

Mission Leadership: Kicking It Up a Notch

New Competency Model Positions the Mission Leader as an Indispensable Contributor to an Organization's Identity, Strategy and Vision



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TV chef Emeril Lagasse uses his trademark phrase “kick it up a notch” when he is about to enhance the flavor of a dish with a new ingredient. In a recently completed joint effort between the Catholic Health Association and members of the Catholic health ministry, a revamped competency model “kicks it up a notch” with a revised recipe that redefines mission leadership in the 21st century.

CHA’s initial effort to define competencies for mission leaders resulted in a model published in 1999. An important motivation at that time was to offer Catholic academic institutions a guide for designing theology programs appropriate for future mission leaders. It was secondarily meant as a guide for systems as they designed mission roles specific to their institutions.

Since then, however, the needs of Catholic health care institutions have evolved. The challenge of maintaining Catholic identity remains and the need for a reliable locus of talent on an executive team to meet that challenge is more important than ever.

ENGAGING THE MINISTRY

The effort to identify the right blend of ingredients for a revised leadership competency model got underway in January 2008 at CHA’s System Mission Leaders Forum. Mission leaders worked to redefine mission as a contributor to the “strategic capacity” of their organizations. They recognized that true integration of the elements that define Catholic identity requires a high level of organizational and operational savvy alongside theological expertise.

In April of that year, facility-level mission leaders gathered at CHA’s Mission Leaders Seminar,

where they reflected on the skills most needed by mission leaders to enhance values integration. They used the National Center for Healthcare Leadership’s competency model for health care leaders as a guide. Among the many competencies in that model, this group identified the following as key enablers for their work: change leadership, strategic orientation, innovative thinking, community orientation, talent development and accountability.

The process continued through 2008 as CHA convened a focus group with 12 CEOs to determine what they needed most from a mission leader. Their responses showed that CEOs expect not only theological expertise and a basic grasp of the business and operational elements of health care; they also want mission leaders to be able to engage a management team in important value discussions by raising important questions about an organization’s operations.

Late in that year, CHA hired The Reid Group of Seattle to facilitate a broad consultative process with mission leaders, CEOs and sponsors. This process consisted of online surveys, telephone interviews with key ministry leaders, and in-person and web-based focus groups.

By June 2009, the final draft of the model was presented to 88 mission leaders during the Catholic Health Assembly in New Orleans. The model and the self-assessment tool are now available online at www.chausa.org/missionleadercompetencies.com. We hope the revised leadership competency model, which is explained in more detail in this article, will provide:

- A competency set that will position a mission leader to be an essential, effective support to an organization’s identity, strategy and vision.
- A model for evaluation and design of mission position descriptions at the facility, regional and system level.

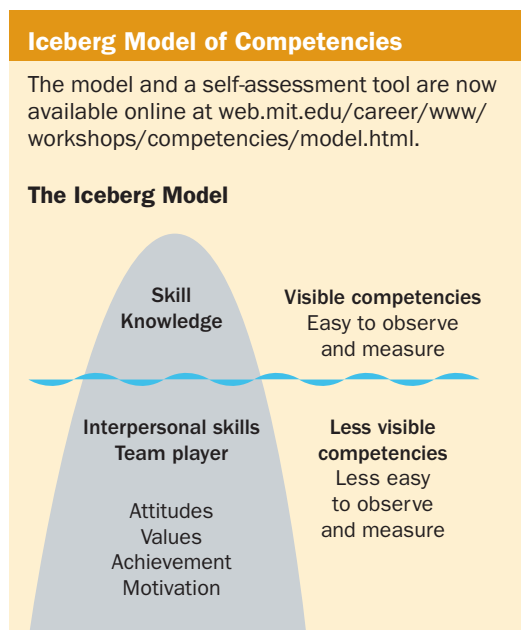
- A roadmap for developing succession plans for mission leadership and a guide for search firms hired to assist in identification of qualified mission candidates.

DEFINING COMPETENCY

Before exploring the structure of the new model here, it is important to know how project collaborators defined competency. Competency is more than a basic skill. Marie Sinioris, executive director of the National Center for Healthcare Leadership, defines a competency as “any characteristic of a person that differentiates outstanding from typical performance in a given job, role, organization or culture.” This understanding is important in the new model, which attempts to define outstanding performance for any individual in the mission leader role.

