The Importance of Leadership Formation

Collaborative Opportunities Exist Between Catholic Health Care and Catholic Universities

BY JEANNE BUCKEYE, Ph.D., & MICHAEL NAUGHTON, Ph.D.

Dr. Buckeye is associate professor, Department of Ethics and Business Law, Opus College of Business and Dr. Naughton is director, John A. Ryan Institute for Catholic Social Thought, both at the University of St. Thomas, St. Paul, Minn.

Leaders in Catholic health care and education stand on the shoulders of religious founders whose vision and sacrifices built some of the strongest private institutions in the United States. Yet, leadership's intense focus on the current challenges and opportunities of these institutions may tempt them to neglect the distinctively Catholic vision that inspired the founders.

This article examines the importance of leadership formation in Catholic health care. It suggests some ways in which Catholic universities might contribute to forming leaders, who can sustain and develop that inspiring vision. Thus, they renew and strengthen mission and identity in both Catholic health care and Catholic higher education.

Leadership Formation: Three Stages

Historically, the development of Catholic health care and education can be viewed in three different stages defined primarily by the type of leadership at the top. The first stage, that of the religious founders, is past and succeeded by today's generation of leaders well-schooled in administration and business, but less acquainted with its religious roots. To preserve and nurture the qualities that make these institutions distinctively Catholic, the next generation of leaders – stage three – will need to rediscover the vision of these roots and give it new life.

Stage 1: The Founders and Their Chosen Successors Catholic religious congregations and dioceses that founded hospitals and colleges in the United States have left a legacy of 62 Catholic health care systems with 615 hospitals, and more than 230 colleges and universities. The vision and entrepreneurial spirit of these sisters, brothers and priests – inspired by a tradition of service – built strong organizations rooted in Catholic teaching, thought and practice. It is hard to imagine that we who work in Catholic health care and education today would be doing so if not for the intellectual, spiritual and moral formation that moved these religious leaders.

In many respects, these religious leaders pioneered social entrepreneurship; they recognized and responded to significant social problems with innovative and practical solutions. Although they committed themselves and their organizations to serving the common good and the humanization of the world, their moral and social commitments did not derive from a generic universalism; they were informed instead by a specific relationship with Jesus Christ realized through the communal life of the church. Not presuming to take possession of their organizations as their personal property, they recognized their organizations as ecclesial participants in God's creative and redemptive order. No doubt the founders had their weaknesses and their formation was far from perfect, but among their greatest strengths was humility where, as John Ruskin wrote, "the greatness is not of them, but through them."

Stage 2: Leadership Today The era of the founders and the immediate successors they mentored has past. Today, Catholic health care and education function in environments more complex and challenging than any the founders could have imagined in virtually every dimension: administrative; competitive; economic; legal; technical; social; workforce; and religious. Ironically, while the institutions themselves grew and adapted to changing environments, membership in their founding religious communities declined. Leadership, of necessity, passed to new lay leaders, chosen for their abilities to manage increasingly complex organizations, to navigate the "permanent whitewater" of organizational and societal change. Finance, accounting, marketing, operations – expertise in critical business skills – was emphasized.

Knowledge of the founding tradition, commitment to its religious vision – what became of these? It seems, at this stage, the distinctive mission was assumed but not cultivated. Legitimate concerns for leaders' character and administrative abilities were not matched by concern for their knowledge of the faith and traditions that had animated the founders. New leaders were selected with an almost naïve hope that could simply pick up the Catholic vision as they worked. They would be inheriting strong mission-driven organizations that would undoubtedly continue to thrive under their skilled and dedicated leadership. In some circumstances, priests and sisters continued to extend real influence and presence in their institutions during the transition to lay leadership by retaining seats on the board and key leadership positions as well as by meeting regularly with top management. But too often, concerns over how well the laity could embrace the mission were answered with a general "hope" that a new age of the laity would overcome these concerns.

Perhaps the one thing the founders and their initial successors underestimated was themselves – the significant impact their formation, perspective and faith had played in the daily life and work of their organizations. What they overestimated was the capacity for successive generations of leaders to "catch" the mission simply by association.

