Memoirs Reflect CHA Leadership Model Core Competencies

BY MARY KATHRYN GRANT, PhD

Two books currently on the market, Jack Welch's *Straight from the Gut*[1] and Katharine Graham's *A Personal History*[2] offer much food for thought about leadership, as well as highlight the qualities and frailties of successful leaders. The lives of Jack Welch and Katharine Graham reflect several of the core leadership competencies in the CHA Mission-Centered Leadership Model: personal integrity, performance excellence, change-oriented leadership, and organizational shaping.

Jack Welch

Welch, former chief executive officer of General Electric (GE), was born into a Massachusetts blue-collar family. The vigorous pursuit of advancement characterized his career from an early age. He ultimately concluded his full-time professional life with GE by assisting with the Honeywell-GE international merger (which failed because of regulatory constraints) and is now a consultant. He is credited with redefining business culture in America as one that values excellence and teamwork.

Three traits characterize Welch's vision of success:

- A passion for the work one is doing
- High regard for the intellect, intuition (gut), and curiosity
- Deep personal and professional integrity

His successes—as well as his failures—at GE provide tremendous lessons in leadership. Perhaps the hallmark of his leadership style was his commitment to empower people and credit others for their contributions to GE's successes. Never one to take all the credit or acclaim for a new initiative, Welch writes of his commitment to identify, retain, and value talent, which in turn became a hallmark of GE itself. Emulated throughout the United States, his passionate commitment to meritocracy and teamwork is part of his legacy to GE and to the American workplace.

Welch's autobiography vividly portrays his raw ambition as a young man; his desire to "pull away from the pack" and distinguish himself was characteristic of his entire career. He learned many lessons on the way to the top, including the importance of excellence (Six Sigma is a GE initiative), negotiation with a win-win philosophy (GE and Honeywell standing up to the European Union), and empowerment (mentoring Jeff Immelt, his successor at GE).

Welch could not claim a balanced life, however, and for his ambition paid the high personal price of a divorce. Although the jury may still be out on "Neutron Jack" (as he was labeled, much to his dismay, after a particularly difficult downsizing), he nevertheless led GE to incredible heights of success and built an organization that even during layoffs recognized and developed talent. Today, the GE approach to talent development is a model for many companies.

Katharine Graham

Graham, the late publisher of the *Washington Post*, was born into a wealthy entrepreneurial family and ostensibly never needed to work. Early in her professional life she tried to hide her identity, taking minor journalistic positions well outside the *Washington Post*, which was run by her family. She did, however, ultimately return to the *Post* at her father's urgings and eventually took over the reins after the death of her husband, Phil Graham.

Her very candid biography reveals her early personal insecurity and lack of self-confidence, characteristics she ultimately transformed into leadership qualities. Manifesting incredible fortitude, equanimity, and integrity, she is remembered for ordering the publication of the Pentagon papers and the Watergate exposé, withstanding a major pressmen's strike against the paper, and ultimately bringing the *Post* to international recognition. Her ability to remain calm under enormous pressure, to develop and nurture relationships in a political setting that still maintained and upheld the integrity of the press, and

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to believe in her own intuition is detailed in the narrative. She was still active in journalism when she died at age 84.

Graham's leadership qualities of humility, belief in her own intuition, personal and professional integrity, and trust and empowerment of employees made her one of America's most remarkable and accomplished women. Constantly struggling to improve and develop herself and her coworkers, including a son who ultimately succeeded her at the *Post*, she represents a model of self-development and personal growth. She struggled, as did Welch, with being "married to the job" and, like Welch, suffered the loss of relationships as a result.

Graham's sense of social responsibility, not personal ambition, guided her decisions with regard to publishing the truth. She approved the publishing of the Pentagon papers after a federal judge had prohibited the *New York Times* from continuing to publish them—a bold and daring move. During a contentious and sometimes violent strike, she managed to maintain daily publication almost without interruption.

These two autobiographies showcase extraordinary professional successes and failures that exemplify several of the core competencies for mission-centered leadership. Both public figures were devoted to the rigorous pursuit of excellence, a selfless passion for developing colleagues and coworkers, uncompromising personal and professional commitment to integrity, and a deep, abiding love of their professions—all hallmarks of Catholic health care leadership. Imagine the potential impact of combining these competencies with the power of spiritual grounding! □

NOTES

1. Katharine Graham, *Personal History*, Alfred E. Knopf, New York, 1997.
2. Jack Welch and John A. Byrne, *Jack: Straight From the Gut*, Warner Books, New York, 2001.

