



Framework *for* Senior Leadership Formation

Building On Experience, Preparing for the Future



Catholic health care is led by dedicated women and men, both religious and lay, who combine advanced technology and innovative treatment with a tradition of compassionate care.

Catholic health care organizations are committed to improving the health status of communities and to creating quality health care that works for everyone, especially those most in need.

In cities and towns and rural areas throughout the U.S., Catholic health care services are reaching pregnant women, infants and children, homeless people, veterans, disabled persons, people facing life-threatening illnesses, as well as those seeking routine medical care to maintain good health.

Whether caring for victims of pandemics or natural disasters, advancing the professionalism of caregivers, building state-of-the-art medical facilities for growing community needs or championing health reform, Catholic health care organizations remain true to their mission of love and healing, guided by the Gospel and the moral teachings of the Catholic Church.

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Foreword



Today's challenging economic environment leaves little room for businesses in any industry to expend resources that promise little or no return.

The health care industry, and Catholic health care in particular, share this challenge. In the midst of these pressures, something appears to be happening within the Catholic health care community – something that speaks to the unique understanding we bring to our work. Many systems across the ministry are making a strong investment in well-structured, intensive leadership formation efforts.

Noting this trend, CHA began an initiative to learn why this is being done and what the benefit or return on investment is. Over the past year-and-a-half, CHA's Ministry Leadership Development Committee has undertaken a project to identify leading practices of leadership formation programs developed across Catholic health care ministry so that we can collectively understand:

- ✦ What is being done to assure the presence of lay persons who will offer integral ministry leadership for Catholic health care.
- ✦ If our current efforts are enough to achieve a "critical mass" of well-formed leaders.
- ✦ How we define the success or failure of these efforts.

From the information gathered, a draft Framework for Leadership Formation was developed in order to share leading practices currently in place in formation work across the health care ministry, and serve as a guide for those developing future programs.

On two occasions, ministry members were asked to review and provide feedback on drafts of the framework, with a final vetting at the 2011 Catholic Health Assembly.

What follows is a framework that while not prescriptive, provides insight, practices and potential next steps. We hope it helps all Catholic health ministries in their formation and development activities.

As a ministry, we need to continually discuss this important activity and resist the notion of going into this work alone. Instead, we must find ways to share experiences, challenges and successes for the sake of our shared work. It is my hope that the work the leadership committee has undertaken will sustain and deepen this important conversation.

Sincerely,

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in all but five of the 50 states) and the drafting of this framework. We offer special thanks to Cynthia Taueg, DHA, vice president of community health at St. John Providence in Detroit, a member of Ascension Health, and Susan Huber, vice president of governance and sponsor relations at Ascension Health's corporate office in St. Louis, who completed all of the initial research on executive formation programs at those 18 systems.

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Executive Summary

In March 2009, CHA's Ministry Leadership Development Committee identified the need to assess the impact of current leadership formation programs for senior leadership.¹ This assessment led to the creation of the Framework for Senior Leadership Formation which follows.

This framework draws from more than 10 years of formation experience by many Catholic health care systems that have implemented a variety of successful approaches. Many of these efforts led to an organic expansion of leadership formation to include managers at all levels, physician and clinical professionals as well as sponsors and boards.

The Framework For Senior Leadership Formation builds upon *A Shared Statement of Identity for the Catholic Health Ministry* and *Vision 2020*. Ministry formation is understood to be a personal and communal process rooted in the Catholic health care tradition and ministry. This process engages and inspires the lived experience of women and men in their ongoing growth as persons and as leaders as they learn to integrate, articulate and implement the rich tradition of Catholic health

care. Formation strengthens and transforms individuals, organizations and communities and the people they serve. Lastly, it grounds leaders and the organization in the foundational values which enable Catholic health care ministries to flourish in the present and for the future. Senior leader formation is essential for the continuation of the healing ministry of Jesus in Catholic health care.

Foundational Elements of Successful Formation Processes

Ten essential concepts are integrated in successful formational processes for senior leaders in Catholic health care.

1. **The Catholic tradition**, rooted in Scripture, theology, ethics and spirituality, upholds and sustains the health care ministry.
2. **The charism/legacy of the founders and foundresses** of Catholic health care guides and supports the current ministry.
3. **Leadership formation** is an ongoing process that is open to all who share the values of Catholic health care.
4. All leaders in Catholic health care are expected to **provide and be engaged in ongoing ministry formation**, while health care organizations are expected to **provide opportunities for ministry formation**.