Increasing complexity and constant change demanded the full attention of the new lay leadership in Catholic institutions. These were people of goodwill and considerable talent, fully committed to the operational missions of their institutions. But, they were not trained in theology or philosophy. Nor did their strengths lie in understanding the intellectual tradition of the church or its moral and social teachings. Most had no formal spiritual formation, an advantage that may have heightened their sensitivity to questions about the heart of their institutions' Catholic mission. Thus came mission drift, an unintentional movement away from the core purpose and vision of the organization, a movement powered by incremental and subtle changes arising from a series of decisions over time. Catholic health care and education are by no means alone in this phenomenon. It often occurs when new leaders fail to accept, understand or appreciate the vision or values of their predecessors, and it is even more likely under heightened competitive, technological and economic pressures

Stage 3: Forming a New Generation of Leaders Where are we now? The good news is some leaders in Catholic health care and Catholic education seem to be more aware and sensitive to the reality of mission drift, asking exactly what, if anything, the "Catholic identity" adds to institutional life. New attention is being paid to understanding Catholic mission and its theological roots, to the idea of Catholicity and to ecclesial dimensions of a Catholic institution.

Perhaps the one thing the founders and their initial successors underestimated was themselves – the significant impact their formation, perspective and faith had played in the daily life and work of their organizations. What they overestimated was the capacity for successive generations of leaders to "catch" the mission simply by association.

But let us be clear: not all leaders in Catholic institutions recognize that drift has occurred, and not all who see it care. Some appear to be concerned exclusively with market-oriented aspects of their mission; for others "Catholic" is an historical artifact, a heritage to be remembered at particular times of the year. Many express doubts that the specifically "Catholic" legacy of a mission can have significant impact in their institutions, let alone help them thrive in the future. Reasonable doubts in the current environment? Possibly, yet they may also be founded less on managerial and economic realities, and more on the leaders' own limited understanding of the Catholic tradition – spiritual, social and intellectual – and of the understated, but potent character of the Catholic missions which they now steward.

"Business Education at Catholic Universities: The Role of Mission-Driven Business Schools," University of Notre Dame, June 11-13, 2008.

This conference will focus on the nature and scope of Catholic business education, innovative curricular models that reflect the character of business education in a Catholic university, and elements that are necessary to assist in reaching this mission. If you have any questions, contact Pat Murphy at Notre Dame at Murphy.72@nd.edu, or Michael Naughton at St. Thomas University at mjnaughton@stthomas.edu.

Catholic Universities: Meeting the Needs for Stage Three Leadership Through Executive Education

In light of this situation, what is needed today is a different kind of leadership education, one that integrates excellent leadership development with a faith formation to prepare leaders for serious challenges Catholic institutions face. This kind of integrated approach can help overcome what *Gaudium et Spes* defines as a serious error of our age, "the split between the faith which many profess and their daily lives." More specifically, an integrated leadership education could challenge the practice of compartmentalizing mission within select departments or organizational activities, leaving the rest of the organization to focus on technical or financial criteria alone, a practice aptly described by Jack Mudd as "organizational schizophrenia."[1] This new approach to leadership development would combine the best of leadership theory and practice with the best of the Catholic tradition.

What if Catholic health care and Catholic education could extend their cooperation to develop this new executive leadership program for the next generation of institutional leaders? Executive leadership commonly addresses the core disciplines of general business or MBA programs, but frames questions of competition, organizational culture, strategy and governance at a general or top management level. Good executive programs explore leadership theories, styles and techniques to broaden an executive's skill set; the best deepen the executive's personal understanding of leadership. They encourage self-awareness – regarding preferences, habits of thinking, beliefs and behaviors – that both affirm the leader as a person and provide the stimulus for necessary personal change.

Yet, leaders in Catholic health care have to engage the personal and institutional dimensions of leadership within a uniquely Catholic mission. Understanding what is "Catholic" about a "Catholic mission" requires both a philosophical and a theological sophistication that allows one to be open to the idea. Opportunities for this kind of education are rare – seldom, if ever found in a public university – and often absent even in most religiously affiliated private universities. Executive education in a Catholic university could introduce concepts essential for understanding a "Catholic mission," tracing the theological roots of these terms, and exploring their implications for health care decisions. The Catholic intellectual tradition, and its social, spiritual and moral dimensions, would naturally be included among these concepts, both as individual principles and as a unified whole, revealing its theological strength and integrated usefulness.

