



MEASURING MINISTRY FORMATION

Moving Promise Into Practice

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The Catholic health care ministry has embraced ministry leadership formation enthusiastically and heralded its emergence as key to the ministry's sustainability. Few would question the accuracy of this proposition; but having it right is very different from getting it done.

Catholic health care organizations invest substantial financial and human resources in the formation of their current and future leaders. Therefore, one might reasonably ask about the return on investment. What should those who sponsor formation programs expect? How do the outcomes of formation enhance the institutional ministry and assure a healthy future? In short, how does the promise of ministry leadership formation translate into practice for both individuals and the ministries they serve?

The answer lies beyond anecdotal evidence. We have begun to collect empirical data about the impact of formation on leaders. Now we need to develop tools to measure the impact on organizations.

THE FORMATION PROCESS

Ministry leadership formation is a process of socialization into the community and tradition of Catholic health care for the purpose of building up the community and carrying on the

tradition.¹ The socialization process exposes organizational leaders to the inner workings of the tradition and helps them understand how to get around within the Catholic organizational context.

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from inherent potential and individual expertise to an expanded communal awareness and a more informed set of professional and organizational behaviors. The path of genuine formation can be confusing, discouraging and often threatening, but this particular rite of passage is now an integral part of assuming a senior leadership role in the Catholic health care ministry.

Thus, the intent of the formation process is practical. It offers the working knowledge and skills that creatively link the values and concerns of the tradition — social justice, human dignity, a sense of calling, etc. — with the lived experience and leadership responsibility of the executives chosen to participate. Ultimately, leaders are expected to articulate these central concerns and integrate them into their leadership activities and behaviors, understanding that leadership formation strengthens the mission by more tightly aligning leaders with each other, their organizations and the guiding values of the Catholic tradition.

Ideally, the case for ministry leadership formation is compelling. Dedicated executives acquire and integrate in-depth knowledge that deeply influences the character of their leadership



while positioning them to head organizational transformation.

On the practical level, though, good stewardship requires more than lofty ideals. Accountability and demonstrated effectiveness must be front and center. So, what empirical indications do we have that point to the success of our formation efforts, for both individuals and organizations?

THE 12 FOUNDATIONAL CONCERNS

The culture of Catholic health care is explored through:

Vocation ♦ Heritage ♦ Spirituality
Responding to suffering ♦ Values integration
Catholic social teaching ♦ Clinical ethics
Discernment ♦ Organizational ethics
Care for the poor ♦ Whole person care
Collaboration with church authorities and agencies

Are we hitting the ultimate mark, that is, are we actually establishing a culturally relevant foundation for maintaining and advancing the identity and mission of love and service that constitute the core of Catholic health care?

The Ministry Leadership Center (MLC) in Sacramento, Calif., established in 2004 by five Catholic health care systems, has worked with almost 1,000 leaders in the area of ministry leadership formation. Focusing on the 12 foundational concerns of Catholic health care, the core program unfolds over three years, providing essential working knowledge and skills to more effectively lead the mission and ministry of Catholic health care.²

From the beginning, the center engaged an expert to create measurement and analysis tools to inform ongoing programmatic development and to assess outcomes. This has enabled the center to document the profile of the emerging leader in Catholic health care based on the experiences of the leaders in the MLC program itself and more than 4,800 practitioners and managers who participated in the center's pilot programs.

The profile incorporates the 12 foundational concerns of Catholic health care that form the core of the MLC program. Based on its empiri-

cal research, the center has developed the Leadership Inventory Alignment Tool that measures the extent to which leaders' self-description aligns with Catholic health care's core principles. There is one version of the assessment tool for leaders who have had at least some type of formation experience and another version for those with no exposure to formation. Therefore, the tool can measure formational development within a health care system, or it can be used as an input benchmark tool when recruiting new leaders and managers. The center continues to develop its evaluation instruments and intends to release an enhanced Leadership Inventory Alignment Tool in 2014.

SCL Health System, a multistate Catholic health care system based in Denver and one of the original five sponsors of the MLC formation collaborative, has engaged in a thorough follow-up evaluation of 84 senior leaders as a complement and confirmation of the MLC's sustained assessment program. The leaders' self-reported outcomes point to genuine personal transformation that has changed their self-understanding and the way they engage with others and their organizations.

For example, one participant noted: "I'm fired up when I return to our care site. I've woven the formation exercises into our team meetings ... I better understand our mission and the value of spirituality in the workplace now. Others have commented that they notice a difference in me."

