



CELEBRATING 100 YEARS

The Changing Face of LEADERSHIP

By PAMELA SCHAEFFER, PhD

Development of new sponsorship models and efforts to prepare laymen and laywomen to step into leadership roles were well underway in the Catholic health ministry by 1990. Such efforts grew ever more critical with the rapid growth of Catholic health care systems, the decrease in numbers of women religious, the lure of partnerships between Catholic and other-than-Catholic organizations, and the mounting attacks by Catholic health care's critics.

1990s

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The number of women religious had declined from 181,421 to 104,419 between 1965 and 1989, and a CHA report prepared for the board of trustees in 1988 added other dramatic statistics. Approximately 10 percent of Catholic health care institutions were now sponsored by religious institutes (congregations) with 100 or fewer members, and another 12 percent were sponsored by religious institutes with 200 or fewer members. In both cases, the median age of the sisters was 65. Further, the rapidly changing and increasingly complex business environment demanded new management models.

But statistics didn't tell the whole story. There was a growing clamor among religious sisters and laity alike for ways to better prepare laymen and laywomen for the ministry. This was precipitated in part by the theology of the Second Vatican Council, which strongly urged all Catholics to adopt lives of service to the Gospel. Many sisters moved from work in institutions to direct service for the poor, underscoring the need to prepare laymen and laywomen to carry on the institutional ministries the sisters had begun.

For some, though, too strong a focus on leadership development risked putting the cart before the horse. Sr. Juliana Casey, IHM, CHA associate vice president for education and leadership development, wrote in a May 1990 column in *Catholic Health World* that, although leadership development was critically important, CHA believed it needed to be rooted in a deeper and more broadly held understanding of Catholic identity.

That same year (1990), CHA projected to its board a major

challenge ahead in providing services to a ministry of such complexity. The report noted a wide range of organizations, from the financially healthy to the economically struggling, especially those in inner cities and poor rural areas. It also noted a surprising variety of governance structures. As an example, it pointed to the 20 Catholic hospitals in Chicago, belonging to nine systems and under 14 different sponsors, with structures that differed so markedly from one to another that communication among them was extremely cumbersome.

CATHOLIC IDENTITY

The motivations for sharpening the ministry's sense of Catholic identity stemmed from both internal and external needs.

In response to the internal need, CHA published in 1991 a book by Sr. Juliana Casey, IHM



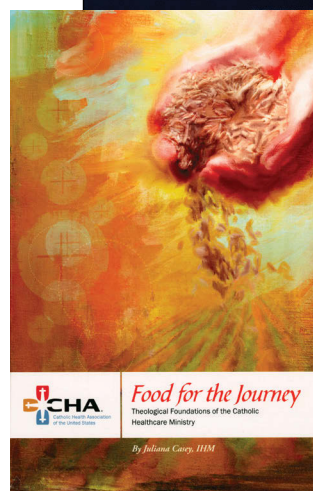
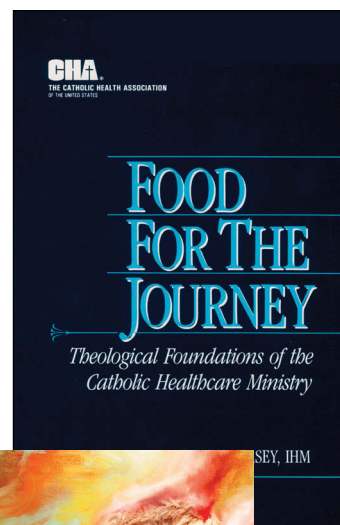
Sr. Juliana Casey, IHM

entitled *Food for the Journey: Theological Foundations of the Catholic Healthcare Ministry*. This theological reflection — a follow-up to *The Dynamics of Catholic Identity in Healthcare: A Working Document*, published in 1987 — proved to be one of the most sought-after formation resources across the next two decades. It offered insights and opportunities to reflect on the presence of God in human experience; on Catholic health care as an extension of the healing ministry of Jesus; on suffering, death and dying in the Judaic-Christian tradition;

on Catholic social teaching and its call to care for the poor; and on the moral challenges faced by Catholic health care in a contemporary secular society.

