



LEADERSHIP FOR THE CATHOLIC HEALING MINISTRY

At a time of unprecedented change in U.S. healthcare, leaders of Catholic healthcare networks must respond to the demands of rapidly evolving delivery systems without losing their roots in the Catholic healing tradition. To meet the challenges of the future, Catholic organizations must recruit, develop, and retain leaders whose competencies ensure that the organizations they lead embody the healing mission of Jesus. For the many people committed to that mission, today's conditions call for a thorough assessment of leadership in the Catholic healing ministry.

What are the critical leadership requirements for Catholic healthcare in the twenty-first century? What kind of leader is best able to preserve the Catholic healing tradition in a period of alliances, mergers, and integrated delivery networks? What does that leadership look like, and how can we develop its underlying characteristics? (For a discussion of how the competency study can be used, see pp. 34-36.)

In spring 1993 the Center for Leadership Excellence of the Catholic Health Association (CHA) initiated a project to address such fundamental issues. The Center for Applied Social

*A CHA
Study
Identifies
Key
Competencies
Of
Outstanding
Leaders in
Catholic
Healthcare*

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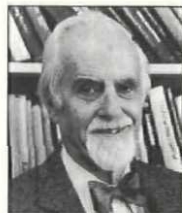
Research of DePaul University in Chicago and Hay McBer, a HayGroup Company located in Boston, conducted a large-scale competency research effort. Generating more than 6,000 pages of transcripts, a team of 14 researchers and human resource consultants interviewed 60 senior executives in Catholic healthcare across the United States (see **Box**, p. 32).

LEADERSHIP STUDY RESULTS

The resulting study, "Transformational Leadership for the Healing Ministry: Competencies for the Future," identified the competencies of outstanding senior executives in Catholic health organizations. "Competencies" are a person's distinguishing characteristics that lead to outstanding performance in a particular job (see **Box**, p. 30). CHA's Center for Leadership Excellence is using the results of this study to develop and support reliable leadership development programs for the Catholic healthcare ministry.

The study found that leadership qualities among executives in Catholic healthcare are equal to those found among the highest-ranking executives in American industry. This parity was especially evident in six key areas: cognitive abilities, influence competencies, people-oriented competencies, organizational competencies, and leadership competencies. However, an unusually high percentage of the Catholic leadership competencies are distinctive competencies never or rarely found in other executive models. In most studies, the McBer lexicon (a list of 24 research-based leadership competencies) accounts for 80 percent of the competencies in a newly developed model. The comparable figure for the leadership in Catholic healthcare model is approximately 50 percent.

Most revealing, the study discovered that the



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majority of the competencies driving superior performance among executives in Catholic healthcare are rooted in a personally defined spirituality. Although these leaders are not necessarily Catholics themselves, they all possess deep religious or philosophical values that help them evaluate short- and long-term opportunities and challenges. Driven by their spiritual mission, they are able to integrate their strong need and capacity to care for people with an equally strong professional expertise. The result is strategic action to serve their community.

Executives in Catholic healthcare do not live a double existence, being compassionate and people oriented in some situations and hard and analytical in others. They are able to lead change because they integrate the analytical rigor of their jobs with human concern. These leaders understand what events mean to them and their organizations because they see problems in the context of their own faith, their own professional savvy, and the ongoing mission of their organization.

HANDWRITING ON THE WALL

These distinguishing leadership qualities are analogous to the ability of the biblical prophet Daniel "to read the handwriting on the wall" (Dan 5:5-30). In the Book of Daniel, King Belshazzar held a feast during which "the fingers of a man's hand appeared and wrote on the plaster of the wall of the king's palace, . . . and the king saw the hand as it wrote. . . . Then all the king's wise men came in but they could not read the writing or make known to the king the interpretation. . . . Then Daniel was brought in before the king." Driven by his faith in God, Daniel interpreted the handwriting on the wall.

The seeds of the future are present in the events of today. Those mired in the present miss their cue: They can only react to the future as it becomes the present. On the other hand, those with the gifts of the prophet Daniel per-

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ceive what the future may bring and take a hand in shaping it. They have an affinity for making sense of their environment, including their organization, the healthcare market, and the Church.

