SPECIAL SECTION

A SYNERGY OF VALUES

Catholic Healthcare Leaders Must Implement Their Organization's Mission and Model Its Values

BY REGINA M. CLIFTON & JAMES J. McENROE, ThD

In *Servant Leadership: A Journey into the Nature of Legitimate Power and Greatness*, Robert K. Greenleaf recalls a story from Hermann Hesse's *Journey to the East*.[1] In Hesse's book a group of travellers embark on a pilgrimage, accompanied by a servant named Leo. In addition to cooking and cleaning, Leo sustains the travellers with his spirit and his song.

The pilgrimage proceeds well until one day Leo disappears. Following his disappearance the travellers abandon the pilgrimage, unable to complete it without him.

Hesse's story is told by one of the pilgrims. After abandoning the journey, the narrator happens on the religious community that sponsored the pilgrimage and is introduced to the community's guiding spirit, its great and noble leader. The leader turns out to be Leo—a servant-leader.

Like Leo, servant-leaders in Catholic healthcare sustain the mission and ministry of their organization and challenge it to integrate the spirit and values of its sponsors. In so doing, these leaders help ensure the continuation of the Catholic healthcare ministry, especially during and after healthcare reform. More important, successful leaders in Catholic healthcare discover through their work a fit between their own values and those of the organization in which they serve.

Ms. Clifton is executive director, and Dr. McEnroe is associate director, Center for Leadership Excellence, Catholic Health Association, St. Louis.

A Dedication to Leadership

Until recently, leadership in the Catholic healthcare ministry has been exercised for the most part by women and men religious. Today, Catholic healthcare leaders are increasingly lay women and men from a variety of religious backgrounds and traditions. Catholic organizations, therefore, need to select, develop, and retain healthcare leaders who dedicate themselves to carrying on the Church's healing ministry and the work

Summary Catholic organizations need to select, develop, and retain healthcare leaders who dedicate themselves to carrying on the Church's healing ministry and the work begun by those who have preceded them. Persons entrusted to carry on Jesus' healing mission perform their duties out of a sense of commitment to the ministry and a love for the persons with whom they work and whom they serve. They recognize a synergy between their own values and the values of the healthcare organizations they lead.

Dedication to leadership in Catholic healthcare can be viewed from three perspectives: the Bible and selected documents of the Catholic Church; the transfer of responsibility for Catholic healthcare from religious congregations to evolving forms of sponsorship; and the implications for the selection, development, and retention of healthcare leaders, both lay and religious.

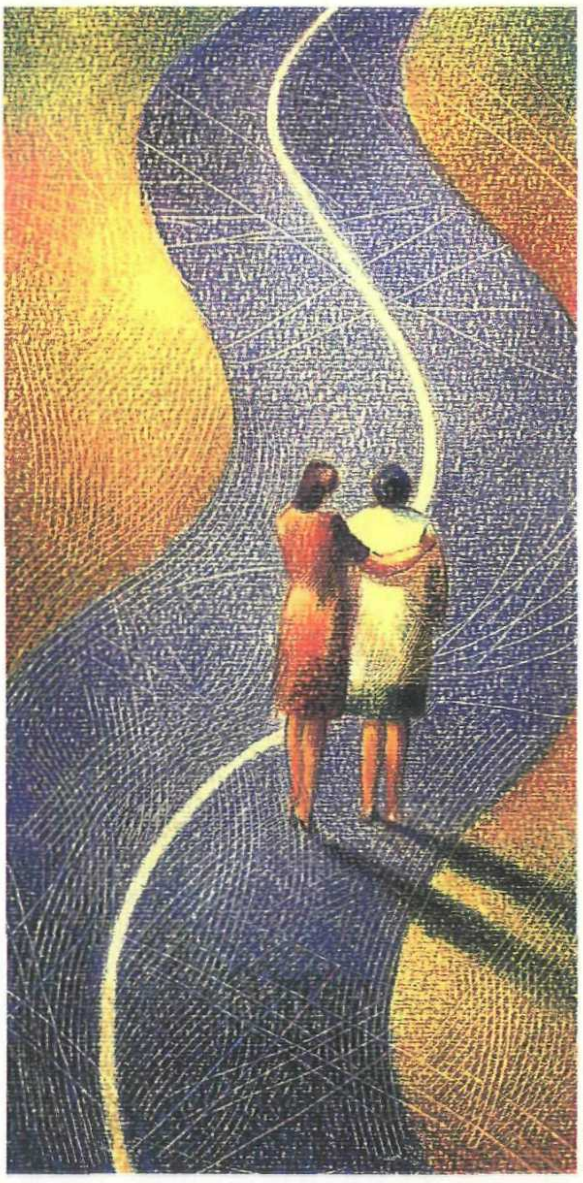
Servant-leadership is an integral part of the religious tradition that underlies Catholic healthcare. As cooperation increases between healthcare providers, third-party payers, employers, and other healthcare agents, Catholic healthcare organizations are challenged to reassert a mission and values that will enable healthcare in the United States to be delivered both compassionately and competently.

