

A Preview

CHA's Framework for Leadership Formation

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In March 2009, CHA's Ministry Leadership Development Committee embarked on an important project to evaluate the impact of existing efforts in leadership formation within the Catholic health care ministry. Building on a survey of 18 health systems with well-developed formation programs, the committee, of which I am a member, has worked to fashion what we have come to call a Framework for Leadership Formation, a summary of the leading practices in place, to share across the ministry. The committee has garnered some important insights, and here is a preview for consideration until we publish the final document later this year.

FORMATION: KEY TO OUR INTEGRITY

Based on input from formation directors and those who have completed their system's executive formation processes, the committee is convinced that formation is not just an option for the Catholic health ministry but is essential to its future integrity.

The good news is that effective processes and content are in place, providing key leaders opportunities to discover new perspectives on their work. Participants said their programs have had a strong professional and personal impact on their appreciation of spirituality in the life of a leader and of the responsibility of leaders to seek ways to share formational opportunities with coworkers. They also report the formation experience has led to a qualitative difference in the way business decisions are made in their organizations.

The committee sees hints of a formation tipping point at which enough leaders have completed formation to make possible a change of culture and practice leading to even more effective mission integration.

Still, reflecting on the evolution of other faith-based organizations into strong secular organizations — Harvard University's gradual metamorphosis is one example — the committee concedes there is real danger that a similar slow evolution could happen to Catholic health care. Yet the survey results indicate this need not be the case.

In his encyclical *Caritatis in Veritate*, Pope Benedict XVI called for a "formation of the heart" for those involved in works of charity, such as Catholic health care. As a result of this formation, he wrote, "love of neighbor will no longer be for them a commandment imposed, so to speak, from without, but a consequence deriving from their faith, a faith which becomes active through love." Thus, one might extrapolate that the influence of well-formed leaders will expand the process of personal interiorization to an interiorization of values across an organization.

WHAT SHOULD WE EXPECT OF FORMATION?

The signs that this process is occurring led the committee to name four elements that *describe*



the work of formation. The committee chose the word *describe* intentionally, because we did not want to offer yet another definition of formation — we preferred to offer key elements of what formation *does*:

FORMATION ENGAGES AND INSPIRES THE LIVED EXPERIENCE OF WOMEN AND MEN IN THEIR ONGOING GROWTH AS PERSONS AND AS LEADERS.

It helps the leader:

- Develop an increased self-awareness and a greater understanding of personal giftedness as part of one's call to health care ministry
- Facilitate prayer, reflection and sharing
- Foster a healthy work-life balance
- Possess a spiritual awareness of the dignity of persons, expressed through empathy and solidarity

FORMATION INTEGRATES, ARTICULATES AND IMPLEMENTS THE RICH TRADITION OF CATHOLIC HEALTH CARE.

It helps the leader:

- Understand the core of Catholic tradition, while promoting the Catholic identity and mission of the health care organization
- Build on and express an appreciation for the legacy of the founding congregations

- Ensure that health care services are provided through the lens of the compassionate healing ministry of Jesus

- Make decisions based on Catholic social teachings related to the dignity of the person and the common good

FORMATION STRENGTHENS AND TRANSFORMS THOSE BEING SERVED, AS WELL AS INDIVIDUALS, ORGANIZATIONS AND COMMUNITIES.

It helps the leader:

- Exercise servant leadership and consultative decision-making processes
- Demonstrate vulnerability, admit mistakes and ask for forgiveness
- Create the conditions for individuals, organizations and communities to act for the common good
- Promote a culture of inclusion

FORMATION GROUNDS LEADERS AND THE ORGANIZATION IN THE FOUNDATIONAL VALUES, WHICH ENABLES CATHOLIC HEALTH CARE MINISTRY TO FLOURISH IN THE PRESENT AND FOR THE FUTURE.

It helps the leader:

- Be attentive to Catholic identity and enhance it throughout the organization
- Advocate internally and externally for the

life and dignity of the human person, especially for those who are in any way marginalized

- Assure that there are sound business practices to support the ministry
- Demonstrate operational excellence extending the healing ministry of Jesus

Throughout the consultation process about this framework, there was considerable discussion about the need to develop leadership competencies, but the committee chose to structure its work around behavioral outcomes. Work on a competency model based on the framework will come at a later stage.

