: ‘The vocation of every man and woman is to serve other people.’”\textsuperscript{152} Following the example of Jesus, part of this vocation of service takes on a healing ministry, according to Senior. As a “charismatic” leader, Jesus’ “power to heal bound up the physical and psychological wounds of his people,”\textsuperscript{153} and “evoked a blessed future in which those who mourned, those who were trampled down by others, those who were disinherit ed and suffered persecution, would be vindicated by God and shed no more tears.”\textsuperscript{154} For Senior, the image of a “caregiver” is synonymous with the role of a minister in the Gospel. He writes that

people everywhere – even those who are fully healthy – can be prone to forget who they truly are and forget to whom they ultimately belong. For the sake of these, the Christian is called to serve as a “caregiver” to the world: dealing with others with respect, caring for them, and lovingly reminding them of the truth of their ultimate identity.\textsuperscript{155}

This link is particularly important when applied to leadership in a health care setting.

According to the medieval Franciscan scholar St. Bonaventure, who wrote extensively on the duties of a Christian leader, there is an obligation to care for the sick. He wrote that “one

\textsuperscript{152} Senior, \textit{The Gift of Administration}, 68.
\textsuperscript{153} Ibid.
\textsuperscript{154} Ibid., 29.
\textsuperscript{155} Ibid., 156.
must show every kindness to the sick and enfeebled…. a sick person cannot help
themselves] in [their] afflicted condition, and is all the more troubled if those who are
committed to [them] do not console [them], relieve [them] from [their] work, provide for
[their] needs, or have compassion on [them].”

While St. Bonaventure admonishes leaders to care for the sick, he establishes that
suffering has redemptive qualities. Katie Eriksson, a nursing theorist, argues that human
beings need to face some level of suffering or lack of physical health in order to find
wholeness of spirit and spiritual health. She suggests that health “is consistent with
endurable suffering.” Messer also adds an important perspective, noting that “being
reconciled to the inevitable or the unavoidable is a form of healing. All Christian healing is
not restoration of health; it, rather, can be the healthy acceptance of the way things are.”

With a complementary perspective, Nass Cannon, a physician, believes that the act of
caregiving can “transform our lives into living prayer so that our interactions with the
suffering become supercharged with the vitality of the presence of God.” As a physician
with expertise in cancer care and a world leader in spirituality, Dr. Bernie Siegel brings an
important dimension to this discussion when he writes, “I’ve observed that people who face

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158 Ibid., 75.

159 Messer, Contemporary Images, 93.


life-threatening illness are often able to recover the ability that most of us have lost by the
time we reach adulthood – the ability to connect with the soul.”

Senior established that in the tradition of Jesus, caregiving is an essential part of
ministering and leading. He explains that “during the lifetime of the earthly Jesus, the
disciples are sent out to heal and cast out demons in the same manner as Jesus’ own
mission.” Senior continues by quoting the commission written by Luke in the Acts of the
Apostles: ““But you will receive power when the holy Spirit comes upon you, and you will
be my witnesses in Jerusalem, throughout Judea and Samaria, and to the ends of the
earth.”” Through these examples, Senior argues that the healing ministry of Jesus
continued through the actions of the apostles and then, later, throughout history. The
relevance for today’s spiritual leaders is how they understand the connection between
caregiving and ministry. Cannon pointed to the ability for leaders to experience caregiving as
a conduit to God. In a service ministry, particularly in health care, the act of caregiving is a
ministry rooted deeply in the traditions of the Church and offers an unexpected avenue of
communion with the Holy Spirit.

2.3 Workplace Spirituality

The previous sections addressed spiritual leadership in a modern context, and also grounded
this theory theologically. In Chapter 1, I established that the purpose of this study is to
determine the leadership characteristics and management practices that shaped a workplace

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164 Ibid., 48; citing Acts 1:8.

165 Ibid.
imbued with spirituality at the Hospice. As a result, I believe it is also important to explore the effects of spiritual leadership in the workplace, establishing what other authors have identified as characteristics of workplace spirituality. In her model for spiritual leadership, Margaret Wheatley writes, “nothing motivates us humans more than meaning…. most people want their work to serve a greater good, to help other people. It doesn’t matter what the work is; we’d rather be doing it in service to other people.”  

Wheatley makes the case that work is imbued with a greater sense of purpose than mere tasks.

In their 2000 study of spirituality in the workplace, Donde Ashmos (Plowman), the James Jr. and Susan Stuart Endowed Dean of the College of Business Administration at the University of Nebraska, and Dennis Duchon, the E.J. Faulkner Professor of Management and Department Chair of Management at the University of Nebraska, define the “spirituality movement,” as a particular organizational theory that creates “meaning, purpose and a sense of community” in the workplace through spirituality. They establish that spirituality at work “is about employees who understand themselves as spiritual beings whose souls need nourishment at work. It is about experiencing a sense of purpose and meaning in their work.”

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166 Wheatley, Finding Our Way, 128.

167 Donde Ashmos is also known as Donde P. Ashmos and Donde Plowman. For the purposes of this paper I will include (Plowman) following “Ashmos” in articles authored prior to adoption of “Plowman” as a last name.


171 Ibid., 135.
For Plowman and Duchon, workplace spirituality is defined as three components: “the inner life, meaningful work and community.” In a subsequent study published in 2005, they suggest that “with the decline in traditional sources of community – such as neighbourhoods and memberships in traditional church denominations – people seem to bring their needs for community to work. Thus, people increasingly place demands on the workplace for a sense of wholeness and connectedness.” This study is particularly significant because the authors found a strong connection between what they termed “spirit-friendly work units” and leaders who possessed spiritual leadership qualities. Furthermore, the work units were identified as spiritual or spirit-friendly precisely because the leader “enables community and enables the realization of meaningful work.”

Robert Giacalone, Surtman Distinguished Professor of Business Ethics at the University of North Carolina at Charlotte, and Carole Jurkiewicz, professor in the E.J. Ourso College of Business Administration at Louisiana State University, offer a similar definition of workplace spirituality, stating that it relates to

aspects of the workplace, either in the individual, the group, or the organization, that promote individual feelings of satisfaction through transcendence. To elaborate, that

172 Ashmos and Duchon, “Spirituality at Work,” 137.
174 Ibid., 823.
175 Ibid.
the process of work facilitates the employees’ sense of being connected to a nonphysical force beyond themselves provides feelings of completeness and joy.\textsuperscript{178}

In their 2004 study, they outline ten key values that they say are present in a culture with workplace spirituality: benevolence, generativity, humanism, integrity, justice, mutuality, receptivity, respect, responsibility, and trust.\textsuperscript{179} Jurkiewicz and Giacalone related these ten values to what business theorist Jeffrey Pfeffer of the Stanford Graduate School of Business\textsuperscript{180} identifies as four fundamental dimensions of what people seek in the workplace:

1. interesting work that permits them to learn, develop, and have a sense of competence and mastery;
2. meaningful work that provides some feeling of purpose;
3. a sense of connection and positive social relations with their coworkers; and
4. the ability to live an integrated life, so that one’s work role and other roles are not inherently in conflict and so that a person’s work role does not conflict with his or her essential nature and who the person is as a human being.\textsuperscript{181}

According to Jurkiewicz and Giacalone, by having the ten values in operation within a workplace, an employee is allowed to integrate his or her whole self (personal and professional) into their work.\textsuperscript{182} In a similar definition, Dr. Leo Kim, a physical organic chemist, molecular geneticist, CEO of a biotechnology firm, and spiritual healer,\textsuperscript{183} defines the spiritual as an integration of universal doctrines drawn from great world religions:

\begin{footnotesize}

\textsuperscript{179} Jurkiewicz and Giacalone, “A Values Framework”, 131.


\textsuperscript{182} Jurkiewicz and Giacalone, “A Values Framework”, 134.

\textsuperscript{183} Leo Kim, “Improving the Workplace with Spirituality,” \textit{The Journal for Quality and Participation} 32, no. 3 (October 2009): 35.
\end{footnotesize}
- We are one with each other and the universe
- The most important ingredients in our world are hidden
- What we think we become
- We are not victims of the past, and we are empowered to change our lives
- There is great power in our collective consciousness

Kim believes that spirituality has the power to transform the workplace, and concludes that “most of us spend more time at work than with our families. We can make the choice to experience the workplace as a positive experience and also enhance our personal lives.” As Duchon and Plowman argued, there is a greater need for this type of integration of personal, professional, and spiritual in the workplace.

Duchon and Plowman’s work established a strong connection between workplace spirituality and spiritual leadership. In his model of workplace spirituality facilitation, Badrinarayan Pawar, a Professor of Human Resources Management at the National Institute of Bank Management in Pune, also established a link between spiritual leadership and workplace spirituality. He found that “individual spiritual development of leaders can facilitate a leader’s focus on organizational spirituality and a leader’s adoption of personal spiritual values and practices.” In another 2009 study, Pawar found that workplace

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184 Kim, “Improving the Workplace with Spirituality,” 33.
185 Ibid., 35.
186 Duchon and Plowman, “Nurturing the spirit at work,” 822.
189 Ibid.
spirituality had a significant positive effect on employees’ job satisfaction, job involvement and organizational commitment.\textsuperscript{190}

In their analysis of five studies of workplace spirituality, Robert Kolodinsky, Professor of Management at James Madison University,\textsuperscript{191} Robert Giacalone, and Carole Jurkiewicz found that

organizational spirituality was positively related to job involvement, organizational identification, and rewards satisfaction, and negatively associated with organizational frustration. The current findings appear to suggest that workers desire workplaces perceived as exuding spiritual values, even if the workers themselves are not personally spiritual.\textsuperscript{192}

In addition, Keiko Krahnke, Management Chair and Professor of Management, Business Communications at the Monfort College of Business, University of Northern Colorado,\textsuperscript{193} Robert Giacalone and Carole Jurkiewicz suggest that

generalized benefits of a spiritual culture are believed to include increased physical and mental health of employees, advanced personal growth, and an enhanced sense of self-worth. The body of research extends these findings and serves to refute the notion that all of what we know about spirituality are purely philosophical, animistic notions that preclude the practicality of a science.\textsuperscript{194}


Specifically applying the effects of workplace spirituality in a health care setting, Sr. Maureen McGuire, the senior vice president for mission integration at Ascension Health in St. Louis, argues that by engaging spirituality in the workplace we are able to think in terms of relatedness and connection even as we identify what is distinctive. So, when we speak of mission and values integration in relation to workplace spirituality, we can readily see that both efforts strive for the fulfillment of our mission and the holistic well-being of patients, families, employees and the community.

Although the study of workplace spirituality is a relatively new field, based on the work of the authors discussed, the benefits of workplace spirituality in the creation of effective, engaged, and energizing workplaces are evident. Whether workplace spirituality is created as a result of spiritual leadership, deliberately by a spiritual leader, or both, the resulting effects can be positive and beneficial to the organization.

2.5 Conclusion

This chapter has situated spiritual leadership and workplace spirituality within historical and current theory. I now turn my attention to the methodology of the thesis study at The Hospice of Windsor and Essex County in Chapter 3.

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196 Ibid., 15.

Chapter 3

Method

3.1 Action in Ministry: Leadership and Workplace Culture at The Hospice of Windsor and Essex County Inc.

Qualitative research attempts to “make sense of, or interpret, phenomena in terms of the meanings people bring to them.”198 As described in previous chapters, my research seeks to describe leadership characteristics and management practices that have shaped the workplace culture within the first and largest community-based hospice in Canada, The Hospice of Windsor and Essex County.

As a member of the senior leadership team, my ministry at the Hospice places me in the midst of the culture and practices of the workplace. While aware of my own research bias, my objective is to discover through this research whether or not those who work at the Hospice experience the workplace culture as spiritual. I hope to discover, contextualize and define some of the leadership characteristics and management practices that have shaped a ministry of administration and the culture of the Hospice since it was established in the Windsor-Essex community in 1979.

3.2 Research Methodology and Design

I used phenomenological methodology and a case study method to examine a specific institution (case) where the human experience of workplace culture and leadership could be identified, contextualized, and analyzed. Studying leadership and workplace culture at the Hospice acknowledges the values and practices that have shaped the organization by examining the current context in dialogue with the past in order to discover how the

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organization was developed.

3.2.1 Phenomenology and the Case Study Method

Phenomenology is a methodology that captures and explores the lived experience of a group of individuals. According to methodologist John W. Creswell, phenomenology’s basic purpose “is to reduce individual experiences with the phenomenon to a description of the universal essence (a ‘grasp at the very nature of the thing,’ van Manen, 1990, p. 177).” The researcher then “collects data from persons who have experienced the phenomenon and develops a composite description of the essence of the experience for all of the individuals. This description consists of ‘what’ they experienced and ‘how’ they experienced it.”

Creswell believes that phenomenology includes three important philosophical elements:

1. the study of the lived experiences of persons
2. the view that these experiences are conscious ones
3. the development of descriptions of the essences of these experiences, not explanations or analyses

As a methodology rooted in philosophy, phenomenology allows me to reflect upon a lived experience and to interpret themes and meaning from the description of persons involved in the study, particularly within the context of leadership. Specifically, I drew upon the hermeneutical style of phenomenological interpretation posited by van Manen, wherein the researcher uses their own expert knowledge and subjectivities to interpret the research data.

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200 Ibid.

201 Ibid.
collected. With this in mind, I explored individuals’ perceptions and experiences of leadership with all the levels of staff at the Hospice in order to articulate how administrative leadership has shaped the agency. From this exploration, a number of leadership characteristics emerged. In turn, these findings could be of use to future leadership recruitment committees.

Tim Sensing, an expert in research methodologies for the Doctor of Ministry program at Abilene Christian University, argues that the case study method is “an invigorating approach to help congregants to think and learn about various topics vicariously through the lives of others who have travelled down the same pathways.” Building upon the methodological work of Robert Yin, Sensing states that the case study method allows researchers to examine contemporary real-life situations and provide the basis for the application of ideas and the extension of methods. Yin defines the case study research method as an empirical inquiry that investigates a contemporary phenomenon within its real-life context, when the boundaries between phenomenon and context are not evident, and in which multiple sources of evidence are used.

In this study, the case method offers a way to narrow my focus to one specific investigation that emerges from “current issues and events.” Additionally, a case study method encouraged a multi-tool approach, favoured by John Creswell, utilizing a variety of methods.

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204 Ibid., 147.

205 Ibid., 141-42.


207 Creswell, *Qualitative Inquiry and Research Design*, 73.
different types of methods to acquire data, an approach favoured by Justin Keen to triangulate and validate the “data bits.” 208

The importance of triangulation within research is explained well by Sensing as “a way to cross-check your data that provides breadth and depth to your analysis and increases the trustworthiness of your research.” 209 Based on the many levels of information that I sought to capture during my research, a multi-tool approach seemed to fit my thesis best. The tools selected for this study were questionnaires, staff interviews, and a final interview with the incumbent Executive Director. Each tool will be discussed in detail in section 3.2.4.

3.2.2 Role of the Researcher

In Doctor of Ministry (DMin) research, the researcher is usually engaged in ministry at the location of study. Some researchers prefer to conceal their identity while conducting their study, and Sensing addresses this issue of concealing the researcher’s identity with respect to doctor of ministry programs:

First, as a DMin researcher, your prior relationship with the setting requires you to maintain openness and trust. Second, since the DMin program receives federal funds, you will be legally required to obtain informed consent…. In most situations, people will adapt quickly to your candor and will often do and say the same things, even knowing you are conducting research. 210

According to Sensing, informed consent includes solicitation of permission from participants to “use their words, insights and actions,” and ensures that participants understand the scope of the project, including motivations, risks, and benefits, while also assuring them of their

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209 Sensing, Qualitative Research, 72.

210 Ibid., 34.
ability to withdraw from the study within the parameters agreed.  

As with many Doctor of Ministry studies, my thesis research was conducted in my own place of work and most of the potential participants occupied a subordinate role on the organizational chart. With that in mind, the process of obtaining informed consent was thorough and designed to allay any fears that the participants may have had. Equally important, in my role as Director of Community Engagement and Advancement, I do not have authority over human resources issues, performance evaluations, or the hiring and termination of staff, with one exception, my departmental manager, for whom I complete an annual performance evaluation. This manager did not participate in the study since she was a member of my ministry base group. The departmental manager is responsible for performance evaluations of all other subordinate staff in the department. The Executive Director is responsible for hiring, disciplining, and termination of staff. She was not given and will not be given any of the raw data from this thesis research, thus ensuring that participant responses will have no influence on their employment status.

### 3.2.3 Recruitment of Research Participants

Before beginning my research, I received approval from the Executive Director of The Hospice of Windsor and Essex County and the University of Toronto Research Ethics Board. (Appendices 2 and 3)

The selection of participants was confined to full and part time staff at The Hospice of Windsor and Essex County (<60 total possible participants). Recruitment of participants began with the distribution of the Letter of Information and Consent to Participate to all eligible staff members, except for temporary contract staff and volunteers. (Appendix 4)

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211 Sensing. *Qualitative Research*, 35.
Each full- or part-time member of the Hospice staff was invited to participate in the study and share their perceptions of the workplace culture and leadership. Based on the workload of the average staff member, I expected about 60% of the Hospice staff to participate. This anticipated response rate is not a reflection of the interest or dedication of the staff members, but rather that most team members already work unpaid overtime and the hours required to participate in the study could take time away from their personal and family lives.

Mindful of the importance of soliciting informed consent from each participant, I spoke individually with each member of the staff about the intentions and design of my study as well as how their information might be used. I reassured each potential participant that although I am a member of the leadership team, my role in this study was as a researcher only. I assured each person that their response in any part of the study (questionnaire or individual interview) would not affect their employment status at the agency in any way, that their responses and identity would be held in the strictest confidence, and that all the data would be used solely for my academic research. I explained very clearly that the data collected through the research process would be anonymous and no participants would be identified by name.

Furthermore, in order to put participants at ease about any perceived or real authority they felt I might have that could affect their ability to answer questions honestly, I stressed that participation was entirely voluntary and potential participants were given ample time and opportunity to consider participation. Additionally, potential participants were instructed that they could decline to participate or withdraw at any time without any personal consequences. No staff member verbalized any anxiety or insecurity about what might happen to their data,
nor did anyone appear to exhibit any nonverbal cues that would indicate they felt unwilling or compelled to participate.

Participants were given a copy of the Letter of Introduction and Consent to Participate (Appendix 4) and verbally informed that once they had confirmed their participation, they would be provided with an in-depth questionnaire to be filled out privately and returned anonymously in a sealed envelope to a private drop box location that could be accessed only by the researcher.

The Consent to Participate form outlined how the data collected from potential participants would be used anonymously, stored in a private locked location or on an encrypted USB drive, accessible only to the researcher for the duration of the study, and then destroyed after the successful defence of the thesis. Anyone who consented to participate in the questionnaire phase could also be asked to participate in a one-hour, individual follow-up interview.

Participants who completed a Consent to Participate form were asked for their name, gender, generational grouping, and their years of service at the Hospice. This approach meant that there was no opportunity to control for gender or generational grouping. For the purpose of this study, generational groups were defined as Traditionalists (65+), Baby Boomers (50-64), Generation Y (31-49), and finally Generation X/Millennial (18-30) as per Table 1.\(^{212}\) The Hospice staff is approximately 80% female, thus skewing the gender results. The information collected about demographics will be used anonymously in Chapter 5 to highlight opportunities for future study with respect to perceptions specific to gender and/or

generational groups.

Participants were informed that they could refuse to answer any question(s) that made them uncomfortable. As well, the procedures to withdraw from the study were outlined. Questionnaire participants were allowed to withdraw from the study at any time. However, since questionnaires were submitted without any identifying characteristics (they were not individually numbered, nor did they contain the name of any participant) there would be no way to remove their responses from the research data. For a participant who withdrew their consent after completing a questionnaire, the only effect would be that participant would not be included in the potential candidates for a follow-up interview. For both questionnaire and interview participants, their withdrawal of consent could be communicated verbally or in writing.

Participants randomly selected from their generational grouping for an interview were given 30 days from the date of their completed interview to withdraw their consent to participate in the study. As outlined in the ethics approval, after the 30 days had elapsed, consent could not be withdrawn. This rule was created in order to guarantee the researcher eight fully valid interviews so that data analysis could move forward. This convention was explicitly stated in the consent form and participants were verbally reminded at the start of the interview.
Table 1: Generational Grouping of Study Participants

<table>
<thead>
<tr>
<th>Name of Generational Group</th>
<th>Age Range for Generational Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditionalists (T)</td>
<td>65+</td>
</tr>
<tr>
<td>Baby Boomers (B)</td>
<td>50-64</td>
</tr>
<tr>
<td>Generation Y (Y)</td>
<td>31-49</td>
</tr>
<tr>
<td>Generation X / Millennial (X)</td>
<td>18-30</td>
</tr>
</tbody>
</table>

For participants involved in the interview process, all recordings and field notes would be destroyed if they withdrew consent within the allotted time frame. After the identified withdrawal period had passed, their information would be retained for use in the study. However, in all instances, no identifiable information would be published in my completed thesis, for example, participants’ names, etc.

If by chance, the Executive Director withdrew her consent to participate and/or became incapacitated, this would have necessitated a redesign of the research with a resubmitted thesis and ethics proposal.

3.2.4 Data Collection

3.2.4.1 Questionnaires

If a potential participant chose to sign the Consent to Participate, I gave them a copy of the questionnaire. (Appendix 5)

The questionnaire was constructed based on themes and trends that emerged from my Doctor of Ministry courses and my literature review. The questionnaire included a large proportion of yes/no and selection questions, where participants were also provided spaces to explain details, add extra data, and provide any feedback they deemed might be appropriate. Although this style of questionnaire limited the data collected, it was specifically created to
capture data from a broad sampling of participants that could then be discussed further with a select group of participants during the interview process.

Questionnaires did not require the participants name, but did ask for gender, generational grouping, and years of service at the Hospice. The gender and generational identifiers did not influence how the data were used to construct the questions in the staff interviews and also the final interview with the Executive Director. While this information was considered interesting by the researcher, my thesis directors and my ministry base group, the voluntary nature of participation in the questionnaires made it impossible to guarantee equal participation of genders and generational groups. The gender and generational data were collected primarily to contextualize potential bias or variations in data amongst groupings or illustrate areas for further study on how to balance leadership with generational diversity in the workplace. This analysis will be further developed in Chapter 5.

Once all the questionnaires had been received and coded, I added the response rates from the questionnaires and the characteristics identified to the relevant questions for the individual staff interviews. Refer to section 4.2.3 for a detailed explanation of the coding process and specifically to section 4.2.3.1.1 for a detailed explanation of how coding from questionnaires shaped staff interview questions.

3.2.4.2 Staff Interviews

The staff interview questions were drafted prior to beginning my research in order to pass the ethics approval. A total of eight questions were proposed, based on themes and trends that emerged from my Doctor of Ministry courses and my literature review. In consultation with

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my thesis directors and ministry base group, the intention of the interviews was to expand upon the data generated by the questionnaire about leadership characteristics, management practices, workplace culture and the significance of the Hospice mission, vision and values.

Of the eight total questions proposed for the staff interviews, five required additional information extracted from the coding of questionnaires. The process for coding the questionnaires and how the resulting data were used in the staff interview questions is described in section 4.2.3.1.2. Once the staff interview questions were finalized (Appendix 6) I began the process of selecting eight participants (two from each generational grouping). To select these interviewees, I alphabetized a list of participants from each generational group described in section 3.2.3, who submitted a Consent to Participate form where they self-identified into a specific grouping. I then numbered the participants within each group in alphabetical order based on last names and then placed corresponding numbers into a drum. Two numbers from each generational group were drawn and then the participants were contacted and asked to participate in an interview. All identified staff members consented to participate. Interviews requiring one hour’s participation were scheduled during the weeks of May 8 – 19, 2015. Consent to participate in these interviews was part of the original Consent to Participate form that all study participants signed. If the first participants identified had declined to participate, then I would have randomly selected individual numbers from the relevant generational group and contacted the corresponding participant until eight total participants had verbally consented to an interview.

Prior to beginning each interview, I reminded participants that they could decline to participate or withdraw from the study, reviewed the purpose and scope of the research study and received additional verbal consent to tape the interviews. The Consent to Participate
form that potential participants were required to sign before participating in the study included written permission to record these interviews. The individual interviews were conducted privately in the Hospice Conservatory, a small, private outbuilding in order to minimize disruptions and allow participants to feel more comfortable. The interviews were very informal and my role as the researcher was to facilitate the participant sharing his or her comments, feedback, and impressions on the questions. As much as possible, I asked minimal follow-up questions and, only where necessary, requested that the participant give an example or experience that was relevant to the interview question. Based on my observations of nonverbal cues and the candor of responses during the interviews, all the participants appeared relaxed and comfortable with the questions and in sharing their opinions. During the interviews, I took field notes and then transcribed the recorded interview for coding and analysis. The process of coding and analysis will be explained in detail in section 4.2.

3.2.4.3 Final Interview with the Executive Director

The intention of the final interview was to allow for the confirmation and validation of data obtained from the questionnaires, staff interviews and an opportunity for the Executive Director to share additional information such as strategies for addressing challenges, and coping mechanisms that grounded her administration. Questions for this final interview were developed in part from the data collected in the questionnaires and staff interviews, but largely were an opportunity for the Executive Director to share insights about leadership at the Hospice. (Appendix 7) For a detailed explanation of how data from the questionnaires were coded and applied to the final interview questions, refer to section 4.2.3.1.3. The Executive Director was not provided with copies of the analysis of the staff interviews or
questionnaires, but was asked two questions based specifically upon those results. The final interview was intended to be a vehicle for the Executive Director to respond to themes, but also for her to speak freely about her experience of leadership at the Hospice.

The interview with the Executive Director took place in the Hospice Conservatory on July 9, 2015. The Executive Director was very comfortable with the interview questions and provided feedback not only on the questions, but also offered anecdotes and examples of her leadership, development, and the Hospice culture. Based on the response to the questions, including a transparent acknowledgment of self-perceived areas to be improved, I perceived the interview to be candid. I took field notes during the interview and also transcribed it afterward to assist with coding and analysis. The process of coding and analysis will be explained in detail in section 4.2.

3.2.4.4 Data Retention of Research

All data were retained exclusively by the researcher and stored in my offices in a locked filing cabinet. I was the only person who had access to the written and electronic data. As per my ethics approval, once this thesis is successfully defended, the data will be properly destroyed.

3.3 Conclusion

This chapter has outlined in detail the framework and structure of this thesis research, including the methodology and the active ministry context. In Chapter 4, I turn my attention to the data analysis and results of the research.
Chapter 4

Results

4.1 Introduction

The research problem, relevant theory and design of this study have been established in the preceding chapters. Chapter 4 will present my data analysis and my findings on the leadership qualities and management practices that participants value at the Hospice. These conclusions were drawn from initial questionnaires followed by individual interviews with eight participants, and finally a validation interview with the Executive Director to discuss the results and allow her to offer input or further interpretation. Positive and negative responses will be explored in depth to create a checklist of characteristics and management practices that have formed a workplace culture that is valued by participants and supported and nourished by leadership both past and present.

The chapter is divided into six significant sections:

1. Outline of the data coding
2. An explanation of the workplace culture at The Hospice of Windsor and Essex County Inc.
3. Exploration of the spiritual leadership at the Hospice
4. Presentation of the most significant leadership characteristics and management practices at the Hospice
5. Presentation of the specific qualities that developed a culture of workplace spirituality
6. Discussion of some positive coping mechanisms that spiritual leaders may need
4.2 Data Analysis

4.2.1 Identification of Research Participants

The methods for selection of research participants in all phases of investigation (questionnaire, individual staff interviews and final interview) were discussed in detail in Section 3.2.3. This section outlines how these participants have been identified for the purposes of data analysis and gives an overview of known demographics for each participant.