begun by those who have preceded them.

Pledging oneself to Jesus' healing mission through the Catholic healthcare ministry is very different from simply accepting a job or finding a career in healthcare. Persons entrusted to carry on Jesus' healing mission perform their duties out of a sense of commitment to the ministry and a love for the persons with whom they work and whom they serve. They recognize a synergy between their own values and the values of the healthcare organization they lead. Finally, they are dedicated to their work and to the ministry.

The dedication to leadership in Catholic healthcare can be viewed from three perspectives: the Bible and selected documents of the Catholic Church; the transfer of responsibility for Catholic healthcare from religious congregations to evolving forms of sponsorship; and the implications for the selection, development, and retention of healthcare leaders, both lay and religious.

Leaders must be prepared to carry on the ministry in the spirit of Jesus.



Raul Colon

The Bible and Church Documents

In the Hebrew Bible, God called women and men to commit themselves to leadership roles among the people of God. For example, in Genesis, God called Abraham and Sarah to commit themselves to lead the people into freedom and prosperity (Gn 12:10-13).[2] Abraham and Sarah embarked on a journey, during which they developed their commitment and their ability to lead the people of Israel. They accepted the role as leaders because they saw it as an invitation to build God's reign and to serve their community.

The Christian Scriptures relate how Jesus called the disciples to leadership roles in the early Christian community, inviting them to carry on his healing mission. For example, Jesus instructed his followers to "cure the sick, raise the dead, cleanse the lepers, cast out demons" (Mt 10:7); their healing ministries were vital to the life of the early Christian community and signs of Jesus' enduring presence. The disciples responded to this call by developing their leadership talents and placing them at the service of the community.

Sr. Juliana Casey, IHM, in *Food for the Journey: Theological Foundations of the Catholic Healthcare Ministry*, points out that just as Jesus called his followers to care for the ill and infirm, so women and men today dedicate themselves to the Catholic healthcare ministry in the belief that they are following the invitation of the Gospel.[3] She describes how the early Christian community carried on Jesus' healing mission by building inns for travellers, infirmaries, foundling houses, and homes for the aged—the forerunners of systemic healthcare.[4] Thus the healing ministry was carried out by persons who developed the skills necessary to respond to the community's needs, committing themselves wholeheartedly to meeting those needs.

The Second Vatican Council, in its "Decree on the Apostolate of the Laity," said that any activity which shares in Jesus' mission is an apostolate of the Church. The Council added that those who participate in an apostolate follow in the footsteps of Jesus' disciples because they carry on his mission.[5]

In their pastoral letter *Called and Gifted: The American Catholic Laity*, the American Catholic bishops said that as lay women and men assume their rightful roles in the Church's ministry, they are taking responsibility for that ministry. The bishops recognize that laypersons are in a unique position in the workplace and that they bring unique gifts and talents to their work. This contribution is demonstrated by the partnership between laypersons, women and men religious, and clergy, as well as the desire to respond to God's call to holiness and accept responsibility for the Church's ministry.[6]

The Catholic healthcare ministry is one of the Church's most important ministries, especially since healthcare facilities are expected to provide compassionate care to the poor and the marginalized as well as to the

wider society. The American Catholic bishops' pastoral letter *Health and Health Care* said that women and men participate in the ministry because they are following Jesus' example by serving the poor, the sick, and the frail elderly.[7] For Catholic healthcare to survive as a ministry, it must be in the hands of leaders of all religious persuasions who are both dedicated to healthcare and convinced that they are being entrusted with that ministry.