However, it should be noted that a leadership competency model already exists. CHA developed the Mission-Centered Leadership Competency Model in 1999 in collaboration with the Hay Group management consultancy. This model offers a structure that could be used to develop expectations of leaders in the health ministry and formation efforts that would support these leaders in their efforts. A few systems adopted the model as a basis for their performance evaluations, succession planning and formation efforts. There is a description of this model on CHA's website.¹

Comparison reveals a resonance between the four "clusters" of competencies in the 1999 model and the new Framework for Leadership Formation, particularly in the four descriptors of formation. Comparison also reveals a new depth and richness achieved since the 1999 model was developed.

The call to develop a leadership competency model could rightly build on the 1999 model, perhaps with new definitions and areas of focus and taking into account the work done by many systems to develop their own models.

It may seem to be an obvious point, but it is important for a formation program to find the right way to express the linkage to the charism and legacy of the religious men and women who founded the Catholic health ministry in the United States. While many Catholic health systems remain sponsored by single congregations, many others are sponsored by more than one congregation or have moved to separate public juridic person status. Thus for some systems, the linkage to the founding congregation's charism is clear. For others, mergers and new canonical status have challenged them to find a new expression of their charism while honoring the legacy of those who founded them.

During our consultation, committee members heard more than once, particularly from religious women, that the charism of Catholic health care

FOUNDATIONAL ELEMENTS OF FORMATION

The committee identified 10 foundational elements across the ministry:

- 1 Programs must be rooted in Catholic theology, ethics and spirituality.
- 2 Formation should express links with the charisms and legacy of the foundresses and founders of the ministry.
- 3 Formation is presumed to be ongoing, not subsumed in formal programs, and is open not only to Catholics but to all who share the values of Catholic health care.
- 4 All Catholic health entities should provide formation for their leaders as a core function alongside their clinical and operational responsibilities. In addition, the ministry has found leaders come to see themselves as part of the formation experience for their coworkers.
- 5 Formation shapes and transforms the individual, the organizational culture and the broader community.
- 6 Reflective and integrative processes are essential for quality ministry formation.
- 7 Desired outcomes shape the content and process of formation.
- 8 Content is constantly updated to reflect new circumstances, needs of the ministry and the experience of participants.
- 9 Formation shapes leadership practice, business procedures and clinical protocols.
- 10 Formation leads to an understanding of Catholic health ministry as an expression of the ministry of the larger church.

could no longer be linked to single congregations but should be linked to the Gospel. This will be an important point to consider in formation content for congregations that anticipate new forms of sponsorship.

A second important point is the need for openness to those from other faith traditions in formation and respect for their spiritual traditions. Many leaders in Catholic health care now come from other-than-Catholic traditions. How does one form these leaders without proselytizing? How do we honor the important Catholic insight regarding baptism as the root of ministry while inviting others into this work who may understand the spiritual dimension of their work from a different starting point?

The Catholic imagination has always taken a broad view in terms of finding partners in the min-

istry. The fact that we are inviting people who may come from other faith traditions to participate in and even lead a ministry of the church reflects a long history of practice by our founding congregations, and it has great promise for gathering in the best talent for our work. It also requires true clarity about our understanding of this work as a Catholic ministry.

THE TRANSFORMATION

Formation provides an important tool to assure that our mission statements reflect the lived experience of those we serve and are not just marketing tools. Although we have clear evidence from our work that formation certainly provides transformative experiences for individuals, it remains our challenge to identify changes to organizations and, even more so, to communities. The fact that communities we serve are understood as a beneficiary of leadership formation supports the importance of our organizational and personal integrity vis-a-vis our communities. Our local communities will certainly tell us if we are living up to our stated promises to them.