The aim would be not simply to deepen leaders' appreciation, respect and preference for these principles, but to establish the principles' basis in reason, to suggest their power to affect change, and to demonstrate their value as guides in organizational leadership.

We see five particular areas where this intersection of leadership and Catholicity engage in relationship to Catholic health care:

1) Personal Engagement: Vocation, Spirituality and Leadership Development Catholic health care is a spiritual project, which cannot be sustained without spiritual leaders. Executive education for leaders in Catholic institutions should invite executives to view their work in its spiritual dimension, as a calling, challenging them to uncover the purpose of their work in a framework deeper and broader than mere organizational boundaries or interests. Leadership formation should also enhance a "professional" perspective that raises questions about professional duty and to whom it is owed, and about interpersonal relations based on a reverence for the human person. Professionalism also raises questions of virtue, especially the virtues of practical wisdom, justice, courage and temperance. It should encourage personal reflection that deepens understanding and compassion – inspiring the virtues every leader needs, whether in crisis or simply enduring the inevitable challenges to necessary but unpopular decisions.

2) Clinical Engagement: Theology of Health and Holistic Care Many leaders in Catholic health care have no formal background in medicine; even fewer have a background in Catholic theology. Yet, to explain and promote a Catholic mission, they must be able to express a spiritual and religious understanding of health care, a particularly difficult challenge in the secular health care establishment. Leadership formation that introduces a theology of health and holistic care would certainly help. A Catholic health care theology, for example, would support treating the whole person – as an inseparable unity of body and soul – in and through caring relationships. It would encourage an approach to healing and care that includes spirituality, theology, psychology and science. Examining controversial questions in reproductive health, genetics, and end of life issues, within a theologically informed understanding of a "culture of life," medical ethics, moral theology, and a theology of the body can take on new meaning and new urgency for the Catholic health care leader.

3) Organizational Engagement: Theology of Institutions and the Catholic Social Tradition Leaders of Catholic institutions are challenged to create organizational conditions that foster human development. Like other corporate executives they are challenged to foster the gifts and talents of a diversified workforce and at the same time to build robust and high performing organizations. Here, Catholic social thought can help as a remarkable resource for ideas on practices and policies that shape a just and nurturing culture. Its specific principles offer perspectives on wages, salaries, benefits, job design, unions, layoffs, hiring, firing, training and employee participation that are part of every organization's life. Questions of assessment, governance structures, investment, and an institution's obligation to the poor and underserved can be examined in deeper and richer ways with the aid of Catholic social thought. Principled leaders in health care and elsewhere are challenged to reconcile the goals of margins, efficiencies, productivity, waste reduction, and so on, with concerns for human dignity and the common good. Catholic social thought sheds light on this difficult equation.

4) Societal Engagement: Health Care Policy and Advocacy The Catholic health care establishment is a significant participant in the national discussion on health care policy. While leaders may have enough to do dealing with their own organizational issues, they cannot afford to be silent in the public debate on the costs, financing and delivery of health care. Health-related issues at the societal level need to be addressed as more than economic, scientific and statistical questions.

Examination of health care at the societal level would give leaders of Catholic institutions theological support as well as a forum for thinking about issues often viewed as political questions: health care access; insurance coverage and national health care; embryonic stem cell research; genetic research and testing; end-of-life health care; euthanasia; and so on. How might Catholic social thought help us understand about appropriate state role in developing health care policy? In light of the controversies over church/state relations, what kind of relationship should Catholic health care have with the state?

