NEW OPPORTUNITIES FOR MISSION LEADERS

CHA Survey Indicates Emerging Responsibilities, Skills

BY JULIE M. JONES

In facing the challenges of Catholic health ministry, mission leaders call on Catholic tradition to help people make sense of their situations and come to decisions consistent with the values of the tradition. In February 1997, CHA's Mission Services department, in an effort to determine what specific resources mission leaders might need in their work, sent a questionnaire to 105 system-level mission leaders. The questionnaire focused on members' needs relative to mission services and to the professional development of mission leaders. This article will explore mission leaders' current responsibilities, possible future trends, and competencies they will need. It will also consider opportunities for mission leaders.

CURRENT RESPONSIBILITIES

Mission leaders' current responsibilities include education, advocacy, change management, and Church and community relations. Some commonalities emerged from the responses. Ninety percent of the respondents are engaged in education concerning mission and ministry. Most system mission leaders delegate employee orientation to the facility level, and increasingly conduct orientation for managers and trustees—those whose decisions largely determine whether the mission is integrated throughout the organization. One respondent stated, “I spend time in orientation for new board members and the time is well worth it.” These leaders' goal is to ensure that every decision is made in light of the mission by empowering others to be advocates for the mission.

Two-thirds rated leadership development and senior management meetings as “very significant.” More than half indicated they were also responsible for clinical ethics, mission consideration of business issues, management and board education, spirituality development, and social ethics. One interesting survey result was the ranking of clinical ethics over organizational and social ethics. Given the responsibilities ranked highest, such as attendance at senior management meetings and mission consideration of business issues, the fact that 61 percent indicated that clinical ethics was a significant responsibility was surprising. Fewer than half the respondents (47 percent) indicated organizational ethics—defined on the survey as “ethical issues that boards and management deal with in their roles”—was a significant responsibility. Social ethics—socially responsible investing, community benefit, and advocacy—fared slightly better. Half the respondents ranked it “very significant.” These results did not entirely square with other findings; for example, fewer than half (46 percent) of respondents chose ethics as a significant competency for a mission leader.

MOVEMENT TOWARD THE FUTURE

In addition to the responsibilities named above, mission leaders are increasingly involved in change management, diversity efforts within the organization, and organizational development. These areas are likely to grow in importance as mission leaders and other members of the administrative team steer Catholic healthcare through rapid change.

At the system level, mission leaders often assist the management team in evaluating opportunities in light of the organization's mission. In fact, mission leaders identified the rate and scope of change requiring mission input as their most pressing challenge. More than 80 percent ranked this challenge “very significant.”

In addition, the general changes in healthcare have greatly affected the role of mission services. One leader said, “Two things—systems growth and development, and evolving health services
delivery modes—have significantly impacted the mission services functions at all levels. Either the functions have grown significantly or [been] dismissed as unnecessary or, more unfortunately, left as a window dressing.” Clearly, for some, change has meant increasing responsibility. Many mission leaders participate in the organization’s negotiation of contracts, joint ventures, mergers, and affiliations.

But some mission leaders have experienced a sense of being “dismissed,” indicating that the mission is not seen as related to other items on the agenda and it is not used to evaluate them. Administrators are “not articulating or seeing the interrelatedness of mission with mergers, joint ventures, [or] contracts being discussed,” one leader wrote. In another system, reorganization diverted attention from serving the community. The leader there commented, “We always have a concern for advocacy and social justice issues. However, the reorganizational stresses are in the forefront and take a disproportionate amount of time.”

**TOOLS AND SKILLS FOR THE JOURNEY**

Specific competencies—skills, knowledge, and abilities—allow mission leaders to thrive in their role. Not surprisingly, mission leaders ranked interpersonal skills and well-balanced spiritual integration above all other competencies presented on the survey. These were ranked “very significant” by 97 percent and 93 percent, respectively. More than half of respondents ranked three other competencies “very significant”: leadership development, management skills, and spiritual/formation background.

Surprisingly, only 30 percent ranked familiarity with strategic, financial, and operational trends as significant. Since mission leaders’ most pressing challenge is the rate and scope of change requiring mission input, one would expect this competency to be ranked higher.

