



WHAT IS "LEADERSHIP FORMATION" NOW?

A New Statement Describes Formation for Health Ministry Leadership and the Changes It Can Help Bring about

In articulating the 2003-2005 Strategic Plan for the ministry engaged, CHA's Board of Trustees focused with new intensity on the need for qualified, prepared, and *formed* leaders who will carry Catholic health care into the future. Among the three-year plan's measures of success is this one: "At least 25 percent of executive, governance, and clinical leaders in our organizations have participated in leadership formation, increasing their understanding and fulfillment of what it means to be a Catholic health ministry."

In early 2005, CHA will conduct a survey that will aggregate the participation of leaders across Catholic health care in activities of leadership formation, providing quantitative evidence of our ministry's accomplishment in relation to this measure of success. But some recent work by members of CHA's Ministry Leadership Development (MLD) Committee presents Catholic health care organizations with a clear articulation of just what formation for leadership roles in the ministry is, as well as an articulation of the transformation it can help bring about.

"Formation" is a word long associated with preparation for religious life, a process of orienting one's lifestyle for ministry. Certainly, formation of lay leaders for the health ministry is similar to formation for religious life in its goal of orientation for ministry; but the lifestyles, commitments, and busy schedules of today's executives and managers in ministry organizations call for a different process than that experienced by young sisters and brothers.

So what does formation mean in this context? The MLD Committee has reflect-

ed at length on this question. This group, made up of professionals from Catholic health care systems, represents disciplines of organizational development, learning, mission, leadership development, and human resources, a mix that reflects the multidimensional nature of

leadership formation for health ministry. After numerous discussions, including a recent "think tank" in which members were joined by several resource specialists (see **Box**, p. 21), the committee articulated the following descriptive statement:

WE ARE THE PEOPLE of Catholic health care, a ministry of the church continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen—bringing together people of diverse faiths and backgrounds—our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope.

As the church's ministry of health care, we commit to:

- Promote and Defend Human Dignity
- Attend to the Whole Person
- Care for Poor and Vulnerable Persons
- Promote the Common Good
- Act on Behalf of Justice
- Steward Resources
- Act in Communion with the Church

—A Shared Statement of Identity for the Catholic Health Ministry © 2000,
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IN ORDER TO FULFILL these commitments, the Catholic health ministry needs leaders who recognize and respond to a call to service . . . a call that comes from God and from the communities in which these leaders live and flourish. They come to leadership in the ministry sensing a personal congruence with the mission and values of Catholic health care. They are formed for leadership in the ministry in and by the communities to which they belong—church, professional, civic, family.

Formation and development of these leaders for Catholic health ministry occur in an ongoing, multifaceted process that enables them to know and confidently act on behalf of the mission of the church's health ministry. Through this process, leaders grow in their abilities to guide organizations in a manner that gives witness to Gospel values.

Leadership formation is a lifelong commitment that enhances four dimensions of leadership:

A. Personal exploration of one's own giftedness, call to service, and commitment to the mission and values of Catholic health care

B. Creation of communities in loving service of the common good



BY ED GIGANTI

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C. Understanding and application of the tradition and teachings of the Catholic Church with regard to health care

D. Development and demonstration of the distinctive competencies required to successfully lead a Catholic health care organization with passion

REINFORCING DIMENSIONS OF LEADERSHIP

How does leadership formation reinforce these dimensions of a leader? Ministry leadership formation and development that reinforces *personal exploration of one's own giftedness, call to service, and commitment to the mission and values of Catholic health care* occurs in lifelong learning

processes that deepen self-awareness; strengthen one's spirituality; facilitate the discernment of one's call to service; examine one's identity as a servant leader; explore the sacred, spiritual nature of one's authority as a leader in the ministry; and sharpen one's creative thinking, strategic, and operational leadership skills.

Formation directed at *creation of communities in loving service of the common good* occurs in processes that bring people together to explore diverse approaches to the work at hand; enhance communication and conflict management/mediation skills (difficult conversations); strengthen facilitation and meeting management skills; expand opportunities for collaborative decision making; and refine skills of asking for and giving feedback.

