



*Providence Cultivates Leaders for Formation Throughout Organization*

# Building on Legacy So Mission Can Flourish

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**T**here is an ongoing appetite for formation programs and experiences, and it never seems to be enough. Participant evaluations of formation offerings consistently express the desire for more opportunities to connect one's work and personal meaning to the mission of the organization.

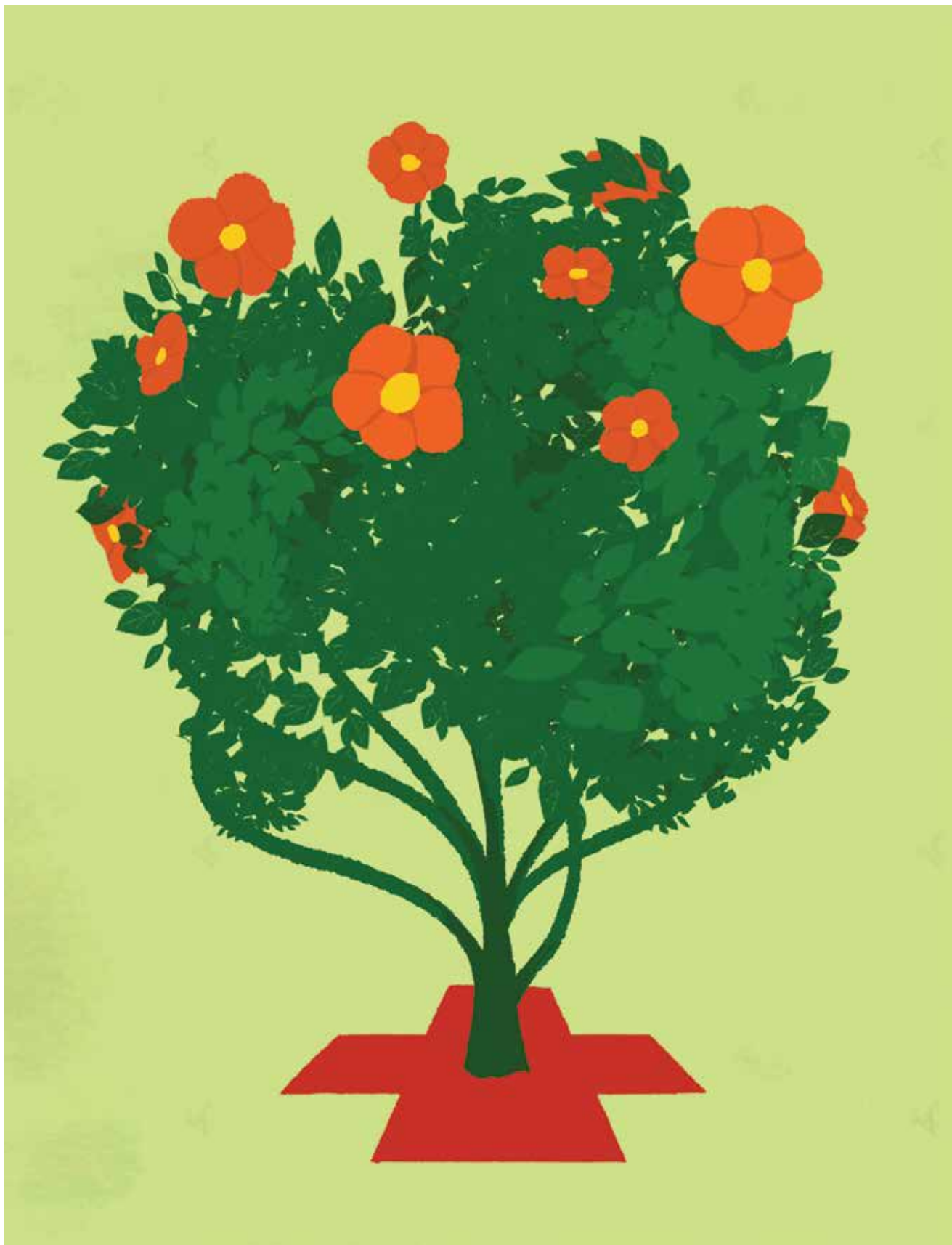
Many years ago, Providence St. Joseph Health, like most Catholic health care ministries, began programs we called "leadership formation" to equip our leaders with the working knowledge, understanding and skills to ensure Catholic health care would flourish for generations to come. It didn't take long before a slot in one of our formation programs became coveted. What leaders experienced for themselves in formation, they then also wanted for their teams. We not only felt an obligation to respond, but we also had a deep desire to do so. We wanted to meet the demand that formation be made available to everyone throughout the organization.