The need to more strongly emphasize Catholic health care's historic and critical role prompted CHA in the early 1990s to begin working with the Washington D.C.-based Lewin Group, with the goal of better articulating Catholic health care's mission and values. CHA hoped that by formulating effective responses to those voices in the wider society, and even within Catholic health care, that were questioning its value in an era of increasing complexity and scale, it could also offer support to other mission-driven Catholic providers, such as schools, parishes and Catholic charities.

Among a variety of resources and initiatives that CHA developed to that end in ensuing years, *The Mission Imperative* set the tone. A multimedia resource for those leading and working in the ministry, the publication proclaimed: "We're in it! We should be in it! We're in it to stay!" It stressed that Catholic health care was a historic and positive force in the world and that the call to mission, to be God's healing presence in the



1990s

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1998

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A Shared Statement of Identity for the Catholic Health Ministry

We are the people of Catholic health care, a ministry of the church continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen — bringing together people of diverse faiths and backgrounds — our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope.

AS THE CHURCH'S MINISTRY OF HEALTH CARE, WE COMMIT TO:

- + Promote and Defend Human Dignity
- + Attend to the Whole Person
- + Care for Poor and Vulnerable Persons
- + Promote the Common Good
- + Act on Behalf of Justice
- + Steward Resources
- + Act in Communion with the Church

world, was intended not just for Catholics, but for all people of good will. Another key resource developed in conjunction with the Lewin Group was the “mission and strategic readiness tool,” aimed at helping providers maximize the power of mission in the marketplace.

Despite these efforts, defining and assessing Catholic identity proved frustrating at times. A contingent of Catholic health care leaders, meeting in a special issues forum at the 1998 Catholic Health Assembly, asked CHA to convene system and sponsor leaders on a regular basis to continue working toward a more cohesive and explicit articulation. *Catholic Health World* reported that leaders likened the task of defining Catholic identity to reading the Russian novel *War and Peace*: “It’s one of those elusive goals that threatens to overwhelm at the same time it tantalizes with untold insights.”

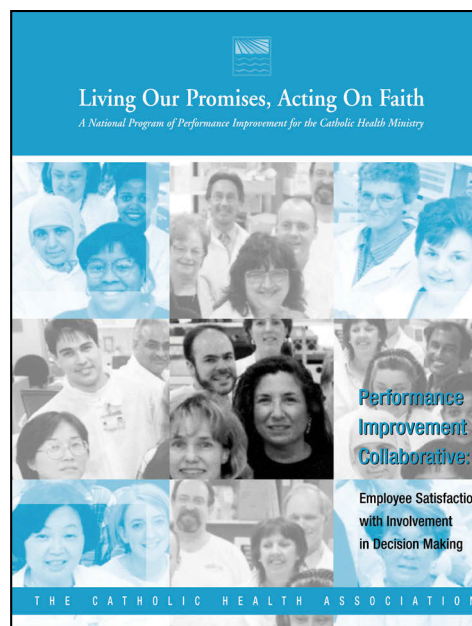
CHA set up regional meetings in Chicago, San Francisco and Philadelphia, where discussion questions included: “What do we mean when we identify ourselves as Catholic health ministry? What core characteristics or commitments does that identity entail?” The plan was to reflect on effective behaviors and identify those most likely to achieve a unified vision. The identified characteristics included a holistic approach to healing, as opposed to a goal of simply “curing”; a focus on the common good; and respect for the innate dignity of every person.



Regina Clifton

Two years later, in 2000, CHA launched “Living Our Promises, Acting on Faith,” a program to help members measure and demonstrate how well they lived out the constitutive elements of Catholic identity embodied in the *Ethical and Religious Directives for Catholic Health Care Services*. Said Regina Clifton, CHA’s executive director of mission integration services, “We’re getting a lot closer to being able to say, ‘Here’s what defines us as a ministry,’ and then challenge ourselves to get better and better about how we do ministry.”

