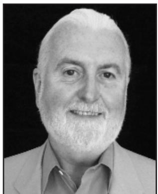
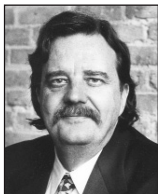
Ministry Leadership Formation: Engaging with Leaders

Four Years into the Program, Participants Report Positive Results





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Where there is no vision, the people perish.

Clearly, the ancient wisdom of *Proverbs 29:18* still rings true. What may be less obvious is its double edge. Yes, people need a vision. But, as we who work in Catholic health care know well, a vision also needs the right people to turn it into reality. If there is a consensus in any area of contemporary Catholic health care, it is around the need for committed, well-formed lay leaders who can reliably continue the tradition established by vowed religious women and men and transmit it to future generations.

Recognizing the urgency of this need, the Ministry Leadership Center was established in California in 2004, following two years of planning and program design, by five Catholic health care systems operating in California — St. Joseph Health System, Providence Health & Services, Catholic Healthcare West, Sisters of Charity of Leavenworth, and Daughters of Charity — in association with Catholic bishops of California and the Alliance of Catholic Health.[1] The first program for leaders began the following year, in 2005, as a three-year intensive off-site and on-site program aimed at providing senior Catholic health care leaders with the requisite working knowledge and skills to lead the mission and ministry into the future. Participants — leaders at the system, regional and local levels — are selected by each of the sponsoring health care systems and reviewed by the Ministry Leadership Center's staff.

As of February 2009, more than 200 leaders had completed the program and another 200-plus are currently enrolled. Sessions run concurrently throughout the calendar year, with as many as nine individual cohorts of 40, each at a different stage in the formation process.[2]

This article describes key objectives and some significant features of the program and provides some firsthand reporting and self-evaluation from participants.[3] So far, leaders report that they have grown significantly, both professionally and personally, as a result of their participation.

UNDERSTANDING THE ETHOS

The Ministry Leadership Center's program is leader-centered. It begins by recognizing the established expertise of senior executives in the diverse fields that make up contemporary health care. They are professionals in such areas as medicine, law, business, finance, human relations, administration, organizational development, mission and education. However, given that they practice these professions within Catholic health care, they are encouraged through their participation in the program to deepen their understanding of the ethos of Catholic health care and allow it to have maximum influence on their identities and work.

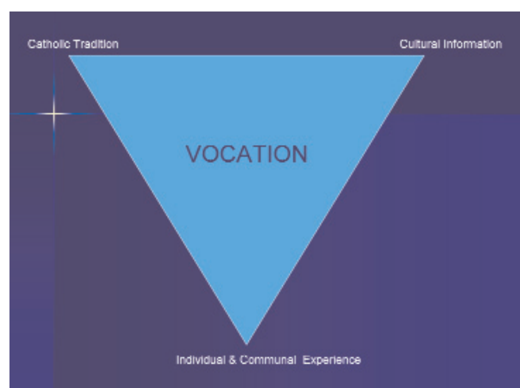
Generally speaking, "ethos" refers to the dispositions, character attributes and attitudes commonly held by a specific group of people. The program specifies this "ethos" in terms of 12 core elements of Catholic health care. These elements are presented in 12 two-day sessions during a three-year period. Four of the 12 elements focus on the identity of Catholic health care leaders: vocation, heritage, spirituality and response to suffering. The other eight relate more specifically to the work itself: values integration, discernment, medical ethics, organizational ethics, Catholic social teaching, advocacy for the poor, whole person care, and collaboration with church agencies. Participating health care leaders are assisted in developing a working knowledge and skills in each of these areas.

The twin skills of articulation and integration are emphasized. In interaction with resource people, leaders find their "voice" around the distinc-

tively Catholic elements, enabling them to bring forward the perspectives and rationales of the Catholic tradition in a way that communicates to others and is comfortable for them. The leaders also strategize about integration and design implementation processes for translating the 12 elements into policies, structures and behaviors. In this way, Catholic identity is deepened at their institutions, explicitly informing the organizational life and directing its operations.

