The catholic identity of catholic healthcare institutions
Challenges in formation: Critical requirements – a German perspective

1. **How do changes in society affect formation in catholic institutions?**

Dramatic changes in society and the irreversible emergence of a pluralistic context make it mandatory for catholic health care institutions to reflect on the sociological landscape and its consequences for formation programs within the institutions. A commonly used method in marketing - the so-called market segmentation based on socio cultural criteria – can help to define homogenous groups of individuals sharing common aspirations in life, value systems and lifestyles.

In 2005, the German Episcopate initiated a study, concerning religious opinions and attitudes among the different milieus of German society – (the so-called “Sinus-Milieu-Studie”). This study marks a turning point in understanding relationships between the church and the increasingly pluralistic German society. This very detailed study provided for the first time reliable data which, also in the years to come, will have profound influence on the dialogue between church and society.

One of the main findings was, that out of the ten milieus in German society the catholic church in Germany retains only solid roots in three milieus. Occasional contacts between church and society exist towards four out of ten milieus and there are nearly no contacts between church and three milieus of German society - except through the contact with catholic social- and healthcare institutions which even in these milieus are highly rated and regarded as very trustworthy.

2. **Considering sociological changes what are critical requirements in formation to meet these challenges?**

   a. In view of the sociological changes mentioned above, catholic institutions should clearly reflect that, being part of the church, to reach non-catholics is an essential part of their very specific mission and a retreat to a cosy but shrinking all-catholic milieu would be treason. Therefore formation plans within the institutions should be helping employees to find ways to transcend milieu boundaries and reach patients and employees who no longer are in contact with other church institutions.

   b. The choice of the right persons in leading positions is therefore of utmost importance, because in an increasingly diverse society and institution their responsibility is no longer only a managerial responsibility but increasingly also a spiritual one. Because formation can not make up for errors made in recruiting, formation programs aimed at board level should emphasize importance and methodology of the assessment of employees when staffing leading positions.
c. Formation of employees in leading position should be viewed as a life-long dialogue and common journey between leaders and the organisation. Formation programs should also help leaders to learn to speak about what is moving them, explaining the “whys” of decisions and putting decisions into the right spiritual perspectives. As healthcare institutions are more and more the only interface between all milieus of society and church, formation programs should also provide employees in leading positions with a continuous knowledge and understanding of a reasoning and functioning of clerical institutions they more and more come to represent in a pluralistic society.

d. Employees in non-leading positions should bring a readiness for entering into a dialogue with the institution and its formation program addressing the spiritual dimensions of healthcare. As a consequence of the spiritual dimension of healthcare, an unequivocal commitment of employees in non-leading positions to a culture of excellence and an acceptance of behaviours which can be derived from the scriptures and church tradition such as compassion, respect, the intrinsic value of human life etc. should be addressed in formation programs.

Because of the increasing importance of catholic healthcare institution as the main interface to all milieus of society formation programs should therefore not only restrict themselves to cognitive aspects but give increasingly room to a fruitful dialogue between the institution and its employees, and the institution and society. The fruits of these efforts are then more and more likely to be viewed by patients and employees as a credible invitation to a common spiritual journey.

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