

New Mission Leaders In Catholic Health Care

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Mission leaders play a unique and indispensable role in Catholic health care, and they need a distinctive set of skills, knowledge and abilities to be effective. Mission leaders ensure the continuation of the vocation of Catholic health care at the acute care level as well as throughout the continuum of care. They promote the mission and values of the founding members and ensure that they are integrated into all aspects of the health care organization. Given that most of the first generation of mission leaders was from the founding communities, and because of the diminishment in number of younger religious available to serve in this capacity, there needs to be a concerted effort to form and mentor a new generation of mission leaders.

SUCCESSION PLANNING

Succession planning is one way to be proactive in forming new leaders. It involves a process whereby organizations identify and develop the capacity of employees to be promoted to more responsible leadership roles.

In terms of succession planning within Catholic health care for mission leaders, the primary goal is sustainable leadership. There are three common approaches to sustainable mission leadership.

Emergency approach: This is the response to an unforeseen departure for which no planning has been done, and the human resource department is asked to find a replacement as soon as possible. While this approach may surface an ideal candidate, the chance of that happening is

very unpredictable. The search often focuses on internal candidates, or on local prospects when internal candidates have not been formed in their roles or the external pool is very limited.

Hire a search firm: This can be a successful strategy if the search company is both knowledgeable about the competencies Catholic health care mission leaders need and if the firm has the ability to tap the Catholic-Christian market for capable people. Even when competent people are discerned and hired after interviews and reference checks, the learning curve may be steep, as the new hire needs to learn the culture of the organization in order to integrate mission throughout it.

Succession planning: Internal candidates are identified and developed to fill mission leader positions. Sometimes this approach is part of talent-pool management. For this strategy to be successful, it must be part of the broader leadership culture of the health care system. In this approach, high-performing employees are recruited and given opportunities to develop their skills, knowledge and abilities to be mission leaders.

SUCCESSFUL SUCCESSION PLANNING

There are six key steps involved in succession planning for mission leaders.

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Identify clear criteria related to the competencies required to be a successful mission leader. The CHA description of mission leader competencies lists these categories:

- Personal qualifications
- Strategic, prophetic and formational leadership
 - Theology, with an understanding of pastoral and ecclesial theology, as well as canon law
 - Personal and communal spirituality, along with the spirituality of change and transition
 - Organizational, justice and clinical ethics
 - Organizational management, including communication and collaboration and business and management skills, knowledge and abilities

These competencies are spelled out in more detail, and instruments are provided for mission leaders or potential leaders to assess their proficiency in each category. To initially screen for potential candidates, one might consider first the personal qualifications and leadership competencies. Leading with a collaborative style, living an integrated spirituality and having the ability to inspire and motivate others are all essential parts of personal “right stuff” inherent in effective mission leaders.

Experience in leadership also is a critical factor as one begins to screen for potential mission leaders. In order to be credible, mission leaders need to be able to establish meaningful relationships within the executive team and demonstrate an understanding of the basics of strategic planning, operations, finance, quality measures, legal requirements, etc., that are necessary for the day-to-day administration of our facilities. Previous experience in leadership provides a foundation for future development as a mission leader.

Devote resources to the development of future mission leaders, even when there is not a specific job opening in the system or organization. Some Catholic health care organizations provide mission internships, hoping that if the intern shows promise, he or she can be retained for a mission position that may open somewhere in the system during the one- or two-year internship. A few systems have started designating the individual who will succeed a mission leader plan-

ning to retire. This allows for competency development, shadowing opportunities and a gradual transition of responsibilities from the outgoing to the incoming mission leader. Identifying and supporting the ongoing development of future mission leaders will help retention of valued employees and contribute to a more sustainable future. It also prevents those emergency situations when a seasoned mission leader leaves the organization earlier than anticipated.

Provide excellent and person-centered formation and development experiences related to the competency criteria. One size does not fit all in the area of mission leader formation. It is important to consider the learner’s needs and potential when setting up succession development pro-

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grams. This includes an ongoing assessment of his or her leadership and formation needs. For instance, people who are certified chaplains and have had successful experience managing a spiritual care department may not need more work in theology or ethics, but they might very well benefit from enhanced knowledge of business and management practices. On the other hand, a person who has had a very successful human resources management or operations experience in Catholic health care and is interested in mission leadership might need theological and spirituality training, rather than business and organizational development training.

The methods for meeting the leadership and formation needs of emerging mission leaders may include in-house classes, college or university work, a certificate or degree from a solid theological program, observations and “shadowing” as well as mentoring. Recognizing that many of their new mission leaders were coming from within their organizations, CHRISTUS Health, Dignity Health and Trinity Health have collaborated with the Aquinas Institute in St. Louis to develop a program specifically for the formation of mission leaders who have a background in health care,

but need theological, ethical and spiritual formation as they move into their new roles as mission leaders.