Understanding and application of the tradition and teachings of the Catholic Church with regard to health care occurs through learning that builds knowledge of these topics:

- **Christian anthropology** The Christian vision of the human person created in God's image; a unity of body, mind, and spirit; possessing inalienable, intrinsic worth; and flourishing in community

- **Mission** Jesus' mission of healing; and the Christian approach to the mystery of suffering

- **Church** The life of the church; the place of the health ministry within the church; the ministry's relationships with the church; and the meaning of "ministry"

- **Social teaching** The special attention paid to persons who are poor, vulnerable, and marginalized; the pursuit of workplace dignity and justice; and the commitment to promote the common good

- **Ethics** Ethical reflection, decision making, and action; organizational ethical issues; and clinical ethical issues

- **Stewardship** Examining the distinction between ownership and stewardship, and consequent responsibilities regarding the use of all resources

- **Vocation** The meaning of call and vocation; discernment and articulation of one's own call

- **Spirituality** of the individual and of the organization; nurturing workplace spirituality

- **Servant leadership** Examining and assimilating leadership behaviors modeled after Jesus

- **Sacramentality** How service in health care reveals God's healing presence

Spiritual
grounding
provides the
larger context
of meaning for
the day-in,
day-out work
of health care.

- **Prayer/Ritual** The meaning of prayer; personal, spiritual disciplines; leading the organization community in prayer and rituals

- **Laity** The meaning of baptism; the universal call to holiness; the role of the laity

Ministry leadership formation that reinforces *development and demonstration of the distinctive competencies required to successfully lead a Catholic health care organization with passion* occurs through various modes of individual and group learning; through relationships with supervisors, peers, direct reports, and coaches; through processes of personal and organizational accountability; and more.

The competencies required to lead a health care ministry have been described in many ways by Catholic health care organizations. Although each health care system's competency set is grounded in the values, culture, and challenges of that system, common elements can be found in the Mission-Centered Leadership Competency Model, based on research conducted throughout the ministry by CHA in the early 1990s and updated in 1999 by CHA and a number of Catholic health systems. Many systems' competency sets, while using different labels and definitions, reflect core competencies from the Mission-Centered Leadership Competency Model.

Spiritual Grounding This is an ability to reflect and call on the spiritual resources of the Catholic health care tradition, one's own personal faith, and the faith of one's co-workers. These personal and collective spiritual resources supply the deep grounding, motivation, and resolve that are necessary to carry out the ministry. They also provide the larger context of meaning for the day-in, day-out work of health care. The most effective Catholic health care leaders have an inner spiritual life that translates into external action.

Integrity This is the courage to act on one's values and to take risks consistent with one's values. This includes the struggles and challenges that inner spiritual life undergoes as it seeks to express itself in action. Integrity moves from action to reflection and back again to action. What is being done is always considered in the light of what one most deeply holds dear. Integrity becomes the personal basis for integrating the values and mission of Catholic health care with the business realities of the marketplace.

Integration of Ministry Values This is commitment to

incorporating Catholicism's mission, traditions, and values (in particular, the church's social teachings) into organizational decisions and behaviors. This leads to an interpretation of the current experience of the organization in the light of its Catholic identity.

Care for Poor and Vulnerable Persons This is an underlying concern for justice and fairness in societal relations, which is expressed within the leadership role by taking initiative to serve the needs of the disadvantaged. This concern includes both attention to the individual person and systemic transformation of organizations and society.

Information Seeking This is a focus on current objective realities and on using an understanding of these realities to make decisions for the organization. Demonstrated by obtaining realistic, in-depth information.

Performance Excellence This is a personal drive to measure and improve performance, focusing the leader's attention on working with the realities of a ministry that is also a business.

Change Leadership This is the ability to lead a group, focusing and energizing its members to work together for change. This includes articulating an inspiring vision, managing resistance, and persevering to carry it through to completion.

Shaping the Organization This is the ability to build or adapt organizational structures to accomplish a mission and to improve performance, including reorganizing people and organizational systems, processes, procedures, communication, and reporting relationships.

OUTCOMES

What are the outcomes of effective leadership formation?

Leaders who engage in lifelong processes of formation as described above will be persons who create nourishing work environments, virtuous cultures of productivity and compassion, and strong, reciprocal connections to the communities served by their organizations. The leadership they demonstrate—identified, nurtured, and inspired in formation programs—will yield outcomes in these and other categories:

- *Patients and families experience the healing presence of God.*

—Such leaders inspire and hold employees accountable for compassionate, quality care that significantly improves the experience of patients

Ministry Leadership Development Committee

The members of CHA's Ministry Leadership Development Committee are:

Jon Abeles, EdD, senior vice president, human resources and organizational effectiveness, Catholic Healthcare Partners, Cincinnati

David Black, vice president, leadership development, Catholic Health Initiatives, Denver

William Brinkman, director, leadership formation, Ascension Health, St. Louis

D'Anne Carpenter, executive director, Leadership and Management Institute, Trinity Health, Novi, MI