**OPPORTUNITIES ON THE ROAD**

Effective mission leaders work to transform systems, structures, and culture so that they reflect the reign of God. They relate the Church’s tradition and teaching to the current realities, changes, and developments in their organizations, seeking to continually transform the organization to best support healing. They understand that a primary objective of the health ministry is healthy communities. Mission leaders have the following opportunities to promote that objective.

**Influencing Decisions** “The changes taking place in healthcare are rapid and major. The mission person needs to be able to be at the table influencing each step of the way,” one mission leader surmised. The experience of respondents reveals that some mission leaders are intimately involved in making such decisions and others lack access to decision making. For those excluded, the challenge is to be invited into the conversation.

As one leader suggested, a prerequisite for inclusion in the conversation is credibility with one’s peers. This requires that mission leaders be conversant with the operational side of the ministry. To frame appropriate questions about business and financial issues, the mission leader will need to understand the language others are using and what they are talking about. Mission leaders can draw on their interpersonal skills in asking others on the team to assist them in this quest for knowledge. For example, one might ask the CFO, “Can you help me read and understand your reports so that I can support your work?”

**Developing Leaders** Respondents ranked leadership development high on the list of competencies necessary for success and as a key responsibility for mission leaders. Because Catholic healthcare is a ministry, developing leaders require education for ministry. Educational efforts related to mission need to be structured in a way that allows individuals to integrate religious and spiritual values into their everyday actions and decisions. This type of education is formation—forming the hearts for virtuous action. Such formation, which needs to incorporate a spirituality of work, is critical both in developing lay mission leaders and in nurturing lay leaders to assume the sponsorship role.

A key issue for religious congregations is preparing individuals—especially laypeople—to assume the sponsorship role. In designing formation for lay leaders mission leaders can draw from the experience of religious congregations. Lay sponsors (and all leaders in Catholic healthcare) need formation, community, and a life of prayer to be true to the ministry. The challenge for mission leaders is to find ways to tap the wisdom of lay leaders to assume the sponsorship role. Continued on page 49

---

**SURVEY METHODOLOGY**

In February 1997, CHA’s Mission Services department sent a questionnaire to 105 system-level mission leaders. The survey consisted of five questions. Three questions addressed mission leaders’ responsibilities, the challenges they face, and the skills necessary for their position. The fourth question concerned services and programs they expect from CHA, and the fifth question asked for their thoughts on the evolution of their role.

Respondents were asked to rank their answers as “very significant,” “significant,” or “insignificant” and encouraged to add comments on issues that were not addressed in the questionnaire. Sixty-one surveys were returned to CHA, a response rate of nearly 60 percent.
dom of religious congregations in
these areas while respecting and hon­
oring the lifestyle and commitments
of laypersons.

Managing Change Change management
is another challenge for mission lead­
ers. They can help people understand
change in the context of the Church’s
scriptural and theological tradition
and its history of creating structures
to meet the needs of the times. For
example, schools, universities,
orphanages, and hospitals were creat­
ed to facilitate the Church’s ministry.

Change is both a communal and a
personal experience. Christians speak
of conversion, of turning away from
something to embrace something
new. Mission leaders are in a unique
position to help people understand
change in light of a tradition in which
the paschal mystery is the template
for letting go to find new life.

In addition to understanding the
spiritual underpinnings of change,
mission leaders must understand
organizational development and facil­
itate organic solutions to problems
and challenges.

ENTRUSTED TO GUIDE
In his encyclical Laborem Exercens
(On Human Labor), Pope John Paul
II spoke of work as not only continu­
ing the creative action of God, but
also building the future. He said,
“Man must work out of regard for
others . . . since he is the heir to the
work of generations and at the same
time a sharer in building the future
for those who will come after him in
the succession of history” (para.16).

Leaders in Catholic healthcare are
entrusted with guiding their organi­
zations and keeping the focus on the
healing ministry amid marketplace
pressures. Mission leaders serve their
organizations and their communities
by ensuring that their organizations
strive to live up to the ideals set by
founders of their organizations and
to meet the challenge of being the
radical healing presence of Jesus in
this world, bringing the kingdom of
God closer.