Servant Leadership: The Way Forward?

By CELESTE DeSCHRYVER MUELLER, D.MIN.

Catholic health care is uniquely suited to foster the practice and principles of servant leadership — that is, leadership defined by service — within its organizations, both because of its call to carry out the healing mission of Jesus and because of the current challenges facing health care.

How to equip leaders to practice servant leadership is an ongoing formational challenge. I propose an adaptation of the "communities of practice" model for shared learning, mutual growth and peer accountability that can deepen leaders' capacity and capability to embody servant leadership in management, operations and strategy.[1] Over the next six months, I will be piloting this process with a group of eager and committed health care leaders.

THE CASE FOR SERVANT LEADERSHIP

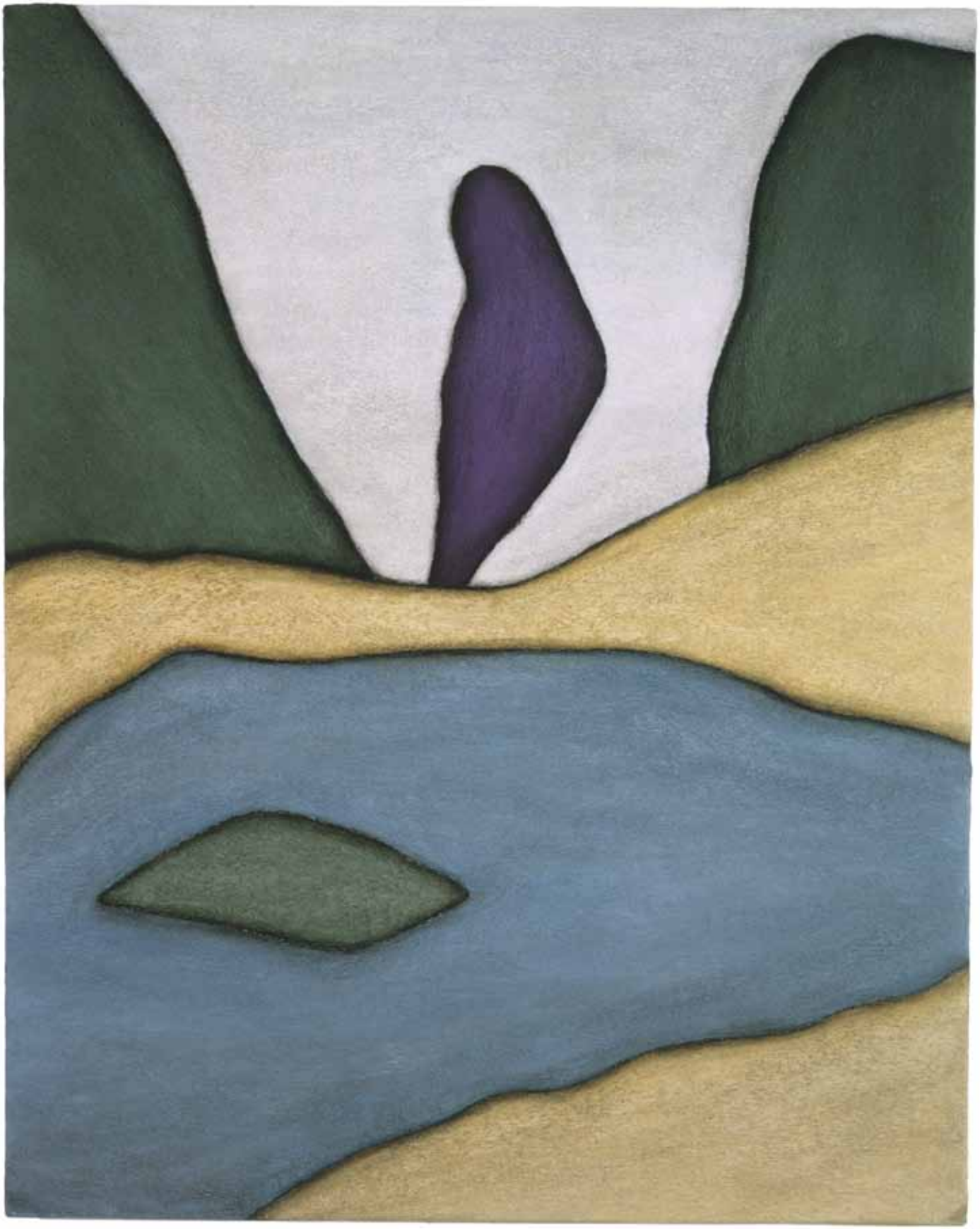
Ann McGee-Cooper and Duane Trammell's description of servant leadership highlights characteristics that echo Gospel accounts of Jesus' leadership:

