

MISSION LEADER SUCCESSION PLANNING

What If We Acted as One Ministry?

By BRIAN SMITH, MS, MA, MDiv and SR. PATRICIA TALONE, RSM, PhD

In the November-December 2013 issue of *Health Progress*, we reported the results of the 2013 CHA Mission Leader Survey. The one sentence receiving the most attention then and which still holds true is:

“Given that 30 percent of current mission leaders will be retiring in the next one to four years, and 60 percent will be retiring in nine years or less, attention needs to be focused on recruitment and formation of new leaders based on the CHA mission leader competencies.”¹

In addition to this key finding, the survey noted two other important trends:

- The role of mission leader is evolving beyond acute care and encompasses all aspects of the continuum of care

- Mission leaders are engaged in due diligence with models of care delivery involving partners who are other than Catholic

This expansion of the role’s scope and complexity requires ongoing professional development and formation of mission leaders, especially in the areas of change management and culture transformation. Mission leaders’ ability to grow in these competencies

is critical to meet the new challenges health care faces, in particular Catholic health care, and to ensure mission leaders will remain a vital and integral voice on senior leadership teams.²

Since the release of the survey findings, CHA also has examined its own internal data for additional trends. One noticeable change over the last five years is that the number of facility mission leaders has decreased, but the number of regional mission leaders has increased. This seems to indicate many mission leaders now are responsible for the mission oversight of more than one facility. There also is an increase in the number of mission leaders working in their system’s office, indicating that systems are using those with a strong skill set in a particular area of mission (formation, spiritual care, workplace spirituality, physician relations, for example) to be the specialist who takes the lead for the system in that area.

One last trend worth noting is that mission leaders’ titles are changing in

some systems. Facility mission leader positions, which five years ago carried the title of vice president, now are more likely to hold the title senior director or director. This appears to be occurring in systems that have gone through major restructuring at all levels of their organization. Hopefully, it is not an indication that the mission leader is no longer a part of the senior leadership team within the facility.

The mission leader survey results and the CHA internal data were integral to planning the 2015 System Mission Leader Forum (SMLF), “Strategies for Future Ministry: Succession Planning,” which was held Feb. 3-5, 2015 in St. Petersburg, Florida. The program included keynote presentations by Regina Clifton, a board member of Bon Secours St. Petersburg Health System in Florida and former vice president of mission services for CHA, and Andre Delbecq, a professor at Santa Clara University in California who has served on Ascension’s board of trustees as well as its sponsorship board. A half-day was spent in dialogue among the 28 system mission leaders, who represented 23 systems, on the issue of mission leader succession planning.

INSIGHTS FROM SMLF

Clifton opened the SMLF with a candid presentation challenging system mission leaders to embrace a succession planning strategy for mission leaders and ethicists.

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succession planning. We tend to steal from one another when there is an open position,” Clifton teased her colleagues. “Rather than pirate from another system, why not grow from within? In my experience, the best candidates come from within because they already have the culture piece and have an understanding of Catholic health care.”

She suggested that senior leaders who have completed leadership formation programs might be a good source for mission leader positions. Being strategic about succession planning, Clifton said, requires our systems to be willing to commit resources to the creation of a talent pool of potential mission leaders, rather than waiting until there is an opening.

“It is best to develop the functional and managerial competencies of potential mission leaders in advance, so that when the need arises, you already have individuals ready to assume these crucial roles,” she said.

Andre Delbecq’s presentation emphasized the professionalization of mission leader into an executive leadership position. He noted the role of mission leaders is moving from performing mission activities to one of executive strategic decision-making.

“There is a different skill set between a functional/content leader and a strategic decision-maker,” he said. “Mission leaders must be willing to relinquish the functional expert role in order to transition to being a strategic-decision maker. If mission leaders are going to have an impact on the decisions being made, they must have the training and competencies to sit at the executive table.”

Delbecq suggested, “the training required for a successful candidate for executive level mission leadership can be tested through challenging *ad hoc* assignments requiring strategic leadership skills, interfacing across multifunctional business disciplines, engaging strategic decision sequences and modeling psychologically and spiritually mature leadership.”

The mission activities previously led by the mission leader should be given to those who have completed senior leadership formation, he said. “Isn’t it time that we use the people who have gone through ministry formation to do some of the mission activities?” Delbecq asked. This empowers these individuals to see the mission aspect of their leadership role and allows the mis-

sion leader time to be available for strategic planning and executive decision-making, he added.

Delbecq echoed Clifton’s call to search for mission leader candidates who have completed senior leadership formation. If they have executive presence, a heart for mission, and critical business and strategic leadership competencies, we can help them acquire the other competencies they need to become effective mission leaders, he said.

Noting the findings from the 2013 CHA Mission Leader Survey, Delbecq said, “In light of demographic urgencies, it is desirable to consider spiritually mature, business function executives identified in leadership formation programs as potential candidates for executive level mission leadership roles following appropriate preparation.”

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— REGINA CLIFTON

There are university and academy programs in which these leaders can learn the theology, ethics and spirituality competencies necessary for the mission leader role, he suggested. He urged systems to make sure these programs are using the CHA mission leader competencies as a guide to develop their curriculum.

SUCCESSION PLANNING

System mission leaders agreed that mission leader succession planning is a challenge we all are facing. Early in the discussion, one seasoned leader asked the provocative question: “What if we acted as one Catholic ministry dealing with the issue of mission leader succession planning?” This became the overarching question as the system mission leaders discussed what collaboration might look like in the areas of recruitment, formation and mentoring.

