

# Leadership for Mission: A Key Agenda for the 1990s

BY JUAN LORENZO HINOJOSA, PhD

**C**atholic healthcare is at a juncture. If the ministry does not develop a core of lay leaders with a commitment to mission, it will gradually lose touch with the tradition that brought it into being.

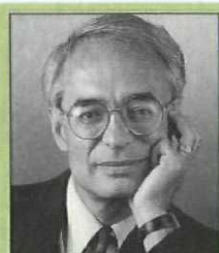
Many sponsors (primarily institutes of women religious) and other healthcare leaders recognize this juncture. For example, the Commission on Catholic Health Care Ministry asserts that without a "massive effort, it will be impossible to sustain, develop, and organize [lay personnel] to the degree necessary to ensure the continuity of Catholic health care."<sup>1</sup> The commission's concern underscores the critical importance of what I have come to call "leadership for mission development."

## PURPOSEFUL PERSPECTIVES

Over the past two years I have planned and developed retreats and workshops for lay leaders from Incarnate Word Health Services, San Antonio, TX; Daughters of Charity Health Services of Austin, TX; and the Franciscan Health Advisory Services, Manitowoc, WI. One of my objectives has been to encourage participants to expand their idea of what leadership in Catholic healthcare entails. Participants are usually clear about their leadership roles in administration, budgeting, and organizational development, but the idea that lay personnel have a crucial leadership role in mission development is new to most of them.

Leadership for mission might seem like a new concept, but a similar idea is gaining ground in the organizational and leadership development literature. Leadership for mission aims at developing a corporate culture sensitive to the vision and values that have informed Catholic healthcare since its beginnings. Similarly, Peter Senge, well known for promoting the learning organization, argues that a leader's highest role is to keep an organization in touch with its historical purpose:

By focusing on the "purpose story"—the larger explanation of why the organization



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exists and where it is trying to head—leaders add an additional dimension of meaning. They provide what philosophy calls a "teleological explanation" (from the Greek *telos*, meaning "end" or "purpose")—an understanding of what we are trying to become. When people throughout an organization come to share in a larger sense of purpose, they are united in a common destiny. They have a sense of continuity and identity not achievable in any other way.<sup>2</sup>

Such leadership, desirable for all organizations, should be part and parcel of Catholic healthcare—a ministry with a rich spiritual heritage and tradition. Total quality improvement, another important organizational and management perspective initiated by Edward Deming, also depends on strong, purposeful leadership. To be effective in the Catholic health ministry, both the learning organization and total quality improvement perspectives must include leadership for mission as an integral component.

One of the advantages of workshops and retreats is that they allow participants to step back from their daily routine and reexamine their roles in light of larger challenges and perspectives. Such experiences provide an excellent opportunity for defining leadership issues and developing relevant skills.

A collaborative effort between the Center for Spirituality and Work and Daughters of Charity Health Services of Austin included developing a manual and videos for retreat facilitators and participants. The aim of this five-day program is to train senior and middle managers who would then lead others in their organizations through the process. Using group exercises and other techniques, the five units focus on the following major topics:

- *Manager as Leader*—leadership for mission and the distinction and overlap between leadership and management
- *Calling and Values: The Roots of Leadership*

for Mission—the leader as bearer of a tradition and calling

• *Exercising Leadership: The Challenges*—the leader's personal development and systems thinking task

The last two units invite participants to apply their experiences to concrete realities such as staff and management performance planning and measurement systems. For example, the participants might look at existing job descriptions and articulate how to frame them from the new perspective.

Another example of leadership for mission development comes from the Incarnate Word Health Services, where I have assisted in a twice-yearly, three-day retreat for chief executive officers (CEOs) and some senior vice presidents. These occur in a rural setting and include an explicit prayer dimension. In addition to morning and evening group prayer, led partly by participants, there is a closing Eucharist that includes various commissioning rituals inviting participants to assent to being mission leaders. Evenings have included community-building experiences such as sing-alongs and poker. The themes of the retreats have included leadership for mission, spirituality of work, the spiritual foundations of the sponsoring congregation, and calling.

#### RECEPTIVE AUDIENCE

The majority of participants at retreats and workshops I have conducted have been both excited and anxious about embracing the leadership for mission role. They are excited because the role promises a new phase of growth, both personal and organizational. They are anxious because they are not sure they can be articulate, effective leaders in this area.

My primary task has been to help them gain a language and become comfortable with their role. The retreats provide a safe environment in which to further develop one's own spirituality and sense of mission while connecting more profoundly with that of the sponsoring congregation. The retreat setting also encourages participants to become more open about the mission component of their leadership.

#### THE NEED FOR SENSITIVITY

Although most leaders are receptive to the idea of retreats and workshops to explore leadership for mission, the manner in which they are invited is crucial. The invitation must be open-ended and couched in a language they can understand and

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accept. Most important, it must not force people into positions they are uncomfortable with.

A recurring issue in these retreats and workshops is whether one can emphasize Catholic identity without proselytizing. Participants, many of whom are not Catholic, are wary of having values or attitudes imposed on them. Sponsors and institutional mission leaders are afraid of imposing their beliefs on those who are not Catholic. The dilemma is that organizations without a clearly articulated identity, albeit an inclusive one, risk the kind of confusion or dilution of identity that leads to secular blandness.