"Servant Leadership is not about a personal quest for power, prestige, or material rewards. Instead, [it] begins with a true motivation to serve others. Rather than controlling or wielding power, the servant-leader works to build a solid foundation or shared goals by (1) listening deeply to understand the needs and concerns of others; (2) working thoughtfully to help build a creative consensus; and (3) honoring the paradox of polarized parties and working to create 'third right answers' that rise above the compromise of 'we/they' negotiations. The focus of Servant Leadership is on sharing information, building a common vision, self-management, high levels of interdependence, learning from mistakes, encouraging creative input from every team member, and questioning present assumptions and mental models."[2]

Servant leaders use power as Jesus did, in the service of others. They empower and develop followers, attend to community and the thriving of all members. They are not afraid to challenge presuppositions and resistant structures in pursuit of a greater good. We do not doubt that as a healer, Jesus cared for the sick, but we may fail to notice that as a leader, Jesus created *communities* that could heal and in which all involved experienced healing. Likewise, beyond even the good done for patients and clients of health care organizations that practice servant leadership, such organizations can and do become agents of healing within communities and communities of healing in which all employees can grow and thrive.

Servant leadership is working in successful corporations. Dallas-based TDIndustries and Southwest Airlines Co.; Starbucks Corp. of Seattle; ServiceMaster Co. based in Memphis, Tenn.; and the Toro Company, Bloomington, Minn., are each companies that explicitly practice principles of servant leadership. "These companies have performed extremely well when considering financial metrics."[3] Servant leadership is working to make these organizations into communities that are routinely listed in *Fortune Magazine*'s "100 Best Companies to Work For."[4]

Servant leadership can work in Catholic health care to develop indi-



viduals and organizations that advance the essential vision in which the mission of Catholic health care is rooted — honoring and protecting human dignity and promoting the common good. Robert Greenleaf made the test of servant leadership very clear: "Do those served grow as persons? Do they, *while being served*, become healthier, wiser, freer, more autonomous, more likely themselves to become servants? *And*, what is the effect on the least privileged in society? Will they benefit or at least not be further deprived?"[5]

10 ESSENTIAL PRACTICES OF SERVANT LEADERSHIP

Listening
Empathy
Healing
Awareness
Persuasion
Conceptualization
Foresight
Stewardship
Commitment to the growth of people
Building community

COMMUNITIES OF PRACTICE

Communities of practice are proliferating as effective means to addressing new ways of thinking, transforming bosses and managers, empowering subordinates and building bridges. Etienne Wenger describes communities of practice as "groups of people who share a concern, a set of problems, or a passion about a topic and who deepen their knowledge and expertise in this area by interacting on an ongoing basis."[6]

Such communities are forming among individuals across departments, boundaries, even industries. They gather around a particular *domain* — that is, a question or problem — to generate knowledge and identify innovative solutions through reflection on their own professional practices and common practice together.