CORE CONTENT

One of the more important and pleasant surprises of the committee's work was discovering real commonality in core content among existing formation programs. New circumstances and needs will always require constant re-evaluation of the content, and the depth may vary from system to system, but the following areas are represented in some way by all:

- **Heritage, tradition and sponsorship**
- **Mission and values**
- **Vocation — call and response**
- **Spirituality and theological reflection**
- **Catholic social teaching**
- **Ethics**
- **Leadership style**
- **Holistic health care**
- **Diversity**
- **Relationship to the broader church ministry**

Systems showed strong commonality in the core content, but the survey showed they structure their formation programs in various ways. Effective programs use adult learning principles, reflective processes and integrative projects, and there are three structural elements that appear to be particularly important to supporting the desired outcomes:

Cohort Model — This approach brings together a group of people for the duration of the formation process, which may be one to three years long. The cohort model offers the opportunity to develop true learning communities that may extend and continue outside the program. Cohorts often meet in a retreat setting, that is, at a site away from the workplace, which improves focus and minimizes distractions. The cohort approach helps to develop trust among participants over time and may contribute to more effective working relationships across the organization in the long run.

Pilgrimage — Many health systems have adopted the practice of selecting key leaders to participate in visits to the European motherhouses of their founding congregations. Several health systems participate in CHA's annual Ecclesiology and Spiritual Renewal program in Rome, which, along with visits to Vatican dicasteries, includes a pilgrimage to Assisi, the home of Sts. Francis and Clare. Participants in these experiences consistently report a new depth of understanding of the work they do, seeing themselves as part of living legacy that they now own in an important way.

Volunteer Service — Although Catholic health care always has kept a focus on care for poor persons, many leaders of the ministry rarely have face-to-face contact with them. Volunteer experiences on a regular basis bring these leaders out to see where and how those most in need live and the circumstances that create such challenges for them. These experiences often are humbling for participants and offer them a new perspective on those they serve and gratitude for their own lives. They also challenge leaders to continue to do what Jesus did — to be with those most in need face-to-face.

EXTENDING AND SUSTAINING FORMATION EFFORTS

Many who were consulted about the framework expressed a desire for the committee to extend its attention beyond executive leadership to

boards, middle management and sponsors. There is a great opportunity to collaborate with others across the ministry to apply what we have learned from this project to those audiences.

As a way to begin, the committee created questions that sponsors, boards and system management can use to examine the depth of their current commitment to formation. The questions also will help system management assess their current formation efforts.

For sponsors:

- Do you require all board members to receive formation during their first year of service?

- Do you require continuing formation on their religious and fiduciary obligations to the church?

For system managers:

- Do all senior managers receive a substantial introduction to the ministry of Catholic health care within the first year of hire?

- How many formation programs are offered to all employees and physicians, and how much time is committed to these events?

- What is your plan for the ongoing formation process of senior leaders?

- How are senior leaders held accountable for the formation of others?

Regarding funding for formation:

- How has your institution prioritized leadership formation in the budgetary process?

- How is your investment in leadership development and leadership formation sufficient to the needs in a rapidly changing health care environment?

Regarding ongoing formation efforts:

- What follow-up opportunities are provided beyond required, basic programming?

- How well are your leaders supported through opportunities for ongoing formation?

- How does ongoing formation enable your organizational strategy?

Considering these questions also challenges any Catholic health care ministry to back up leadership formation with resources that support its quality and effectiveness. This means determin-

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ing policies for who participates in formation and a financial commitment that allows for a high quality experience.

The Framework for Leadership Formation is in many ways the beginning of an important conversation about the future of Catholic health care. We presume there is a consensus in the ministry that we want to maintain the identity and integrity of this work as a ministry of the church far into the future. Selecting leaders who are competent only in the technical aspects of their work is clearly insufficient.

Much good work has been accomplished over the past 10 years by many systems that have made important commitments of time and resources to formation. Yet many systems have only just begun. Our hope is that the framework will serve as a starting point for those systems to build on the good experience of others and for those already committed to formation to discover new ways to collaborate in their good efforts. Not only will we form the hearts of people, but perhaps form the heart of health care itself in the United States.

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NOTE

1. www.chausa.org/Pages/Our_Work/Leadership_Formation/Resources/Defining_Leadership_Formation/Competencies/Mission-Centered_Leadership_Competency_Model_%C2%A9/

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

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