The study identified four critical qualities that allow leaders in Catholic healthcare to "read the handwriting on the wall": Spirituality, Caring for People, Professional Expertise, and Integration and Action. These four qualities identify superior competencies for leadership in the Catholic healing ministry.

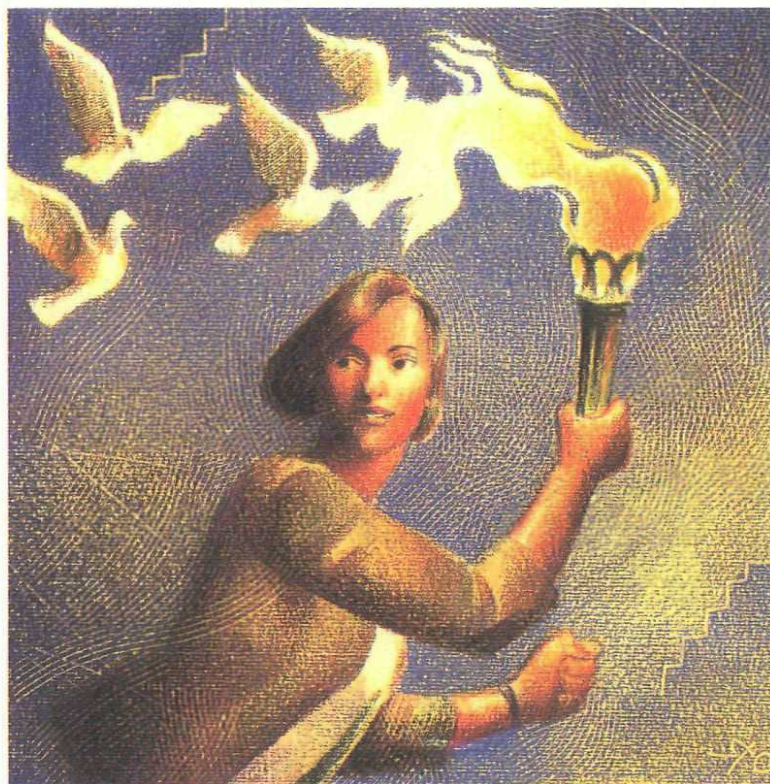
In the model we use several key concepts. We call a group of competencies a "cluster." Thus each leadership quality mentioned above represents a cluster or clusters of competencies. As noted in the box, competencies are made up of skills, knowledge, social roles, self-image, traits, and motives. A motive is defined as a recurrent concern (e.g., a concern about relationships [Affiliation], a concern about doing better [Achievement], or a concern about influence [Power]). When motives are aroused, a person acts because the behavior is intrinsically satisfying, not because it is important to do the activity or because someone else demands it.

SPIRITUALITY CLUSTER

The spirituality of outstanding leaders in Catholic healthcare enables them to read the handwriting

on the wall. They find intrinsic satisfaction in interacting with all community members, whether clients, colleagues, employees, or physicians. This leadership characteristic, which is called the Spirituality Cluster, is made up of three competencies: Positive Affiliation, Faith in God, and Finding Meaning.

Positive Affiliation In this cluster, leaders exhibit a strong **Positive Affiliation**, or concern about relationships. Leaders in Catholic healthcare are, indeed, motivated by different forces than most of their counterparts in American industry. Instead of being primarily concerned with influence and impact—the



Raul Colon



Power Motive—they act out of a desire to maintain positive relationships with others. In most other leadership profiles, the Affiliation Motive tends to limit, rather than enhance, effectiveness because too much concern about personal relationships can lead to a desire to avoid trouble and to be universally liked.

Executives in Catholic healthcare, on the other hand, find intrinsic satisfaction in belonging to a larger group, enjoying the company of others, and acting to bring people together. For them, Affiliation is not a source of worry; nor does it compromise their ability to be firm and compassionate when necessary. Thus these individuals are ideally suited to the structure of Catholic healthcare, which places great demands on Affiliation because of the multiple relationships inherent in most executives' jobs.