Simultaneous with these efforts was the development of the “Shared Statement of Identity for the Catholic Health Ministry,” published by CHA in 2001. Based on input from church and ministry leaders and tested through a series of listening sessions and meetings across the country, it named the following core commitments for the ministry: promote and defend human dignity; attend to the whole person; care for poor and vulnerable persons; promote the common good; act on behalf of justice; steward resources; and act in communion with the church.



2000

Living Our Promises,
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LEADERSHIP FORMATION

In the early 1990s, CHA stepped up its leadership formation efforts by first partnering with the Academy for Leadership Development, which provided continuing education programs, then bringing it under the CHA umbrella. In 1992, it was converted to the Center for Leadership Excellence,

whose goal was to create a vision for leadership development and continue to seek and develop better ways to form mature leaders.

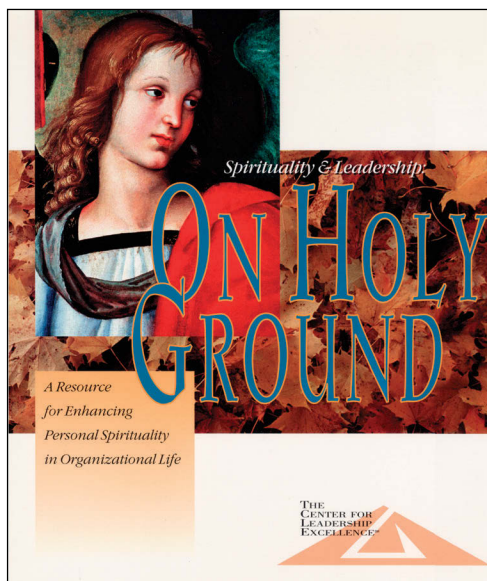
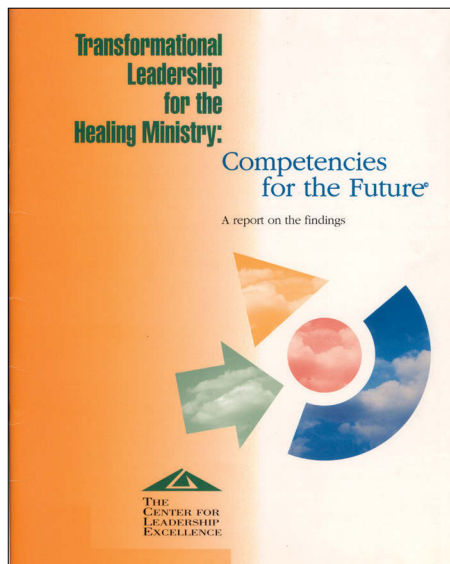
A first major step in creating a vision was to identify the traits, behaviors, motivations and characteristics that would predict superior performance of Catholic health care leaders as the industry moved into a radically different future. To this end, CHA, working with Hay McBer, a Boston-based research organization (later McBer & Company) and DePaul University's Center for Applied Social Research in Chicago, commissioned a landmark study to identify superior leaders within Catholic health care and then determine the competencies and behaviors that set these leaders apart. From nominations provided by questionnaires and focus groups, the field was narrowed to 60 men and women who agreed to complete a battery of tests and then, in interviews, describe how they would respond in a variety of challeng-

ing circumstances, and why.

The leadership model developed from the nine-month study, published as *Transformational Leadership for the Healing Ministry: Competencies for the Future*, showed that outstanding leaders in Catholic health care share the same core competencies as outstanding executives in other fields. They excelled in organizational awareness and in insight-driven strategic action, based on seeking information and thinking analytically. However, what set outstanding Catholic health care leaders apart was a deep spirituality, an understanding of their work as a calling and a deep appreciation for positive interpersonal relationships.

Jack Curley, CHA president, said the study provided "a foundation for a practical and long-term effort to support the self-development of leaders within the ministry," and it would be used to create programs for personal, team and organizational leadership.

Accordingly, CHA's Center for Leadership Excellence prepared a workbook and facilitator-based program called "Spirituality and Leadership: On Holy Ground." The preface noted that, in a model of 18 competencies found to be statistically significant for outstanding leaders in Catholic health care, a "spirituality cluster" of three was found to influence two-thirds of the behaviors demonstrated by the leaders who participated in the study. The three were "finding meaning, faith in God and positive affiliation."





