

# From the Spiritual to the Strategic:

## *The Evolving Role of Chief Mission Officer*

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*Today's mission leader must ensure that Catholic values thrive in a healthcare industry preoccupied with margins and buffeted by mergers and market shifts.*

As the largest non-governmental provider of healthcare services in the world, the Catholic Church has healed the sick and cared for communities through centuries of change and upheaval. Recent years have provided ample challenges for U.S. Catholic hospitals and healthcare systems, but they have adapted well without sacrificing their moral and theological imperatives. A key reason is the integral role played by the Chief Mission Officer.

Like so many executive roles, the Chief Mission Officer (CMO) is shifting, expanding. But how, and to what degree? What experience is now necessary for mission leaders, and how can tomorrow's mission executives be identified and supported?

To answer these questions, we reached out to five experienced and highly respected mission executives for their insight. They include:

- **John Brothers**, Vice President of Mission Integration, KentuckyOne Health
- **Wayne Carmello-Harper**, Chief Mission Integration Officer, St. Vincent's Foundation
- **Dennis Gonzales**, Regional Vice President, Mission Integration, Christus Santa Rosa Health System
- **Joel James**, Vice President of Mission, Mercy Joplin
- **Michael Sanderl**, Vice President and Chief Sponsorship and Mission Integration Officer, Saint Joseph's College

These five leaders were gracious and thoughtful in responding to our questions and in helping us to understand the role and how it is changing. We offer a summary of their input below, followed by an addendum with excerpted quotations.

### Increased Complexity and a Need for Strategy

The past five years have brought about seismic changes to healthcare systems' size, organizational structure, and patient care. As a result, today's Chief Mission Officer can no longer simply be the organization's spiritual care leader. These mission executives have become strategic partners, business advisors, even communications experts. As Dennis Gonzales of Christus Health told us, "Effective [CMOs] are not only knowledgeable about theology, ethics and Catholic teaching, but are also able to understand finance, strategic planning, advocacy, marketing, and a host of other key topics related to the administration of healthcare systems."

Mergers, acquisitions, and new community partnerships have resulted in more opportunities for mission executives to take positions in other Catholic healthcare systems, and for younger executives to advance into mission leader roles. Those who responded to our survey told us that some healthcare systems are even expanding their mission departments so that team members can specialize in key areas, such as community outreach.

As Catholic organizations consider and interpret regulation focusing on quality, equity, and population health, CMOs are becoming essential resources. Joel James of Mercy Joplin highlighted the new model for care delivery, which emphasizes outpatient venues. "The best 'change' question for the mission leader becomes, 'How we can minister to out-patient settings when our present design is to prioritize in-patient care?' " In addition to strategic thinking, CMOs must remain well-versed in ethics and moral theology in order to address regulatory provisions that may run counter to Catholic doctrine, such as extended benefits

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to same-sex couples or providing contraception. “These issues require on-going dialogue and input from both local bishops and the United States Conference of Catholic Bishops,” Wayne Carmello-Harper of St. Vincent’s Foundation noted.

### Preserving Catholic Identity

Fundamentally, the primary role of the CMO is still to preserve the Catholic identity within the organization, according to the mission leaders we interviewed. However, the scope and complexity of this task is expanding. From hiring executive leaders who share the values of the organization to maintaining expertise on new healthcare models and compliance requirements, CMOs must prioritize the mission within, and outside, the organization.

Michael Sanderl, currently of St. Joseph’s College and previously with Ascension, said mission executives must embrace the complexities of being a “chief influencer,” including “how to persist on an issue, when to ask the reflective question, and when to observe and watch it and know the timing. Mission integration is all about partnerships – helping everyone to see their jobs as how that expresses ministry.” CMOs can ensure the mission is being integrated by holding associates accountable to the organization’s mission and values. They can further strengthen the mission outside of the organization by serving as an advocate at the local, state, and federal levels.