Research shows that participation in communities of practice transforms participants as they build relationships, trust and mutual commitment around a common cause; as they learn together, manage conflicts, share leadership and experience mutual benefit from their individual contributions.[7] There also is a clear correlation between the experience in communities of practice and the 10 essential practices of servant leadership: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people and building community.[8]

I am building a formation process for servant leaders by inviting participation in a community of practice around servant leadership. We will employ a communal practice of reflection that explores the participants' everyday leadership activities. Mary Kathryn Grant's invitation in a 2001 issue of *Health Progress* encouraged me in this endeavor:

> Musing on how communities of practice might affect our health care ministry might give us an opportunity to envision a new way of uniting for a common cause: the future of the ministry ... The CEO as "chief spiritual officer" and the need for continuous growth and development neatly tie in with the notion of communities of practice. Communities of practice provide an incubator for new and untried ideas. Perhaps we in Catholic health care could adopt the idea of communities of practice in the various strategies and endeavors around which we have both passion and passionately committed persons.[9]

SERVANT LEADERSHIP AND VIRTUE

Cultivating both magnanimity and humility, both clarity and compassion,[10] is the paradox of formation for servant leadership. These are not matters simply of leadership style or behaviors; they are aspects of the leaders' being as well as action. This is generally the sticking point in formation discussions: How can we (and is it even appropriate to) attempt to shape another's being? In fact our beings are shaped continuously by all our experiences and primarily by our actions. What one does habitually, his or her *practices,* not only shape behavior, they also produce "internal goods" in the persons practicing them; that is, they shape the being of the persons engaging in those practices. The practice of virtue makes us virtuous and cultivates virtue as a quality of our being.

> The virtues ... are to be understood as those dispositions which will not only sustain practices and enable us to achieve the good internal practices, but which will also sustain us in the relevant kind of quest for the good by enabling us to overcome the harms, dangers, temptations and distrac-

tions which we encounter, and which will furnish us with increasing self-knowledge and increasing knowledge of the good.[11]

In virtue, leaders find the stable and enduring power they need to maintain the conviction, commitment and discipline to be faithful to servant leadership over time, in the midst of opposing cultural views of leadership and through personal and organizational challenges. The connection between the practices of servant leadership and virtues provides a source of guidance and power that leaders need in order to thoroughly embody servant leadership.

In classical and Christian moral thought, the cardinal virtues are prudence, temperance, courage and justice, and the theological virtues are faith, hope and charity. From the perspective of the relationship between virtue and servant leadership, the cardinal virtues — those cultivated through action — guide specific practices of leadership, while the theological virtues — those traditionally thought of as "infused," that is, produced by the action of God in us — are, perhaps, best understood as the true source of power for servant leadership.

Power and action define any sort of leadership. The power that moves one to action on behalf of human dignity and the common good is the power of servant leadership. Such power develops in leaders who demonstrate magnanimity that is deeply rooted in humility.

Magnanimity is "the aspiration of the spirit to great things"[12]; a magnanimous leader "hungers for grand and noble possibilities, he or she thirsts for what is best."[13] Humility in practice grounds leaders and their visions, enabling them to be servants and partners to those who strive with them to achieve great things. From the perspective of a Christian view of the human person as made in the image of God, magnanimity reflects our call to be co-creators with God and humility to our dependence on God.

FORMING SERVANT LEADERS

Imagine, now, a gathering of leaders who:

- Genuinely desire to grow as virtuous servant leaders
- Envision the potential that servant leadership holds for their own personal good and the good of the ministry
- Are passionate about exploring the ways that they are already practicing the virtues that inform and sustain servant leadership in their work
- Are eager to discover how they could grow in virtue
- Are convinced there are yet undiscovered ways that effective servant leadership could address the multiple challenges facing Catholic health care and its mission.

Imagine them building a community together that will provide the communal support, challenge, encouragement and accountability needed to promote transformative and embodied learning. Their shared practices fall into two primary categories: First, actual day-to-day operational and strategic decisions, managerial, collegial and community relationships, assessments and discernments — in short, all of the struggles and accomplishments that comprise their leadership.

