

SURVEY REVEALS ENCOURAGING TRENDS — AND CONCERNS — FOR FUTURE OF MISSION LEADERS

Since the early 1970s, the Catholic Health Association has been committed to promoting the role and function of mission leaders in Catholic health care. Our Mission Leader Survey (conducted in 1993, 2006 and 2013) has helped to create a standardized and professional set of competencies and requirements for mission leaders. Additionally, the results helped guide the curriculum for certificate and graduate degrees in mission integration.



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Since the last survey was completed in 2013, much has happened in our world and in health care. This transformation is apparent in the results of the 2022 Mission Leader Survey, which highlights changes that continue to occur in the Catholic church and in Catholic health care, especially as it relates to staff burnout, increasing financial stress and political and racial unrest. Its feedback also reflects the continued evolution of this role and points to some specific areas of interest, concern and hope, further acknowledging the importance of the ministry's continued work to cultivate and inspire mission leaders.

SURVEY BACKGROUND

Similar to the 2013 questionnaire, the 2022 Mission Leader Survey was designed by members of CHA's Mission Services Department and Mission Leader Advisory Council, in collaboration with The REID Group, a consulting firm headquartered in Seattle. Results were shared at CHA's Assembly last summer, and shortly after a virtual webinar was held to provide a more thorough overview of the findings, as well as an opportunity for mission leaders to discuss their thoughts.¹

SURVEY RESULTS: KEY DEMOGRAPHICS

Sent to nearly 600 mission leaders across the United States, the 2022 survey received a response rate of 45%. Its 35 questions captured information on key demographics, roles in the organization, use of time in mission responsibilities, critical relationships, a self-evaluation on mission leader competencies and ongoing formational and educational needs. More than 50% of respondents were ages 50 to 65, with almost 20% over 65. The largest single age range for respondents was those in the 40 to 49 category, with 30% under age 49.

Operationally, 40% of respondents work in a local ministry or facility; nearly 30% serve at the regional or market level; and more than 25% operate at the system level. Fifty percent work in an acute care setting, 29% serve in a regional/market/system role; and 11% work in long-term care.

Reflecting the new reality of the uptick of virtual work during the pandemic, 60% of mission leaders work onsite, 11% are virtual and the remaining 29% work in a hybrid situation. The largest single category of job title is director/manager at 47%; followed by vice president at various health system levels at 40%; and, notably, more than 12% choosing "other" as a job title, this segment preferring to self-describe their titles. This latter group possibly suggests mission leaders are being asked to undertake an increasingly diverse set of roles and responsibilities.

Overall, the 2022 data shows a definite decrease in vice president and executive-level mission leader roles and a substantial increase in director/manager roles. Finally, 74% of mission

leaders consider themselves a member of the senior leadership team, with 43% reporting to the CEO/president, 25% to another mission executive and 6% to another senior leader. It is worth noting that due to the dominance of the vice president role in previous years, the 2022 survey included the following question: Are you a member of the senior leadership team?

Diversity

In terms of diversity, respondents were overwhelmingly white/non-Hispanic at 86%, with the next largest ethnicity being Hispanic/Latino at 5% and Black at 4%. It appears that little progress has been made in the diversity of mission leaders over the past 10 years. This result is particularly disappointing, especially in light of the ministry-wide We Are Called pledge launched by CHA in 2021 and signed by almost 90% of Catholic health care ministries.² One of the four pillars of the pledge, called “Putting Our Own House in Order,” states that “we will examine all aspects of our organizations, including how we provide

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clinical care; how we recruit, hire, promote and retain employees; how we conduct our business operations including visible diversity and inclusivity at the decision, leadership and governance levels; and how we incentivize and hold our leaders accountable to ensure we are truly dismantling and not perpetuating racism and inequity.” This is clearly an area where much work needs to be done, one that will require a deliberate effort to recruit and develop more diverse candidates into mission leadership.

Gender and Faith

Women were the predominant workers in the field at almost 56%, with men at 44%. However, compared with CHA's 2013 survey, the gender gap seems to be narrowing: previously, almost 70% of respondents were women and only 30% men. When looking at a correlation of gender and title, the results are split evenly, with 50% of those in a VP role at any level being women. However, when looking specifically at regional and system VP positions, males outnumber females by 9%. Also worth noting, and not surprisingly, the vast majority identify as Catholic at 80%, down from 87% in 2013 and 93% in 2006. Most of the remaining 20% describe themselves as Christian.

Succession

Consistent with previous trends, in less than five years, almost 33% of respondents plan to leave their work as a mission leader. This percentage grows to 57% for those planning to leave their role in less than 10 years. From this data, it appears there is a significant gap between the large number of those mission leaders who plan to retire relatively soon and the similarly large percentage of those who are newer to the field, leaving a small percentage of those in the middle. If this trend continues and boomers do in fact retire at the implied rate, we will need to discern how to fill that leadership gap. As such, identifying and developing potential mission leaders, succession planning, mentoring, coaching, sponsorship and focused recruitment efforts will become increasingly important.

Whether because of retirement or a desire to find a different line of work, these responses indicate a significant amount of turnover in the field in the next decade.

Competency

Interestingly, while current mission leaders may have health care experience overall, respondents indicate much less experience in mission leadership specifically. Thirty-seven percent of respondents report only one to five years in their mission

leader role, with 22% having more than 15 years of experience. This result indicates that Catholic health care is having some success in recruiting candidates from other health care disciplines. It also dramatically highlights the approaching leadership and experience gap. What remains unclear is how these candidates are being equipped and prepared for the role. To that end, mission leaders were asked, “Given the many challenges facing Catholic health care today, what are the top three CHA mission leader core competencies required of mission leaders?” The responses included: incorporating the mission and values into all operations of the organization; ensuring the centrality of mission in strategy; and advocating for persons who are marginalized and affected by poverty.

RESPONDING TO TODAY’S CHALLENGES

When asked about the main institutional challenges mission leaders are facing, the top responses include caregiver well-being, maintaining organizational culture in a changing work environment, promoting our Catholic identity and creating formative experiences to deepen personal and organizational meaning. Based on the related survey data, these challenges certainly ring true, and CHA remains focused on providing resources for the ministry that address these needs.

Looking ahead, mission leaders were asked what they considered to be the top three factors regarding the future of mission leadership. The top responses included integrating mission in an increasingly diverse culture, recruiting the next

generation of mission leaders and being a member of the senior leadership team.

Based on these results, as a ministry, we must ask ourselves: Are we up to the challenge to ensure the future of mission leadership? What are the implications in terms of our Catholic identity, mission, values and founding charism? These are vital questions, indeed, that must be asked, answered and acted upon. When asked about a vision of effective, integrated and thriving mission leadership, a respondent replied, “Empower[ing] teams to empower individuals to foster and reveal the love of Jesus in the name of the Church. Teamwork is characterized by and for our seven core commitments. It would look like an apostolic community built on a life of prayer” As mission leaders, this is our invitation and our call.

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NOTES

1. The full recording of the “Future of Mission Leadership: 2022 Mission Leader Survey” webinar is available on the following CHA website: <https://www.chausa.org/online-learning/detail/the-future-of-mission-leadership-2022-mission-leader-survey>.
2. “We Are Called,” Catholic Health Association, <https://www.chausa.org/cha-we-are-called>.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, Winter 2023, Vol. 104, No. 1
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