

# From CEO to Mission Leader



*Already Proficient as Business  
People, Ministry Executives  
Must Learn to “Speak  
Mission,” Too*

**BY JOHN O. MUDD, JD**

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**T**he face of leadership in Catholic organizations has changed dramatically in less than a generation. Catholic health care offers a clear illustration. Forty years ago most of the presidents of Catholic hospitals in the United States were Catholic women religious. Today those hospitals are nearly all led by lay people, mostly men, a large number of whom are not Catholic. Catholic colleges and universities also have a growing number of lay presidents. While the shift to lay leadership in Catholic higher education is not yet as complete as it is in Catholic hospitals, the direction is the same and the implications just as profound.

Some lament the changing face of leadership as symptomatic of a waning Catholic identity and predict that Catholic institutions will not survive as Catholic without the active presence and leadership of the religious congregations that founded them. If that prediction proves accurate, then Catholic hospitals in the United States may even now be on their way out the door of the church, with Catholic colleges and universities only a few steps behind.

Despite dramatic changes and dire predictions, those of us who serve in these ministries are not prepared to concede defeat in our efforts, which aim not just to maintain them as Catholic, but to strengthen them in the Catholic tradition. To lose the voice, influence and care of Catholic hospitals and universities in our culture would be tragic. To reinforce these institutions as both Catholic and excellent is the challenge facing their sponsoring congregations and those in leadership positions. To meet this test of lay leadership, we must confront the current reality with a sense of urgency. While we must act in hope and faith, we cannot delay. Time is not on our side.



### THE SISTERS' HERITAGE

Twenty years ago, when many congregations of religious women could see they would no longer have the internal expertise to run the complex organizations that modern hospitals had become, they did not hesitate to hire lay people as leaders to replace retiring sisters. Many congregations took the next step of organizing their hospitals into systems, again led by lay people. Today these congregations continue to work through the implications of sponsoring complex ministries in which they no longer direct day-to-day operations. A common response to this changed reality has been for sisters to retain seats on the boards of the ministries and to place a sister in a senior position with a title like Vice President for Mission Integration. Yet today the face of those in the mission position is also changing.

Watching this transition in the Catholic health care systems first-hand leads me to make two observations. First, the sisters with whom I have worked most closely have done a superb job of shifting their ministries to lay leadership. The changeover has been nearly seamless and complete. From an operational and financial standpoint, we barely noticed it had happened. To the outside world, the sisters made the difficult transition appear effortless, particularly in comparison with the struggles of family businesses turning over operational control to others outside the family.

We have done well in handling the transition of our organizations as businesses; but the picture is quite different, when one looks at nonbusiness areas like the expression of mission, spirit, and Catholic identity. We are far from sure how successful we will be in passing on the heart and soul of these organizations as specifically Catholic ministries. Sponsoring congregations and lay leaders must ask ourselves whether we can be confident that a generation from now our Catholic ministries will still know where they came from and why they exist. Succeeding in mission and identity remains a challenge in Catholic health care as the sisters, who previously embodied Catholic identity by their very presence, become less and less visible. Today it is common that barely a handful of sisters work in ministries with several thousand employees. Despite their many gifts, we cannot expect these women to maintain our institutions as Catholic.

### LAY MISSION LEADERS?

Lay leaders are increasingly aware that we cannot think of ourselves solely as leading businesses, while leaving to sisters and priests the mission dimensions of our work. We too must become

effective mission leaders. That requires thinking of ourselves differently and preparing for a role that may not have been part of the job description when we signed up. This change is required, not just because there are fewer priests and sisters, but fundamentally because, as the Second Vatican Council made clear, laypersons have both the right and the responsibility to continue the healing and teaching ministry of Jesus. With this new era in Catholic health care and higher education comes a new set of responsibilities for lay leaders.

In the past many leaders in Catholic ministries suffered from a kind of organizational schizophrenia fostered by thinking of leadership as divided between two kinds of people. There are the business types, trained in a variety of "hard" operational sciences, with the responsibility to see that the organization is financially sound and delivers excellent service. Then there are the mission directors, chaplains and the like, trained in "soft" sciences like theology and spirituality, responsible for mission, ministry, and Catholic identity. We business types certainly value the mission. Indeed, the mission focus may have been what brought us to our work and what continues to sustain us. But we do not see the work of mission as specifically ours. We may commonly, if unconsciously, consider that dimension as the responsibility of others.

This organizational schizophrenia is understandable, at least historically, and may even be comfortable for both groups of leaders. Each group respects the other, and both may even sit at the same table when important decisions are made.