Diane Allen emceed the panel on Competencies for Catholic Health Care Leadership in a Changed Environment at the 1994 Assembly. Panelists (from left) David Nygren and Sr. Miriam Ukeritis, CSJ, of DePaul University's Center for Applied Social Research, and John Larrere and David McClelland of Hay McBer discussed the competency model that resulted from their study of outstanding leadership in the health ministry.

In addition to becoming a basis for new resources, the study results, which were presented to CHA members at the June 1994 Catholic Health Assembly, attracted attention from National Public Radio. Regina Clifton, then executive director of the Center for Leadership Excellence, was interviewed for segments on both "Morning Edition" and "All Things Considered."

The next step for ministrywide leadership development evolved from the hope of ultimately arriving at a unified approach. In the spirit of the "New Covenant" initiative promoting collaboration among Catholic organizations, CHA undertook a process that led to the formation of the Partnership for Catholic Health Ministry Leadership in 1997, with CHA and 14 Catholic health care systems as members. The partnership aimed to identify best practices in leadership development and work collaboratively to design and offer programs, processes and services for the development of future Catholic health care leaders.

Increasingly, as the 1990s progressed, CHA's leadership development resources evolved from print to multimedia. In 1998, CHA launched a new, members-only e-learning resource on its website, "Organizational Integrity in Catholic Healthcare: The Role of the Leader," which targeted mission leaders but also could serve as an orientation tool for new board members or executives. The resource included links to prayers, essays, church documents and Scriptural references.

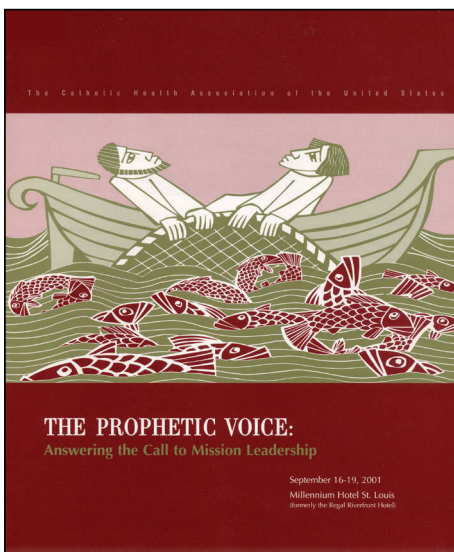
Throughout the 1990s and 2000s, the role of mission leaders within Catholic health care organizations became increasingly prominent, and CHA developed popular programs for people serving in those roles. One program, Prophetic Voice, was aimed at new mission leaders; another, the invitation-only System Mission Leadership Forum, was aimed at mission leaders at the system level.

1990s–2000s

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Participants in the Ecclesiology and Spiritual Renewal Program for System Leaders in St. Peter's Basilica during their May 2005 trip to Rome.



CHA advocated for strong roles for mission leaders, reminding chief executive officers to make mission leaders participants in all decisions affecting an organization's culture, strategy and direction, and to support integration of mission into their organizations at all levels.

Beginning in the late 1990s, officers of the executive committee of the CHA board of trustees made biennial visits to Rome to meet with Vatican officials and provide them with an update on the Catholic health ministry. These visits were soon recognized as vital to mutual understanding, giving Vatican leaders insights into the workings of Catholic health care in the U.S., and giving the U.S. leaders a deeper understanding of the place of their work in the historical, worldwide institutional church.

Building on the success of these visits, CHA initiated an annual Rome retreat for system executives and trustees in 2002 that included lectures on Catholic tradition and theology, visits to various Vatican congregations, tours of significant churches in Rome, an audience with the pope and opportunities for building strong, lasting relationships with other Catholic health care executives. This program continues to be one of the association's most popular educational offerings.