4.2.1.1 Questionnaires

A total of 37 out of approximately 60 total eligible participants returned completed questionnaires by the specified deadline of May 22, 2015, or a return rate of approximately 62%. As outlined in the previous chapter, this was the anticipated rate of return, accounting for time limitations amongst staff engaged in hospice work. For the purposes of data analysis, questionnaire participants were assigned a three-letter code and a number. The letter codes refer to gender and generational grouping, followed by the letter “Q” to denote a response from the questionnaire, with a final number assigned to differentiate participants in the category as outlined in Table 2.
Table 2: Coded Abbreviations to Represent Questionnaire Participants by Gender and Generational Grouping

<table>
<thead>
<tr>
<th>Coded Abbreviation</th>
<th>Years of Service at the Hospice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male Traditionalists (Age 65+)</strong></td>
<td></td>
</tr>
<tr>
<td>MTQ1</td>
<td>5-9</td>
</tr>
<tr>
<td>MTQ2</td>
<td>15-19</td>
</tr>
<tr>
<td><strong>Male Baby Boomers (Age 50-64)</strong></td>
<td></td>
</tr>
<tr>
<td>MBQ1</td>
<td>5-9</td>
</tr>
<tr>
<td><strong>Male Generation Y (Age 31-49)</strong></td>
<td></td>
</tr>
<tr>
<td>MYQ1</td>
<td>&lt;5</td>
</tr>
<tr>
<td><strong>Male Generation X / Millennials (Age 18-30)</strong></td>
<td></td>
</tr>
<tr>
<td>MXQ1</td>
<td>&lt;5</td>
</tr>
<tr>
<td><strong>Female Traditionalists (Age 65+)</strong></td>
<td></td>
</tr>
<tr>
<td>FTQ1</td>
<td>15-19</td>
</tr>
<tr>
<td>FTQ2</td>
<td>5-9</td>
</tr>
<tr>
<td>FTQ3</td>
<td>5-9</td>
</tr>
<tr>
<td>FTQ4</td>
<td>15-19</td>
</tr>
<tr>
<td>FTQ5</td>
<td>20+</td>
</tr>
<tr>
<td>FTQ6</td>
<td>5-9</td>
</tr>
<tr>
<td>FTQ7</td>
<td>20+</td>
</tr>
<tr>
<td>FTQ8</td>
<td>10-14</td>
</tr>
<tr>
<td><strong>Female Baby Boomers (Age 50-64)</strong></td>
<td></td>
</tr>
<tr>
<td>FBQ1</td>
<td>&lt;5</td>
</tr>
<tr>
<td>FBQ2</td>
<td>5-9</td>
</tr>
<tr>
<td>FBQ3</td>
<td>20+</td>
</tr>
<tr>
<td>FBQ4</td>
<td>20+</td>
</tr>
<tr>
<td>FBQ5</td>
<td>&lt;5</td>
</tr>
<tr>
<td>FBQ6</td>
<td>20+</td>
</tr>
<tr>
<td>FBQ7</td>
<td>20+</td>
</tr>
<tr>
<td>FBQ8</td>
<td>&lt;5</td>
</tr>
<tr>
<td>FBQ9</td>
<td>10-14</td>
</tr>
<tr>
<td>FBQ10</td>
<td>15-19</td>
</tr>
<tr>
<td>FBQ11</td>
<td>&lt;5</td>
</tr>
<tr>
<td>FBQ12</td>
<td>&lt;5</td>
</tr>
<tr>
<td>FBQ13</td>
<td>20+</td>
</tr>
</tbody>
</table>
Table 2: Coded Abbreviations to Represent Questionnaire Participants by Gender and Generational Grouping Continued

<table>
<thead>
<tr>
<th>Coded Abbreviation</th>
<th>Years of Service at the Hospice</th>
</tr>
</thead>
<tbody>
<tr>
<td>FYQ1</td>
<td>&lt;5</td>
</tr>
<tr>
<td>FYQ2</td>
<td>&lt;5</td>
</tr>
<tr>
<td>FYQ3</td>
<td>5-9</td>
</tr>
<tr>
<td>FYQ4</td>
<td>10-14</td>
</tr>
<tr>
<td>FYQ5</td>
<td>5-9</td>
</tr>
<tr>
<td>FYQ6</td>
<td>10-14</td>
</tr>
<tr>
<td><strong>Female Generation X / Millennials (Age 18-30)</strong></td>
<td></td>
</tr>
<tr>
<td>FXQ1</td>
<td>&lt;5</td>
</tr>
<tr>
<td>FXQ2</td>
<td>&lt;5</td>
</tr>
<tr>
<td>FXQ3</td>
<td>&lt;5</td>
</tr>
<tr>
<td>UQ1</td>
<td>5-9</td>
</tr>
<tr>
<td>UQ2</td>
<td>Undisclosed</td>
</tr>
</tbody>
</table>

**Key**

Q = Questionnaire Participant  
M = Male  
F = Female  
T = Traditionalist (Age 65+)  
B = Baby Boomer (Age 50-64)  
Y = Generation Y (Age 31-49)  
X = Generation X / Millennial (Age 18-30)  
U = Unknown Gender / Generational Grouping

4.2.1.2 Individual Staff Interviews

On their consent form, participants identified their generational grouping. As per the terms of my thesis proposal, two participants from each generational grouping were selected to participate in individual staff interviews following the questionnaires. (The process for selection of these participants was outlined in Chapter 3). As per my ethics submission, participants will not be identified by name, but have been assigned a code based on their gender and generational grouping, followed by an “I” to denote a response from the interview as outlined in Table 3.
Table 3: Coded Abbreviations to Represent Interview Participants by Gender and Generational Grouping

<table>
<thead>
<tr>
<th>Coded Abbreviation</th>
<th>Gender</th>
<th>Age</th>
<th>Years of Service at the Hospice</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTI1</td>
<td>Female</td>
<td>65+</td>
<td>20+</td>
</tr>
<tr>
<td>FTI2</td>
<td>Female</td>
<td>65+</td>
<td>20+</td>
</tr>
<tr>
<td>FBl1</td>
<td>Female</td>
<td>50-64</td>
<td>20+</td>
</tr>
<tr>
<td>FBl2</td>
<td>Female</td>
<td>50-64</td>
<td>20+</td>
</tr>
<tr>
<td>FYI1</td>
<td>Female</td>
<td>31-49</td>
<td>&lt;5</td>
</tr>
<tr>
<td>FYI2</td>
<td>Female</td>
<td>31-49</td>
<td>&lt;5</td>
</tr>
<tr>
<td>FXI1</td>
<td>Female</td>
<td>18-30</td>
<td>&lt;5</td>
</tr>
<tr>
<td>MXI2</td>
<td>Male</td>
<td>18-30</td>
<td>&lt;5</td>
</tr>
</tbody>
</table>

Key
I = Interview Participant
M = Male
F = Female
T = Traditionalist (Age 65+)
B = Baby Boomer (Age 50-64)
Y = Generation Y (Age 31-49)
X = Generation X / Millennial (Age 18-30)

4.2.1.3 Final Interview with the Executive Director

The Executive Director is a woman, aged 65+ who has served at the Hospice for more than 20 years. As the final piece of data collection only includes one possible participant, this interview will be referenced as “Executive Director.”

4.2.2 A Note on Research Participants and Results

As a qualitative research study, this thesis was designed to use a phenomenological methodology and a case study method to capture the lived experiences of staff research participants at The Hospice of Windsor and Essex County Inc. The following sections in this chapter outline my findings about the workplace culture and leadership characteristics that may have shaped said culture. The cross-gender and cross-generational comparison of results was intended to provide some points of interest that may be relevant for future study, not to
present a statistical analysis of data that may be limited in validity due to small sample sizes. Areas of discrepancy or surprise that arose from cross-gender or cross-generational comparison will be addressed explicitly in Chapter Five. However, before I present the analysis of my research findings, I would like to make several important points about the gender and generational groupings of research participants in the questionnaires, individual staff interviews, and the final validation interview with the Executive Director, and the use of participant quotes in the study.

4.2.2.1 Cross-Gender Analysis of Research

The permanent staff at the Hospice during the research phase of this study was 80% female. Since participation in this research study was entirely voluntary, there was no way to ensure that the ratio of male to female respondents was proportional. In the questionnaire phase of research, out of thirty-seven total participants, only five participants self-identified as male (14%). Two participants did not specify a gender (5%), and the remaining 30 participants self-identified as female (81%). The small number of male participants makes it challenging to draw any precise conclusions about male versus female perceptions of leadership characteristics and management practices. Although some mention will be made as relevant in the following discussion, these conclusions should be treated cautiously since they may not be representative of a more evenly distributed mix of participant genders. For the purposes of this study, the participants who choose not to identify their gender will not be used for cross-gender analysis.

There was only one male participant in the individual interview phase of research. Given the gender distribution among Hospice staff, I knew as I designed the study that the questionnaire participants would be likely skewed heavily towards females. With that in
mind, and in consultation with my thesis directors, thesis proposal examining committee and ministry base group, it was decided that interview participants would be selected based on their generational (age) grouping not their gender. After randomly selecting individual staff interview candidates per the procedure outlined in Chapter Three, the interview candidates were seven females and only one male. With only one male participant, it would be unwise to consider his opinions as representative of his gender. As a result, interview findings will not be used for cross-gender analysis.

The final interview with the Executive Director had only one possible participant: the incumbent Executive Director, who is female. Her interview comments will not be used for cross-gender analysis because there is no male candidate for comparison.

4.2.2.2 Cross-Generational Analysis of Participants

The voluntary nature of this research study, made it challenging to recruit Hospice staff members from each generational grouping for the questionnaire phase of inquiry. Although all staff were given the opportunity to participate, thirty-seven of them – approximately 62% of the sixty Hospice staff members – completed questionnaires. There was also a limited response from persons under the age of fifty. Nine of the thirty-seven participants (about 24%) came from the traditionalists grouping (age 65+, coded “T”). Fourteen of thirty-seven participants (38%) self-identified as Boomers (aged 50-64, coded “B”). Seven participants (19%) were from the Generation Y category (aged 31-49, coded “Y”), and only four participants (about 11%) were from the Millennial grouping (aged 18-30, coded “X”). Two of the questionnaire participants choose not to self-identify their age grouping and their answers will not be used for cross-generational analysis. While there is the potential to compare generational responses, these results may have limited validity since the
generational groups had highly varied rates of participation and may not be representative of their group. Percentage-based responses from each generational group are found in Tables 4-8 and areas for future study will be addressed in Chapter Five.

I suggest that the skewed proportions in generational groupings most likely result from the long-term nature of employment at the Hospice. Many members of the staff view their work as vocational, and thus, they are not inclined to move to other organizations, creating a low-turnover rate. While new (and often younger) members of the team are welcomed as vacancies occur, the agency does not have parity amongst generations.

For the individual staff interview phase, two candidates were selected from each generation following the process outlined in Chapter Three. As a result, comparing generational groupings in the interview phase may be more helpful. Initial results from the questionnaire and individual interviews, however, indicate that there were few discrepancies in positive or negative perceptions of leadership characteristics at the Hospice between generations.

The final interview with the Executive Director had only one possible participant: the incumbent Executive Director, who is part of the Traditionalist age category (65+). Her interview comments will not be used for cross-generational analysis because there is no other candidate to compare with from this phase of research.

4.2.2.3 Use of Research Participant Quotes in the Research Analysis

During the initial questionnaire phase of research, participants were asked to provide answers to pre-determined questions and were given the opportunity to provide comments and feedback throughout the questionnaire. Many participants chose not to provide written comments. Where relevant, comments from the questionnaires will be used to provide further
information about how participants responded to questions with yes/no and checkbox answers.

The individual staff interviews were intended to solicit more information from eight study participants about the initial results from the questionnaire. All candidates were asked a set of pre-determined questions (Appendix 6). Some participants in the individual interviews were more forthcoming with personal anecdotes or inclined to provide more justification or explanation for their answers. In particular, FTI1, FTI2, FYI1, FYI2, and FXI1 provided lengthier or more in-depth interview responses. As a result, quotes from these individuals are used more frequently throughout the research analysis.

The interview with the Executive Director was lengthy and comprehensive. Although there were only three pre-determined questions asked (Appendix 7), she provided a great deal of personal information, explanation and response. In addition, as the final validation interview, the Executive Director was able to comment on the perceptions of leadership characteristics and management practices identified by the Hospice staff research participants and provide her opinion as to the authenticity of such conclusions. As a result, this interview is quoted heavily throughout the analysis of research findings and this overrepresentation may skew the results.

4.2.3 Analysis of Raw Data

According to Creswell, phenomenological studies describe “the meaning for several individuals of their lived experiences of a concept or a phenomenon.” As a result, the

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214 FTI1 – Female, Interview Participant, Age 65+, >20 years of service; FTI2 - Female, Interview Participant, Age 65+, >20 years of service; FYI1 – Female, Interview Participant, Age 31-49, <5 years of service; FYI2 – Female, Interview Participant, Age 31-49, <5 years of service; FXI1 – Female, Interview Participant, Age 18-30, <5 years of service.

215 Creswell, Qualitative Inquiry, 57; emphasis in original.
analysis of this thesis study is designed to find “the universal essence” of the leadership and workplace culture at The Hospice of Windsor and Essex County Inc. While I hope that this study may contain elements that may be applied in other situations, the purpose of my analysis and interpretation of data is simply to describe what happened within the confines of this particular case study.

The phenomenological analysis of The Hospice of Windsor and Essex County Inc. began with exploring the experience and describing the ambiance of Hospice through a carefully constructed and coded questionnaire, followed by selected interviews, and finally an interview with the Executive Director. In hermeneutical phenomenology, there is a strong justification for using a basic quantitative inquiry to shape the interpretation of subsequent qualitative inquiries. As Joanne Mayoh and Anthony Onwuegbuzie write,

van Manen (1990) describes the process of orienting to the phenomenon prior to formulating the phenomenological question. This process depicts the researcher focusing carefully on the question of what possible human experience is to be made topical for phenomenological research. There is, therefore, a strong justification for the adoption of a quantitative preliminary phase in order to identify the most relevant phenomenological experience to be explored using interpretive phenomenological methods. Moreover, due to the discovery-orientated nature of both interpretive and descriptive phenomenological inquiry, there is also excellent rationalization for the implementation of an explanatory quantitative proceeding phase in order to test theories developed through phenomenological inquiry. As a result, the initial questionnaires provided an opportunity to collect baseline quantitative data through the creation of an Excel spreadsheet to track participant responses to yes/no or selection questions, while also keeping the data relevant within a qualitative study where the intent was to investigate the lived experiences of staff members at the Hospice. Throughout the coding and theoretical analysis, my goal was to find relationships,  

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patterns, and trends that could be used to describe the specific experiences that possibly future research might find as more generalized. The process of coding and data analysis will be further explored in the following three sections.

4.2.3.1 Initial Questionnaire Analysis

The questionnaires were designed in consultation with my thesis directors to provide the most comprehensive and relevant data bits from staff members. The purpose of the questionnaire was to establish a baseline for my research. Keeping in mind the time constraints of Hospice staff, a variety of question types were employed. With a large potential sample size (all sixty staff were invited to participate), the questions were structured with yes/no answers, opportunities to select from lists, and then follow up areas for comments and elaboration. The goal of the questionnaires was to collect a large sample of data from a broad range of participants, providing breadth to the study.

Using the procedure outlined in my thesis proposal, I began my analysis of the questionnaires by creating a spreadsheet in Microsoft Excel to track the number of responses from participants to yes/no questions, the level of engagement that a participant felt to a particular statement, or how they would rank provided characteristics. The spreadsheet broke participants down into their gender and generational categories:

- Male Traditionalists (MT)
- Male Boomers (MB)
- Male Generation Y (MY)
- Male Generation X / Millennials (MX)
- Female Traditionalists (FT)
- Female Boomers (FB)
– Female Generation Y (FY)
– Female Generation X / Millennials (FX)
– Unknown Gender / Generational Grouping (U)

For each question response, a line was created on the Excel spreadsheet, including an additional line to indicate if a participant did not answer or spoiled their answer by selecting more than the requested number of options. The spreadsheet has been produced as Appendix 10.

From the raw data collected from initial analysis of the questionnaires, I populated data in the individual staff interview questions and final interview questions. The procedure and questions are produced in the next two sections.

**4.2.3.1.1 Staff Interview Questions Requiring Data from Questionnaires**

A total of eight questions were asked during the individual staff interviews. These had been presented in my thesis and ethics proposals and five of them required data from questionnaire responses. The relevant questions and how the data were populated before the interviews began are outlined below.

Question one was created with an option to select “was/was not unique” based on the results from the questionnaires, before the staff interview participants were queried (relevant section bolded below):

1. Many of the people who answered the questionnaire thought that the workplace culture at the Hospice **was/was not unique**. How do you experience this workplace culture and what does it mean to you? Twenty-seven of the questionnaire participants (73%) felt that the Hospice culture was different from other health care organizations, so **“was unique”** was selected and the question presented to staff interview participants then read:
1. Many of the people who answered the questionnaire thought that the workplace culture at the Hospice was unique. How do you experience this workplace culture and what does it mean to you?

Question three had a blank where the response rate of questionnaire participants needed to be populated:

3. __ of people thought that the mission, vision and values of the agency influenced their daily work and were important personally. Could you provide examples of how these have influence on what you do or how you do it?

A total of 36 participants in the questionnaires responded favourably when asked if the mission, vision and values were important to them in their work or personally. After adding this raw data, the version of question three presented in the staff interviews was:

3. 98% of people thought that the mission, vision and values of the agency influenced their daily work and were important personally. Could you provide examples of how these have influence on what you do or how you do it?

The version of question four originally drafted required an update to determine if most participants “did/did not” think that the Hospice had a culture with workplace spirituality:

4. Carole A. Jurkiewicz and Robert A. Giacalone identified ten values that characterize workplace spirituality: Benevolence; Generativity (commitment to nurturing and mentoring younger people); Humanism; Integrity; Justice; Mutuality; Receptivity; Respect; Responsibility; and Trust. Based on these values, most participants did/did not think that the Hospice has a culture of workplace spirituality. Do you agree or disagree? Why?

Thirty participants agreed that the Hospice had a culture of workplace spirituality.

Before presenting question four in the staff interviews, I selected “did” and updated the question to read:

4. Carole A. Jurkiewicz and Robert A. Giacalone identified ten values that characterize workplace spirituality: Benevolence; Generativity (commitment to nurturing and mentoring younger people); Humanism; Integrity; Justice; Mutuality; Receptivity; Respect; Responsibility; and Trust. Based on these values, most participants did think that the Hospice has a culture of workplace spirituality. Do you agree or disagree? Why?
Question six had a blank where the five most selected leadership characteristics should be inserted:

6. The five leadership characteristics and management practices other people thought were the most important to have in a leader are: _____. Do you think this is true? Why or why not?

Based on the raw data collected from analysis of the questionnaire responses, the five most important characteristics were identified as: communication (24 selections); compassionate/empathetic (25 selections); collaborative (22 selections); honest/integrity (22 selections); and visionary/strategic (21 selections). More than twenty questionnaire participants identified these five characteristics as important. Other characteristics that participants could select from had significantly fewer selections. For example, the next closest characteristic (“open to change”) was identified as important by only 12 participants.

Based on the clear preference for the five characteristics identified above, before presenting question six in the staff interviews, I updated it to read:

6. The five leadership characteristics and management practices other people thought were the most important to have in a leader are: collaborative, communication, compassionate/empathetic, honest/integrity and visionary/strategic. Do you think this is true? Why or why not?

The version of question eight drafted prior to the study had a blank where the response rate of questionnaire participants needed to be populated:

8. ____ of people thought there was some type of spiritual leadership in place at the Hospice. How important do you think spiritual beliefs and coping mechanisms are in leadership?
In the questionnaire responses, 31 participants felt that there was spiritual leadership at the Hospice. Based on this response rate, question eight was updated before the staff interviews to read:

8. 84% of people thought there was some type of spiritual leadership in place at the Hospice. How important do you think spiritual beliefs and coping mechanisms are in leadership?

4.2.3.1.2 Final Interview Questions Requiring Data from Questionnaires

Three questions only were asked in the final interview with the incumbent Executive Director. These questions were originally presented in my thesis and ethics proposals and two of them required input from the questionnaires. The two relevant questions and how the data were populated from the questionnaires is outlined below.

The original version of question required the insertion of the most important leadership characteristics and management practices:

1. Based on the staff questionnaires and individual interviews, my research has shown that the following characteristics and management practices of leadership are highly valued here at the Hospice:___________________. Does this resonate with you?

Based on the raw data collected from analysis of the questionnaire responses, the five most important characteristics were identified as: communication (24 selections); compassionate/empathetic (25 selections); collaborative (22 selections); honest/integrity (22 selections); and visionary/strategic (21 selections). More than twenty questionnaire participants indentified these five characteristics as important. Other characteristics that participants could select from had significantly fewer selections. For example, the next closest characteristic was “open to change” and only 12 participants identified this as important. Furthermore, when staff interview participants were asked if they felt the five
characteristics identified were the most important, all agreed. As a result, I updated question one to read:

1. Based on the staff questionnaires and individual interviews, my research has shown that the following characteristics and management practices of leadership are highly valued here at the Hospice: collaborative, communication, compassionate/empathetic, honest/integrity and visionary/strategic. Does this resonate with you?

The original version of question two required two pieces of data (bolded below):

2. The Hospice staff seem to feel that this we do/do not have a unique workplace culture. Furthermore, participants seemed to agree/disagree with the premise that the workplace culture has elements of pervasive spirituality. Would you agree and could you comment about whether this was intentionally developed?

Twenty-seven of the questionnaire participants and all of the staff interviewees felt that the Hospice culture was different from other health care organizations. In addition, thirty questionnaire participants and all of the staff interviewees felt that there was a culture of workplace spirituality. Based on these results, I updated question two to read:

2. The Hospice staff seem to feel that this we do have a unique workplace culture. Furthermore, participants seemed to agree with the premise that the workplace culture has elements of pervasive spirituality. Would you agree and could you comment about whether this was intentionally developed?

4.2.3.2 Coding

The process of coding the questionnaires, staff interviews and final interview began with a careful transcription of all the interviews. Once transcribed, I turned to Creswell who says that the first step in the phenomenological analysis of data is to “highlight ‘significant statements,’ sentences, or quotes that provide an understanding of how the participants experienced the phenomenon.”217 I carefully read the comments from each questionnaire

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217 Creswell, Qualitative Inquiry, 61.
participant and the interview transcripts, creating codes as I progressed, and assigning codes to significant statements and areas of interest from the existing list.

Following the initial coding, I reread the questionnaires and the interview transcripts a second and third time, coding areas of significance and refining my list of codes. Once the detailed coding had been completed I had 319 different codes.\(^{218}\) While this number may seem unmanageable, I was attending to the advice of Sharan Merriam who suggests that “categories should be exhaustive; that is, you should be able to place all data that you decided were important or relevant to the study in a category or subcategory.”\(^{219}\)

According to Creswell, the second step in phenomenological analysis is to develop “clusters of meaning from these significant statements into themes.”\(^{220}\) I found the process of thematic development proposed by Max van Manen and simplified by Sensing to be helpful in my analysis. Sensing suggests that researchers:

1. Find the phrase that communicates the fundamental meaning of the text as a whole.
2. Select statements that are particularly essential and revealing about the phenomenon being described.
3. Examine every sentence’s contributions to the phenomenon being described.\(^{221}\)

In order to narrow themes, I began by reading through all of the codes generated. Then I turned my attention back to the questionnaires and interview transcripts. I read through each of them a final time and began to cluster the responses into significant themes, paying

\[^{218}\text{See Appendix 11 for the complete list of codes and frequencies.}\]

\[^{219}\text{Sharan B. Merriam, Qualitative Research and Case Study Applications in Education, 2nd ed. (San Francisco: Jossey-Bass, 1998), 183-84; emphasis in original.}\]

\[^{220}\text{Creswell, Qualitative Inquiry, 61.}\]

\[^{221}\text{Sensing, Qualitative Research, 198-99.}\]
particular attention to Sensing and only selecting themes that were essential pieces of the phenomenon. I identified four main themes that were the most important and meaningful:

1. Leadership Characteristics
2. Workplace Spirituality
3. Coping Mechanisms
4. Constructive Criticism

After more reflection on data and rereading the questionnaires and interview transcripts, I felt that the workplace spirituality category did not fully reflect what Merriam refers to as the “sensitizing” of data. She believes that the “naming of the category should be as sensitive as possible to what is in the data.” As a result, I created five sub-categories for workplace spirituality that better reflected the contents of the category:

i. Education
ii. Mission, Vision and Values
iii. Spirituality
iv. Staff Spiritual/Religious Beliefs
v. Vocation

4.2.4 Validity Check

Ensuring the validity of data and conclusions is a significant factor in the research process. Sensing describes four different methods of triangulating studies: data, investigator, theory, and method. Methodological triangulation, the chosen approach for this study, is achieved by “the use of a variety of data sources in a study. For example, comparing and contrasting

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222 Merriam, *Qualitative Research and Case Study*, 185.

223 Ibid., 73.
Data from observation, documents of official records, and interviews will give you a richer description than you could otherwise know.”

Data triangulation was achieved by creating three different tools of investigation: questionnaires, individual staff interviews and a final interview with the Executive Director. Each type of data collection asked slightly different questions about the same topics of exploration, and allowed participants to provide their personal experiences, examples and impressions of the leadership and workplace culture at the Hospice. By analyzing, comparing, and contrasting the responses from each tool, the validity of conclusions could be enhanced. For example, the individual staff interviews tested and elaborated upon the data collected in the questionnaires about leadership characteristics, workplace culture, and coping mechanisms. Then the data collected in the questionnaires and the individual staff interviews also contributed to the questions the Executive Director was asked and who had an opportunity to comment on the results, add impressions, and provide her own feedback. Not only did the researcher have the chance to compare and contrast findings, but the individual interviewees and the Executive Director also received an opportunity to comment on the validity and trustworthiness of initial findings and theories.

4.3 The Development of Culture at The Hospice of Windsor and Essex County Inc.

The data from the questionnaires and interviews suggested that participants believed there was a unique workplace culture at the Hospice. When asked in the questionnaires, twenty-seven out of thirty-seven participants (73%) identified that the Hospice was different from other similar health care agencies. FYI2 talked about the Hospice feeling like home, describing it as

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224 Merriam, *Qualitative Research and Case Study*, 73.

225 FYI2 – Female, Interview Participant, Age 31-49, <5 years of service.
definitely unique, especially in the sense that we deal with such sensitive information that we get from patients, really challenging situations throughout the day and it's an atmosphere that when you walk back into the building it's like you’re walking back into home. That safety, security feeling, that you know there's other support staff that are there for you as well, in order to provide the best care to the patient. FXI\textsuperscript{226} felt, “it is unique just because of all of the different functions that happen within the agency and how they all correlate back to a sense of community and shared mission.” MXI\textsuperscript{227} compared the Hospice to other community resources by explaining, “when you take Hospice away, you look at what kind of end of life, palliative, care or care for a life-altering diagnosis, what kind of agencies and support are available out there.... Whatever you find, isn’t going to be as unique as Hospice.”

FYI\textsuperscript{228} shared that she moved across the country specifically to work at the Hospice:

> I wanted to come and work here specifically. I actually moved across the country to come and work here, so, by default that does make it meaningful to me. I researched it extensively, spoke to people who worked, or had worked here, before I came here, and it's meaningful in the sense of service to the community and to the patients and families. And I think there's a great potential here at Hospice to make a real change and a real difference in terms of the experience people have at end of life; not only for patients, but for their families and caregivers.

FTQ\textsuperscript{229} commented that “Hospice here is a philosophy and a way of life.” Describing the atmosphere, FYQ\textsuperscript{1}\textsuperscript{230} said, “my first time walking into Hospice, as soon as I walked in the door, I felt the calmness, and a sense of everyone working to establish the same objectives.”

\textsuperscript{226} FXI1 – Female, Interview Participant, Age 18-30, <5 years of service.

\textsuperscript{227} MXI2 – Male, Interview Participant, Age 18-30, <5 years of service.

\textsuperscript{228} FYI1 – Female, Interview Participant, Age 31-49, <5 years of service.

\textsuperscript{229} FTQ7 – Female, Questionnaire Participant, Age 65+, 20+ years of service at the Hospice.

\textsuperscript{230} FYQ1 – Female, Questionnaire Participant, Age 31-49, <5 years of service at the Hospice.
Only five of the thirty seven questionnaire participants (14%) did not see the Hospice as a unique workplace. FYQ5\textsuperscript{231} explained her answer, writing that “all of our health care organizations in Windsor-Essex County are equally good.” MBQ1\textsuperscript{232} pointed out that “people are people,” and MYQ1\textsuperscript{233} explained that there are “areas for improvement.”

Two of the thirty-seven questionnaire participants (5%) who indicated they did not think that Hospice was different from other similar health care organizations made comments that indicated they may have misunderstood the question. FBQ10\textsuperscript{234} said, “Hospice is more flexible, less ‘red tape’, puts patients and families needs first,” while FYQ3\textsuperscript{235} stated that “our Hospice is unique and cutting edge in programs, technology, and I think this pulls us closer together and work more efficiently, and more closely with better communication.”

The comments from the interviews and the questionnaires, suggest that there is a unique workplace culture at the Hospice whose characteristics and formation will be explored in detail in next section.

4.4 Spirituality of Leadership / Administration as Ministry

Leonard Doohan defines ten attributes of a spiritual leader:

- a sense of calm and integrity
- faith in a shared vision
- nourishing the shared vision and inspiring commitment to it
- relentless pursuit of a common mission

\textsuperscript{231} FYQ5 – Female, Questionnaire Participant, Age 31-49, 5-9 years of service at the Hospice.

