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SPECIAL SECTION

A CLOSER LOOK AT LAY SPONSORSHIP

A CHA Survey Reveals Some Problems With Two Established Models

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Summary The private association of the Christian faithful (PACF) and private juridic person (PJP) are two lay sponsorship options for healthcare organizations that find traditional sponsorship unavailable. Today two questions relate to these models:

- Are the PACF and the PJP still realistic and attractive models of sponsorship?
- Can Catholic identity be maintained in them?

Last summer CHA surveyed the seven member organizations that use either the PACF or the PJP as sponsorship models. In addition, CHA conducted four site visits, which corroborated the survey findings.

Most respondents said their organizations had adopted the lay model as a means of remaining Catholic after their original sponsors withdrew. Most said they had a good relationship with the local diocese, although formal meetings with the diocesan leaders were infrequent. Each organization had a clearly articulated mission and reinforced their mission and values in various ways. Leadership development appeared somewhat weak.

Some respondents spoke favorably of the PACF and PJP models of sponsorship, but others saw limitations, including isolation, lack of clarity in reporting mechanisms between the organization and the diocese, and lack of board education about the models. Even those who saw a future for lay sponsorship on the PACF and PJP models said that, although it is important for Catholic healthcare to develop lay leadership, these models are not promising steps in that direction.

Amid massive changes in healthcare, new sponsorship arrangements are evolving. There are a number of these new structures, and likely to be more. Given this fact, the Catholic Health Association (CHA) recently examined two established models of lay sponsorship: the private association of the Christian faithful (PACF) and the private juridic person (PJP).

Two Models

The PACF A PACF is a group of persons who, with canonical recognition, have come together on their own initiative to conduct an apostolic work. After drawing up their organizing documents, the PACF's members usually submit them to the diocesan bishop for his review. If the bishop has no objection, the group is recognized as a PACF and is authorized to call itself Catholic.

The PACF's property is not Church property and is not subject to most of the canon laws on property administration. The bishop does not control the association's management and operation. His responsibility for the PACF relates to matters of faith and morals. Should the association's members commit abuses in these areas, the bishop may withdraw the Church's recognition of the PACF and deny it the right to describe itself as Catholic.

The PJP With a PJP, the emphasis is on an organization or institution rather than on persons (as with the PACF). Once the bishop approves its statutes, the particular property (a hospital, for instance) becomes a PJP with perpetual existence under canon law. The temporal goods of a PJP are regulated according to its own statutes, not

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by the canons, unless express provision is made to the contrary. However, the bishop must ensure that the PJP is administered in accordance with the statutes.

Tough Questions These two options were created as new entities acceptable by canonical standards for healthcare organizations that found traditional sponsorship unavailable. Specialists in canon law developed statutes that guide PACFs and PJPs as they carry out their missions. Today two questions relate to these models:

- Are the PACF and the PJP still realistic and attractive models of sponsorship?
- Can Catholic identity be maintained in them?

In hopes of answering these questions, last summer CHA conducted a survey of the seven member organizations that use either the PACF or the PJP as sponsorship models.

CHA's Questionnaire

CHA began by sending questionnaires to the chief executive officers (CEOs) and other staff members of the seven organizations. Initially, few of the questionnaires were returned. Some CEOs and staff members seemed to think the survey did not apply to them; others, whose organizations were in the process of changing sponsorship, found the survey's timing inconvenient.

CHA eventually received nine questionnaires, representing five of the seven organizations. The small number of returns seemed to indicate that the concepts involved in the two models of sponsorship were not clear even to persons in positions of responsibility at those organizations. The leaders did not appear to understand the relevance of the survey to their forms of sponsorship. Subsequent phone conversations with these key players led CHA to believe there was a great deal of confusion about the two models.

Though the responses were few, they showed some interesting similarities. For example, most respondents said their organizations had adopted either the PACF or PJP model as a means of remaining Catholic after their original sponsors withdrew. Most respondents said their organizations had a good relationship with the local diocese, although formal meetings with diocesan leaders were described as infrequent.

The questionnaires also revealed the following.

Mission, Values, and Catholic Identity Only four respondents described their boards as involved in the maintenance of mission and Catholic identity. (All nine respondents saw finances and planning as their boards' *top* responsibilities.) Despite this, each of the five organizations was reported to have a clearly articulated mission. Respondents said their organizations reinforced mission and values by:

- Employing women religious as staff members
- Having strong pastoral care departments
- Adhering to the *Ethical and Religious Directives for Catholic Health Care Services (ERD)*
- Participating in outreach programs
- Communicating the mission to employees through orientation programs, in-service training, meetings, and newsletters

All respondents said their organizations were committed to providing care for the poor, either by taking Medicaid patients or by participating in community health outreach programs. Most respondents reported that their organizations were locally recognized as Catholic. All said their board members and administrators received training in the *ERD*. Some said their physicians and clinical personnel were trained in the *ERD* as well.

