Identity and Catholic Healthcare
The Challenge of Leadership Formation
A Call to Action

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ABSTRACT

We Begin By Examining How the Expression of Healing and Compassion Must Be Undertaken Within a Very Different Set of Organizational Arrangements in our Contemporary Setting

For centuries organizational life unfolded in structures that had a focused authority center. Roles were arranged within pyramidal hierarchical systems where authority was centralized through command and control authority.

This enduring organizational form began to radically mutate at the end of the past century. Highly educated personnel, instant electronic information access, and increased competitive pressures among other forces accelerated the evolution.

The result is the need to decentralize change and innovation to strategic core units with fluid, emerging leadership. As a consequence Catholic mission and values increasingly depend on distributed leadership. Deep culture can no longer be created and sustained simply through elites.

While healthcare in the United States has lagged in this evolution, it now is beginning to experience extreme pressure to reconfigure leadership responsibilities in order to meet the demands for low cost, high quality care that is economically sustainable. This will demand distributed leadership.

All this implies that Catholic culture will only be maintained if formation programs are available to leaders (formal and informal) throughout our healthcare systems.

Theological Implication

It is within these new, decentralized organizational contexts that eighty plus percent of the baptized engage in knowledge work. Creating a robust theology of organizations life and a contemporary “spirituality of leadership” is a critical theological challenge in our times.
It is through decentralized design and development efforts that love of neighbor is expressed in knowledge work. Innovation and change must be seen as the very expression of the action of the Holy Spirit enabled by diffuse charisms of associates at all levels and within all function of the organization.

In short, the kingdom of God and its light must be refracted through innovation within the contemporary health care organization led by leaders widely distributed throughout the organization.

Regrettably, the present situation characterized by very limited spiritual formation available to organizational leaders leads to the false dualism decried by Pope John Paul II, wherein the world of knowledge work is often separated from spiritual meaning.

**Implications for Leadership Formation**

Empirical evidence regarding “deep culture” organizations demonstrates that spiritual and psychological maturity are preconditions for effective organizational culture within new organizational forms.

The outcomes from two different approaches to Leadership Formation in the US will be reviewed. The first model is within a single Healthcare System, Ascension Health. The Second is a consortium program comprised of multiple systems, the Ministry Formation Program in the Western Region of the US.

It is acknowledged that these efforts are recent, for the most part have been focused on top-level leaders, and have not yet penetrated clinical cadres.

Nonetheless, significant outcomes can be documented associated with these programs. They include:

- New understanding of leadership as a calling, not just a job or career
- Increased understanding of and commitment to mission
- A refined approach to decision making that is inclusive of discernment and solidarity
- Ability to articulate Catholic Social Thought and integrate values into organizational decisions
- Confidence in witnessing spiritual dimensions of organizational life in a religiously pluralistic environment
- Development of a critical mass of mission centric leaders who collaborate in sustained transformation efforts
- Understanding of the mystery of suffering associated with leadership helping to avoid burnout and cynicism
As significant as these favorable outcomes are, until the programs are made available to middle and first line leaders, distributed throughout the organization in both clinical and administrative roles, there will remain a deep chasm between rhetoric of top administration and a small “in-group” of supporters vs. the primary loyalties of a majority whose values and attitudes are for the most part formed within secular disciplines and professional reference groups that remain the “principalities and powers” to be wrestled with.

Conclusion

A quarter of a century of organizational research suggests that without intensive, extensive and durable investments in leadership formation deep organizational cultures cannot be sustained.

If this is true of command and control organizations (e.g. the military, traditional religious orders, emergency preparedness organizations, etc.) it is even truer for loosely coupled knowledge organizations of which healthcare is an example.

It is a vain wish that Catholic identity can be achieved simply through: hiring for mission (unlikely to achieve a plurality within an organization); or transferring insights from parish, short term orientation programs, retreat events or mission exhortation by senior leaders.

Formation of the future generation of leaders throughout a knowledge based health-care organization has to be intentional. It cannot be achieved through hope or programs available only to a few organizational elites.

Implications for the Larger Church

The drift away from spiritual values within contemporary organizations is well documented. Witness the recent meltdown in the financial sector world wide driven by hubris and greed.

In my view two ministries of the Church are best position to develop and demonstrate a program for formation for lay leadership within the modern organizational milieu: Catholic Healthcare and Catholic Higher Education.

If we cannot achieve a program of lay formation within these official ministries, how can we hope to proceed forming leaders for corporate life in general? We should be clear that there is a thirst for spiritual formation among corporate leaders even in secular organizations. Interest in spirituality has been defined as a megatrend by sociologists. To cite but one example, more than 500 working professional MBAs and 350 senior executives have participated in a seminar at Santa Clara University in California “Spirituality of Organizational Leadership”.

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Both Catholic Higher Education and Healthcare are in a special position to model approaches to leadership formation for the laity. The organizational cadres in both institutional sectors are composed of knowledge workers paralleling the contemporary organizational evolution. Associates and patients, faculty and students, reflect the religious pluralism of modern societies. The interface between science and religion, individuals and organizational structures, management science and theology meet in a dynamic nexus within these ministries. They provide us with laboratories to learn how to create a formation program for lay leadership. I see no other institutions better positioned to undertake this task on behalf of the Church.

We dare not be discouraged when facing this additional task of formation juxtaposed with all the other challenges of contemporary healthcare. The spiritual energy that was the foundation for the sponsoring religious founders of our ministries was not superior knowledge, skills or even raw courage. It was the Holy Spirit called upon daily in support of their efforts. An outcome of formation is a community willing to come together in prayer on behalf the work of the organization.

We are God’s stake in human history.
We are the dawn and the dusk;
the challenge and the test.
How strange to be a (Chosen Child of God)
and to go astray on God’s perilous errands.
We have been offered as a pattern of worship
and as prey for scorn, but there is still more in our destiny.
We carry the gold of God in our souls to
forge the gates of heaven.

Abraham Joshua Heschel