

SURVEY: SENIOR LEADERSHIP FORMATION IS FUELED BY REGULAR CADENCE, AMPLE TIME

Senior leadership formation programs have become fixed features of Catholic health ministries in the United States. They have such importance that every ministry has a means of providing them for their senior leadership, and the data indicate the establishment of a shared vision for content, process and programmatic experience.



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In 2024, CHA requested data from the largest systems related to the operational and programmatic activity of their senior leadership programs. The data collection and subsequent analysis replicated the same process that occurred in 2016. Our partners at the HSM Group compared the data and the practices reported by members, thereby building a longitudinal perspective on these flagship programs in the ministry. We conducted this in conjunction with the larger national survey of formation activities led by mission and formation leaders.¹

PROGRAM LENGTH AND FREQUENCY

Formation's goodness takes hold over time. Moving through calendar years, seasons, fiscal years and life events together as a cohort — all while making intentional connections to mission and the broader Catholic tradition — has an impact on leaders.

Several senior leadership formation programs are slightly shorter than they used to be. In 2024, senior leadership formation programs averaged 17 months in duration. In 2016, the average was 19 months; however, as many as four programs lasted up to 36 months. Today, the proportion saying a program transpires over 7-12 months and 13-24 months grew when compared to 2016. There has been a notable jump in programs lasting more than one year and less than two, from 40% to nearly two-thirds. Fewer than one-third of ministries conduct ministry formation for their most senior leaders in less than one year. Currently, just one of

the surveyed ministries reports a program lasting 24 months.

The frequency of sessions has quickened. In 2016, quarterly gatherings were the most popular followed by monthly sessions. In 2024, the data reflect a reversal: Monthly sessions are the most common, followed by quarterly and every-other-month. One system reports an annual gathering. There is wisdom in these data. Along with the experiences of those who have participated in formation programs, it suggests that quarterly is a minimum meeting cadence for meaningful formation. Adult learning needs regular connections, especially as ministry formation orients and familiarizes leaders with unique vocabulary and a particular worldview. Equipping leaders to faithfully, competently and confidently integrate the Catholic identity of the organization, regardless of their own faith tradition, happens only with a regular cadence of reflection, peer dialogue and discussion on application.

The more regular, monthly formation experiences for senior leaders may be attributed to the ease and adaptation of virtual gatherings and capabilities. In 2024, half of the responding programs indicated a blend of in-person and virtual sessions, whereas fewer than 20% reported using this option in 2016. There remains a strong preference for all in-person sessions, with 42% indicating all sessions are held in-person. One system reports all sessions are virtual.

PROGRAM METHODS

Respondents were asked to identify the means of the formation experience. The cohort-retreat model remains the preferred means of formation for senior leaders and now emerges as the

standard. The majority reported favoring this method in 2016, and the current data validated it. The data reflect a modest use of team-based experiences. They also show usage of pilgrimage, volunteer service and capstone experiences. These activities supplement and integrate content themes explored in formation modules.

These data indicate the staying power of the early models of formation, introduced by the founders of Catholic health ministries. Formation entails far more than education or knowledge transfer and engages the whole self and connection to the human heart. Therefore, a retreat setting — or something similar away from the ordinary conference room setting or commercial hotels — provides an environment conducive for creating meaning and enabling the depth of self-reflection that can become transformative.

Also, a note about delivery: All major Catholic health systems today report that their own system conducts and oversees the formation programs for senior leaders. This is a testament to the investments and commitments Catholic health ministries have to their Catholic identity and a desire that ministry formation be tailored to that system's heritage and organizational culture. Eight years ago, 44% reported that a separate group conducted ministry leadership formation, and another 20% reported using some other center. Today, about a quarter (27%) report collaborating with university faculty to augment the formation leadership shouldered by the ministry.

PARTICIPANTS

Individuals currently participating in senior leadership formation programs reflect consistency and a commonality with data reported in 2016. Today, all ministries report participation by leaders in vice president roles (including senior or executive vice presidents, etc.). Participation by individuals in director-level roles, including senior or executive directors, is notably lower in 2024. Some of this shift may be due to the emergence of formation programs designed for mid-level lead-

ers. The data from the formation survey revealed the emergence of mid-level leader formation as a major area of activity for mission and formation leaders.²

CURRICULUM CONTENT

The program content remains relatively stable. Similar to the 2016 figures, programs today focus on vocation and calling, tradition and heritage, mission and values, Catholic social tradition, spirituality and ethics. In 2024, we added discernment as an option, and nearly all systems confirmed this as a content topic.

Other content areas consistently reported by most systems in both years include leadership style and holistic care. Suffering and diversity also appeared as topics by half of the surveyed systems. Content related to Church relations dropped by nearly half from 2016 to 2024, from 88% to 46%. Relatedly, there was a slight drop in sponsorship, from 88% to 73%.

