Leadership Formation: A Call to Action

How Can the Next Generation of Leaders Carry Jesus' Healing Ministry in Catholic Health Care?

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Earlier in my career, I was assigned a daunting challenge in the telecommunications industry. In an age of rapidly evolving technological innovation, I was asked to design a bold intervention to train the technical workforce of a major firm at a time when to do nothing less than transform our approach would have meant decline as a viable player in the marketplace. Consider this: To do nothing, or to do something less bold, would have assuredly tarnished the corporate image and most likely precipitate a decline in our position in the industry and in public perception.

With this bold intervention and the transformational leadership by our president/CEO, labor leaders and other key organizational leaders, this newly designed program during the past 10 years has made a significant contribution to the viability of this corporation and its continued presence as an industry leader.

The Catholic health care ministry finds itself in a similar situation today. We are at a critical juncture with rapidly changing technology and business models, razor thin margins, and our brand challenged by the complexities of public perception and the business realities of health care delivery. We have worked hard to incrementally change, and to transform where possible. But is this sufficient to continue as healers like those that have come before us? Are we fully capable of serving as agents of Jesus and his healing ministry to those that come to us, and for those that we seek out to fully engage in the promise of the healing ministry?

We must be bold about asserting who we are in comparison to other health care providers, and form leaders that will carry us into the future.

As we prepare a new generation of leaders this century, is this activity perceived as mission critical by our sponsors, executive leaders and boards of trustees? Have we had in-depth conversations about this topic much as we have had around financial viability, growth in the marketplace, and clinical quality? Are our best and brightest responsible for creating and supporting the recruitment, selection, on-boarding, and development of our next generation leaders?

Few would deny that change is all around us, and the demographics regarding our current leaders are clear. We are losing to retirement those within our ranks that have guided these institutions over time and space; our religious congregational members who served as sponsors, board members and leaders of our facilities and health systems; mission leaders, who have guided us in these days of change; and the second generation leaders that are nearing retirement at all levels within our organizations. In many ways, we are proud of the changes and transformation that have been navigated and completed with first and second generation leaders. In recent times, we have ensured the hiring of excellent business leaders sympathetic to the traditions of the Catholic health care ministry.

In some ways, however, we have placed our ministry at risk because we have not been as careful with their formation as were women religious with second generation leaders. In sum, because we may not have been as intentional with their formation, these leaders may not fully understand the theology that underlies this ministry of the Catholic Church, and how to enact it in the full context of all they do.

Many within our institutions believe that leadership formation is already in place. We might be doing some things, but are they the right things? Do they have the impact needed for our current time and place? Today, Catholic health care leaders are among the best in the industry for delivering excellent patient care, clinical outcomes and patient safety in a highly effective, efficient manner and in a highly competitive marketplace. Yet,

when it comes to leadership formation, we have not been as precise in designing our approach and measuring our outcomes. As we embark upon preparing third-generation leaders, it is time to take stock of the challenges facing the ministry.

Oftentimes, our organizations have imparted our traditions and ways of thinking by personal transfer of data, information, and knowledge. Usually, we provide formal knowledge through orientation programs, the CHA Foundations program, or through reading books such as Sr. Juliana Casey's seminal work *Food for the Journey*. Then, the phenomenon of osmosis exists; the tacit knowledge that is transferred by just being around those who know and of course, things that we learn through experience – by putting theory into practice.

At this critical juncture, with our rapidly evolving and increasingly complex health care environment, the retirement of first and second generation leaders and the emergence of a new generation of leaders, it is time to re-evaluate our embedded infrastructure and design a transformational approach to leadership formation. We must carefully think about forming lay ministry in a pluralistic environment, where everyone is not of the Roman Catholic faith. In what ways shall we create meaning for those leaders in service?

In many ways, we conduct components of formation every day within the organizations that we reside and we have done many things right, but one might ask, have we done the right things? Are we deliberate, intentional, and have we adequately assessed the time, commitment and resources required to re-energize this essential component of our social and cultural architecture?