5) Ecclesial Engagement: Ecclesiology and its Institutional Implications for Catholic Health Care Catholic health care holds in sacred trust the healing ministry of Jesus, with its distinctive vision of the human person, the common good and the divine source and end of life. The religious mission of Catholic health care institutions arose from the church and from the founders' fidelity to the church's claims and teachings on these questions. The historic facts of ecclesial mission compel leaders of Catholic health care to understand the ecclesiological character of their organizations today. What does it mean to be a ministry of the church? What relationship do health care organizations have with their sponsors? How do ecclesiology and sacramentality affect a leader's understanding of the work of Catholic health care? Ecclesial concerns extend beyond issues of law and governance and new leaders in Catholic health care need to understand these concerns in light of their theological roots. Absent knowledge of the theology that gives them life, juridical and governance issues too often take the form of legalistic, minimalistic arguments with what is seen as an authoritarian hierarchy. Surely the Catholic vision requires more, offers more than mere legal and structural observances.

The Catholic health care establishment is a significant participant in the national discussion on health care policy. While leaders may have enough to do dealing within their own organizational issues, they cannot afford to be silent in the public debate on the costs, financing, and delivery of health care.

The five dimensions of leadership formation – personal, clinical, organizational, societal and ecclesial – are key to fully understanding and engaging a Catholic identity and mission. Leaders thus informed can serve as "bilingual" witnesses to the mission. In multi-faith, multicultural environments the absence of shared assumptions places heavy demands on even ordinary communication; stereotypical judgments on all sides further cloud receptivity. But the challenges to authentic exchange of ideas are even greater when they involve theological and philosophical concepts. Yet, this is the reality in pluralistic environments, which most Catholic health care institutions are. To adequately explain and foster a Catholic mission, health care leaders need an openness to exploring Catholic thought, courage to discuss it publicly, and a "bilingual" ability to describe Catholic concepts and traditions in the everyday language of people who do not know or share the tradition. These are great expectations to place on new leaders in Catholic health care. Nonetheless, they are essential.

Comment on this article at www.chausa.org/hp.

A Challenge in Catholic Universities

Can Catholic universities provide an executive leadership education that provides the kind of integration described here? Probably not – at least not now. Like Catholic health care, Catholic universities are struggling to pass the torch to a new generation of leaders and learners. Some schools are struggling just to keep the torch lit.

A primary challenge for Catholic universities is getting faculty in different parts of the university to collaborate with each other in promoting a common distinctive vision. On the one hand we have theology, philosophy and Catholic studies departments who are seen as "holding" the Catholic tradition of the university, but who tend to have little genuine interest in organizational life. On the other hand, we have faculty in business and executive leadership programs, experts in leadership theory and practice, who have little genuine interest in Catholic organizations. There is too often a chasm between these two entities that make a common project of leadership formation for Catholic health care difficult.

Despite this rather significant obstacle within the Catholic university, we do see signs of hope for future collaboration. The increasing acceptance of spirituality of work movement, the growing relationship between Catholic social thought and business, the increasing discussions over mission and identity in Catholic universities – all this is beginning to break down barriers to collaboration. For example, about 250 faculty and administrators from business and the humanities will be meeting in June to think and rethink the nature of business education in a Catholic university (see p. 39 for more information). This type of work fosters the kind of integration necessary for leadership formation at Catholic health care organizations.

It seems to us that Catholic universities and Catholic health care have a fresh opportunity for substantive collaboration that can mutually enhance each other's organizational mission and identity. Catholic heath care, which in many ways is ahead of Catholic universities in recognizing the importance of executive leadership formation, would bring to this collaboration its own strong focus on leadership formation.[2] Catholic universities would bring faculty with expertise in leadership, spirituality and Catholic theology – well-published, seasoned teachers and scholars well-acquainted with the wisdom and complexity of church tradition and with leadership in theory and in practice. For Catholic universities, one significant benefit of collaboration would be the potential for generating research studies on the particular challenges and opportunities for leadership in Catholic health care. In addition, developing and offering leadership formation for Catholic health care would contribute to efforts in Catholic universities to offer programs for their own leaders, current and potential.

Ultimately, Catholic health care and universities will serve the church and society better in collaboration than in isolation. The very nature of their shared commitment to a distinctive mission and identity call them to pursue this project together. ■

NOTES

1. Jack Mudd chairs the Ascension Health Board of Trustees and serves as senior vice president, mission leadership, Providence Health and Services in Seattle.
2. The Catholic Health Association, in particular, has been actively focusing on leadership formation (read the May-June 2002 and September-October 2005 issues of *Health Progress* for essays on the topic.