Leadership Development Leadership development in the mission of the PACF or PJP appeared to be somewhat weak in the five organizations responding to the survey. Only three had leadership development programs in place. Only two had programs to evaluate management competencies. (For a discussion of leadership competencies, see David J. Nygren, Miriam D. Ukeritis, and Julia Hickman, "A Model for Future Healthcare Leadership," *Health Progress*, June 1994, pp. 34-50.)

Lay Models of Sponsorship Some respondents spoke favorably of the PACF and PJP models of sponsorship. They said the models provided an opportunity for dedicated, professional laypersons to enter the Church's health ministry. Such laypersons are allowed a certain autonomy in charting their own courses within specific guidelines.

Other respondents saw limitations in the two models. For example, some said that because so few Catholic organizations have PACF and PJP sponsorship, those who work in them tend to feel "out there alone." Others worried about what seemed to them a lack of clarity in the reporting mechanisms between the organization and the diocese. Still others were concerned because, in their view, new board members were not being educated about lay sponsorship and

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the statutes pertaining to their specific models. Such board members, some respondents felt, would not be equipped to govern well.

In general, questionnaire responses showed a good deal of confusion about the concepts involved in both models, particularly as they deal with such matters as supervision, communication, and the relationship between the organization and the diocese. Respondents seemed to feel that the PACF and PJP statutes were not sufficiently clear to the parties involved.

Finally, the questionnaire asked the nine respondents whether they saw a future for lay sponsorship on the PACF and PJP models. Six respondents said yes, two said no, and one said maybe. Even those who answered positively said that, although it is important for Catholic healthcare to develop lay leadership, the PACF and PJP models are not promising steps in that direction. Those who answered negatively said the fact that there are only seven CHA-member institutions operating on the PACF and PJP models tends to leave their personnel feeling isolated and insecure.

Face-to-Face Interviews

In addition to collating questionnaire responses, CHA visited four organizations that have adopted either the PACF or the PJP model of lay sponsorship. At those sites we interviewed a total of 10 persons. The information obtained generally corroborated the questionnaire results.

The interviewees' top concern, as it was of those who responded to the questionnaire, was preserving their organizations' Catholicity.

Mission is the key to good sponsorship, the interviewees agreed. They also agreed that, in those organizations where women religious continue to hold prominent positions, the sisters make mission "visible" to lay co-workers. However, as sisters withdraw from the health ministry, mission becomes less obvious and more abstract. Then, the interviewees agreed, the work of preserving mission is done principally through three mechanisms.

Mission and Values Programs Five of the ten persons interviewed said their organizations had functioning mission and values programs. They said mission and values were fostered at their facilities in a variety of ways, including employee orientation, in-service education, informal discussions organized by ethics committees, annual reviews of the *ERD* by administrators and physicians, holistic healthcare practices, and application of good human resource policies.

The Diocese Only one interviewee reported that his organization had a representative of the bishop on its board. Most interviewees said that contact between their facilities and dioceses was infrequent and informal. None of the four organizations CHA visited seemed to have clear lines of accountability or clear methods of reporting to their bishops. This situation, the result of a lack of clarity in the PACF and PJP statutes, appeared to be unsatisfactory to both the organizations' leaders and the dioceses.

The Board When asked to identify the strengths of the PACF and PJP models, half the interviewees began by citing lay involvement on their boards. At those facilities where lay board members gave freely of their time and expertise, lay involvement was seen as a positive thing. Yet even these interviewees were concerned about the future. "What happens when you can't get good board members?" one asked. "Will we continue to find strong, competent lay people willing to take leadership roles?" asked another.

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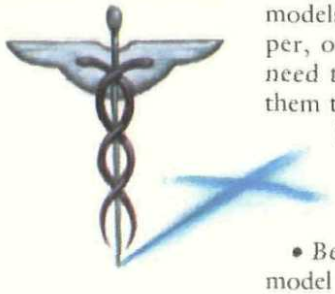

Strengthening Lay Sponsorship

The persons involved in the survey, both those who responded to the questionnaire and those interviewed, were enthusiastic about lay sponsorship of Catholic healthcare institutions. But they also expressed certain worries about the viability of PACF and PJP models, especially in the long run.

The PACF and the PJP are not self-executing models, noted the survey respondents. To prosper, organizations based on them apparently need tools, programs, and services to enable them to manage the relationships and responsibilities. They especially seem to need:

- Clearly written organizing statutes
- More formal lines of accountability to their dioceses
- Better education in the lay sponsorship model for board members

It is of course possible that the PACF and the PJP are but stages in the evolution of the Catholic health ministry. Sponsors are creating other new designs and relationships to carry the healing mission of Jesus into the twenty-first century. □

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