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added to such treatment at the end of care. Are uncompensated services equal in quality to compensated services? If not, how can they be made equal? Are the emotional and spiritual effects of chaplaincy services in Catholic health care more significant than those resulting from other types?

Would nonhospital services perpetuate Catholic identity more effectively than those delivered in acute-care hospitals? To fully evaluate the contribution of Catholic health care services, researchers must answer these and other questions. We hope that social scientists in other fields will collaborate with other health care researchers to address them.

In the meantime, policy-makers who wish to promote new, socially desirable services—such as EOL or HIV/AIDS care—could use the studies summarized here to develop strategies enabling them to select the types of institutions in which such services might be best introduced. We cannot predict what those services should be because they will arise in response to changes in medicine and society. These new services may be uncompensated (as pain management is today) or unpopular (as HIV/AIDS care was a decade ago). In any case, policy-makers should now develop incentives, as needs for new services emerge, to encourage certain health care organizations to pioneer and test such services, and, if successful, to disseminate them among other settings. Research suggests that Catholic-sponsored organizations may be strategically positioned for these initiatives. □

NOTES

1. C. E. Cochran, "Institutional Identity; Sacramental Potential: Catholic Healthcare at Century's End," *Christian Bioethics*, vol. 5, no. 1, pp. 26-43; see also C. E. Cochran, "Another Identity Crisis: Catholic Hospitals Face Hard Choices," *Commonweal*, February 25, 2000, pp. 12-16.
2. Michael D. Place, "Elements of Theological Foundations of Sponsorship," *Health Progress*, November-December 2000, pp. 6-10.
3. *Ethical and Religious Directives for Catholic Health Care Services*, 4th ed., *U.S. Conference of Catholic Bishops*, Washington, DC, 2001; see especially Part 5, "Issues in Care for the Dying," pp. 29-33.
4. Supportive Care of the Dying: A Coalition for Compassionate Care, which can be found at www.careofdying.org. The coalition currently has 13 members, including CHA and three of the nation's four largest Catholic systems.
5. *Living Our Promises, Acting on Faith: A National Program of Performance Improvement for the Catholic Health Ministry*, Catholic Health Association, 2000, St. Louis, pp. 13, 18-22.
6. C. K. Cassel, et al., "Perceptions of Barriers to High-Quality Palliative Care in Hospitals," *Health Affairs*, vol. 19, no. 5, pp. 166-172.
7. A. J. LeBlanc, "Undercompensated, Unpopular Services in Hospitals: The Case of HIV/AIDS," 1991, Pennsylvania State University, *Dissertation Abstracts International*; and A. J. LeBlanc and R. E. Hurley, "Adoption of HIV-Related Services Among Urban US Hospitals: 1988 and 1991," *Medical Care*, 1995, vol. 33, pp. 881-891.
8. K. R. White, S. D. Roggenkamp, and A. J. LeBlanc, "Urban U.S. Hospitals and the Mission to Provide HIV-Related Services: Changes in Correlates," *Journal of Healthcare Management*, forthcoming in 2002.
9. K. R. White, "Catholic Healthcare: Isomorphism or Differentiation?" 1996, Virginia Commonwealth University, *Dissertation Abstracts International*.
10. K. R. White and J. W. Begun, "How Does Catholic Hospital Sponsorship Affect Services Provided?" *Inquiry*, 1998/1999, vol. 35, pp. 398-407.
11. K. R. White, C. E. Cochran, U. B. Patel, "Hospital Provision of End-of-Life Services: Who, What, and Where?" *Medical Care*, forthcoming in January 2002.
12. See K. R. White, "When Institutional Environments Collide: Hospitals Sponsored by the Roman Catholic Church," in S. S. Mick and W. Wyttenbach, eds., *Innovations in Health Care Delivery*, 2nd ed., San Francisco, Jossey-Bass, forthcoming in 2002.
13. K. R. White, "Hospitals Sponsored by the Roman Catholic Church: Separate, Equal, and Distinct?" *Milbank Quarterly*, vol. 78, no. 2, pp. 213-239.