\textsuperscript{232} MBQ1 – Male, Questionnaire Participant, Age 50-64, 5-9 years of service at the Hospice.

\textsuperscript{233} MYQ1 – Male, Questionnaire Participant, Age 31-49, <5 years of service at the Hospice.

\textsuperscript{234} FBQ10 – Female, Questionnaire Participant, Age 50-64, 15-19 years of service at the Hospice.

\textsuperscript{235} FYQ3 – Female, Questionnaire Participant, Age 31-49, 5-9 years of service at the Hospice.
- profound sense of community and human interdependence
- humility toward one’s own views
- making a difference in other’s lives
- having the courage to say what needs to be said
- challenging others to their best
- ability to maintain professional boundaries

Based on these characteristics, all of the questionnaire participants suggested that a spiritual component in leadership was very important to them. During the research process, thirty-one of thirty-seven questionnaire participants (84%) and all eight interviewees (100%), in addition to the Executive Director believed that there was spirituality in the leadership in place at the Hospice. As MXI2 stated:

I believe there are many spiritual components to Hospice, you know. Whether it’s service delivery, service, those that are providing the service, those that are behind the scenes, so I think, a leader should also embody, I guess, what those below them embody.

Twenty-six of thirty-seven questionnaire participants (70%) also felt that it was important that leaders in hospice palliative care had spiritual beliefs and sixteen of thirty-seven questionnaire participants (43%) knew of spiritual or religious beliefs that influenced the leadership and decision-making of the current leader.

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237 MXI2 – Male, Interview Participant, Age 18-30, <5 years of service at the Hospice.

238 It is important to note that nineteen of the thirty-seven questionnaire respondents (51%) were unaware of the personal spiritual and/or religious belief of the Hospice leadership. I would suggest that this is a by-product of the scale of the organization. With approximately sixty staff, it is not feasible for the Executive Director to have a close or personal relationship with each employee, nor for junior staff to necessarily be familiar with Executive Director’s belief system.
FTI$^{239}$ spoke in general about the necessity of spiritual beliefs in leadership, asserting:

They are essential. It’s, I’m not saying that they need to be religious and/or institutional, but spiritual beliefs, what are the core beliefs that we as human persons, bring to life? What allows us, you know, to be, not above, but a part, not apart from, a part, an essential part of all that is creation. Because, you know, every species, every place in space has its value, has its call to be, has its, its life-span and grounding for the next that's to come. And I think that, that is an essential quality in and of itself. Because I think that allows people to be open. It allows them to take a breath when they need to.

FYI$^{240}$ also spoke about spiritual leadership and beliefs, specifically referencing the beliefs of the Executive Director. She said they were “completely important” and then elaborated:

She has such heart and true belief in this agency and what it’s able to do for people and people in the community, and in addition to caring truly about her employees. She’s booking 45 minute sessions to meet with people and then they’re in her office for over two hours... She’s involved in so much more than we'll ever know. And she wouldn't be doing any of those things, or have the desire to do any of those things, without some sort of spiritual leadership.

On the impact of a spiritual leader on the workplace, FBQ$^{241}$ stated, “I believe that a truly spiritual person creates a workplace that is a joy to come to everyday.” Similarly, Doohan argues, “spiritual leadership is a model of leadership that unites what we do and how

$^{239}$ FTI2 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.

$^{240}$ FYI2 – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.

$^{241}$ FBQ1 – Female, Questionnaire Participant, Age 50-64, <5 years of service at the Hospice.
we do it with who we are and what values motivate us in life.”²⁴² In her interview, FYII ²⁴³ commented on this aspect of spiritual leadership:

We all need to find some purpose in what we do. I don't think you can work with people who are dying, who are searching meaning at ends of their lives, without having something to rely on yourself.... If you have spiritual beliefs, often they reinforce the value of the human spirit, and of respect for people. It guides how you react, why you react, and helps you to bring some perspective.

The Executive Director talked about her motivation for working at the Hospice:

My motivation, I think, comes from my passion for what I do. I have been one of those really, really lucky people in this world that found their passion and their niche in life…. I had a very dear friend die of cancer. I had never experienced death. I was devastated. And, at the time, when I was grieving, I thought, someday I’m going to do something to make sense of all this. And, when I read about Hospice starting up, I thought, that’s it.

The Executive Director then continued, “I am a firm believer, have said this in interviews, with staff, with potential staff, that they have to have a deep inner spirituality or faith of some kind. Or they won't last. Because this area of health care tests your belief system.” While the Executive Director did not explicitly explain what she meant by this area of health care testing belief systems, I believe she was referring to the challenges of working in an atmosphere with ongoing confrontation with life and death. All members of staff deal with patients and family members each day, helping them to navigate through illness and end-of-life. Confrontation with death and the meaning of life through the experiences of others tends to cause individuals to examine their own belief systems and look for meaning and purpose.

FXII²⁴⁴ talked about the importance of motivation in shaping the Hospice by sharing her belief that “people who are working here now and starting out with Hospice actually

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²⁴³ FYII – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.
want to be here and aren’t just doing it for the pay or the prestige of the title working here.” FBI2 also made a similar comment about “the right staff are in the right places at the right time. And I think I’ve seen a shift in the people that have come and gone. Our calibre of staffing alone has changed.”

When speaking about the spirituality of leadership at the Hospice, I think it is also important to note how the Executive Director cultivates a supportive workplace culture within the agency:

We have umpteen things here that are available to staff at no cost, to help them to stay emotionally healthy and, and to, keep energizing that spirit, and, and so on. Well you know the motto, we can’t be out saving the world, and our own are going down.

Based on the results from questionnaires and the interviews, there seemed to be an convergent belief spiritual leadership exists at the Hospice and that this type of leadership is valued.

4.5 Leadership Characteristics and Management Practices

The foregoing findings appear to support the presence of spiritual leadership in the Hospice and amplify its effect on staff engagement and productivity in the workplace. I would now like to explore the specific leadership characteristics that have created the unique workplace culture at the Hospice. As a starting point, I created a list of twenty leadership characteristics and management practices extracted from my doctoral coursework, meeting with my Ministry Base Group and the advice of my thesis directors, and developed them into a questionnaire. In the questionnaire participants were asked to select the top five characteristics that they believed the current leadership at the Hospice displayed and also the

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244 FXI1 – Female, Interview Participant, Age 18-30, <5 years of service at the Hospice.

245 FBI2 – Female, Interview Participant, Age 50-64, >20 years of service at the Hospice.
top five leadership characteristics they believed were most important in a hospice palliative care leader in general. The selection of only five of twenty characteristics might appear to be an arbitrary consideration. The goal of this thesis project is, however, to create a list of characteristics that could be useful for future hiring practices at the Hospice and potentially other similar agencies. Therefore, with functionality in mind, my advisors and I determined that five characteristics would be a manageable number for a hiring committee to actively seek out and explore with potential leadership interviewees.

Surprisingly, in both scenarios, the top characteristics came through clearly with no tied selections in any of the top five positions. Additionally, four out of five characteristics identified were common between the current leadership and ideal leadership. Based on the responses from participants and unanimous agreement from interviewees, the top five leadership characteristics and management practices that were judged to be present in the current Hospice leadership were:

- Collaborative
- Compassionate/Empathetic
- Honest/Integrity
- Resourceful
- Visionary/Strategic

The top five characteristics that participants suggested should be in a hospice leader were:

- Collaborative
- Communication
- Compassionate/Empathetic
- Honest/Integrity
- Visionary/Strategic.

These results are displayed in their entirety in Tables 4 and 5.

When asked if she agreed with the characteristics selected, FBI2\textsuperscript{246} responded, “definitely. [The Executive Director] is all that. That should be on her business card.” FBI\textsuperscript{1}\textsuperscript{247} also echoed those sentiments saying, “I agree and I think all of those reflect again the values of the Hospice agency that the Board of Directors have established and that the staff each day provide and do for others.”

The difference between the two results may indicate that more resourcefulness would be appreciated in the current leadership of the Hospice and more communication would be highly valued in a theoretical leader. Out of the questionnaire comments and interviews, four additional characteristics, management practices, and themes became important in the study:
- intuition
- humility and ego
- providence
- the concept of leadership teams

To fully explore the implications of these characteristics and management practices, as well as other themes that surfaced through the research, I now turn to these characteristics and management practices.

\textsuperscript{246} FBI2 – Female, Interview Participant, Age 50-64, >20 years of service at the Hospice.

\textsuperscript{247} FBI1 – Female, Interview Participant, Age 50-64, >20 years of service at the Hospice.
<table>
<thead>
<tr>
<th>Leadership Characteristics</th>
<th>Females</th>
<th>Males</th>
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<tbody>
<tr>
<td></td>
<td>65+ (N=8)</td>
<td>50-64 (N=13)</td>
</tr>
<tr>
<td>Collaborative</td>
<td>63</td>
<td>38</td>
</tr>
<tr>
<td>Communication</td>
<td>25</td>
<td>31</td>
</tr>
<tr>
<td>Compassionate/Empathetic</td>
<td>63</td>
<td>77</td>
</tr>
<tr>
<td>Confident</td>
<td>13</td>
<td>33</td>
</tr>
<tr>
<td>Consistent</td>
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<td></td>
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<tr>
<td>Delegation</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Flexible/Adaptable</td>
<td>25</td>
<td>46</td>
</tr>
<tr>
<td>Honest/Integrity</td>
<td>25</td>
<td>23</td>
</tr>
<tr>
<td>Intuitive</td>
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<td></td>
</tr>
<tr>
<td>Open to Feedback</td>
<td>13</td>
<td>23</td>
</tr>
<tr>
<td>Open to Change</td>
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<td>Organized</td>
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<td>8</td>
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<td>Reflective</td>
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<td>Transparent</td>
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<tr>
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<td>69</td>
</tr>
<tr>
<td>Well-Educated</td>
<td>23</td>
<td>17</td>
</tr>
<tr>
<td>Spoiled**</td>
<td>13</td>
<td>8</td>
</tr>
</tbody>
</table>

N = Number of Study Participants in Each Gender & Age Bracket
* U = Unspecified gender or age
** Spoiled responses indicated more than five or checked all characteristics.
Table 5: Leadership Characteristics and Management Practices that a Leader in Hospice Palliative Care Should Have

<table>
<thead>
<tr>
<th>Leadership Characteristics</th>
<th>Females</th>
<th>Males</th>
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<td>Spoiled**</td>
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N = Number of Study Participants in Each Gender & Age Bracket
* U = Unspecified gender or age
** Spoiled responses indicated more than five or checked all characteristics.
4.5.1 Collaboration and Leadership Teams

Throughout the questionnaires and the interview process, the concept of collaboration among team members and leadership recurred. Twenty-two of thirty-seven questionnaire participants (59%) identified Collaboration as a characteristic they look for in an ideal leader. Interviewees also expanded this finding. For example, FYI\textsuperscript{248} talked about collaboration and the importance of management teams. “All people can’t be all things at all times. So if you can look for those best qualities in people, try and find as many as you can and try and balance them with the people you surround yourself with, then you have the ideal leadership.” FXI\textsuperscript{249} shared a similar perspective:

I also think that within the leadership team, maybe with people who are one step under the Executive Director or the CEO, it’s good for those people to bring different leadership characteristics to the table so that people are always thinking a slight bit differently and that can lead to a conversation of bigger picture things and how to work it out. Because, everyone's thinking the same, everything’s going to be done the same.

FTI\textsuperscript{250} believes that collaboration allows administrators to prioritize their time: “I think that you can always, if you are willing, and unafraid, you can call on people to assist you to administrate. But you can't always call on people to carry forward what is the spirit with which we have to be present.” This perspective was shared by the Executive Director who offered a similar comment, “I surround myself with good people. I know what my strengths are, so I look for people to come on board with me that have the strengths that I don't have. So then it makes for a great team.”

\textsuperscript{248} FYI – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.
\textsuperscript{249} FXI – Female, Interview Participant, Age 18-30, <5 years of service at the Hospice.
\textsuperscript{250} FTI2 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.
With respect to collaboration, MXI2\textsuperscript{251} highlighted the significance of inter-agency cooperation: “You’re going to be working not only alongside those that you’re leading, but maybe other agencies and that speaks to the growth that we’re going to have. The idea that, you know what? We don’t do it all. We might need to reach out for further support. So your willingness to grow and change is also important.”

FTI1\textsuperscript{252} reaffirmed this idea: “The biggest gift we gave this community was to invite the service providers in this community to join in.” FYI2\textsuperscript{253} spoke to the strong effect of collaboration cultivated by the Hospice leadership, and remarked that the ED had “created a very family like atmosphere among the staff members. That it has to be an intentional thing that she's done in the beginning because no other agency functions the way that Hospice does. And no other agency has the staff collaboration.” On the importance of collaboration, FTI2\textsuperscript{254} believes that to be collaborative “means to respect the wealth of all those with whom you work here. And that they have something to offer, something to say, something to give. And to call forth in them. That ability.”

The Executive Director validated the emphasis that questionnaire and interview participants placed on collaboration and leadership teams. She indicated that collaborative leadership teams were a goal of the Hospice from the beginning:

when we talk about leadership, I include our managers as well, because it's not just one person. I think it's really important when you are developing an interdisciplinary team that you have collaboration. And right from the early years, that was the model that we wanted. And it took several years to develop it, because in the beginning we

\textsuperscript{251} MXI2 – Male, Interview Participant, Age 18-30, <5 years of service at the Hospice.

\textsuperscript{252} FTI1 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.

\textsuperscript{253} FYI2 – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.

\textsuperscript{254} FTI2 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.
started out with nurses and volunteers, and then over time we added social work, spiritual care, physicians, so, you're gradually developing that team, and trying to, to develop collaboration among the different disciplines.

The findings suggest that by first building collaborative and trusting relationships within the organizational team, the Hospice leader was able to create a special work environment, family-like connections among staff, and coordination in local and regional services.

4.5.2 Communication

Twenty-four of thirty-seven questionnaire participants (65%) identified Communication as very important in an ideal leader. Communication was also addressed frequently in participants’ answers during individual interviews. Interestingly, female participants aged 31-49 (four of six participants in the age category) and male participants over age 50 (three of three participants in the age category) seemed least likely to value communication as a leadership characteristic. Participants considered communication to be valuable in a leader, as MXI2\textsuperscript{255} states: “Your ability to communicate is important because obviously you’re going to be leading, you’re going to be representing.” Although only nine out of thirty-seven questionnaire participants (24%) thought that communication was one of the strongest skills displayed by the Executive Director, who believed that in general, “We have good communication, but I don’t know that… any organization is ever perfect. And the other thing about communication is that people receive information different, according to who they are. And they also, everyone has their own way of communicating their needs and ideas.”

\textsuperscript{255} MXI2 – Male, Interview Participant, Age 31-49, <5 years of service at the Hospice.
She went on to explain that one way the Hospice had tackled communication was to bring in a psychologist to work with the staff using a Myers-Briggs personality inventory. As a leadership technique, the Executive Director wanted to package information in ways that would be most meaningful to team members, and assist them to increase their ability to communicate and understand one another.

The need for better or more communication was identified by several participants in the questionnaires and interviews. FBQ3\(^{256}\) said that the Hospice needed “better communication flowing downwards from management to staff.” FTI2\(^{257}\) offered the opinion “Communication is, well, one of the toughest things, most misunderstood. Even though you think you’re doing it... It’s never good enough. Never trickles down enough for everybody. Never, whatever, you know. And so, I think we can always work towards that.”

Some of the comments suggested that there may be some misunderstanding about what communication is. FBI1\(^{258}\) believes that the Executive Director is “very approachable, always willing to extend a time for her to talk to people, to be available to a fault. Sometimes I think it’s almost too much where sometimes her scheduling sometimes doesn’t permit it but she never lets you feel that you’re an inconvenience or it’s too much trouble.” FYI2\(^{259}\) also made an insightful comment: “It’s funny because you know what a number of people, I think people need to be reminded of what they actually want.” She went on to explain that most

\(^{256}\) FBQ3 – Female, Questionnaire Participant, Age 50-64, >20 years of service at the Hospice.
\(^{257}\) FTI2 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.
\(^{258}\) FBI1 – Female, Interview Participant, Age 50-64, >20 years of service at the Hospice.
\(^{259}\) FYI2 – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.
often human nature spurs people to get what they want and then complain about it because it is never quite enough.

The results of the study suggest that there is a conflict in participants’ perception of communication at the Hospice. While the Executive Director believed that the communication in the workplace was good, many participants did not feel there was enough communication. Unfortunately, participants who complained about a lack of communication in the questionnaires did not offer any comment about what adequate or good communication would look like. While communication was an area with some conflicting responses, all of the participants agreed through the interview process that timely and effective communication is essential to an organization’s success.

4.5.3 Compassion and Empathy

Throughout the research process, Compassion and Empathy were identified by participants as important leadership characteristics. Twenty-five out of thirty-seven questionnaire participants (68%) identified compassion and empathy as ideal leadership characteristics in a Hospice environment; twenty-six out of thirty-seven questionnaire participants (70%) believed that this characteristic was present in the currently leader. FTI1 260 believed these characteristics were hallmarks of the Hospice: “It’s, even to the way we write our material, okay? We don’t say ‘the clients.’ We call them ‘patients’ and ‘families.’ We don't call them, that kind of things. It’s all in the way you approach. It’s warm.” In their responses to the questionnaires and interviews, staff members spoke about personal experiences with Hospice and their desire to give back to the agency and the community after receiving support.

260 FTI1 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.
personally. The Executive Director stated, “you can’t work here unless you have compassion.”

Meanwhile, FTI1\textsuperscript{261} conjectured: “Who wouldn’t stay after work to go sit with a patient? Not one. There’s not any, unless, there’s you know impingements at home that you just couldn’t do it. But guess what? That person would be finding somebody else to do it.” FTI2\textsuperscript{262} spoke about her emotion-filled experiences at the Hospice: “We are accompanying extremely vulnerable people. We’re accompanying people who have every range of emotion, you know, from feeling defeated to so angry that, you know, they can pop you on the face. If you know, you allow them. And sometimes they would need to have somebody to say, ‘It’s okay, you can do that if you need to.’”

When asked if she agreed with the leadership characteristics identified as important from the questionnaire process, FBI1\textsuperscript{263} confirmed their importance and that they were also present in most of the management and staff at the Hospice: “I think that has been because [the Executive Director] is that, I believe [the Executive Director] is that. That’s reciprocated all the way down. You know what I mean: the ripple effect.” The findings about compassion and empathy seem to suggest a link to the comment from FBI1\textsuperscript{264} in the previous section.

4.5.4 Honesty and Integrity

Questionnaire and interview results suggested that Honesty and Integrity were valued in a hospice leader. In the questionnaire, twenty-two of thirty-seven participants (59\%) believed

\begin{itemize}
\item FTI1\textsuperscript{261} – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.
\item FTI2\textsuperscript{262} – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.
\item FBI1\textsuperscript{263} – Female, Interview Participant, Age 50-64, >20 years of service at the Hospice.
\item FBI1\textsuperscript{264} – Female, Interview Participant, Age 50-64, >20 years of service at the Hospice.
\end{itemize}
that these characteristics were very important in an ideal leader. During her interview, FBI1\textsuperscript{265} spoke about the importance of integrity in her own work: “What I stand by and what I give out in the way of information and resources to community partners, I’ve also applied it to my own family. So I believe it.” The Executive Director offered her perspective about the importance of honesty and integrity in general within hospice care:

In this area of work, we are with people who are their most vulnerable. And they need to trust us. And they need to know that we are telling them the truth. No matter how difficult that truth may be. And we also have to learn to deliver difficult news in a way that is compassionate and doesn't take away hope. So those are, those are key traits that our staff, our leaders have to have in this organization.

The Executive Director’s comments seem to indicate that the Hospice, as an agency, values honesty and transparency, two concepts that were linked and treated almost interchangeably within the questionnaire.

4.5.5 Resourcefulness

Resourcefulness was one of the characteristics that the questionnaire results suggested was highly valued in the current leadership with fourteen of thirty-seven participants (38%) identifying it as a characteristic of the incumbent, though not highly rated for an ideal leader. Only five of thirty-seven participants (14%) thought that this trait was one of the most important. The Executive Director offered an explanation as to why resourcefulness might have been more important in the development stages of the Hospice, particularly due to the location in Windsor-Essex County:

We’re usually at the end of the road, and for years have never voted the right party in, so we had to learn to take care of ourselves. And I think we’ve learned that very well over the years. When we first started Hospice, most of the agencies in existence were fully funded. So we were the only one, one of the few organizations out there that had

\textsuperscript{265} FBI1 – Female, Interview Participant, Age 50-64, >20 years of service at the Hospice.
to do fundraising. So we had an open playing field and then over the years, that whole full funding scenario ended. And then everyone was out fundraising. So we kind of had a good head start. And you know, you do enough that you learn to be creative, so I think we're pretty darn resourceful.

The eight other interviewees did not address resourcefulness specifically, instead focusing on other leadership characteristics as particularly important for leaders moving forward.

**4.5.6 Visionary and Strategic Leadership**

Twenty-one of thirty-seven participants (57%) selected Visionary and Strategic Leadership as an important characteristic in the questionnaire results with twenty-one of thirty-seven participants (57%) choosing it as a top five characteristic. The reasons for this choice were elaborated upon by the interview participants. The Executive Director spoke candidly about her initial reluctance to take on the mantle of visionary leadership:

I always resisted, people would say, ‘You’re a visionary.’ Oh no, I’m not. Because you struggle with those kinds of things. We need to be humble and never take things for granted…. So this is one of my gifts and I try very hard to use it to lead us, and to find out and listen to people what they need, and then how do you create that atmosphere for them? And strategic thinking, I love strategic planning. I’m a planning planner by nature. Probably 24/7, I think when I’m sleeping I’m planning. And I have to have plan A, B and C in case I need it.

The Executive Director spoke about her personal planning process and how having personal goals complemented her leadership goals. From a staff perspective, MXI2\textsuperscript{266} felt that visionary and strategic leadership was necessary, “anytime you want to grow… it can always change, but you need to be willing to have that vision, share that vision, be transparent.”

\textsuperscript{266} MXI2 – Male, Interview Participant, Age 18-30, <5 years of service at the Hospice.
FTI\textsuperscript{267} built upon MXI\textsuperscript{2}’s comments about responding and growing by talking about the foundational stages of Hospice and how it evolved:

You’ve got to think about tomorrow, you’ve got to think about ten days, ten years down the line at all times, you know. And you know what? Different generations will have different visions. What I, what we thought in the beginning, well, hey, we were there in the beginning for patients, cancer patients only, right? Cancer patients in their dying stages.... Okay, so now, the families were appreciative. Not to worry. However, remember what they said. Well we sure could have used your help when all this began right. Remember that? Yeah, and if we just stayed to our mandate, we wouldn’t be here today.

FTI\textsuperscript{268} brought a different perspective when she spoke about the challenges associated with vision for leadership:

We still have a vision as a leader, you still see where you’d like things to go. So how do you get there? Strategically, how do you plan that without seeming manipulative and underhanded and not respecting Hospice? So that's a real tricky thing to try to do. So there’s a whole, that whole honest, integrity, visionary, strategic thing, I think work together, because it has to be of a piece. Are we doing this, who are we doing this for?

In their questionnaires, FTQ\textsuperscript{7}\textsuperscript{269} commented that the leadership is “informed and responsive to those whom we serve and who serve,” while FBQ\textsuperscript{1}\textsuperscript{270} said that leaders “need to have a clear vision and be able to stick to it and they need to be open to positive feedback.” FYI\textsuperscript{2}\textsuperscript{271} believes that the task of leadership is to make employees “feel like they’re part of the bigger thing. That it’s not this extreme hierarchy or power differential, that the leader can

\begin{itemize}
  \item FTI\textsuperscript{267} – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.
  \item FTI\textsuperscript{268} – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.
  \item FTQ\textsuperscript{7}\textsuperscript{269} – Female, Questionnaire Participant, Age 65+, >20 years of service at the Hospice.
  \item FBQ\textsuperscript{1}\textsuperscript{270} – Female, Questionnaire Participant, Age 50-64, <5 years of service at the Hospice.
  \item FYI\textsuperscript{2}\textsuperscript{271} – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.
\end{itemize}
only, be the only [person] that has the vision or goals or different things like that. That people are feeling heard and they’re actually acknowledged for things that they dream of.”

At all levels of my research, participants in the questionnaires and the interviews highlighted the importance and interconnectedness of vision and the development of the Hospice. It is important to note that in the context of this study, however, vision pertains to the method in which a leader imagines goals and future needs and then implements the vision. While vision often has institutional connotations, deriving from an overarching organizational mission, visionary leadership is the ability to read a situation, analyze data, and respond to needs for the organization and staff, not necessarily execute a plan created and determined by a board of directors.

4.5.7 Intuition

Although participants in the questionnaires did not identify Intuition as one of the five most important leadership characteristics, twenty-five of the thirty-seven participants (68%) did think that it was important for leaders to use informed intuition in their decision-making. Only eight of thirty-seven questionnaire participants (22%) indicated they did not feel using informed intuition was appropriate, while four of thirty-seven questionnaire participants (11%) either did not answer or said yes and no. The questionnaire results pertaining to intuition are produced in Table 6.
The Executive Director equates informed intuition to a gut feeling that is informed by experience and explained that learning to follow her intuition was also part of the process of building her confidence as a leader. With respect to intuitive leaps informed by experience and a particular context in application to decision-making, she said:

You have to do it because you’ll pay the price later. I often have said, I should have listened to my gut. Inside of me I knew, but I was either swayed, or whatever. And I think that's that, that confidence, and belief, and spirituality, you know. Sometimes it's not the popular thing to do, so you think, oh, I’ll just keep quiet. I’ll stay out of this. And you pay the price for that.

FTI1 spoke about her experience when following the Executive Director’s instructions even though she did not understand the decision-making process behind them: “There were rare times that I grumbled; I thought what… are you thinking? But you know what, guess what? Always in the end, it came to fruition. I’d think, how… would she know that?”

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272 FTI1 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.
As a characteristic and leadership practice, intuition can be frustrating for both the leader and the staff. However, the questionnaires and interviews suggest that informed intuition characteristic may be worth including in a leadership matrix.

4.5.8 Humility, Patience and Providence

Although not highlighted as particularly important during the questionnaire phase, through the interview process with staff and the Executive Director, two additional characteristics and one concept emerged as potentially valuable to leaders: humility, patience, and providence. Based on the context of the interview with the Executive Director, Providence emerged as the inclination to look for the influence of God in everyday activities, providing a greater sense of perspective about the significance of a situation against the tapestry of lived experience.

FTI1\textsuperscript{273} described humility as “everybody being able to do everything. Really... Like if I would have said, as the director, if I had of just sat in my office and said, ‘I'm not doing that. I'm not doing that. You do that...’ There would have been a revolt, let me tell you.” She went on to give examples of washing floors or building furniture or taking over maintenance duties when staff members were sick.

FYI2\textsuperscript{274} spoke about her views of the leadership in action, especially with reference to the Executive Director:

When I met with her I mentioned the fact that she sets the precedents for the way that the agency runs. Because I truly believe that, I truly do. And she sat back with this humble explanation of how, no my gift is to organize and to get people to come together, but I don’t have the gift of this, and I don't have the gift of that, and these people do, and they're coming together. When she started doing that speech, I

\textsuperscript{273} FTI1 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.

\textsuperscript{274} FYI2 – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.
thought, are you for real right now? All she’s done and everything, and she doesn’t acknowledge it as, as a building of herself, it’s building of the community and building of other people around her.

Humility is also an important component of strategic leadership, ego checking and providence according to the Executive Director:

Maybe one of the other things that isn’t here and maybe, but, and it’s something I work on every day of my life, is patience. And, things don’t happen overnight. The other thing is, things don’t happen on our schedule and I do have a deep faith, and, and I’m very spiritual and I believe that when the big guy’s ready, he’ll give us the green light. And I find that, people really need to develop patience because it’s all in, a lot of what happens has to do with timing. And you know, you can jump out there and say something or do something and the timing is so bad and it can really hurt you.

She went on to talk about the interconnected nature of humility and providence:

Over the years, I’ve learned to really trust that things will unfold as they should. Even in those darkest moments, when you think, oh dear god, what are we going to do? And if you just step back a bit, sometimes you’re so wrapped up in trying to solve something, you can’t, you don’t see the forest for the trees. And, or if you’re really trying to make something happen, and it’s not happening, often times, it’s ego. As much as we all hate to look at that. And so, I have to step back and do that test. Is this your ego? Or is this something that is really going to benefit other people? And if it unfolds, then you know it wasn’t your ego, but if doesn’t, you can check that one off as: get it together.

The findings suggest that humility, patience and providence were connected to spiritual leadership traits, making them of particular note in this study.