The Program Model: 'The Triangle'

The program model is called "the triangle," because each of the 12 elements is engaged from a three-sided perspective. The Catholic tradition sets the agenda; contemporary culture informs the agenda; individual and communal experience evaluate the agenda. As an example, vocation is a long-standing value of the Catholic health care tradition. Those who engage in this ministry are asked to see it as a calling. But what does that mean in contemporary culture? Sociologists have distinguished three cultural attitudes people take toward their work — job, career and calling. The Catholic emphasis on vocation is informed and directed by these distinctions and, in turn, develops them in its own distinctive way. Then both Catholic emphasis and the cultural distinctions are evaluated in the light of the participants' actual experience. How has this played out in their own lives and the lives of those they lead? How *could* it play out in their own lives and the lives of those they lead?



Leaders come into the program at different places in their understanding of the Catholic tradition. Some have been within Catholic health care most of their professional lives and have an intuitive grasp of the tradition; some are recent arrivals to Catholic health care and have only a limited understanding of it; others come with great respect for the tradition but have serious questions; some come with misunderstandings and are wary of indoctrination and proselytizing. The program does not try to impose "Catholic stuff" or demand that everyone develop in the same way. Rather it provides clear understandings of 12 core elements of Catholic identity and asks everyone for critical engagement. Leaders are thus invited to enter into a formation process that respects both their individuality and their common work. They become a community of Catholic health care leaders with their own individual journeys and distinctive "voices."

With that in mind, the program pays particular attention to what leaders say is happening to them. It is one thing for the designers and implementers of a formation program to decide what must be included, how it should be presented, and how success and failure should be measured. It is quite another to question participants about what proved important to them and how their leadership has changed. Such questions uncover the match and mismatch between presented material and personal appropriation and, in doing so, map the territory of formation as the leaders themselves see it. The leaders provide a reflective self-reporting that clarifies their formational growth and demonstrates development of the desired skills: the ability to articulate newly acquired knowledge and to integrate it into their roles as Catholic health care leaders.

Reports from the Leaders

The program has a robust and multi-layered evaluation process. The process includes assessments of the program, individual leaders, and the impact on organizational behaviors. The following four areas of development have been emphasized by leaders during their extensive final evaluation exercise. We have chosen to highlight these four, although many other areas of growth were reported. In each of these areas, leaders reported substantially increased skills in articulating and integrating Catholic identity on both the personal

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and professional levels. We have included the actual words of the leaders, preceded by brief introductions intended to provide perspective.

1. Connecting Personal Growth to Development as Leaders
Representatives of the five health care systems that founded the program cautioned against creating a personal renewal program, a sort of "spiritual R&R" for busy leaders. The program had to engage the leaders *as leaders* and through them impact the organization. However, the leaders did not see an either/or between personal growth and leadership development. As they moved through the formation process, they came to see them as essentially interrelated and mutually informative.

This connection between the personal and the professional takes many forms. Sometimes it seems to be an application of "whole person care" to the lives of leaders. In the rushed and highly charged environment of day-in, day-out leadership, the need to reflect and connect to larger meanings is easily pushed aside. As a consequence, the spiritual dimension of the person/eader is more often than not neglected. Bringing reflection and meaning-making into the lives of leaders and co-workers is the spiritual discipline that connects their personal and professional sides. It is personal formation that simultaneously finds strong resonance in work performance, influencing both personal attitudes and professional relationships.

At other times, connecting the personal and the professional entails aligning inner and outer dimensions. If leaders adopt a strategy because it is good for the organization (outer), their effectiveness in implementing it depends on their personal understanding and commitment (inner). On the other hand, if they grow in understanding of and commitment to a key idea (inner), they are impelled to find a way it can be embodied in their behavior and in the structures of the organization (outer). The recognition that they were on the path to wholeness — that there could be a greater fit between who they are in themselves and who they are as professionals — was a highly valued outcome for our leaders.

Among their comments:

I have been changed by my experience of the MLC [Ministry Leadership Center]. It is helpful for me not only in my calling [as a leader of Catholic health care], but also in my relationships, my physical life and my intellectual life.