Faith in God and Finding Meaning Also unique to the Spirituality Cluster is a strong sense of personal spirituality among outstanding leaders in Catholic healthcare, whether religious or lay. Some express this using explicitly religious language; this we call **Faith in God**. They find God's presence in the events of ordinary life and often rely on God for help in accomplishing major goals and tasks. These leaders view their own role as part of a much larger spiritual mission.

Others find spiritual significance in the events they experience but do not express it in religious language. This competency, called **Finding Meaning**, is based on a personal need for reflection. People with this competency find a purpose

in what they do and what happens to their organization. They often feel called to better the human condition.

Whether or not they use religious language, these leaders share a tendency toward reflection and introspection, as well as a sense of purposeful action—qualities that characterize both Faith in God and Finding Meaning. Leaders reflect on what is happening in their environment and interpret events in light of their own faith and values. Many perceive God as active in their lives and see God's hand in their organization's evolving experience. They use this insight to orient themselves and their organization more firmly toward the healing ministry of Jesus.

Leaders driven by the Spirituality Cluster make such comments as: "Spirituality and introspection are important in this job," and "I value the opportunity of serving our sisters and brothers—responding to their needs and really holding the mirror in front of ourselves. Are we being faithful to the mission? Are we being faithful to the values? Are we really living out what we say we are?"

Executives in Catholic healthcare find God's presence in the events of ordinary life.

CARING FOR PEOPLE

Those who expressed their faith also exhibited a strong capacity to care for people. Indeed, the greater their sense of faith, the greater their capacity for caring. These leaders' excellence derives from the Caring for People competencies, many of which are distinctive among senior executives in Catholic healthcare compared with leaders in other fields. These competencies are

WHAT ARE COMPETENCIES?

People who excel in leadership demonstrate specific behaviors that distinguish them from other leaders. Directing these behaviors are "competencies," which are characteristics that differentiate outstanding performers from average performers in a given job.

The different types of competencies can be depicted as the levels of an iceberg, as illustrated at right. The upper levels are easy to see, but they do not predict or determine outstanding performance. It is the deeper levels of competencies—traits and motives—that direct people's behavior and thus their performance.

KEY TERMS

Skill An individual's ability to do something well (e.g., make a surgical incision)

Knowledge Usable information that an individual has in a particular area (e.g., in-depth information about community needs and competition)

Social Role The image that one projects to others (e.g., representing the sponsoring organization)

Self-Image An individual's perception of his or her identity (e.g., seeing oneself as a leader)

Traits Typical ways of behaving (e.g., being a good listener)

Motives Natural and constant thoughts in a particular area that determine out-



ward behavior (e.g., wanting to influence the behavior of others for the good of the organization)



grouped into three clusters: Personal Traits, Caring, and Integrity. Also included is the Change Leadership competency.

Personal Traits Cluster The Personal Traits Cluster is made up of two competencies: Positive Regard and Self-Confidence. These competencies flow naturally from the Spirituality Cluster.

Positive Regard, or the tendency to see people and the world as essentially good, is an expression of the basic trust inherent in the Affiliation Motive. Since Catholic executives tend to see the best in people and expect the best in return, they often win loyalty and outstanding performance from others.

Leaders with **Self-Confidence** believe in their ability to accomplish a task and to select the successful approach to every task. They exhibit confidence in their decisions and opinions and confront others forthrightly. As one executive who had accepted a job at a financially distressed facility said, "They told me it was career suicide, . . . but I knew I could turn it around, so I took the job anyway."

Caring Cluster The Caring Cluster is composed of three competencies: Service to the Poor, Integration of Ministry Values, and Firmness and Compassion in the Face of Failure.

Executives committed to **Service to the Poor** help both the materially poor and those in need of special assistance (e.g., disabled and underserved populations; vulnerable or high-risk groups, such as persons with AIDS).

These leaders also display **Integration of Ministry Values**. They draw on their core Spirituality values when they make decisions and integrate their organization's values with their own. "No, I'm not Catholic," comments one executive, "but we're in agreement as to what we want to do and where we want to go. I enjoy working here because my values align with theirs." At the highest levels, leaders' values are so fundamental to their being that no conscious thought is necessary for right action.

