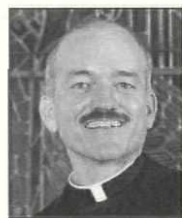




WHAT SEPARATES OUTSTANDING FROM AVERAGE LEADERS?

Strong leaders are fundamental to the success of any organization. This need is particularly evident in healthcare, especially given the current national crisis. And to ensure that healthcare facilities will have strong leaders in the future, it is important for current executives to assess and develop the competencies to become outstanding leaders.

We recently studied leadership competencies in religious orders and found marked differences between "outstanding" and "average" leaders, including variances in their willingness to take risks, their use of power, and their relationships with subordinates. Much of what we learned is translatable, with some refinement, to the activities of leaders of other values-based institutions, notably healthcare facilities. Despite the differences between healthcare organizations and religious orders, they have enough similarities—especially a shared commitment to addressing people's needs based on Gospel-oriented values—for us to conclude that what we found among the leaders of religious orders is applicable to the Catholic healthcare community.



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A Study Identifies Leadership Competencies And Implications For Professional Development

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This finding is especially significant in light of the diminishing numbers of religious priests, brothers, and sisters to fill leadership positions in Catholic healthcare institutions. The number of lay leaders of Catholic acute care institutions has risen from less than 30 percent 20 years ago to more than 70 percent today, so this information could be relevant to their development as well (see Charles J. Fahey and Mary Ann Lewis, *The Future of Catholic Institutional Ministries: A Continuing Conversation*, Third Age Center, Fordham University, Bronx, NY, 1992).

Summary As the healthcare crisis mounts, healthcare organizations must be managed by especially competent leaders. It is important for executives to assess and develop the competencies necessary to become "outstanding" leaders.

In our study of leadership competencies among leaders of religious orders, we found that outstanding and average leaders appear to share characteristics such as the ability to articulate their group's mission, the ability to act efficiently, and the tendency to avoid impulsive behavior or excessive emotional expression.

Outstanding leaders, however, differed from average leaders in seemingly small but significant ways. For instance, nearly three times as often as average leaders, outstanding leaders expressed a desire to perform tasks well—or better than they had been performed in the past.

The study also assessed how members of religious orders perceived their leaders. In general, they tended to rate leaders of their religious institutes as transformational leaders—leaders who welcomed doing things in a new way and inspiring their own staffs to search out new ways to provide services.



LEADERSHIP COMPETENCY STUDY

Our conclusions are drawn primarily from the Leadership Competency Assessment of Leaders of Religious Orders, a study we conducted in collaboration with noted psychologist David McClelland, PhD. This study was a separate but related piece of our three-year study (1989-92) of the Future of Religious Orders in the United States (FORUS) funded by Lilly Endowment Inc. In FORUS, we examined the changes occurring in sisters', brothers', and priests' understanding and experience of religious life.

We captured religious orders' members' perceptions of their leaders as part of the FORUS 1990 national survey of 9,999 sisters, brothers, and priests, representing more than 121,000 members of religious orders belonging to 816 different congregations.

To determine those qualities which differentiated outstanding from average leaders of the religious orders, we identified and interviewed a criterion group of 24 current or former leaders of religious congregations whose peers regarded them as outstanding. This criterion group included 12 women and 12 men.

The people we interviewed led congregations

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that sponsored institutions in healthcare, education, or social service. Many of these persons had also served as administrators in these organizations. Using the criteria of institutional commitment and concomitant experience in governance, we found a group that had held responsibilities similar to those faced by leaders in Catholic healthcare organizations.

We interviewed a control group of 15 average leaders (4 men, 11 women) who had similar characteristics to those of the criterion group of outstanding leaders (in terms of age, gender, and length of tenure).

We conducted these interviews, transcribed them, and coded them for leadership competencies according to the Behavioral Event Interview method developed by McClelland and McBer & Company, Boston. A competency is a measurable characteristic of a person that reliably distinguishes outstanding from average performers in a particular job. These characteristics predict superior performance.

STUDY FINDINGS

The interviews revealed that outstanding and average leaders appear to share certain founda-

COLLABORATION WITH RELIGIOUS SPONSORS

Although the study, Future of Religious Orders in the United States, did not focus on the relationships between healthcare institutions and their sponsors, it produced some implications for how healthcare executives can interact more effectively with members of the religious institute sponsoring their institution.