By referring to the Iceberg Model of Competencies (shown below), project collaborators were able to identify skills, knowledge and distinguishing characteristics that fall “below the waterline” – that is, those that are embedded in an individual’s behaviors, attitudes, values and other personal characteristics.

The new competency model consists of three basic sections: Preamble, Personal Qualifications and Competencies.



PREAMBLE

The preamble offers a general statement about how the mission leader is situated within an institution. Key elements in the preamble describe the mission leader as one who:

- Shapes and supports organizational strategy.
- Leads the integration of Catholic identity into the organizational culture.
- Participates in key processes including strategic planning and hiring of key positions.
- Has a clearly defined role vis-à-vis other stakeholder groups within the organization.
- Acts as a catalyst for important discussions related to ethics and values.
- Establishes himself or herself alongside other leaders as a credible contributor to the team.

PERSONAL QUALIFICATIONS

The personal qualifications described in the new model blend skills with the previously described “below the waterline” characteristics. Among these qualifications is the need for a person in the mission role to be “well formed in the Catholic tradition.” (This language does not necessarily require that the person be a Catholic, although whether Catholic affiliation should be required was a point of energetic debate in focus groups and remains for sponsors and systems to determine.)

COMPETENCIES

The actual competencies, the most detailed aspect of the new model, are divided into five areas: leadership, theology, spirituality, health care ethics and organizational management.

1. Leadership

Project collaborators made it evident that leadership should be listed first among the five categories, affirming that the capacity for leadership in the context of the larger organization and an executive team is essential. This section, which is more developed from the original model, reflects insights rooted in experience that have offered a sharper understanding of the type of leadership expected of a mission leader. Leadership is divided into three areas: strategic, prophetic and formational.

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■ **Strategic Leadership**

Today’s mission leader takes a macro approach to comprehend the needs and goals of the entire organization in order to properly develop and implement a vision for the place of mission within his or her organization. This requires the capacity for collaborative work and the ability to address the challenges of a setting that is marked by “religious, cultural and work style diversity.”

■ **Prophetic Leadership**

Passion for the organization and its purpose drives the mission leader’s quest to inspire others

to embrace the mission. The mission leader should be able to engage other leaders in conversations, particularly around important decisions, that bring to light the full range of related ethical, moral, social and spiritual issues.

■ **Formational Leadership**

Understanding formational leadership requires differentiating leadership formation from leadership development. (See article on pg. 26.) Whereas leadership development is often focused on improvement in certain job-related skills, leadership formation is understood as creating awareness

Competencies for Mission Leaders

Personal Qualifications	Mission leaders are talented, faithful and competent executives who embody holistic and healthy qualities which enable them to make a positive and lasting impact on their organizations.
Leadership	Mission leaders bring strategic direction, thinking and guidance as well as a collaborative spirit to the organization to ensure that it is faithful to its purpose, identity and values.
Theology	Mission leaders have a working knowledge of Catholic theology and are acquainted with the plurality of religions that will be encountered among the employees, physicians, trustees, patients and others who are served within our institutions.
Spirituality	Mission leaders are able to articulate their lived faith experience and the meaning it brings to their lives as well as encouraging and empowering individuals and organizations to do the same.
Ethics	Mission leaders are effective in promoting the development of ethical decision-making behaviors throughout the organization in three areas within the context of the Catholic moral tradition.
Organizational Management	Mission leaders have the management competencies needed to be recognized as productive contributors to the organization. They understand the interrelationship of shared beliefs, behaviors and assumptions of the organization.

and alignment between an individual's values and the larger group's values and culture. The mission leader assesses alignment needs across many categories of leadership and develops strategies to address them.

2. Theology

Because the mission leader serves within a faith-based environment, the ability to apply the Catholic tradition to a facility's operations is vital. However, given the diversity of workforces within Catholic health care and of the patients whom Catholic health care serves, this competency requires the mission leader to have a basic grasp of the faiths represented by the various constituencies. This knowledge facilitates finding a common language able to engage people from many backgrounds in the mission.

Within this competency, three areas of focus emerged: pastoral theology, understanding of the Catholic Church and knowledge of canon law.

■ Pastoral Theology

Pastoral theology plays a bigger role in the new model, representing a shift from the more academic focus on fundamental theology to an emphasis on applying theological principles to daily situations. When appropriate, the mission leader engages other leaders in the process of theological reflection and in this way helps them to discover the relevance of the theological foundations of the Catholic health ministry to the organization's vision, strategy and operations.