Integrate initial and ongoing assessment in the formation process. Mentoring is key to a successful formation program. While in-person and online courses can provide some of the core content mission leaders need to learn, translation and integration of that content into everyday issues takes reflection time and discussion with a seasoned mission leader.

It often has been said that it takes three to five years for a new mission leader to experience all of their “firsts.” Having a trusted mentor to discuss any situations that did not go well, how to learn from them and other ways of approaching difficult scenarios is a vital aspect of forming new mission leaders. Mentoring may be with a mission leader in the same system or in another Catholic health care system. Mentoring is most effective when it is part of the formation process before the person is hired and continues for at least three years after the person begins in the new position.

Be aware of the more elusive abilities or charisms needed to be an effective mission leader. The knowledge, competencies, skills, and abilities that describe strong executive mission leaders include behaviors and knowledge bases that can be measured, as well as some that are less measurable. The hard-to-measure traits include:

- The charisma to engage and inspire people at all levels of the organization to embrace and live the mission
- The skill needed to translate and integrate the transformative elements of the Gospel into the board room
- The ability to feel at ease at all levels of the organization, from spirited meetings with other leaders at the executive table, to sitting with a family who is making difficult end-of-life decisions for a loved one, to listening to a housekeeper who is behind on her monthly rent and about to be evicted
- The intuition to know when to push for a change or when to let it go. This might include the wisdom to know how to remind senior leaders that mission should be included in a decision-making process.

■ The knowledge and confidence to be able to contribute to a conversation that is not theological or ethical but in an area of new competency development, such as strategic issues facing the organization — new streams of revenue, changes in clinical protocol to increase safety outcomes and business and organizational decisions, for example.

Be able to change as the landscape changes. One of the hallmarks of the history of mission leadership since the 1970s is that mission leaders

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have evolved as health care has changed and new challenges have arisen. Today, health care is rapidly changing and mission leaders need to be able to adapt and develop effective strategies to meet the challenges. They need to be adept at helping organizations attend to culture in the midst of this rapid transformation and to deal with today’s critical issues in a way that upholds Catholic identity and the caring structure of Catholic health care. They even need to be flexible about where they will reside, what their title may be and what their areas of responsibility will entail as health care continues to undergo radical restructuring.

Effective mission leaders meld their passion for mission with their knowledge of the Catholic health care legacy and their keen awareness of the latest developments in health care and business that have mission implications. Mission is about the identity and purpose of the Catholic health care organization. That basically will not change, though it will be stated and applied differently as different issues arise.

For example, as the model of health care delivery in the United States evolves to include non-acute settings, the issues facing mission leaders will evolve. Mission leaders find themselves involved in due diligence processes involving mergers and/or partnerships with other-than-Catholic entities. They are asked to facilitate formation with audiences who are not directly employed by the Catholic health organization,

but because of their interaction with our patients and residents, or because they work within our organization, they need to understand the Catholic social tradition, the *Ethical and Religious Directives for Catholic Health Care Services* and workplace spirituality.

Being solidly connected to mission and legacy provides a strong footing for the essentials, but, at the same time, being flexible and adaptable gives mission leaders the confidence to be open to modifications and interpretations of the mission in new, unimagined ways. Mission leaders need to have the ability to transform challenges into opportunities as the landscape changes.

THE THREE RS IN SUCCESSION PLANNING

Succession planning and formation for mission leaders integrate the rational, relational and reverential aspects of the position. While the three touch points may appear to be distinct, they are actually interwoven. They are separated here for the purpose of seeing how important and inclusive each one is to the other.

The **rational** dimension is about information, facts, data, projections, finances, accreditation, clinical skills, technology, organizational development and local community needs. Its focus is on the organization, its efficiency and sustainability. While mission leaders do not need technical skill in many of the areas named above, they do need a broad understanding of these elements of the organization and the interconnection among them. It is critical for the mission leader to develop formation processes at all levels of the organization so the staff members in each area are conscious of the mission and see how their work is related to it. Appropriate knowledge of ethics and theology is indispensable for mission leaders and is part of the rational aspects in the formation of mission leaders. It is also important for the mission leader to extend this knowledge to other

