

Mission and Mentoring at St. Joseph Health System

BY ED GIGANTI

St. Joseph Health System in Orange, CA, is demonstrating its commitment to the development and formation of ministry leaders for the future with a variety of strategies, including a comprehensive, integrated program known as "Mission and Mentoring." In February, to learn more about the program, I visited Barbara Cox, executive director of the system's Center for Ministry Leadership, and Kevin Buck and Beth McPherson, the center's directors.

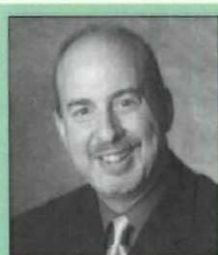
Now in its fifth year, with more than 300 graduates, Mission and Mentoring teaches participants about the roles and responsibilities involved in integrating the mission and values of the Sisters of St. Joseph of Orange. The program provides opportunities for people in the system to experience the ideas and activities that define the church's ministries of health care, education, and social service, preparing them to assume greater responsibility for ministry leadership.

The program is open to executive and middle management leaders throughout the health system, as well as to trustees, physicians, and women religious. Eligibility requirements include a basic knowledge of and/or openness to the Catholic faith and tradition, three or more years of service within the system or other Sisters of St. Joseph-sponsored ministries, and the willingness and ability to contribute the time to participate in the program. About 40 people participate in each of three program cohorts in the system's northern and southern California and Texas regions.

A PERSONAL COMMITMENT

The time commitment required of Mission and Mentoring participants is striking. Participants spend a full 14 days over 12 months in program sessions. Many of the sessions are held over a two-day period requiring overnight stays. And although Mission and Mentoring is offered regionally, most participants must travel to attend.

Sessions focus on such topics as the history and



Ed Giganti is senior director, leadership development, the Catholic Health Association, St. Louis.

heritage of the Sisters of St. Joseph, the theological underpinnings of Catholic ministry, the church's social teachings, and organizational and clinical ethics. Interwoven with these educational sessions are personal development opportunities for self-awareness, individual and workplace spirituality, and conflict resolution, along with prayer, reflection, ritual, and renewal. A critical component in Mission and Mentoring is skill building in dialogue, what Buck calls "a process for dynamic, courageous, collaborative conversation. We want to create a common vocabulary around dialogue."

After completing the education sessions, participants commit themselves to a mission and values integration project that they will accomplish over the following 12 months. Projects have included the creation of a prayer/reflection room within a system facility, the remodeling of a shelter for homeless mothers and children, and the initiation of a family advocacy program.

This yearlong, comprehensive program requires a significant investment of resources, both of time and money. The system funds the cost of all materials, food, facilities, and faculty expenses for "Mission and Mentoring," approximately \$110,000 this year, according to Buck, who administers the program. Individual system-member organizations pay for transportation and lodging, as well as release time, for the participants they send.

CHANGING HEARTS AND MINDS

McPherson said the St. Joseph program is based on a similar approach at St. Vincent Health, Indianapolis, also called Mission and Mentoring (see Rosemary Hume, RN, MSN; Sr. Sharon Richardt, DC, PhD; and Beth Applegate, RN, MSN, "Spirituality and Work," p. 20). The program, she said, serves two important purposes. First, it deepens participants' understanding of theology, spirituality, ethics, and dialogue practice. Second, and possibly more important, "is the change of human hearts and human relation-

ships that occur in Mission and Mentoring," McPherson said. "Each participant grows in their understanding of themselves as minister, as a leader of the healing ministry."

The program is changing hearts and minds, Buck said. "People get that the ministry belongs to them, that it is their co-responsibility," he said. "They are excited about the opportunity and encouragement to talk about their faith, too."

Mission and Mentoring is creating "a much wider understanding of what we do as *ministry*," Cox said. "It's transforming the way these people see themselves at work."

For more information on St. Joseph Health System's Mission and Mentoring program, contact Kevin Buck at kabuck@corp.stjoe.org.

LEADERSHIP AFTER ENRON

After my visit to St. Joseph Health System, I attended a seminar called "Building Leaders 4.0," sponsored by the Marshall School of Business at the University of Southern California, Los Angeles. Jay Conger, senior research scientist at USC's Center for Effective Organizations and a noted expert on leadership, kicked off the seminar with his assessment of the state of leadership and leadership development today.

Conger was fresh from attending the World Economic Forum in Davos, Switzerland, where he noted a shift of attention away from the subject of leadership in corporate business to that in political and social realms. We are, he said, living in the "post-Welch era," marked by a dearth of iconic, charismatic leaders such as former General Electric CEO Jack Welch. "Charisma is out," Conger said. "Humility is hot."

In the post-Enron era, there is a huge interest in leading with values and ethics, Conger said. Unfortunately, most business schools abandoned the teaching of ethics in the mid-1990s. In the world after September 11, Conger said, business and leadership are marked by a "back to basics" attitude. "We are now experiencing the real economic impact of 'nine-eleven,'" he said. "People

thought the economy would come back after a year; now they know it didn't . . . and won't."

Looking at trends in the ways organizations are developing leadership talent, Conger said that attention to a leader's emotional intelligence is growing significantly. "Hard times bring more 'people problems' requiring more emotionally intelligent leaders," he said. "Many of the CEOs who have recently failed had emotional intelligence issues."

Succession planning, which in the 1960s and 1970s was thought to apply only to the very senior positions in an organization, is now reaching farther down into the organization, Conger said, and is a "much more useful developmental tool."

The use of "360-degree" assessment tools continues to grow, he said, suggesting, too, that employing these assessments as a way of measuring the effectiveness of educational, developmental interventions is an innovative use.

Innovation is also evident in the area of coaching, which Conger emphatically claimed is "hot." Organizations are broadening the reach of their coaching programs by using peer coaching and teaching managers to be coaches. He predicted that the use of coaches, both internal and external to the organization, would continue to grow.

Observing a few negative trends—"storm clouds" in the field of leadership development—Conger warned our group of the danger of "make-believe metrics." "Trying to pin return on investment on leadership development is extremely difficult or impossible," he said.

He also warned against using 360-degree assessment as a replacement for performance appraisal. "The dual model is the way to go," he said, "using '360' for development purposes and another system for performance management." He also cautioned that leadership development efforts can be easily undermined by "forced curve" systems of performance management, which require that predetermined percentages of employees be judged at the bottom, middle, and top of the performance scale. □

Bridging the Gap

with Interim Managers for Healthcare Organizations.



The Nielsen Healthcare Group has been specializing in placing experienced interim managers in many of our nation's finest healthcare organizations for over 10 years. Nielsen's solutions are quicker and more affordable than you might expect.



NIELSEN
HEALTHCARE GROUP

314-984-0910

800-581-8901

www.nielsenhealthcare.com
nhcg@primary.net

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, May-June 2003
Copyright © 2003 by The Catholic Health Association of the United States
