Ministry Leadership

Integrating Ministerial Leadership at Provena Health



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ormed at the end of 1997, Provena Health, Mokena, IL, is still a relatively young organization. Building leadership development programs from the ground up is enabling this Illinois-Indiana system to integrate a focus on ministerial leadership into all its efforts to support and strengthen leadership for the future.

"We are trying to make it as seamless as possible with our other leadership development programs," Thomas Nehring told me, referring to the system's stated competency of ministerial leadership. Nehring is the system vice president for mission and leadership development at Provena Health. "We are still in the beginning stages, but we have seen some progress in getting people to recognize the need for ministerial leadership. Awareness is the first step."

Provena Health is the consolidation of the health care ministries of three sponsoring congregations: the Franciscan Sisters of the Sacred Heart, Frankfort, IL; the Servants of the Holy

Heart of Mary, Kankakee, IL; and the Sisters of Mercy, Chicago. The system consists of six hospitals, 15 senior-service facilities (long-term care, day-care, and senior housing),

five home care agencies, a central lab, and physician practices. It employs about 10,000 associates.

VALUES-BASED COMPETENCIES

Leadership development at Provena Health is built on a competency set that was approved and implemented in 2003. Competencies are aligned with the system's four core values of respect, integrity, stewardship, and excellence (see Figure, p. 9).

Two competencies are linked to the value of integrity: Personal Integrity, defined as the ability to speak and act honestly and to display follow-through and consistency in behavior; and Ministerial Leadership, defined as speaking and acting in ways supportive of the system's organizational beliefs as a ministry of the Catholic Church.

Provena Health's competency model describes behaviors for each of the competencies. Behaviors of ministerial leadership are described as:

 Focus on Mission—keeping mission and values at the forefront in decision making, as well as exemplifying personal commitment to them

• Acting to Advance the Ministry—facilitating mission-based decision making, reflecting values in consistently ethical behavior, and helping others understand the larger purpose of their work

• Speaking Provena Health Beliefs—explaining how mission, vision, and values are demonstrated in policies and decisions, and demonstrating through one's actions a congruence between personal and organizational values

• Leading with Spirituality—comfortably leading prayer and reflection with groups, calling on a higher power for guidance, ensuring adequate reflection for decision making, and drawing on personal spirituality, as well as on Catholic tradition, in addressing business realities

• Articulating Ideas from Catholic Social Teaching—demonstrating knowledge of the *Ethical and Religious Directives for Catholic Health Care Services* and articulating the links between the church's social teaching and health care

Nehring told me about four major leadership development programs into which the ministerial leadership competency is woven: New Leader Development; Leadership Development Institutes; 360-Degree Feedback; and Succession Planning/Career Development.

NEW LEADER DEVELOPMENT

All newly hired or newly promoted leaders, defined at Provena Health as anyone who has direct reports, participate in this five-day program. Provena Health partnered with St. Xavier University, also sponsored by the Sisters of Mercy in Chicago, to develop the program curriculum. The program is offered at the St. Xavier campus in suburban Chicago and taught by faculty from

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both the university and the health system.

Nehring said the first day of the program consists of "ministry basics," introducing participants to the theological foundations of the system's mission, vision, and values, as well as to the *Ethical and Religious Directives*, Catholic social teaching, and sponsorship. Nehring, who served as a member of the team that developed CHA's Foundations of Catholic Health Care Leadership curriculum, called the first day "a mini Foundations course." "We present the theological foundation, the grounding and context for the culture of excellence that we are trying to build," he said.

On day two, participants revisit much of this foundational content as they learn about how Provena Health is building a culture of excellence. Assisted by the Studer Group, Provena Health is operationalizing its mission through strategic focus on five "pillars of excellence": service, quality, finance, people, and growth. The second day of the New Leader program concentrates on these strategic goals while emphasizing how the healing mission motivates and directs work in these dimensions.

On the following three days of the program, new leaders cover a variety of management topics such as human resource processes, accounting for managers, use of data for outcomes, and the system's balanced scorecard. Additionally, they participate in team building exercises and assessments of their personalities and leadership styles.

"We emphasize the ministerial leadership competency throughout the New Leader program," Nehring said. "We introduce the behaviors and descriptors of the competency at the beginning of the program. We give new leaders some basic knowledge so they can start practicing the competency; for example, we help them understand the relationship of Catholic social teaching to the decisions they will make."