¹"Senior leadership" refers to leaders of health care ministries who hold the positions of vice president, or the equivalent, and above (i.e., CEOs and executive teams, sponsors, and boards).

5. **Formation shapes and transforms** the individual, the organizational culture and the broader community.
6. **Reflective/and integrative processes** are essential for quality ministry formation.
7. **The desired formation outcomes provide the basis** for program content and process.
8. **Core content needs to be updated periodically** to remain relevant to the signs of the times, the needs within the ministry and the experiences of participants.
9. **Formation shapes and enhances** leadership practices, business procedures and clinical protocols in Catholic health care.
10. **Formation experiences** invite participants to develop an understanding of Catholic health care as a ministry of the Catholic Church.

Key Outcomes for Formation

Successful program design and content are derived from defined outcomes. Formation programs for senior leaders in Catholic health care inspire ongoing personal and leadership growth; they help the participants apply the principles of Catholic identity; they have a transformative impact on individuals, organizations and communities and those who are served; the programs ground leaders and organizations in the foundational values which enable Catholic health care ministry to flourish now and in the future.

Core Content Areas

The core content for formation programs has evolved and will continue to evolve with changing times and emerging challenges. While core content is arranged in many different ways within curricula, there is a broad consensus that the following content areas are critical at this time: heritage, tradition and sponsorship, mission and values, vocation, spirituality and theological reflection, Catholic social teaching, ethics, leadership style, holistic health care, diversity and church relations. Reflection and contemplation are integrated processes used throughout all the content areas.

Approaches to Senior Leadership Ministry Formation

There are many different approaches to formation as well as many stages or phases that participants experience while engaged in formation.

Technology is increasingly incorporated into all the current methods of leadership formation to help leaders connect with each other, share reflections, collaborate on best practices and advance the ministry.



The overall goal of formation is to assist senior leaders to be confident and competent in guiding and directing the healing ministry. Various models are used independently or in combination as needs are known and resources are made available. Six models are commonly used:

1. The **retreat model** takes groups off-site for two- to three-day experiences from two to four times a year for a period of one to three years.
2. Retreats are often combined with the **cohort model**, where a selected group of learners come together usually from more than one institution and learn as a stable group both off-site and through distance learning opportunities.
3. The **team learning model** usually functions within an organization and is often supplemented with outside course work.
4. **Pilgrimages** are off-site models where sites connected with the religious legacy are visited, theological reflection is experienced and the charism of the originators comes alive.
5. The **volunteer service model** provides individuals or teams opportunities to participate in voluntary service to persons who are living in poverty and/or who are marginalized.
6. The **mentoring model** connects mature leaders with those with less practice.

The effectiveness of all models needs to be assessed both during the learning experiences and at the end. Measures of effectiveness include both qualitative and quantitative methods.

Sustainability of Senior Leadership Formation

Sponsor and Board Support

Effective senior leader formation requires strong focus and support from sponsors and boards to make ongoing formation in their institutions a priority, guaranteeing that it happens and assuring that it is effective. It must be a top priority.

Organizational Commitment to Formation

High-quality formation is not an option. It is essential for the sustainability of Catholic health care ministry and will empower the healing ministry of Jesus to continue for generations.

Funding

Funding for senior leader formation needs to be seen as an investment in the future of Catholic health care ministry. Without such an investment, the ministry's future is at risk. In making the case for funding, effective reporting through various forms of assessments and personal testimonials will show the positive impact the formation program has on the institution and will help to secure funding.

Ongoing Formation

Because the environment in health care is continually changing, ongoing formation is essential to provide seniors leaders with support and new insights as their leadership journey unfolds.

Next Steps

This framework on successful formation processes for senior leaders is just the beginning of other significant projects required to advance ministry formation in Catholic health care ministry. What follows are initiatives needed to advance the ministry:

- A. **Expanding formation opportunities** beyond senior leaders to effectively engage the full breadth of stakeholders and settings.
- B. **Establishing effective assessment frameworks.**
- C. **Collaborating more effectively** across the ministry.
- D. **Sharing formation resources** across the ministry more broadly than at present for the common good and maximum impact.
- E. **Developing leadership competencies** that support desired outcomes for formation and development efforts.
- F. **Identifying implications of new communications technologies** on leadership formation.
- G. **Developing a selection or hiring tool** consistent with the organization's mission and values.
- H. **Increasing diocesan engagement** in Catholic health care ministry.
- I. **Ensuring necessary funding** for ongoing leadership formation.

