

## Values-Based Healthcare Leadership Selection

“Leadership selection has a greater impact on an organization than any other single activity,” wrote nationally recognized ethicist and theologian John “Jack” Glaser, STD, in 1989. Today, it is still hard to argue with his statement. In fact, one could make the argument that it is more true than ever in healthcare.

Which hospitals and health systems will succeed in today’s marketplace – whether success is measured in profits or mission fulfillment? Those with the most resources? The largest patient populations? The latest technologies? The finest clinicians? These are all important factors, but none truly essential. The only fundamental element of success is great leadership, from the C-suite throughout the corridors of care and extending to clinics and the varied ambulatory facilities of an organization.

Dr. Glaser’s quote comes from the first paragraph of the first of three articles he wrote with the title, “Selecting the Cream of the Crop,” for *Health Progress* magazine in 1989, 1992 and 1998. The defining theme of these articles is that core, lived values (CLVs) are the most important factors in assessing leadership candidates and the most telling as predictors of executive success.

As the Catholic Health Assembly (CHA) celebrates its centennial this year, I’d like to reflect upon core values and criteria that define Catholic leadership, and ponder the question of how well they are suited to evaluating and recruiting leaders in today’s rapidly changing healthcare environment.

In working with dozens of Catholic health systems each year, I see the following guiding principles in executive recruitment:

**1. Mission matters most.** In Catholic health organizations, executives must have a true calling to the work and an appreciation for how they, in their influential roles, can advance the mission of their ministry. This includes having a personal and professional track record of living with purpose and pursuing activities that are congruent to that mission.

**2. Mission-based leadership is transferable.** For example, non-Catholic executives can succeed in Catholic organizations, and vice versa of course. In recent years, there has been a trend toward Catholic healthcare organizations (and Catholic schools and charities, for that matter) hiring non-Catholic and lay leadership. This does not mean that Catholic healthcare has strayed from its mission. If anything, it is adherence to mission—and to its importance in a search, as Dr. Glaser professed—that allows these organizations to go outside their faith and find CEOs and other executives who are like-minded and share the same lived values and priorities.

**3. Proven experience is critical.** One’s deeds rather than words are what selection committees at Catholic hospitals and health systems zero in on. (Dr. Glaser makes a clear distinction between spoken values and lived values.) This is especially relevant in leadership selection and a candidate’s ability to prove that he or she has succeeded in a faith- or mission-based environment, has lived in alignment with the employer’s values and has clearly furthered its core mission (while also succeeding in the marketplace, one would expect).

### CAN CATHOLIC ORGANIZATIONS CHANGE, TOO?

A common criticism of Catholic healthcare organizations (and concern expressed within Catholic circles) is that they are too tradition-bound and not able to shift quickly enough to meet the pace of change we are currently experiencing. How can they possibly keep up?

To see how, it helps to remember the most prominent features of the changes we are currently witnessing: a shift from volume to value; an emphasis on serving entire populations (regardless of status or socioeconomic standing); a concern for the emotional (spiritual) as well as physical well-being of patients and families. Given these defining factors of the new paradigm it is easy to see how Catholic healthcare organizations can adapt and are adapting to healthcare reform. Much of reform is nothing new for Catholic leaders, who have emphasized quality of care, compassion and service of needy populations throughout their history.

Some key elements of change align quite nicely with Catholic traditions, and I see Catholic healthcare organizations embracing change every day—in hiring physician leaders, for example, like Richard Gilfillan at Trinity Health. This is hardly a hire in the traditional mold of Catholic leadership, yet it is in keeping with the organization’s long-standing mission.

There are issues that are inhibiting Catholic health systems from changing as well. They need to continue to look at governance and organizational structures that best position their organizations for the nimble responses needed in the marketplace. Upholding tradition can be done without being constrained by the past. Nevertheless, as we move into an uncertain future, no one is “doing healthcare” in the same way, and everyone is looking at peer organizations for ideas and best practices. I believe Catholic health leadership has much to teach non-faith-based organizations, and that the Catholic model of recruiting executives illustrated by Dr. Glaser is one that stands the test of time. 

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