4.6 Workplace Spirituality

At the beginning of this chapter, I established that research participants at the Hospice believed that the workplace culture was different from other organizations. I then presented the findings that suggest the leadership at the Hospice has a spiritual component and elaborated on the leadership characteristics and management practices that were valued by
the research participants and have helped to shape the workplace and culture imbued with spirituality. This section will investigate the elements of workplace spirituality that were revealed through my study and contribute towards the unique culture at the Hospice. FYI\textsuperscript{275} described her experience of workplace spirituality at the Hospice:

I think anytime we talk about serving people who are affected by life-limiting, life-altering or end of life, there is inherently a sense of spirituality. Most people can't deal with death and dying without some kind of connection to a higher purpose, a higher spirit, a higher calling. And that permeates what we do. I think most people here, they might not share all the same belief systems, they might not belong to the same religion, or the same community, the same church, but I think they all have some aspect of spirituality and of interconnectedness.

In their foundational work on spirituality in the workplace, Ashmos and Duchon define spirituality at work “as the recognition that employees have an inner life that nourishes and is nourished by meaningful work that takes place in the context of community. Thus, we see spirituality at work as having three components: the inner life, meaningful work, and community.”\textsuperscript{276} According to Ashmos and Duchon spirituality does not have to be religious. Similarly, through my thesis research coding (discussed earlier in this chapter), I identified five major components of the culture at the Hospice: vocation; staff spirituality; connection to mission, vision and values; education and development; and spirituality. Each will be discussed in the following sub-sections in order to build a cohesive picture of the Hospice culture and how this has been cultivated by leadership.

\textsuperscript{275} FYI1 – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.

\textsuperscript{276} Ashmos and Duchon, “Spirituality at Work,” 137.
4.6.1 Vocation

Vocation emerges as an area of importance in the discussion of workplace spirituality. Thirty-one of the thirty-seven questionnaire participants (84%) felt that their work was vocational in nature. Thirty-five of thirty-seven questionnaire participants (95%) thought that their work contributed to personal meaning and purpose in their life, while thirty-two of thirty-seven questionnaire participants (86%) felt that mission and purpose was shared with colleagues.

MTQ2\textsuperscript{277} said that his work was motivated by the care he received at Hospice: “Hospice helped me to open up and deal with the past. The entire organization was there for me and I will never forget how they helped.” MBQ1\textsuperscript{278} said: “I dedicate my work to my parents,” and FBQ2\textsuperscript{279} described her work as “sacred.” During her interview FTI2\textsuperscript{280} spoke about her work at the Hospice and her motivation for serving: “It has been life-giving. It has also, through my experience with my mom, it has sustained, and it, and it supported me. And, it’s also allowed me to be present to others, to be able to be for them what they need.”

In her interview, FYI2\textsuperscript{281} built on this theme:

I think that the people who have worked here as an employee that have had experienced themselves what Hospice serves, and touched by the idea of mortality, I think it just builds a little bit more belief in what we do here. Belief and understanding. I’m not saying that we have to say, like, oh, ‘Come back when someone in your life has died.’ But you can see how it, it attaches meaning to what people do here. And I see, there’s a lot of the time, that something I do here, it

\textsuperscript{277} MTQ2 – Male, Questionnaire Participant, Age 65+, 15-19 years of service at the Hospice.

\textsuperscript{278} MBQ1 – Male, Questionnaire Participant, Age 50-64, 5-9 years of service at the Hospice.

\textsuperscript{279} FBQ2 – Female, Questionnaire Participant, Age 50-64, 5-9 years of service at the Hospice.

\textsuperscript{280} FTI2 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.

\textsuperscript{281} FYI2 – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.
reminds me of something, and there’s a nice connection with it. It feels good to be able to know that... it’s kind of in someone’s honour.

For FYI2⁴², this work is vocation because it allows her an opportunity to help other patients and families like her family was helped. FBQ3⁴³ said: “I have a feeling of self-worth at Hospice.” MXQ1⁴⁴ felt that his work provided non-financial rewards and that he believes: “No life is meant to be lived alone, as well as one cannot have too much support. It is my goal to serve others with these beliefs.” FYI1⁴⁵ made an important comment about what she felt sustains Hospice employees:

Everybody here has come to Hospice looking to do something meaningful, that helps provide purpose to their life, and gives them a sense of accomplishment and connection to something greater than themselves. We could all go and work anywhere else, perhaps make more money, perhaps have more power, perhaps work shorter days, but something calls them to this type of work. And I think the inherent vocation, the inherent calling creates and fosters that culture of spirituality.

FXI1⁴⁶ compared the Hospice to other agencies: “I think you can look at the spirit, the culture in this agency, and it’s completely different, and there's a reason for that. There are a lot of people that believe this is where they should be.”

The study results suggest that there is a connection between the attitudes of staff and the workplace culture. MYQ1⁴⁷ believes that “people at Hospice are inherently good and

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⁴² FYI2 – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.
⁴³ FBQ3 – Female, Questionnaire Participant, Age 50-64, >20 years of service at the Hospice.
⁴⁴ MXQ1 – Male, Questionnaire Participant, Age 18-30, <5 years of service at the Hospice.
⁴⁵ FYI1 – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.
⁴⁶ FXI1 – Female, Interview Participant, Age 18-30, <5 years of service at the Hospice.
⁴⁷ MYQ1 – Male, Questionnaire Participant, Age 31-49, <5 years of service at the Hospice.
value the role they play in the lives of the population we serve.” Similarly, FYQ2\textsuperscript{288} said: “We are all brought together by our shared values. We all work tirelessly to provide the best for our patients and families.” FYQ3\textsuperscript{289} felt a sense of connection with her colleagues because “most of my colleagues are here at Hospice because it is a calling.” Based on the questionnaires and interviews, I would argue that there are many staff at the Hospice who view their work as vocational, and that attitude helps to enhance the workplace culture.

4.6.2 Staff Spiritual and Religious Beliefs

The personal beliefs of staff were considered important contributors to workplace spirituality by study participants. Thirty-one of thirty-seven questionnaire participants (84\%) disclosed that they held personal spiritual or religious beliefs that governed their lives. Two of the thirty-seven questionnaire participants (5\%) preferred not to disclose and only four of thirty-seven questionnaire participants (11\%) claimed to have no personal belief system that influenced their lives.

Although participants were not required to disclose their belief systems, many voluntarily revealed beliefs in the questionnaires and interviews. These included expressions of faith in God or a higher power, belief in an afterlife, disclosures of being practicing or non-practicing Christians, the identification of spiritual beliefs, meditative practice, and beliefs in universal balance. While there may be no overt religious or spiritual celebrations in the Hospice workplace, the results of the study suggest that personal beliefs may be relevant to the workplace culture.

\textsuperscript{288} FYQ2 – Female, Questionnaire Participant, Age 31-49, <5 years of service at the Hospice.

\textsuperscript{289} FYQ2 – Female, Questionnaire Participant, Age 31-49, 5-9 years of service at the Hospice.
FYI2 shared her struggle with mortality and personal faith:

When I started here, and I started going through my internship, wow, it was a huge smack in the face to realize my own mortality. Huge smack. Because there's people my age that were dying. And I didn’t live in that world. I lived in a very sheltered world where none of that happened. So when that started to happen.... But you look at that stuff and you say honestly, there’s so much more to life than just me and my supposed outlook on my sheltered little life. That was a huge important turning point in terms of my own faith and the Hospice had a lot to do with that.

FTI1 believed that her personal belief systems allow her to cope with the challenges of working in at the Hospice:

It is helping the heart of that person to explore the body to help the soul to move forward. The body is dying but it’s dying in order to create a stronger spirit. Whether you call it a soul or spirit, or whatever. And to go where it needs to go…. So that life-giving experience needs to be life-giving, needs to be shared.

The interview and questionnaire results point to the influence of personal spiritual and religious beliefs in the attitudes of Hospice staff towards their work. These beliefs may also contribute to the workplace culture. Although the results of this study cannot address what might happen to culture in the future, only 11% of the questionnaire participants and 0% of the interviewees professed no faith at all. The nature of hospice work, including the daily confrontation of life and death may predispose staff towards personal belief systems. If this is true, post-Christian culture may not have such a significant impact on this institution in the future, as compared to other organizations.

FYI2 – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.

FTI1 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.
4.6.3 Connection to Mission, Vision and Values

Participants in the interviews and questionnaires indicated that the Hospice’s Mission, Vision, and Values were important to them. In the questionnaire, participants were asked about their engagement with the Hospice’s statements on mission, vision and values and if the statements aligned with their personal values, ethics or beliefs. Most participants responded affirmatively and the full results are produced in Appendix 10.

Only FBQ4\textsuperscript{292} disagreed with the Hospice mission, asserting that “life-altering is too expansive and open to too many interpretations.” She also felt concerned about placing patients’ needs above her own, citing that “safety is an issue.” FBQ12\textsuperscript{293} also felt that “employee safety comes first.”

In her interview, FYI1\textsuperscript{294} explained what the mission, vision and values meant to her:

I think it’s that daily reminder that we’re here for a bigger purpose. The mission of Hospice is to support, educate, empower, the vision is to provide an oasis of peace. That first and foremost puts patients, families, caregivers, people who come through our doors first. It doesn’t mean that we don’t get to be people as staff, but it means that the greater perspective is that it's about caring for those people, not the grievances, not the inconveniences, not the day to day pettiness that’s important. It’s the ability to refocus and look at what's the greater picture, and how do I get to contribute to it?

MXI2\textsuperscript{295} also felt that the mission of the agency was the motivation for his work using three key words:

\begin{footnotesize}
\begin{itemize}
\item FBQ4 – Female, Questionnaire Participant, Age 50-64, >20 years of service at the Hospice.
\item FBQ12 – Female, Questionnaire Participant, Age 50-64, <5 years of service at the Hospice.
\item FYI1 – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.
\item MXI2 – Male, Interview Participant, Age 18-30, <5 years of service at the Hospice.
\end{itemize}
\end{footnotesize}
Support, educate and empower. I mean, every referral I get is to support families in different arenas, whether it's financially or emotionally. And often, that extends to educating on what support is available, what we can offer, what is out there, and ultimately, as a [clinical professional], our role is always to empower those that we serve.\textsuperscript{296} Whether that’s to cope better, whether that's to access resources, that’s just direct patient care.

FXI\textsuperscript{297} felt that the values of the agency influenced how she structured her work:

“When I know patients, families, caregivers are going to see [my work], you want to make sure that it’s something that’s inclusive to everybody, so that no one’s necessarily being left out in the cold if they’re going through something that's altered their lives.”\textsuperscript{298}

FYI\textsuperscript{299} added a different dimension in her comment about the integration of foundational principles:

I understood the culture from being basically a family member, a caregiver, to then understanding as a volunteer, the culture, understanding as an intern, understanding as an employee, and really they're seamless. And that was the beauty of it. There’s so much transparency in terms of the vision statement and mission statement, values of what people are doing while they’re here, that you could see it from any different role that you were here for.

Questionnaire and interview participants indicated that the mission, vision and values affected their work. FTI\textsuperscript{300} felt that the workplace culture was shaped by these goals:

It needs to also support the people that are doing that kind of thing. And I think that, as workers, one would hope that they do that. I think that through the years, things

\textsuperscript{296} Profession has been anonymized to protect the identity of the interview participant.

\textsuperscript{297} FXI – Female, Interview Participant, Age 18-30, <5 years of service at the Hospice.

\textsuperscript{298} Profession has been anonymized to protect the identity of the interview participant.

\textsuperscript{299} FYI – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.

\textsuperscript{300} FTI – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.
have grown, where people get together, and they do support one another. I think that you hear that all over the place. I think there’s also, it’s also unique in the sense that everyone assumes that there wouldn’t be joy here. Or fun or happiness, joy here a little happiness.... You know, and it has to be here. So I think there is joy and happiness here, even in all the stuff that happens.

FYI2\textsuperscript{301} echoed that sentiment: “The beauty of Hospice is that a hospice focuses on life, focuses on what we can do in order to help you with dignity and actual living quality of life.”

The results of this study suggest that the mission, vision and values of the Hospice have shaped the workplace culture, and have been embraced by staff as a motivation for their work.

4.6.4 Education and Development

The theme of Education and Development came up through the questionnaires and the interview process. Twenty-five of thirty-seven questionnaire participants (68%) felt that it was important for the Hospice to be a leader in research, innovation, and education. In addition, the personal and professional development of Hospice staff was considered important by twenty-eight of thirty-seven questionnaire participants (76%). As an interviewee, FTI1\textsuperscript{302} spoke about the lack of educational opportunities in Canada when the Hospice was founded, and then how the Hospice developed a training program:

Now, they didn’t have any problems sending J.J. and I forget, oh Carol, and there was a couple of other people, who went off to St. Christopher’s to learn this stuff. Like just don't come back and give us mouth service. Let’s go see it. Let’s go experience it. Let’s go and decide for ourselves, what is workable out here. And, I think they’ve always invested in the education of staff to help promote the spirituality of what this agency is all about. That's the holistic care.\textsuperscript{303}

\textsuperscript{301} FYI2 – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.
\textsuperscript{302} FTI1 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.
\textsuperscript{303} Initials have been used to protect the identities of persons involved in the past Hospice movement.
FBI1 believed that the interests and skills of Hospice leaders helped to develop different aspects of outreach:

I think we saw it from the beginning when, I wasn’t around when Paul Chidwick was here, I was here, but he wasn’t in the leadership. Whereas J.B. came in with a whole different agenda, in that, you know, she was going to have it delivered, but she couldn’t do it without the clinical. Then the next, handing it off to someone like J.E., who came very hard core into the best practice that we can offer at that time. But she was different in that when she handed it off to Carol I saw a different shift. Different shift. But this is a different mentality. So you’ve got someone like Carol, who came with more outreach.

Community outreach and developing to suit the needs of patients and families was a point highlighted by FTI1 when she spoke about Hospice day programming:

[our first patient] sat down and said: “You know what, I don’t know that I can do this all day, every day. I don’t feel well enough to do that.” It was a good idea. Great place for people in the community to know that their loved one was going to be cared for, and that’s what the community wants: the reassurance that those loved ones are going to cared for by people who really understand what caring is about. And so, we looked at that and we did another focus and they were quick to tell us the same thing. We want to come in and do some programs, go home.

As FTI1 explained, education and development can come from different and equally valuable sources. The Hospice culture evolved within the organization’s scope of care, but what remains intact at the Hospice is the capacity for development and change. In the questionnaires, participants were asked if they felt that the Hospice leadership empowered

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304 FBI1 – Female, Interview Participant, Age 50-64, >20 years of service at the Hospice.

305 Initials have been used to protect the identities of persons involved in the past Hospice movement.

306 FTI1 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.

307 FTI1 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.
them to continue learning, growing and developing in their roles. Thirty of thirty-seven questionnaire participants agreed (81%), and seven of the thirty-seven participants (19%) were either unsure, answered both yes and no, or declined to answer. FYQ2\textsuperscript{308} believed that “growth is supported and encouraged – lots of educational opportunities available,” and FYQ4\textsuperscript{309} stated that “the leadership at the Hospice is always encouraging and promoting ongoing education to further develop personal growth.” FBQ3\textsuperscript{310} had a similar opinion, stating that “higher education is encouraged and learning opportunities are always available.” Meanwhile, FBQ5\textsuperscript{311} offered an important dimension, commenting “being a smaller organization there is notmust developing of roles as each cog within the wheel has an important role to play.” Speaking to lack of funding, MTQ1\textsuperscript{312} said that “money for continuing education has dwindled over recent history.”

Budget issues notwithstanding, the development of staff remains a key priority for the leaders at the Hospice. FTI2\textsuperscript{313} talked about the Executive Director’s commitment to discovering and fostering potential:

I think it's important to call forth in people, their gifts, and the best that they can bring. And, she’s excellent at it. But she’s also like a little dog with a bone too. She’ll bring it forth out of people and bring you to places that maybe you thought you wouldn't go. And that’s a good thing.

\textsuperscript{308} FYQ2 – Female, Questionnaire Participant, Age 31-49, <5 years of service at the Hospice.

\textsuperscript{309} FYQ4 – Female, Questionnaire Participant, Age 31-49, 10-14 years of service at the Hospice.

\textsuperscript{310} FBQ3, Female, Questionnaire Participant, Age 50-64, >20 years of service at the Hospice.

\textsuperscript{311} FBQ5, Female, Questionnaire Participant, Age 50-64, <5 years of service at the Hospice.

\textsuperscript{312} MTQ1, Male, Questionnaire Participant, Age 65+, 5-9 years of service at the Hospice.

\textsuperscript{313} FTI2 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.
In general, the research participants seemed to feel that they had opportunities to learn and grow at the Hospice, an important component in job satisfaction, employee loyalty, and retention. Additionally, they believed that the Hospice had emerged as a leader in education, and that education was a way of fostering and sharing a culture imbued with workplace spirituality.

4.6.5 Workplace Culture

Results of the study indicated that workplace spirituality is experienced by the staff at the Hospice. Questionnaire participants were asked if a workplace culture that exists within a secular agency could be considered spiritual when it exhibits spiritual characteristics such as an interconnected team of people who:

- view their work as a vocation
- work towards a common mission, vision and values
- and find meaning and purpose in their work

Based on these criteria, thirty of thirty-seven questionnaire participants (81%) felt there was spirituality at the Hospice, and three of thirty-seven (8%) were not sure. Four of the thirty-seven questionnaire participants (11%) did not feel there was spirituality. In contrast, all of interviewees felt that there was spirituality at the Hospice, and MXI2\(^{314}\) separated spirituality from religious affiliation:

I think it’s important to first distinguish that spirituality doesn’t necessarily mean religion and faith. And I think that’s where there’s often confusion. I think that when we look at the components of ourselves, there’s physical, emotional, there’s spiritual… I just think that any life-altering illness has a spiritual component to it.

\(^{314}\) MXI2 – Male, Interview Participant, Age 18-30, <5 years of service at the Hospice.
When asked to comment on results that Hospice staff felt there was spirituality in the culture, the Executive Director shared her experience with strategic planning:

when we did our strategic planning four years ago, when Martin Girash, you know Martin was the former CEO of a hospital, he interviewed 38 people, and he said to the board, the thing that kept coming out, over and over again, was that Hospice must protect its culture. And, he said, what a strange thing for people to say. Because, he said, he came out of the hospital, where they would tell him 500 things a hospital did wrong and never even think about talking about culture. So he said the culture is very strong here. And he said, what is that culture? Well it's, it's one of compassion. It's going the extra mile, which I love to hear.

The Executive Director’s comments about the strategic planning process undertaken circa 2011, are important to this study because they illustrate that workplace spirituality was felt at the Hospice before this study tried to capture the characteristics. While the Executive Director names the spirituality as “culture” she does draw a strong link between the two, alluding to a culture of service and compassion that create the spiritual atmosphere.

To clarify what spirituality meant at the Hospice, questionnaire participants were asked if they felt that ten values identified by Carole Jurkiewicz and Robert Giacalone as the framework for workplace spirituality were present at the Hospice. For seven of the ten values (Benevolence, Humanism, Integrity, Receptivity, Respect, Responsibility, and Trust) at least thirty of thirty-seven participants (81%) indicated that specific value was present in the workplace. (See Table 7) When asked, all of interviewees also felt that the ten values were present.

FYI commented that spirituality in the workplace was essential to her:


FYI – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.
I mean, you can go through absolutely every one of those key aspects and you can say okay, if that doesn’t describe your team members, how do you function as a team member? If you can say that the people that you work with, have integrity, have responsibility and trust towards each other, then you function well together. If you don't trust your teammates, then you can't work together, truly work together for patients.

Table 7: Characteristics of Workplace Spirituality

| Characteristics of Workplace Spirituality | Females | | | | | | Males | 31-49 | 18-30 | U* | Total |
|------------------------------------------|---------|---|---|---|---|---|---|---|---|---|---|---|---|
|                                           | 65+ (N=8) | 50-64 (N=13) | 31-49 (N=6) | 18-30 (N=3) | 65+ (N=2) | 50-64 (N=1) | 31-49 (N=1) | 18-30 (N=1) | U* (N=2) | Total (N=37) |
| Benevolence | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Generativity | 75 | 62 | 67 | 33 | 100 | 100 | 100 | 100 | 100 | 68 |
| Humanism | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Integrity | 100 | 85 | 100 | 100 | 100 | 100 | 100 | 100 | 50 | 89 |
| Justice | 75 | 38 | 83 | 33 | 50 | 100 | 100 | 50 | 57 |
| Mutuality | 75 | 54 | 100 | 67 | 50 | 100 | 100 | 50 | 68 |
| Receptivity | 88 | 92 | 100 | 33 | 100 | 100 | 100 | 50 | 84 |
| Respect | 88 | 85 | 100 | 100 | 50 | 100 | 100 | 100 | 84 |
| Responsibility | 75 | 92 | 100 | 100 | 50 | 100 | 100 | 100 | 81 |
| Trust | 88 | 85 | 100 | 100 | 100 | 100 | 100 | 50 | 86 |

N = Number of Study Participants in Each Gender & Age Bracket
* U = Unspecified gender or age

In particular, FXI1\textsuperscript{317} felt deeply engaged with the concepts of humanism and inclusivity:

I agree especially with the concepts of humanism and inclusion, because I think in a hospital setting it’s easier to see people as just another case that's coming through. Here, you actually get to know people. Whether or not it’s a good thing or a bad thing. You actually see them in a more humanistic way than you would maybe in other professions in the health care system. Patients, families, donors, colleagues, you

\textsuperscript{317} FXI1 – Female, Interview Participant, Age 18-30, <5 years of service at the Hospice.
never know what people are going through I guess. I think just to help keep everything in perspective. And not kind of make it, so cold and hard, that you lose focus of what it is you're working for.

FTQ7\textsuperscript{318} commented that she felt “privileged meeting and interacting with all whom we serve and all who serve to keep this agency in its life-giving work.” Meanwhile FYQ5\textsuperscript{319} said the culture at the Hospice, “feels like a family all working towards a common goal.”

Spirituality in the workplace appeared to provide context and richness to the experience of Hospice staff. When remarking on finding meaning in his work, MXI2\textsuperscript{320} said, “I think the spirituality is almost a way of acknowledging that it’s not like an over the counter experience... if you don’t link to that, then it’s a pretty shallow and fast-moving process. So I think that that even links to us as professionals, in being spiritual and acknowledging the spiritual.”

The Executive Director believes that spirituality can be used as a coping mechanism for staff: “Unless you can believe that there is a plan for each and every one of us, beyond what we often know or understand, and trust that, this kind of work, I think that, that’s what creates burnout in people.” She also provided a detailed example of why the Hospice culture is different because of the workplace culture and spirituality:

We had someone yesterday who I barely know from the community, who runs an organization. She said when she came in here for the first time she felt such a peacefulness. And she said, she had just been through a horrible time with her dad, who had a massive surgery for cancer, and it was stressful, and he got an infection. And so, three days later, she said, ‘I came walking into Hospice. It was peaceful. Everywhere I look, it’s peaceful. I see smiling pictures of people. And different faces,
different cultures in your pictures. I look out into those spectacular gardens, I hear water running’. She went through the whole thing. Things we take for granted. 

FTI2\textsuperscript{321} related a story about the way volunteers contribute to the spiritual atmosphere at the Hospice:

before we moved in here, we brought everybody, invited all the volunteers to come, and the idea was that we bring the heart back into this building.... And I think from that point on, and ever after that, when people walk into this place, they feel a sense of peace, a sense of quiet, a sense of that serenity and calm. Even though things are falling apart in their lives, they’ve got a place to come and just sigh, and just be. You know? So I think that’s really, really strong.

According to FTI2,\textsuperscript{322} intentionally fostering and developing the spirituality is also a key aspect of leadership:

We’re all spiritual beings. We just happen to have a body that takes that spirit around. Our body is affected by what happens to us in that spiritual and inner sense. So for the wellness of people, when we speak about wellness, we really mean wellness…. So, if you can, for the most part, allow for things to happen, but encourage a broader sense of that.

From questionnaire participants to interviewees and the interview with the Executive Director, the results suggested that support and engagement with spirituality as a key element of the Hospice culture.

\textbf{4.7 Coping Mechanisms and Spiritual Leadership}

My thesis research attempted to identify the leadership characteristics and management practices at the Hospice. Through the research process, positive coping mechanisms for leadership were identified as important considerations. FYI\textsuperscript{323} shared her thoughts on the necessity of coping mechanisms for leaders, generalizing: “I think leadership at all levels can be somewhat lonely. As you move up the ladder, there are less people you can trust. In that

\textsuperscript{321} FTI2 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.

\textsuperscript{322} FTI2 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.

\textsuperscript{323} FYI1 – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.
sense, spirituality or communion with some type of higher being gives you more access to different coping mechanisms and different people that you can trust outside of collegial bounds.”

When asked about leadership and coping mechanisms thirty-six of thirty-seven questionnaire participants (97%) and all interviewees (100%) thought that it was important for leaders to have positive coping mechanisms. As FTQ1\textsuperscript{324} said, when leaders lack coping mechanisms, “Their job will suffer.” Furthermore, twenty-six of thirty-seven questionnaire participants (70%) thought that it was important for leaders in hospice palliative care to have personal spiritual or religious beliefs when dealing with death and dying. FXQ3\textsuperscript{325} felt that spiritual beliefs were important because: “Without spiritual/religious beliefs when dealing with death and dying, there would be so many situations left unresolved due to a lack of a coping mechanism.”

When speaking with interviewees, there was also a sense that the leadership, in particular that of the Executive Director, did have strong coping mechanisms. FYI2\textsuperscript{326} said:

> I can’t imagine her retiring. And she looks great. So, obviously, she never comes in looking drained, looking like she doesn’t want to be here, so clearly, she has great coping mechanisms.

The Executive Director offered some insight into links between spirituality, coping mechanism and palliative care:

> You almost need a clean slate here. I always envision a blackboard. Wipe it off, clean it off, and then go in and meet that next patient or family. With no preconceived ideas, just go in wide open and listen. And so I think, the emotional healthiness and the spiritual, spirituality have to go hand in hand.... So it’s really important to be able

\textsuperscript{324} FTQ1 – Female, Questionnaire Participant, Age 65+, 15-19 years of service at the Hospice.

\textsuperscript{325} FXQ3 – Female, Questionnaire Participant, Age 18-30, <5 years of service at the Hospice.

\textsuperscript{326} FYI2 – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.
to have done the work you need to do in your life to be able to move on if you’ve experienced trauma or abuse or whatever it is.

Based on the responses from participants, self-care and coping mechanisms appear to serve a greater purpose at the Hospice than simply allowing the leadership and staff to deal with the challenges of working for an organization that provides end-of-life care for patients and families. The following sections will discuss the positive self-care and coping mechanisms that study participants believed the Executive Director uses: Spirituality, Life-giving Work and Prayer, balanced with Humour and Family Life.

4.7.1 Spirituality, Life-giving Work and Prayer

Research participants felt that leadership could be challenging but that certain coping mechanisms could balance and make those challenges worthwhile. In her interview the Executive Director spoke about her work as providing nourishment and fulfillment:

I love people, and I hate to see people suffer, and so anything that I can do on a personal level, or as a part of the Hospice team to ease that suffering, nothing makes me feel better. You know, at the end of a day, or to see the look in somebody's eyes, when you say, I have an idea for you that might help. And you bring someone in or you can do something. The feeling inside, there’s nothing that, that can touch that. You see that on an ongoing basis. That keeps charging you.... I don’t feel burnt out inside. Because you keep getting replenished. You know, because it’s the right thing. It’s a good thing. It’s very spiritual, the work we do here.

According to the Executive Director, spirituality is a coping mechanism that creates a sense of gratitude, inner peace and restoration in the midst of grief and loss. The ability to serve patients and families, even for a little while and to provide a measure of comfort becomes the task and also the reward. FTI1\textsuperscript{327} suggested that spirituality could also be used

\textsuperscript{327} FTI1 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.
to forge bond between staff members when she remarked: “It’s not a privatized sort of spirituality. It’s one of those elements that unless it’s shared, it dies.”

In his interview, MXI2\textsuperscript{328} drew a strong link between the culture imbued with spirituality at the Hospice and the ability of leadership and staff to cope:

There’s ongoing challenges that, you know, whether it’s with the vision and the growth of the agency, whether it’s in the work that you do. You know, whether its managing those that work here. It’s got to, you know, I think that spiritual beliefs and coping mechanisms they kind of go hand in hand, right. How do we deal with it? How do we process it?

In her interview, the Executive Director talked about how spirituality and prayer cultivate meaning in her vocational work:

Unless you can believe that there is a plan for each and every one of us, beyond what we often know or understand, and trust that, this kind of work, I think that’s what creates burnout in people... I’ve never felt burnt out. And I think it’s because of that whole spirituality. Pray a lot.