In some ways, we have become complacent about the multi-faceted challenges of doing this well. We have hired some of the best and brightest health care leaders in the industry, and then asked them to do something in addition to running a health care system that we are having trouble defining and clarifying. Although we can

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an aging Baby Boom will hit the health care system with unprecedented volume and uniquely high expectations. Globalized health care will make medical tourism commonplace. Risk pooling and payment systems will disadvantage providers who care for the sickest, the poorest, the most vulnerable people in our country.

sketch it to some extent, we need to take our new leaders to the next level by providing them with competencies and a religious sense that will generate great clinical and financial outcomes in relationship to the purpose of the organizations in which they work.

We are good at articulating our fidelity to our mission (what we do) and demonstrate our success through quantitative metrics, but need to improve the manner in which we accentuate our identity (who we are). What is Catholic about Catholic health care? Do we have a teachable point of view? Is it visible in our leadership presence? During the past 10 years, *Health Progress* authors have been calling sponsors, board members and senior leaders to pay closer attention to these issues and to formulate an appropriate response. The authors have stated that something special exists in Catholic health care; we need to nourish this difference and sustain it.

What We Can Do

First, we must commit ourselves to a curriculum that identifies, communicates and integrates the foundations of Catholic health care. How are we different? What are the core elements, what makes us distinctive? What are the roles and responsibilities of a leader within this health care ministry? How does one effect theory into practice?

Learning must be differentiated for the unique requirements of our third generation leaders. Not only must our message be crafted for committed Catholics, but also for others who are committed to our mission. That task would suggest that an internal ecumenical curriculum design team must ponder the similarities, and the differences in communicating key messages to create meaning for all. How do we enhance the intellectual awareness and religious sensitivities of these leaders? How do we refresh our current leaders in place?

In 2004, the CHA Ministry Leadership Development Committee carefully constructed a vision of leadership formation for leaders in Catholic health care ministry. Leadership formation is a lifelong commitment that enhances four dimensions of leadership:

- Personal exploration of one's own giftedness, call to service, and commitment to the mission and values of Catholic health care
- Creation of communities in loving service of the common good
- Understanding and application of the tradition and teachings of the Catholic Church with regard to health care
- Development and demonstration of the distinctive competencies required to successfully lead a Catholic health care organization with passion."[1]

The knowledge, skills and abilities required to lead a health care ministry have been described in many ways by Catholic health care organizations. Common elements can be found in the CHA Mission-Centered Leadership Competency Model, based on research conducted throughout the ministry by CHA, member organizations and the Hay Group. These competencies, which are reliable and valid, represent the most fundamental competencies of effective second generation leaders. Let's use them as a starting point for our leadership formation curriculum design strategy. The CHA Mission-Centered Leadership Competency Model includes:

Spiritual Grounding: The ability to reflect and call on the spiritual resources of the Catholic health tradition, one's personal faith, and the faith of one's 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 the larger context of meaning for the daily work of health care. The most effective Catholic health care leaders have an inner spiritual life that translates into external action.

Integrity: The courage to act on one's values and to take risks consistent with one's values. This includes 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 the 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.

Integration of Ministry Values: A commitment to incorporating 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 the light of its Catholic identity.

Care for the Poor and Vulnerable Persons: An underlying concern for justice and fairness in societal relations, which is expressed within the leadership role by taking initiative to serve the needs of the disadvantaged. This concern includes both attention to the individual person and systemic transformation of organizations and society.

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.

Change Leadership: The ability to lead a group, focusing and energizing it to work together for change. This includes articulating an inspiring vision, managing resistance, and persevering to carry it through to completion.

Shaping the Organization: The 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.

New Generation of Leaders

In order to build a strong foundation of sustainable leadership capacity, significant attention must be rendered to recruiting, selecting, orienting, mentoring, and developing a new generation of leaders.

In various books and academic journals, thought leaders and business executives have stressed the importance of the following areas of emphasis as non-negotiable in building leadership brand:

Recruiting: When recruiting leaders for our health care ministry, we must explicitly call out our mission and values, and discuss call and vocation and our focus on the common good. For executive recruiting, it is essential to select a strategic search firm that is willing to source appropriate candidates for the healing ministry; then system leaders must carefully educate key consultants on Catholic identity, desired health care ministry leadership competencies, and organizational fit/fidelity to mission.