In Conclusion

Effective and ongoing formation is a requirement to sustain Catholic health care as a ministry. Sponsors, boards and senior management are responsible and accountable to ensure formation of our leaders. The call to ministry demands no less.



Introduction

In March 2009, CHA's Ministry Leadership Development Committee identified the need to assess the impact of current leadership formation programs for senior leadership.²

The committee also committed to develop a resource to be shared with the Catholic Health Ministry that would:

- ✦ Provide a framework of formation outcomes, processes and content that represents leading practices across the ministry which have effectively grounded leaders in the spiritual purpose of the ministry;
- ✦ Enable more Catholic health care providers to successfully develop effective senior leadership formation processes;
- ✦ Enhance progress across the ministry towards developing a critical mass of well-formed leaders who will ensure the Catholic identity of the health care ministry for the future.

The framework that follows draws from more than 10 years of formation experience by many Catholic health care systems that implemented a variety of successful approaches to senior leadership formation. Two surveys were completed as part of this process: a survey of program directors in fall 2009 and a survey of program participants in winter 2010.³

Many of these efforts led to an organic expansion of leadership formation to include managers at all levels, physician and clinical professionals as well as sponsors and boards. Much has been accomplished and much work remains to be done.

The sections in this framework were enhanced by the feedback received from the first and second public drafts of the framework from sponsors, CEOs, mission leaders, formation directors and board members. The sections include:

- ✦ **INTRODUCTION**
- ✦ **RATIONALE FOR SENIOR MINISTRY LEADERSHIP FORMATION**
- ✦ **TOWARD A CHA FRAMEWORK FOR SENIOR LEADERSHIP FORMATION**
- ✦ **NEXT STEPS**
- ✦ **IN CONCLUSION**

²“Senior leadership” refers to leaders of health care ministries who hold the positions of vice president, or the equivalent, and above (i.e., CEOs and executive teams, sponsors, and boards). For stylistic reasons, “senior leadership” is not repeated here each time the word “formation” is used.

³Summaries of both surveys are available on the CHA website, www.chausa.org/formationframework.

The Rationale

Catholic health care in the United States started with sisters, priests, brothers and lay people ministering to the sick in their private homes. It moved to public places to respond to the physically and mentally ill, taking over from alms houses and caretaker facilities for the aged, prostitutes, alcoholics and homeless. Catholic institutions acted courageously by accommodating all races, creeds and infirmities based on the Gospel mandate to cure the sick and give sight to the blind. This same vision, courage and values need to be lived out today and into the future.

Currently, many changes are occurring in the provision of health care throughout the United States, given the ongoing implementation of health care reform. All these changes impact millions of people as well as the ministry of Catholic health care.

In order to ensure a vibrant ministry in the coming years, ongoing formation of senior leaders involved with the ministry must be a high priority wherever the ministry extends its mission. This formation is not an option, it is a necessity.

In addition, many other changes are taking place in society and in the church that call for a new focus on the formation of senior leaders. These include among others:

- ✦ The transformation of health care.
- ✦ Growing inequities in society with increasing numbers of people living in poverty.
- ✦ A Catholic health care ministry with an increasingly diverse work force.
- ✦ Many new developments in the life of the Catholic Church.
- ✦ The desire to retain the legacy and charism of the religious founders.
- ✦ A deepened understanding of the Christian baptismal call to holiness, ministry and leadership.
- ✦ The vocational call of leaders from other faith traditions and spiritualities who are called to serve in Catholic health care.

While we are hopeful for the future of a sustainable Catholic health care ministry, now is the time to act by forming leaders well prepared to address the challenges of the 21st century and to create a life-giving future for the ministry.



There are many different approaches to leadership formation for senior leaders in Catholic health care systems throughout the United States. There are stand-alone programs, multi-system collaborative programs, graduate ministry programs, internal workshops, retreats and more. Recognizing the many challenges facing Catholic health ministry today, this formation framework is written as a resource for leaders from systems and facilities, large and small, urban and rural, to support the integrity of the ministry and the credibility of future leaders.

The priority goal is to share best practices and insights so all can benefit and improve their leadership formation efforts. This framework is grounded in the following:

- + ***A SHARED STATEMENT OF IDENTITY FOR THE CATHOLIC HEALTH MINISTRY***
- + **THE CATHOLIC CHURCH IN THE 20TH AND 21ST CENTURY**
- + **SENIOR LEADERSHIP FORMATION PROGRAMS**
- + **VISION 2020 – AN INITIATIVE FACILITATED BY CHA**

A Shared Statement of Identity for the Catholic Health Ministry



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.

