COMPARING SYSTEMS' COMPETENCY MODELS

An Analysis of Individual System Competencies Reveals Remarkable Consistency Throughout the Ministry

BY ED GIGANTI

I n 1993, CHA initiated the first ministry-wide empirical research into the competencies required for outstanding leadership in Catholic health care. The result of that research project, a model of 18 competencies, was introduced to the ministry at the 1994 Catholic Health Assembly in Philadelphia.

Known as the Transformational Leadership Model, this set of 18 interrelated competencies—including skills, knowledge, social roles, self-image, traits, and motives—presented a striking description of leaders who synthesize spirituality and business expertise in a seamless approach that facilitates delivery of outstanding health care services to communities. The excellent leaders studied in that research, both religious and lay, operated from a basis of personal spirituality that was manifested in their thoughts and actions. Personal spirituality, the research showed, was the most salient and powerful factor of leadership that created a positive organizational climate and enhanced service to the community.

At the end of the 1990s, CHA and the Catholic health systems that formed the Partners for Catholic Health Ministry Leadership coalition revisited the earlier competency research to update the model in response to feedback about its complexity. A new model, the Mission-Centered Leadership Competency Model,* was developed and released to the ministry in 1999. The model consists of eight competencies grouped into four clusters: Vocation, Values, Focus, and Action.

In the years since the identification of the first ministry leadership competencies, many Catholic health systems—large and small—have developed competency models specific to their own organizational cultures and values. Working with internal and external consultants and using a variety of methods, these systems have named sets of competencies and built corresponding processes for leader selection, assessment, development, and retention.

Some systems' competency models incorporate components of CHA's Mission-Centered Leadership Competency Model, most often the competencies of the Vocation and Values clusters. Other systems' models show a high degree of similarity to the CHA model. Although not a comprehensive study of competency models in use across the ministry, a recent comparison of several systems' models indicates a consistency in the way Catholic health care systems describe the core characteristics of effective leaders.

VOCATION CLUSTER

In CHA's model, two competencies make up the Vocation Cluster: *Spiritual Grounding* and *Integrity*.

Spiritual Grounding Spiritual Grounding is described as the ability to reflect and call on the spiritual resources of the Catholic health care tradition, the leader's own personal faith, and the faith of coworkers. These personal and collective spiritual resources supply the deep grounding, motivation, and resolve that are necessary to carry out the ministry. They also provide a larger context of meaning for the day-in, day-out work of health

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care. Effective leaders have an inner spiritual life that translates into external action.

The set of competencies underpinning leadership development at Catholic Health Initiatives, Denver, includes *Spirituality*. Leaders with this competency demonstrate that they find personal meaning in work and are motivated to accomplish worthwhile tasks. They have an inner strength and the sense that life is more than just work. They evidence care and concern for others' well-being—body, mind, and spirit. Leaders demonstrate this competency by maintaining a positive attitude in relationships and ensuring that reflective exercises are regularly incorporated into group meetings.

Providence Health System, Seattle, has drawn on the Career Architect program developed by Robert W. Eichinger and Michael M. Lombardo to develop its competency model.* The system has also included the competency *Spiritually Grounded*, defined as expressing a fit between the mission and core values of the system and who the leader is as a person. Spiritually grounded leaders believe their role is part of a larger spiritual mission, and they promote an environment of hope, healing, and hospitality.

In the model implemented at Ascension Health, St. Louis, the competency *Spiritual Grounding* is the ability to reflect, call on, and nurture the spiritual resources of self and others, which provides a larger context of meaning for one's daily work. Leaders demonstrating Spiritual Grounding model a deep personal spiritual life, thereby creating an environment that nurtures the spiritual development of others. These leaders behave in ways that are consistently aligned with the organization's mission and values, and they demonstrate a strong conviction and commitment to personal principles and values even in the face of unexpected or crisis situations.

The Executive Leadership Competency Model at Bon Secours Health System, Marriottsville, MD, was developed as a customization of the CHA model. In the Bon Secours model, however, *Reflective Integration*, defined in language nearly identical to that for Spiritual Grounding in the CHA model, is not placed within the Vocation Cluster. It is, instead, an element that "reflects, holds together, and integrates the dynamic tensions of leadership in Catholic health care." Within the Vocation Cluster, a competency called *Charism of Bon Secours* is described as an underlying conviction and support for com-

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passion, liberation, and healing, particularly in terms of the ministry of health care for all persons, especially the poor and dying.