It would be easy to become bogged down by the scope of responsibilities, but CMOs must balance functional work with deeper reflection on the mission and their vocation. Indeed, as Carmello-Harper told us, there are exciting opportunities for Catholic organizations to advocate “for the deeper *why* of human dignity that gives meaning to the financial aid policies, the compliance initiatives, safety requirements, clinical huddles, associate recognition, and marketing materials. This is a rich area of potential influence and lasting impact on our ministries.”

### Wide-ranging Skills

Successful mission leaders, the five executives told us, have a deep understanding of philosophy, religion, and ethics, which not only builds trust among staff members but is crucial during strategic decision-making. At the same time, business acumen and strategic thinking have become just as essential. Mission executives must be able to anticipate future shifts in healthcare and devise plans to keep the organization’s mission sustainable for years to come.

Indeed, the executives we corresponded with described necessary skills that reflect this new emphasis on the business side of healthcare, including experience in administration, operations, finance, and organizational development. Some aspiring CMOs are first gaining experience in business, communications, or healthcare leadership and then earning a master’s degree in theology. Increasingly, CMOs are being asked to develop their communication, facilitation, and presentation skills as well — Dennis Gonzales described it as being “camera ready to serve as the face of the organization in the community.”

Particularly now, during such tumultuous change, the mission officer must develop self-awareness and emotional intelligence while remaining grounded in servant leadership. “The role of the CMO is to know where to look and how to deflate operational angst into manageable pathways that preserve our ministry,” Joel James explained.

## Nurturing Future Mission Leaders

Developing future leaders able to serve as both spiritual counselors and strategic advisors begins with training. “Educational programs designed for mission executives should ensure both areas are covered so the mission leader is equally prepared to lead the business side of the ministry as well as spiritual aspects,” John Brothers of KentuckyOne Health noted. Even those who are already working in healthcare can expand their education to focus on becoming a CMO. For example, Brothers said, there can be an internal process to identify interested associates who then attend system-wide mission leader educational sessions or earn university certificates or degrees.

Mission officers we interviewed said they hope to see more intentional systems put in place within Catholic healthcare organizations to identify and cultivate potential mission leaders from all departments, including physicians, human resource employees, and even finance staff. Then, these “interns” can be exposed to all aspects of the organization’s mission by gaining experience in key departments, such as chaplaincy, nursing, and intake.

Finally, these future mission leaders should be mentored, perhaps by a more senior leader in the organization or by a mission leader in another health system. Mentors can provide the insight and feedback proven to help new leaders build their confidence and expertise. But mentees can also give something back, Sanderl said. “It’s reverse mentoring — will these ‘new mission’ leaders have things to teach others that are more seasoned? I believe so.”

## Shaping Catholic Healthcare

Today’s mission leader role requires a solid foundation of Catholic theology and business acumen, as well as an open acceptance to growth and adaptability. Those who welcome this challenge, today and in the coming years, will experience an exciting opportunity to shape the future of Catholic healthcare and the broader industry and society as well.

As Carmello-Harper noted, quality healthcare benefits the whole of humanity and is part of the Catholic social teachings to protect human dignity and advance the common good. “In order to look to the future, this mandate — that healthcare is not a commodity but a fundamental right that enables human flourishing — is the foundation on which everything else must be laid or envisioned.”

## Additional Thoughts from Mission Leaders

The Chief Mission Officers who responded to our questions were thoughtful and expansive. While we cannot present all responses in their entirety, the following are insightful excerpts we would like to share from John Brothers, Wayne Carmello-Harper, Dennis Gonzales, Joel James, and Michael Sanderl.

### *How has the Chief Mission Officer role changed in the past five years?*

**Carmello-Harper:** I would begin with this statement from the Ethical and Religious Directives for Catholic Health Care Services (Fifth Edition, General Introduction): “Healthcare is a fundamental good that belongs to the whole of humanity” . . . this mandate that healthcare is not a commodity, but a fundamental right that enables human flourishing, is the foundation on which everything else must be laid or envisioned . . . during the past five years, mission leaders have continued to evolve as members of a strategic team. Today, the mission

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leader needs to be knowledgeable, capable and fluent in strategic conversations and decisions. Within business development and strategy, short- and long-term decisions reflect what the organization is affirming regarding its direction and resources.