It became increasingly clear, though, that effective mission integration depended in significant part on finding and developing physicians sensitive to mission. This was a goal considered especially important, given that, in some systems facing financial challenges in the 1980s and 1990s, relationships between administrators and physicians had become contractual

and strained. In late 1997, 150 physicians met with CHA board members to assess ways to strengthen those relationships, and a year later, CHA held the first of what would become an annual physicians forum, where administrators and physicians could explore shared values and rebuild a shared history of trust.

SPONSORSHIP

In 1993, data showed that sponsors of Catholic health care were predominantly women religious (83 percent) and clergy (14 percent). Only 3 percent of sponsors were members of the laity. Yet the need for laypersons to be prepared to move into sponsorship, and for sponsorship to move beyond single founding religious congregations, was clear.

In an article in the September 1990, issue of *Health Progress*, Mary Kathryn Grant, PhD, senior vice president of mission services for the South Bend, Ind.-based Holy Cross Health System, identified three models of sponsorship operative in Catholic health care at the time. These were the family model, in which women religious were visible in large numbers in a congregation's health care facilities; the franchise model, in which the sisters set the organization's mission and philosophy but delegated administrative functions to laity; and the partnership model (labeled "the ideal"), characterized by mutual accountability and collaboration with the laity. What was needed, wrote Grant, was an "institutional conversion" to the partnership model — a community of persons engaged together in a ministry of healing — in contrast to a hierarchical model oriented to the bottom line.

In recognition of the vital role of sponsors in the turbulent health care environment, CHA created a new position for sponsor services. "The next 10 years will be a major period of transi-



Mary Kathryn Grant

Health Systems Sponsored by a Ministerial Juridic Person

(Listed in the order they were established)

Catholic Health Initiatives

Covenant Health Systems, Inc.

PeaceHealth

CHE Trinity Health

Bon Secours Health System

St. Joseph Health

Sisters of Charity Health System

Mercy

Sisters of Charity of Leavenworth Health System

(Became SCL Health in August, 2014)

Providence Health & Services

Ascension

Catholic Health Partners

(Became Mercy Health in July 2014)

SSM Health Care

1994

Recognizing the need to keep sponsors informed of rapid changes in the ministry and processes for creating new forms of sponsorship and relevant canon law, CHA held its first official program for sponsors.

tion,” said Curley, and “CHA is positioning itself to serve the people who will lead the ministry into the future.”

The years 1991 through 2013 were notable for changes in system sponsorship from religious institutes to ministerial juridic persons, canonical structures that allow members of the laity to assume sponsorship roles. The first was Catholic Health Care Federation, predecessor to Catholic Health Initiatives. By 2013, 12 more had formed and secured Vatican approval.

Following CHA's launch of the New Covenant initiative in 1995, the association's efforts to forge links among sponsors and to provide important information and resources to sponsors became stronger than ever. Winter and spring of 1996 were marked by a series of meetings where women religious who held key leadership positions in health care could learn more about alternative sponsorship arrangements.

In 1994, recognizing the need to keep sponsors informed of rapid changes in the ministry and processes for creating new forms of sponsorship and relevant canon law, CHA held its first official program for sponsors. In 1995, CHA created a Sponsor Services Committee and in 1997 a Canon Law Committee. (In 2004, the committees merged.) The name of the sponsors' program, held regularly after 1994, evolved from Sponsorship Symposium to Sponsorship Forum to Sponsorship Institute, its present title. Sponsors also were invited periodically after the late 1990s to breakfast programs during the annual CHA Assembly and, beginning in 1998, to a meeting for leaders of women's religious institutes, held in conjunction with the annual assembly of the Leadership Conference of Women Religious. All of these gatherings provided real-time opportunities for sponsors to engage personally with the issues.

At a Canon Law Forum convened by CHA in 1997 and attended by canon law experts and bishops, Fr. Francis G. Morrissey, OMI, JCD, noted that joint ventures, pooling of resources of Catholic health care providers and similar undertakings had led to situations that, canonically speaking, needed clarification. Developments in Catholic health care in the U.S. had leaped ahead of the canon laws designed to govern them, he said.