Integrity The second Vocation Cluster competency in the CHA model is *Integrity*, the courage to act on one's values and to take risks consistent with one's values. This includes the struggles and challenges that inner spiritual life undergoes as it seeks to express itself in action. Integrity moves from action to reflection and back again to action. What is being done is always considered in light of what one most deeply holds dear. Integrity becomes the personal basis for integrating the values and mission of Catholic health care with the business realities of the marketplace.

Similar competencies appear in all the systems' models examined:

• Catholic Health Initiatives, *Integrity and Character*—"exhibits high ethical standards of personal conduct; demonstrates integrity by following through and keeping commitments; earns trust and respect through his/her honesty, openness, and respect for others."

• Christus Health (Irving, TX), *Mission and Ministry* (includes the competencies of Integrity, Ministry Values, Customer Service, Stewardship, and Valuing Diversity)—"exhibits high ethical standards regardless of circumstances; regarded as someone who consistently builds a climate of fairness and respect."

• Wheaton Franciscan Services (WFS) (Wheaton, IL), *Integrity*—At this health system, five core values—Integrity, Respect, Development, Excellence, and Stewardship—are the foundation of development programs for leaders as well as performance management for all employees. Behavioral statements that flow from the values were used to construct a 360-degree assessment tool for leaders.

From the behavioral statements related to the value of Integrity: "We value words and actions that are honest and build trust. The value of Integrity requires us to... understand and follow all laws, regulations, and policies that apply to our work; place organizational success above personal gain; communicate truthfully and expect others to do the same; identify and resolve difficult issues."

• Ascension Health, *Integrity*—"recognized for consistency between speaking and acting in ways that reflect organizational values as well as professional and personal ethics. Can be counted on for honesty and to fulfill personal commitments. Places the organizational goals ahead of personal goals."

VALUES CLUSTER

Two competencies make up the Values Cluster in CHA's model: *Integration of Ministry Values* and *Care for Poor and Vulnerable Persons*.

Integration of Ministry Values This competency is a

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*Parts of the Providence Health System competency model are derived from the CAREER ARCHITECT program developed and copyrighted by Robert W. Eichinger and Michael M. Lombardo for Lominger Limited, Inc.

commitment to incorporate Catholicism's mission, traditions, and values (in particular, the church's social teachings) into organizational decisions and behaviors. This leads to an interpretation of the current experience of the organization in light of its Catholic identity. The life of the organization reflects the core commitments of the ministry: to promote and defend human dignity, attend to the whole person, care for poor and vulnerable persons, promote the common good, act on behalf of justice, steward resources, and act in communion with the church.

At Ascension Health, the competency *Integration of Ministry and Mission* describes leaders who understand and champion church teaching related to health care and the system's mission and values and integrate them in decisions and actions. Leaders demonstrating this competency articulate and teach the connection between the work life of the organization, the shared ministry values, and the mission and traditions of the Catholic Church and sponsors. Also, these leaders model and lead others to carry the ministry and values into the larger community and society.

This Ascension competency recognizes that ministry leaders operate in environments characterized by plurality of religious beliefs; the leader who demonstrates Integration of Ministry and Mission respectfully invites people of different religious beliefs to integrate their traditions into their service of the mission.

Providence Health System leaders who demonstrate the competency *Decision Quality/Values-Based Decision Making* "draw on their own wisdom, Catholic social and ethical teaching, and a mixture of analysis, experience, and judgement to choose the right action." Another competency in the Providence model, *Mission and Values Integration*, calls on the leader to teach the connections between the organization's core values and what happens in the workplace and marketplace. These leaders reflect on and act in line with the values even when doing so is difficult, and they encourage others to do likewise.

At Trinity Health, Novi, MI, development of leaders at several levels is built on a set of "core" competencies as well as role-specific competencies. Among the core competencies is *Mission Centered*, defined as setting high personal values, demonstrating unwavering commitment to integrity, and behaving in ways reflecting the system's mission and values. Leaders demonstrating this competency value diversity, express compassion for others, and respect all people. They understand and can articulate the organization's heritage, mission, and values, and they use these elements to inspire others to join in their ministry.

Consistency in leadership development efforts across systems will result in leaders who recognize the roles they play in a national ministry of a universal church.

In Wheaton Franciscan Services' values-based leadership development process, leaders are assessed on their demonstrated behaviors of honoring diversity in practices of faith, traditions, and culture (the Wheaton Franciscan value of Respect); supporting in speech and actions the organizational beliefs as a ministry of the Catholic Church (Integrity); and understanding how mission, vision, and values apply to work (Development).

Care for Poor and Vulnerable Persons In the CHA model, this competency is defined as an underlying concern for justice and fairness in societal relations that is expressed within the leadership role by taking initiative to serve the needs of disadvantaged people. This concern includes both attention to the individual person and to systemic transformation of organizations and society.