In order to grow our formation offerings, we first needed to increase our bench strength. To address this, the Providence Formation Institute team had to creatively respond to the groundswell of requests for formation throughout our seven-state, 120,000-caregiver footprint. Knowing that leading formation requires certain competencies and personal characteristics, we asked ourselves: How can we help others, especially mission leaders, get smarter and better at leading formation experiences so that Providence St. Joseph Health could remain faithful to its mission, while still responding to the signs of the times?

## **CULTIVATING LEADERS TO LEAD FORMATION**

In 2017, the Providence Formation Institute responded to this call for formation by initiating Forming Formation Leaders, an 18-month program with nine two-day sessions and nine one-hour individual coaching sessions. Offered to mission and other aligned leaders, the program provides opportunities to create and present formation experiences and to carry the formation agenda, which involves advancing formation practices into the workplace. To date, two cohorts (30 people) have been through the program, with a third cohort of 18 people currently participating in it. At the program's conclusion, the leaders are invited into an organization-wide "Community of Formation Practice," which gathers quarterly for a year — followed by ensuing biannual meetings — to continue to hone formation-leading skills and to share best practices and resources.

The goals of Forming Formation Leaders are: 1) to get smarter and better at doing formation; 2) to share, develop and collect formation resource materials and experiences; and 3) to strengthen collaborative support and mutual learning among those leading formation activities. These objectives are achieved through interacting with established formation approaches; listening to and dialoguing with seasoned formation leaders; and





designing, implementing and evaluating formation activities.

As experienced with many other disciplines during the pandemic, the need to get smarter and better at formation accelerated the past two years. The days of merely being invited to an executive meeting and offering an inspiring quote as the reflection are a bygone era. Our ministry has evolved to a new place. Leaders and frontline caregivers now bruised and broken by the pandemic

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cry out for much more. They want to connect with and embody the mission, vision, values and promise of the organization earnestly and concretely.

Over the years, we have realized that many other leaders throughout our system engage in formation activities apart from formal programs led by the Formation Institute.<sup>1</sup> We have found that most often they are mission leaders.<sup>2</sup> In addition, it also includes other mission-centered partners, such as ethics or spiritual care leaders, or physician leaders and other clinicians, such as palliative care team members.

CHA and Providence St. Joseph Health Formation Institute share the definition of ministry formation as creating experiences that discover connections between personal meaning and organizational purpose. These connections inspire and enable participants to articulate, integrate and implement the distinctive elements of our ministry, so that it flourishes now and into the future.<sup>3</sup>

But how will this “now and future” fidelity and flourishing happen? Through our insight and guidance by faith, we hoped that by responding to the expressed yearning for formation throughout the organization, that fidelity and flourishing would then follow. Forming Formation Leaders was a response to what we observed emerging in the organization.<sup>4</sup> We saw the opportunity to

equip and strengthen mission and other aligned leaders with working knowledge, skills and competencies to lead effective and meaningful formation activities.

#### FORMATION OPPORTUNITIES

The central process of Forming Formation Leaders is reflection on the engagement experiences of participants in formation opportunities, which come in all shapes and sizes. We discovered the need to show participants how to readily identify formational opportunities; they are frequent and situational.

Formation opportunities can involve the following: 1) “asks” to lead a formation activity or an activity with a formational component; 2) serve as faculty for one of our core formation programs; and 3) carry the formation agenda in meetings, interpersonal encounters and a variety of work situations. These opportunities help bring formation experiences throughout the many organizational departments and operations.

#### Asks

Most mission leaders, chaplains, spiritual care leaders, ethicists and other leaders working closely with mission activities can expand on the many types of “asks.” One mission leader recalled his recent ones: “A case management team asked for a formation experience that would help them cope with persons suffering with addictions. Several of our caregiver resource groups requested formative experiences which would assist them with feelings of inclusion and acceptance.” Another mission leader identified some of her formation requests ranging from “brief reflections for recurring leadership and board meetings (5-15 minutes) to thematic extended reflections for leadership teams (20-45 minutes) to mini retreats (one or more hours).”

“Asks” arrive. When they are effectively met, they keep coming. Every “ask” pulls formation leaders into a planning mode that includes the knowledge and skills of facilitation and resourcing.

#### Faculty Presenter at a Core Formation Program

Key themes such as vocation/call, tradition, spirituality, the Catholic social tradition, ethics and

discernment are foundational elements to any formal formation program. The ability to craft a formation experience around these programmatic themes requires the ability to understand the subject matter and to engage participants beyond an academic exercise so that they are able to articulate and integrate the concepts into organizational life.