Possible components of a leadership formation program

- Christian anthropology
- mission
- church
- social teaching
- ethics
- stewardship
- vocation
- spirituality
- servant leadership
- sacramentality
- prayer/ritual
- laity

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can the church's ministry of healing continue its sacramental presence? Who will care for the neediest among us?

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Selection: In selecting leaders, it is important to assess the competence of candidates through examples of what they have done in past positions. The evaluation is made in regard to what a person has done, not what a candidate thinks they will do in a new position. The use of behavioral event interviewing to assess business competencies, vocation, values and integrity can help ensure organizational fit and fidelity to mission. A reliable and valid instrument has been developed to assist in the selection process by CHA and the Hay Group, and is available for CHA member use.

Assimilation/On-boarding: Orientation of new leaders to the organization and the Catholic health care ministry should be facilitated within the first 90 days of employment. Mentoring can significantly support the assimilation of the new associate whereby a mentor may share specifics of the traditions and charism of the founders; discuss the essence of both call and vocation; discuss the charism of the laity which is rooted in baptism and lived in service to the world; explain "common good" as the unifying framework for the work we do. Within this relationship, a mentor models behaviors and the mentee observes how they are enacted. Foundations for Catholic Health Care Leadership (CHA) is an essential program for all director level and above leaders.

Development: The new leader and her/his supervisor will co-create a development plan with an impact map that depicts business results and/or mission results after completion of the developmental activities; embraces learning as a process vs. event. Find immersion experiences regarding the poor and vulnerable in the healthcare setting; participate in group discernment and programs in spirituality. Ensure reflective time (mission time out), journaling; contact with others through electronic communities of practice.

Who are Our Leaders? Who Will be Formed?

Often, executives will point to the top 20 to 30 leaders of a health care system who are the focus population for formation programs. Others will say the focus should be on executive level positions. Still others say *all* within our institutions are leaders, formal and informal ... And what about affiliated physicians? Shouldn't all be formed?

If you accept this broader definition, what is our call to action?

Recommended Strategies for Action: Engaging the Full Organization

The topic of leadership formation/building our next generation of leaders is worthy of a leadership retreat consisting of sponsors, board of directors, and senior management. At this event, focus on the Catholic identity of the organization and

- identify key elements of effective leadership formation.
- assess the current state, including enabling and restraining forces.
- identify action plan.
- commit to action plan with responsibilities/accountabilities.
- align with incentive plan.
- identify focus areas for executive leaders; middle managers; front-line managers; physicians; informal leaders; and caregivers.
- identify first generation/second generation leaders as program facilitators/mentors.
- identify appropriate competencies for identified target groups.
- outline a three-year curriculum cycle for each.
- build program components that include a differentiated approach by group, consisting of experiences that nurture knowledge and awareness; guided application; independent application; and skilled application.
- commit to a talent management/leadership formation plan that is tied to measurable results.
- build three-year individual development plans for all participants.
- co-create impact maps with roles, responsibilities, resources, commitments and outcomes identified.
- evaluate progress annually; report percent curriculum complete to senior management and board of directors.
- evaluate results and modify approach as necessary.

Embracing Mission Leadership

Today, noteworthy programs are being designed, developed and implemented throughout the Catholic health care ministry. Ascension Health, St. Louis, has created a unique program for leaders in conjunction with the Aquinas Institute of Theology, St. Louis. Bon Secours Health System in Richmond, Va., has collaborated with the University of Notre Dame in creating a unique spirituality and leadership formation program for ministry leaders. Five Catholic health systems in the West have designed a highly innovative leadership formation program with the Sacramento-based Ministry Leadership Center. Catholic Healthcare Partners in Cincinnati, has created a nationally acclaimed Leadership Academy with

the Center for Creative Leadership. All have graciously shared their learnings with others.

In conclusion, John (Jack) Mudd of the Providence Health System states,

> We have done well in handling the transition of our organizations as businesses; but the picture is quite different, when one looks at non-business 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.[2]

We are at a critical juncture. Can we commit our best and brightest to this effort? Can we find the resources to ensure success? Can we seize the future? ■

NOTES

1. Ed Giganti, "What is 'Leadership Formation' Now?" *Health Progress*, 85, no. 5 (September-October 2004): 19.
2. John Mudd, "From CEO to Mission Leader," *Health Progress* 86, no. 5 (September-October 2005): 26.