RECRUITMENT

Using a vocation director analogy, some participants raised the need to awaken a sense of calling among potential mission leaders. When priests and sisters see qualities within a person that suggest a possible religious vocation, they talk to those individuals about discerning a possible calling. Mission leaders could have similar conversations with individuals when we recognize those who have a sense of mission and a deep commitment to the ministry of Catholic health care.

In addition to the personal invitation to consider the role of mission leadership, system mission leaders discussed the need to “market” in a different way that will attract millennials and people who do not come to the profession through the traditional track of theology and ministry. Participants suggested CHA develop social media advertising for mission and ethics positions to appeal to younger candidates. The task is how to educate young leaders about the mission leadership role so that they can imagine themselves being one — even if their educational background does not yet encompass theology and spirituality.

Participants suggested CHA create a short video on the role of mission leaders and update the print material already developed on the subject. The SMLF participants agreed that candidates for mission leadership positions are going to look very different from those of 30 years ago, or even 10 years ago. Recruitment materials need to show diverse ways to enter the field, while at the same time recognizing core competencies that will need to be acquired during a period of formation and mentoring.

One recruitment idea was to create a repository of names of potential mission candidates that systems would share with each other through the CHA website. The proposal hinges on the willingness of systems to invest resources in individuals who one day might serve elsewhere in the wider ministry of Catholic health care. There was no consensus to pursue this idea at the present time.

FORMATION

Because candidates for mission leader positions do not come from one career path, their formation cannot follow a one-size-fits-all process. Rather, formation of new mission leaders needs to be tailored to each individual based on his or her strengths and opportunities for growth. For

example, some will need opportunities to gain a grounding in business, finance and strategic planning; others will need to study theology, ethics and spirituality and learn how to apply these areas to Catholic health care.

System mission leaders agreed that formation needs to include both functional and managerial competencies and use the CHA Mission Leader Competency Model as the basis. Participants agreed with Delbecq’s point that mission leaders need to lead projects, especially those involving change across several departments, to show how they lead and form community with those working on the same project team.

The group also felt there needs to be a way to assess “executive presence.” One system mission leader described this as balancing gravitas, that is, knowing when to use one’s professional expertise, with humility, the ability to see one’s gifts and weaknesses and learn how to grow. Others spoke about how executive presence needs to include the practice of virtue and ways to assess virtuous leadership.

The discussion included a call for existing university and academic programs in mission leadership to adapt to the reality that candidates and new mission leaders are entering from different backgrounds, have different competency gaps

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and need practical application of the curriculum they are studying. System mission leaders suggested that CHA remain in dialogue with the existing programs and possibly new higher education institutions about the formational needs of new mission leaders.

MENTORING

Part of the formation process is mentoring. Mentoring for mission leaders is similar to spiritual direction. It involves regularly scheduled time (at least monthly) with an experienced mission

leader whom the mentee trusts. It is better if the mentor is not a supervisor, nor even to have a dotted-line reporting relationship. New mission leaders need to feel free to discuss openly all of their “firsts,” how they handled these situations and where they might be able to improve next time.

Under the best circumstances, the average time for mentoring would be approximately five years — but system mission leaders agreed that finding mentors has been challenging. New mission leaders often are the only mission person in their facility, and the closest experienced mission leader might be hundreds of miles away, or belong to a different Catholic health system.

One suggestion involved devising a way to share mentors across systems, based on the understanding that the practice is about the mentee’s professional and personal development, not about recruiting a mission leader. The obvious reference to Clifton’s “pirating” comment brought nervous laughter.

NEXT STEPS

The CHA mission department will look at current recruitment resources and incorporate ideas raised by the SMLF, including the use of social media and creating a new mission leader video. In addition, CHA will engage current and potential academies and universities about the formational needs of new mission leaders with the goal of balancing functional and managerial competencies and adapting programs to individuals based on the competencies they need to develop.

System mission leaders agreed that they will have to work within their systems to develop ad hoc projects for mission candidates and new mission leaders in order for them to develop their executive leadership competencies. In addition, finding mentors for new mission leaders will require a conscious decision to pair a senior mission leader with a newer mission leader within a system, or willingness to partner with other Catholic health systems to find mentors in proximity to one another.

System mission leaders thought it important to invite other strategic partners (CEOs, representatives from human resources and organizational learning and development) into the dialogue. To be strategic about creating a talent pool of quali-

fied mission candidates within our systems will require a commitment of resources. It will be important to have the input of these partners to gain their buy-in to meet this need.

The goal of the 2015 System Mission Leader Forum was not to solve the issue of mission leader succession planning, but to begin a dialogue around a common issue all members are facing. The discussion was framed by the hope that we can move on this issue as one healing ministry as we considered such questions as: How will we use our resources together to develop recruitment, formation and mentoring strategies for new mission leaders? How can we collaborate across our systems to ensure that the role of mission leader continues and that we have qualified candidates prepared and ready to be effective?

System mission leaders agreed that working together could save money and form a new generation of mission leaders. Grounded in the core competencies of mission leadership, they would then move towards executive mission leadership positions.

But the unanswered question that remains is significant: Are we willing to share our talent pools across systems? Are we willing to serve the wider needs of the ministry — and trust that when one system has a mission leader position open, the wider ministry pool of candidates will be available and help serve another system’s needs?

Consider St. Paul’s counsel to the Corinthians: “Your plenty at the present time should supply their need so that their surplus may one day supply your need, with equality as the result.” (2 Corinthians 8:14-15).

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NOTES

1. Brian P. Smith and Patricia Talone, in collaboration with John Reid and Maureen Gallagher, “New Survey: Mission Leaders Respond — Executive Summary of the 2013 CHA Mission Leader Survey,” *Health Progress*, 94, no. 6 (November-December 2013):75.
2. “New Survey: Mission Leaders Respond.”

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