

# CHALLENGES AND COMPETENCIES

## *The Theological and Spiritual Aspects of Catholic Healthcare Leadership*

BY JOHN SHEA, STD



Dr. Shea is the senior advocate, healthcare scholar-in-residence at the Park Ridge Center for the Study of Health, Faith, and Ethics, Chicago. His forthcoming book is on the relationship of healthcare and spirituality.

Future healthcare leaders have no shortage of challenges, often accompanied by dire predictions, such as “produce or perish.” They entail navigating the tumultuous and, in some cases, uncharted seas of medicine, business, insurance, government, law, and organizational change. Often these challenges appear so daunting they seem to come right out of the world of myth. “Hercules, clean these stables!” “Psyche, sort out these seeds!” “Young man, fill this room with gold!” The fainthearted need not apply.

What is seemingly *not* needed in this environment is another challenge. The plate is already overflowing. In fact, the pressing need is to identify and prioritize the most important challenges, the ones directly associated with survival and growth. Yet when Catholic healthcare leaders look to the future, they envision a peculiar challenge. Non-faith-based healthcare organizations will not recognize this challenge or, if they do, will not address it. It arises only because Catholic healthcare is faith based and seeks to hold together a theological vision of organization and person with the concrete needs of delivering excellent healthcare. This challenge does not emerge solely from theological vision or solely from practicality. It comes into view at the place where vision and practicality intersect.

Theological vision and practicality do not easily walk arm in arm. They have a reputation for running on separate tracks and having different ambitions. It is insufficient, however, to characterize them solely by the tension between them. Actually, they have a deep affinity for one another. The theological vision of organization and person yearns to have practical import, and the practicalities of healthcare delivery yearn to be grounded in theological vision. This relationship between theological vision and practicality is anal-

ogous to how David Whyte connects the poet and businessperson: “The poet needs the practicalities of making a living to test and temper the lyricism of insight and observation. The corporation needs the poet’s insight and powers of attention in order to weave the inner world of soul and creativity with the outer world of form and matter” (*The Heart Aroused: Poetry and the Preservation of the Soul in Corporate America*, Doubleday, New York City, 1994, p. 9).

The challenge is to weave theological vision and practicality into a whole. This challenge has both an organizational dimension that focuses on the role of the leader and an individual dimension that focuses on the person of the leader.

### THE ORGANIZATIONAL DIMENSION

Catholic healthcare is an explicitly faith-based enterprise. Therefore it participates in what Kenneth Pargament calls the dilemma of religion: “If made too concrete, it will lose much of its flexibility, mystery and vitality. Yet if left too abstract it will have little to say to the person confronted with immediate and very real problems” (*The Psychology of Religion and Coping*, Guilford Press, New York City, 1997, p. 165). This dilemma of living between the abstract and the concrete unfolds into a project—How do you take the “generalities of faith” and relate them to the “dust of our trials”? In other words, faith provides an ultimate identity and perspective. How does the ultimate influence the proximate without being reduced to it? How does the absolute touch and shape the particular without collapsing into it? This may sound like a speculative philosophical question. However, to master its ways is to learn how to put together stability and change, rootedness and risk-taking.

Catholic Christianity hears in this project the struggle of incarnation and recalls a memorable



image from the life of Christ. The 13th chapter of the Gospel of John begins in the realm of faith: "Jesus, knowing he had come from God and was going to God and knowing the Father had given all things into his hands" (Jn 13:4). This knowledge does not make him yearn for God. Rather it pushes him into the world of care with a specific energy. "He rose from table, took off his outer garments, and wrapped a towel around his waist. He poured water in a basin and began to wash the feet of his disciples and dry them with the towel he had wrapped around his waist" (Jn 13:5, 6). What begins in theological vision ends in concrete action; the word has become flesh.

Catholic healthcare understands itself as an incarnational adventure. It works to embody its ultimate spiritual identity in the organizational structures it creates. This ultimate identity may be phrased as "mediating divine healing love" or "continuing the healing ministry of Jesus Christ." These phrases, and many more, point to the ultimate grounding of the Catholic healthcare enterprise. The danger is that this identity will become self-enclosed and content with itself, and never make the difficult move from faith to practicality.

In Catholic healthcare the first step in the movement from faith to practicality is values. Values occupy a middle ground between faith convictions and narratives and concrete actions. Faith convictions and narratives are expressed in the full-blown religious language of the Catholic tradition, for example, God, Christ, sin, redemption, church, and so on. The values flow from this language, but are stated in more neutral language, for example, respect, excellence, compassion, stewardship, partnership. These values, in turn, are meant to be implemented, turned into policies and behaviors. Values, stated in neutral language, become the bridge between faith and action.