**Gonzales:** The role of the mission executive has changed in the past five years from primarily a “spiritual care” leader or chief chaplain to that of a strategic partner. Effective mission leaders are not only knowledgeable about theology, ethics and Catholic teaching, but are also able to understand finance, strategic planning, advocacy, marketing, and a host of other key topics related to the administration of healthcare systems.

**James:** The operational talents of the CMO are called on to prioritize her/his influences where time and people resources are becoming more challenging . . . The best “change” question for the mission leader becomes, “How we can minister to out-patient settings when our present design is to prioritize in-patient care?” . . . The role of the CMO is to know where to look and how to deflate operational angst into manageable pathways that preserve our ministry.

Secondly, the role has changed academically. Twenty-five years ago there were 12 people who had degrees in Mission Integration. There was a strong need identified and people became effectively trained in advance so as to meet the need. We have a new brand of leader coming to the stage in the world of healthcare ministry and it wields precise expertise. We are very blessed by the deep insights that PhDs in ethics, or education, philosophy, religion, or psychology are bringing to the table as a new breed of mission leader.

**Brothers:** There has been greater emphasis on ensuring leaders of Catholic health facilities are knowledgeable and capable of leading a ministry of the Catholic church. It has become even more important for the Chief Mission Officer to ensure this is taking place and that leaders in the ministry are effectively equipped and formed to ensure the Catholic identity of the organization is not compromised. Changes in sponsorship models of Catholic health organizations require the mission leader to stay informed of the emerging models and to also ensure an understanding and compliance with the organization’s sponsorship model . . . The role has become more challenging due to state and federal laws that give rights to individuals for services which are considered illicit in Catholic health care. This requires the mission leader to be well versed in the field of ethics and moral theology.

#### *What should the primary role of the mission leader be in the organization?*

**Sanderl:** This person needs to be grounded in strategic thinking and be able to think systematically, not just within one domain or body of work but across the whole spectrum . . . it should be the strategic leader at the senior table – not just about mission but also to provide a window/lens on the broader strategy for the system. It should also be someone who is grounded in servant leadership – leadership through how you work with others and through relationships with those around you including peers and teams. Mission integration is all about partnerships – helping everyone around the ministry to see their jobs as how they express the ministry . . . Finally, it really requires someone who understands the complexity of being a chief influencer – how to persevere and persist on an issue, when to ask the reflective question, and when to observe and watch it and know the timing.

**Carmello-Harper:** All Catholic healthcare ministries have documented competencies for mission leaders. However, this catch-all role that included gift shops and valet service now is becoming much more specialized. Emerging are Centers of Expertise within mission departments, including refined responsibilities to support complex roles that are likewise advancing in their roles and competencies. They include: Community Benefit/

Outreach, Spiritual Care, Formation, Ethics, Ecclesial Relations. [Editor's note: In his full responses, which we do not have the space to publish here, Carmello-Harper provided insight regarding shifts taking place within each of the above Centers of Expertise. As an example, he noted that "Spiritual Care is making a major shift from acute care rounding on patients to clinical research-based chaplaincy."]

**Gonzales:** The primary role of the mission leader in an organization should be to ensure that the ministry remains true to its Catholic identity, Catholic social teaching and the charism of the founders. The mission leader should ensure that people are recruited and hired who share the values of the organization, especially in top leadership roles. Additionally, the mission leader should make every effort to put a decision-making process in place that holds all Associates accountable to the stated mission and values of the organization. Finally, today's mission leaders should be leaders in advocacy at the local, state and federal level, as well as put solid formation programs in place for board members, executives and middle managers.

**James:** The role of the mission leader is the same as Paul's role was stated by himself in 1 Corinthians 9:19, "Though I am free and belong to no one, I have made myself a slave to everyone, to win as many as possible." An aspect of being effective as a mission leader is to have all of the people easily identify what it is that you "do" and that each person identifies it in her/his own language and need . . . The "things we do" conversation is always reminiscent of the conversation of the "things we be." Mission leaders will always be criticized by newer ops people who do not understand what they "do". Our biggest "do" that is physical and can be seen and experienced is probably formation. Formation begins in "hiring for fit," has many forms and venues, and never ends.