Among resources for sponsors, CHA published in 1996, *In Their Own Words: An Assessment of Evolving Arrangements by the Sponsors Who Use Them*, a document in which women religious gave pros and cons of the new models and described the soul searching that went into adopting them.

At a meeting convened by CHA in early 1998, sponsors and lay system leaders called on the association to track and publish information on changes in sponsorship models as they arose. According to Sr. Barbara McMullen, CDP, CHA's senior associate for sponsor services, it was intended to be the first of many conversations aimed at a deeper awareness of what it means to be accountable for a ministry of the church.

Participants also recommended that CHA help define what attributes people in sponsorship positions should possess to carry out their roles and encourage mutual mentoring between religious and lay leaders.

The following year (1999), CHA convened a special committee charged with exploring and strengthening relationships among sponsors to identify sponsor-related concerns significant enough to address together, and to identify related services that CHA should provide. Partly as a result of this committee's work, CHA, working with Jennings, Ryan & Kolb of West Springfield, Mass., determined a need for a theology of sponsorship and convened a blue-ribbon group of theologians to explore the theology in depth. Disciplines represented in what came to be known as the Sponsorship of Catholic Ministries Think Tank included ecclesiology, sacramental, pastoral and moral theology, and canon law. Participants were charged with reviewing current sponsorship models, identifying best practices and alternative models and developing a bibliography of resources.

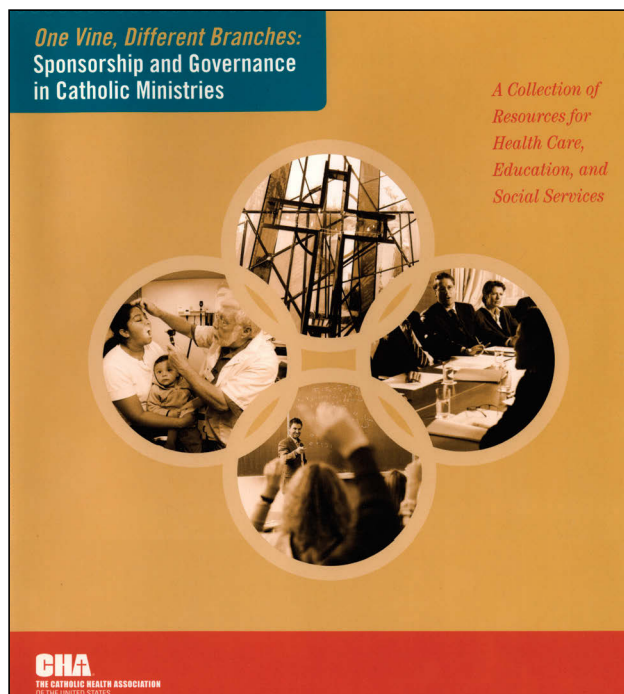
In subsequent years, as the think tank evolved and drew in new members, the group focused on building a common understanding of the theological foundations of sponsorship. The groups developed texts for the ministry that were reviewed by CHA members, bishops, theologians and canon lawyers outside the groups, and officials in Rome. They were published in 2005.

By the mid-2000s, CHA recognized an increasing need for trustees to understand the theological foundations and related values of the ministry. In 2005, in conjunction with the American Hospital Association, CHA offered a development program for trustees. Then, in 2007, CHA offered three new resources with both sponsors and trustees in mind: *One Vine, Different Branches: Sponsorship and Governance in Catholic Ministries*; *Core Elements for Leaders of Catholic Ministry: A Reflection Guide*; and *Personal Development Plan for Leaders in Catholic Ministries: Sponsor-Trustee-Executive*. CHA also targeted trustees in four sessions at the Catholic Health Assembly in 2008.

CONCLUSION

The second decade of the 21st century would bring new challenges to Catholic health care, including critical questions related to another round of changes in the health care marketplace and a renewal of challenges from outside groups. But the formation efforts of the 1990s and 2000s had built a strong base of leaders with courage and vision, and Catholic health care would be well prepared to grapple with all that lay ahead.

PAMELA SCHAEFFER is the former editor of *Health Progress*.



Mid-2000s

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