- Establish open communication between the board and the sponsoring religious institute so that both groups understand and agree with the direction the hospital is taking. Consider establishing a chief executive officer's (CEO's) advisory council that includes members of the religious institute.

- Meet with the leader of the sponsoring congregation. Make sure the CEO and senior managers fully understand the congregation's mission and history.

- Apprise congregational leaders of

the unmet community needs that the hospital encounters daily. Encourage members of the sponsoring religious order to collaborate with the facility's executives to develop strategies to address these unmet needs. For example, if homelessness is an issue in the community, perhaps the sponsor could help establish a mobile clinic. Or maybe the order's members could help convert unused facility space into a special care unit to handle seasonal needs of the homeless.

- Involve the sponsor in a strategic, long-term planning process to anticipate future healthcare problems, particularly in the local area. Work with leaders of religious orders to assess the status of the institution's current resources, as well as to identify strengths, weaknesses, opportunities, and threats.

- Identify likely leaders among hospital staff, members of the sponsoring

religious institute, and other influential groups. Encourage formal mentoring relationships to groom leaders who will manage effectively in the future.

- Introduce a period of reflection into the day. Use this time to assess how what the facility is doing fits into a larger context. How does the hospital deliver services in the spirit of the sponsor's founders? Are executives bogged down with politics and maintenance programs, or are they free to act in accordance with the sponsor's mission?

- Consider introducing a quality assurance exercise for nonmanagers in the facility. Heighten the staff's awareness of this mission through employee orientation materials, staff meetings, and executive retreats.

- Critically assess your own leadership performance. Identify deficiencies, and develop skills where appropriate.



tional, or "threshold," competencies, including the ability to articulate their group's mission, the ability to act efficiently, basic conceptual and analytical skills, self-confidence, and the tendency to avoid impulsive behavior or excessive emotional expression.

Outstanding leaders, however, differed from average leaders in significant ways. For instance, nearly three times as often as average leaders, outstanding leaders expressed a desire to perform tasks well—or better than they had been performed in the past. Outstanding leaders stated more than twice as often as average leaders that they wanted to find new ways to achieve goals and to make things better for the people their religious institute serves.

In their comments outstanding leaders expressed a firm awareness of the presence of God and of their relationship with God. Average leaders seldom referred to God in their interviews.

Outstanding leaders also felt a strong need for achievement, tended to use their power for the good of the group, and were not distracted by a need for acceptance. Average leaders of religious orders, on the other hand, indicated they were motivated more by acceptance than achievement and were more inclined to act on behalf of individual members, thus demonstrating a greater proclivity toward maintenance of the status quo.

The study also found that outstanding leaders were significantly more likely than average leaders to use their power to influence group decisions or behavior, to build consensus and team spirit by soliciting the views of others, to attempt to see issues from different perspectives, and to seek divine assistance in their leadership roles.

Conversely, average leaders were more inclined than outstanding leaders to mention that they had threatened sanctions to control the behavior of subordinates, acted out of formal (command and control) authority as opposed to building consensus, and involved themselves in personal problems of individuals instead of seeing the problems in terms of their impact on or relationship to the entire group.

HEALTHCARE NEEDS TRANSFORMATIONAL LEADERS

In the FORUS national survey, members of religious orders offered insight into how they perceived their leaders. In general, they tended to rate leaders of their religious institutes as transformational leaders—leaders who welcomed doing things in a new way and inspiring their own staffs

Average leaders indicated they were more motivated by acceptance than achievement.

to search out new ways to provide services.

Transformational leaders were typically identified as those who were inspirational and often used symbols and metaphors to communicate their vision. They were developmentally oriented and inclined to intellectually stimulate the orders' members because they encouraged reflection before action. The FORUS national survey respondents reported higher satisfaction with leaders who had these qualities. In the leadership competency study described earlier, outstanding leaders tended to be more transformational than their average counterparts.

Given the current healthcare environment, it is increasingly essential that leaders not only manage systems and individual hospitals, but also look at new ways of delivering services—especially to those traditionally underserved groups with the greatest need.

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THE LEADERSHIP GENDER GAP

In our leadership competency study, we found that the actions of outstanding men leaders are different from those of outstanding women. This is interesting in light of the fact that most Catholic hospitals in the United States are sponsored by religious institutes of women, but many are being managed by laymen.

Outstanding women leaders appeared more likely to focus on consensus building, to recognize the spiritual significance of events, and to express positive expectations of others.

