MENTORING FOR MISSION

Near the start of this millennium, the late Mary Kathryn Grant, then executive vice president of sponsorship and mission services at Holy Cross Health System in South Bend, Ind., wrote an article in *Health Progress* (March-April, 1999) that her peers came to recognize as a classic. Grant, one of the earliest mission leaders within the Catholic health ministry, sagely outlined the development of the mission leader role. She characterized its three stages of evolution, declaring that mission leaders had developed from mascot to mentor to mainstream.

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In their first iteration, Grant intimated, mission leaders functioned rather ceremonially, being brought out to cut ribbons, pour tea or deliver prayers. The first generation of mission leaders, largely religious and female, learned about the position while on the job.

Since then, preparation for and professionalism of mission leadership has indeed progressed and changed. The emerging generation, primarily lay, come to the job with both education and experience to prepare them for this vital role.

I have revisited Grant's article many times, and in this piece I would like to return to the concept of mission leader as mentor.

Mentoring was second nature to the founders of Catholic health care in the United States. The early sisters and brothers started their ministry as neophytes, receiving mentoring from their own sisters and brothers in religious life. This meant not only learning the clinical, organizational and financial reality of running health care, but humbly accepting fraternal or sororial correction, learning from one's mistakes and often moving from one occupation to another within the institution. All the while, the beginner received encouragement and opportunities to advance.

In her 1999 article, Grant described the mentoring aspect of the mission leader, linking it to two other vital functions within systems — those of education and of human resources. The mission leader, who had often transitioned to this health care role from an earlier educational career, participated with health care educators and human resources executives to form and mentor key ministry leaders. As a member of the senior team, these individuals focused their energy first on colleagues in the "C" suite, and then outwardly to managers and others throughout the organization.

Grant rightly suggested that, while this role as mentor was necessary for future leadership, it was not sufficient for the success of mission integration throughout the organization. Mission leadership required both mentoring and what Grant called "mainstreaming," that is, integration into strategic planning and analysis of the organization and accountability for mission throughout the ministry.

The most outstanding mission leader that I have known throughout my years in Catholic health care possessed the ability to maintain a strong executive presence (mainstream) while at the same time mentoring key women and men to serve in various capacities within Catholic health care. This individual enjoyed a unique preparation and skill set — education as a clinician, administrator, plus a solid theology degree. But when I once asked her what best equipped her for her role, she noted that her years as a formation director within a religious community were the most pivotal. I pressed her: What qualities did such a role demand? She noted some characteristics that are common to all good religious formation leaders.

The first of these is insight or perception. Perception, from the Latin *perceptio*, means gathering, comprehending or understanding. Perception is an active, not a passive, practice. Learning, memory and experience shape and develop the capacity. And, while the quality is certainly exercised in critical situations, the good mentor excels in the ability to perceive personal qualities in people in day-to-day situations.

Malcolm Gladwell, the author of *Blink: The Power of Thinking Without Thinking*, notes that "being able to act intelligently and instinctively in the moment is possible only after a long and rigorous ... education and experience." The formation director learns how to read signals, both verbal and non-verbal, in order to ascertain a person's potential strengths and weaknesses within given ministerial situations. An astute director often recognizes and draws forth gifts and talents that have remained latent within the individual, waiting to be called forth.

The outstanding mission leader to whom I refer recognized gifts in all kinds of persons. These included junior executives, clinicians, ethicists and less-experienced mission leaders. Her acuity shone not only in calling forth gifts in future leaders but in recognizing what Matthew 7:15 calls "false prophets" and addressing actions that would not further the healing ministry.

Mentoring requires patience. People don't change overnight. Nor do potential strengths or virtues always evidence themselves at the whim of the mentor. Patience demands persevering even in the face of setbacks and failures. It requires belief in the other and steadfastness in that belief. Never hasty or impetuous, the patient mentor exercises watchful waiting, trusting in his or her earlier perception about the other's qualities. The late spiritual writer Henri J. M. Nouwen noted that "a waiting person is a patient person. The word patience means the willingness to stay where we are and live the situation out to the full in the belief that something hidden there will manifest itself to us." The Quakers have a phrase that captures such patience. They speak of "laboring with Friend Jones" to guide their friend in the process of communal discernment. For the Society of Friends, committed as they are to the virtue of silence, patient waiting evidences wisdom and reaps the reward of Friend Jones learning and growing through the guiding process.

A third characteristic is one that might sound contradictory. It is Ignatian or "holy" indifference. If one has taken the time to truly see the other and recognize his or her gifts and potential for the healing ministry, and if one has invested time and guidance in the other, how could one be indifferent about this individual? The term, used in the process of the Spiritual Exercises of St. Ignatius, indicates a quality of the will, an internal determination to choose the will of God rather than one's own will. While indifference can mean not being interested in someone or something, it also can mean holding oneself in spiritual balance, not having an inclination for or against something or someone.

Why would such a quality be necessary for good mentoring? Although there are more than 600 Catholic hospitals, the world of Catholic health care is really rather small. Persons who began working in one facility or system might conceivably serve in two or more systems throughout a long career. The good mentor recognizes that encouragement, experience, analysis and formation are not primarily for the mentor or the mentee; rather they are ultimately for the healing ministry of Jesus. While the mission leader to whom I have referred has mentored many persons within the ministry, she has never seen these persons as so many accomplishments of which she could be proud. To her, each one responded to a unique call and is serving the one ministry.

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Today Catholic health care finds itself in a time of flux. Some women and men, long recognized as ministry leaders (even icons), are retiring, inviting others to assume leadership roles within the ministry. Will the new generation understand the rich heritage that they lead? Will the rich tradition of Catholic theology remain the foundation upon which the ministry is built? As the ministry adapts to health care reform, will the deep commitment to the poor and underserved remain the proudest boast of health exchanges?

It seems that it is time to revisit the notion of mission leader as mentor. If the ministry is to thrive into the future, the new generation of leaders requires the same careful mentoring as did the founders of Catholic health care within our country.

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