



Leaders Hand On The Tradition

More Questions, Needs Emerge

BY JOHN O. MUDD, J.D., J.S.D.

To sustain its heritage and identity, an organization must pay concerted attention to the way leaders are brought into the culture and held accountable for maintaining it. Catholic health care ministries' leadership formation programs, developed to help lay leaders fulfill their mission and cultural responsibilities, have grown significantly in the last 10 years. Yet significant questions remain about what the content of these programs should be, how they should be delivered and who has the ability to deliver them effectively.

Looking ahead, one of the five areas of focus in CHA's new vision statement is: "Engage all who are called to serve through a ministry-wide commitment to formation." To realize this vision, leadership formation will have to become as embedded a part of the ministry as spiritual care currently is, complete with appropriate standards and accountability. This will be no small task, but given the distance already traveled in a relatively short time, it is clearly achievable.

BEGINNINGS

No single event marks the beginning of leadership formation in Catholic health care. Early programs focused on general leadership competencies, avoiding even the word "formation" to prevent confusion with the term as used by religious congregations. Consequently, the early programs generally promoted "leadership development."

Although these early programs tended to focus more on the leaders' knowledge and skills, there was growing recognition that they also needed

to foster a deep appreciation for the ministry's heritage, mission and values. To meet this goal, a program had to provide participants with a different kind of experience — one that began to be called "leadership formation."¹ During these initial years, however, there was no consensus on a definition of "formation," its content or methodology. Answers to these crucial issues would begin to emerge only with experience.

CURRENT STATE

Today a growing number of individual ministries and systems are making major commitments to provide their senior leaders with an extended formation experience as an essential component of sustaining Catholic identity. In 2004, for example, Ascension Health initiated a two-year program for 25 executives enrolled each year. It was delivered in partnership with the Aquinas Institute of Theology, St. Louis.

The largest such collaboration began in 2004 when California's five Catholic systems came



together to create the Ministry Leadership Center, based in Sacramento.² The center enrolls approximately 120 people annually in its three-year program for senior executives. They work with members of the center's small, permanent staff supplemented by content specialists from across the country. The center also built in a research component to track overall effectiveness and impact.³

The early success of such multiyear programs has contributed to a broader understanding of the format, process and content needed for this work. Meanwhile, the number of systems offering a one- or two-year formation experience for senior leaders continues to grow. In 2010, CHA's Ministry Leadership Development Committee began collecting lessons learned from these efforts, and it will make this information available in 2011.⁴ Although the work of the CHA committee to gather formation lessons from across Catholic health care is not yet complete, several points of agreement already have emerged from those who have directed these programs over the last five years. Among them:

Leadership formation is essential if ministries are to maintain their Catholic identity into the future. It once was presumed that lay leaders in Catholic health care would absorb from the sisters of their sponsoring communities what they needed to sustain Catholic identity. That hasn't been the case for many reasons, including the fact that lay leaders today have less and less direct interaction with members of the religious community.⁵ What's more, working closely with a member of a religious community is no guarantee that the lay leader will receive the historical and theological foundation he or she needs for an in-depth understanding of Catholic identity or of the ministry's mission and values. A deliberate and focused program of leadership formation offers the only realistic way to prepare lay leaders with what they need to sustain Catholic identity.

Formation programs have demonstrated a positive impact on both the participants and their ministries.⁶ Participants have reported in surveys and interviews overseen by the CHA committee that they not only have gained a deeper knowledge of the Catholic heritage, but they also approach issues and people differently.

Leaders' desire to enroll in formation programs is another indicator of success. Despite some

questions from prospective participants before a program starts, once it is under way and word spreads, those leading formation programs report it has been a challenge to satisfy the demand of the number of leaders who want to enroll. This response from a participant in the Providence Health & Services formation program in 2010, although not universal, is common: "Thank you for the opportunity to grow as a leader, as a parent and as a person. You have changed my life."

The initial stage of formation, what some refer to as the "foundational experience," must extend over a period of months. This work cannot be done in a few days, even though shorter orientation programs also have value. Formation is not primarily about imparting information. It is not an academic exercise for the head, but must touch one's heart and ultimately must be embedded in one's life and work. That takes time. Participants have often

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told directors of their formation programs that because formation is different from anything they have experienced, it takes at least two or three sessions before they begin to get comfortable with the language and approach. Just how much time is needed for an effective foundation experience remains an open question, but current programs range from one to three years, usually with sessions that occur quarterly, or more frequently for programs with a shorter duration.