As I reflect over the past three years, it is amazing how this changed my life, both personally and professionally. I am now more grounded in the theology and more able to share learnings with others. Yet I am also very aware that to take care of others I must also take time to care for myself and nurture my inner circle [of support].

The greatest take-away was making progress on my own spiritual journey.

MLC has given me a stronger foundation to understand what it means to grow personally and professionally.

2. Acquiring Theological Underpinnings Critical to Leadership
As leaders analyze complex situations and fashion strategies for moving through them, they typically consult their personal mission and values as well as the mission and values stated by their organizations. In Catholic health care, mission and values are theologically grounded. However, this theological grounding is often bracketed or articulated in one or two sentences, a "thin" description. The result is that leaders are often not fully aware of the "bigger picture and context" of their work. Because they are unaware of the theological groundings, they may be unable to "make the link or follow the logic" to articulate convincing rationales for certain beliefs or proposed actions.

Leaders say, however, that they want to grow in knowledge of these theological underpinnings. Their desire is energized by their overall leadership drive to pursue and understand all elements of complex management situations.

They want to be able to identify and articulate all the forces that influence the organization, including the motivations, rationales, and perspectives that derive from a faith-based heritage. Therefore, they are appreciative when they acquire the theological "whys" and are able to put them together with the critical "whats" and the practical "hows." It adds both depth and inspiration to their leadership.

Their comments include the following:

> *I found the concept of "contrast experiences" to be very useful in getting to the deeper theological underpinnings of today's issues around suffering/wealth and insured/uninsured.*[4]

> *Dignity, compassion, inclusion, and focusing on the greater good are values and perspectives which will provide valuable assistance when faced with difficult future challenges. I have always thought that the patient comes first, and now I know many more reasons why.*

> *The foundational piece for me was the dignity of the human person. Where does it come from? When you strip away knowledge, money, position, appearance, friendships, family ... do you still have human dignity? And the answer is yes, that our dignity comes to us as children of God ... Well this is also a bigger picture and contexts my work in even more meaningful ways.*

> *Preferential option for the poor: The words have always been important, but I was never quite able to make the link among our works and this statement. I got the idea, but my mind could sometimes not follow the logic. Through the use/more study of the social teachings, I believe I better understand the link. ... Ultimately, that leads to decision making that achieves that justice, or respect for each individual.*

3. Embracing a Community of Catholic Health Care Leaders
Catholic social teaching stresses that people are essentially social and communally oriented. They are better together than they are alone, and they flourish through respectful interrelating. This truth was well demonstrated by leaders' participation in the formation program. Although the program invites a variety of experts who serve as resources for imparting information and invites leaders to evaluate them rigorously, what has emerged as critical to success of the program are the conversations among the leaders themselves. Similarly, although the agenda of the Catholic health care tradition and an abundance of cultural information are presented, the real action revolves around how these ideas are processed through the participating individuals. Dialogue deepens understanding, increases the ability to articulate, and opens the door to integration.

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The "community of leaders" emphasis has led us to put official educational language on the sidelines. We do not talk of faculty, teaching, assignments or graduation. We characterize the group as "a community of leaders in Catholic health care who have expertise, experience, and credentials in diverse areas and who have come together to understand the Catholic ethos and allow it to have maximum influence on their identity and work." This self-understanding makes the leaders full stakeholders in the formation process. It also shows them a way to increase the sense of community among the members of their management teams and in their organizations as a whole.

Here are some of their comments related to this area:

> *My work in Catholic health care allows me to connect my searching with the searching of other people ... connecting with likeminded people who hold similar values ... able to live those values along with [these] likeminded people.*

> *I believe I have a strong inner circle of support. Throughout the past several years of leadership changes, our executive team has been modified. Since the last session, I have made a concerted effort to enhance the circles of sup-*

port with my peers. This will allow for mutual support within our ministry. All of us will benefit from this effort. As our work environment is quite busy and geographically diverse, it is easy to operate within your own area. These walls and barriers need to be removed. This has been received well.

