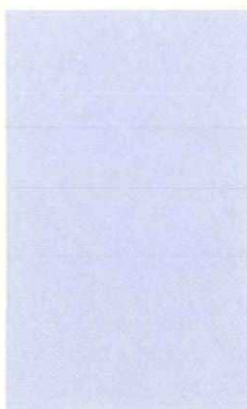


The Power of Mission

Healthcare delivery is changing so fast that mission leaders face unprecedented challenges in ensuring that Catholic values continue to underpin all their organizations' activities. Power—often thought of in negative terms—is a key to enhancing the vital role of mission leaders, particularly as Catholic providers collaborate with non-Catholics.

Because power enables persons to accomplish what they want to accomplish, effective mission leaders must learn how to gain and use it, according to R. Wayne Boss, professor, University of Colorado at Boulder College of Business and



Administration and Graduate School of Business Administration.

At a January meeting of system mission leaders sponsored by the Catholic Health Association, Boss urged attendees to learn more about power. Most people tend to underestimate the amount of power they have, he said. Mission leaders have more power than they realize, he said, because mission is the driving force behind everything a Catholic healthcare organization does.

"It is no longer enough for mission to be understood as particular activities or programs," noted program participant Sr. Diana Bader, OP, vice president of mission leadership at Sisters of

PERSONAL MANAGEMENT INTERVIEWS HELP BUILD HEALTHY TEAMS



Boss

In the workplace, the secret to healthy teams—and hence a healthy organization—is a healthy superior-subordinate relationship, claims R. Wayne Boss. And one way to achieve

these healthy relationships is the personal management interview (PMI), a regular, private meeting between leaders and those who report to them.

"PMIs are designed to meet the needs of people, to remove the barriers so they can succeed," he said. They provide a method for measuring production and reporting back on it, with a resultant increase in productivity.

THE STRUCTURE

The frequency of personal management interviews should vary according to

needs, Boss said. A typical schedule might be once every two weeks for an hour. Areas for discussion include organizational and administrative problems, training needs, interpersonal problems, success and achievements, and individual and organizational needs.

The first few minutes of the meeting are spent reviewing action items from the previous meeting. During the last few minutes, participants review action items generated during that meeting. Both persons leave with a copy of the action items so they clearly understand what is expected of them.

To successfully implement PMIs, the leader must provide a supportive and trusting environment, Boss said. The meetings must be held regularly and without interruptions. Both participants must be willing to prepare for the meeting, and both must be willing to be held accountable for their commitments.

THE BENEFITS

PMIs offer several benefits, Boss said. Data from organizations he has consulted with show that the use of PMIs "can prevent the regression that normally follows team-building meetings." PMIs also help improve the organizational climate and group effectiveness. They are an excellent vehicle for holding people accountable for completing assignments. And they help improve the quality of communication and the trust between leaders and their employees. They also provide a clear mechanism for dealing with conflict and resolving problems.

In addition, PMIs can save time over all because they cut down on a leader's interruptions and minimize the time spent in group meetings, Boss said. For example, at one hospital the chief executive saved two hours a month after instituting PMIs, and his 20-person staff saved 202 hours a month.

Providence Corporation, Seattle. "If mission leaders are not at the table when critical decisions are made, perhaps they are perceived as not having something critical to bring. This is the major challenge for us right now—and we'll be anachronisms if we don't take the challenge."

SOURCES OF POWER

To ensure that their contributions are honored, mission leaders should draw on the most potent source of power: referent power—that is, not *what* you know but *who* you know, Boss said. Referent power is based on the trust in a relationship. "When hospital CEOs trust you, you have access to every source of power available to them," he said.

Power is historical, Boss added; it depends on how long you have known someone and the nature of your relationship. "So be careful about protecting that history because you can't rewrite it." Since referent power is so personal, he added, the best way to get something done is by working one-on-one.

Power's least important source is position, Boss said. Even though position gives access to sources of power that might not be available otherwise, the power of position is only circumstantial and may actually harm relationships, according to Boss. Coercion, he added, is the second least powerful source because it works for only a short time. Also, it tends to invite coercion as a response, resulting in an escalation in which everybody loses. "You lose trust when someone is coercive with you," Boss said.

Other sources of power include reward, expertise, information, charisma, wealth, love, and spirituality. "The power that is associated with one's creator is the place where Catholic hospitals have an edge over others," he noted. "The environment in Catholic organizations is different from in others. This is the place where mission has an edge."

CHARACTERISTICS OF POWER

Sources of power are interrelated and cumulative, Boss said. "The more sources of power you can draw on, the more powerful you will be. Similarly, if you can increase the depth of your power—the positions you hold or the expertise you have—you will be more powerful."

He emphasized, however, that power flows one-way. We only have power over someone if they allow us to—if they trust us (referent power) or if they value something that we control. "You have to behave in ways that cause people to want to empower you," Boss advised. Above all, power is fragile, he stressed. Those who have more power must be more careful not to abuse it,

because they can lose it very quickly. "The person in the best position to help someone is also in the best position to hurt them," he said, "and once you've hurt someone, they're not likely to trust you again."