Effective formation takes place within a community that shares the experience and reflects together — this is not solo work. The major part of formation requires face-to-face interaction. While electronic communication can complement the personal contact, distance learning media are not appropriate as the primary method of delivering formation. Similarly, because the formation community requires stability to build trusted relationships, the current approach is to assign participants to a specific cohort and require that they remain in that cohort throughout the program.



Formation requires that participants “unplug” from their routine responsibilities so they can engage fully in a reflective experience. Most programs use retreat centers and similar settings away from work to provide a peaceful environment with minimal distractions. Program directors and the participants themselves describe the setting as important to allow them to enter into the reflective spirit that formation requires.

The skills required by those who facilitate the formation of health care leaders are different from the skills of those who work in academic settings. Professors are generally oriented toward presenting a certain amount of information to ensure adequate course coverage. For effective formation, however, covering material is less important than helping participants integrate key elements in their lives and work. The formation of health care leaders also requires that the person leading the sessions understand the health care environment in which the participants must apply their learning. Experience has shown that careful attention must be paid to the background and skill of those who are invited to lead formation sessions. It is not safe to assume that teachers who are subject-matter experts will also have the skills to be effective leaders of the formation process.

Formation addresses core elements of content. The content of formation programs continues to evolve, but among those who have been delivering the programs, there is an emerging consensus on the importance of several broad themes, each having local variations:

- The origins and history of the health care ministry within the Christian community, the Catholic Church and the religious congregations that founded or sponsor the local ministry

- Viewing one’s work as a “calling,” and how that concept relates to one’s profession and work within the ministry

- The principles of Catholic social teaching and their application to the priorities and decisions of the local ministry

- Organizational and clinical ethics and the application of the discernment tradition in making value-based decisions

- The meaning of spirituality, its relevance to the leader’s life and developing practices that nur-

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ture one’s spirit in the midst of the challenges of leadership

- The role of the leader as a servant and how to address issues such as alleviating human suffering that are at the core of Catholic health care

- The role, structure and implications of Catholic health care as a ministry of the Catholic Church, including the role of lay leadership described by Vatican II

While formation focuses on Catholic identity and values, it must be open to and respectful of the different beliefs of participants. A powerful part of formation has been engaging in conversations about the values and spiritual traditions held by participants with diverse backgrounds. This respectful dialog has broadened the perspective of those from the Catholic tradition and has allowed others to relate to the mission and values of their Catholic ministry at a deeper level than they initially thought possible. The respect for plurality of beliefs has brought greater unity around common purpose and values.

Formation is not a one-time event, but a lifelong process. At their best, current programs provide the initial foundational experience, but for those leading the programs, and the participants themselves, it is clear this initial experience is just the start of a journey that must continue over a lifetime. After completing the initial program, participants commonly ask, “Now what? How do we continue?” Once they have a formation experience, they understand they must stay on the path — and they want to.

PLENTY OF FORMATION WORK AHEAD

Despite significant progress in developing formation programs with an impact, there is work to be done. For example, formation experiences are not available across all of Catholic health care. Most ministries that have formation programs currently limit them to their senior leaders. There are no generally accepted methods for delivering ongoing formation once leaders finish the initial program. Some have experimented with follow-

up retreats and online resources, but a major issue is the sheer number of leaders who will ultimately need some kind of ongoing formation.

Although many ministries have made a significant commitment of resources, it remains to be seen whether cost-effective approaches can be developed for the large numbers who need both an initial experience and ongoing formation. A related resource issue is the availability of skilled and experienced personnel to deliver formation programs.

Effective assessment is another open question. At this time, assessment is generally limited to participant feedback. As helpful as this has been, it does not answer questions on the relative effectiveness of programs that are one to three years in length, or whether a format other than off-site retreats might also be effective as part of the process. The most extensive assessment to date is being conducted by the Ministry Leadership Center, which engaged a social scientist to gather information on the first 300 participants over a period of six years.⁷ When completed in 2011, that study will provide valuable information.

A GLIMPSE INTO THE FUTURE

So where is formation headed in 10 or 20 years? Making predictions about any social phenomenon as diverse and complex as Catholic health care is surely a fool's task, but current trends do suggest a direction — with a substantial caveat: External factors will affect Catholic health care ministries considerably over the next decade. Some may not survive the tumultuous changes in health care and

of its leaders to its mission and values. Only with effective formation of leaders can Catholic ministries avoid the path of many hospitals and universities that over time left their religious heritage by the wayside.

Within this context, here are some predictions by one who is optimistic about the future of leadership formation.