#### **Carrying the Formation Agenda**

This entails a proactive approach in bringing formation perspectives and strategies into all aspects of organizational life. The issues may be organizational change, decision-making meetings, reductions in workforce, interpersonal encounters and a variety of other work situations. However, everything is part of the organizational purpose, and formation leaders are called to make that connection in a way that is relevant and inspiring.

#### **WORKING KNOWLEDGE, SKILLS AND COMPETENCIES**

The challenges in “asks” and “carrying the formation agenda” are related but different. “Carrying the formation agenda” may require some preparation, but mainly it is the ability to have formation knowledge available in the moment, being attentive and bringing it forward at appropriate and critical times in leadership discussions. “Asks” on the other hand, whether for a reflection or a core formation program, demand considerable preparation to create distinctive designs for specific situations. They also require facilitation and resourcing skills to implement them. This entails a process of preplanning, planning and debriefing (see sidebar on page 27).

As leaders engaging in formation experiences, there is a need for working knowledge and skills to address the “asks” and the situations of carrying the formation agenda. Some of these entail the proficiencies below:

**1. Facilitating and Resourcing Skills:** These include developing relevant designs and strategic messaging, creating and using prompts, understanding how workers create a sense of meaning and belonging, providing interpersonal support and empowerment, and speaking with authenticity and integrity. Crafting prompts to elicit deeper personal and communal reflection is an art. The leader of the formative experience needs to anticipate how to reach more deeply into the particular group of gathered individuals through pointed reflection questions.

**2. Sharing Stories to Illustrate the Bigger Picture:** This encompasses the ability to tell stories of individual experiences and heritage moments in story/point form. (Story/point telling keeps attention and communicates what is important by using the narrative as a tool to paint the larger picture, and leads naturally into analysis and strategy.) Also, it is an invitation for those who hear story/point telling to contribute their own experiences and to tell them in a story/point format.

**3. Ability to Readily Articulate the Ministry’s Mission:** This includes the aptitude to develop working knowledge of the tradition and articulate it so it connects to the strategy and leadership conversation at hand. This can be described as a type of “backpack knowledge” that is neither general nor academic. We use the image of a backpack to describe knowledge that we carry with us, ready to be pulled out and used when needed. This available knowledge has the intent of being relevant to the organizational dynamics of health care. In this way, it is poised to be used in “asks” and in carrying the formation agenda. For example, when discussing strategic impacts on hourly caregivers or services offered to marginalized populations, the leader articulates how the policy or strategy reflects Providence St. Joseph Health’s mission statement that we are “steadfast in serving all, especially those who are poor and vulnerable.” This phrase within the mission builds from the tradition that Divine presence imbues all human life.

**4. Inclusive Language:** This involves being able to use the religious language of the Catholic Church and Providence St. Joseph Health in a way that welcomes all people and is ecumenical, interfaith-minded and secular. In particular, it must be able to avoid any hint of proselytizing or indoctrination. The faith grounding of the Catholic Church/Providence St. Joseph Health must be stated in such a way that it affirms not just all in the organization, but everyone whom the organization serves.

**5. Incorporating Values Systemically:** This entails the skill to facilitate the process of moving the five values of Providence St. Joseph Health — compassion, dignity, justice, excellence and integrity — into policies and behaviors. This is one way that we stay true to our ministry’s health commitment by promising to be present throughout the life and operations of the organization.

**6. Correlation of Mission and Strategy:** This includes integrating ideas bought or borrowed



## CREATING A FORMATIVE EXPERIENCE

**P**rovidence St. Joseph Health implements and follows a three-step planning process when receiving an “ask” for a formation activity. The steps appear simple, however breaking down the components and giving due attention and focused planning is critical to an effective formation experience. The following outlines the necessary actions to properly address and respond to these requests.

### Preplanning

Eliciting as much information as possible from the requester and other stakeholders is an essential step to inform the design of the formation experience. This involves the following:

1. Identify who is making the ask. Clarify and negotiate the ask from the requester, invite them to collaborate on the design, and enroll them in the implementation of the formative experience. Furthermore, clearly identify the purpose of the meeting.
2. Gain a clear sense of the people in attendance. What are their roles and responsibilities? Are they executives and decision-makers? Are they middle managers and supervisors? Are they board or community members? What might be their perspectives as they come into the meeting?
3. Size up the situation: How many people will attend? How much time do you have, and can you negotiate adequate time to fit the design of the formative experience? Is this a one-time experience, or is this part of a larger program or vision?