Based on the responses from the Executive Director and staff interviews, the results suggest that spirituality, prayer and life-giving work can contribute to a leader’s ability to cope, particularly in a hospice setting.

\textbf{4.7.2 Family Life and Humour}

In my investigation of the leadership at the Hospice, family life and humour were raised as methods of coping. The Executive Director spoke candidly about her family and sense of humour being invaluable to her work: “I surround myself, you know, my family and friends all have that same sense of humour. So I laugh a lot. And that eases the tension, and you know. I often laugh at myself. I don't take myself very seriously. So, you know. I think that that keeps you on a balanced keel.”

\textsuperscript{328} MXI2 – Male, Interview Participant, Age 18-30, <5 years of service at the Hospice.
In her interview, FYI1\textsuperscript{329} addressed the Executive Director’s family when she commented: “You know I love when I hear that she’s going to visit her granddaughter, and she’s telling stories about her granddaughter up on stages, and doing performances and everything, because she beams. She’s like that. I mean, she’s very family oriented and, you know, that shines through because she’s family oriented for our patients too.”

At the Hospice, family life is central to our mission statement and scope of care. Programs and services are open to patients but also their family members and caregivers. While modern families may be fractured, blended, or comprise non-traditional members, the services Hospice offers are open to anyone who identifies a need for support and care. While many of the Hospice staff do not have personal interactions with the Executive Director, the comments from FYI1\textsuperscript{330} and the Executive Director indicate that family seems to play an important role in coping.

It is worth noting that the Executive Director’s focus on family and family life may be an exception to the leadership “rule”. The demands of an executive position can often be isolating and consume a great deal of time. This research study was limited to examination of leadership at The Hospice of Windsor and Essex County Inc. As a result, this particular finding is limited to the Hospice context and may not be applicable in an alternative setting.

4.8 Conclusion

The culture of an organization is akin to its lifeblood. Culture and values determine the actions and reactions of the team members and in the best situations are carefully created by the leadership to reflect the mission and operational values of the institution. I began this

\textsuperscript{329} FYI1 – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.

\textsuperscript{330} FYI1 – Female, Interview Participant, Age 31-49, <5 years of service at the Hospice.
chapter by establishing that the workplace culture at The Hospice of Windsor and Essex County Inc., was different from other organizations, and based on participant responses in the questionnaires, interviews with staff and the Executive Director. This study suggests that there is both spiritual leadership and workplace spirituality which is valued by staff and which are embedded deeply within the culture of the Hospice.

By serving the most vulnerable members of the community, the Hospice has created a culture that focuses on mission, vision, and values, putting the needs of others first. Equally important, the culture acknowledges the stress and uncertainty that characterize the work, fostering the skills and abilities of staff through careful planning by the leadership. By carefully choosing the team, the Executive Director has created an oasis of peace for patients, families, and also the staff.

The primary purpose of this thesis research project was to determine the leadership characteristics and management practices that created the Hospice workplace culture, with the hope that they may be applicable to the hiring of future leaders. Based participant responses in the questionnaires, interviews and final interview with the Executive Director, the following characteristics and practices were considered to be important:

1. Collaboration and Leadership Teams
2. Communication
3. Compassion and Empathy
4. Honesty and Integrity
5. Resourcefulness
6. Visionary and Strategic Leadership
7. Intuition
8. Humility, Patience and Providence

In addition, participants indicated that they felt coping mechanisms were important in leadership, specifically identifying the characteristics: Spirituality, Life-giving Work and Prayer, as well as Family Life and Humour as significant. Certainly, this list is not exhaustive, but meant to provide a starting point for leaders in hospice palliative care about the importance of developing strategies to address personal and administrative challenges associated with leadership. This chapter presented my findings about the Hospice and described the most important characteristics of the workplace: Culture, and Leadership. In Chapter 5, I will discuss the implications of these findings for my thesis project, society, and others in a similar practice of ministry.
Chapter 5

Conclusions and Future Directions

I hope that all communities will devote the necessary effort to advancing along the path of a pastoral and missionary conversion which cannot leave things as they presently are. ‘Mere administration’ can no longer be enough. Throughout the world, let us be ‘permanently in a state of mission.’

5.1 Introduction

This thesis is a case study that is conducted within my practice of ministry both as an ordained priest and a senior administrator at Hospice. This study probes a unique workplace culture that is distinctly spiritual in an organization that is secular by definition and led by a lay female administrator. In its own unique way, The Hospice is an illustration of the active mission that Pope Francis has called for: pushing the bounds of the traditional beyond mere administration, while remaining rooted in spiritual values and promoting the dignity of the human person.

The results of this thesis study suggest that leadership can inform and transform workplace culture, as it implements policy directives set by the Board of Directors for organizational mission, goals, and objectives. As a study of the intersection between ministry, leadership, and administration, I have endeavoured to identify the management practices and leadership characteristics of the leader at The Hospice of Windsor and Essex County Inc. and determine how those attributes have shaped the current workplace culture. With the foreseeable retirement of the current Executive Director, these characteristics and practices could also inform a future search process for the next Hospice leader.

Francis, Evangelii Gaudium, 23.
Although the Hospice is a secular institution, it was founded with Christian values that can be seen in the mission of service to vulnerable people. This chapter will outline the possible implications of this study of leadership and administrative ministry for post-modern theology, the Church, society, and perhaps others engaged in similar ministries, while remaining mindful of Pope Francis’ call to perpetual mission.

5.2 Implications for Theology and the Church

Donald Messer suggests that the image of minister in Christian communities has been symbolized historically by religious leaders: priests, pastors, prophets, servants, disciples, etc. Pope Francis calls us to step outside the boundaries of the comfortable, familiar and known to meet the People of God where they are in their journey. He calls for a Church that takes a more active role in ministry:

> [T]he Church which “goes forth” is a community of missionary disciples who take the first step, who are involved and supportive, who bear fruit and rejoice. An evangelizing community knows that the Lord has taken the initiative, he has loved us first (cf. 1 Jn 4:19), and therefore we can move forward, boldly take the initiative, go out to others, seek those who have fallen away, stand at the crossroads and welcome the outcast.

Although this call is not a new idea – it is echoed in the documents of Vatican II and takes its lead from the teachings of Jesus, first spoken more than two thousand years ago – Pope Francis has brought a renewed energy and attention to the idea of active ministry, reorganizing its structure, where it happens, who does it, and how they do it.

While the traditional images of minster that Messer describes remain strong even today, he claims modern ministry and secular models have “accented creative dimensions of

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332 Messer, Contemporary Images of Christian Ministry, 14.

333 Francis, Evangelii Gaudium, 21.
ministry – counselor, administrator, pastoral director, professional, midwife, player coach, and enabler to name but a few. However, each generation must review and re-appropriate these portraits of ministry, finding its own contemporary images that project motivation and meaning.”

Gordon Jackson advocates a type of ministry that works in concert with God to create something of beauty. Rather than a specific goal, the focus on creating beauty allows ministers to work within their own specific callings to incorporate truth, goodness and love into daily ministry. Jackson claims that he is calling for each of us to be ministers who will hear, listen, pay attention to the persuasive word of God coming in effective love-power to participate with God to create a thing of beauty. As we have already seen, Whitehead envisages God as “the poet of the world, with tender patience leading it by his vision of truth, beauty, and goodness.” The ministry of all of God’s people is to participate with God in creating beauty, which obviously includes truth and goodness. “Creation is an art,” as Medland has poeticized, “and God is one who works the artist’s way.” What higher calling for the people of God can there be than to be guided by the divine Poet who ceaselessly labors to create souls of beauty.335

In Chapter Four, the concept of spirituality at the Hospice was explored and discussed as a commitment to a shared mission and purpose, rather than a specific belief system or doctrine, reflecting the call of Pope Francis to meet the people of God where they are. FTI1336 stated this clearly:

Everybody has spirituality. It’s that thing that dictates how you live your life… influences the choices you make and that kind of thing…. It’s not about doctrine. It’s about respect for that human entity called the person. And helping them to evolve and be where they need to be. Whether it’s through to the point of resolution, whether it’s


336 FTI1 – Female, Interview Participant, Age 65+, >20 years of service at the Hospice.
living well or whether it’s dying well. No, how do you die well? Well you die in a reconciled manner.

What could be more beautiful than the service of human souls, helping them to find peace, respite and reconciliation as they prepare to die?

At the Hospice, holistic care has always been a focus of our interdisciplinary team. By working together as physicians, nurses, social workers, spiritual care providers and volunteers, the clinical team can offer a fully integrated picture of the patient’s physical, emotional, psychosocial, and spiritual condition, including interpersonal and familial relationships. Once captured, the team can create a plan that addresses each aspect and helps Hospice patients to find healing in the midst of their end-of-life journey. Cannon argues that healing comes from addressing the spiritual, physical, and psychosocial simultaneously:

The essence of healing surpasses the alleviation of suffering to include reconciliation and personal harmony. Genuine healing goes beyond a repair process, a replacement of spare organs or the eradication of an infectious illness. Genuine healing transcends the repairing process to include deep integration of body, mind and spirit. Healing ultimately means wholeness, a unity of body-mind-spirit. It reveals a harmony that transcends body or mind or spirit alone because, as human persons, we are neither body nor mind nor spirit, but body-mind-spirit unity (Goodloe, 1992). Even in the face of irreversible disease or disability, this harmony manifests itself. 337

Cannon urges administrators to “listen deeply for the faint sounds of the divine spark writing us a letter of love, in the concrete humanness of our sufferers as we hear the disclosure of their story, of who and why they are, of the pains and hurts of being them.”338 Leadership characteristics of compassion, empathy, humility, patience, and providence suggest that


338 Ibid., 46.
ministry is the practice of doing and reflecting, striving always to create a culture that empowers the staff, while also putting the needs of patients and families first. It is a delicate and challenging balancing act that requires a lot of personal investment but can also be life-giving through the witness of happiness, joy and love, even during loss and grief.

Garrido’s work also supports this concept. She rejects the concept that administration as ministry is necessarily draining or depleting:

I want to challenge the poor reputation of administration as something that drains the light and life out of good people and reconceive it as a potential spiritual pathway by which good people can become better people – people distinguished by a certain translucence and aliveness that extend beyond themselves and into the institutions they serve. In theological language, I want to argue that administration can be a praxis – an activity that has the potential to transform, not only the lives of others, but also an administrator’s own life and way of being in the world. 339

Her belief in the ability of praxis to imbue a leader with light, radiance, and an almost gravitational pull, is something that I have witnessed at the Hospice, and that has been supported by the results of this study. For administrators, the praxis model also forces individuals to pause and reflect, helping them to see the bigger picture and employ self-care practices to contextualize their experiences.

In this study, some of the coping mechanisms employed included humour, family life, patience, providence, humility and spirituality. Each administrator will need to find methods of self-care that suit their particular circumstances. In the Hospice context, the vocation of an Executive Director who has practised her ministry during decades of service has created a unique culture of workplace spirituality through strategic hiring decisions. Through her witness and spiritual leadership, she has created a secular organization that fulfils a spiritual

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339 Garrido, Redeeming Administration, 4-5.
mission: to support, educate and empower the most marginalized in our community who are affected by life-altering and terminal illnesses. The culture within the organization reflects the same values of service, spirituality, and commitment to mission, vision, and values. This finding underscores modern conceptualizations of theology, reinforcing the idea that theology can be found in entirely secular organizations.

The implications of this research may have application to the modern Church as well. This case study of a particular phenomenon at the Hospice is a perfect example of ministering to marginalized populations. Although palliative care has traditionally been an area of evangelization and outreach for the Catholic Church, I think that a ministry of administration within the confines of a secular organization is a ministry that has not been widely explored to date, and may open doors to others in the future. As the Church adapts and finds new ways to reach out to those who are outcast and marginalized, there are new opportunities to consider non-traditional iterations of ministry, that still have the ability to transform the minister, but also have broader, rippling effects in shaping the culture and philosophy of an organization where he or she engages in the practice of ministry.

5.3 Implications for Society and the Practice of Ministry

This thesis was influenced by my current ministry in an attempt to identify the leadership characteristics and management practices that suggest the Hospice is different. The results from Chapter 4 appear to indicate that study participants felt there was something unique about this organization. The collegiality, shared mission and purpose, and care they felt from leadership made the Hospice a life-giving place for them to work in. Furthermore, responses from study participants indicated that they appreciated the culture of workplace spirituality.
The atmosphere described by participants is different from the problems and crises that Pope Francis warns us we are facing:

[The current crisis is not only economic and financial but is rooted in ethical and anthropological crisis. Concern with idols of power, profit, and money, rather than with the value of the human person, has become a basic norm for functioning and a crucial criterion for organization. We have forgotten and are still forgetting that over and above business, logic, and the parameters of the market is the human being; and that ‘something’ is men and women, inasmuch as they are human beings by virtue of their profound dignity: to offer them the possibility of living a dignified life and actively participating in the common good.]

Wheatley offers similar warnings speaking to traditional models that value power and control, yet at the same time are unable to exert sufficient control and create a cycle of “exerting control, failing to control, exerting harsher control, failing again, panicking.”

Doohan also suggests that a focus on efficiency and production, as described by Pope Francis, has created workplaces plagued with “blind visionaries and do-nothing managers.”

The results of this study may offer hope that there are leaders capable of creating exemplary workplaces through careful development of staff, and adherence to mission and values. I suggest that a major finding of this study is the effect that the concept of vocation has within the workplace. Thirty-one of the thirty-seven (84%) questionnaire participants felt that their work was vocational in nature. Thirty-five of thirty-seven (95%) thought that their work contributed to personal meaning and purpose in their life, while thirty-two out of thirty-seven questionnaire participants (86%) felt that mission and purpose were shared with

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342 Ibid., 121.
The Executive Director described how her work was motivated by her personal experiences of journeying through end-of-life with a loved one and how that led her to hospice work. FYI1 spoke about moving across the country to work in this specific organization, and each of the interview participants related stories about why this specific type of work was motivated by their personal experiences, and how this gave them a sense of meaning in their lives.

Pope Francis suggests that we live in culture of rejection:

in many places, generally speaking, because of the economic humanism that has been imposed in the world, the culture of exclusion, of rejection is spreading. There is no place for the elderly or for the unwanted child; there is no time for that poor person in the street. At times, it seems that for some people, human relations are regulated by two modern ‘dogmas’: efficiency and pragmatism. In a culture that seems to be fueled by distractions and rejection, a workplace culture that provides meaning and purpose has distinct implications for society and ministry. For example, study participants explained that they felt the Hospice had been cultivated as a service-based organization, where a commitment to caring for patients and families was the most important focus. Based on the results of this study, I argue that the workplace now offers a sense of interconnectedness for staff members and volunteers that would have been traditionally found in community groups, neighbourhoods, and service. If that is the case, determining how to create that culture is of utmost importance for those engaged in ministry, whether in a religious or secular institution. As outlined in my literature review, the fields of workplace spirituality and spiritual leadership are still under development, particularly in

343 FYI1 – Female, Interview Participant, Age 31-49, <5 years of service.

344 Pope Francis, *The Church of Mercy*, 60.
their application to secular workplaces. With that in mind, I structured my study with special attention to Doohan and Door, whom I felt had the most applicable work.

Doohan describes methods for implementing spiritual leadership and attributes of workplaces that had spiritual leaders, but does not provide a list of characteristics or practices that would help to identify such a leader. Dorr outlines some of the most salient aspects of charismatic leadership, including the visionary leadership that study participants identified as important, yet he does not provide a clear method of identifying these leaders either. This study determined the important characteristics of a spiritual leader who could create a culture of workplace spirituality, as discussed in detail in the preceding chapter.

With the study results, I suggest that the Hospice will be able to create a checklist of leadership characteristics and management practices that could be used to maintain the culture under the direction of a new leader. In addition, these characteristics may be applicable to others engaged in a similar practices of ministry, such as administrators, pastors, teachers, coaches, and mentors.

5.4 Implications for Future Study

At its core, the ministry of administration at the Hospice appears to be an outreach to the marginalized populations, to those who are suffering and seeking reconciliation with themselves, their families, or perhaps even their own understanding of God. I can see application in these findings to ministries in palliative care certainly, but also to ministries to those who are homeless, disenfranchised, who suffer from poor mental health or addictions, who are involved in gang life and violence, or even those people who are engaged in prison

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345 See Chapter 2 for a presentation of current theoretical models, including contributions and limitations of previous work in application to this study.
ministries. There are also potential applications to more traditional pastoral roles. For example, the Catholic Church is facing a similar crisis in leadership: many of the priests and pastors are nearing or are already at retirement age and must eventually be replaced. Whoever is chosen to take up these positions has the potential to preserve, strengthen or enhance the culture in churches, schools, and a variety of other ministries.

Throughout this project, there were nuggets of data that drew my attention and demanded a further investigation, which will be explored in the proceeding sections. The scope of this project is necessarily limited to achieving the goals laid out for the thesis. The purpose of this section is to identify areas of study I realize could be further developed in the future by me or other interested researchers.

There are three limitations that may be significant areas for future research:

- cross-generational analysis of the questionnaire results
- cross-gender analysis of the questionnaire results
- conflicting findings about the importance of spiritual leadership.

The questionnaires provided the most useful source of cross-generational analysis because they were entirely anonymous, allowing people to answer honestly without any consideration for the researcher or concerns over employment, while also providing the broadest survey of individuals.

5.4.1 Cross-Generational and Cross-Gender Analysis

When I began my thesis research, I expected to find a significant pattern of variation between generational groupings and genders during my investigation. There is a great deal of popular media focus suggesting that generations and genders have an impact on career goals. This study did not appear to conform to that trend.
Although the limited scope of the questionnaire results cannot offer conclusive proof, I would suggest that the similarities between generations within these results may be a by-product of participants’ attitude towards their work. Thirty-one of thirty-seven participants (84%) described their work as a vocation and thirty-two of thirty-seven (86%) felt a sense of shared mission and purpose with their colleagues. In addition, thirty-five of thirty-seven questionnaire participants (95%) believed that their work provides personal meaning and satisfaction. There may be some merit in performing cross-generational analysis of staff at various hospices throughout the province or country to see if these findings hold true in comparison.

Most study participants were female. Thirty of thirty-seven questionnaire participants (81%), seven of eight interview participants (88%) and the executive direction all identified as female. Thus, the cross-gender analysis is limited due to small comparative sample size as discussed in Chapter 4.

5.4.2 Leadership Characteristics

My original supposition was that different generations at the Hospice would have a stronger preference for different types of ideal leadership characteristics. As discussed in Chapter 4, the questionnaires produced five leadership characteristics that most participants thought leaders in hospice palliative care should have:

- Collaboration
- Communication
- Compassionate/Empathetic
- Honest/Integrity
- Visionary/Strategic
Although there is some minor variation between generations, all eight groups valued Honesty/Integrity in a leader, while seven out of eight groups selected Collaborative, Compassionate/Empathetic, and Visionary/Strategic among the most important characteristics. Although it could be explained by the small sample size, Communication as a characteristic had the least level of agreement, with six out of eight generations preferring it, while MTQ1, MTQ2, and MBQ1 did not choose communication as a top characteristic. The full cross-generational analysis of ideal leadership characteristics is presented in Table 8.

Potentially significant is the fact that Male and Female Traditionalists identified being open to change as one of the most important characteristics for a leader in palliative care. Although this only represented answers from seven of thirty-seven total questionnaire participants (19% - five Female Traditionalists and two Male Traditionalists), it could suggest that Traditionalists still value the innovative abilities of leaders based on the history of the palliative care movement. Traditionalists are far more likely to have worked through past eras of uncertainty, and rapid change, and to see a clear need to adaptability, flexibility and change.

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346 MTQ1 – Male, Questionnaire Participant, Age 65+, 5-9 years of service at the Hospice.
347 MTQ2 – Male, Questionnaire Participant, Age 65+, 15-19 years of service at the Hospice.
348 MBQ1 – Male, Questionnaire Participant, Age 50-64, 5-9 years of service at the Hospice.
Table 8: Cross-Generational and Cross-Gender Leadership Characteristics and Management Practices that a Leader in Hospice Palliative Care Should Have

| Leadership Characteristics | Females | | | | | | | | | | Males | | |
|----------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
|                            | 65+ (N=8) | 50-64 (N=13) | 31-49 (N=6) | 18-30 (N=3) | 65+ (N=2) | 50-64 (N=1) | 31-49 (N=1) | 18-30 (N=1) | U* (N=2) | Total (N=37) |
| Collaborative              | 75       | 46       | 50       | 100     | 50       | 100      | 100      | 100      | 50       | 59       |
| Communication              | 50       | 92       | 33       | 67      | 100      | 100      | 100      | 100      | 65       |
| Compassionate/Empathetic  | 50       | 69       | 67       | 67      | 100      | 100      | 100      | 100      | 68       |
| Confident                  | 25       | 8        | 17       |         |          |          |          |          | 11       |
| Consistent                 | 25       | 38       | 33       |         |          |          |          |          | 22       |
| Delegation                 |          |          |          |         |          |          |          |          | 0        |
| Flexible/Adaptable         | 38       | 38       |         |         |          |          |          |          | 22       |
| Honest/Integrity           | 38       | 46       | 50       | 100     | 100      | 100      | 100      | 100      | 59       |
| Intuitive                  |         |          |          |          | 15       |          |          |          | 5        |
| Open to Feedback           | 25       | 15       | 17       |         | 50       |          |          |          | 16       |
| Open to Change             | 63       | 15       | 33       |         | 100      |          |          | 100      | 32       |
| Organized                  | 25       |          |          |         |          |          |          |          | 5        |
| Reflective                 |          |          |          |         |          |          |          |          | 0        |
| Resourceful                | 25       | 8        | 17       |         | 100      |          |          |          | 14       |
| Respectful                 | 13       | 31       | 33       | 33      | 50       |          | 100      | 50       | 30       |
| Rewarding                  |          |          |          |          | 17       |          |          |          | 3        |
| Selfless                   |          |          |          |          |          | 33       |          |          | 3        |
| Transparent                |          |          |          |          |          |          | 100      |          | 11       |
| Visionary/Strategic        | 38       | 62       | 50       | 67      | 50       | 100      | 100      | 100      | 57       |
| Well-Educated              | 17       |          |          |          |          |          |          |          | 3        |
| Spoiled**                  | 17       |          |          |          |          |          |          |          | 3        |

N = Number of Study Participants in Each Gender & Age Bracket
* U = Unspecified gender or age
** Spoiled responses indicated more than five or checked all characteristics.
Percentages highlighted in yellow are one of the top five characteristics that were identified based on cumulative responses from all thirty-seven participants that are also a top characteristic within the generational/gender bracket.
Percentages highlighted in red indicate that this characteristic was highly rated within the gender/generational group but was not part of the top five average characteristics selected based on cumulative totals.
This finding may certainly warrant future study amongst Traditionalists (Age 65+) at the Hospice and other similar hospice palliative care agencies. I think it is important to mention that the most significant area for future study coming from leadership characteristics could be developing a tool or method for using the leadership characteristics discussed in Chapter 4. To use the characteristics effectively in the hiring process of new leaders, interview questions and evaluation criteria need to be specified, particularly for judging the merits of candidates based on their qualifications in concert with their leadership characteristics and management practices.

5.4.3 Intuitive Decision-Making

In my cross-generational and cross-gender analysis of the questionnaires, I was surprised with the responses pertaining to the use of intuition. I expected to find that women were more open to and willing to acknowledge the importance of intuition. Colloquially, women are more often seen or portrayed as intuitive, as opposed to men who are more often seen to value facts, evidence, and known procedures. Conversely, I found that all five of the men who participated (100%) thought that intuition was important for decision-making, while only eighteen of thirty women (60%) responded positively.

There is some opportunity to develop this finding in future research, particularly to test if this would hold true in a larger study. For a leader in hospice palliative care, it may be very helpful to understand the values and preconceptions of the staff for the purposes of management. Many leaders may share my bias that women would value intuition more highly than men, changing the way that decisions are spoken about or rationalized. Information may be presented more factually to male colleagues than female, when in fact the reverse may be more helpful. I think it would also be interesting to see if this finding
would be mirrored in organizations that are not involved in palliative care, or if again it points to the theory that palliative care attracts people who may or may not reflect the typical employee in the corporate world.

5.4.4 The Importance of Spiritual and/or Religious Beliefs for Leaders

When I began to analyze the raw data from the questionnaires, one of the most interesting differences that I found was that only twenty-six of thirty-seven participants (70%) thought that it was important for a leader to have spiritual beliefs and/or religious beliefs when working in palliative care. I found this interesting because when presented with nine characteristics of a workplace led by a spiritual leader as defined by Leonard Doohan, all the questionnaire participants (100%) felt that these were important to them personally in their place of work. Additionally, based on ten signs of a spiritual leader, thirty-one of the thirty-seven questionnaire participants (84%) felt that there was spiritual leadership in place at the Hospice. Furthermore, thirty of thirty-seven questionnaire participants (81%) thought that there was a culture imbued with spirituality at the Hospice.

All participants (100%) valued the characteristics of a workplace led by a spiritual leader, yet eleven of those same thirty-seven questionnaire participants (30%) either did not think it was important for a leader in hospice palliative care to have spiritual and/or religious beliefs, held mixed feelings, or declined to answer. Equally noteworth is the fact that thirty of

349 The nine characteristics are: Collegial Government; Led by Mission, Vision and Values; Collaborative Administration; Commitment to Subsidiarity; Self-managed Team(s); Builds Community; Special Appreciation for Workers; Culture of Openness and Trust; and Dedication to Ongoing Education. Doohan, Spiritual Leadership, 93-95.

350 The ten characteristics adapted from Doohan are: A sense of calm and integrity; Faith in a shared vision; Nourishing the shared vision and inspiring commitment to it; Relentless pursuit of a common mission; Profound sense of community and human interdependence; Humility toward one’s own views; Making a difference in other’s lives; Having the courage to say what needs to be said; Challenging others to their best; and Ability to maintain professional boundaries. Ibid., 30-33.
thirty-seven questionnaire participants (81%) identified that they had personal spiritual or religious beliefs that influenced their lives.

Although the difference in the responses above is outside the scope of my current study, as part of a future study, I think further investigation would be valuable to determine if:

1. participants were aware that their answers were contradictory (for example only 26 out of 37 participants (70%) thought that it was important for a leader to have spiritual beliefs, yet thirty-seven of thirty-seven (100%) appreciated the characteristics of a workplace led by a spiritual leader)

2. participants had reflected on the reason for giving seemingly contradictory answers

5.4.5 The Effectiveness of Hiring Based on the Leadership Characteristics and Management Practices Identified in this Study

Although the effectiveness of a hiring process that considers the leadership characteristics and management practices in the selection of a new leader at the Hospice or other similar organizations is beyond the scope of this study, it would be valuable to investigate if these characteristics make an effective hiring strategy. It would also be useful to determine if there is a method of identifying a candidate who felt a vocation to spiritual leadership, without crossing legal and ethical lines in the interview process. In addition, there is the potential for a candidate to appear highly qualified, do well during the interview, and then perform badly in the workplace.

Future study might also consider whether the leadership characteristics and management practices identified in this thesis project are effective on an ongoing basis as the
workplace evolves and changes. While the results of this study suggest that the current Executive Director at the Hospice has been valued and very successful in developing the organization for more than three decades, a new leader, even one with similar characteristics, will not be an exact duplicate. The next Hospice leader will likely face resistance to change in an organization accustomed the current leader, and the loss of the current charismatic leader will leave a vacuum; one that even a highly successful new leader may have trouble filling. He or she may also have a new leadership style which may or may not be successfully implemented, even when their basic characteristics, practices, and beliefs may be very like the current leader. Circumstances outside the control of a leader can cause a good leader to fail or a mediocre leader to become inspiring.

The role of the Hospice Board of Directors is to help mitigate the risks of leadership transitions. While the Hospice’s leader can significantly influence workplace culture, in the event of a failed candidate, it would be the role of the Board of Directors to ensure that the organizational mission, vision, and values are being upheld, and if necessary begin anew the search for a more effective leader.

A study of the effectiveness of recruiting candidates based on the leadership characteristics and management practices identified would be able to determine if the ideal attributes identified through this study are in fact applicable in a real-world setting. However, such a study would need to begin several years after the successful completion of this thesis, and ideally would also include other organizations that may have chosen to use this particular set of characteristics for hiring.
5.4.6 Implications of Areas for Future Study

The most surprising point of interest from my thesis research was that the study results suggested that there were not many differences between the types of leadership characteristics and workplaces valued by different generations and genders. Although the focus of this study was not on the cross-generational or cross-gender analysis, I saw an opportunity to investigate some popular understandings of workplace difference, perhaps opening avenues for future investigation. In fact, I found few appreciable differences, and this certainly opens up new avenues for investigation. Rather than investigating difference, I see opportunities to ascertain if these similarities exist on a larger scale in similar types of vocation-based organizations.