The shared and lived experience has indeed morphed the program into a community experience. These five [health care] systems have many aspects that are similar in their cultures, but live these values true, each to itself. It brought collective learning to a common experience, which we will have longer term opportunities to share. We have met others who now share a common language and common insights who can be mentors within their own organizations as well as across organizations.

4. Bringing Values to Bear on Decisions and Situations

The values of Catholic health care, especially the core values of human dignity and common good, are transcendent. They are not grounded in "how things currently are," but in the larger truth that all persons share the same birthright as sons and daughters of God. These values are only integrated into everyday decision making and implementation through strenuous effort and creative energy. In this integration process, leaders will inevitably meet and deal with both internal and external resistance. Although everyone has some experience with values integration, the process demands ongoing vigilance and a sense of continual improvement, analogous to continuous quality improvement. What leaders appreciated and found important was the opportunity to explore the deeper meaning of the values integration project, finding practical ways to commit themselves to it, and becoming better at actually doing it.

In their words:

As I reflect upon the three years of ministry leadership formation, the most significant take-away for me is the depth of appreciation I now have regarding the countless ways the principles of Catholic social teaching and integration of our values into our organizations can influence the quality and effectiveness of our work lives.

The sessions on values and the many other sessions that wove the role of values into the content heightened my sense of the importance of calling out the connection to values in much of what we do to make it more visibly alive in the process; particularly in those things which are difficult.

Sometimes it is hard to understand the unions and the positions that they take and their expectations. What I found was that their values and position have much to do with Catholic social teachings. ... This made my working relationship with the unions easier, since I understood their historical context and their perspectives.

The values session was particularly gratifying. I found myself grounded in the values, taking more time and effort to learn the values and think about how they impact or should impact the organization. I discovered that the organization did not really understand the values, nor had we integrated the values into our management of the hospital.

Formation Challenges Ahead

At every step in designing, implementing, and evaluating a formation program challenges arise, most often in two key areas — organizational positioning and program refinement.

1. Organizational Positioning

- How does the organization choose participants?
- How is the organizational impact of leadership formation assessed?
- After leaders have finished the program, how should ongoing formation be conducted?
- How do board and associate formation align with leadership formation?
- How does leadership formation complement other leadership development programs?

2. Program Refinement

- What is the most relevant content in each of the 12 areas?
- Who are most effective presenters?
- How can program, leaders, and organizational impact be more effectively evaluated?
- How are the off-site sessions integrated into

on-site leadership opportunities?

- What type of formational support is needed between sessions?
- How are the special requests — e.g., more sensitivity to diversity issues — of individuals honored?

Even when these and other questions are addressed and answered, they need to be systematically revisited. We have found that more effective patterns of organizational positioning and program refinement emerge as leaders report how they are hearing, preserving, and adapting the Catholic health care tradition. Forming men and women who are capable of leading the mission and ministry of Catholic health care is an ongoing, adaptive challenge, one that requires a simple, straightforward strategy: *listen to the leaders* and *respect their lived experience.*

To return to the verse from *Proverbs*: At the Ministry Leadership Center, both the people and the vision are developing together. In the process, the Catholic health care ministry will indeed change, but perish it will not! ■

Comment on this article at www.chausa.org/hp.

NOTES

1. William J. Cox, "Nurturing the Ministry's Soul," *Health Progress* 85, no.5 (September-October 2004): 38-43.
2. A high level of individual commitment is required. A participant's absence at any two of the 12 sessions constitutes automatic withdrawal.
3. The comments presented in this paper are gleaned from hundreds of pages of comments from leaders who have participated in the center's programs; 400 pages from the first group of participants alone.
4. The notion of the "negative contrast experience" emerged in the later theology of Edward Schillebeeckx. The negative experience of human suffering in all its forms forces us to look for a contrasting side of human life and destiny. Suffering draws us into a reflection on the meaning of human existence. Encountering negative experiences of suffering like racial discrimination, abject poverty, extreme physical pain, etc., compels us to think about "what ought to be" and how to construct a meaningful (human) response.

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