The Catholic Church in the 20th and 21st Century

The mission of Catholic health care, while described in different ways and in various settings, is a ministry of care to those who are afflicted and those who seek abundant life.

The mission and ministry of Jesus Christ bring healing, hope and joy to those who are anguished, grieving and seeking new life.

The opening statement of the 1965 Vatican II document, "Church in the Modern World" ("Gaudium et Spes"), describes the context for senior leadership formation in Catholic Health Ministry today.

"The joy and hope, the grief and anguish of people of our time, especially of those who are poor or afflicted in any way, are the joy and hope, the grief and anguish of the followers of Christ as well. Nothing that is genuinely human fails to echo in their hearts. For theirs is a community composed of people united in Christ and guided by the Holy Spirit who press onwards towards the reign of God and are bearers of the message of salvation intended for all people. That is why Christians cherish a feeling of deep solidarity with the human race and its history."

More recently, Pope Benedict XVI recognized that there is a need beyond professional training for formation of the heart. In his recent encyclical, "God is Love" ("Deus Caritas Est"), the pope states:

"Those who work for the Church's charitable organizations must be distinguished by the fact that they do not merely meet the needs of the moment, but they dedicate themselves to others with heartfelt concern, enabling them to experience the richness of their humanity. Consequently, in addition to their necessary professional training, these charity workers need a "formation of the heart": they need to be led to that encounter with God in Christ which awakens their love and opens their spirits to others. As a result, love of neighbor will no longer be for them a commandment imposed, so to speak, from without, but a consequence deriving from their faith, a faith which becomes active through love (cf. Gal 5:6)."



Senior Leadership Formation Programs

There is a desire among many practitioners, CEOs, sponsors and boards to integrate leadership formation and leadership development. Leadership development often focuses on knowledge, skills and behaviors as well as the external environment. Leadership formation concentrates on internal dispositions, values, motivation, mission and the spiritual dimension of the person. Bringing greater clarity to the relationship between leadership formation and leadership development, and the integration between the two, is the next step in the evolution of formation programs. As noted in “Next Steps” at the end of this document, work remains for ministries to link their formation programs with the leadership competencies used in their development and performance systems.⁴

Senior leadership formation needs to be dynamic and engaging, transforming and supporting, pragmatic and visionary, empowering leaders to respond to the sometimes chaotic and fragmented world of health care. Above all, leaders in Catholic health care are called to embody the healing ministry of Jesus through compassionate care.

Formation provides leaders with the skills, knowledge and spiritual grounding necessary to animate organizations to be the transforming power that embraces the joy and hope, the grief and anguish of people of our time.

The Catholic Bishops in the United States, echoing Vatican II, remind us in their 1999 document, “Our Hearts Were Burning Within Us,” of the universal calls to holiness, to community and to service of God and neighbor. This powerful document expresses the importance of discerning where the Gospel values are already present as well as the need to eliminate elements of the organization that are not compatible with the Gospel.

An essential element to all formation programs is reflection or contemplation, the ability to search for meaning, to seek understanding, to probe, to question. Being empowered to engage in serious personal reflection and being able to build community are two significant outcomes of formation. Programs and processes for the formation of senior leaders in Catholic health care need to incorporate the values that bring about cultural transformation. The support of sponsors and boards is critical to building formation programs that develop a culture of reflective practice. With this support, the ministry of Catholic health care can commit to sharing formation resources, faculty, contacts, visits and models so that all institutions, no matter what size, can benefit from needed collaborative efforts.

⁴CHA published the Mission-Centered Leadership Competency Model in 1999. This model may be accessed on CHA’s website at www.chausa.org/Pages/Our_Work/Leadership_Formation/Resources/Defining_Leadership_Formation/Competencies/Mission-Centered_Leadership_Competency_Model_%C2%A9/

Vision 2020

The Catholic health ministry's Vision 2020 Statement, affirmed at the Catholic Health Association's 2010 assembly, names ministry-wide formation as one of the five prominent actions for its preferred future. It calls for leadership programs to empower and prepare those who will guide the ministry: sponsors, trustees, administrators, medical staff leaders, religious and laity. The document acknowledges that the "responsibility of passing along the traditions and beliefs so integral to Catholic Health Ministry will fall to lay leaders." Vision 2020 sees that well-thought-out and systematic formation programs are essential for the future of the ministry.