Firmness and Compassion in the Face of Failure describes the ability to deal with unacceptable performance on the part of others. Outstanding executives do not act either arbitrarily or with too much kindness; instead, they hold their employees accountable while respecting and supporting them. Such leaders may fire employees for poor job performance if necessary, but not without spending time and money to help them find a situation better suited to their gifts.

Integrity Cluster Catholic executives with strong beliefs, self-confidence, and a desire to help others exhibit a high level of integrity. The Integrity

CRITICAL COMPETENCIES OF OUTSTANDING LEADERS IN CATHOLIC HEALTHCARE



SPIRITUALITY CLUSTER

Positive Affiliation
Faith in God
Finding Meaning

PROFESSIONAL EXPERTISE CLUSTER

Achievement Motivation
Information Seeking
Analytical Thinking
Shaping the Environment

INTEGRATION AND ACTION CLUSTER

Organizational Awareness
Interpersonal Understanding
Insight-driven Strategic Action

CARING FOR PEOPLE

Personal Traits Cluster
Positive Regard
Self-Confidence

Caring Cluster

Service to the Poor
Integration of Ministry Values
Firmness and Compassion in the Face of Failure

Integrity Cluster

Genuineness
Moral Wisdom

Change Leadership

Cluster is represented by two competencies: Genuineness and Moral Wisdom.

Genuineness is the degree to which a person acts in accordance with expressed beliefs and values—a trait that is often referred to as "walking the talk." Outstanding executives in many industries demonstrate Genuineness, and the Catholic executives in this study were particularly strong in this competency.

The other half of Integrity is **Moral Wisdom**. This competency represents the ability to recog-



nize conflicting values and make choices appropriate to the organization's mission. The primary need is to set moral priorities and put a strong caring focus first. The successful executive forges a path among the many demands, both moral and practical, that he or she faces every day.

Change Leadership Today's challenges in Catholic healthcare require executives to lead change under complex conditions. The competency called **Change Leadership** is the ability to energize and focus a group—the team, organization, or organizations—around accomplishing change together. The outstanding leader also knows how to hold people accountable to a set of common goals. Our research shows that Change Leadership is the culmination of the other competency clusters that motivate Catholic leaders: Spirituality, Personal Traits, Caring, and

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Integrity. Leaders who operate with these characteristics successfully bring about positive change that benefits the community.

PROFESSIONAL EXPERTISE CLUSTER

Caring qualities alone do not make outstanding leaders in Catholic healthcare. Top executives do not just read the handwriting on the wall in a philosophical or religious sense. Rather, they apply Professional Expertise. This cluster is represented by four competencies: Achievement Motivation, Information Seeking, Analytical Thinking, and Shaping the Environment.

These competencies are common in American industry, and executives in Catholic healthcare cannot lead in today's healthcare environment without them. The successful executive possesses foresight in such business areas as marketing, new

HOW THE LEADERSHIP STUDY WAS CONDUCTED

In June 1993 the Center for Applied Social Research of DePaul University and Hay McBer conducted a competency research effort that involved 60 senior executives in Catholic healthcare. The research team identified these leaders and the issues confronting the Catholic healing ministry by initiating a grassroots and future-oriented approach to research. The team employed a variety of data-gathering and analytical tools, including focus groups, nomination of outstanding leaders by hundreds of Catholic Health Association (CHA) members across the country, criterion sampling, in-depth interviewing, and analysis of data.

In early summer 1993 researchers conducted focus groups at the CHA annual assembly in New Orleans and in other cities around the country. These sessions identified 15 leadership challenges before the Catholic healing ministry (see **Box** on p. 33). Researchers used these data as the basis for a nomination ballot.

The team then distributed the ballots to 1,200 CHA members to identify a broad sample of senior executives for the study. Researchers asked each member to nominate a person based on his or her leadership effectiveness in

light of the 15 future challenges. In total, 600 executives received nominations.

The top 10 percent of those nominated were chosen for the study. The sample was balanced for gender, religious or lay status, as well as for representation from systems and acute and long-term care facilities.