Value language is also an asset in an interfaith world. It allows both employees and patients to "buy into" the organizational identity at the value level without having to "buy in" at the faith conviction level. Employees and patients may gravitate toward a Catholic hospital because they value compassion, which is one of the hospital's stated values. However, they may ground this value in the teaching of the Buddha or in a sense of human solidarity. They may not acknowledge Christ as the source of compassion. Shared values provide a basis for shared work in an ecumenical and interfaith world.

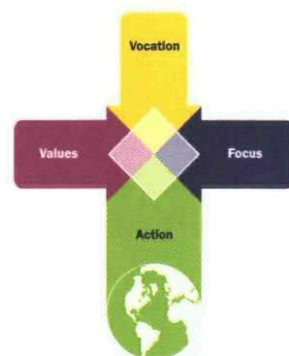
### THE VALUES CLUSTER

To meet the challenge of integrating the Catholic faith identity throughout the operations of the healthcare system, a system that comprises people

of all faiths, the CHA leadership model has a Values cluster (see Box). Leaders of Catholic healthcare must learn to work with values. In general, this means they must have a working knowledge of the faith convictions that ground the values and the ability to connect the values to the life of the organization. Starting from the values, they must be able to go backward to faith and forward to implementation. At times they will need to explore the grounding convictions, and at other times they will need to examine how a specific value informs a specific decision. A competency with values makes the faith identity and mission visible and influential.

The Values cluster of the leadership model names two competencies. The first—integration of ministry values—is general in character. This competency develops in four ascending abilities, on a scale that ranges from knowing to teaching to advocating:

1. Knows and articulates shared ministry values, such as stewardship, compassion, human dignity, common good, and care of the poor.
2. Teaches the connection between the life of the organization and shared ministry values.
3. Identifies conflicts with ministry values in the life of the organization and acts to resolve them.



## MISSION-CENTERED LEADERSHIP MODEL

The Mission-Centered Leadership Model was created last year for CHA and the Partners for Catholic Health Ministry Leadership by Hay/McBer, Boston. Changes to the previous model, developed by CHA in 1994, were based on a variety of inputs, including focus group discussions of current healthcare issues in spring 1999; the experiences of CHA members in applying the previous model; participants' comments at programs such as Foundations of Catholic Healthcare Leadership; the input of leadership development experts within member systems; and an analysis of the research data.

Through this information-gathering process, Hay/McBer confirmed that data collected during CHA's 1994 project on leadership competencies were still valid for today's healthcare environment. Hay analysts then applied a "clustering algorithm" to the 1994 data to yield a model with the fewest number of competencies and the highest predictability of outstanding leadership performance.

The new model has four competency clusters: Vocation, Values, Focus, and Action:

- The Vocation cluster includes competencies relating to spiritual grounding and integrity.
- The Values cluster encompasses the integration of ministry values and care for poor and vulnerable persons.
- The Focus cluster considers information seeking and performance excellence.
- The Action cluster includes competencies relating to change leadership and shaping the organization.



4. Extends ministry values into the larger community/society and stimulates the community to consider these underlying values.

The second competency is specific—care for poor and vulnerable persons. This competency is also spelled out in four ascending abilities.

1. Articulates the Gospel value of care for the poor for the organization.

2. Actively seeks to understand and address the situations of the poor and vulnerable persons.

3. Makes care for poor and vulnerable persons a priority by maintaining services under financial pressure and initiating new services in response to the needs of the underserved.

4. Advocates for systemic change on behalf of poor and vulnerable persons in the social and political realms. Is known for this commitment.

When Catholic leaders acquire greater facility in working with values, they will more consistently address the challenge of integrating Catholic faith-based identity throughout a healthcare system. To be excellent in the future, Catholic healthcare leaders will have to develop a voice of Catholic healthcare values.

### THE INDIVIDUAL DIMENSION

The individual dimension focuses on the person of the leader and involves a similar challenge. As the organization has an ultimate identity that should inform and guide all its operations, so the individual has a ultimate identity that is a significant resource in the tasks of leadership. There should be some overlap between these two identities, a correspondence between the organization's values and the individual's values. Leaders cannot espouse the organization's values yet in their hearts be disengaged and distant. Personal depth is a companion to organizational depth.

This emphasis on the person of the leader is focused through a Catholic theological vision. In Catholic theology the human person is always more than a role or circumstances. People cannot be reduced to what they do or what is happening to them. In theological language, they are always transcendent, capable of transcending and relating to the individual events of life and life as a whole. This capacity is made possible by their

## A faith-based healthcare system recognizes the spiritual potential of its leaders.

relationship to God. This theological perspective grounds the Catholic ministry values of respect and reverence. No matter what people have done and no matter what devastating illnesses have befallen them, they are due reverence and respect because, in the last analysis, they are children of God.

