LEADING BY SERVING
Coined by Robert Greenleaf, the term “servant leadership” has grown popular since 1977, when Paulist Press first published his book of that title. The concept has inspired many leaders and businesses around the world to refocus their energy on serving the needs of employees and customers rather than on growth and profit. The characteristics of servant leadership are taught in business schools and have been incorporated into many leadership development programs within Catholic health care.

Greenleaf’s characteristics of servant leadership — listening, empathy, healing, self-awareness, persuasion, conceptualization, foresight, stewardship, commitment to other’s growth and community — are consistent with the core values of Catholic health care.¹

There is one important warning that Greenleaf raised: The servant leader must be a servant at heart first. “It begins with the natural feeling of wanting to serve,” he wrote. “Then later comes a conscious choice to aspire to lead.”²

Many times, people’s aspirations to lead spring from a sense of power or desire for material possessions. After they acquire a leadership role, they may decide it is important to learn what this servant leadership is all about. Greenleaf said these questions give clues for identifying who is a servant at heart: “Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants? And what is the effect on the least privileged in society? Will they benefit or at least not be further deprived?”³

You may recognize some of the principles of Catholic social teaching — human dignity, common good and preferential option for the poor, for example — in Greenleaf’s questions.

This is an important insight for people in Catholic health care who are involved in leadership recruitment, formation and development. Having a servant’s heart comes naturally — it cannot be taught. So, during the recruitment and interviewing process, ask potential candidates to give concrete examples of how they have served their associates, patients and community. Verify with former employers that the candidate puts others’ needs before his or her own. Look for evidence that the candidate considers the least privileged when he or she is making a decision.

In 2013, the Harvard Business Review published an article entitled, “Connect, Then Lead.”⁴ The authors described research showing that leaders who connect with people are more effective than those who are highly competent but unable to establish a personal connection.

“Warmth is the conduit of influence: it facilitates trust and the communication and absorption of knowledge,” they wrote. “People who feel valued and appreciated are more likely to share information and insights than those who feel judged or undervalued.”

Leaders who connect with people are more effective than those who are highly competent but unable to establish a personal connection.
of ideas,” the article said. The article offered leaders tactics for how to exhibit warmth: “find the right tone of voice, validate the feelings of others and smile and mean it.”

Though facilitating trust is essential to servant leadership, Greenleaf would say warmth is not about the right tone of voice or a sincere smile. Trust comes after one feels genuine care and concern from another person. The idea that a leader can practice a set of exercises to exhibit warmth seems to miss an important point: You cannot fake true servant leadership.

According to a CHA survey of senior leaders who had been through an extended formation program, several Catholic health systems incorporated servant leadership in the curriculum. Survey participants reported that the concepts of servant leadership were very useful to their current role in Catholic health care.

However, saying that servant leadership is useful and demonstrating it on the job are two different things. CHA’s mission integration department and the ministry leadership formation advisory committee are beginning a project to try to gauge how Catholic systems assess whether a leader is truly serving others. For example, are there objective metrics that can be used? Are they part of a leader’s annual performance appraisal?

THE FRANCIS EFFECT

The reason Pope Francis is a breath of fresh air to the world is because he is authentic, warm and personable. He drives his own car, makes spontaneous phone calls to people who write to him and often speaks off the cuff.

During his first press conference, he said, “Oh how I would like a poor church, and for the poor.” He models this wish on a regular basis, seeking out occasions to meet with migrants, the unemployed, the sick and the handicapped. He invited a group of homeless men to join him for his birthday breakfast.

The pope places the needs of others above his own, and he wants people to experience the compassion and mercy of God. By all accounts, servant leadership always has been his style, from his days as a pastor, then rector of a seminary and finally as a bishop and cardinal.

It is this genuine approach to being servant first, and then showing the desire to lead by demonstrating and empowering others to serve, that is the basis of the so-called Francis Effect. The ripples from his leadership are starting to spread within and outside the church. In speaking to his priests in the Diocese of Rome, the Bishop of Rome said, “This I ask you: Be shepherds, with the ‘odor of the sheep,’ make it real, as shepherds among your flock, fishers of men.”

Judging by what the Vatican has said publicly, the restructuring of the Roman Curia reflects a Francis effect. During his Christmas greeting to the Curia on Dec. 21, 2013, the pope described what he called the hallmarks of curial officials and superiors: professionalism, service and holiness of life. “Holiness, in the Curia, also means conscientious objection,” said the pope. “Yes, conscientious objection to gossip!”

“And mind you, I am not simply preaching,” he added. “For gossip is harmful to people, harmful to our work and our surroundings.”

FRANCIS EFFECT ON ORGANIZATIONS

The Holy Father’s example has led many cardinals, bishops, and even global leaders to reexamine their own style of leadership. Now is a good time for leaders in Catholic health care to look, too. On a personal level, we might ask ourselves, “Do I desire to serve or lead? Am I genuinely concerned about the needs of others before my own? Do my associates, patients, residents and others I serve experience true warmth, care and compassion from me? Are those I serve, in the words of Greenleaf, “becoming healthier, wiser, freer, more autonomous, more likely themselves to become servants?” How do I make sure that in my decision-making, I have a preferential option for the poor and voiceless?

In addition to personal self-examination, Catholic health care needs to realize that Pope Francis’ words to pastors and Curia officials also are meant for us. He is calling the institutional church, which includes Catholic health care, to be servants — shepherds taking on the “odor of the sheep.”
“Poverty is the flesh of the poor Jesus in this hungry child, in the sick person, in these unjust social structures. Go, look over there at the flesh of Jesus.”

— POPE FRANCIS

Of course, the health care ministry does that every day in emergency departments, clinics for the poor, mobile outreach vans that visit underserved populations and community benefit programs that address poverty, malnutrition, homelessness, mental illness and violence. Most of this day-to-day work is done by the frontline associates of Catholic health care, however.

As leaders, we should ask ourselves how often we come face to face with the poor and marginalized whom we are privileged to serve. If we are not routinely looking into the faces of the poor and talking with them, how will we, as leaders, know how to better serve their needs?

Pope Francis spoke to all of us during a candid question-and-answer period with a group of high school students and their teachers from Jesuit schools in Italy and Albania. He quoted Fr. Pedro Arrupe, SJ, Father General of the Jesuits from 1965-1983, who said, “Look, it is impossible to talk about poverty without having an experience with the poor.”

“It is impossible to talk about poverty, about abstract poverty,” Pope Francis said to the students. “That does not exist! Poverty is the flesh of the poor Jesus in this hungry child, in the sick person, in these unjust social structures. Go, look over there at the flesh of Jesus.”

Most Catholic health systems regularly assess mission integration through mission audits or other assessment tools. In the section dealing with how the poor and marginalized are being served, organizations usually will report on their charity care and community benefit programs. It would be interesting to see if any CHA member organizations are assessing themselves differently in light of the Francis Effect.

Are we assessing whether our institutions are listening and learning from the poor we serve? Are leaders who are learning about servant leadership in their formation programs helping their organizations to be “holy, professional and servants” to the communities they serve?

Servant of the servants of God, servant leader and leading by serving are ways we can describe Pope Francis. Like a true servant leader, the effect Francis is having on those he serves is helping us to become better servants. But Francis would remind us not to look to him for the inspiration to serve. Rather, we should look to the perfect model of servant leadership.

Jesus said, “Whoever wishes to be great among you shall be your servant; whoever wishes to be first among you shall be your slave. Just so, the Son of Man did not come to be served but to serve and to give his life as a ransom for many.”

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NOTES
2. Greenleaf.
5. “Connect, Then Lead,” 55.