#### *What experience and skills are organizations looking for in mission leaders?*

**Brothers:** Many mission leaders in the past have come from religious backgrounds, which serves the ministry well, as they typically have a great understanding of the Catholic Church. In more recent years, individuals have assumed these roles who come out of operations and understand the business side of the ministry. Ideally, mission leaders should have an understanding of the Church as well as the business side of the organization. Catholic healthcare organizations are ministries in the business of healthcare. An understanding and competence in both serves the organization well. It is also important to have skills and experience related to ethics and community benefit, which can often be challenging in the health care environment. Mission leaders need to exude executive presence as well as have excellent written and oral skills. They need to be well respected by their executive peers.

**Carmello-Harper:** An area of clarity that many health ministries have not crossed is the requirement for these individuals to be Catholic. A current danger is welcoming people into roles from diverse faith traditions and then not being clear regarding their future leadership opportunities. . . Mission leadership has a critical link to culture and Catholic identity. Thus, future mission leaders need to move across the organizational platform without barriers as trusted partners. In all the functions of healthcare, there is the opportunity to take the next step from knowing the policies of what is allowed or avoided to the "integration" of the deeper why of human dignity that gives meaning to the financial aid policies, the compliance initiatives, safety requirements, clinical huddles, associate recognition, and marketing materials. This is a rich area of potential influence and lasting impact on our ministries.

**James:** Adaptability and savvy. Every critical article about the future of healthcare delivery that I've read in recent months captures the same few thoughts about what it means to survive the prevailing winds of change. We must be integrated into a larger support system - this means that the mission leader must be adept as

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navigating between large groups of people and representing multiple/unique concerns between system nodes in order to be effectively integrative. We must be flexible – the new mission leader needs to be sharp enough to know that when rapid response is required we must have already seeded mission into the conversation. Being able to build new systems and rearrange your chair to fit the room in which one finds one’s self is vital.

**How can we prepare/nurture future mission leaders within our organizations?**

**Sanderl:** There are formal programs that will continue to be important – i.e., theology/ethics are critical to continue to foster. The third leg of the stool is the mentoring relationship. When someone has been identified who has been asked to consider mission leadership, we need to think about who they can pair with locally or within the system to mentor. Or maybe this can even be a colleague in another system, someone they can lean in and rely on to navigate a pathway . . . consider reverse mentoring, too. Will “new mission” leaders have things to teach those who are more seasoned? I believe so.

**Carmello-Harper:** Human Resources, Talent Acquisition and Organizational Development staff should ensure that they understand the mission leader role from a local, national and ecclesial perspective. Fortunately, the emerging Centers of Expertise are developing roles that both welcome and include a broader base of future leaders. Several Catholic universities are offering degrees in mission, formation, and community benefit. Catholic healthcare is just beginning to craft and fund positions that include coordinators and managers in these specialized areas.

**Gonzales:** Identify those Associates early who appear to demonstrate the core characteristics we are looking for as described above. We can approach these promising future mission leaders and assess their skills and abilities. If it is determined that they have an interest in mission and possess the potential to become future Mission Leaders, there should be a formalized mission internship process. At Christus Health, these folks are given mission duties on a gradual pace while at the same time attending structured mission leader educational sessions. If needed, they are enrolled in certificate or degree programs as appropriate. The health system makes a significant investment in time and resources in this regard. The current mission leader serves as a mentor and coach to help the potential future mission leader to learn and gain confidence.

**Brothers:** My belief is that future mission leaders should receive requisite education in the areas of business as well as Catholic theology. Educational programs designed for mission executives should ensure both areas are covered so the mission leader is equally prepared to lead the business side of the ministry as well as spiritual aspects. There needs to be more opportunities for students to do internships in mission departments to get exposure to all aspects of mission. Educational programs typically provide the book knowledge of a job/function; the hands on exposure to real life operations in a mission department can augment the learning and preparation for future mission leaders.

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