Therefore the Catholic focus on person targets the ultimate identity of people. It

certainly includes physical, psychological, and social identities. But it goes beyond these to highlight the spiritual dimension of who people are. This spiritual dimension can be characterized as a resource for the betterment of situations. In this dimension people can receive Spirit from the divine source and embody that Spirit in the concrete activities of everyday. This spiritual flow is manifested in the abilities of discernment, resiliency, compassion, and resolve. A Catholic, faith-based healthcare system recognizes this spiritual potential in its leaders, sees it as logically connected to the organization's theological identity, and encourages its development.

However, there are two immediate difficulties in developing the spiritual resources. The first has to do with the subtlety of spiritual identity. It is "there," but as Lao Tzu, an ancient Chinese spiritual teacher, said, "It is as thin as a gossamer thread, barely hinting at existence." The physical, psychological, and social dimensions of our lives are much more evident to us. Spiritual teachers have used images to point out our spiritual obtuseness. People have a vintage wine cellar, but they never drink from it. They have an interior castle, but they never visit it. They have a treasure buried in their field, but they do not know how to unearth it. The deepest and most wonderful truth about them is hidden from their sight. Therefore the first task is to awaken to the reality of the spiritual, to become aware of the depth of who you are.

The second difficulty parallels closely the organizational challenge. The spiritual identity is an inner, ultimate truth. It is contacted by going within to the spiritual center of the person. However, once a person is within the spiritual center, the movement reverses. The human person "goes without" accompanied by the spirit found within. The result is a process of whole-



ness, bringing together the inner and outer worlds. Excellent leaders always seem to find the resources they need to meet new and unforeseen situations. What is not always recognized is that many of those resources come from within, from a spiritual reserve.

#### THE VOCATION CLUSTER

The challenge is to become aware of inner, spiritual resources and to learn how to bring forth those resources for the betterment of situations. To meet this challenge, the CHA leadership model has a Vocation cluster. This cluster has two competencies. The first is spiritual grounding. This competency focuses on leaders becoming aware of spiritual depth in themselves and in their situations and being able to call on these spiritual resources when appropriate. It responds to the first difficulty in accessing spiritual resources—becoming aware. This competency outlines four abilities in ascending order:

1. Articulates a correspondence between who he/she is as a person and the faith-based values of the organization.
2. Calls and develops personal and collective spiritual resources when appropriate.
3. Discerns calls in situations that are opportunities to extend the mission and values of Catholic healthcare.
4. Models a deeply grounded spiritual life and thereby creates an environment that nurtures the spiritual development of others.

These four abilities place the leader's developing spiritual identity squarely within the organization's theological identity. Also, what is happening in the leader, the leader encourages to happen in everyone. In this way the leader models the possibility of spiritual development within organizational life.

The second competency is integrity. This competency is grounded in the leader's spiritual life and entails the courage to act on one's values and to take risks consistent with one's values. It responds to the second difficulty—moving from an inner, spiritual identity to outer action. The CHA model scales integrity in four ascending abilities:

1. Articulates his/her own values, and generally acts in a manner consistent with those values.
2. Acts on own values when it is difficult to do so, such as when there is significant cost or risk.

**E**xcellent leaders  
always seem to find  
the resources they need  
to meet new situations.

3. Takes other people's values-based positions into account in difficult and ambiguous situations without going against own values (may find ways to resolve value conflicts).

4. Creates an environment that nurtures integrity in others (may set high standards for organizational integrity; models behavior consonant with organizational values; employs processes that help people integrate

values in decision making).

Once again, the leader's integrity promotes integrity throughout the organization. If the organizational dimension encouraged the leader to develop a "voice" of Catholic healthcare values, the individual dimension encourages a voice of personal, spiritually grounded values.

#### QUESTIONS REMAIN

In faith-based Catholic healthcare, challenges emerge not only from changes in the outer world; they emerge from how theological vision reads and responds to those changes. Two interrelated challenges for Catholic leaders are to keep the organization's faith-based identity paramount in all its activities and to gain access to their own spiritual resources and the spiritual resources of their situations. To meet these challenges, they must develop the values and vocational competencies.

However, many questions remain:

- The competencies of the Values cluster could be characterized as a theological ability, and the competencies of the Vocation cluster could be characterized as a spiritual ability. The path of many future leaders of Catholic healthcare will be through the fields of medicine, business, and organizational development. They will be comfortable in those areas and with those languages. The theological and spiritual emphasis and its accompanying language will appear foreign and its benefits questionable. How can Catholic healthcare organizations present these competencies so that they are seen as genuine components of leadership and not as tangential to the real business of healthcare? How can they present these competencies so that potential leaders do not feel they have to become theologians or dedicated spiritual seekers to apply?

