

# The Mission Leader and the 'A Position'



**BY BRIAN YANOFCHICK**  
Mr. Yanofchick is senior director, mission and leadership development, Catholic Health Association, St. Louis.

The popular bluegrass ballad "Will the Circle Be Unbroken?" is a story about the continuity of family in times of transition and change. This song is a poetic way to frame the challenge of continuity facing the Catholic health care ministry.

Many factors continue to change the environment of health care. New technologies promise to move the point of service to patients away from hospitals to smaller environments, even to homes. The number of invasive open-heart surgeries will decrease in favor of far less traumatic treatment methods and medical treatments genetically designed for individual patients. These developments and others have significant implications for the design of future hospitals and for the ways they are financed. As more treatment moves to outpatient settings, we see the development of more joint-venture projects between hospitals, physicians and other entities. Add to this the changing nature of religious leadership within the health care ministry and we quickly see that continuity is a clear theme among the many challenges facing Catholic health care providers.

The quest for continuity was a motivating factor for the religious sponsors creating the mission role as a way to maintain their influence in the day-to-day operations of hospitals, continuing care programs and health system offices. The role has grown and changed since it appeared more than 20 years ago. CHA's 2006 Mission Leader survey documented that development as it revealed growth in professional preparation and the achievement of some stability in the mission role's place as part of the management team.

That same survey documented evidence of some troubling trends as well. A slight increase in the number of mission leaders who do not report directly to a CEO was reported. Also, the survey indicated a small decline in the number of mission leaders who participate on executive management teams and who feel confident in their ability to influence the decisions of CEOs.

When one considers these less positive trends alongside the growing complexity of the health

care environment, one begins to wonder if the mission role has again reached a critical juncture in its history where its "value added" to the executive team will require a broader set of competencies. The CHA survey data hint at some potential questions in this regard. However, more anecdotal evidence that management teams do indeed have more serious concerns the mission role as it is currently understood is not designed to contribute in a substantive way to the challenges the rest of the management team faces.

It would be helpful to test out these concerns by using an approach outlined in a *Harvard Business Review* article titled, "'A Players' or 'A Positions?'" published in December 2005. Co-authors Mark A. Huselid, Richard W. Beatty and Brian E. Becker proposed certain positions in every organization that may be defined as "A positions," which are ones that are absolutely essential to the achievement of an organization's strategic positioning. Additionally, these positions must be filled by persons who are consistent top performers. Otherwise, the organization's performance vis-à-vis its strategy and goals will suffer. The critical position is one where high performance is pivotal to the delivery of "value" to the customer. These positions typically constitute about 20 percent of the organization and may be scattered across many different levels. The positions will vary among organizations depending on the stated strategic goals for each. The authors make the point that many organizations set the unrealistic goal of hiring "A players" for every position when, in reality, "A players" are actually critical in a few key positions.

How do you identify these "A positions?" How might this look in a health care setting? Every hospital and health system has abundant data that defines "value" for those it serves. These data will certainly address quality, safety, superior clinical outcomes, good customer service, easy access, clean facilities and compassionate staff. The answer will depend on the strategic focus of the organization. If a hospital is focusing on reducing supply cost, for example, the COO

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who oversees materials management may be an “A position.” However, strategy for another hospital may be focusing on a smoother transition of patients from admissions to the nursing unit. In this case, the director of patient access may be an “A position.”

Would the vice president of mission ever meet the criteria as an “A position” as Huselid, Beatty and Becker define it? A professor I had in the executive MBA program at William & Mary had a favorite answer for many questions related to business and economics: “It depends.” The answer to our question depends on the vision and strategy as it is defined by any particular health ministry. We must then honestly answer the question of whether the mission role is seen, as Dr. Beatty described in one setting where I heard him speak, as “strategically critical” or “politically critical.” The difference for our purposes is between a role that substantively contributes to the vision and strategy of an organization versus one that is “tolerated” because of a sponsor requirement.

The mission role may be strategically critical and therefore an “A position” if its responsibilities, when carried out well, concretely contribute in an essential way to the ministry’s vision and strategy. For example, if a hospital or nursing home were to identify excellent customer service as essential to its strategy, the vice president of Mission may be the leader who is equipped to address employee engagement as a means to achieve it. If community support and philan-

thropy are identified as essential parts of strategic positioning, again the vice president of mission role may be a natural fit for leadership in this effort.

As I have tested the concept of the “A position” on some leaders, I am troubled by the frequent perception by operational leaders that mission leaders, given the current set of competencies, are not perceived as critical to their ministry’s success. It is often difficult to map the generally recognized responsibilities of the mission role directly to a ministry’s strategic position.

This problem can be addressed in an honest dialogue among sponsors, mission leaders and operations leadership. Sponsors are entrusted with the integrity of the ministry they promote in the name of the church. They enlist the help and support of talented women and men in mission and operational roles to create visionary organizations that exemplify the unique character of Catholic health care. They cannot compromise on how the hallmarks of this ministry are integrated into the fabric of their systems. Yet, as we move into a more complex health care environment, that very integration becomes more challenging. The mission role, often recognized as that pivotal point of intersection between the business and ministry of health care, must develop yet again to encompass a broader set of competencies and personal characteristics. Sponsors, mission leaders and other executive leaders should honestly address any situation where the mission role is anything less than strategically critical. The continuity of this ministry is, in part, dependent on how this role is defined. In concept, there is no doubt that mission leadership can and should be an “A position” in any Catholic health ministry. Our challenge, for the sake of continuity – to keep the circle unbroken – is to turn concept into reality. ■



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