The ability to foster such reflection is core to mission integration. Too often, Catholic identity is understood by many, including leaders with a Catholic background, as something "other" — as a watchdog or, in some cases, an annoyance. When the mission leader is effective in fostering Catholic identity, a leadership team learns to view its work through what some call the "Catholic imagination," so that questions of solidarity, justice and the presence of God are sensed in every meeting agenda.

■ Understanding the Catholic Church

This competency, titled ecclesiology in the previous model, was renamed with an eye to connecting with a broader audience. Since the health care ministry is indeed a ministry of the larger Catholic Church, it is important that the mission

leader help build an open and cooperative relationship between both groups. In some health systems, the sponsor is the contact person with a diocesan bishop. In other organizations, this function is assigned to a partnership consisting of the sponsor, the CEO and the mission leader. Regardless of the structure, the mission leader cannot act without some sense of the accountabilities and opportunities inherent in health care systems that claim the name "Catholic." Applying the church's understanding of social justice, ethical principles, and sacramentality to a health ministry's operations is vital to Catholic health care's mission.

■ Canon Law

In the new model, less direct knowledge of canon law is called for than in previous models. The mission leader should demonstrate an awareness of how and when canonical questions may arise and find resources to answer them (e.g., an expert at the local diocese). For example, the mission leader may be the only person on an executive team who would know that a decision to buy or sell property might have implications in church law.

3. Spirituality

Mission leaders seek opportunities to articulate their lived faith experience and the meaning it brings to their lives. They encourage and empower individuals and organizations to do the same. This section addresses spirituality in three areas: personal spirituality, communal spirituality and spirituality of change.

■ Personal Spirituality

A mission leader continually participates in intentional development of his or her spiritual journey. Because Catholic health care states that its work is a calling as well as a career, mission leaders model this understanding in the way they approach their work and in the meaning they draw from it. Mission leaders enable others to undertake spiritual development.

■ Communal Spirituality

Each Catholic health facility or system is rooted in the foundational story and charism of its sponsors. These continue to create a framework for mission even when the number of sisters or

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brothers from the founding congregation is diminished. The mission leader articulates that spirituality and translates it in a way that influences the culture of the workplace. The mission leader provides moments of heritage-rich celebration and offers meaningful adult spiritual formation as part of the formation for leadership mentioned under the leadership competencies.

■ Spirituality of Change

This section is new to the model. In many ways a spirituality of change reflects the lived experience of current mission leaders who, like other health care leaders, are expected to help their organizations continually adjust to changing and sometimes difficult circumstances. This ability is less about the widely known management techniques used to direct change and more about helping to shape the culture of an organization so that it can thrive in a challenging environment. To that end, the mission leader finds a way to bring the treasure of the Catholic spiritual tradition to the day-to-day life of the organization in a way that speaks to colleagues from many spiritual traditions.

4. Health Care Ethics

In health systems without full-time ethicists, mission leaders are expected to be knowledgeable about health care ethics. For many people, however, this job expectation is not supported by formal training. A recent survey conducted by Ron Hamel, Ph.D., senior director of ethics at CHA, revealed that among mission leaders who are charged with overseeing the ethics function, just under 16 percent have received formal training and hold either a certificate or a master's degree in ethics.¹

The competencies in this new model are crafted to position the mission leader as a resource to help identify ethical issues, particularly those related to the *Ethical and Religious Directives for Catholic Health Care Services*. These competencies, however, are not the same as they would be for a formally trained ethicist, and their inclusion within this model should not be understood to promote the notion that the roles of mission and ethics are one in the same. (CHA has published a separate competency model for ethicists that presumes formal training in this area. It is available to CHA members at www.chausa.org/ethicistcompetencies.) Facility and health system leaders should

carefully assess their need for a formally trained resource in ethics. With this in mind, expectations for mission leaders who may not have formal training as ethicists fall into three categories: organizational ethics, justice and clinical ethics.

■ Organizational Ethics

Mission should shape organizational culture as culture shapes an organization's operational ethic. The mission leader is positioned to act as an important resource and influence within the organization in this regard. This individual promotes dialogue around elements of the *Ethical and Religious Directives for Catholic Health Care Services* that relate to this area, possesses an understanding of the business of health care so that he or she may initiate appropriate dialogue around values issues, and encourages an understanding of organizational ethics that is much more comprehensive than regulatory compliance.

