

Exploring Formation With Other Organizations

By DOUGAL HEWITT

The current range of formation programs was developed during a period of considerable change and realignment within Catholic health care. The New Covenant movement of the 1990s led to the consolidation and creation of much larger Catholic systems than before. Many institutions also began to partner with other-than-Catholic health care entities.

In the 2000s, the public juridic person structure was established in far more organizations. In recent years, even larger Catholic health systems have emerged, and the rate of partnership with other-than-Catholic organizations has accelerated further.

Formal programs for ministry formation have proliferated across Catholic health care over the last three decades. While there is broad consensus about the need for and value of formation, there is significant variation in how these programs are constructed and delivered. Today, the programs assume a variety of forms, but all share as their primary purpose to provide leaders with a deeper understanding of and sense of connection to Christ's healing ministry and the church.

Across the country there is broad consensus within Catholic health care regarding the need for

formation, but there is less clarity around whether and how to proceed with formation with other-than-Catholic organizations. As Catholic health systems have developed an array of relationships with secular organizations, they have begun exploring options for formation within those entities as well.

DEFINING FORMATION

Led by the Catholic Health Association, a landmark review defined the intention of formation programs in this way:

"Formation and development of leaders for the Catholic health ministry [should] occur in an ongoing, multifaceted process that enables them to know and confidently act on behalf of the mission of the church's healing ministry. Through this process, leaders grow in their abilities to guide organizations in a manner that gives witness to Gospel values."¹

Within Chicago-based Presence Health, formation is intended to:

- Provide a venue to explore individuals' own authentic path to God/spirituality
- Develop an understanding of the relationship of their own vocation/call and how that relates to Presence Health as a Catholic health care organization
- Integrate and articulate the rich tradition of Catholic health care, including a basic grounding in theological principles
- Ingrain a sense of the connection of what we do

In recent years, even larger Catholic health systems have emerged, and the rate of partnership with other-than-Catholic organizations has accelerated further.



with the church and the larger healing ministry

- Build a community of Presence Health leaders who have a shared formation experience

There are dimensions of Catholic health care organizations that people of other faith and belief systems may find unfamiliar. Formation should provide a guide to discovering inspirational connections and individual spiritual enhancement. Beth McPherson, one of the principals of Leadership Formation Partners based in Ferndale, Michigan, describes formation as the “secret sauce” that can flavor organizational culture. Partnering with other-than-Catholic entities adds a whole new set of ingredients to the menu.

MULTIFAITH PARTNERS

Religious and secular organizations and individuals long have partnered in health care. From the earliest collaborations as care of the sick left the monasteries and moved into urban centers, partnering between individuals and institutions has been critically important to the growth and development of health care.

Thus there is a rich history to draw upon when exploring how to develop formal programs of formation for other-than-Catholic entities, since this type of partnering has been core to the success-

“It was never solely the work of the sisters. It was never the sisters alone. Our ministry has always grown in partnership with others.”

— Sr. Anne Marie Mack, CBS

ful growth of Catholic health care. Sr. Anne Marie Mack, CBS, who serves as senior vice president of sponsorship for the Bon Secours Health System in Richmond, Virginia, has declared: “It was never solely the work of the sisters. It was never the sisters alone. Our ministry has always grown in partnership with others.”

Understanding the shared grounding of purpose and values is fundamental to successful partnerships. Each component organization brings its own history and mission to the new relationship. Each organization also brings its own goals for the

partnership. Perhaps these relate to ensuring that more individuals can access the care they need. Providing the partnership appropriately adheres to the *Ethical and Religious Directives for Catholic Health Care Services*, there are opportunities for all involved to grow in understanding of how this advances concepts such as the common good.

KEY ELEMENTS

There are elements to establishing strong formation that, ideally, are considered as the partner relationship is forming. However, there are some long-standing partner relationships that have not previously enjoyed access to formal formation programs. Examples are outsourced services for certain functional areas, as well as a renewed focus on governance structures that frequently are supported by those of other faith traditions. Some of the key elements are:

Acquainting and Understanding: The foundation of all relationships is trust, which is built with honesty, openness and frankness as well as respect for differences. When partnerships are beginning to take shape, before moving into setting expectations around formation, there needs to be a shared sense of trust by all participants. The foundations of effective formation with other-than-Catholic entities should begin even before a relationship is formalized. Understanding the uniqueness of each culture is important to establishing a new, shared culture. Only then can you consider if the cultures of the participating organizations are compatible. For example, Dignity Health, based in San Francisco, has established a statement of common values that can serve to assist prospective partners in determining whether a closer connection to Dignity would be a good fit.²

Expectations: The founding documents of a partnership should contain an agreed-upon set of expectations that includes participation in formation by leaders. Levels and depth of engagement should be calibrated depending on the purpose and intended outcomes of the proposed arrangement. Ensuring that the expectation of formation is properly articulated sets in place a reference point or touchstone for use in holding all parties accountable.

Invitation and Selection: Ideally, it should not

Most formation programs have determined that while online content may be appropriate for certain dimensions, formation should not be exclusively online.

be necessary to continually refer to the founding documents to ensure participation in formation programs. Instead, an invitational approach is likely to yield far more effective participation. Few people find it compelling to take part in a program because they are told that they must do so. Ideally, potential champions would be identified who are able to encourage participation and generate excitement upon notification of selection.

Structure: Strong formation programs require talented instructors and robust educational resources. Systems have taken varied approaches to establishing the structure for delivering formation. Many of the larger Catholic health systems, such as Ascension and Catholic Health Initiatives, have established their own formation departments. Others, primarily on the West Coast, participate in the California-based Ministry Leadership Center for their senior leadership teams. Some health systems have established hybrid models directed by the system but with some content provided by others. For example, Presence Health's model is one of partnership with Loyola University Chicago.