Researchers interviewed the 60 executives using a Hay McBer method called the Behavioral Event Interview. Interviewees were asked to describe their experience in at least 4 of the 15 future leadership challenges. The interviewers were trained to elicit the behavior, speech, thought, feeling, and approach in each of the experiences investigated. Each interview was tape recorded, transcribed, and coded according to the 24 competencies in the Hay McBer lexicon, which contains the results of 25 years of competency research on the qualities of middle and senior managers and professionals of all sorts.

A separate group of researchers studied the interviews and discovered distinctive competencies that had not surfaced in previous research efforts. Coders were trained to reliably identify the presence of each of these compe-

tencies in a transcript. The frequency with which a competency was displayed was recorded for each person interviewed. Then these frequencies were totaled for the group as a whole so that the competencies of outstanding executives in Catholic healthcare could be compared with those shown by other groups.

Researchers also administered several instruments designed to confirm and extend the findings from the competency-coding process. They included an Organizational Climate Survey, which confirmed that subordinates of outstanding executives perceived the workplace atmosphere as positive, and a Managerial Style Inventory, which showed that these same leaders were perceived as managing in a democratic and affiliative but authoritative style. Deeper underlying motives that could not be identified in interviews were assessed through a Picture Story Exercise in which individuals displayed their more pressing concerns by what they spontaneously wrote stories about.

This approach allowed the team to create a future-oriented profile of leadership for the Catholic healing ministry. Researchers completed the study by the beginning of 1994.



methods of healthcare delivery and payment, competitive analysis, and innovative organizational policies and practices.

Achievement Motivation Underlying Catholic leaders' Professional Expertise is a need for achievement. The **Achievement Motivation** is a concern for working well and competing effectively against a standard of excellence. Leaders often show a passion for improving the delivery of their services and are committed to continuous improvement. They are entrepreneurial and dedicated to taking calculated risks that build the ministerial enterprise.

Information Seeking and Analytical Thinking Top executives, however, minimize risk through **Information Seeking** and savvy **Analytical Thinking**. These competencies allow them not only to read the handwriting on the wall, but to interpret it in the context of the business environment in which their organization competes.

The **Information Seeking** competency is driven by an underlying curiosity and desire to know more about people, issues, and things. It implies going beyond the standard questions and digging for more revealing information. Once this information is obtained, **Analytical Thinking** allows the successful executive to understand a situation by breaking it down into smaller pieces and methodically tracing its implications.

Shaping the Environment Analytical Thinking, Information Seeking, and the Achievement Motivation create an intrinsic drive in executives to redefine or reconfigure the way they and their organization operate. The **Shaping the Environment** competency is the ability to restructure an organization, improving its services in a changing environment. In the most sophisticated instances, successful executives reshape the external environment by developing a variety of strategies: new and innovative alliances; new products and services; and political, financial, and economic actions that redefine the actual areas in which a Catholic healthcare organization performs its healing ministry.

INTEGRATION AND ACTION CLUSTER

Outstanding executives in Catholic healthcare read the handwriting on the wall by successfully uniting the three critical dimensions of their life: their spiritual side, their desire and capacity to care for others, and their professional expertise. Their ability to integrate these qualities provides them with the insight necessary to bring people and organizations together for the purpose of serving the community.