Four of the strategies described in Vision 2020 especially relate to formation:

1. **Collaboratively develop leadership formation programs** (preparing people for management/governance/sponsorship) **and establish a registry** of persons who are prepared for those roles throughout the ministry.
2. **Aggressively share knowledge and best practices** across the ministry to reduce cost and speed implementation while improving quality and service satisfaction.
3. **Collaborate with Catholic colleges and universities** to find synergies between educational needs and educational resources.
4. **Develop metrics that enable measurement of progress** and benchmarks that represent standards of performance for each element of Vision 2020.





Toward a CHA Framework for Senior Leadership Formation

The CHA formation framework is a resource for use by sponsors, senior leaders, mission leaders, formation directors and boards.

The framework includes the following elements:

A COMMON DESCRIPTION

Over the past 10 years, a description of formation for senior leaders has emerged from the lived experience and engagement of many health care systems.

FOUNDATIONAL ELEMENTS

Reflecting on the successful experiences in Catholic health care of senior leadership formation processes and programs over the past decade has revealed 10 key characteristics.

KEY OUTCOMES OVERVIEW

Formation leaders and participants have identified four outcomes as essential for senior leadership formation.

CORE CONTENT IN FORMATION PROGRAMS

The core content for senior leadership formation programs will evolve over time. It is assumed that reflection and contemplation are integrated processes used throughout all the content areas.

APPROACHES

The overall goal of formation is to assist leaders to be confident and competent in guiding and directing the healing ministry.

SUSTAINABILITY OF SENIOR LEADERSHIP FORMATION

Organizational commitment to formation of all in Catholic health care is essential. This needs to be a non-negotiable top priority, beginning with senior leadership.



A COMMON DESCRIPTION

Over the past 10 years, a description of formation for senior leaders has emerged from the lived experience and engagement of many health care systems.

The description which follows, no doubt, will continue to unfold as more Catholic health care entities focus attention on the formation of their executives and add their experience to “best practices.”

COMMON DESCRIPTIVE ELEMENTS OF MINISTRY FORMATION

Ministry formation, as a personal and communal process rooted in Catholic health care tradition and ministry:

- ✦ **Engages and inspires** the lived experience of women and men in their ongoing growth as persons and as leaders.
- ✦ **Integrates, articulates and implements** the rich tradition of Catholic health care.
- ✦ **Strengthens and transforms individuals,** organizations, communities and the people they serve.
- ✦ **Grounds leaders and the organization** in the foundational values which enable Catholic health care ministry to flourish in the present and for the future.

FOUNDATIONAL ELEMENTS

Reflecting on the successful experiences in Catholic health care of senior leadership formation processes and programs over the past decade has revealed 10 key characteristics.

- ✦ The Catholic tradition rooted in Scripture, theology, ethics and spirituality upholds and sustains the health care ministry.
- ✦ The charism/legacy of the founders and foundresses of Catholic health care guides and supports the current ministry.
- ✦ Leadership formation is an ongoing process that is open to all who share the values of Catholic health care.
- ✦ All leaders in Catholic health care are expected to provide and be engaged in ongoing ministry formation, while health care organizations are expected to provide opportunities for ministry formation.
- ✦ Formation shapes and transforms the individual, the organizational culture and the broader community.
- ✦ Reflective/and integrative processes are essential for quality ministry formation.
- ✦ The desired formation outcomes provide the basis for program content and process.
- ✦ Core content needs to be updated periodically to remain relevant to the signs of the times, the needs within the ministry and the experiences of participants.
- ✦ Formation shapes and enhances leadership practices, business procedures and clinical protocols in Catholic health care.
- ✦ Formation programming invites participants to develop an understanding of Catholic health care as a ministry of the Church.



KEY OUTCOMES OVERVIEW

In order to realize various levels of competency and to identify outcomes that are both observable and measurable, the four Common Descriptive Elements of Ministry Formation are used as a way to organize a number of proposed outcomes.

Formation leaders and participants have identified the following outcomes as essential for senior leadership formation. The sample indicators point to characteristics identified in those who have completed the formation programs. These are not seen as all inclusive indicators.

OUTCOMES

Engages and Inspires the Lived Experience of Women and Men in Their Ongoing Growth as Persons and as Leaders.