ORGANIZATIONAL IMPACT?

SCL Health also continually assesses practical evidence that ministry leadership formation is connected to and drives enhanced organizational effectiveness and a stronger sense of mission that enables more competent and confident leadership. The health system evaluates the impact of leadership formation on a variety of organizational fronts, inquiring about such indicators as:

- Is values-based decision-making or discernment sufficiently embedded in the evaluation and assessment process and business plan of all major organizational changes or program assessments?
- Are leadership development programs (curriculum-based and assignments) connected to and including elements of ministry leadership formation?
- Are the defined guiding leadership behav-



iors developed and supported by the leaders in the various care sites?

- Do senior leadership teams consistently promote foundational concerns in dialogue with staff who report directly to them and within departments where they have oversight responsibility?

- Are organizational development initiatives assessed for their alignment with foundational concerns of ministry leadership formation?

Although reports of embedding the fruits of ministry leadership formation into organizational culture are encouraging, they do not tell the whole story. The final purpose of leadership formation is to strengthen the mission by providing for tighter alignment between and among leaders, their organizations and the guiding values of the Catholic tradition. But efforts to quantify that effect bring to mind a wonderful expression coined by American psychologist and philosopher William James: “over-belief,” the philosophical term for a belief adopted that requires more evidence than one presently has.³

Although reliable measures of ministry formation’s effect on individuals are increasingly available, we would be engaging in over-belief if we claimed the same level of confidence in any significant strategic and operational impact on Catholic health care organizations. The need to realistically gauge the impact of formation on overall operations is a continuing challenge.

How do we get it right; where do we look?

Anecdotal reports give some evidence of substantive organizational impact. For example, the CEO of a very large Catholic health care system very simply, but forcefully, called leadership formation “a game changer” for him, his senior team and his organization.

He credited the MLC leadership formation process with opening a fresh, practical perspective on both the personal and organizational levels that instigated some careful rethinking of strategic priorities. As a result, the executives and board of directors decided to redirect both their economic energies and the focus of their ministry. He contended that they would not have had the conceptual reach or the necessary shared vocabulary without exposure to the leadership formation program. He pointed to what he considered the fruits of ministry leadership formation: critical

focus and a deeper rationale to inform decision-making, coupled with self-understanding and inspiration.

However, despite such powerful personal testimony and burgeoning practices at organizations like SCL Health System, we must begin looking more systematically for objective measures that offer evidence of the far-reaching and lasting effects of ministry formation on the organizational level. The central question is self-evident: What kind of empirical indicators would offer assurance that the promise of ministry leadership formation is finding consistent expression, not just in the thinking and behavior of individuals, but in the organizational life of Catholic health care institutions?

The style and content of senior leadership is a good place to start. Effective formation, as well as the drive to substantiate its purpose and value, starts with highly motivated, focused leadership. The senior-most leaders in a Catholic health care ministry are the linchpins that connect the formation experience and organizational culture and practice. Sponsors and governance must, of course, be supportive; but the active commitment of the president and senior leadership must be evident and intentional. It is the explicit, highly

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visible behavior of well-formed senior leaders that makes the essential connection between the promise of ministry formation and practice. In short, actions speak louder than words.

Senior leaders are called to act, to change behavior by practicing it. They must recognize that it is more effective “to act your way into a new way of thinking than think your way into a new way of acting.”⁴ Unless senior leaders publicly model and act decisively upon the knowledge and skills acquired in ministry leadership formation, there is faint hope that the organization as a whole will rise to the present challenge.

Another indicator of ministry formation’s organizational impact is the presence of an inno-

vative spirit rooted in core values. In a period of unprecedented shifts in the financing and delivery of health care, leaders must find ways to adjust, and adjust rapidly, to the ever-changing organizational terrain. Formation connects leaders and organizations with enabling resources within the Catholic tradition and invites them to creatively deploy these resources in fresh ways to meet current organizational needs.

For example, formation draws upon the tradition in ways that promote so-called “disruptive

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innovation.” Clayton Christensen, who coined the phrase, explains that “an innovation that is disruptive allows a whole new population of consumers at the bottom of a market access to a product or service that was historically only accessible to consumers with a lot of money or a lot of skill.”⁵

Historically, of course, such a term is not part of the Catholic tradition, but a careful read of the past finds clear traces of its presence, especially in times of radical change and readjustment. The notion certainly seems relevant to the predicament of Catholic health care in the United States today.