Unfortunately, he added, most people abuse power because they do not understand it. They may use more power than is needed. "It takes a lot more coercive power to do the same job compared with using referent power or reward."

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THE SPIRITUALITY OF PARTNERSHIP

Mission directors involved in leading their organizations toward integrated delivery must have a new language to communicate the importance of mutuality and mission in partnering with those who are different, Emily McKay Binns said at the recent System Mission Leadership Forum.

Our changing world calls those in Catholic healthcare to "work and live in situations with persons of differing beliefs, interdependent and connected, all responsible for and contributing to the future," said Binns, who is chair of the Department of Religious Studies and professor of systematic theology at Villanova University, Villanova, PA. This requires a new "spirituality of partnership," which challenges Catholic healthcare leaders to "take a responsible risk, risking to speak God's word. This can happen only if the believer is aware of and interdependent with the whole of the world about us and aware of the presence of transcendence in our midst. Making that awareness possible for others is also part of the mission."

The key, she said, is the concept of mutuality, which is better understood by examining the primacy of the person, the reality of continuous process, and the phenomenon of secularization.

The only way to become "who we are called to be," Binns said, is through our relationships with others. This is the essence of being human. We are also in motion, she added, constantly in evolution, and this affects every area of our lives. And part of this continuous process is the phenomenon of secularization, which "means that we must take the world seriously and yet never so seriously that we allow it to take precedence over the personalization process, the need for personal relationships."

Involvement in this process of mutuality entails risks for all participants, but is marked by openness: "where differences will be seen not as defects but as positive attributes to be celebrated; where unity will never be confused with uniformity."

Thus mutuality requires giving up something, "but not that essence of ourselves, our interior spirit." The challenge for mission leaders will be to make determinations—of what can be given up and what cannot.

Echoing the writings of Teilhard de Chardin, Binns noted that "true union differentiates; it doesn't confuse." She said this concept underlies the collaborative model, where the gifts of all are honored.

Health Progress will publish an article based on Emily Binns's address in an upcoming issue.



Binns

ANALYSIS

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Properly used, power is a great motivator. "People will do things for power that they won't do for other reasons," Boss said.

HOW TO USE POWER

One reason people view power negatively is they think when someone else gains power, that means they have lost some. But "power is not zero sum," Boss stressed. "It's like love: The more power you share, the more you'll have."

Admitting your mistakes is another way to increase your own power; it proves you are trustworthy and honest. This has great implications for how we deal with people, Boss noted. "If an issue is emotionally charged, it's a power struggle by definition," he said. "The only way to win a power struggle is not to play it." If someone is angry with you, Boss suggested apologizing even if you feel in the right. "You can be right, or you can have power," he advised.

Forgiveness is also empowering. "When you hate someone, you're in the palm of his hand and he can squish you anyway he chooses," Boss said.

To keep power once you have it, Boss recommended the use of persuasion, patience, gentleness, kindness, teachableness (the attitude that everyone is superior to you in many ways), and accurate information before making decisions. If you must reprove somebody, he suggests following the reproach with increased love to restore trust.

"Leaders must be willing to love and support their people," Boss said. The difference between success and failure, he added, is that members of winning teams love each other. "Catholic healthcare facilities are unique because of the love that permeates them," Boss claimed. In the turbulent times ahead, this love—and the commitment to values and mission fostered by effective mission leaders—will be crucial for the Catholic healthcare ministry to flourish.

—Susan K. Hume

DIVERSITY

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Among the options that have succeeded in several companies are establishing a cultural diversity task force or putting in place a diversity "champion" who is accountable directly to the chief executive officer. First tasks for the task force or champion are assessing the organization's selection, retention, and promotion policies; establishing a mentoring program; and providing sensitivity training for managers (especially white men) and corporate survival training for minorities and women. It will also be essential to discover what barriers to advancement exist.

Managing a diverse work force is demanding and will require a great deal of leadership attention. As the pressures of healthcare reform build, the temptation to push cultural diversity issues to the background will be strong. But with managed care and managed competition essential components of healthcare reform, can Catholic healthcare leaders morally and financially afford to ignore these issues any longer? □

NOTES

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Coming in the Next Issue of Health Progress®

INFORMATION SYSTEMS

April's special section will focus on information systems for the future. Catholic healthcare providers will tell how they are using technology to link with other providers, physicians, payers, and vendors. These innovative activities include electronic claims processing, telemedicine, and information systems for integrated delivery networks.

CATHOLIC IDENTITY

A Catholic Health Association document provides practical guidance for evaluating Catholic identity as new models of healthcare are created. The self-evaluation process begins with examining an organization's current expression of Catholic identity in four critical areas: mission, sponsorship, holistic care, and ethics. Each theme is briefly discussed, with some pertinent questions for fostering dialogue on Catholic identity.