The leader:

1. Develops an increased self-awareness and a greater understanding of personal giftedness as part of one's call to health care ministry.
2. Facilitates prayer, reflection and sharing.
3. Fosters a healthy work-life balance.
4. Possesses a spiritual awareness of the dignity of persons expressed through empathy and solidarity.

Integrates, Articulates and Implements the Rich Tradition of Catholic Health Care.

The leader:

1. Understands the core of Catholic tradition, while promoting the Catholic identity and mission of the health care organization.
2. Builds on and expresses an appreciation for the legacy of the founding congregations.
3. Ensures that health care services are provided through the lens of the compassionate healing ministry of Jesus.
4. Makes decisions based on Catholic social teachings related to the dignity of the person and the common good.

Strengthens and Transforms Individuals, Organizations, Communities and the People They Serve.

The leader:

1. Exercises servant leadership and consultative decision making processes.
2. Demonstrates vulnerability, admits mistakes and asks for forgiveness.
3. Creates the conditions for individuals, organizations and communities to act for the common good.
4. Promotes a culture of inclusion.

Grounds Leaders and the Organization in the Foundational Values Which Enable the Catholic Health Care Ministry to Flourish in the Present and for the Future.

The leader:

1. Is attentive to Catholic identity and enhances it throughout the organization.
2. Advocates internally and externally for the life and dignity of the human person, especially for those who are in any way marginalized.
3. Assures that there are sound business practices to support the ministry.
4. Demonstrates operational excellence extending the healing ministry of Jesus.



CORE CONTENT

The core content for senior leadership formation programs will evolve over time. It is assumed that reflection and contemplation are integrated processes used throughout all the content areas.

This reality is based on a number of factors mentioned earlier in this report, ranging from changing demographics among participants as well as their own needs and lived experiences to an ongoing reading of the signs of the times. While core content is arranged around the country in many different ways, there seems to be a broad consensus on the following areas as being very critical at this time. This is not an all inclusive listing.

CORE CONTENT AREAS

1. Heritage, Tradition and Sponsorship

- ✦ Healing ministry of Jesus.
- ✦ Stories and charisma/legacy of the founders/foundresses.
- ✦ Response to the call to serve in Catholic health care ministry.
- ✦ Theology of Catholic health care ministry.

2. Mission and Values

- ✦ Why do we exist?
- ✦ What are our core beliefs or values?

3. Vocation

- ✦ Call and response to our full humanity.
- ✦ Call and response to the ministry of Catholic health care.

4. Spirituality and Theological Reflection

- + Personal.
- + Communal.
- + Organizational.

5. Catholic Social Teaching

- + Human dignity.
- + Care for persons living in poverty.
- + Advocacy for the common good.
- + Solidarity.
- + Stewardship.
- + Subsidiarity.
- + Participation and association.

6. Ethics

- + Clinical.
- + Organizational.
- + Social.
- + *Ethical and Religious Directives for Catholic Health Care Services.*
- + Discernment - ethical decision making processes.

7. Leadership Style

- + Qualities of servant leadership.
- + Integration of the mission and values into strategic and operational decisions.
- + Emotional intelligence.

8. Holistic Health Care

- + Care of mind, body and spirit.
- + Human suffering.
- + Palliative and hospice care.
- + Wellness.

9. Diversity

- + Racial/ethnic.
- + Cultural.
- + Religious and spiritual.
- + Personal styles.
- + Generational.
- + Gender.

10. Church Relations

- + Parishes and other Catholic organizations.
- + Sponsors.
- + Collaboration with the diocesan, national and universal Catholic Church.



APPROACHES

There are many different approaches to formation as well as many stages or phases that participants experience while engaged with their formation experience.

New forms of technology and social media are being incorporated into the current methods of leadership formation and utilized to help leaders connect with each other, share reflections, collaborate on best practices and advance the ministry.

The overall goal is to assist leaders to be confident and competent in guiding and directing the healing ministry. A critical element in effective leadership formation for Catholic health ministry is to realize that it is an ongoing process beyond academics and focus on the lived experience of mission and ministry. While it involves learning and understanding of new information, it goes beyond that to elicit commitment to lived values.

THE MODELS

The models named below are not exclusive and are often combined in practice.

