



Shaping Ministry Formation Across Catholic Health Care

DAVID LEWELLEN
Contributor to *Health Progress*

Shortly after Erik Wexler started as Providence’s chief executive for the Southern California region, his chief mission officer told him that he would need a two-year formation course — one weekend per quarter — and to clear his calendar.

One reason he had taken the job in the first place, after 30 years in secular and for-profit health care systems, was a feeling that he needed a stronger sense of mission in his own life. Through his formation experience at Providence, Wexler was able to resolve that lack. “The intent was not to make people Catholic, but to make us more understanding of ourselves as leaders and how we relate to the people around us,” he said.

After completing the formation program, Wexler, who is Jewish, felt “more fidelity in my own life between our calling and what I do at home and other demands of life. I understand more about what it means to be a Catholic ministry and what the healing ministry of Jesus represents for us.”

EVOLUTION OF MINISTRY FORMATION

Catholic health care systems offer their employees formation — a systematic opportunity to learn about their organization’s mission and values, and to think about how their own calling and values align with that of their ministry. Almost every system has something comprehensive in place for executives. But extending this educational and spiritual process down through the organization

varies widely across the country.

Numerous Catholic health care systems started formation programs around the year 2000. As the numbers of women religious actively working in health care were declining, they and other system leaders intentionally aimed to shape those who work in Catholic health care to continue their ministry’s leadership and spiritual legacy.

CHA members are committed to formation, said Diarmuid Rooney, senior director of ministry formation for CHA. “There has to be some formation happening in a Catholic system in order to sustain the ministry into the future.”

A thorough formation program invites participants to understand the distinctive features of Catholic ministry “so they can personally embody, and creatively adapt, their integration into ever-changing situations,” Rooney said. Foundational elements of formation include learning about and incorporating vocation, tradition, spirituality, Catholic social teaching, ethics and discernment, which is a process involving reflection as a means for thoughtful decision-making.

Ideally, formation will complement other leadership training, but “sometimes it gets tacked on

as an afterthought,” said Bridget Deegan-Krause, a formation consultant and creator of the hybrid formation program *Mission: Day by Day*. The difference is that in formation, “theological reflection is woven throughout. ... Core themes of Catholic social teaching undergird decision-making processes — dignity of the person, for example.”

But the things that are called “formation” can range from 15 minutes at orientation for frontline workers to a 24-month retreat-based program for senior executives, like Wexler’s experience. The bigger the system, the more likely it is to have a robust program. Spreading those opportunities equitably across the Catholic health care landscape, Rooney said, is “something we are actively addressing, because it’s not happening right now. And it needs to be.”

Across the country, nearly 100 Catholic health care executives have “formation” in their title, Rooney said, but fewer than 10% are now sisters. In past generations, the sisters who staffed Catholic hospitals would have described the institution’s mission in terms of vocation or devotion to God. Today, he said, the sense of a calling is the link. “Feeling a call to a profession has a sacred side to it. It gives you a purpose and meaning in your life,” he said. “It’s a sense of having had a sacred encounter that calls you out of yourself to be of service to others.”

Catholic formation is oriented to the story and ministry of Jesus, but every health care system today has many employees who are not Catholic or Christian. “We’ve been very clear that all are welcome,” said Celeste Mueller, who recently retired as vice president of ministry formation for Ascension.

“We’ve had members of many religious traditions — Muslims, Jews, Hindus, Bahai.” For followers of another faith, formation is “deep calling to deep,” she said. “It allows people to be fully who they are and to engage and interact with this tradition. It’s forming the inner life of this person, with full respect for who this person is in the world.”

Mary Anne Sladich-Lantz, group vice president for ministry leadership formation with Providence, said that in her experience, secular staffers are inspired by accounts told of the pioneering spirit and courageous presence exempli-

fied by the sisters. “The stories we tell about the founding congregations have universal appeal,” she said. “Expressing love for others through service is how the sisters expressed their deep faith and love for God. We say, ‘Just be curious. What did they seek, and what is it you seek?’”

