LEADERSHIP FORMATION: WHAT DIFFERENCE IS IT MAKING?

Today's challenging economic environment leaves little room for businesses in any industry to expend resources that promise little or no return. The health care industry, and Catholic health care in particular, share this challenge. In the midst of these pressures, something appears to be happening within the Catholic health care community, something that speaks to the unique understanding we bring to our work. Many systems across the ministry are making a strong investment in well-structured, intensive leadership formation efforts. Why are they doing this and what is the benefit, or return on investment, they can identify?

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These questions and others prompted CHA's Ministry Leadership Development Committee to learn more about patterns and identify practices that seem to be bearing fruit among Catholic health care leaders. To begin this work, the committee tapped two important resources.

The first was a survey that a group of system mission leaders from eight systems completed early in 2009. This survey gathered information about the content and structure of the group's various formation programs.

The second resource was the help of two participants in Ascension Health's executive formation process — Cynthia Taueg, DHA, vice president, community health at St. John Providence in Detroit, a member of Ascension Health, and Susan Huber, vice president, governance and sponsor relations at Ascension Health's corporate office in St. Louis. For their final project, they planned to undertake their own survey and analysis of outcomes of other formation programs across the Catholic health ministry. Since their project would garner needed information for the committee's work, they graciously worked with us in our initial phase.

The CHA committee added ten more systems to its leadership formation survey for a total of 18, representing approximately 63 percent of all Catholic hospitals in the U.S. and located in all but five of the 50 states. Dr. Taueg and Ms. Huber agreed to conduct telephone interviews with the systems' directors and with formation program participants who had completed their programs. In order to keep the scope manageable, their interviews focused only on programs designed for executive-level leadership.

I would like to share some of the insights we have gained so far.

STRUCTURE AND CONTENT

Of the 18 systems surveyed, 14 reported they have programs for executive leaders. Of that group, all but one uses a cohort model, that is, keeping the same executives together during the program. As we will see below, this approach contributes significantly to some positive outcomes. The programs' faculty often consists of a mix of mission leaders, system leaders and faculty from theological schools. The programs almost all include content in the following categories:

- Health care as a ministry
- History of the ministry
- Scripture
- Spirituality
- Catholic social teaching
- The *Ethical and Religious Directives for Catholic Health Care Systems*
- Organizational ethics
- Story or narrative theology
- Theological reflection
- Sponsorship

The systems varied widely in the way they chose participants. Some required individuals in certain roles to participate, others invited "high

potential" leaders. Still others allowed any executive leader to apply and from that group, the systems used certain criteria to select the candidates. In most cases, the CEO, mission leader and sometimes the human resources executive participated in the final selection process.

STATED GOALS AND UNEXPECTED BENEFITS

The most common program goals were:

- Understand the sponsoring congregation's heritage and history
- Sustain Catholic identity
- Apply the social teachings of the church
- Self-awareness of personal leadership style and of the notion of servant leadership
- Deeper spiritual awareness through prayer, reflection and dialogue
- Promote business decision-making processes that reflect Catholic identity and tradition
- Create "communities of practice" marked by sustained relationships that provide ongoing support among leaders

Some of the program directors identified unexpected outcomes beyond their stated goals, such as the degree of commitment system leadership showed to the process despite financial pressures; more collaborative relationships and work styles among leaders within and between health systems; significantly improved decision-making processes around difficult issues; and participants' development of a shared vocabulary regarding the ministry.

The program participants' responses to the survey paralleled the program directors' insights. However, participants focused more sharply on the personal impact of the program, identifying the value of the community they established with other participants, the impact on their own sense of spirituality and the ways the program enabled them to enhance their relationships with family and co-workers. Many expected a more intellectual experience and were surprised by and grateful for the emotional impact of the program. Many reported an enhanced appreciation for taking time for reflection every day and making it a practice to integrate their personal spirituality into their work.

MOST EFFECTIVE PROGRAM ELEMENTS

The directors named these as programs' most effective components:

- Clear and consistent support for the program from system leadership
- Cohort methodology, which led to development of community among the participants
- Intensive retreats in settings that took participants away from their work environments and allowed them to focus on the program
- Projects that encouraged practical application of program content in work settings, including a "capstone" project requirement that helped to synthesize the program experience
- Quality theological input that encouraged connections between work and the Catholic tradition

Program participants agreed that these structural elements contributed to their positive experience. When asked to name particular topics they found most helpful personally, they most often mentioned:

- Reflection on the experience of suffering
- The sense of "call" in one's life
- Servant leadership
- Catholic social teaching
- Health care as a ministry
- Ethics and ethical decision-making

MEASURING THE OUTCOMES

The program directors named a wide range of methods used to gauge a program's impact. Most gathered direct anecdotal feedback from participants; some systems used cognitive assessments pre- and post-program; others used formalized assessments including analysis of employee surveys for responses that can be traced to leadership behavior. Three programs have used professional external resources to do formal evaluations of their formation efforts.

CONCLUSION

It is interesting to compare the participants' definitions of "formation training" before and after taking part in a program.

On the "before" list, they characterized formation training as:

- Didactic, involving course work
- Another version of leadership development with specific skill-building exercises
- Transfer of information and knowledge
- Something nuns go through

After being in a program, they described formation as:

- An experience of community
- A continuous process and lifelong journey
- Transformational
- Cannot be defined, only experienced

It is clear that the executive leadership programs in place have had a significant personal impact on participants. CHA's Ministry Leadership Development Committee has just scratched the surface in its work, and among the important questions that remain to be explored:

- Will this personal transformation reported by participants be sustainable?
- Ultimately, what difference will these programs make to the culture of our organizations?
- What is the "tipping point" in terms of the number of well-formed leaders that will assure the integrity of our Catholic health ministry?
- How should formation be designed and implemented throughout the organization, and when?

Clearly, it is essential to answer these questions if we are to look to the future with confidence regarding our ministry. They do not exhaust the issues we face, but they are a good start.

As a ministry, we should have this important dialogue and resist the notion of going into this work alone. Instead, we must find ways to share experience, challenges and successes for the sake of our shared work. It is my hope that the work the leadership committee has undertaken will sustain this important conversation.

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