Outstanding men leaders appeared more likely to have begun new projects, to have acted assertively, to have provided more opinions (particularly negative ones) to subordinates, to have developed the leadership capacity of others, and to have felt supported by God.

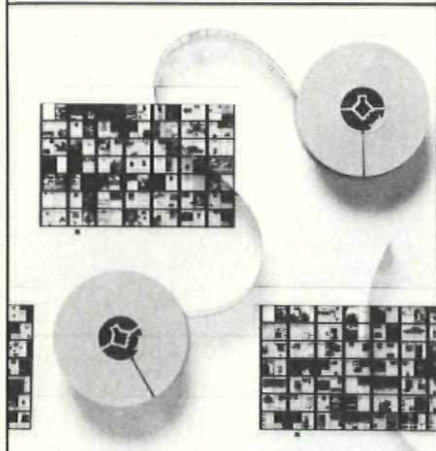
Compared with men, both outstanding and average women leaders were less likely to start projects dealing with problems anticipated in the coming year.

Outstanding women leaders reported having threatened members with termination of an assignment or dismissal from the religious institute more frequently than their average female counterparts. However, they reported this sort of behavior less frequently than all outstanding and average men leaders.

These findings suggest that executives working for a hospital or healthcare facility sponsored by a group of women religious may want to be assertive in initiating new projects regarding strategic issues. They also suggest greater need for mentoring of women in organizations to increase their competence as leaders.

Healthcare executives in Catholic healthcare organizations should also be aware that the feedback they receive from the head of the sponsoring organization may not be as direct—or as negative—as it might be, and they should modify their performance accordingly.

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OUTSTANDING LEADERS

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APPLYING LEADERSHIP COMPETENCY RESULTS

Identifying the competencies that mark outstanding leadership has important implications for training, personnel selection, career path development, and mentoring relationships.

Computerized programs exist that can match competencies required for a variety of leadership roles with the most likely candidates. Conversely, candidates who demonstrate leadership competencies can be assisted in choosing positions and responsibilities to prepare them to assume leadership roles in Catholic healthcare.

Mentoring relationships are worth special mention. We learned in the competency study that, at least in religious orders, outstanding men leaders do more mentoring than outstanding women leaders. This has significance for the healthcare field because more religious institutes of women than of men sponsor hospitals. Strengthening mentoring relationships could add outstanding leaders to the healthcare community as administrators, board members, and educators.

As John E. Curley, Jr., president and chief executive officer of the Catholic Health Association, so eloquently put it in a presentation at Fordham University's Third Age Center's symposium on the Future of Catholic Institutional Ministries:

We view leadership development as essential to the long-term future of not only our ministry, but the whole Church. For this reason, we are convinced that the Church must undertake the task of designing and implementing a uniform, systematic, cohesive, and accountable leadership development strategy which is built upon the charisms, resources, and needs of all of its parts. □

THE VALUE OF SYSTEMATIC READING

Continued from page 37

knowledge to gain understanding. Hence, after studying extensively, one must go on to integrate what is learned, so that truth may be apprehended."

Discuss What You Are Reading Discuss with other people what you are now reading or what you have just completed reading and check it against their experience. And, of course, it is important to apply and test what you have read against your own experience, too. Ask yourself, Does this ring true to me? Have I found this to be the case in my life in the past? In others lives? Can I follow this idea or concept and see if I experienced what the author experienced?

STAYING COMPETITIVE

At a time when knowledge is increasing in importance, many people have stopped reading. Systematic reading can be one of the best ways of staying competitive. It helps us stay current, fresh, up-to-date. It helps develop our inner life, gives us a broader perspective, brings better balance to our lives, helps us work together better, and provides enjoyment.

You may want to give systematic reading a 30-day test. Begin by making a reading list. It does not have to be a long one; just list some of the items you would like to read. Then acquire one, two, or three of them.

Set a goal for completion of the items within 30 days. Also set benchmarks (either weekly or daily), a schedule, and a place for when and where you are going to read (e.g., in the morning, during lunch break, evening).

Commit to carrying out your plan. If you miss some of your goals or fail to follow your schedule one day, do not bag the whole effort; recommit. You may have to recommit each week or even each day. Evaluate your progress and your plan, and modify it as needed.

Remember, the slogan "One who doesn't read is no better off than one who can't read" is very timely today. □