Formation is now the main tool to transmit the institution’s vision and values, Sladich-Lantz said, because “right now, the current leaders are the first generation not to have worked side by side with sisters.” The mission of Catholic health care is “revealing God’s love in the world. For those who do not have a personal experience with God, they definitely understand the significance of revealing love. Of course, we are a faith-based, Catholic institution, and we don’t intend to let go of that.”

EXPANDING FORMATION ACROSS THE MINISTRY

As fewer sisters are in leadership roles with Catholic health care systems, formation becomes “the main lever to keep Catholic identity distinct,” said Carrie Meyer McGrath, system director of formation design and development for CommonSpirit

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— BRIDGET DEEGAN-KRAUSE

Health. “It’s not just 50 or 100 executives, it’s the managers and directors, too.” Although it is comparatively easy to make sure that top executives get formation work, “the bazillion-dollar question is how to expand it beyond a few senior leaders, to prioritize and invest in formation for mid-level managers and especially frontline clinicians,” said Deegan-Krause. “A huge challenge is making space and time in a busy clinician’s life.” Granted that there may be costs involved when taking busy clinicians off the floor to focus on their formation, she notes that there are also costs to not doing it.



And offering opportunities more broadly also means finding more people who are able to do the training. “Just because you have a theological background doesn’t mean you can lead formation,” Deegan-Krause said. Figuring out who can lead is “the next big question.” Formation leaders do need theological training, she said, but also strong skills in facilitation, organization management and, “ideally that they have skills as an educator and coach,” in order to help others “make connections with the rich traditions” that support the ministry.

A variety of efforts to develop new trainers are underway around the country. Rooney said that CHA will begin its own national formation training this fall for formation leaders. Under Sladich-Lantz, Providence started its own similar program, and now, “We have incredible bench strength across the system,” she said.

Extending more training for formation has also meant offering more accessible opportunities, especially as the pandemic has forced institutions to innovate. “Since COVID, we’ve had to do all of our formation virtually,” Sladich-Lantz said. “In the beginning, it was a very steep learning curve. I wouldn’t have ever chosen to do it that way, but we learned a ton. We reached people in a simple way that we’d never been able to do in person.” But nevertheless, “we know going forward that we have to do everything we can to return to an in-person formation experience. We don’t want formation to be 100% virtual. In person, you get the whole experience of body, mind and spirit.”

Despite the challenges presented by COVID, “the pandemic probably forced formation into a place that it was going to get to five to seven years down the road,” said McGrath. “Even four years ago, people would say it’s impossible to do formation online.” But health care leaders in the midst of a crisis didn’t have large blocks of time, formation leaders were working remotely, and “if a video conference is your only tool, then you have to figure out how to make it different from the other five hours a day that people were spending on video meetings.”

McGrath and her team are doing their best to

keep the meetings by video conference engaging and interactive, and “the hybrid model is here to stay. The standard for calling an in-person meeting is super high.” Now, she thinks, maybe the first and last session of a course would be in person, and the rest would be via online meetings.

Aside from adapting formation opportunities to fit into leaders’ current work environments, there is also the challenge of how to extend this training to all health care professionals. Although formation is already part of leadership life,

It’s comparatively easy to give workers an intense formation experience that sends them back to their jobs fired up about the mission. But maintaining that attitude over months or years is quite another matter.

Sladich-Lantz has come to see the importance of deep, meaningful opportunities for middle managers, to make sure that the mission and values are “hard-wired into the organization.” Frontline caregivers also need opportunities tailored to them, she said, but “logistically, what does that look like? We are always challenged by the costs of such efforts.”

For Providence executives, as an example, formation lasts two and a half years; for middle managers, one year. For those on the front line, it is currently an annual module. “Is that enough? No. It’s never enough,” Sladich-Lantz said. But the system has always been willing to provide the necessary resources, and she believes that employee satisfaction and retention have been positive results.