Quality. There will be generally accepted guidelines or standards to ensure that formation programs deliver excellence. These will emerge from the growing body of formation experience and will be captured by CHA, as it has done in other areas — not as requirements but as the collective experience of the Catholic health care community. These will include clear objectives to see that leaders have a depth of understanding of the mission and values of their ministries, can articulate them with conviction and inspiration and can embed them in the plans and daily work of the ministry. There will be general acceptance of the methods and formats required for quality formation, including the time needed for the foundational experience and how to deliver ongoing formation. The core content of formation programs will become generally accepted, with variations related to the local heritage and culture.

Relevance. Leaders will see formation not only as an essential part of their leadership within the ministry but as a valuable personal experience. It will become one of the reasons values-driven leaders are attracted to Catholic health care and remain committed to it. It will become an important “fringe benefit” and an opportunity to develop relationships with leaders from within one's own ministry and from other ministries. The leaders will appreciate the direct impact formation has on their interactions with their staff and their decisions. They will find they are sustained by a greater sense of personal purpose as they appreciate more fully the mission of their own ministry and how that mission relates to what is important to them.

Breadth. The future will bring an understanding that formation is not just for senior leaders,

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in the economy, and further consolidation among Catholic hospitals and systems is likely. These challenges, coupled with changes in sponsoring religious congregations and sponsorship models, will reinforce the conclusion that the mission and identity of Catholic health care, perhaps its very survival, depend even more on the commitment



but must extend to the other 90 percent of leaders in each ministry. There will be acceptance, as there is now in many corporations and in the military, that growth in leadership responsibility must be accompanied with growth in a leader's deep appreciation for the organization's heritage, mission and values.⁸ Formation opportunities will be tailored to the needs of leaders with different levels of responsibility.

Collaboration. There will be greater collaboration among individual ministries and systems in designing and delivering formation programs. Recent experience, even among large systems, demonstrates that collaboration brings greater value by sharing resources and experienced personnel. Individual hospitals and smaller systems will increasingly find partners to achieve their formation goals.

Spread. Within 10 years, virtually all Catholic health care ministries will be engaged in some type of formation experience for all leaders, boards and sponsors. The issue will not be whether formation is part of the life of the ministry, but how extensive and effective it is. With the spread of formation programs across Catholic health care, there will emerge a cadre of experienced individuals who specialize in doing the work of formation within and outside of their own ministries.

New horizons. The early years of formation programs have demonstrated that when a ministry reaches a critical mass of leaders who have experienced formation, things change — conversations are different, decisions are made in a different way, communications become more expressly shaped by heritage and leaders find themselves changed, with an even greater commitment to the ministry.

What else might change when formation becomes part of the fabric of the ministry and spreads to virtually all leaders? What energy will be released that is now remaining just beneath the surface? Formation has been called a "game-changer." If that is so, what might the new reality look like? Will there be a renewal of the kind of missionary zeal and leadership that produced the founding of today's ministries? Will new forms of lay community emerge? Will future leaders of health care ministries expand those ministries into new forms of service?

CONCLUSION

In less than a decade, leadership formation in Catholic health care has grown from a handful of pilot programs to a level of maturity that would have been hard to imagine even a few years ago. The programs have had a significant personal and organizational impact. Formation has passed through the stage of struggling infancy to at least an energetic adolescence. If progress in the next 10 years matches that of the last 10, by 2020 leadership formation will be a mature, integrated part of Catholic health care. Formation will enliven leaders and enable them not just to preserve the heritage and mission of Catholic health care, but also to see that it thrives.

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NOTES

1. John Mudd, "When Knowledge and Skill Aren't Enough," *Health Progress* 90 no. 5 (September-October 2009): 26-32. In this essay, I distinguish development programs that focus more on the technical knowledge and skills of leadership from formation programs that focus on the mission, values and inner qualities of leadership.
2. The original partners were Catholic Healthcare West, the Sisters of Charity of Leavenworth Health System, Providence Health System (now Providence Health & Services), the Daughters of Charity Health System and St. Joseph Health System. In 2010, PeaceHealth joined the partnership. The vision for the effort is described in William J. Cox, "Nurturing the Ministry's Soul," *Health Progress* 85 no. 5 (September-October 2004): 38-43.
3. The Center's program and early assessment results are described in Laurence O'Connell and John Shea, "Ministry Leadership Formation: Engaging with Leaders," *Health Progress*, 90 no. 5 (September-October 2009): 34-39.
4. The initial goals and work are described by Brian Yanofchick, "Leadership Formation: What Difference Is It Making?" *Health Progress*, 91 no. 4 (July-August, 2010): 74-76.
5. The demographics of my system, Providence Health & Services, are illustrative, with over 50,000 staff and fewer than 10 Sisters of Providence who are working in the system today.
6. O'Connell and Shea.
7. O'Connell and Shea.
8. The same need exists for all staff, but that is a subject for another occasion.

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