

# Telling the Values Story at Catholic Health East

BY ED GIGANTI

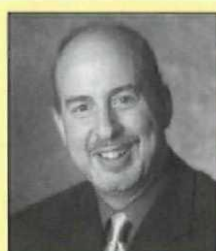
**T**heologian John Shea, STD, writing several years ago about CHA's Mission-Centered Leadership Competency Model, said that in health ministry the first step from faith to practicality—that is, concrete action on behalf of mission—is *values*. "Faith convictions and narratives are expressed in the full-blown religious language of the Catholic tradition, for example, God, Christ, sin, redemption, church, and so on," Shea wrote.<sup>1</sup> "The values flow from this language, but are stated in more neutral language, for example, respect, excellence, compassion, stewardship, partnership." Values, he continued, are, when implemented through policies and behaviors, the bridge between faith and action.

Turning to the model's competencies of *Integration of Ministry Values* and *Care for Poor and Vulnerable Persons* that constitute the "Values cluster," he spoke directly to the ministry's leaders:

Leaders of Catholic healthcare must learn to work with values. In general, this means they must have a working knowledge of the faith convictions that ground the values and the ability to connect the values to the life of the organization. Starting from the values, they must be able to go backward to faith and forward to implementation. At times they will need to explore the grounding convictions, and at other times they will need to examine how a specific value informs a specific decision. A competency with values makes the faith identity and mission visible and influential.<sup>2</sup>

## IDENTIFYING VALUES IN ACTION

At Catholic Health East (CHE), based in Newtown Square, PA, an effort to integrate leadership formation and performance management is calling executive leaders to examine and articulate how their decisions and actions are demonstrating the health care system's core values of:



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- Reverence for each person
- Community
- Justice
- Commitment to those who are poor
- Stewardship
- Courage
- Integrity

Peter Giammalvo, PhD, CHE's vice president for leadership formation, joined the system in 2000, three years after it was formed. In collaboration with George Longshore, vice president for human resources, Giammalvo designed and implemented a process of leadership formation for CHE's Executive Leadership Council, which comprises the CEOs of the system's regional health corporations (RHCs) and the system senior management team and vice presidents. After the leadership formation process had been in use for a year, Giammalvo asked these executives to evaluate it. Although they recognized the difference between the assessment and development planning activities Giammalvo had put in place and the system's performance management process, they told him that, in reality, these activities were accomplished in conjunction with each other and at the same time. Could he, they asked, devise a process that could bring these activities together, keeping them distinct but demonstrating the relationship between the two?

In addition, they asked him to devise a process that would also help them assess themselves, each other, and their direct reports on living out the system's seven core values.

Giammalvo's response was an executive performance and development review that was rolled out at the end of 2002. The review process requires leaders to document their performance (and the associated outcomes) as it relates to previously identified performance measures. But the process also requires leaders to provide narratives that include specific examples of how, in the achievement of their objectives during the year under review, they were able to demonstrate and

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## MINISTRY LEADERSHIP

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advance the core values. It is not a complex assessment device—in fact, Giammalvo provided the executives with minimal instruction about how to fulfill this requirement—but through this exercise, leaders are reflecting on the core values and their connection with their own job responsibilities and performance.

“Everyone took a different approach to this assignment,” Giammalvo said. “In the narratives, they considered the uniqueness of their roles and, looking at one or more of our core values, talked about how it was demonstrated in their work.”

“One finance executive, for example, wrote about what his team put in place regarding integrity in financial reporting, as well as ways for making sure that in times of budget crunch, the easy solution was not elimination of programs because ‘we can’t afford them.’ He noted that it would be opposed to our core values to do that.”

Another executive committed to emphasizing the core value of *reverence for each person* by monitoring scores on the employee satisfaction survey and taking actions to increase employees’ feelings of being valued at work. Several of the executives dealing with areas such as finance, risk management, or insurance drew connections between their work and the system’s value of stewardship. “They looked at cost-reduction projects they had accomplished in refinancings or reconfiguring insurance programs and identified their impact on the system’s ability to carry on the ministry,” Giammalvo said.

A number of executives wrote about their personal volunteer work in homeless shelters and soup kitchens or in working with church groups, connecting their involvements with the system’s value, *commitment to those who are poor*.

“We have taken a big step towards truly integrating the core values of CHE into the leadership behaviors of its executives by asking them to reflect on the core values in a new way,”

Giammalvo said. “For the first time, we have role-specific narratives about the core values in action, and that makes them real, not just a plaque on the wall.”

### “NARRATIVE HAS POWER”

Sr. Patricia Talone, RSM, PhD, CHA’s vice president for mission services, has both written about and given presentations on the importance of narrative in theology and ethics. “Narrative has the power not only to describe our identity, but to help shape who we are as a community,” she said.

Giammalvo said he is using some of the values narratives from the review process in orienting new executives. “I always talk about my job as having two dimensions, ministry formation and professional development, but you can’t do one without the other in this ministry. I can’t talk to a CEO about his or her responsibility for leading a regional health ministry without saying, ‘The heavy responsibilities that come with your leadership role must be carried out with courage, integrity, justice, reverence, etc.’” he said.

CHE’s performance review follows a calendar-year cycle. The process is initiated in December, and all submissions are due by the end of February. Once performance is documented and the core values narratives are discussed with the executives’ supervisors, then executives create or revise their development plans for the next year. CHE requires all executives to have and take action on a professional development plan. □

For more information about CHE’s executive performance review process, contact Peter Giammalvo at [pgiammalvo@che.org](mailto:pgiammalvo@che.org).

### NOTES

1. John Shea, “Challenges and Competencies,” *Health Progress*, January-February 2000, p. 21.
2. Shea, “Values cluster” is a phrase used in the Mission-Centered Leadership Competency Model developed for CHA in 1999 by Hay, McBer, a consulting firm based in Boston.

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