One approach to this dilemma is to look for spiritual, as opposed to religious, values shared by all participants. Although religion inevitably affects one's spirituality, the spiritual values leaders share are usually broad enough to form the basis for leadership for mission. For example, as participants explore the nature of a calling or vocation, they touch on a primordial human and spiritual reality.

A possible misconception about the leadership for mission role is that it calls on leaders to develop a personal spirituality, unrelated to their daily work. Spirituality is not identical to piety, but rather the way we concretely relate to the sacred. A profoundly personal dimension exists in any aspect of spirituality, but just as important is our broader involvement in organizations and systems. The works of Deming and Senge incorporate deep spiritual vision and insight. These can be excellent vehicles for focusing on the organizational development initiatives that complement the more personal dimension of spirituality.

The current emphasis on linking work and faith is the theological and spiritual trend I have found most helpful for aiding these professionals. Rev. John Haughey, SJ, offers the most useful theological reflection on the subject.<sup>3</sup> He and other theologians have begun to respond to Pope John Paul II's request that the Church further develop a spirituality of work.

Frequently, certain participants at retreats and workshops ask how they can become meaningfully involved in the congregational life of the sponsors. If the sponsoring congregations can find a way to develop programs of affiliation that speak to these professionals, the charisma that inspired the development of the institutions might endure. Many congregations have started "affiliate" programs that enable individuals to share in

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## EVANGELIZATION

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facilities to shared stewardship responsibilities with lay administrators and board members. Religious women are preparing the laity to accept their role in institutional ministry. As a result, congregational sponsors now minister through influence rather than through presence.

An increasing force in Catholic healthcare will be lay men and women who wish to join their values and life experiences with institutions having like values. Religious sponsors continue to face the challenge of empowering the laity to take the Gospel message beyond the church doors into everyday life. If congregations meet this challenge, a prepared Christian laity will emerge as equal partners with vowed religious and clergy in institutional ministry. □

### NOTES

1. Pope Paul VI, *On Evangelization in the Modern World*, Daughters of St. Paul, New York City, 1975, para. 18-19.
2. *On Evangelization*, para. 14-15.
3. *On Evangelization*, para. 18.
4. Melanie DiPietro, *Congregational Sponsorship: Practical Issues in a Community Dialog*, Catholic Health Association of Wisconsin, Madison, WI, 1985, p. 4.
5. Patrick J. Brennen, *The Evangelizing Parish*, Tabor Publishing, Allen, TX, 1987, p. 11.
6. Before Vatican II many people viewed sacrament as something done to them. Post-Vatican II teaching emphasizes sacrament as a sign of God's care for us. Tad Guzie writes: "A sacrament is a festive action in which Christians assemble to celebrate their lived experience and to call to heart their common story. The action is a symbol of God's care for us. Enacting the symbol brings us closer to one another in the Church and to the Lord who is there for us" (*The Book of Sacramental Basics*, Paulist Press, Mahwah, NJ, 1981, p. 53).

## MARKETING

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# The program ads reached 7,000 high school students in the state.

Heads Up! a newspaper public service project," says Slaughter. "We converted one of our posters into a smaller ad and asked the newspapers to print the ad and a corresponding story. We also sent their staffs T-shirts and posters and asked them to wear the shirts and put up the posters the day their paper was published."

Seven high schools responded, reaching more than 7,000 students throughout the state. "We will continue this effort and send the newspapers a new ad and article early next fall," says Slaughter. "The cost is minimal and we're hitting the bull's eye in reaching our target audience."

### PROGRAM RECOGNITION

The public relations campaign has received six awards from *Healthcare Marketing Report*, four Touchstone Awards from the American Hospital Association, and numerous other awards from local and regional organizations. It has been featured in Advertising Age's *Creativity* and *Art Direction* magazines, and the national office of the American Red Cross recently requested permission to use the ad featuring the diver in some of its safety information brochures.

"But the best reward we could receive would be to hear the state department of health report one day that Mississippi's incidence of spinal and brain injuries is well below the national average," says White. "That is our ultimate goal." □

## MISSION

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the congregation's spirituality, community life, and mission. These might be adaptable to the needs of leaders who express a desire for a deeper inclusion in the congregation's life and mission.

### WINDOW OF OPPORTUNITY

A hospital system I work with holds their CEOs, at their yearly performance review, accountable for their personal growth in mission consciousness, and for how they have moved to implement mission development in their organizations. The ultimate goal is to move toward an organization in which a broad ownership of leadership for mission exists, in the same manner that a total quality perspective might come to permeate an organization. Such initiatives are critical at this point in our history.

A window of opportunity exists to develop a mission-conscious and mission-driven lay leadership for our healthcare institutions. In 10 or 15 years, this opportunity will have passed because the sponsoring congregations that must lead the process will have fewer religious available. If we fail to take up this challenge, the Catholic identity of our healthcare institutions will be diluted to the point where it might be difficult to call them Catholic. This would be a tragedy in a society so in need of strong, values-driven institutions. □

### NOTES

1. Commission on Catholic Health Care Ministry, *Catholic Health Ministry: A New Vision for a New Century*, Farmington Hills, MI, 1988, p. 10.
2. Peter Senge, *The Fifth Discipline: The Art and Practice of the Learning Organization*, Doubleday/Currency, New York City, 1990, p. 354.
3. See John Haughey, *Converting 9 to 5: A Spirituality of Daily Work*, Crossroads, New York City, 1989.