1. **Retreat model:** Off-site, two- to three-day experiences, occurring two to four times a year, normally as a learning cohort and usually for one to three years. Online opportunities are usually integrated into the learning experiences.
2. **Cohort model:** A selected group of people learn together in community, usually from more than one institution, over a period of one to three years with some off-site time, and for some, distance learning opportunities.
3. **Team model:** With this integration model, the organization uses dedicated time for team formation within the institution as well as possible course work outside the institution.
4. **Pilgrimage:** This model often has academic content and features an immersion experience to sites of significance to the founders/ foundresses or to other important locations, such as Rome, Israel, El Salvador or Haiti.
5. **Volunteer service model:** With this model, individuals participate in voluntary service to persons who are living in poverty and/or who are marginalized.
6. **Mentoring model:** This hands-on approach connects experienced leaders with participants in order to maximize the formation experience for all. Mentoring may be with individuals and with teams.

USEFUL PRACTICES

1. Mandatory participation.
2. Use of principles of adult learning, drawing on the lived experience of people combined with practical application of the core content.
3. Capstone and/or inter-session activities or projects.
4. Partnership with a theological school.
5. Diversity of formation leader backgrounds (e.g., gender balance, different perspectives, external speakers).
6. Incorporating time for personal and communal prayer and reflection.
7. Narrative and storytelling, journaling, discernment and appreciative inquiry.
8. Connections with operational initiatives.
9. Consistent learning community.
10. Integrative activities.

MEASURES OF EFFECTIVENESS

The effectiveness of many formation programs has been assessed in terms of the personal engagement of participants, knowledge transfer and behavioral change. The ministry at large is increasingly asking to understand the impact of formation on the organization and the mission, along with the development of appropriate investment and return models.

Building an effective assessment methodology is a critical next step and one of the logical ramifications of integrating leadership formation and leadership development. What follows is an approach to measuring effectiveness.

Purpose

- ✦ Who are the evaluations for?
- ✦ How will the evaluations be used?
- ✦ What is the perceived value of the evaluation?

Assessments – A Three-Fold Process

- ✦ What are the criteria?
- ✦ What is the evidence?
- ✦ To what degree has the criteria been met?

Kinds of Measurements

- ✦ Qualitative.
- ✦ Quantitative.
- ✦ A combination of both.

Areas Impacted by the Formation Process

- ✦ Personal.
- ✦ Organizational.
- ✦ Community.

Questions to Consider

1. How are the participants a part of the assessment process?
2. What is being done to look at assessment from a longitudinal perspective?
3. What needs to be measured?
4. What is the cost of not doing formation?



SUSTAINABILITY

Organizational commitment to formation of all in Catholic health care is essential. This needs to be a non-negotiable top priority, beginning with senior leadership.

SPONSOR AND BOARD SUPPORT

Sponsor and board support for formation is an essential component of effective leadership formation. For this to happen, the sponsors of health care organizations need to make ongoing formation of leaders in their institutions a priority, guaranteeing that it happens, and that it is effective.

The boards of the institutions must strongly endorse, support and ensure that formation occurs in its finest form. Sponsors and boards themselves are in need of ongoing formation, and when they engage in deepening their own formation, they model what they are expecting of senior leaders, and ultimately, of all in the organization.

Questions for consideration by sponsors:

1. Do you require all board members to receive formation during their first year of service?
2. Do you require continuing formation on their religious and fiduciary obligations to the church?
3. Do you have a stated expectation regarding leadership formation in your sponsored ministries?

ORGANIZATIONAL COMMITMENT TO FORMATION

High quality formation is essential for the sustainability of Catholic health care ministry. Senior leaders formed in the dynamic traditions and legacy of the Catholic Church, who understand, appreciate and promote the mission of the Catholic health care institution to all in the organization, will empower the healing ministry of Jesus to continue for generations.

The formation of senior leaders is not an option. From the initial screening and hiring practices through all the various phases in the organization's development, formation of senior leaders must be seen as central to the sustainability of the ministry of Catholic health care. In order not to jeopardize the ministry, efforts must be made by senior leaders to provide for all employees and volunteers to be formed for mission and ministry.

Questions for consideration:

1. Do all senior management receive a substantial introduction to the ministry of Catholic health care within the first year of hire?
2. How many formation programs are offered to all employees and physicians, and how much time is committed to these events?
3. What is your plan for the ongoing formation process of senior leaders?
4. How are senior leaders held accountable for the formation of others?

FUNDING

Communicating the value of a formation program through various forms of assessment and personal testimonials can be helpful in securing funding. Funding for senior leader formation needs to be seen as an investment in the future of Catholic health care ministry. Without such an investment, the ministry's future is at risk. In making the case for funding, effective reporting will show the positive impact the formation program has on the institution.

