

SEEKING LEADERS FOR THE FUTURE

An Interview with John J. Fontana

In October, the Partners for Catholic Health Ministry Leadership named John J. Fontana executive director. The partnership is a collaborative effort of 17 Catholic healthcare organizations to further the development of competent, visionary leaders for the Catholic health ministry of the future (see Box).

Health Progress spoke with Fontana about his first six months on the job, the challenges leaders will face in the 21st century, and the partnership's unique collaboration.

How would you describe the goal of the partnership?

As our vision statement says, our goal is to

develop a national community of effective and highly competent visionary and spiritually centered leaders dedicated to the dynamic growth and enrichment of the Catholic health ministry in the United States into the 21st century—which is very close.

What challenges do you see leaders facing as we go into the 21st century?

One is a dynamic marketplace that's changing, so leaders have got to be able to be astute and agile in the market. There has been a movement from hospitals to systems over the past 15 years, and those systems seem to be getting larger, so leaders have to figure out how to manage those systems. As the sisters are not able to staff these facilities, we're seeing a movement to different styles of governance, and we have a dynamic Church, that sees this as one of its key ministries. So that's enough to keep leaders busy.

The healthcare system is not an easy system to manage. We have both a complex external market and a complex internal market. Leaders have many constituents—sponsors, doctors, church companies, various levels of staff, nurses—and these are very complex organizations to lead.

As leaders bring all these elements together, what do you see as their primary role?

In one sense, we're seeking to develop leaders who can integrate business and healthcare operations. They need to be able to speak the language of business and healthcare. They need to be able to integrate the mission and values of the organization, and they need to be able to articulate a faith language, because we are faith-based organizations. Leaders must be able to articulate a Catholic perspective, internally as well as externally. They have to be able to walk the talk of Catholic values, and not just have it be spin.

PARTNERS FOR CATHOLIC HEALTH MINISTRY LEADERSHIP

Bon Secours Health System, Marriottsville, MD
Caritas Christi, Boston
Carondelet Health System, St. Louis
Catholic Health Association, St. Louis
Catholic Health East, Newtown Square, PA
Catholic Health Initiatives, Denver
Catholic Healthcare Partners, Cincinnati
Covenant Health System, Inc., Lexington, MA
Daughters of Charity National Health System, St. Louis
Franciscan Missionaries of Our Lady Health System, Inc., Baton Rouge, LA
Christus Health, San Antonio
Marian Health System, Tulsa, OK
Mercy Health Services, Farmington Hills, MI
Sisters of Charity of Leavenworth, Leavenworth, KS
Sisters of Providence Health System, Seattle
St. Joseph Health System, Orange, CA
Wheaton Franciscan Services, Inc., Wheaton, IL

Business management seems to be shifting away from traditional leadership models, which were based on autocratic and hierarchical systems, toward cooperation, teamwork, and consensus building. Do you think this will be the model that future leaders will be working with?

Not only do I believe that, but I believe it's fundamentally Catholic. The Catholic theory of subsidiarity says that you ought to push decisions down to the lowest appropriate level of an organization. In terms of empowerment, I think that's really important. In terms of mission, we are here to serve the local community, and if we take a marketing-based approach, it's fundamentally, from my perspective, a very Catholic strategy. We're trying to enhance and develop the health of communities through excellent customer service, and one of the ways you do that is to develop healthy organizations.

What do you mean by "healthy" organizations?

You must have employees who are committed to the mission and who are giving service to their communities, to make them healthier. And that has to operate from the top down.

Are you developing competency models for leaders?

Yes. We're working with CHA on an update of a competency model that was developed in 1994. (See John Larrere and David McClelland, "Leadership for the Catholic Healing Ministry," *Health Progress*, June 1994, pp. 28-33.) We are doing focus groups to validate the model, and we hope to have an update of the model this summer. The consulting firm we're working with has developed new technology that is a little more precise in the way it identifies competencies that differentiate the average performer from the outstanding performer.

The partnership came up with a model that puts leadership competencies in the center of satellite issues around it. These satellite issues are recruitment and selection, assessment and development, performance management, recognition and rewards, and ministry and career succession. For each satellite we'll develop different types of programs. For instance, for recruitment and selection, one question will be, How do we conduct interviews that identify a person's specific competencies? And we will look at training programs to teach people how to do interviews. Then we hope to be able to do some kind of measurement, to answer the question, Are we being successful in recruiting people in the Catholic healthcare min-

istry? The hope is that this will reduce costs by increasing retention and reducing the cost of searches that do not work.