At Providence Health System, the competency *Care for Poor and Vulnerable Persons* calls on the leader to find creative ways to respond to the needs of the underserved, particularly when the organization faces financial pressure. Also, these leaders must be advocates for systemic change in society on behalf of poor and vulnerable persons.

Mentioned previously, the competency *Charism of Bon Secours* at Bon Secours Health System describes leaders who, within their organizations and communities, respond to the Bon Secours calling to serve all people, especially those who are poor, dying, and vulnerable, in ways that demonstrate the charism of Bon Secours: compassion, liberation, and healing. These leaders actively investigate the situations of the marginalized, and even when confronted with economic challenges, they maintain and sometimes expand services to persons in need.

The Ascension Health competency *Integration of Ministry and Mission*, mentioned earlier, describes leaders' behavior in modeling a commitment to serve the needs of the poor both inside the organization and out in the community.

Beyond the competencies of the Vocation and Values clusters of the CHA model, additional similarities exist among the competencies of various systems' models. See the **Table** on page 43 for a sample of these similarities.

This brief review of competency models from several Catholic health care systems shows that the ministry's efforts at developing leaders for its future—although diverse in language, approach, and process from system to system—are consistent in naming and describing the behavioral characteristics of excellent ministry leadership. Beyond systems' needs to create and sustain corporate cultures, the consistency in leadership development efforts across systems will result in leaders who recognize the roles they play in a national ministry of a universal church. ▫

COMPARING SYSTEMS' COMPETENCIES
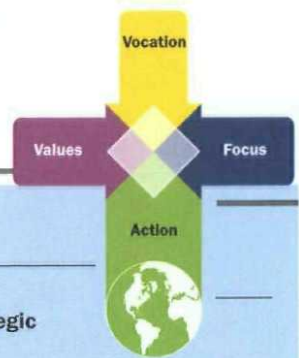
Focus Cluster: CHA Mission-Centered Leadership Competency Model

Information Seeking

A focus on current objective realities and on using an understanding of these realities to make decisions for the organization. Demonstrated by obtaining realistic, in-depth information.

Performance Excellence

A personal drive to measure and improve performance, focusing the leader's attention on working with the realities of a ministry that is also a business.

System Competencies

From CHRISTUS Health:

Business Literacy (includes Vision and Purpose, Strategic Thinking, and Understanding the Business)

. . . understands implications of financial indicators/statements; alert to trends that impact the organization's market position

. . . *develops distinctive strategies and translates them into realistic plans*

From Trinity Health:

Open Communication

. . . actively listens to others, seeks learning from different perspectives

. . . facilitates the sharing of multiple points of view

From Catholic Health Initiatives:

Shaping the Organization's Future:

. . . transforms CHI's core business strategies into action plans with clear organizational goals and objectives; continuously measures and monitors progress; energizes others to continually strive for ways to improve organizational performance, service excellence, and employee morale

From Providence Health System:

Managing and Measuring Work*

. . . sets clear objectives and measures; monitors process, progress, and results and holds people accountable; designs feedback loops and compliance safeguards into work processes

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Action Cluster: CHA Mission-Centered Leadership Competency Model

Change Leadership

Ability to lead a group, focusing and energizing them to work together for change. This includes articulating an inspiring vision, managing resistance, and persevering to carry it through to completion.

Shaping the Organization

Ability to build or adapt organizational structures to accomplish a mission and to improve performance, including reorganizing people and organizational systems, processes, procedures, communication, and reporting relationships.

System Competencies

From Trinity Health:

Leading Change Through Others

(one of five competencies specific to the Organization Leader) . . . anticipates and clearly articulates need for change; energizes people to work together to successfully achieve change results; insures systems, resources, talent, and support are in place to sustain positive change

From Providence Health System:

Managing Vision and Purpose

. . . communicates a compelling and inspired vision or sense of core purpose

. . . creates mileposts and symbols to rally support behind the vision; makes the vision sharable by everyone

From Ascension Health:

Strategic Leadership

. . . applies "big picture" and "boundary free" view of organizational and business issues and anticipates implications

. . . quickly discerns emerging trends and patterns that may impact decisions and actions

From Catholic Health Initiatives:

Guiding Performance

. . . proactively aligns team goals and objectives with CHI's strategic focus

. . . approaches work in terms of systems and interconnected processes and organizes work activities accordingly

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*This is one of a cluster of competencies in the Providence Health System model that relate to Performance Excellence. Others include Drive for Results, Business Acumen, Strategic Agility, and Performance Improvement/Re-engineering. The Lominger CAREER ARCHITECT describes the competencies in more specific "chunks," which the creators believe facilitate development.