Future investigations may also determine if the large number of older workers in the study may have unduly influenced the leadership characteristics and management practices identified in the study. While there seemed to be general agreement between the generations in the study, new workers may not hold or share these same values in the future.

In this course of this chapter, I also found opportunities to investigate traditional biases about the value of intuition for men versus women, which may have implications in the structure and management of organizations. Finally, there is some potential to study the tension between workers’ personal beliefs, what they claim to value in the workplace, and their perception of leadership characteristics.

5.5 Conclusion

This thesis has explored the leadership of the Hospice and the leadership characteristics and management practices that have created a distinct culture imbued with spirituality at the Hospice. The Hospice today is the first and largest community-based
hospice palliative care village in Canada and a national leader. More than culture, the Hospice workplace provides nourishment to the staff and volunteers who serve there, helping them to connect in a shared pursuit of mission, vision, values, meaning and purpose, and finding joy and life in the midst of loss.

Over more than three decades of leadership, the current Executive Director has used the leadership characteristics and management practices identified in this study to effectively shape the growth and development of the Hospice, the staff members, the workplace culture, and the organizational mandate. Thus, the leadership characteristics and management practices identified in this research provide a foundational roadmap for future hiring practices at the Hospice, and, perhaps, at other similar organizations that are hoping to preserve or create similar work environments.

I do think it is important, however, to acknowledge that the characteristics and management practices can appear daunting in practical application, especially considering that a future leader must also feel called to a vocation in hospice palliative care. The research results indicate that the characteristics identified provide a solution for the problem. A leader who is collaborative, humble, and willing to work with others, who can call on staff, board members, volunteers, friends or mentors to help them balance strengths and weaknesses, is more likely to be successful. As the Executive Director discussed, the people who surrounded the leader were as important as the leader to the success and development of the Hospice and its culture. A spiritual leader is able to see the bigger picture: personal ego has no place in leadership, and strong leaders are willing to ask for help. As a result, it is my hope that the findings of this study prove useful in application to future hiring practices at the
Hospice and perhaps elsewhere, even if they are not all present currently in a single candidate.

This is extremely important as Canadian society faces a crisis over the implementation of medical assistance in death (MAID). When this study began, *Canada v. Carter* was still being adjudicated in court and MAID had not been legalized. However, as this thesis was being written, Canada was struggling to implement legislation that would guide the implementation of MAID, determine the value of human life and the criteria for hastening death. At a time when most Canadians do not have sufficient access to palliative care, and secular fear of pain and suffering has been given a great deal of media attention, leaders in hospice palliative care have an important advocacy and governance role. Today, the Hospice stands in opposition to MAID and will not offer assisted death. However, organizational governance and policies are dependent on the viewpoint of the current and future Executive Director and Board of Governors. Developing a process for recruiting leaders who wish to provide high quality palliative care and stand as a counter-cultural witness to the expediency of conveniently hastened deaths is essential to ensuring that the sanctity of life and the dignity of the human person are respected in accord with mission, vision, and values at the Hospice. Consequently, the leadership characteristics and management practices identified in this study may be of great use in future recruitment.

The Hospice has been a beacon of hope to me in my own ministry and personal life. Through this study I have captured the essence of the leadership and workplace culture in the words of its leader and the staff participants who serve out their vocation of care to patients and families with life-altering diagnoses. Together the leadership and workplace culture foster meaning and life-giving affirmation to service for staff, volunteers, patients and families.
Through this process, my research question has provided a framework and values to identify the essential leadership characteristics and management practices that have created the current organization, and may be an asset in preserving the workplace culture when it is time to recruit the next Executive Director for Hospice.
Bibliography


Appendix 1: Approved Thesis Proposal

Doctor of Ministry Program

Toronto School of Theology

Thesis Proposal:
Administration as Ministry: A Hospice Case Study

By

Matthew Durham, csb

Toronto, ON

February 2015
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Introduction

a. Title

Administration as Ministry: A Hospice Case Study

b. Ministry Context

My current ministry is a ministry of administration, which is a complicated endeavour, particularly when contextualized within the confines of The Hospice of Windsor and Essex County Inc. (the Hospice), a secular health care agency. My understanding of ministry reflects my operative theology. In my experience, ministry is about meeting the People of God where they are and focusing on empowering individuals along the path towards God through my actions, relationships and service; it is about actively listening to and responding to the needs of people as they arise, without judgement or seeking to impose my will and/or direction upon their lives. For me, the ministry of administration is not just about being a leader, but about creating a culture of leadership, accountability and responsibility that acknowledges the power of relationships and the ability of a leader to help people along their journey towards a higher purpose and ultimately to enhance and ensure the lasting legacy of service and empowerment that defines the mission of the Hospice.

The reality of our contemporary world requires members of religious communities, particularly within the Roman Catholic faith tradition to look beyond traditional understandings of leadership and ministry in order to explore positions that work within the needs of an increasingly secular society. Pope Francis calls the Church to remember the original message of Christ, to move beyond the confines of the familiar and take up

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351 “I prefer a church which is bruised, hurting and dirty because it has been out on the streets, rather than a Church which is unhealthy from being confined and from clinging to its own security.” Pope Francis, *Evangelii Gaudium*, (Vatican Press, 2013), 41.
As members of religious communities, we are being called to follow the example of Christ and go to the sick and the needy first, caring for those without resources, who have been overlooked and cast aside by others. In a post-modern and post-Christian context, ministry must become more adaptive to the pluralistic environment in which most people function; there is no longer the same motivation for the people to come to the Church. Therefore, the Church must be adaptive and go to the people, which means stepping outside of historical norms and finding new avenues of ministry. As a result, my own ministry has taken me outside the traditional boundaries of parish or school into a diverse, secular setting. This context has brought about a challenging balancing act that incorporates religion strongly into my leadership position, while at the same time requires that I maintain an understanding of and respect for a secular, multicultural and multi-faith workplace.

The experience of administration as a religious priest in my hometown has given me much to reflect upon. I strongly feel that I am called to serve as an administrator in a health care setting. My personal experience with end of life care, transitioning through illness with two mentors and my own father, has given me a strong desire to work with palliative patients, although my strengths lie more in the area of agency administration as opposed to dedicated pastoral and spiritual care at the bedside.

352 “An evangelizing community gets involved by word and deed in people’s daily lives; it bridges distances, it is willing to abase itself if necessary, and it embraces human life, touching the suffering flesh of Christ in others. Evangelizers thus take on the “smell of the sheep” and the sheep are willing to hear their voice. An evangelizing community is also supportive, standing by people at every step of the way, no matter how difficult or lengthy this may prove to be. It is familiar with patient expectation and apostolic endurance.” Francis, Evangelii Gaudium, 22.

353 “If the whole Church is to take up this missionary impulse, she has to go forth to everyone without exception. But to whom should she go first? When we read the Gospel we find a clear indication: not so much our friends and wealthy neighbours, but above all the poor and the sick, those who are usually despised and overlooked, ‘those who cannot repay you’ (Lk 14:14).” Francis, Evangelii Gaudium, 41.
At the same time, it is important for me to remain connected to the needs of those that I am ultimately serving here at Hospice. I dedicate time each week to spend in the Hospice Residential Home, meeting with patients and their families and listening to their stories. The true mission of my ministry at the Hospice is to provide an oasis of peace and hope for those sharing their final days with us; pausing to bring the sacramental comfort, hear their cares, their triumphs and their worries, I am reminded of my calling to serve the People of God, following the example of Jesus, which grounds me in my ministry and in my administration.

c. Problem and Purpose

Thesis Statement: This thesis will identify and explore leadership and management practices demonstrated by the leadership at the Hospice who experiences her administrative role as a vocation to the mission of Hospice.

Through thirty-five years of administration, as a practice of ministry, Hospice has developed a unique workplace culture imbued with spirituality. As an exploration of administrative and theological theory and practice, based on the evidence presented, the results of this study may yield a template that may be useful for governance in the selection and development of future leaders at this agency and perhaps have a broader application to similar community-based hospices.

Post-modern society has a dearth of effective leadership. In our push for efficiency, we have created managers, but somehow we have forgotten how to identify, foster and mentor effective leaders. In his book, Spiritual Leadership: The Quest for Leadership,

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354 “Let us try a little harder to take the first step and to become involved. Jesus washed the feet of his disciples. The Lord gets involved and he involves his own, as he kneels to wash their feet. He tells his disciples: ‘You will be blessed if you do this.’ (Jn 13:17).” Francis, Evangelii Gaudium, 22.
Leonard Doohan explains that managers may know how to delegate responsibilities and ensure that staff perform tasks, but they lack the ability to truly shape staff into a cohesive team, with a sense of commitment to mission, passion and enthusiasm. Even more importantly, as managers, they have no idea how to develop and mentor leaders. In my ministry of administration at the Hospice, it has become increasingly clear that the type of charismatic leader described by Donal Dorr in *Faith at Work: A Spirituality of Leadership*, who is able to inspire and motivate populations towards a common vision, mission and purpose is few and far between even in health administration. Currently, palliative and hospice care throughout Ontario is at a crux in development: provincial coalitions and taskforces are forming, recommending expansion, funding and prioritization of community care. However, there is no leadership standard that has been articulated; no principles or practices that have been captured. Instead, there is an idea, with no concrete plan for how to execute it. My hope is to break ground in hospice palliative care by creating a model for effective leadership in this health care setting that revolves around death and dying, uniquely spiritual experiences.

My thesis study will examine the leadership at the Hospice through the past thirty-five years and seek to explore the characteristics and management practices of the leaders who have created a unique workplace culture imbued with spirituality. Rather than a people who viewed their work as a job like many other not-for-profit agency leaders, the Hospice leaders have managed to create a team of staff who are passionate and have made great personal and professional sacrifices to pursue vocation work in the care of the ill and dying.

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The Hospice is an agency that revolves around mission, vision and values, with a leadership style that is deeply spiritual and acknowledges the desire for the human spirit to find purpose and meaning in work. More than that, this agency, although secular, seeks to create a workplace culture that helps team members find life and spirituality in the midst of death. My research will examine the characteristics of the leadership at Hospice that have fostered such a unique and successful administration, with particular attention to succession planning for leadership. In my sampling, I hope to identify characteristics, both positive and negative, identified by staff members in order to build a skills profile that will speak to the needs of future generations. Attention will be given to the difference in perceptions among cross generational groupings such as the Baby Boomers, Gen X and Gen Y/Millennials. It is my hope to develop a prototype of standards of excellence in leadership that will inform hiring practices at this agency and potentially others throughout the province or country, with a special focus on selecting and fostering true leaders with the ability to inspire, motivate and

356 “Most people want their work to serve a greater good, to help other people. It doesn’t matter what the work is; we’d rather be doing it in service to other people. In certain professions, such as health care, education, and non-profits, or whenever we feel ‘called’ to our work, is easier to remember the meaning of it. But we seldom have time to pause for a moment and remember the initial idealism and desire to serve that led us into our profession. However, our energy and rededication are only found there, in our ideals.” Margaret J. Wheatley, Finding Our Way: Leadership for an Uncertain Time (San Francisco: Berrett-Koehler Publishers, Inc., 2007), 128.

357 “Cultivating the potential of emerging leaders through meaningful relationships with seasoned leaders will require change from both generations. The views of one another have become stereotypically clichéd and consequently irrelevant. Broad generalizations from both incumbent and emerging leaders about one another have hampered openness, curiosity, willingness to be influenced, desire to have minds changes, and the ability to be vulnerable with one another. We can’t get across this relational chasm by getting more information about who they are or “what makes them tick”. Bridging the leadership divide will take the kinds of relationships that, ironically, we have discovered both generations long for, yet have little understanding how to create.” Ron A. Carucci and Josh J. Epperson, “Bridging the Leadership Divide: Forging Meaningful Relationships Between Generations of Leaders,” Journal of Leadership Studies 5, no. 3 (2011): 64.
also care for staff, while practicing vocational and spiritual leadership rather than focusing solely on administrative techniques and practices.

d. Basic Assumptions

There are eight basic assumptions underlying my thesis project:

i. The art and science of administration demonstrated by the leaders of the Hospice is for me a model that should/could be used as the standard of excellence in leadership.

ii. The Hospice leaders exhibit management skills that are universally valued across generations of employees.

iii. These skills can be identified, articulated and developed by various groups of people.

iv. There is a workplace culture imbued with spirituality.

v. The workplace culture imbued with spirituality is valued.

vi. Regardless of faith tradition or denomination, spirituality, personal and workplace, is essential for those who care for the dying.

vii. The characteristics of administration as vocation can in fact be identified, measured and replicated in principle by future leadership, while at the same time recognizing that ideal leadership is adaptive.

viii. A model of leadership excellence can be used and re-created in the future at this

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358 “Pargament (1997) defined religion as ‘a search for significance in ways related to the sacred’ (p. 32). This definition assumes that people actively strive for objects they value, such as health, security, relationships, and purpose in life. Pursuing these goals becomes a religious endeavour when either the goals or the pathways used to reach those goals involve the sacred. Anything that the individual believes to be associated with the divine or possess divine qualities (e.g., boundlessness, transcendence, ultimacy) is sacred for that individual. Community with God is an obvious example of a sacred goal, and prayer is one sacred pathway to attain that goal. Coping takes on a religious character in stressful situations when a sacred goal is at stake (Pargament, 1997) – for example, when an employee fears losing a job that he or she views as a sacred calling. Religious coping also occurs when a person taps into sacred beliefs, practices, or relationships as a way to protect a valued object.” Jeremy P. Cummings and Kenneth I. Pargament, “Religious Coping with Workplace Stress,” in Psychology of Religion and Workplace Spirituality, eds. Peter C. Hill and Bryan J. Dik (Charlotte: Information Age Publishing Inc., 2012), 158-159.
agency and perhaps will have application to similar hospice palliative care facilities.

e. Definitions, Delimitations and Limitations

Definitions:

Ministry of administration / Vocational leadership: A set of terms that may be used interchangeably for the purpose of this thesis, presuming that leadership encompasses more than management practices; a ministry of administration/vocational leadership is based upon a deeply spiritual set of values which becomes the lens through which to view work and actions, placing the human person, dignity and divine calling at the forefront.

Spirituality: A subjective, personal experience of the divine or transcendent interconnectedness based on established ethics, mission, values, practices and beliefs; often associated with religious practices and beliefs, but not dependent upon them.

Workplace culture imbued with spirituality: A workplace culture that exists within a secular agency, but nonetheless exhibits spiritual characteristics such as an interconnected team of people serving a common mission, vision and values, with a deeply spiritual belief in the meaning and higher purpose of their work as a vocation to serve.

Delimitations: The primary delimitation of this study is its application to the leadership of the Hospice. It is my hope this model of excellence in vocational leadership will be applicable in a broader context to other hospice palliative care agencies, or perhaps even to similar non-profit agencies, however, the context of this study is limited to the Hospice.

Limitations: There are two main limitations of note for this thesis project. First, the staff at the Hospice is currently less than sixty full time people. Therefore, the sampling of gender and generational cross-sections will necessarily be small. Second, the study is limited in that it examines the leadership practices of the Hospice leaders, with no direct study of other
leadership examples.

1. Conceptual Framework

   a) Theological Foundations

   In my practice, theology of ministry is incorporated into five interconnected elements:

   - my pastoral identity,
   - the role of the Church,
   - God’s presence in the world and the Church,
   - my vision of ministry and
   - how I envision my future ministry.

   I am first called to active witness as a professed religious and member of the Congregation of St. Basil and to leadership as a Roman Catholic priest. My understanding of ministry is drawn from the model of Christ the Servant, reflected throughout the Scriptures detailing the adult ministry of Jesus, perhaps most clearly illustrated in the narrative of the Last Supper. Therefore, I seek to serve the People of God in an apostolic and daily ministry, which involves hands-on relationships and interactions with the faithful no matter where they are in their faith journey.359

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359 “Therefore, this sacred synod, proclaiming the noble destiny of man and championing the Godlike seed which has been sown in him, offers to mankind the honest assistance of the Church in fostering that brotherhood of all men which corresponds to this destiny of theirs. Inspired by no earthly ambition, the Church seeks but a solitary goal: to carry forward the work of Christ under the lead of the befriending Spirit. And Christ entered this world to give witness to the truth, to rescue and not to sit in judgment, to serve and not to be served.” Pope John Paul VI, Pastoral Constitution On The Church In The Modern World — Gaudium et Spes (Vatican City: Vatican Press, 1965). Accessed November 10, 2014, http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_cons_19651207_gaudium-et-spes_en.html. See also The Holy Bible, The New Revised Standard Edition, Catholic Edition (New York: Oxford University Press, 1999), John 18:37 and Mark 10:45.
To work with the People of God is to bring ministry and Church beyond the confines of bricks and mortar into the experience and struggles of life, with God present in the everyday, in relationships between people, and in the conflicts and joys that create the human experience. In particular, I envision ministry as relational; it is the call to form relationships, journey with the People of God where they are, with love, respect, and providing guidance and direction to help them find the will of God in their lives. For me, ministry simply stated, is discipleship, following the example of Christ who was called to serve the People of God, in whatever capacity that I am needed.\textsuperscript{360} In my current role, the application of ministry is the practice and study of the ministry of administration at the Hospice as cultivated by its leaders.

In order to explore my own administrative ministry, it is necessary to articulate an operative theology which helps to distinguish action, reaction or “work” from the process of ministry. I have identified the Stephen B. Bevans praxis model of “faith seeking intellectual action”\textsuperscript{361} as the most relevant basis for my study, particularly since my thesis project will explore the leadership model at the Hospice that exemplifies these techniques. The praxis model acknowledges that ministry is often enveloped in the minutia of daily life and that by doing; one can also be engaged in ministry, particularly if the “doing” is accompanied by a personal relationship with the Creator and commitment to theological reflection, aimed at finding revelation and enlightenment in the practice of ministry.

\textsuperscript{360} “Jesus called them together and said, "You know that the rulers of the Gentiles lord it over them, and their high officials exercise authority over them. Not so with you. Instead, whoever wants to become great among you must be your servant, and whoever wants to be first must be your slave—just as the Son of Man did not come to be served, but to serve, and to give his life as a ransom for many. \textit{The Holy Bible}, Matthew 20: 25-28.

Revelation is found through the ongoing study of the Sacred Scriptures and personal theological reflection,\textsuperscript{362} coupled with a desire to engage with God’s body of truth, develop as an administrator and a person. Therefore, a key aspect of the praxis model calls for an openness to ongoing conversion, a deepening of the relationship with the Creator, and engagement with contextual theology and life experience through reflective reading, contemplation and study.\textsuperscript{363} In the words of Clemens Sedmak, seeking revelation is a call to “reappropriate the bible”\textsuperscript{364}, to ponder St. Paul’s epistles and to return to my fundamental understanding of Church as the unified Body of Christ engaged in active service and reflection. This understanding of Church demands that all the faithful people of God\textsuperscript{365}, with varied capabilities and gifts, work together and be of one heart, allowing differences to harmonize, while collectively journeying towards a realized maturity in Christ. For Paul, there is but one Christ in whom all believers should hope, and one heaven we are all hoping for. Active and reflective unified ministry therefore, becomes the mission of the Church,

\textsuperscript{362}“Theological reflection enriches and challenges us on our journeys of faith. It invites us to discern God’s presence in the midst of our lives and to move deeply into the world and not away from it. The invitation to theological reflection should not be taken lightly for while full of promise, it requires much of those who accept.” Patricia O’Connell Killen and John de Beer, \textit{The Art of Theological Reflection}, (New York: The Crossroad Publishing Company, 2002), 76.

\textsuperscript{363}“A key presupposition of the praxis model is its notion of God’s revelation. If the translation model works largely out of the presupposition that revelation consists in a super contextual and unchanging message, and if the anthropological model understands revelation in terms of a personal and communal encounter with divine presence, the praxis model understands revelation as the presence of God in history – in the events of everyday life, in social and economic structures, in situations of oppression, in the experiences of the poor and the marginalized. The God revealed in history, however, is not just there. God’s presence is one of beckoning and invitation, calling men and woman of faith to locate God and cooperate with God in God’s work and healing, reconciling, liberating. We best know God by acting in partnership with God.” Bevans, \textit{Models of Contextual Theology}, 75.


\textsuperscript{365}“God’s presence and invitation to work beside God are available to all women and men equally. That is why an important presupposition of the praxis model, like that of the anthropological model, is that all woman and men are called to theologize. In fact, by their lives of reflective action, they already do.” Bevans, \textit{Models of Contextual Theology}, 75.
which has great personal relevance as a religious priest and spiritual leader. Not only am I called to serve, I must also identify with the mission of Jesus, that is, to step out of my contemplative world and into the world of real service in which I minister to my sisters and brothers by building relationships and journeying with people where they are, and helping them to come towards a personal understanding of the presence of God in their lives.

Christ, who called the Church into being, has proposed for each of us a personalized call to holiness and to service, blessing us with favour and grace. Each day, all members of the Church are challenged to say “yes” to the Lord for “Christ has become a servant of the circumcised on behalf of the Truth of God in order that He might confirm the promises to the patriarchs and in order that the Gentiles might glorify God for his mercy”. 366 Like Paul who devotedly followed Jesus Christ, the creative call of God to each of us puts flesh to our faith and invited us to a responsibility, holy personhood, and prophetic stance that is born out of the solitude of imitating Jesus Christ. As Jesus Christ, Servant and Son, manifested God’s love to the world, so too are we called to minister to and love one another, an action that flows from first loving and praising God, who then gives our individual calls a particular form and determination. 367

Likewise, the ministry of administration is at its heart both a service and vocation, requiring a great deal of self-transcendence to envision and maintain. In my experience, leaders who engage in the ministry of administration, like leaders at the Hospice, find

366 The Holy Bible, Romans 15:8-9.

367 “. . . praxis is “action with reflection” . . . it is reflected-upon action and acted-upon reflection – both rolled into one. Practitioners of the praxis model believe that in this concept of praxis they have found a new and profound way to do theology, a way that, more than all others, is able to deal adequately with the experience of the past (scripture, tradition) and the experiences of the present (human experiences, culture, a social location, and social change). Bevans, Models of Contextual Theology, 72.
meaning and purpose in the service and execution of a common mission, vision and values, a sentiment that is communicated throughout the organization, creating a unique workplace culture that is imbued with a sense of spirituality and service. As a theology of ministry, the praxis model, allows me the flexibility to combine the practice of doing with reflection upon experience, creating a balance of priorities and practices that is effective within the context of my current ministry. In addition, this is the type of practice I have seen modeled so effectively at the Hospice, reinforcing my personal inclination towards this type of ministry.

This theological framework is a very important foundation of my thesis project studying vocational leadership at the Hospice. Working there formally for nearly three years, and informally for more than a decade, I have seen this practice of theology mirrored in administrative style. From discussions at the boardroom table to weighing the benefits and consequences of brokering high level interactions, Hospice leaders manage to find a balance between the practice of doing and the art of reflecting, while relying on faith as a leadership support. While my study of leadership is not focused upon personal religious practices, there is spirituality in leadership and in the workplace culture that has been created here at the Hospice.

b) Theoretical Foundations

The attention to administrative skills, practice and process in modern businesses, government, non-profit agencies, and in some religious institutions, often makes true

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369 “Religious faith is often a pillar that supports hope even when life’s circumstances leave no statistical probability for a good fortune.” James L. Griffith, Religion that Health, Religion that Harms. (New York and London, UK: The Guilford Press, 2010), 86.
leadership difficult to assess. In our drive for efficiency, we have created generations of managers but very few people who could be considered leaders. In his text, *Spiritual Leadership: The Quest for Leadership*, Leonard Doohan discusses the focus on efficient management that has left many workforces without leaders who know how to bring together teams, inspire staff, create cohesive missions and values, and most importantly train leaders themselves through mentorship and example. He calls for organizations to consider the spirituality of leadership and how to find and cultivate leaders that can accomplish more than tasks. At the same time, leadership theory has a myriad of options and leadership style classifications; however, many share common elements and purposes. Perhaps one of the more simplistic definitions can be found in the work of Donal Dorr, who describes the classical leader as “one who has a burning personal vision and at the same time has found ways of inspiring hundreds or thousands or even millions of others to adopt their vision and follow the leader in working and struggling to implement it.”

Taken together, the works of Doohan and Dorr will form the theoretical foundation for my thesis project.

370 “It has become a disheartening practice to look back over the recent shameful endings of so-called leaders’ careers. Frustration replaces the hope we placed in gifted individuals. They became arrogant, failed to facilitate the growth of others as they could have, ended as blind visionaries and do-nothing managers.” Leonard Doohan, *Spiritual Leadership: The Quest for Leadership* (Mahwah: Paulist Press, 2007), 121.

371 “Great leaders are grounded in motivating values such as inner integrity, shared vision, inspiration, pursuit of mission, an awareness of human interdependence, constant humility, service of others, courage, and an enthusiastic challenge of others to be their best.” Doohan, *Spiritual Leadership*, 122.


373 An academic and professor, Leonard Doohan’s areas of research and teaching expertise include theology, spirituality and research. Author of more than 18 books and numerous articles, he also served as the dean of the graduate school at Gonzaga University. His research, in particular *Spiritual Leadership: The Quest for Integrity* provide a solid academic background and help to shape my thesis problem and study. Leonard Doohan, *About Me*, accessed November 10, 2014, http://www.leonarddoohan.com.

Donal Dorr is both a prolific writer and a professional conflict management specialist, with expertise in leadership and management. His writings help to provide frameworks for leadership, particularly giving
Unlike many similar agencies in the province and the county, the Hospice is blessed with leadership that has forged a wonderful idea into the first and largest community based hospice palliative care facility in Canada and the model for exemplary care that has been used to establish several similar services throughout the country. Visionary leadership and the charismatic ability to draw people together has been a trademark of Hospice administration and leadership.  

Leadership at the Hospice has a strong spiritual component to it, arguably because it is viewed as a ministry of administration by administration, who bring their own spiritual and reflective practices to leadership. The Hospice was founded out of a belief in the power of the human spirit, and succeeded because the leadership team were passionate and willing to do anything – based on a deeply spiritual set of values and beliefs – to make this agency a reality. The key ingredient in the Hospice success has been leadership. A visionary and strategic leadership that continually brings the agency and its staff back to the common mission, vision and values, has helped to sustain and cultivate the spirituality in the workplace by engaging people who believe in the mission of the agency and the holistic definition to leadership styles and traits as a basis for my thesis research. Donal Dorr, *About Donal Door*, accessed November 10, 2014, http://www.donaldorr.com.

374 To date, there is no formalized record of this legacy of leadership. The Ontario Ministry of Health and Long Term Care is beginning to look for a province-wide model in hospice palliative care to standardize levels of care throughout the province. Although there is no documentation to date, the Hospice has been selected as a model for what compassionate palliative care may look like in this region. Currently, the Hospice is involved in a Ministry sponsored collaborative model, seeking to do exactly that: articulate what has helped to make Windsor-Essex a leader in palliative care and compassion, with the Hospice providing leadership in the project. The goal of this collaborative study is to apply for certification through the World Health Organization as a designated Compassionate Community, providing research-based documentation of the Windsor-Essex phenomenon.

375 “...a strategic leader’s spiritual beliefs can provide strategic advantage in the way they filter and frame the information available to the leader. Thus the strategic advantage is not in having the “right” belief, but rather is the product of how the belief is used by the leader.” Kelly A. Phipps, “Spirituality and Strategic Leadership: The Influence of Spiritual Beliefs on Strategic Decision Making,” *Journal of Business Ethics* 106 (2012): 186.
nature of care; then, by cultivating their skills to create a team of interdisciplinary staff who can work together towards a common purpose.\footnote{376}{Both conceptual and empirical research shows a strong link between actualized spirituality and effective leadership; effective leaders use their spiritual wisdom, intelligence, and power to benefit others and achieve outstanding results for their organizations. These effective leaders implement practices that nurture and respect Morris’ four needs of the human spiritual dimension: to be unique, to be in union with something greater than one’s self, to be useful, and to be understood by others as well as understand how they fit into a greater context. Effective healthcare leaders do this by challenging the process, inspiring shared vision, enabling others to act, modeling the way, and encouraging the heart.” Gary Strack and Myron D. Fottler, “Spirituality and Effective Leadership in Healthcare: Is There a Connection?” \textit{Frontiers of Health Services Management} 18, no. 4 (Summer 2002): 16.}

A workplace culture imbued with the spirituality and the passion of Hospice will only survive as long as leaders continue to do what they do best: overcome any obstacle through a passion for mission, caring and strategic leadership that can inspire and motivate a diverse group of people to buy into and support common vision and values.\footnote{377}{“How does this inspiring of others take place? It generally involves an ability to relate well to others, in some cases in terms of warmth and near intimacy and in other cases through the projection of a powerful, almost dominating personality. Frequently, too, it is done through a mixture of rousing speeches, stimulating and convincing writing, and carefully chosen actions such as rallies, protest meetings, and marches.” Dorr, \textit{Faith at Work}, 68.}

The uniqueness of Hospice has survived change, growth and expansion, through the willingness to adapt, try new avenues and healthy challenges to the status quo. This attitude of perseverance and ingenuity characterized the Hospice movement for the last thirty-five years, and will continue into the future as long as the mission, vision and values of the agency are the operational focus of the agency.\footnote{378}{“The leadership style of an organization directed by a spiritual leader would be \textit{collegial government} in which a leader discovers his or her true self in the group or community in which he or she works. This requires the humility to realize a leader does not have all the answers, and the awareness that genuine organizational direction percolates up to the leader from followers. The organization is \textit{led by mission and values}, not by organizational goals and objectives. It is shared mission, values and vision that enthuse and motivate the organization.” Doohan, \textit{Spiritual Leadership}, 93.} The same values and uniqueness of both leadership and culture at the Hospice make this agency and its leadership excellent material for my research, study and analysis. My religious community has allowed me to work and study at the Hospice in order
to explore new avenues of ministry that may assist religious communities as we adapt to post-modern understandings of ministry. Studying leadership techniques developed over thirty-five years will assist me to articulate and create a model for administration that will value the continuation of this culture at the Hospice and identify practices which may be implemented at other provincial and national hospices, or perhaps even similar non-profit agencies.