Continued on page 50

FUTURE LEADERSHIP CHALLENGES

<i>Challenge</i>	<i>Response</i>
Organizational change	Activate a coherent strategy for change.
Diversity	Successfully serve the diverse needs of different communities.
Integrated delivery/values	Preserve values while developing or entering into <i>healthcare delivery network alliances</i> that respond to the changing nature of healthcare.
Collaboration	Successfully collaborate with other organizations, whether Catholic or not, to consolidate resources and avoid duplication.
Structural change	Successfully downsize operations or define a new and appropriate niche for the institution, while being sensitive to the impact on employees.
Advocacy	Successfully advocate Catholic healthcare positions before federal and state governments.
Relationships	Manage a difficult situation with sponsoring organization or bishop or effectively incorporate stakeholders' input into strategic decision making (includes community, sponsors, staff, physicians, and labor organizations).
Turnaround	Help an unsuccessful organization become fiscally sound and/or strategically focused.
Physicians	Develop mutually beneficial relationship between health organizations and physicians, while intensifying direct service to the community.
Partnership	Align the organization, staff, physicians, and other healthcare professionals, as well as board members and sponsors, to create an effective partnership that responds to the community's healthcare needs.
Prevention	Successfully move from simply providing medical treatment to a model that emphasizes illness prevention.
Quality/values	Implement a sound program of continuous quality improvement based on the mission and core values of the sponsoring group.
Institutional integrity	Be known for ethical integrity of operations and relations.
Values/strategy	Develop strategic plan that communicates and models the Catholic healthcare mission and values.
Responsible fiscal results	Consistently maintain an adequate margin for the organization, while providing care for the poor or the underserved.

MODEL

Continued from page 36

institutes which sponsor healthcare organizations must assess their interest, willingness, and ability to continue to do so. If they decide to continue in the ministry, they must devote serious effort to identifying and developing executives who can provide excellent leadership. Members of the sponsoring group may identify from among themselves those who can provide such leadership and encourage them to pursue the appropriate career paths.

The importance of mentors in the experience of excellent executive leaders points to another area of potential involvement for sponsors. This is a particularly interesting possibility for those who, while not in positions of executive leadership, have the opportunity to identify and encourage those who demonstrate promise of developing the competencies identified in the model.

A DYNAMIC MODEL

The model presented in CHA's study is dynamic and adaptable to the leadership needs of various healthcare organizations. It should not yield a homogenized view of the "ideal" leader in the Catholic ministry. Nor should it encourage elitism or invidious comparisons between leaders or organizations.

The pace of change in healthcare has put a premium on leaders who can make quick decisions, form innovative alliances, and reconfigure institutions in response to community need. The most effective leaders display the full spectrum of competencies in the model as they maneuver in the ministry and marketplace. Although their talents may seem to set them apart, the majority of us can take heart in knowing that each of the competencies can be learned, developed, and improved. □

LEADERSHIP

Continued from page 33

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xcellence in the Catholic healthcare ministry is a complex weave of character and intellectual rigor.

To implement strategic action, leaders draw on the Integration and Action Cluster, which represents three key competencies: Organizational Awareness, Interpersonal Understanding, and Insight-driven Strategic Action.

Organizational Awareness is the ability to understand the power relationships within the executive's own environment. Included is the ability to identify the real decision makers and those who influence them.

Interpersonal Understanding is a desire to understand other people. Leaders in Catholic healthcare have the ability to listen actively and understand the unspoken or partly expressed thoughts, feelings, and concerns of others.

Insight-driven Strategic Action is the uncommon intuitive ability to integrate and translate thoughts and values into strategic action. Executives with this competency seize opportunities to strengthen the Catholic healing ministry and respond to the needs of the communities they serve. They see openings that others miss in such areas as alliances, networks, and new services.

A COMPLEX WEAVE

When we began this study about one year ago, we hypothesized significant differences between religious and lay executives, and we anticipated gender differences as well. In fact, the profile of excellence applies equally to each of

the groups studied: religious and lay, male and female.

The significance of this fact is obvious. Religious and lay executives relate to the healthcare ministry in similar ways, and men and women equally exhibit the behaviors that characterize excellence. The only exception to these similarities was among outstanding female leaders, who possess a higher Power Motive than their male colleagues. One possible explanation for this difference is that women in executive leadership are forced to act from the motive of power to compete in the healthcare industry. The differences are intriguing and worthy of further reflection and study.

Excellence in the Catholic healthcare ministry is a complex weave of character and intellectual rigor. The study clearly suggests that Spirituality, defined as a Positive Affiliation for others and Faith in God, provides a positive organizational climate and, in fact, relates strongly to overall leadership effectiveness. When Spirituality is combined with Professional Expertise and a strong capacity to care for people, the outcome is a highly effective leader who serves a community. Although "reading the handwriting on the wall" suggests a relatively simple action, these leaders have shown us how complex—yet attainable—this prophetic action is in the Catholic healing ministry. □