Once data (qualitative and quantitative) have been professionally summarized in a report that shows the effectiveness of the formation program and its positive impact on the organization, a case can be made to continually fund the program. To get a program started it may be possible to secure a grant from the sponsor(s) or a supporting foundation. No matter what the source, funding for formation at all levels of the organization needs to be incorporated in annual operating budgets. Programs run on a "shoe string" run the risk of being of such low quality that they lack credibility with the senior leaders and thus fail. The need for high-quality formation programs is essential for the sustainability of the Catholic health care ministry.

Questions for consideration:

1. How has your institution prioritized leadership formation in the budgetary process?
2. Is your investment in leadership development and leadership formation sufficient to address needs in a rapidly changing health care environment?

ONGOING FORMATION

Ongoing formation provides seniors leaders with support and new insights as their leadership journeys unfold. Follow-up to initial formation is essential.

The environment in health care is continually changing. Cultural and economic diversity, increased ambiguities related to ethical issues, and the need to deal creatively with tensions in the system are all focal points where leaders need support, new knowledge, greater understanding and the courage to lead in uncertain times. All these and many more issues point to the need for ongoing, continual leadership development.

Questions for consideration:

1. What follow-up opportunities are provided beyond required, basic programming?
2. How well are your leaders supported through opportunities for ongoing formation?
3. How does ongoing formation enable your organizational strategy?



Next Steps

This project on successful formation processes for senior leaders is just the beginning of other significant projects required to advance ministry formation in Catholic health care ministry.

What follows are initiatives needed to advance the ministry.

A. **EXPANDING FORMATION OPPORTUNITIES BEYOND SENIOR LEADERS** to effectively engage the full breadth of stakeholders and settings.

B. **ESTABLISHING EFFECTIVE ASSESSMENT FRAMEWORKS.**

C. **COLLABORATING MORE EFFECTIVELY** across the ministry.

D. **SHARING FORMATION RESOURCES** across the ministry more broadly than at present to serve the common good and realize maximum impact.

E. **DEVELOPING LEADERSHIP COMPETENCIES** that support desired outcomes for formation and development efforts.

F. **IDENTIFYING IMPLICATIONS OF NEW COMMUNICATIONS TECHNOLOGIES** on leadership formation.

G. **DEVELOPING A SELECTION OR HIRING TOOL** consistent with the organization's mission and values.

H. **INCREASING DIOCESAN ENGAGEMENT** in Catholic health care ministry.

I. **ENSURING NECESSARY FUNDING** for ongoing leadership formation.



In Conclusion

Early on in the process of developing the Framework for Senior Leadership Formation, the Ministry Leadership Development Committee reviewed the history of formation efforts through the Catholic Health Association. We could document discussions going back to 1972 with the publication of the *Catholic Health Services Leadership* program. The board of CHA continued the discussion throughout the 1980's culminating in the 1988 publication of *Health Care Leadership: Shaping a Tomorrow*.

This work continued in 1992 with the establishment of the Center for Leadership Excellence. In 1994 CHA published *Transformational Leadership for the Health Ministry: Competencies for the Future*, which summarized research into needed leadership competencies within Catholic health care. The following year saw the first publication of *Catholic Health Ministry in Transition: A Handbook for Responsible Leadership*, which was then revised and republished in 2004. In 1999, CHA partnered with the Hay Group to develop and publish the *Mission Centered Leadership Competency Model*. More formation resources were developed for the ministry such as the learning module on *Catholic Social Teaching* in 2005, which was revised in 2011, and the *Servant Leadership* learning module, published in 2007.

Yet these efforts only take root and bear fruit when member systems take the initiative to develop this work in a way that recognizes both the commonality of our ministry across the nation and the unique cultural aspects of their respective systems. This document reflects that good work, but it is only a beginning.

Effective and ongoing formation is a requirement to sustain Catholic health care as a ministry.

Recalling the familiar adage that it “takes a village” to raise a child, the experience of the last 10 years indicates that effective formation is also the result of shared responsibility and effort. Sponsors, boards and senior management are responsible and accountable to ensure formation of our leaders. It is our hope that this resource will serve as a way to continue and deepen this important conversation, and translate that conversation into broader and more effective formation efforts.

The call to ministry demands no less.





THE SHARED STATEMENT OF IDENTITY FOR THE CATHOLIC HEALTH MINISTRY

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.

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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.*