Articulating the Hospice leadership style that fuels the Hospice’s vocational administration will also be an important focus for my research. The work of Leonard Doohan and Donal Dorr\(^\text{379}\) will be of particular note for further exploration and integration, especially mentioning the differences and nuances of leadership that is spiritual and spirit-driven\(^\text{380}\). As I grapple with the idea of the spirituality of leadership and the ministry of administration, it becomes more evident that research for this thesis will provide opportunities to integrate post-modern leadership theory which calls for people who can step outside of traditional roles to become self-transcendental\(^\text{381}\) visionaries, motivated by passion and ethical

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\(^{379}\) Dorr, *Faith at Work* and Doohan, *Spiritual Leadership*.

\(^{380}\) “The realities of our lives are filled with ambiguities, and this is certainly true in our organization life. This is why followers and leaders, faced with demanding and unhappy decisions, ought to have their own private spaces as sanctuaries for emotional rest and reflection. Quiet moments of disciplined meditation offer one a chance to review issues that may have been neglected or handled foolishly. In a more prayerful context, we can confess our doubts and anxieties, thereby strengthening our inner soul, where the heart of leadership resides and listens for divine guidance.” Carnegie Samuel Calian, *The Spirit-Driven Leader: Seven Keys to Succeeding Under Pressure*. (Louisville: Westminster John Knox Press, 2010), 85-86.

\(^{381}\) “[S]elf-transcendence is learned, appears in adulthood, and regulates individuals’ person and social effectiveness…High scorers on the whole scale were described as wise and patient, creative and self-forgetful, and as feel at one with the universe.” A Philip Greenway, Meagan Phelan, Stasia Turnbull and Lisa C. Milne, “Religious coping strategies and spiritual transcendence,” *Mental Health, Religion & Culture* 10, no. 4 (July 2007): 325-333.
foundations, but most importantly teachers who have the charisma and the ethos to share their knowledge and teach others how to self-inspire.

2. Methodology

   a) Intervention

   The thesis project will use research in active ministry applying a phenomenological, case study methodology. Studying the leadership and workplace culture at the Hospice must acknowledge the thirty-five year history that has contributed to the unique spirituality that exists, while at the same time placing it into a current context with recommendations and potential adaptations required in the future. This methodology allows for that type of investigation and identifies what the Hospice is today, how the workplace spirituality and leadership have developed and what the implications might be for the future. At the same time, the phenomenological methodology allows for the truest depiction of leadership and spirituality because it integrates the idea that there is something unique that has grown throughout the agency’s history that is very much a lived experience. Phenomenology will allow me to access data through the exploration of personal experience particularly within the context of leadership. I will explore perceptions and experiences of leadership from the perspective of the administration at Hospice, allowing me to compare and contrast ideas about leadership and how leadership is perceived. My investigation will seek to find out how administrative leadership shaped the agency’s direction, mission, vision, and values, to create a team who view their work as vocational and spiritual, and also create a list of leadership characteristics to inform future hiring practices.

   b) Evaluation

      i. Procedures for data collection
Within my methodological approach, I will use: questionnaires, in-depth interviews with selected individuals, and a final validation interview with the Executive Director. Participants will be full or part time staff at The Hospice of Windsor and Essex County Inc. A Letter of Permission from the Executive Director has been given, authorizing the research and interactions with Hospice staff. (Appendix 3) Brought together in dialogue the results of the research will elucidate the characteristics of leadership that are vital to answering the fundamental questions of this study. In each method of data collection, I will ask participants to identify age grouping and gender, for the purpose of identifying any bias or discrepancies that may come to light in the data. Generational groups will be defined as Traditionalists (65+), Baby Boomers (50-64), Generation Y (31-49), and finally Generation X/Millennial (18-30)\textsuperscript{382}. It is noted that there will be no opportunity to control for gender or generational grouping. The Hospice staff are approximately 80% female, thus necessarily skewing the gender results\textsuperscript{383}. Based on staff participation and age groupings amongst staff, it is possible that generational groups will be equally divided amongst participants. However, since participation is voluntary, there will be no absolute way to control for the age of study participants.

1. **Questionnaire (Appendix 4):** with my first research tool, I have created a questionnaire to rank valued leadership practices, determine the level of real and perceived engagement between leadership and staff with the mission, vision and


\textsuperscript{383} There may be opportunities for further study questions on the ways in which males and females view leadership, should there be a significant discrepancy in the results of staff interview and questionnaires based on gender of respondents.
values of the agency and also explore workplace spirituality and culture at the Hospice. The questionnaire will be constructed with a mix of data drawn from my preliminary research and also generalized questions about leadership and culture at the Hospice. I hope to generate a base point of leadership characteristics, workplace culture and. All staff members at the Hospice (n<60) will be invited to participate in answering the questionnaire. Interested participants will be given a copy of the Letter of Information (Appendix 1) and asked to sign the Consent to Participate (Appendix 2) before receiving a copy of their questionnaire. Participants will be asked to complete their questionnaire without submitting a name, then place the finished questionnaires into a plain manila envelope (provided), seal the envelope and place it into a dedicated mailbox at the Hospice. Questionnaires will only be opened by me, and contain no specific indicators of identity, ensuring the anonymity of participants. Although I will make it explicitly clear that the results of the questionnaires will be used exclusively for my research and will not affect employment at the Hospice, I believe the promise of anonymity should mitigate any residual restraint the participants may feel in submitting questionnaires to a member of the administrative team at the Hospice. Once I have received the completed questionnaires, I will create a table to code responses and type the comments. It is my hope that approximately 60% of the staff will participate.

2. **Selected Hospice Staff Interview (Appendix 5):** Based upon the age groupings self-identified in the Consent to Participate (Appendix 2), I will randomly choose two participants from each age grouping to interview (8 total). Participants will be
selected by alphabetizing a list of participants in each age grouping who submitted a Consent to Participate, numbering staff in alphabetical order, then randomly drawing 2 numbers from each age bracket from a drum. Should the first two participants selected not consent to take part in the interview process; I will draw subsequent numbers until the initial sample size of 8 has been met. Interview questions will expand upon the data generated by the questionnaire about leadership characteristics, management practices, workplace culture and the significance of the Hospice mission, vision and values. The interviews will be conducted by me personally and interviewees will be asked to record a verbal consent for the interview to be recorded. In the event participants do not consent to the interview being recorded, I will take field notes. Individual interviews should last approximately sixty minutes in length and will be conducted in the Hospice Conservatory, a retreat-like outbuilding on the campus, with light refreshments offered. The interview will help to elucidate the inventory of valued leadership skills, an understanding of staff perceptions of workplace culture and also provide a follow-up gauge for the depth of meaning attributed by staff to the mission, vision and values of the Hospice generated in the initial questionnaire. The results of the interviews will help to shape the final interview with the Executive Director and triangulate data collection.

3. **Final Interview with the Executive Director (Appendix 6)**: this three to four hours interview, with an opportunity for two fifteen minute breaks, will allow the confirmation and validation of data obtained from the questionnaires, staff interviews and the opportunity for the Executive Director to share additional
information, including her method for dealing with challenges to her leadership and methods for coping. Questions for this final interview will be developed in part from the data collected in the questionnaires and staff interviews, but will largely be an opportunity for the Executive Director to share insights about leadership at the Hospice. The Executive Director will not be provided with copies of the analysis of the staff interviews or questionnaires, but will be asked two questions based specifically upon those results. The final interview is intended to be a vehicle for the Executive Director to respond to overarching themes, but also for her to speak freely about leadership at the Hospice, thus triangulating the results of the questionnaires and staff interviews.

All data will be retained exclusively by the researcher and stored in his offices in a locked filing cabinet or on an encrypted USB stick. The only persons with access to this material will be the researcher. The data will be kept for a maximum of three years as the thesis is prepared and defended. Once the thesis is successfully defended, the data will be properly shredded/deleted/destroyed.

Participants will be informed in the Letter of Introduction and Consent to Participate that if they are involved in the individual interviews will have 30 days from the date of interview to withdraw their consent. After the 30 days have elapsed, consent may not be withdrawn. This is explicitly stated in the consent form and participants will be verbally reminded at the start of the interview. Participants who complete only a questionnaire may withdraw their consent at any time. Withdrawal of consent may be communicated verbally or in writing. Withdrawal of consent will have no impact on the participant.

The data collected in the questionnaire will be retained even after withdrawal of consent,
since it will have been submitted and/or collected anonymously. There will be no way to
determine what questionnaire belonged to an individual participant in order to withdraw the
data. For any participant who is involved in the interview process, all recordings/field notes
will be deleted/destroyed if they withdraw consent within the allotted time frame. After the
identified withdrawal period is passed, their information will be retained for use in the study.
However, in all instances, no identifiable information will be published in my completed
thesis, for example, participant’s names, etc. Should the Executive Director withdraw her
consent to participate and/or become incapacitated, the thesis would be restructured and
would not proceed as outlined.

ii. Procedures for data analysis

The coding for data analysis will occur as follows:

1. Questionnaires: the questionnaires will consist of three sections: workplace culture;
   leadership characteristics and management practices at the Hospice; and leadership
   practices and decision-making. Each section will have questions designed to test and
   expand upon my initial theoretical research, lived experience and generate a base
   point understanding of staff perceptions. The coding of the questionnaires will be
   relatively straightforward with a chart created to tally Yes/No answers or identify
   selected criteria and keywords from the comments. Coding will be additionally
tagged with gender and generational markers. For example: Male (M), Female (F),
   Traditionalist, aged 65+, (T), Baby Boomer, aged 50-64, (B), Generation Y, aged 31-
   49, (Y), Generation X/Millennial (X). The gender and generational identifiers will

384 “Generations in the Workplace: Winning the generation game,” The Economist, September 28,
about-how-manage-different-age-groups-widely-different.
not influence how the data is used to construct the staff interviews and final interview with the Executive Director. It may however, help to explain bias or variations in data amongst groupings or illustrate areas for further study on how to balance leadership with generational diversity in the workplace.\textsuperscript{385}

A sample chart is below:

<table>
<thead>
<tr>
<th></th>
<th>FT</th>
<th>FB</th>
<th>FY</th>
<th>FX</th>
<th>MT</th>
<th>MB</th>
<th>MY</th>
<th>MX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1a: Do you think that the Hospice workplace culture is different from similar health care organizations?</td>
<td>YES</td>
<td></td>
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<td>NO</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Comment</td>
<td>Teamwork</td>
<td>Spiritual</td>
<td>Collaborative</td>
<td></td>
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</tr>
</tbody>
</table>

2. **Staff Interviews**: the staff interviews are a series of nine open-ended questions, based on the results of the initial questionnaire, designed to expand upon perceptions of leadership, leadership at the Hospice, workplace culture and motivation for work. Coding of the staff interview recordings\textsuperscript{386} and field notes will be basic and include keyword analysis. With only eight interviews, it will be simple to code the recordings/field notes with gender and generation groupings, since they will be available from the signed Consent to Participate forms used to randomly select interviewees. A keyword list will be generated based on the comments and keywords in the initial questionnaires, but will likely include leadership characteristics, management practices and indicators of workplace culture and spirituality. A sample chart of keywords has been identified below, but is by no means complete or extensive:

1. Leadership Characteristics / Management Practices
   1.1 Compassionate

\textsuperscript{386} Participants will be asked to give verbal consent for the recording of the interview. This consent will be recorded at the start of each interview.
1.2 Passion
1.3 Visionary
1.4 Responsive
1.5 Communication
2. Workplace Culture
  2.1 Spiritual
  2.2 Collaborative
  2.3 Holistic
  2.4 Interdisciplinary
  2.5 Meaningful
3. Values
  3.1 Generativity
  3.2 Integrity
  3.3 Justice
  3.4 Honesty
  3.5 Respect

As before, the gender and generational identifiers will not influence how the data is used to construct the final interview with the Executive Director. It may however, help to explain bias or variations in data amongst groupings or illustrate areas for further study on how to balance leadership with generational diversity in the workplace.  

3. Final Interview with the Executive Director: the final interview will be coded similarly to the staff interviews. Particular attention will be paid to findings that are different from the staff interviews or questionnaires with respect to leadership characteristics and management practices. Additionally, the Executive Director’s comments on her opinion of the validity of staff perceptions of Hospice leadership

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style will be useful to triangulate data and/or provide observational bias.

3. Results

a) Description of what you think you might find

Based upon my experience working at the Hospice in a variety of roles and my personal interactions with our administration, I anticipate that the questionnaires, staff interviews and final interview will yield a set of unique leadership characteristics that have developed the workplace culture imbued with spirituality. I believe that the participating staff will identify that the Hospice has a very different workplace culture that has evolved separately from many other types of health care fields, due in large part to the leadership style of the administration. It is the commitment to mission, vision and values along with great personal integrity that I personally believe have shaped the Hospice into a national leader in the field of hospice palliative care. It is my hope to find a range of characteristics and management practices demonstrated by the incumbent Executive Director that as a whole can form a standard of excellence in leadership, particularly for a vocational leader who seeks to imbue spirituality into their organization.

b) Description of how you intend to report your findings

I intend to report my findings as a collection of leadership characteristics and management skills that are identified as strengths based on the analysis of questionnaires, staff interviews and a final interview with the Executive Director. In conversation with theological background and literature outlining the significant role of spirituality and faith in effective leadership, the thesis material will focus on leadership qualities and the implications of my research analysis. The ultimate goal of reporting is to create a usable checklist-type document that outlines major characteristics and management practices of vocational leaders
that may be applied to future hiring processes at the Hospice, with broader implications for similar agencies.

4. Conclusion

a) Description of how you intend to interpret your findings

Interpretation of the findings of my thesis project will involve triangulating the results of the three methods of investigation: questionnaires, staff interviews, and an in depth interview with the Executive Director. The results and coding of the three research methods will be analyzed to discover common themes in leadership characteristics, workplace culture and management practices demonstrated by and reflective leadership at the Hospice. Data from the three methods will be triangulated in order to insure validity in the conclusions drawn. Some attention will be paid to contextualization of the analysis of characteristics and practices, based upon generational groupings, years of service and gender. The goal of interpretation will be to find commonalities and underlying themes in the results, to create a basic grouping of leadership characteristics and practices that may be modeled into a standard of excellence in leadership for hospice palliative care.

b) Description of how you will discuss implications and significance

The discussion of the implications and significance will serve two main purposes. The primary goal remains to identify the vocational leadership qualities and practices that make the leadership of the Hospice so successful. This data will be of special note in application to current and future leadership hiring decisions at the Hospice and for creating a leadership strategy. I will create a checklist of optimal leadership characteristics and a model for leadership excellence that may be applied at the agency. The secondary purpose and implications for this project are generalizing my findings of excellence in leadership so that
the checklist and the leadership model may be adapted for other hospice palliative care agencies, or with even broader applications to similar non-profit agencies. The significance of the study is at present time, unlimited in scope (and significance), with the hope to provide a useful roadmap for leadership throughout the non-profit world on a provincial and national level in the future.

It should be noted that there is a potential for unexpected variances in data in the study, particularly since the Hospice leadership style is unique and has evolved over three and a half decades. In every organization there is the possibility that one or two people may be disgruntled or unhappy with the direction of leadership or conversely overly involved with personal history and unable to see flaws or idiosyncrasies. To help provide a holistic view of the study results, I will focus on the average responses, with the potential for notes or further study into areas of dissent.

Additionally, there will be some note paid to gender and generational grouping in the analysis of data, providing context in potential dissonance. Although the goal of this study is to create a harmonized checklist of leadership qualities and management practices, it may be worth noting that implications for future study could arise from dissonance in values amongst generational groups and/or genders. As a side note to the thesis project, acknowledging the dissonance without placing undue influence upon it may help in the hiring practices at the Hospice and other agencies as future leaders will need to be aware of generational and gender values, tailoring their leadership practices to the needs of each bracket.

5. **Resources**

   a) **Time: Schedules and calendars**

   Research will commence in Winter 2015 over a one-month period. In weeks one and
two, questionnaires will be distributed to all interested parties. In week three the questionnaires will be collected and coded. In week four, eight thirty minute interviews will be completed and analyzed to enhance the final interview. Finally, at the end of week four, a final interview with Ms. Derbyshire will take place.

b) Finances and Materials

There will be no costs outside the routine operating expenses.

c) Facilities

Facilities will be booked within the Hospice of Windsor & Essex County Inc. Beverages and snacks will be provided for the participants.

d) Human Resources

No additional human resources are needed.

6. Thesis Outline

i. Introduction and Ministry Context: The Ministry of Administration at The Hospice of Windsor and Essex County Inc.

ii. The Leadership Void: Developing the Theoretical and Theological Implications of this Project

iii. Phenomenology: Investigating a Workplace Culture that is imbued with Spirituality and the Leadership which has Created a Centre of Excellence

iv. The Leadership Standard: Exploring Managerial Style and Characteristics and how they have shaped Hospice
v. A Workplace Culture Imbued with Spirituality

vi. The Importance of Coping Mechanisms for Spiritual Leaders

vii. Implications for Further Study

viii. Conclusion

ix. Bibliography

x. Appendices

7. Selected Bibliography


Appendix 2: Letter of Approval from the University of Toronto Research Ethics Board

PROTOCOL REFERENCE # 31428

March 23, 2015

Dr. Joseph Schner
REGIS COLLEGE

Fr. Matthew Durham
REGIS COLLEGE

Dear Dr. Schner and Fr. Matthew Durham,

Re: Your research protocol entitled, "Administration as ministry: A hospice case study"

ETHICS APPROVAL

Original Approval Date: March 23, 2015
Expiration Date: March 22, 2016
Continuing Review Level: 1

We are writing to advise you that the Social Sciences, Humanities, and Education Research Ethics Board (REB) has granted approval to the above-named research protocol under the REB’s delegated review process. Your protocol has been approved for a period of one year and ongoing research under this protocol must be renewed prior to the expiry date.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events in the research should be reported to the Office of Research Ethics as soon as possible.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your current ethics approval. Note that annual renewals for studies cannot be accepted more than 30 days prior to the date of expiry.

If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

Sarah Wakefield, Ph.D.
REB Chair

Dean Sharpe
REB Manager

OFFICE OF RESEARCH ETHICS
McMurrich Building, 12 Queen's Park Crescent West, 2nd Floor, Toronto, ON M5S 1S8 Canada
Tel: +1 416 946-3273 ● Fax: +1 416 946-5763 ● ethics.review@utoronto.ca ● http://www.research.utoronto.ca/for-researchers-administrators/ethics/
Appendix 3: Letter of Consent to Perform Research from The Hospice of Windsor & Essex County Inc.

August 5, 2014

Fr. Matthew Durham, csb
Director, Community Engagement & Advancement
The Hospice of Windsor & Essex County Inc.
6038 Empress Street
Windsor, ON N8T 1B5

Dear Fr. Durham,

Please accept this letter on behalf of The Hospice of Windsor & Essex County Inc. as authorization to conduct your thesis study entitled, “Administration as Ministry: A Hospice Case Study”.

Further to our extensive conversations regarding the topic of your thesis which will explore the leadership and development of administration at the Hospice over the last thirty-five years, I fully endorse this avenue of study. I am well informed about and comfortable with your research interest and direction.

You have my permission as Executive Director to conduct questionnaires and interviews with all levels of permanent staff, up to and including myself. The Hospice sincerely looks forward to participating in your study and the results of your thesis project.

Should you have any questions or need assistance with your study, please do not hesitate to contact me.

Sincerely,

Carol Derbyshire
Executive Director

The Hospice of Windsor & Essex County Inc.
6038 Empress Street | Windsor, ON | N8T 1B5
P. 519.974.7100 | F. 519.974.7111 | www.thehospice.ca
Appendix 4: Letter of Information & Consent to Participate

Winter 2015

Dear [Insert Individual Hospice Staff Name],

I am currently pursuing a Doctor of Ministry through the Toronto School of Theology at the University of Toronto. As a colleague at the Hospice, your understanding of our workplace and leadership are essential to the successful completion of my research. My research and thesis will study the administrative leadership of the Hospice and how this leadership may have shaped our workplace culture. I would like to learn more about how you experience the culture of the Hospice and how you view its leadership.

The Hospice of Windsor and Essex County is considered to be a leader in palliative, hospice care on regional, provincial and national levels. As the first and largest community based hospice palliative care village in Canada, some of this status comes from our history. I would like to explore if, and how, the leadership at the Hospice contributed to this agency’s growth into a Centre of Excellence. The goal of my thesis research is to develop a checklist of leadership characteristics that are valued by the staff currently employed at the Hospice, that may help to shape future hiring and leadership decisions.

At any time in the study, you may contact me at 519.974.7100 ext. 2208 or my thesis supervisors, Dr. Anne Anderson, csj, at 416.926.7138 or Dr. Joseph Schner, sj, at 416.922.5474 ext. 222 for more information about the study or with any questions you may have. If you wish to make an inquiry or complaint about the ethics of this study, you may contact the University of Toronto Research Ethics Board: ethics.review@utoronto.ca.

Sincerely,

Fr. Matthew Durham, csb
Consent to Participate

**Purpose:** To gather information about the leadership characteristics and management practices at the Hospice, including information about its workplace culture.

**Procedure:** You will be asked to complete a short questionnaire, which will be submitted anonymously. Randomly selected participants may be asked to complete a brief individual interview after submitting the questionnaire. Fr. Matthew Durham will take record and/or take notes during the interview but will not identify you by name with any particular comment. You will be asked to disclose your gender, age bracket and years of service at the Hospice for the purpose of the study.

**Time Required:** The questionnaire will take approximately 30 minutes to complete. The follow up interview will take approximately 60 minutes to complete. You will be provided with beverages and light snacks if you participate in the interview.

**Voluntary Participation:** Your participation in this study is completely voluntary and entirely for the purposes of the research project. You may choose to participate and still refuse to answer a question you do not wish to answer. You may withdraw your consent to participate in the questionnaire verbally or in writing at any time in the study without penalty. If you participate in a follow up interview, you may withdraw your consent verbally or in writing up to 30 days following the interview without penalty. You may not withdraw your consent to participant in the interview more than 30 days following the interview date.

**Risks:** There are no known risks to you by participating in the questionnaire and interview. Your employment at the Hospice will not be affected by your answers. If you find any part of the questionnaire or interview distressing, please let me know. You may choose to stop participating.

**Data Collection & Storage:** All data will be retained exclusively by Fr. Matthew Durham and stored in his offices in a locked filing cabinet. All electronic data will be stored on an encrypted and password protected USB stick that will be locked in the cabinet when not in use. He will be the only one allowed to access the research. The data will be kept for a maximum of three years as the thesis is prepared and defended. Once the thesis is successfully defended, the data will be properly shredded/deleted/destroyed.
**Benefits:** There are no personal benefits to you for participating in this study. It is my hope that the outcome of the research will have positive benefits for the Hospice by creating a checklist of leadership characteristics that may be helpful for future hiring decisions.

**Confidentiality/Anonymity:** You will be asked to submit your questionnaires confidentially and no personal information will be used to identify you in the summation of the research results. When you participate in the interview, notes will be taken, however, your name will not be recorded in relation to your comments.

**Sharing the Results:** After my thesis has been completed and defended, I will present my findings to the agency at a Hospice Highlights meeting and make a copy of my defended thesis available to anyone who is interested in reading it.

**Publication:** In the future, I may publish this study or refer to it in future publications. Your name will not be published under any circumstances. All data collected for the purposes of research will be stored in a locked cabinet and I will be the only person with access to these files. My research questionnaires, notes and all other collected data will be kept for a maximum of three years during my thesis preparation and defense. Once my thesis has been accepted, I will shred and/or destroy all recorded data.
Before You Sign: Your signature below indicates that you consent to complete a questionnaire and participate in an interview. Please ensure that all questions you may have are answered prior to signing this document. If you agree to participate, you will be given a photocopy of this consent for your records.

Participant’s signature: ___________________________ Date: ________________

Print Name: __________________________________________

Please answer the following:

Gender: 
- □ Female
- □ Male
- □ Prefer not to disclose

What is your age group? 
- □ 18-30
- □ 31-49
- □ 50-64
- □ 65+
- □ Prefer not to disclose

How long have you worked at the Hospice?
- □ Less than 5 years
- □ 5-9 years
- □ 10-14 years
- □ 15-19 years
- □ 20+ years
- □ Prefer not to disclose

Researcher’s signature: ___________________________ Date: ________________

Print Name: Matthew M. Durham, csb

Note: At any time in the study, you may contact me at 519.974.7100 ext. 2208 or my thesis supervisors, Dr. Anne Anderson, csj, at 416.926.7138 or Dr. Joseph Schnier, sj, at 416.922.5474 ext. 222 for more information about the study or with any questions you may have.

If you wish to make an inquiry or complaint about the ethics of this study, you may contact the University of Toronto Research Ethics Board: ethics.review@utoronto.ca.
Appendix 5: Staff Questionnaire

Hospice Staff Questionnaire
Confidential Thesis Research

The purpose of this questionnaire is to collect information about your experience working for The Hospice of Windsor and Essex County Inc. Before completing this questionnaire, you must have submitted a signed Consent to Participate Form. You will be asked a series of questions about the Hospice workplace environment, culture and leadership designed to discover what you feel are essential components of this workplace. Your responses will be collected anonymously and no personal information will be used in the reporting of results. I am collecting this data as part of my research project at the Toronto School of Theology, University of Toronto. When collated and analyzed this data will be used to create a framework that identifies essential leadership and management characteristics and practices for Hospice leaders.

Thank you for participating in this questionnaire. As outlined in your consent form, your answers will be treated as completely confidential and you will not be personally identified in any way during the course of this study. Your answers will be used to develop leadership and workplace culture themes for my thesis project. This questionnaire will be kept in a locked cabinet that will only be accessed by me for a maximum of three years while I complete my thesis project. Once my thesis has been successfully defended, I will destroy all of the questionnaires.

Note: At any time in the study, you may contact me at 519.974.7100 ext. 2208 or my thesis supervisors, Dr. Anne Anderson, csj, at 416.926.7138 or Dr. Joseph Schner, sj, at 416.922.5474 ext. 222 for more information about the study or with any questions you may have.

If you wish to make an inquiry or complaint about the ethics of this study, you may contact the University of Toronto Research Ethics Board: ethics.review@utoronto.ca.

Sincerely,

Matthew Durham, csb

Please answer the following:

Gender:

☐ Female
☐ Male
☐ Prefer not to disclose

What is your age group?

☐ 18-30
☐ 31-49
☐ 50-64
☐ 65+
☐ Prefer not to disclose

How long have you worked at the Hospice?

☐ Less than 5 years
☐ 5-9 years
☐ 10-14 years
☐ 15-19 years
☐ 20+ years
☐ Prefer not to disclose
Section 1: Workplace Culture

a. Do you think that the Hospice workplace culture is different from similar health care organizations?
   □ Yes
   □ No
   Why or why not?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

b. The official mission of the Hospice, as set by the Board of Directors, is to “support, educate and empower all those affected by or caring for a person with a life-altering diagnosis”. On scale from 1 to 5, how important is the mission of the agency for you in your daily work?
   □ 1 – Not Important
   □ 2
   □ 3
   □ 4
   □ 5 – Very Important

b. The official mission of the Hospice, as set by the Board of Directors, is to “support, educate and empower all those affected by or caring for a person with a life-altering diagnosis”. On scale from 1 to 5, how important is the mission of the agency for you in your daily work?
   □ 1 – Not Important
   □ 2
   □ 3
   □ 4
   □ 5 – Very Important

c. Does the mission of the Hospice align with your personal ethics/values/beliefs?
   □ Yes
   □ No
   Why or why not?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
d. The official vision of the Hospice, as set by the Board of Directors, is to “provide an oasis of peace, comfort and trust supporting the whole person with respect, compassion and empathy”. On a scale of 1 to 5, how important is the vision of the Hospice to you in your daily work?