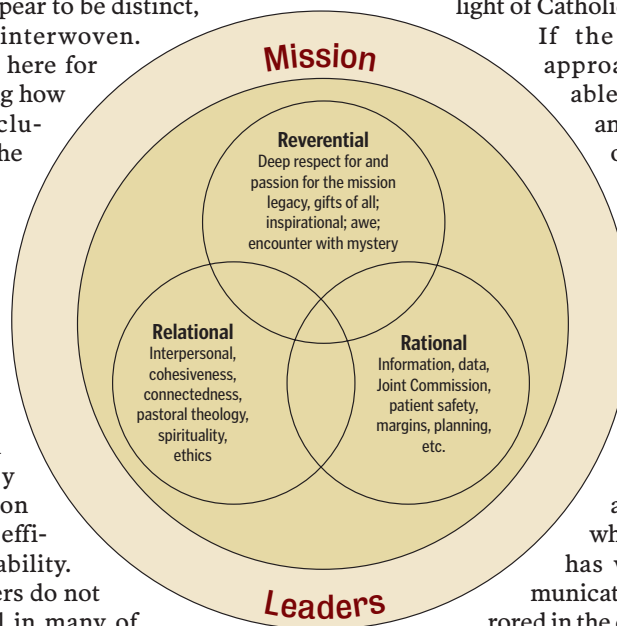
senior and clinical leaders so the organization is ethical and maintains its Catholic identity.

The **relational** aspects connect the mission leader to administration, patients, staff and the broader community. Relational formation is essential. A mission leader who has good interpersonal skills and can relate to a wide variety of people will be effective in ensuring mission integration in all departments. The application of theology in pastoral practice is about relationships.

The relational aspects of the mission leader's job invite all to be part of a community of care, to share in the joys, sadness and anxieties of the healing ministry. The need to be open, flexible and empathetic is paramount for a successful mission leader. Combining with the rational aspects of mission leadership, the highly effective relational leader empowers and motivates groups to tackle complex ethical, legal and policy issues in light of Catholic tradition.

If the mission leader is approachable, knowledgeable, understanding and an excellent listener, he or she will be highly respected and appreciated when difficult decisions need to be made. The relational dimension of the position calls for both spiritual and personal maturity, knowing that often there may be more than one right answer. The degree to which the mission leader has well-developed communication skills often is mirrored in the degree of influence the mission leader has in terms of integrating the mission in all aspects of the health care system.

One key relationship worth mentioning is between the mission leader and the CEO. Ideally, the mission leader is viewed by his or her CEO as a confidant, someone with whom the CEO can share frustrations, questions and fears. If the mission leader is seen as competent, approachable and trustworthy, the CEO has someone to use as a sounding board and source of advice on various issues.



The **reverential** aspects of mission leadership permeate both the rational and relational parts. Reverence is intertwined throughout the formation for mission leaders. Reverence is about having deep respect, starting with respecting and honoring the past, the legacy of those who have made incredible sacrifices to witness to and implement the healing ministry of Jesus — the broad mission upon which all Catholic health care is based.

Reverence includes high esteem for all those who share their gifts and talents for the good of the mission. It is being in awe at the presence of the Spirit of God, both in times of joy and in unexplainable tragedies. It is expressed in admiration for those who struggle to deal with loss and pain. It is about deep respect for those who are different from ourselves and who may think very differently than we do. It is about holding the values of the institution in high regard, living them and working to make them come alive to be beacons of light for the larger community.

Reverence is about gratitude and amazement for the divine mission given to Catholic health care organizations and for the part mission leaders can play in implementing God's care for all people. Reverence is rooted in reflection, prayer, praise and gratitude. It often culminates in powerful ritual experiences of story and symbols.

When the rational aspects of mission leadership intersect with the relational and reverential aspects, there is a powerful fusion of energy released, the impact of which can unleash to new consciousness the healing power of God's grace to the whole Catholic health care community. Simply put, mission leaders help name where God's grace is being manifested in the organization, so we remember whose ministry this really is.

The kind of succession planning described above is comprehensive and inclusive. It builds upon and is integrated into the culture of the Catholic health care institution. It prepares future mission leaders for the many challenges and changing landscape they will face in the 21st century. Quality, holistic formation will empower mission leaders to ensure the vitality and integrity of this very significant mission and ministry of the church.

Effective and ongoing formation is crucial to sustaining Catholic health care. Sponsors, boards and senior management need to ensure that mission leaders are well formed and supported in their ministry. Mission leaders, in turn, need to provide ongoing formation regarding the impelling mission of the Catholic health care organization for the executive team, board and entire staff. They truly are called to live out and lead others to enact the opening statement of the Vatican II document, "Church in the Modern World":

The joy and hope, the grief and anguish of people of our time, especially those who are poor or afflicted in any way, are the joy and hope, the grief and anguish of the followers of Christ as well. Nothing that is genuinely human fails to echo in their hearts.

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