Barbara Cox (chairperson), vice president, ministry leadership, St. Joseph Health System, Orange, CA

Melvin Dowdy, PhD, organizational consultant and ethicist, Bon Secours St. Mary's Hospital, Richmond, VA

Peter Giammalvo, PhD, vice president, leadership formation, Catholic Health East, Newtown Square, PA

Cindy Heine, vice president, health ministry, FMOL Health System, Baton Rouge, LA

Deanna Kenard, vice president, learning and organizational development, Catholic Healthcare West, Pasadena, CA

Robert Porter, executive vice president for strategy and business development, SSM Health Care St. Louis

Jack Salvatore, system director, organizational development, CHRISTUS Health, Houston

Ed Giganti (staff), senior director, ministry leadership development, CHA, St. Louis

The following people joined committee members in a "think tank" on leadership formation in May:

Lynette Ballard, director, mission training and development, Sisters of Mercy Health System, St. Louis

Br. William Campbell, SM, EdD, assistant executive director—elementary, National Catholic Educational Association, Washington, DC

Sr. Marie Damien Glatt, SCL, regional director, mission integration, Providence Health System—Oregon, Portland, OR

Regina Haney, EdD, executive director, National Association of Boards, Commissions, and Councils of Catholic Education, National Catholic Educational Association, Washington, DC

Ken Homan, PhD, director, lay spiritual formation, Aquinas Institute of Theology, St. Louis

and their families and friends.

—Their leadership brings about systems of care in which attention to the spirit is explicitly recognized as part of care delivery.

—Effective pain management and appropriate end-of-life care are the norms.

—Safety and communication build patients' and families' trust and increase their hope.

—Patient/family satisfaction metrics go up in such an environment.

• *Employees and staff experience and contribute to healing environments.*

—These leaders demonstrate their commitment to the dignity of the employees, building and encouraging trusting relationships among colleagues at all levels, engaging these employees and calling forth their compassion, which is manifest in quality patient care.

—Employees feel recognized and respected, they are able to make and express the meaning of their work, and at all levels they attest to a "work-life balance."

—Employee insights and feedback are sought.

—These leaders create environments of balance marked by ambitious yet achievable goals, fair rewards, and effective processes and protocols stripped of unnecessary complexity.

—Integrity permeates the environment, words and actions match, and there is accountability at all levels.

—Behaviors that are inconsistent with organizational and ministry values are not tolerated.

—Catholic identity is communicated and explored.

—Decisions made are consistent with the church's social teaching and are communicated as such.

—Employee satisfaction metrics improve as a result of such leadership, but evidence is also found in the participation of employees in building community in and outside the organization.

• *The health of communities is improved.*

—Through their strategic leadership, the needs and assets of the community are clarified and better addressed.

—Services for persons who are poor and vulnerable are expanded.

—Advocacy on behalf of just treatment of all community members, in particular those who are in greatest need, is a routine activity of the organization.

The individuals and organizations of Catholic health care are themselves signs of God's love and presence among us.

—Discernment dialogues at both management and board levels respect the diversity of points of view and are informed by the ministry's faith tradition.

—These leaders bring people together, connecting diverse communities—whatever their faith tradition—around an image of God's healing.

—In such an environment, philanthropy from the community is likely to rise, as are community perception metrics.

• *Leaders take on their identity within the ministry.*

—These are leaders committed to their own ongoing formation and development, as well as that of others.

—They each have development plans and expect the same of their peers and direct reports.

—They call for and participate in implementing programs of formation and development for the organization's trustees.

—They mentor emerging leaders for Catholic health care, and they "manage by walking around," being accessible to those they lead.

—These leaders model what it means to be spiritually grounded, and they accept and act from their authority as leaders in ministry.

In leadership formation activities, men and women in management and governance roles (or soon to enter them) grow in their ability to create and translate meaning for and with others in the organization and its community. Through their lives of dignity and integrity, they foster respect and a shared sense of higher purpose among the people who join them in the ministry. By raising uncomfortable questions, they encourage active reflection. By engaging differences, they create environments of hospitality and welcome. And through their passionate vision and imagination, they inspire in others creativity and the courage to take risks.

The individuals and organizations of Catholic health care are themselves sacramental, signs of God's love and presence among us. Leadership in this ministry is the practice of courageous acts—large and small—that build up the reign of God in our world. Leadership formation for ministry strengthens persons for this critical role. Intellectual study, spiritual discipline, integration of values in operations . . . leadership formation is all these, and, ultimately, it is an opening to God's grace. □