- 1 – Not Important
- 2
- 3
- 4
- 5 – Very Important

e. Does the vision of the Hospice align with your personal ethics/values/beliefs?

- Yes
- No

Why or why not?

f. The official values of the Hospice, as set by the Board of Directors, are listed below.

Please check the values that you believe are applied daily in your work:

- To be true to our roots: hospitable, accepting and welcoming, responding to the needs of all who contact The Hospice;
- To respond to our patients’ and family members’ needs respecting their gender, age, race, culture, religion, creed or sexual orientation and identification;
- To provide highest quality of service;
- To always place the needs of patients and families first;
- To be non-judgmental, flexible, open-minded and trustworthy;
- To value good stewardship and partnerships;
- To collaborate, coordinate, communicate and be consistent;
- To be a leader in research, innovation and education;
- To encourage the personal and professional development of our staff;
- To recognize the value of volunteers.

g. On a scale from 1 to 5, how important are the values of the agency in your daily work?

- 1 – Not Important
- 2
- 3
- 4
- 5 – Very Important
h. Do the values of the Hospice align with your personal ethics/values/beliefs?
   □ Yes
   □ No
   Why or why not?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

i. Do you view your work as vocational/a calling to serve versus as a job?
   □ Yes
   □ No
   Why or why not?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
j. Do you think that your work at the Hospice contributes to a personal sense of meaning and purpose in your life?
   □ Yes
   □ No
   Why or why not?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

k. Do you feel a sense of shared mission and purpose with your colleagues?
   □ Yes
   □ No
   Why or why not?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

l. Do you practice a religion or hold spiritual beliefs that guide how you live your life?
   □ Yes
   □ No
   □ Prefer not to disclose
   If you feel comfortable, would you share the religion you belong to and/or briefly describe the spiritual beliefs you hold? For example, belief in a higher power, membership in a particular church, mosque, temple, etc.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
m. Organizations that have a shared mission, purpose, team interconnectedness and shared values are often referred to as organizations with a culture of workplace spirituality. In 2004, Carole A. Jurkiewicz and Robert A. Giacalone created 10 characteristics that contribute to a culture of workplace spirituality. Please identify which values you feel are present at the Hospice (check all that apply):

- Benevolence (desire to do good)
- Generativity (commitment to nurturing and mentoring younger people)
- Humanism (promoting the value and dignity of the human person)
- Integrity (following an ethical code of conduct)
- Justice (being equitable and righteous)
- Mutuality (behaving in a reciprocal manner)
- Receptivity (open to listening)
- Respect (treating all persons fairly and with value)
- Responsibility (meeting expectations and maintaining accountability)
- Trust (demonstrating and offering strength, surety and confidence)

n. If workplace spirituality is defined as “a workplace culture that exists within a secular agency, but nonetheless exhibits spiritual characteristics such as an interconnected team of people serving a common mission, vision and values, with a deeply spiritual belief in the meaning and higher purpose of their work as a vocation calling to serve”, would you say that the Hospice has a culture of workplace spirituality?

- Yes
- No

If yes, how do you personally experience this culture of spirituality?
o. Please provide any other comments that you may think are relevant to the workplace culture at the Hospice:
Section 2: Leadership Characteristics and Management Practices at the Hospice

All questions in this section will refer to the leadership of the Hospice in general.

a. There are twenty leadership characteristics and management practices listed below.

Thinking about leadership at the Hospice, please select the top five characteristics / management practices that you believe apply most and rate them from 1 to 5, with 1 being the most important and 5 being the least important:

- Collaborative
- Communication
- Compassionate/Empathetic
- Confident
- Consistent
- Delegation
- Flexible/Adaptable
- Honest/Integrity
- Intuitive
- Open to Feedback
- Open to Change
- Organized
- Reflective
- Resourceful
- Rewarding
- Selfless
- Transparent
- Visionary/Strategic
- Well-Educated
b. Using the same characteristics and management practices identified above, please rate the five **most** important characteristics/management practices you think a leader of a hospice palliative care organization **should** have from 1 to 5, with 1 being the most important and 5 being the least important:

- __Collaborative__
- __Communication__
- __Compassionate/Empathetic__
- __Confident__
- __Consistent__
- __Delegation__
- __Flexible/Adaptable__
- __Honest/Integrity__
- __Intuitive__
- __Open to Feedback__
- __Open to Change__
- __Organized__
- __Reflective__
- __Resourceful__
- __Respectful__
- __Rewarding__
- __Selfless__
- __Transparent__
- __Visionary/Strategic__
- __Well-Educated__

c. Are there any other leadership characteristics / management practices that you see at the Hospice or that you think are important to mention? 

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
d. Leonard Doohan (2007) states that a spiritual leader is a person with the following values:

1. A sense of calm and integrity.
2. Faith in a shared vision.
3. Nourishing the shared vision and inspiring commitment to it.
4. Relentless pursuit of a common mission.
5. Profound sense of community and human interdependence.
6. Humility toward one’s own views.
7. Making a difference in other’s lives.
8. Having the courage to say what needs to be said.
9. Challenging others to their best.
10. Ability to maintain professional boundaries.

Based on the values listed, do you think that the leadership of the Hospice could be called spiritual? Why or why not?
e. Leonard Doohan (2007) has identified the following signs of a workplace led by a spiritual leader. Please check all the signs that you feel apply to the Hospice:

- Collegial government
- Led by mission, vision and values
- Collaborative administration
- Commitment to subsidiarity (a management practice that allows decisions and conflicts to be addressed at the lowest level possible)
- Self-managed team(s)
- Builds community
- Special appreciation for workers
- Culture of openness and trust
- Dedication to ongoing education

f. Are the signs identified above important to you personally in your place of work?

- Yes
- No

Why or why not?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
g. Do you feel that the leadership at the Hospice empowers staff to continue growing, learning and developing in their roles?

☐ Yes

☐ No

Please explain:

________________________________________________________________________________

________________________________________________________________________________
Section 3: Leadership Practices and Decision-Making

a. Do you feel that it is important for leaders to have coping mechanisms to deal with stress and decision-making? Examples might include meditation, prayer, reflection, dialoguing with a mentor, etc.

□ Yes
□ No

Why or why not?

b. Do you think that the leadership at the Hospice uses coping mechanisms in their leadership and decision-making?

□ Yes
□ No
□ Unaware

c. Do you think that leaders at Hospice have spiritual or religious beliefs that influence their leadership and decision-making?

□ Yes
□ No
□ Unaware
d. Do you think that it is important to have spiritual and/or religious beliefs when leading an agency that deals with death and dying?

□ Yes

□ No

Why or why not?

______________________________________________

______________________________________________

______________________________________________

e. Do you think that it is important for leadership at the Hospice to use intuition (instinctive knowing) in their decision making?

□ Yes

□ No

Why or why not?

______________________________________________

______________________________________________

______________________________________________
f. Are there any other comments you would like to make about management practices or leadership at the Hospice?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Individual Interview Questions
Research Project
MMD Confidential

N.B. These questions may change slightly depending on the answers collected during the initial staff questionnaire.

1. Many of the people who answered the questionnaire thought that the workplace culture at the Hospice was unique. How do you experience this workplace culture and what does it mean to you?

2. Do you think that the leaders of Hospice deliberately created the workplace culture that exists and if so, how and why?

3. __% of people thought that the mission, vision and values of the agency influenced their daily work and were important personally. Could you provide examples of how these have influence on what you do or how you do it?

4. Carole A. Jurkiewicz and Robert A. Giacalone identified ten values that characterize workplace spirituality: Benevolence; Generativity (commitment to nurturing and mentoring younger people); Humanism; Integrity; Justice; Mutuality; Receptivity; Respect; Responsibility; and Trust. Based on these values, most participants [did/did not] think that the Hospice has a culture of workplace spirituality. Do you agree or disagree? Why?

5. Whether or not you agree or disagree, why do you think these values might be important to have in any workplace?

6. The five leadership characteristics and management practices other people thought were the most important to have in a leader are: _______________________. Do you think this is true? Why or why not?
7. Are there any other characteristics or management practices that you think would be more valuable to a leader in hospice palliative care? Why?

8. ___% of people thought there was some type of spiritual leadership in place at the Hospice. How important do you think spiritual beliefs and coping mechanisms are in leadership?

9. Are there any other important points you think we haven’t discussed today or that you think the questionnaire omitted about leadership at the Hospice?

Please Comment:
_______________________________________________________
Appendix 7: Questions for Final Interview with the Executive Director

Final Interview with Executive Director Questions
Research Project
MMD Confidential

1. Based on the staff questionnaires and individual interviews, my research has shown that the following characteristics and management practices of leadership are highly valued here at the Hospice:___________________. Does this resonate with you?

2. The Hospice staff seem to feel that this we [do/do not] have a unique workplace culture. Furthermore, participants seemed to [agree/disagree] with the premise that the workplace culture has elements of pervasive spirituality. Would you agree and could you comment about whether this was intentionally developed?

3. Could you share how you have developed your leadership of the Hospice and perhaps some of your motivations and coping mechanisms?
October 26, 2016

Rev. Matthew Durham, csb
The Hospice of Windsor & Essex County Inc.
6038 Empress Street
Windsor, ON N8T 1B5

Dear Father Durham,

I am happy to provide this letter of support for your doctoral thesis on leadership at The Hospice of Windsor and Essex County Inc.

In my position as Chief Executive Officer of Hospice Palliative Care Ontario, I have the pleasure of working with hospices throughout Ontario in a regulatory capacity, and providing advice to other provinces and territories in Canada. The Hospice of Windsor and Essex County Inc. stands as Canada’s first and largest community-based hospice palliative care organization and remains a leader in the hospice movement.

As you know, when we are developing policy, procedure and standards of excellence for HPCO, we turn to Hospice Windsor-Essex to provide a framework and example for others to follow. Since 1979, services have been innovative, responsive to community needs and most importantly tailored to meet the highest standards of excellence.

Hospice Windsor-Essex is also serving as our “pilot” organization for the HPCO visiting hospice service accreditation program. Upon reviewing your documents and submissions for accreditation, the Hospice of Windsor & Essex County Inc. will become the model site for other hospices to follow in terms of organizational policies, procedures and mandates.

It gives me great pleasure to acknowledge the excellent work of Hospice Windsor-Essex and wish you success with your graduate studies.

Sincerely,

Rick Firth
President & CEO
Appendix 9: Letter from Joseph Comartin

From the Desk of

JOSEPH COMARTIN

November 1, 2016

Re: Letter of Support for Fr. Matthew Durham, csb

To Whom It May Concern,

I am pleased to offer a letter of support for the doctoral research of Fr. Matthew Durham, csb. During my career, I served for fifteen years as a Member of Federal Parliament for Windsor-Tecumseh, a position from which I retired in 2015. In this position, I was privileged to witness first-hand the magnitude, scope and leadership of The Hospice of Windsor and Essex County Inc. in the field of hospice palliative care and the profound impact this institution made on the delivery of Hospice Palliative Care in the Province of Ontario and throughout Canada.

My knowledge of The Hospice is derived from my personal experience as a resident of Windsor-Essex and also my professional work as the co-chair of the National Parliamentary Committee on Palliative and Compassionate Care, during which time I spent a great deal of my schedule researching and visiting hospice and palliative care facilities throughout the country. Founded in 1979, The Hospice of Windsor and Essex County Inc. is the first and largest community-based palliative care facility in Canada. This organization has a large physical footprint, including a Wellness Centre, Pain and Symptom Management Clinic, Children’s Home and two Residential Homes, one of which, the Erie Shores Campus, is the first satellite residential home location in Canada.

The Hospice is committed to providing holistic care that addresses physical, psychosocial, and spiritual needs. They offer a variety of innovating programs and services designed to complement their stated mission to support, educate, and empower patients, family members, and caregivers. Each year, this organization helps more than 2,000 people living with a life-altering diagnosis. Programs and services include counseling, pastoral care, nurse education, support groups, Therapeutic Touch and Radiant Touch, transportation, education, home visits, Art Therapy. What particularly impressed me about this institution is their focus on life; although palliative care is traditionally available to patients approaching end-of-life, The Hospice offers all of their services at no cost from the time of pre-diagnosis through bereavement, helping patient and their families to live their lives fully.

This organization has a unique funding model, with more than fifty percent of income provided by the local community. In my opinion, the significant community support speaks to the ability of this organization to effectively meet the needs of individuals residing in this area. In recent
years, they have also become a Centre of Excellence, offering teaching and learning opportunities to students in medical professions, volunteers, and other hospices throughout the province.

During my time as an MP and in my role as co-chair of the National Parliamentary Committee on Palliative and Compassionate Care, I was part of a task force that authored the report "Not to be Forgotten: Care of Vulnerable Canadians." One of the recommendations was the establishment of a National Palliative Care strategy, including creation of a secretariat to provide leadership in establishing national standards for palliative and compassionate care. After researching hospice palliative care facilities and programs throughout the nation, I am confident that The Hospice of Windsor and Essex County provides a community based palliative care model for Canada. Anecdotally, I can also share that during the preparation and research phase of our report, many of our interviewees made reference to the exemplary work of The Hospice.

Sincerely,

Joseph Comartin
Retired Member of Parliament
## Appendix 10: Questionnaire Coding

### Gender and Generational Responses to Yes/No/Select Questions on the Staff Questionnaire

<table>
<thead>
<tr>
<th>Question Responses</th>
<th>Percentage (%) of Responses by Questionnaire Participants in Each Gender/Generational Group Rounded to the Nearest Whole Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Females 65+ N=8</td>
</tr>
<tr>
<td>Less than 5</td>
<td>38</td>
</tr>
<tr>
<td>5 to 9</td>
<td>8</td>
</tr>
<tr>
<td>10 to 14</td>
<td>13</td>
</tr>
<tr>
<td>15 to 19</td>
<td>25</td>
</tr>
<tr>
<td>20+</td>
<td>25</td>
</tr>
<tr>
<td>Prefer not to disclose</td>
<td></td>
</tr>
</tbody>
</table>

### Section 1: Workplace Culture

#### A. Do you think that the Hospice workplace culture is different from similar health care organizations?

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>63</td>
<td>100</td>
</tr>
<tr>
<td>No</td>
<td>77</td>
<td>100</td>
</tr>
<tr>
<td>Spoiled</td>
<td>67</td>
<td>100</td>
</tr>
</tbody>
</table>

#### B. The official mission of the Hospice, as set by the Board of Directors, is to “support, educate and empower all those affected by or caring for a person with a life-altering diagnosis”. On scale from 1 to 5, how important is the mission of the agency for you in your daily work?

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>88</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>38</td>
<td>100</td>
</tr>
<tr>
<td>3</td>
<td>23</td>
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<td>4</td>
<td>13</td>
<td>50</td>
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<tr>
<td>5</td>
<td>8</td>
<td>100</td>
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</table>

#### C. Does the Mission of the Hospice align with your personal ethics/values/beliefs?

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>No</td>
<td>85</td>
<td>100</td>
</tr>
<tr>
<td>Spoiled</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

#### D. The official vision of the Hospice, as set by the Board of Directors, is to “provide an oasis of peace, comfort and trust supporting the whole person with respect, compassion and empathy”. On a scale of 1 to 5, how important is the vision of the Hospice to you in your daily work?

<table>
<thead>
<tr>
<th></th>
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<th>Males</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>88</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>38</td>
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</tr>
<tr>
<td>3</td>
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<td>50</td>
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<tr>
<td>5</td>
<td>8</td>
<td>100</td>
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</tbody>
</table>

#### E. Does the vision of the Hospice align with your personal ethics/values/beliefs?

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>No</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Spoiled</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

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N = Number of Study Participants in Each Gender & Age Bracket

* U = Unspecified gender or age

** Spoiled responses indicated more than five or checked all characteristics.
## Gender and Generational Responses to Yes/No/Select Questions on the Staff Questionnaire

### Percentage (%) of Responses by Questionnaire Participants in Each Gender/Generational Group Rounded to the Nearest Whole Number

<table>
<thead>
<tr>
<th>Question Responses</th>
<th>65+</th>
<th>50-64</th>
<th>31-49</th>
<th>18-30</th>
<th>65+</th>
<th>50-64</th>
<th>31-49</th>
<th>18-30</th>
<th>U*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=8</td>
<td>N=13</td>
<td>N=6</td>
<td>N=3</td>
<td>N=2</td>
<td>N=1</td>
<td>N=1</td>
<td>N=2</td>
<td>N=37</td>
<td></td>
</tr>
<tr>
<td>To be true to our roots: hospitable, accepting and welcoming, responding to the needs of all who contact The Hospice</td>
<td>100</td>
<td>92</td>
<td>83</td>
<td>100</td>
<td>50</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>92</td>
</tr>
<tr>
<td>To respond to our patients’ and family members’ needs respecting their gender, age, race, culture, religion, creed or sexual orientation and identification</td>
<td>100</td>
<td>85</td>
<td>83</td>
<td>33</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>86</td>
</tr>
<tr>
<td>To provide highest quality of service</td>
<td>100</td>
<td>100</td>
<td>83</td>
<td>67</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>95</td>
</tr>
<tr>
<td>To always place the needs of patients and families first</td>
<td>88</td>
<td>69</td>
<td>83</td>
<td>67</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>81</td>
</tr>
<tr>
<td>To be non-judgemental, flexible, open-minded &amp; trustworthy</td>
<td>100</td>
<td>92</td>
<td>83</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>95</td>
</tr>
<tr>
<td>To value good stewardship &amp; partnerships</td>
<td>100</td>
<td>92</td>
<td>83</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>92</td>
</tr>
<tr>
<td>To collaborate, coordinate, communicate &amp; be consistent</td>
<td>100</td>
<td>92</td>
<td>83</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>50</td>
<td>89</td>
</tr>
<tr>
<td>To be a leader in research, innovation &amp; education</td>
<td>75</td>
<td>62</td>
<td>83</td>
<td>33</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>50</td>
<td>68</td>
</tr>
<tr>
<td>To encourage the personal &amp; professional development of our staff</td>
<td>75</td>
<td>62</td>
<td>83</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>76</td>
</tr>
<tr>
<td>To recognize the value of volunteers</td>
<td>88</td>
<td>100</td>
<td>83</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>50</td>
<td>89</td>
</tr>
</tbody>
</table>

F. The official values of the Hospice, as set by the Board of Directors, are listed below. Please check the values that you believe are applied daily in your work:

N = Number of Study Participants in Each Gender & Age Bracket

* U = Unspecified gender or age

** Spoiled responses indicated more than five or checked all characteristics.
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G. On a scale of 1 to 5, how important are the values of the agency in your daily work?

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H. Do the values of the Hospice align with your personal ethics/values/beliefs?

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I. Do you view your work as vocational/a calling to serve versus a job?

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J. Do you think that your work at the Hospice contributes to a personal sense of meaning and purpose in your life?

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K. Do you feel a sense of shared mission and purpose with your colleagues?

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L. Do you practice a religion or hold spiritual beliefs that guide how you live your life?

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Gender and Generational Responses to Yes/No/Select Questions on the Staff Questionnaire Continued

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M. Organizations that have a shared mission, purpose, team interconnectedness and shared values are often referred to as organizations with a culture of workplace spirituality. In 2004, Carole A. Jurkiewicz and Robert A. Giacalone created 10 characteristics that contribute to a culture of workplace spirituality. Please identify which values you feel are present at the Hospice (check all that apply):

- Benevolence
- Generativity
- Humanism
- Integrity
- Justice
- Mutuality
- Receptivity
- Respect
- Responsibility
- Trust

N. If workplace spirituality is defined as “a workplace culture that exists within a secular agency, but nonetheless exhibits spiritual characteristics such as an interconnected team of people serving a common mission, vision and values, with a deeply spiritual belief in the meaning and higher purpose of their work as a vocation calling to serve”, would you say that the Hospice has a culture of workplace spirituality?

Yes | 75 | 69 | 100 | 67 | 100 | 100 | 100 | 81 |
No  | 13 | 15 | 33  |   |     |     |     | 11 |
Spoiled | 13 | 15 |

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## Gender and Generational Responses to Yes/No/Select Questions on the Staff Questionnaire Continued

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N = Number of Study Participants in Each Gender & Age Bracket
* U = Unspecified gender or age
** Spoiled responses indicated more than five or checked all characteristics.
Gender and Generational Responses to Yes/No/Select Questions on the Staff Questionnaire Continued

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<td>Well-Educated</td>
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N = Number of Study Participants in Each Gender & Age Bracket
* U = Unspecified gender or age
** Spoiled responses indicated more than five or checked all characteristics.
Gender and Generational Responses to Yes/No/Select Questions on the Staff Questionnaire Continued

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D. Leonard Doohan (2007) states that a spiritual leader is a person with the following values:
1. A sense of calm and integrity.
2. Faith in a shared vision.
3. Nourishing the shared vision and inspiring commitment to it.
4. Relentless pursuit of a common mission.
5. Profound sense of community and human interdependence.
6. Humility toward one’s own views.
7. Making a difference in other’s lives.
8. Having the courage to say what needs to be said.
9. Challenging others to their best.
10. Ability to maintain professional boundaries.

Based on the values listed, do you think that the leadership of the Hospice could be called spiritual?

<table>
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E. Leonard Doohan (2007) has identified the following signs of a workplace led by a spiritual leader. Please check all the signs that you feel apply to the Hospice

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<td>95</td>
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<td>100</td>
<td>100</td>
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<tr>
<td>Commitment to subsidiarity</td>
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<td>67</td>
<td>50</td>
<td>100</td>
<td>100</td>
<td>38</td>
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<tr>
<td>Self-managed team(s)</td>
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<td>50</td>
<td>67</td>
<td>50</td>
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<td>100</td>
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</tr>
<tr>
<td>Builds community</td>
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<td>83</td>
<td>67</td>
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<td>Special appreciation for workers</td>
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<td>50</td>
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<td>Culture of openness and trust</td>
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<td>100</td>
<td>100</td>
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<td>Dedication to ongoing education</td>
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<td>85</td>
<td>83</td>
<td>67</td>
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<td>78</td>
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</table>

F. Are the signs above important to you personally in your place of work?

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N = Number of Study Participants in Each Gender & Age Bracket
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Table: Gender and Generational Responses to Yes/No/Select Questions on the Staff Questionnaire Continued

<table>
<thead>
<tr>
<th>Question Responses</th>
<th>Percentage (%) of Responses by Questionnaire Participants in Each Gender/Generational Group Rounded to the Nearest Whole Number</th>
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<td>Females</td>
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<tr>
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<tr>
<td>G. Do you feel that the leadership of the Hospice empowers staff to continue growing, learning and developing in their roles?</td>
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<td>Yes</td>
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<tr>
<td>No</td>
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<td>Section 3: Leadership Practices and Decision Making</td>
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<tr>
<td>A. Do you feel that it is important for leaders to have coping mechanisms to deal with stress &amp; decision-making?</td>
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<tr>
<td>Yes</td>
<td>100 92 100 100 100 100 100 100 100 100</td>
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<tr>
<td>No</td>
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<tr>
<td>B. Do you think that the leadership at the Hospice uses coping mechanisms in their leadership &amp; decision-making?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
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<tr>
<td>No</td>
<td>8</td>
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<tr>
<td>Unaware</td>
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<td>C. Do you think that leaders at Hospice have spiritual of religious beliefs that influence their leadership &amp; decision-making?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
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<td>No</td>
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<tr>
<td>Unaware</td>
<td>63 46 67 33 100 100 50</td>
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<tr>
<td>D. Do you think that it is important to have spiritual and/or religious beliefs when leading an agency that deals with death &amp; dying?</td>
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<tr>
<td>Yes</td>
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<td>No</td>
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<tr>
<td>E. Do you think it is important for leadership at the Hospice to use intuition in their decision-making?</td>
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<tr>
<td>Yes</td>
<td>38 77 67 33 100 100 100 100 100 100</td>
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<tr>
<td>No</td>
<td>38 15 33 33</td>
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<td>25 8 33</td>
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N = Number of Study Participants in Each Gender & Age Bracket
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### Appendix 11: Keyword Coding

Qualitative Keyword Coding of Questionnaires, Staff Interviews, and Final Interview with the Executive Director

<table>
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<th>Keyword Codes</th>
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<td>Accompaniement</td>
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<td>9</td>
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<tr>
<td>Agency Independence</td>
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<td>Calm Environment</td>
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<td>5</td>
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<tr>
<td>Care</td>
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<tr>
<td>Care of Staff</td>
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<td>Caring Workplace</td>
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<td>Change/Uncertainty Create Fear</td>
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<td>Common Goal/Meaning/Purpose</td>
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Workplace Spirituality Category 882

*N = Number of Study Participants in Each Gender & Age Bracket. Note that the number of participants has been increased to 38 to reflect that the Executive Director’s interview is aggregated in the results, and that the number of 65+ Females has increased to 9 for the same reason. *U = Unspecified gender or age
### Qualitative Keyword Coding of Questionnaires, Staff Interviews, and Final Interview with the Executive Director Continued

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* U = Unspecified gender or age
### Qualitative Keyword Coding of Questionnaires, Staff Interviews, and Final Interview with the Executive Director Continued

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| Education Category | | | 31 |
| Build Other Hospices' Capacity | 1 | 2 | 3 |
| Conference Presentations | 1 | 1 |
| Continuing Education | 1 | 6 | 3 | 2 | 1 | 1 | 2 | 16 |
| Continuing Education for Staff/Volunteers | 2 | 2 |
| Education for Clinical | 1 | 1 |
| Education for Patients/Families/Caregivers | 2 | 1 | 3 |
| Education for Volunteer | 1 | 1 |
| Research Published | 1 | 1 |
| Skill Development | 1 | 1 | 3 |

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Qualitative Keyword Coding of Questionnaires, Staff Interviews, and Final Interview with the Executive Director Continued

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<th>Keyword Codes</th>
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**Vocation Category** 36

**Constructive Criticism Category** 73

Beliefs Don't Have to be
Spiritual/Religious | 1 | 1 |
Beliefs Should Not Be Forced | 1 | 2 | 3 |
Complaints Come from Safe Space | 2 | 1 |
Continuing Education Decided on Individual Basis | 1 | 3 |
Continuing Education Funding Needed | 1 | 1 | 2 |
Continuing Education Recognition | 1 | 1 |
Lacking Deeper Exploration of Workplace Spirituality Needed | 1 | 1 |
Disagree with Scope of Service (Life-Altering) | 2 | 2 |
Discussing Death Avoided (Euthanasia) | 1 | 1 | 2 |
GoodLeadership, Not Spiritual | 1 | 1 |
Health Care Agencies Equally Good | 1 | 1 |
Inability to Disconnect (Neg. Coping) | 1 | 1 |
Just a Job (Personal) | 2 | 1 | 3 |
Just a Job for Others | 2 | 1 | 3 |
Lacking accountability, responsibility, fairness | 1 | 1 |
Morals and Ethics Suffice Over Spirituality | 1 | 1 |
More Time with Patients than Colleagues | 1 | 1 |
Need Improvement in Trust, Support, Respect | 1 | 2 | 3 |

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#### Constructive Criticism Category Continued

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<td>Need More Honesty</td>
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<td>Need More Understanding/Awareness of Each Other</td>
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<td>Need More/Better Communication</td>
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<td>Work Separate from Life's Meaning</td>
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<td>Mentor/Confidant as Coping Mechanism</td>
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<td>Delivery/Reception of Information</td>
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<td>Intuition At Times</td>
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<td>Intuition from Experience</td>
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<td>Intuition Promotes Best Decisions</td>
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<td>Intuition Used in Mentorship</td>
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<td>Intuition Balanced with Information</td>
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<td>Leader Builds Partnerships</td>
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<td>Leader Develops/Developed Culture</td>
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<td>Leader Positively Reflects Hospice</td>
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<td>Leader views work as way of life</td>
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<td>Leaders Give All</td>
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<td>Leaders Listen</td>
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<td>Open to Ideas</td>
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N = Number of Study Participants in Each Gender & Age Bracket. Note that the number of participants has been increased to 38 to reflect that the Executive Director’s interview is aggregated in the results, and that the number of 65+ Females has increased to 9 for the same reason.

* U = Unspecified gender or age
## Leadership Characteristics Category Continued

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<thead>
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<th>Leadership Characteristics</th>
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<th>Males N=21</th>
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