Laura Richter, vice president of formation and spirituality for St. Louis-based SSM Health, helped create a two-year strategic formation plan for her system. Even through the pandemic, SSM Health has made good progress in engaging executives and managers through formation, but like every system, she hopes to extend opportunities further down the organizational chart. Those who do formation say they help one another. Richter noted CHA’s Rooney will often link people to her

when they are beginning to plan formation programs. “We’re all on a journey, and the ones further ahead have been very generous,” she said.

It’s comparatively easy to give workers an intense formation experience that sends them back to their jobs fired up about the mission. But maintaining that attitude over months or years is quite another matter. Sladich-Lantz said that Providence’s formation graduates receive reflections and an opportunity to participate in a monthly session that is now virtual.

Richter sends alumni of SSM Health’s classes regular messages about the organization’s history and heritage. Executives and boards can easily take an hour out of a longer period together to reflect on the mission, but for frontline employees, that opportunity might only be a few minutes at the start of the shift huddle.

Wexler, the Providence executive, said that beginning every meeting with a reflection is a way to integrate ongoing formation. Making sure that everyone is comfortable in that role and has a chance to do it is both part of formation, and “I think it’s part of diversity, equity and inclusion.” When sharing in a reflection, staff learn more about one another, perhaps about people’s individual backgrounds, priorities or challenges. “A lot comes out in reflection that helps us to understand the suffering of those around us,” he said.

THE FUTURE OF FORMATION

Once leaders experience the benefits of formation for themselves, Deegan-Krause said, they tend to make it a priority for others in their system to do it — but a churn in the top ranks of health care, particularly from mergers, may mean that institutional continuity is lost.

The rapid consolidation in the industry also has brought together systems with different formation programs and expectations. Ascension has set system-wide standards and competencies for formation leaders, Mueller said, as well as programming standards, while also leaving some room to meet local needs. “We’re setting the big rocks that you put in first,” she said, referring to the metaphor of how to fill a glass jar. The approach allows for regional placement of the “little rocks,” or the ability to customize as needed.

Another complication is when a Catholic health care system expands to include a secular facility, or vice versa. “Do we believe our Catholic identity is a genuine gift to the world?” Mueller asked. “Some believe it’s a limiting factor, but I believe the richness of our tradition is such a gift.” If a secular hospital and a Catholic hospital legally join together, “it’s a challenge. Do they understand what Catholic identity means? If it’s just grudgingly abiding by the ERDs, I think that’s a loss. If they see it as something to contribute to the world, that would be great.” [*The Ethical and Religious Directives for Catholic Health Care Services*, often called the ERDs or the Directives, is the document that offers moral guidance, drawn from the Catholic Church’s theological and moral teachings, on various aspects of health care delivery.]

Comparing Catholic and secular systems, “the operations might look similar,” said Stephen Taluja, the chief ministry formation officer for Bon Secours Mercy Health. “But the ‘why’ of the organizations is very different. That’s why formation is helpful.” The system recently bought three secular hospitals in Virginia, and integrating them will be an “intentional process,” Taluja said, with formation at the executive level.

The large, combined Catholic health care systems continue to pour resources into formation. But smaller and midsize organizations sometimes have a steeper hill to climb. “I think some systems are further along in that journey, but all systems recognize the vital importance of formation,” said Richter. “They all think it’s important, but they’re at various stages of resourcing.”

Figuring out that path ahead is an ongoing — yet intuitive — process, as expressed by Sladich-Lantz: “We don’t know how we’re going to move forward, and we must rely on ongoing discernment. We look inside, as an individual or organization, to discern the next steps. Some of it is management, and some of it really is believing that the Spirit is guiding us forward. We take each step in a calculated and trusting way. That’s formation.”

DAVID LEWELLEN is a freelance writer in Glendale, Wisconsin, and editor of *Vision*, the newsletter of the National Association of Catholic Chaplains.

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