What do you think will be the greatest challenge for leaders?

I think the mandate of the marketplace is that you need leaders who are able to manage change. So we will need adaptive leaders. Our tradition, our Catholicism, also suggests that we need reflective leaders. To sum up, they will be reflective practitioners who are adaptive leaders, and who, while orchestrating change, are able to bring continuity and the values from the past to meet the present.

In addition to being adaptive and reflective, what other qualities will enable leaders to meet these goals?

Well, they have to be competent in healthcare. The faith values ought to build on their business acumen. We've got to be foxes in the marketplace, and we've got to use our Catholic genius to help deliver healthy communities.

Jack Glaser has said the selection of a CEO is the single most important ministry decision an organization can make.* Do you agree?

I agree with him, but I'm not sure he goes far enough. While a CEO can lead, the development of a culture is the responsibility of the top management team. Not only the CEO, but the senior managers, too, need to be consistent in terms of how they execute a vision. So while I'm in absolute agreement that the selection of a CEO is a key decision, because the CEO is a key player in creating the vision and delivering a strategy to the marketplace, my experience in industry says that unless there is an alignment between the CEO and the top management team, you really don't get organizational effectiveness.



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* See John W. Glaser, "Selecting the Cream of the Crop (Part III)," *Health Progress*, November-December 1998, pp. 26-27.

One of Dr. Glaser's points is how important it is to train trustees and governance boards in effective ways to choose leaders. Is that part of what you're doing, too?

I think that's going to be a very important issue. I don't know how we're going to do that, at this time, because there are all sorts of groups looking at the governance question. I'm interested in

how our leadership development hooks into governance, but I don't want to trespass on others' areas of expertise before I get my own shop in order. This is a new venture, so we have to establish credibility on the leadership issue and then see how it interfaces with issues of governance in terms of the education of leaders.

The partnership is a new collaboration, with few precedents. Lacking a road map, so to speak, how is the partnership designing programs to meet its goals?

In one sense, I think it really is unique, and in another sense there are some other organizations like it—Consolidated Catholic Health Care is a similar organization, for example. But there is no road map here, so it's time to be a pathfinder. My style of leadership is to take my cues from the board and the operations committee, so that I know where they see this thing going. It's got to be really collaborative.

EXPERIENCE IN BUSINESS AND MINISTRY

His position with Partners for Catholic Health Ministry Leadership is John Fontana's first experience with healthcare, but it is not his first experience with the affiliations between church ministry and business. The holder of master's degrees in religious education (from Loyola University) and business management (from the Kellogg School of Management at Northwestern University), Fontana has worked in the plastics business, directed a faith and work center at Old St. Patrick's Church in Chicago, and conducted leadership assessments and management team development while working with a psychiatrist. He has worked with the CEOs of Fortune 500 companies and their executive teams as well as in the more volatile environment of city government.

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We want to move quickly, but I think you must move judiciously when you're trying to move 17 very busy systems. We're trying to keep the momentum of this project, and I've been very pleased with the commitment of the CEOs and the operating committee.

We are beginning to look at where we want to go next, and I think that will evolve over the next three months.

Two major things we've undertaken are a train-the-trainer program, in conjunction with CHA, and moving ahead with the leadership competencies program. Once we have the competencies, we'll probably take a look at selection and recruitment and leadership development.

After you develop leadership selection processes, will you also get into specific leadership activities, such as decision making and ethical choices?

Absolutely. Those are key components. What we'll need to do in terms of development is help leaders integrate business decisions that are rooted in our Catholic tradition. I would like to look at a theological reflection method, to root business in our tradition so that we can authentically speak the three languages of business, mission and values, and faith. This is what we're trying to do for systems leaders.

This is a new moment. Our systems aren't very old, particularly the large ones. Regional systems developed in the 1980s, but the big national systems are fairly new, and we don't have a huge bench strength for leaders. The partnership is trying to figure out how to make sure we have leaders who can lead us in 2010, 2020, and 2030.

That leads to another question we'll be dealing with, which is, How do we recruit for Catholic healthcare at the collegiate and graduate school level? We'll be wrestling with that question as well. One of the hopes of this partnership is that we develop a community of practitioners who are in fact steering, nurturing, and developing this national community of Catholic healthcare leaders.

—Ann Stockho