Evolving Forms of Responsibility

A Profile of the Catholic Healthcare Ministry, 1992, notes that Catholic healthcare systems have as many lay chief executive officers (CEOs) (29) as religious CEOs (28). Catholic long-term care facilities have more lay CEOs (428) than religious (273). And Catholic hospitals also have more lay CEOs (514) than religious (120). In fact, the percentage of laypersons in key leadership roles in Catholic hospitals has risen from 3 percent in 1965 to 81 percent in 1992.[8]

The transfer of executive leadership in Catholic healthcare from religious to laypersons is practically complete. Although the sponsorship of Catholic healthcare facilities is still very much in the hands of religious institutes and dioceses, we need to embrace partnership models (such as private associations of the Christian faithful and private or public juridic persons) that carry on the congregation's tradition while evoking the gifts of the laity. Catholic healthcare organizations need, therefore, to support the commitment of those who are in the ministry, laypersons as well as religious, and to develop the commitment of those who will enter the ministry.

Healthcare Leadership: Shaping a Tomorrow points out that the Church has relied on many resources to carry out Jesus' mission. The most valuable resource, however, is the women and men involved in Catholic healthcare. The document notes that the dedication of sponsors, trustees, and executive leaders require both reinforcement and encouragement. These leaders must be prepared not only to balance a budget and increase the surplus but also to carry on the ministry of Catholic healthcare in the spirit of Jesus.[9]

Implications for Leadership Development

Contemporary management theory suggests that leaders in all sectors of American life must take primary responsibility for carrying out the mission and integrating the values of their organization, or else it will not survive. In the *1994 Proposed Standards for Hospital Accreditation*, the Joint Commission on Accreditation of Healthcare Organizations states that healthcare leaders are responsible for establishing and promulgating their organization's mission, as well as renewing and revising that mission as necessary.[10]

America is in the midst of a leadership crisis, Abraham Zaleznik claims in *The Managerial Mystique: Restoring Leadership in Business*. He cites as an example the decision that contributed to, if not caused, the crash of the space shuttle Challenger in 1986. According to Zaleznik, Morton Thiokol executives would not listen to engineers who wanted to present their case against the launch. The engineers reported it was practically impossible to break through the levels of management to speak with the appropriate decision makers. Perhaps something other than the overall mission was driving the decision-making process in the days preceding the launch. The result was both tragic and avoidable.[11]

Rosabeth Moss Kanter contends that today's leaders must discover new ways of doing business which are in sync with their organization's mission.[12] The most important task confronting Catholic healthcare leaders is establishing and maintaining the synergy between their organization's mission-oriented values, such as interdependence, creativity, and human dignity, and its operationally oriented values, such as achievement, productivity, and economic success. For that to happen, there must be synergy between the leaders' own values and their organization's mission and values.

The most important task confronting Catholic healthcare leaders is maintaining the synergy between mission-oriented values and operationally oriented values.

In *Management by Values*, Brian P. Hall and Charles W. Joiner, Jr., point out that successful organizations must be value driven. Therefore organizations must develop leaders who possess the dedication and the competency to implement their organization's mission and to model its values.[13] Thus leadership requires not only managerial skills but also knowledge of and dedication to the organization's mission and values.

By definition, Catholic healthcare organizations share a particular set of values and are driven by the Church's mission, as well as by the charisms of the sponsoring groups. Servant-leadership is an integral part of the religious tradition that underlies Catholic healthcare. At the heart of servant-leadership is the notion that ministry is a trust that women and men hold dearly. Therefore Catholic healthcare organizations need leaders who are dedicated to the healing mission of Jesus and to the Catholic healthcare ministry and who are competent to carry out that mission.

As healthcare reform takes shape in the United

Continued on page 51

HONOR OPERATIONS

Continued from page 41

may have on physicians.

• *Ensure that operational leadership is adequate and sufficient.* The role of the healthcare facility CEO has changed. Failing to address managed care, build relationships with community and with legislators, and design change is as risky as ignoring leaders' role in sustaining successful operations. CEOs must ensure that others with the same stature, voice, style, and focus on operations colead with them. Co-leaders could include chief operating officers, assistant administrators, and nursing leaders who exhibit a special interest in operations.