■ Justice

This area relates to the mission leader's theological expertise and yet finds expression in the ethical culture of a Catholic health care organization. The mission leader regularly applies Catholic social tradition as it affects the practice and operation of a health ministry. This position requires the strength of a credible, prophetic voice at times, because issues of justice are not always reflected in common business practices.

■ Clinical Ethics

Recalling the previous discussion about the importance of formal ethics training, mission leaders are, at a minimum, expected to assist in interpreting the *Ethical and Religious Directives for Catholic Health Care Services* and its relationship to clinical issues. The leader establishes important working relationships with physicians, nurses, chaplains and others so that an open dialogue about ethics in clinical practice may be maintained. He or she may be asked to assist in the development of policies that support the mission and the values of the organization in clinical practice.

5. Organizational Management

Many mission leaders come to their roles by way of theological education. A growing number — though still a small percentage — arrive at this position from a clinical or operational role within

a health care institution. Therefore, the category of organizational management is often named by CEOs and other operational leaders as the one in which the learning curve may be the steepest for new mission leaders. Yet it is an area where a mission leader's credibility alongside other colleagues at the executive table may be established. The requirements for this area have been significantly reorganized based on input from mission leaders, sponsors and CEOs. It consists of three parts: communication and collaboration, business and management.

■ Communication and Collaboration

The mission leader demonstrates the ability to be an effective listener and communicator and is an accomplished professional when it comes to establishing collaborative relationships throughout the organization. With strong oral and written communication skills, mission leaders can effectively "tell the story" of the founding sponsors and inspire others to embrace the mission and values of the facility or system.

■ Business

The mission leader possesses a working knowledge of his or her organization's operations and a functional knowledge of the business challenges and financial realities shared by other leaders on an executive team. It is critical that the mission leader be viewed as a contributing member of this team, capable of understanding and supporting his or her colleagues in their work. Because a budget is, in many ways, a more powerful and telling mission statement than any that hang in the halls of Catholic facilities, a mission leader reads and understands financial reports, just as other leaders do, and recognizes the story the information tells about the hospital.

■ Management

The mission leader's capacity to organize and execute actions support the organization's goals, strategies and priorities. In this sense, the mission leader and the mission program do not exist in a silo separate from other activities. Instead, the leader knows how to integrate his or her departmental plans into the organization's priorities. He or she is also capable of managing a mission department and its personnel effectively, even modeling good management to others.

MISSION LEADERS: A KEY INGREDIENT IN THE LEADERSHIP MIX

As Catholic health institutions change and respond to new challenges, it has become clearer that defining Catholic identity as a function of charity care or external symbols (e.g., crucifixes in patient rooms) is not adequate to maintain the integrity of faith-based institutions. Nor is it adequate to define our identity only by services we choose not to offer based on Catholic moral teaching. Instead, the distinguishing characteristic of Catholic health care must be its institutional culture, defined by an orientation to the common good, an uncommon generosity and compassion, and an unswerving commitment to justice within our institutions and communities, all in the name of Jesus Christ.

Building this culture is a team effort. To return to our opening metaphor, health system ethicist Kenneth Homan, Ph.D., in an article titled "Leavening Leadership for the Common Good,"² reflected on the function of mission as a leaven versus a spice. He explained that, although spice adds flavor to a cake, it would still be a cake without the spice. Leaven, as an ingredient or when viewed in the context of *Matthew 13:33*, the Parable of the Yeast,³ is hidden, unseen, yet changes the nature of anything to which it is added. A cake would not be the same without leaven.

Those who developed the new competency model for mission leaders have confirmed a shift from spice to leaven in a mission leader's role. It's time for a recommitment to the value of a mission leader as an indispensable member of a Catholic health care organization's leadership team. ■



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NOTES

1. Ron Hamel, "A Critical Juncture," *Health Progress* 90, no. 2 (March-April 2009): 12-22.
2. Kenneth Homan, "Leavening Leadership for the Common Good," *Radical Imaging* Issue 1.1, www.salus-sofia.net.
3. "The kingdom of heaven is like yeast that a woman took and mixed with three measures of wheat flour until the whole batch was leavened" (*The New American Bible*).

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