- It is one thing to name these competencies,

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show how they have been present in excellent Catholic leaders, and outline their logical importance in a Catholic organization. It is quite another thing to train and develop these abilities. Theological and spiritual abilities are as much art as they are skill. Although they include knowledge, they are not primarily about information. Training methods that work in other areas will probably be too superficial to work in this area. Also, timelines for developing these competencies will have to be correlated with many other factors, such as opportunity for reflection, exposure to crisis situations, and age. Theological and spiritual abilities do not develop in isolation or solely in sporadic educational efforts.

- Organizations need to give careful attention to how they will evaluate these competencies. The competencies of the Values cluster are, for the most part, visible and demonstrable. However, the competencies of the Vocation cluster are more interior and are often known through personal witness, the disclosure of the leader's inner life. Also, many people believe their spiritual lives are private, so organizations will have to draw distinctions between personal-private and personal-public spirituality.

As Catholic healthcare undertakes the challenge to develop leaders with these theological and spiritual competencies and the difficulties mount up, it is good to recall the vision. Catholic healthcare has an ultimate identity that relates it to the divine source. It makes sense to want that identity "up front and obvious" in all its healthcare efforts. Also, Catholic healthcare believes the human person has a spiritual identity that grounds and informs the way the person engages his or her role and responsibilities. In a faith-based organization it makes sense to bring the resources of that identity to bear on the tasks at hand. The organization's theological identity and the leader's spiritual identity work together for the health of all God's people. □

## NET GAINS

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a strategic priority.

**Define Objectives Clearly** "From the beginning, we wanted our site to be of high value to the consumer," says Mayhew. "In an era of budget constraints, however, we had to define specific measurable objectives." Management's main priorities were helping site users manage their health, increasing convenience to patients and their families, improving business processes, and extending PeaceHealth's mission.

**Involve Physicians and Other Stakeholders** Once top management's support is assured, other key stakeholders must be involved. At PeaceHealth, physicians played a critical role in establishing the site, setting its basic policies, and selecting and reviewing its health content. Corporate and facility human resource professionals developed the site's Career Opportunity section.

Along with internal stakeholders, PeaceHealth involved consumers in the process. The IPC, for example, included a volunteer from the community. It also conducted focus groups to help it gauge the opinions of women, older people, and other segments of the community.

**Recognize That "Internet Time" Moves Faster** "The Internet is a medium that is moving very quickly," says Glen Campbell, PeaceHealth's Web services manager. "It's a challenge for a large, multihospital organization to try to move at the same pace. In 'Internet time,' new ideas surface on a weekly basis. People have to be willing to move quickly." Most hospitals are not yet equipped to deal in e-commerce, for example; they will have to catch up.

**Use Web Services to Improve and Extend Current Services** "The entire organization should be aware of, and involved in, the Internet strategy," says Campbell. "Our Web services team does the groundwork, but the real value to the organization comes when employees use the site to provide better service to our patients and their families."

**Balance Expectations against Budget** "Strategic Web initiatives demand the same

careful budgeting as major capital projects or new service lines," says Mayhew. "Our Web site budget reflects a serious commitment to achieving defined goals."

**Recognize That a Web Strategy Is a Continuous Journey** "We see what we've done so far as a starting line rather than a finish line," says Haughom. "We'll continue to stretch both our thinking and our budget to meet consumer needs."


### REDUCING THE "HASSLE FACTOR"

PeaceHealth launched its Web site in January. In coming months, patients and family members will be able to use it to:

- Preregister for hospital services (e.g., giving their medical histories before going in for surgery)
- Refill prescriptions
- Purchase over-the-counter goods (e.g., by sending flowers to a new mother)
- Receive a customized, weekly newsletter on pregnancy (A woman in her fourth month of pregnancy can, for example, get information applicable to that stage.)

In the more distant future, users will even be able to access medical records and schedule appointments through the site.

Although the creation of peacehealth.org has been complex, the goal is simple, according to Mayhew. "We just want to reduce the hassle factor and increase the convenience and pleasure factor for people interacting with PeaceHealth." □

 For more information about PeaceHealth's Web site, contact John Haughom, MD ([jhaughomdr@peacehealth.org](mailto:jhaughomdr@peacehealth.org)); Bev Mayhew ([bmayhew@peacehealth.org](mailto:bmayhew@peacehealth.org)); or Glen Campbell ([gcampbell@peacehealth.org](mailto:gcampbell@peacehealth.org)).

Tom Lawry would like to write about other Catholic healthcare organizations that have, or are planning, innovative Web services. Contact him at [tlawry@verus-tech.com](mailto:tlawry@verus-tech.com), or at 4628 175 Ave., SE, Bellevue, WA 98006; phone 425-643-7117; fax 206-643-0302.