One challenge has been to expand formation beyond the realm of executive leadership. Formation can serve as an experience of transformation for all employees. Two systems that have been leading the way on this front are Bon Secours Health System, with its "ministry footprints" program, and Dignity Health, which has a program geared towards those providing system support services.

The overall direction of formation generally is set at the system or corporate level, with varying degrees of responsibility at regional and local levels. One approach being explored within Presence Health is to ensure that formation is a core responsibility of every mission leader in addition to more traditional areas such as ethics, community transformation and spiritual care. In the context of other-than-Catholic organizations this poses some interesting questions, such as whether it is

essential that a mission leader be Catholic. Health systems that have a greater degree of engagement with secular and multifaith entities already have begun addressing this issue, and so we see a rabbi serving as a mission leader with KentuckyOne Health in Louisville. (See story page 10.)

Accessible and Resonant Content: The best content of existing formation programs is that which relates to the participants' own lived reality. Such content also is likely to be well-received by those participating from other faith and belief systems. It is important to recognize that formation with other-than-Catholics is not new to Catholic health care. The board members who served on the boards of individual facilities and now of multistate health systems have frequently been of other faith traditions. St. Louis-based Ascension has had a highly regarded focus on formation with governance for some years, and the Benedictine Health System, out of Duluth, Minnesota, has a program of 12 modules to be deployed as a formation focus for its local boards.

Adapting the content to reflect geography and generational differences brings other considerations into play. In some communities there is great ease and comfort with use of biblical terminology and less comfort with visual representations, others are less Scriptural and more image-focused.

Different age groups also may have varied perspectives regarding the use of technology to deliver content. Most formation programs have determined that while online content may be appropriate for certain dimensions, formation should not be exclusively online. The instructors must use the right language and appreciate the sensitivities and vulnerabilities of the particular intended audience. Grounded in the art of storytelling, the best formation programs resonate with their participants.

Current and New Frontiers: Catholic health care always has had other-than-Catholic participants in furthering its mission. The recognition of the need for formation programs for board members already has been mentioned. Several health systems also have developed strong formation programs for physicians. The "Finding Meaning in Medicine" movement is a reflection of the many clinicians eager to reawaken the call that drew them to health care in the first place.^{3,4}

There is a growing awareness of the need to



engage companies that provide services within our institutions. Because of increasing trends to outsource functions — dietary, for example — the staff of companies such as Sodexo are now preparing and delivering meals in Catholic hospitals and nursing homes. Certainly, patients and their families don't distinguish between outside contractors and other employees. A point to consider is whether contracts with such organizations include the expectation that the leadership and staff will participate in formation.

Mercy Health of Cincinnati addressed this issue by including contractors within their "Foundations of Catholic Health Care" programs. Recognizing that these other-than-Catholic entities are helping to fulfill the mission is a first step to a different process of engagement.

In addition to domestic contractors, there are contractors at a greater distance who form part of a growing trend to outsource certain services (e.g. information technology) overseas. Such decisions require significant due diligence and establishment of regular oversight and safeguards. When CHI, for example, hired Deloitte's IT support out of Bangalore, India, the health system recognized that people with a wide range of belief systems help to fulfill mission. CHI focused on engaging the individuals supplying IT support around what it means to be a part of Catholic health care.

CHALLENGES

Successful formation programs ignite a connection to mission throughout the organization, and, ideally, extend the mission into the experiences of all who come in contact with the organization. There are some challenges to effective formation that can be summed up as:

Requirement: Any class or training "required" on the job can raise hackles. It is essential that participants see formation as an opportunity and an invitation — otherwise, they may simply go through the motions to avoid some kind of career penalty.

Refusal: Participants may maintain they already have received adequate formation because they had a Catholic education. As one CEO stated, "I'm not going to formation. I can still remember the Latin responses from when I was an altar boy in grammar school."

Rejection: Participants understand what is

being sought through formation and reject it by leaving the program or the organization.

Masquerade: Participants do not absorb the commitment to key elements of formation, such as Catholic social teaching, but they learn the process and how to deploy the vocabulary. They become ministry impostors.

Addressing these risks is complex and challenging, but if the formation program grows from a clear understanding of internal culture, as well as sensitivity to the various constituencies, such challenges can be addressed to develop a transformational experience for the individuals and the organization.

CONCLUSION

Health care is becoming increasingly complex and globalized, and there is a growing need to recognize that partnering organizations and individuals of diverse beliefs and value systems will be a central and increasing feature. It is essential to identify effective ways to deepen formation throughout existing Catholic health care and embrace the opportunity to bring formation to an expanded array of organizations and individuals. Formation ensures that the legacy and traditions are carried forward as it shapes the future culture of an organization. The multitude of emerging new relationships can be shaped to become new vehicles to advance the healing ministry of Jesus Christ.

DOUGAL HEWITT is chief officer for mission and external affairs, Presence Health, Chicago.

NOTES

1. The Catholic Health Association, *CHA Framework for Senior Leadership Formation*, (St. Louis: CHA, 2011).
2. Dignity Health, "Statement of Common Values." www.dignityhealth.org/cm/media/documents/statement-of-common-values-m2.pdf.
3. Institute for the Study of Health & Illness, www.ishiprograms.org/programs/all-healthcare-professionals/.
4. David Bornstein, "Medicine's Search for Meaning," *New York Times* "Opinionator" blog, Sept. 18, 2013. http://opinionator.blogs.nytimes.com/2013/09/18/medicines-search-for-meaning/?_r=0.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, March - April 2016
Copyright © 2016 by The Catholic Health Association of the United States