Catholic social teaching experienced a modest decline from 94% to 82%. This is puzzling, and the ministry should aim for 100% when this study is repeated at a future time. The rationale is that the Catholic social tradition is the very bedrock of the healing ministry. All of our operations stand in service to realizing and giving life to the principles expressed in the social tradition. In other words, Catholic health care is a leading character in Catholic social practice and is precisely the work of the healing ministry.

Much of the social tradition presents alternative views to that of the prevailing consumeristic and capitalistic culture. As such, efforts to renew leaders with the ideals and virtues of the social tradition must not tire. The social tradition continues to grow in response to the signs of the times, and thus, we must continue to form, reflect and pray with the richness of the Catholic social tradition.

Our healing ministry draws from this social tradition, and related to that is a response to human suffering, both at an individual and at a social level. The recent data from members show that

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just under half of the ministries reflect upon suffering in their programs. Ministries should consider ways to create opportunities to reflect individually and as a group on the experiences and perceptions of suffering.

Moreover, our commitments to the poor and vulnerable require a special sensitivity to the suffering of others. Pope Leo XIV's first major teaching, *Dilexi Te*, on love for the poor, exhorted the worldwide Catholic community to see and respond to the suffering of the poor and innocent.³ Ministry formation programs are a prime place and opportunity to heed the pontiff's urging.

KEY OUTCOMES

In the recent study, nearly all systems report incorporating the key outcomes articulated in CHA's framework for senior leadership formation. This document lays out four indicators that "point to characteristics identified in those who have completed the formation programs."⁴

Outcomes recognized in these leaders include: 1) Engages and inspires leaders in their ongoing growth; 2) integrates, articulates and implements the rich tradition of Catholic health care; 3) strengthens and transforms leaders, the organization and community; and 4) grounds leaders in the foundational values of the ministry. Members' responses reflect ministry-wide adoption of CHA's work on identifying indicators of the value of formation and mission.

In addition to these outcomes, CHA's recent efforts with members have also identified other qualitative and quantitative indicators of the impact that formation has on both individuals and the organization. Case examples are included in CHA's new resource, "Demonstrating Formation's Impact: A Perspective for the Catholic Health Ministry."⁵

CONCLUSION

These data give the healing ministry much to celebrate! Senior leadership formation programs, in particular, are gifts from the sisters who founded Catholic health ministries. They insisted that executive leaders experience some programmatic formation. Usually that entailed a group of leaders meeting in-person with facilitators experienced in the Catholic tradition at a retreat center, for a designated period. An intended outcome was to equip and embolden leaders to integrate and apply key aspects of Catholic identity into their

leadership, operations and strategy with personal and professional integrity, regardless of the leader's own faith tradition. These data show us we are doing just that, and there's no question of the enduring importance of formation programs tailored to senior leaders to allow organizations to flourish. They have served as an indispensable engine for Catholic health ministries amid the swirl of changes through the years.

We cannot overemphasize that these programs are a beginning, a jumping-off point. The Catholic tradition has always held the view that formation includes an intense initial experience that prepares an individual for a ministry or a way of life, and then the formation continues.

The foundational formation programs described in the data summarized here underscore the enduring efficacy and enthusiasm for a unique way of showing up as a leader in health care that expresses itself as a ministry perpetuating Jesus' healing love.

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NOTES

1. Darren M. Henson, "Findings From CHA Survey: Formation Reaches Deeper Into Ministries, Increases Demand for New Resources," *Health Progress* 106, no. 4 (Fall 2025): <https://www.chausa.org/health-progress/archives/fall-2025/findings-from-cha-survey--formation-reaches-deeper-into-ministries--increases-demand-for-new-resources>.

2. Henson, "Findings From CHA Survey."

3. Pope Leo XIV, *Dilexi Te*, The Holy See, October 4, 2025, https://www.vatican.va/content/leo-xiv/en/apost_exhortations/documents/20251004-dilexi-te.html.

See also Valerie Schremp Hahn, "Q and A: CHA's Darren Henson Explores What Pope Leo's *Dilexi Te* Means for Those in Catholic Health Care," *Catholic Health World*, October 21, 2025, <https://www.chausa.org/news-and-publications/publications/catholic-health-world/archives/october-2025/q-and-a--chas-darren-henson-explores-what-pope-leos-dilexi-te-means-for-those-in-catholic-health-a>.

4. *Framework for Senior Leadership Formation* (Catholic Health Association, 2011), 19. The enumerated outcomes are not intended to be exhaustive.

5. "Demonstrating Formation's Impact: A Perspective for the Catholic Health Ministry," Catholic Health Association, <https://www.chausa.org/DemonstratingImpact>.

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