Yet in the long run it is hard to imagine that a hospital, university, or other ministry will thrive or even survive as Catholic with leadership divided in this way, no matter how skilled or well-intentioned the players. Sooner or later, one way of looking at the world, one language, one pattern of making decisions, is likely to become dominant in subtle and not-so-subtle ways. As I know from my own behavior, for example, and that of my trustee colleagues in boardrooms of Catholic health care ministries, those of us who have lived most of our lives in the world of secular business are comfortable talking about financial and operational performance. We gravitate to those issues, and they tend to occupy our focus. But ask us to assess the mission effectiveness of our ministries or the quality of our spiritual care—arguably the distinguishing characteristics of these Catholic institutions—and many of us become tongue-tied.

### BECOMING "MISSION-LITERATE"

The situation is reminiscent of an experience I had in legal education. When I would challenge law



students to go below the surface of the law to the values and ethical principles that lay beneath, only a few could engage in that conversation. This was not because they lacked values or were unethical. Quite the contrary. They were talented, ethical people. Yet few had been educated in the language of values or ethics. They simply did not know how to speak about that dimension of their lives. Despite their fine education in academic disciplines and their own ethical way of living, many were, in an important sense, "ethically illiterate." They did not know how to speak about ethics.

Without being too harsh, the phrase "mission-illiterate" may describe many of us who have leadership roles in Catholic organizations. We fully subscribe to the Catholic mission as we understand it. We may even have grown up in the Catholic tradition, and those of us from traditions other than Catholic may also feel passion about the mission. Yet we may not be comfortable articulating the mission. We may speak with conviction about our hospital's clinical quality, our university's academic excellence, our new building project or our bond rating; yet we become tentative when it comes to speaking about our mission, our values, and our identity as Catholic ministries. To some extent, the very presence of sisters and priests who are our mission leaders has let us off the hook. With someone else attending to that dimension of our work, we have not been forced to become fluent in the language of mission.

We may think our discomfort does not show. But it does. The very selection and ordering of the topics we speak about sends a message. If we routinely begin organizational conversations with statements about finances, for example, we are implicitly making a statement about the relative priority of mission. If we talk about operational issues and challenges with clarity and conviction, but are timid when expressing our mission and values, it shows.

Despite this challenge, I remain confident that lay leaders in Catholic ministries can learn this second language of mission and even grow to be eloquent in it. This will require expanding our appreciation for the mission and our commitment to it and developing a facility in speaking about the mission with conviction, even passion. But how can we begin to achieve this goal?

### CHANGING OUR THINKING

The first step is to change our thinking. As lay leaders, we can no longer rely on sisters or priests to be our translators. Speaking about mission and values with clarity and conviction is as essential a part of our leadership responsibilities as speaking

about operations and finance. The entire work must be viewed through the lens of mission, not just some aspects of it, like pastoral care in hospitals or campus ministry in universities. Strategic planning, communications, contracting, and human resource systems are also essential dimensions of how we carry out our mission. They need to be seen and spoken of in that light.

Beyond merely becoming confident when speaking about mission, lay leaders are also challenged to develop a unified language that brings together the mission and operational aspects of our work. A Catholic ministry should be a unified one—not a business with a mission overlay or a mission with operational requirements. It is a single reality with multiple facets. Can we develop a way of speaking that reinforces that integration rather than a (false) separation? As lay leaders become more comfortable in referring to our "ministries" rather than "organizations" or "entities," might we also discover more meaningful terms for our "corporate offices," "jobs," "staff," "executives" and "systems"?

As lay leaders with an expanded role, many of us will require additional study to become comfortable with this new language. In the last few years several programs have been developed to help leaders in Catholic health care deepen their understanding and grow in their fluency in the language of mission. Some programs extend for days, others as long as three years. They hold out promise, not only for those who enroll in them but also for the broader community of Catholic leaders, who will benefit from the emerging teaching methods and materials they are generating. Over the long term, the concepts and language of mission will need to be taught to leaders at all levels in the ministries, including those who serve on boards of trustees.

As with any new language, the more one understands the language, the more one grows to appreciate the history, culture and values from which the language emerges. By gaining fluency in the language of mission and ministry, lay leaders will also grow in appreciation of the spirit and commitment that brought our ministries to life. The more lay leaders understand that story and can tell it with confidence and enthusiasm, the more the story is reborn in our own lives and in our ministries. Eventually we become transformed into that story. As lay leaders of Catholic ministries in the 21st century, this may be our greatest challenge—and our greatest opportunity. ■

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