Second, a practice of exploration and reflection that will reveal in those daily practices of leadership invitations to virtuous action, evidence of deepening personal habits of virtue and unanticipated opportunities to lead as servant.

In the latter category of practice, I propose a

communal reflection process that is structured around four dimensions of the human person: soul, body, mind and heart. Evoking these inseparable aspects of human persons emphasizes holistic learning and growth and focuses attention on particular paths of growth in humility and the theological virtues. Each step of the reflection process corresponds to one of these dimensions, and the activity in each step can promote openness to growth in a particular virtue.

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Step 1: Soul — As human persons we are rooted in the Divine. By *soul* I refer broadly to the aspect of the person that is most open to transcendence and aware of connection to Spirit. By evoking the soul, the reflection process invites members of the community of practice to recall the transcendent purposes of the health care ministry — cooperation with the emergent reign of God — and to seek the gift of faith which enables leaders to sustain such a magnanimous and limitless vision. This first step of the reflection process would involve some spiritual practice — a time of meditation, an invocation, shared prayer, reading of sacred texts — and it would consistently involve asking for the gift of divine presence and the gift of *faith* to recognize, accept and become increasingly aware of it.

Step 2: Body — As human persons we are rooted in the Earth. Our bodies literally carry out our work of leadership and will inevitably remind us that while our vision may be limitless, we are not. Too often, leaders ignore care for their bodies and ignore their own limits. Evoking the *body* invites leaders to *humility*, at root *humus* — to be grounded. Grounded in our common humanity, humility enables us to think of our actions and capabilities, our successes and our failures, as no greater and no lesser than they actually are. The opposite of humility is not ego; it is hubris.

We are most grounded by the day-to-day work we carry out. At this stage of the reflection process, leaders bring to the group their actual experiences as leaders to learn together from exploration and reflection on actual practices. They bring situations to celebrate in which they have demonstrated servant leadership and acted out the cardinal virtues; they bring situations of struggle in order to explore what went wrong, what they may be missing, how they could address an intractable problem, where they failed. The act of sharing real experiences as leaders in a circle of peers who are interested in learning from these experiences what they can do to grow as servant leaders is, in itself, an act of great humility.

Humility is an approach to life that says "I don't have all the answers and I want your contribution." For some people, that is no problem. For people at the top, that may seem akin to saying, "I am naked." Humility is a form of nakedness, but not a form of exhibitionism. Rather, it's a demonstration of acceptance as well as resolve. ... I cannot do it alone ... I will enlist the help of others.[14]

Step 3: Mind — The opportunity to explore and learn from the leadership practices shared in the group invites the use of the *mind* and the intellect in an activity that stimulates *hope*. The group, at this stage of the reflection process, explores the dynamics and complexity of the situation shared by the presenter — whether it is a story of success or frustration.

Gently inquiring into the situation and asking questions about the actions and dispositions of the leader who is presenting the case, the group uncovers layers of meaning and significance. Group members are attentive for connections and inconsistencies, loose threads, and factors that may have influenced success or failure. The conversations illuminate leadership actions and the virtues — courage, justice, temperance, prudence — that are either clearly evident or conspicuously absent in them.

Why would this practice open us to the gift of hope? To use the intellect to see things as they really are, to see the *real*, is to be trapped neither in despair or presumption, and, therefore, to be able to desire what is genuinely possible. According to Thomas Aquinas, the object of hope is "a future good, difficult but possible to obtain."[15] The willingness to see and to learn creates an openness to hope, a gift so necessary to sustain leaders in the difficult work of becoming more effective in servant leadership.

Step 4: Heart — The opportunity for community members to give voice to observations, recommendations, affirmations, challenges and encouragement invites the virtue of *love*. In this

fourth stage of the reflection process, community members freely and reverently offer insights — not solutions to problems — and they listen deeply for group wisdom that may translate into strategies, reformed practices and innovations. Several aspects of love — *compassion* for the vulnerability of all learners, *devotion* to the ministry and *desire* for all to progress as effective servant leaders — are necessary to be able to risk offering and receiving feedback.