• *Maintain a core presence.* Although it may be difficult, the CEO must be present in organized ways, such as through employee forums, attendance at rituals, and leadership of at least one activity to keep in touch with employees or with patient care. This is not the time to move the CEO's office out of the hospital's mainstream. There is still no substitute for accessibility and availability to the spontaneous visit of physician, employee, or family, even if much of the problem solving is ultimately the purview of other trusted, competent executives on the team.

Given the intense nature of CEO's external efforts, occasioned by legislative involvement, payer marketing, managed care negotiations, and system development activities, it is easy to lose a sense of the tenor of the organization and its constituents. Chairing a task force on compassionate care (instead of simply expecting nursing leaders to do it) or serving on a committee to revise the performance appraisal system are some ways a CEO can continue the direct experience of the organization's community.

• *Communicate in the language of meaning to balance all the necessary communication about change.* At an employee forum on managed care, for example, we finished up with a loose discussion—no structured teaching. We simply invited employees to ask about anything on their minds. We opened the session with an expression of appreciation and noted employees' specific accomplishments with respect to our mission.

In addition, we are renewing and strengthening our mission focus next year as part of an increased continuous quality improvement (CQI) effort. With all the change that CQI represents and pending reform legislation (and subsequent layoffs people fear), renewing our mission focus is the necessary balance. Because our mission so honors compassionate care, this renewal affirms the worth and value of the team members.

• *Speak on the value of good medicine and good caring.* Doing so will enable you, as one of those leaders caught up in performing your traditional role *and* creating a new delivery system, to go on for another day to create that compassionate, effective healthcare delivery system of tomorrow.

SUSTAINING EXCELLENCE

By honoring operations, healthcare executives sustain excellence at the microscopic level, which is where it counts for the patient. Honoring operations needs to be a watchword of our healthcare delivery system's boards, executives, and sponsors, even if at times the task seems nearly impossible. As healthcare executives take up their other imperative—to lead the organization through the transformation that must occur—they must recognize the continuing role of attending to their institutions' life and work and to the people who operate their healthcare facilities. That role is embodied in the phrase, "Take care of the crew and they will take care of the ship." □

SYNERGY

Continued from page 39

States, the significant role of Catholic healthcare becomes more apparent. For example, as cooperation increases between healthcare providers, third-party payers, employers, and other healthcare agents, Catholic healthcare organizations are challenged to reassert a mission and values that will enable healthcare in the United States to be delivered both compassionately and competently. □

NOTES

1. Robert K. Greenleaf, *Servant Leadership: A Journey into the Nature of Legitimate Power and Greatness*, Paulist Press, Mahwah, NJ, 1977, p. 7.
2. Biblical references are from the *New Revised Standard Version*, Oxford University Press, New York City, 1989.
3. Juliana Casey, *Food for the Journey: Theological Foundations of the Catholic Healthcare Ministry*, Catholic Health Association, St. Louis, 1991, p. 1.
4. Casey, p. 34.
5. "Decree on the Apostolate of the Laity," in Austin Flannery, ed., *Vatican Council II: The Conciliar and Post-conciliar Documents*, Liturgical Press, Collegeville, MN, 1984, p. 767ff.
6. U.S. Bishops, *Called and Gifted: The American Catholic Laity*, U.S. Catholic Conference, Washington, DC, p. 3ff.
7. National Conference of Catholic Bishops, *Health and Health Care*, U.S. Catholic Conference, Washington, DC, 1982, p. 14.
8. *A Profile of the Catholic Healthcare Ministry, 1992*, Catholic Health Association, St. Louis, 1992, p. 3.
9. *Healthcare Leadership: Shaping a Tomorrow*, Catholic Health Association, St. Louis, 1988, p. xi.
10. Joint Commission on Accreditation of Healthcare Organizations, *1994 Proposed Standards for Hospital Accreditation*, p. 1.
11. Abraham Zaleznik, *The Managerial Mystique: Restoring Leadership in Business*, Harper & Row, New York City, 1989, p. 2ff.
12. Rosabeth Moss Kanter, *When Giants Learn to Dance*, Simon & Schuster, New York City, 1989, p. 346.
13. Brian P. Hall and Charles W. Joiner, Jr., *Management by Values*, Technology, Dayton, OH, 1992, p. 5.