As circumstances force Catholic health care ministries to cooperate in unprecedented ways with one another, as well as with other-than-Catholic individuals and organizations, vision, courage and inspired leadership are critical. Solid ministry leadership formation unleashes individual and organizational forces that encourage disruptive innovation by explaining how the tradition’s core values can be effectively positioned within the contemporary context of health care.

For instance, multiple mergers and affiliations provide ample evidence of serious reorganization and a notable willingness of leaders in Catholic health care to engage in innovation that is disruptive in Christensen’s sense of the word. Certainly, no one would claim that sensitivity to the value of disruptive innovation is exclusively the product of formation; but the absence of this type of innovation would bespeak a form of timidity foreign

to the Catholic tradition and its inherent survival instinct. As an active, developmental dynamic, the Catholic tradition ferrets out what is best and most effective in contemporary practice, evaluates its potential in terms of consistency with Catholic values and, when appropriate, deploys it. Disruptive innovation, one might argue, comes naturally to a Catholic enterprise.

So, an important marker that formation is taking hold on the organizational level is evidence of disruptive innovation, openness to organizational change that allows a Catholic organization to maintain and advance the mission of love and service in very threatening times. It is here that ministry leadership formation finds its way into the day-to-day experience of leaders. In short, the working knowledge and skills that are part and parcel of the formation process are designed to foster and support innovation as a vehicle of love and service; thereby opening the path for renewed vigor and ministerial effectiveness.

Certain basic attitudes and collaborative behaviors adopted and practiced by senior leaders also are evidence that the promise of ministry leadership formation is finding expression in Catholic health care organizations. For example, affiliations with other-than-Catholic health care entities and the widespread consolidation of Catholic ministries call for new ways of structuring partnerships to maintain and sustain the ministry. Some leaders have been moved to less prominent positions or, indeed, asked to step down entirely. Formation offers a rationale and prepares leaders for personal and professional adjustments like these.

Leaders who have benefited from ministry leadership formation are able to draw upon the deepest resources of their formation experience in tough times. Mindful that the final purpose of leadership formation is organizational transformation that sustains a ministry of love and service to the community, they adopt an attitude of sincere detachment, that is, they neither sabotage the emergence of a more effective structure nor complain about its impact on them personally. Here we see a clear path from the enriched individual perspective generated through ministry formation to organizational effectiveness that flows from a deepened self-awareness and a keener sense of what it means to lead a Catholic health care organization.



EMPIRICAL EVIDENCE

A ministry-inspired commitment to innovation and the adoption of a sincere detachment in the face of threatening change are just two signs that the promise of ministry leadership formation is achieving its ultimate purpose. Indeed, there are many anecdotal accounts of the direct impact of formation on organizational structure and behavior; but we have yet to develop a sophisticated assessment tool akin to the Leadership Inventory Assessment Tool for individuals. Beyond a commitment to disruptive innovation and a sense of sincere detachment, there are, no doubt, many other indicators that will emerge and be recognized as the assessment of ministry leadership formation progresses. Senior leaders must be intentional about insisting that the connections between individual formation and organizational culture and behavior are recognized, carefully tracked and validated.

If we cannot demonstrate that the ministry leadership formation of our executives substantially influences organizational priorities, strategic effectiveness and ministerial authenticity, we should take a closer look at the ministry leadership program itself or search within the organization to evaluate where the failure to connect resides. The next phase in the evolution of minis-

try leadership formation must focus on evaluating and documenting organizational impact. Fruitless effort serves no one. The stakes are too high, the costs too great and the time too short.

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NOTES

- 1 See: ministryleadership.net/what-is-formation.
2. See: *Tradition on the Move: Leadership Formation in Catholic Health Care*, Laurence J. O'Connell and John Shea, eds. (Sacramento, Calif.: MLC Press, 2013).
3. William James, *Varieties of Religious Experience: Study in Human Experience* (London and Glasgow: Collins Clear-Type Press: Fontana Library, 1960), 488.
4. Richard Pascale, Jerry Sternin and Monique Sternin, *The Power of Positive Deviance* (Boston: Harvard Business Review Press, 2010), 38.
5. Robert H. Brook, "Disruption and Innovation in Health Care," *JAMA* 302, no. 13 (Oct. 7, 2009): 1465.

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