### Planning

This stage adapts CHA's and Providence St. Joseph Health's definition and vision of formation to the particular people and situation where the formative experience will occur. It consists of the steps below:

1. Identify the central theme or issue that the content will address within the formative experience. Also, identify what primary aspect from the tradition will be used to illuminate the central topic. For example, this could be a principle or quote from Catholic social teaching, a sacred

text, heritage story or a quote from a foundress, etc.

2. Determine how the time will be allocated. How will the participants be engaged? What will be the exact prompt to them, and what response might be desired?

3. Rehearse the presentation. Consider recording yourself and playing it back. Is the pace too fast or slow? Does the prompt come at the right time? Does the setup adequately address the main theme? What challenges and concerns arise for you? When needed, consider connecting with a thought partner.

### Debriefing

In this stage, the leader of the formative experience seeks feedback with the intent to “get smarter and better” at doing formation through the following actions:

1. At the conclusion of the formative experience, ask for written or oral evaluations. A simple Plus/Delta assessment can be conducted. (This involves asking participants to share the pluses from the event — what went well and should be continued further going forward — and the deltas, or what they would recommend changing for future meetings.) In virtual experiences, invite participants to include their thoughts in the chat feature or to send to you directly. Seek out two or three individuals in attendance and ask them how they experienced the formative portion of the meeting.
2. Seek out trusted colleagues, other mission leaders and key people to review the evaluations and feedback. Ask them what they hear and see, and together, identify areas for possible improvement in the future. Did the prompt work in the way intended? How could it be sharpened in the future? Did the connection with the tradition resonate as anticipated? Did insights arise for other aspects of the tradition that might be used in a similar future formative experience?
3. Identify means available to share the content and successes of this experience with other leaders steering formation.

from the larger health care world into the organization. Effective secular ideas and strategies (such as quality and performance improvement, safety first initiatives, emotionally intelligent leadership and trauma-informed care, among many others) are put in dialogue with the mission and faith-based identity. This skill involves the ability to create connections between the language of mission and the organization's strategies.

**7. Adaptability to Groups:** Leading formation experiences involves adjusting and designing experiences for different and diverse groups within the ministry. For example, leading an experience for seasoned executives is different from conducting one for a group of new community members appointed to an advisory board. Leading an experience for core leaders supervising patient-facing caregivers will also be different. A key differentiator in the formation preparation is determining how to make the knowledge available and applicable in a way that will be impactful and relevant to the receivers.

## CONCLUSION

The qualities needed for leading formation experiences are robust, and the previous skills mentioned are just a few. These ideas and strategies come from the pilot efforts of the first two cohorts of Forming Formation Leaders. Everyone in the program is both a participant and a partner. Together, we create the program as we go through it. We build the sidewalks as we walk on them. The third cohort of Forming Formation Leaders is walking and building now.

As we look into the future, many see only change. But change is not a stranger to Catholic health care. Catholic health care is a tradition of the Spirit and forms. It is always holding together the changeable (forms) and unchangeable (Spirit). The inherited forms are transitioning, and the Spirit is guiding the transition and developing new forms. Fidelity and flourishing are the Spirit and forms at work. It is how the essential and provisional join together, how a timeless revelation (Spirit) and time-bound transitions (forms) are both respected and included.

The Spirit and forms are a “deep take” on the work of formation. But “deep takes” are needed to empower our perseverance and creativity in the work of formation. Whatever language is used,

if we are in formation, it is helpful to love and be committed to the struggle that the mission of Providence St. Joseph Health articulates: “As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.”

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## NOTES

1. At Providence St. Joseph Health, two formal initial formation programs guide senior and core leaders on how to articulate the system’s faith-based identity and mission and integrate it into the life and operations of the organization. Ministry Leadership Formation engages not only executive team members and senior leaders at local ministries, system divisions and system offices, but also other leaders whose scope and responsibility places them in contact with many in the ministry and/or with community and external executive or civic leadership. Core Leader Formation engages all managers and supervisors at local and divisional ministries, directors at the local ministry or system level, and any exempt caregiver.
2. “The Mission Leader Competency Model,” Catholic Health Association, <https://www.chausa.org/mission/mission-leader-competencies>.
3. *Framework for Ministry Foundation* (St. Louis: Catholic Health Association, 2020): <https://www.chausa.org/store/products/product?id=4363>.
4. For other examples of the changing and growing need for formation, see the following: David Lewellen, “Shaping Ministry Formation Across Catholic Health Care,” *Health Progress* 103, no. 2 (Spring 2022): 23-26, <https://www.chausa.org/publications/health-progress/archives/issues/spring-2022/shaping-ministry-formation-across-catholic-health-care>.

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