LEADERSHIP DEVELOPMENT INSTITUTES

Three times a year, Provena Health brings together its 650 leaders, "from supervisors to CEOs," for two-day Leadership Development Institutes (LDI). Focusing on one or more of the five strategic goals, or "pillars," sessions are led by presenters from inside and outside Provena

Figure Leadership Competencies

Respect Integrity Cultural Leadership > Personal Integrity Interpersonal and > Ministerial Leadership Communication > Teamwork Excellence Stewardship > Continuous > Resource Management Improvement > Accountability > Strategic > Congruity Leadership

Health and often include Studer Group materials. "We try to integrate some teaching on the ministerial leadership competency in each LDI program," Nehring said, "and we build in prayerful reflection, always relating to mission and values, but also to our five pillar goals."

At the September LDI, Provena Health leaders will learn about the "busy person's retreat," a tactic that has been used successfully in at least one of the system's facilities. "This approach, the busy person's retreat, started out in university settings but has been adapted for health care settings," Nehring said. "We [the system] send one or two spiritual directors into a facility for one week. Staff members at the facility sign up to participate in the retreat. There is an initial meeting of all interested staff with the spiritual directors where they receive prayer and reflection resources they can use on their own schedule. Also, they meet with the spiritual directors at times convenient to them. Then, they come together for another group meeting to close the retreat.

"At one of our facilities, the leadership team decided to pilot this retreat approach before making it available to all facility staff. They found it so meaningful that they have committed to meeting together weekly for spiritual reflection. They will be talking about their experience with it, how it has changed their approach to operations and decision making, at the September LDI," he said.

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Creating community and building culture are important objectives of the LDI program, Nehring told me. "We spend a lot of time on building relationships among the people who work in our facilities, as well as those we serve, their families, and their communities. It's a reflection of our mission: 'We build communities of healing and hope by compassionately responding to human need in the spirit of Jesus Christ.'"

360-DEGREE FEEDBACK

Like many health ministry organizations, Provena Health has developed a 360-degree assessment tool based on the system's leadership competency set. Nehring said that this assessment is being implemented incrementally: It was piloted first with the system's leadership council, the executives at the system level, and CEOs at the hospitals and other service lines; then system directors and facility vice presidents, about 100 leaders, used the assessment tool; in 2006, the system's remaining 550 leaders will use it.

Leaders' demonstration of the competency behaviors are rated by supervisors, peers, and direct reports using a five-point scale. All leaders receive an assessment report and a one-on-one coaching session. Provena Health built executive coaching into the assessment process to assist leaders in interpreting the feedback and creating development plans. All leaders have 90-day plans that are monitored and rolled up into annual goals and evaluations.

"So far, our leaders have been very positive in their reactions to the 360," Nehring said. "Interestingly, however, the lowest ratings on the assessments of the first 100 leaders are in the behaviors of the ministerial leadership competency. This has given us data proving the need for formative experiences that increase these leadership behaviors. It's given me an entry point to do more on ministerial leadership in the LDIs, for example."

SUCCESSION PLANNING/CAREER DEVELOPMENT

Nehring said that the system has undertaken a two-year process with the assistance of a consulting firm. In the first year, the focus was on succession planning for the system CEO position. In the next year of the program, the process will extend to other senior positions within the system, with an emphasis on team development, not merely succession. Throughout the design and implementation of the program, he said, the ministerial leadership competency has been emphasized.

Nehring and his team work closely with the system's human resources leaders in integrating ministry formation into development. In addition to leaders, Provena Health is providing Catholic identity education to all employees, sessions on the *Ethical and Religious Directives* for physicians, and the "ministry basics" education for new board members.

Although he recognizes that his organization is in the beginning stages of what will be an ongoing project of leadership formation for ministry, Nehring is pleased with progress at Provena Health. "We are hearing our CEOs and managers and other leaders saying that education like our 'ministry basics' program is changing their approach to leadership because they now see themselves as leaders of a ministry instead of just a business. Once we get a critical mass of people with that understanding, it will be a leaven that will spread throughout the entire organization."

Note: Provena Health is a participant organization in the Illinois Catholic Health Association's (ICHA's) leadership formation program (see Ed Giganti, "Building a Community of Leaders in Illinois," Health Progress, January-February 2005, pp. 9-10). Three Provena Health leaders—one hospital CEO, one hospital COO, and a CFO from senior services—are participating in this program, which is cosponsored by ICHA and Catholic Theological Union, Chicago.

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