Love makes it possible to name virtuous qualities in another that I may not possess myself, and to point to capabilities that another may yet need to develop. These conversations imagine new possibilities, asking "What if we ...?" "How would it be different if ...?" "Could we try ...?"

When leaders form community around practices of effective servant leadership, they create in their relationships what Aristotle calls a school of virtue: "a community of those who seek and delight in virtue. . .a community whose purpose is its constitutive activity, namely to be the relationship in which those who love the good actually become good."[16] This community of practice, engaging as it does each of the essential practices of servant leadership listed above, becomes a model of servant leadership and of the community which health care as a ministry is called to become.

The process of reflection, as a practice, makes a space to receive and cultivate the gifts of humility, faith, hope and love that are the real power source for effective servant leadership. It likewise provides a space and a method to explore how the cardinal virtues are manifest or needed in our practice of servant leadership.

This structured and communal exploration to discover how leaders can achieve greater effectiveness and excellence through the virtuous practice of servant leadership is an effort that is unique among leadership development programs. It may prove to be a catalyst of transformation enabling today's leaders not only to meet the future challenges in health care ministry, but to imagine, envision and create a future that cannot yet be seen.

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NOTES

1. For background on the term "communities of practice," see www.ewenger.com/theory/.
2. Ann McGee-Cooper and Duane Trammell, "From Hero-as-Leader to Servant-as-Leader" in Larry Spears and Michele Lawrence, *Focus on Leadership: Servant-Leadership for the Twenty-first Century* (New York: J. Wiley and Sons, 2002), 141-152.
3. Jim Emrich, "Exemplary Companies," www.servant-leaderassociates.com/Servant-Leader_Associates/Exemplary_Companies.html. Several of these and other successful companies are profiled in Jerry Glashagel, *Servant-Institutions in Business* (Westfield, Ind.: Greenleaf Center for Servant Leadership, 2009). Visit http://www.tdindustries.com/AboutUs/ServantLeadership.aspx to see what it looks like to put a servant-leadership philosophy front and center in a corporate environment.
4. www.greatplacetowork.com/what_we_do/lists-us-bestusa.htm.
5. Robert K. Greenleaf, *Servant Leadership* (New York: Paulist Press, 1977).
6. Etienne Wenger, *Cultivating Communities of Practice* (Boston: Harvard Business School Press, 2002): 4.
7. Wenger, 21-22.
8. Larry C. Spears, "The Understanding and Practice of Servant Leadership" http://www.faithformation-learningexchange.net/uploads/5/2/4/6/5246709/servant_leadership_-_understanding__practice_-_spears.pdf. Also, see Larry C. Spears and Michele Lawrence, eds., *Practicing Servant Leadership: Succeeding through Trust, Bravery, and Forgiveness* (San Francisco: Jossey-Bass, 2004).
9. Mary Kathryn Grant, "Communities of Practice," *Health Progress* (Nov.-Dec. 2001): 9.
10. I am grateful to Bill Brinkmann, vice president, mission initiatives, Ascension Health, for this insight.
11. Alasdair McIntyre, *After Virtue* (Notre Dame, Ind.: University of Notre Dame Press, 1984): 219.
12. Joseph Pieper, *On Hope*, translated by Sr. Mary Frances McCarthy, SND (San Francisco: Ignatius Press, 1986): 21.
13. Paul Waddell, *The Primacy of Love* (New York, Paulist Press, 1992): 103-104.
14. John Baldoni, "On Leadership Communication — Humility" June 2, 2004, http://www.matr.net/article-11095.html. Accessed July 20, 2011.
15. Thomas Aquinas, *Summa Theologica*, II-II, q. 17, art. 1.
16. Paul Waddell, *Friendship and the Moral Life* (Notre Dame, Ind.: University of Notre Dame Press, 1989): 63.

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