



INSIGHTS FROM THE FIELD

People who, in the role of governance, unstintingly give of their time and expertise to the furtherance of the ministry are often the unsung heroes of Catholic health care. They are dedicated, committed, generous, and always willing to go the extra mile. Preparing for regular board meetings, keeping abreast of issues and developments in both the general health care sector and the ministry, serving on committees, raising the sometimes difficult questions—all are part of the role of the trustee in Catholic health ministry today.

SPONSORS AND TRUSTEES

In December 2001, the Catholic Health Association (CHA), seeking both to learn more about the challenges currently faced by ministry trustees and to anticipate future needs and priorities in light of the Ministry Leadership Development Focus Area of CHA's Strategic Plan, convened two facilitated affinity groups in St. Louis. One group, for trustees, was designed to enable them to share their leadership development experiences and expectations. The second, for sponsors, was designed to identify their gov-

Trustees and Sponsors Gather to Discuss Leadership and Governance

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ernance expectations and needs, particularly as sponsorship is increasingly mediated through governance. Although the groups met separately over two days, they frequently found themselves discussing similar topics.

Organized by Sr. Beverly McGuire, RSM, PhD, CHA's former executive adviser of special projects, the two meetings produced information that should prove enormously helpful in guiding CHA's contribution to leadership development for this vital constituency and to other areas of concern.

Nine lay trustees from eight systems participated in the first affinity group. Eleven women religious from nine systems met in the second group. When asked their opinion of the central, overriding concern for the future, trustees and sponsors gave surprisingly different answers. Sponsors said their first concern was finances, especially in light of the current economic environment. Trustees cited the aging of sister-sponsors and the evolution of sponsorship. However, both groups agreed that the two issues were major concerns.

AREAS OF COMMON CONCERN

Considerable congruence in the groups' responses made it possible for the facilitators to discern eight areas of common concern besides finances and sponsorship evolution. These, in order of importance, were:

- Defining the future role of the laity
- Providing care for poor persons
- Serving a stronger role in advocacy
- Developing relations with other church ministries and parishes
- Nurturing greater appreciation for the health ministry
- Preparing for possible follow-up issues from the revised *Ethical and Religious Directives* for



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Catholic Health Care Services

- Measuring mission and balancing it with survival requirements
- Preparing for the complex ethical issues facing the health care ministry

Over the course of the two days, both sponsors and trustees expressed their conviction that health care is an essential ministry of the Catholic Church. Both groups endeavored to identify ways to broadcast this message more widely in the church community.

The trustees' list of concerns included an additional item: caring for employees, particularly those at lower-income level. The sponsors' list also included:

- Ensuring equity and promoting justice
- Addressing the challenges to Catholic identity (from both within and outside the ministry)
- Stewarding scarce resources effectively
- Recapturing, in the midst of increasing complexity, a passion for the ministry

Both trustees and sponsors acknowledged that trusteeship had changed dramatically in recent years, with trustees assuming more and more responsibility in light of the increasing complexity and demands of the ministry.

The groups engaged in a wide-ranging discussion of the current environment in order to establish a context for identifying governance leadership development needs. "As we look at the changing role of sponsorship, we must also look at the changing role of the trustee," one of the participating sponsors said. That notion, coupled with the widely perceived need for a better understanding of and commitment to the concept of the common good, undergirded the conversations over both days.

STEPS TOWARD THE FUTURE

In outlining steps to be taken, both groups highlighted the following:

- Improve the selection and development of leaders
- Continue the preparation of women and men religious for both leadership roles and change itself
- Develop criteria for the assessment of board performance
- Continue the refinement of tools for identifying community need
- Sustain efforts aimed at maintaining market position to ensure continued ability to serve
 - Maintain open dialogue with bishops
 - Sustain advocacy to help shape the future
 - Commit to collaboration for the sake of the

mission and the common good

- Continue commitment to developing communication skills

A candid discussion of the countercultural nature of Catholic health care ministry and its relationship to board selection and development touched on several interrelated issues. Participants generally agreed, for example, that ministry discernment is most often grounded in a set of principles different from traditional business decision-making principles. Participants agreed that the principles underlying Catholic health care are:

- A commitment to the common good and to the continuation of Catholic health care, even in cases where such values might seem to conflict with the self-interest of a particular organization
- A commitment to persons who are poor and uninsured or underinsured
- A striving to identify and meet unmet community needs

As one participant put it, "People who see it [the mission of a particular organization] as a ministry will take us to a different place, to where needs are."

Both groups expressed the conviction that health care is an essential ministry of the church.

HOW CAN CHA HELP?

Participating sponsors and trustees were asked what value CHA could add to their efforts. Both groups praised CHA's work in advocacy, ethics, and leadership development. They asked the association to develop products and services to complement those already available through systems and to continue research into sponsorship and governance effectiveness, including the assessment of newer models.

Participants in both groups urged system CEOs to provide board development; they urged CHA to continue working with CEOs to examine and track trends and to facilitate the identification and sharing of successful practices in board selection and development. Participants also recommended continued critical examination of governance and sponsorship structures to ensure that those structures remain relevant and faithful to the mission and values of Catholic health care.

In addition, participants identified various opportunities for trustee involvement with CHA, ranging from receiving *Catholic Health World* and *Health Progress* to attending possible sessions on trustee leadership development at such ministry gatherings as the annual Catholic Health Assembly. Because trustees already have many demands on their time, local systems and CHA will need to be creative and innovative in



devising ways trustees might take advantage of these opportunities.

Throughout the two days, participants expressed strong, grateful affirmation of the role trustees play in Catholic health care. By deploying their experiences and expertise in the critical role of governance, trustee leaders constitute an essential plank in the building of a strong and vital ministry for the future. They help balance

the competing demands of mission and survival; they advance critical questions and challenge assumptions. In sum, as the term designating their work implies, they share the role of *trusted* stewards of an essential ministry of the church. In fulfilling CHA's vision of ministry, leadership development for trustees deserves the same attention and commitment as that of sponsors, executives, and physicians. □

STEWARDED THE MINISTRY INTO THE FUTURE

Trustees for the ministry—today and into the future—must be collaborators who challenge sponsors' thinking. That is what the 11 women religious sponsors gathered at CHA's December 2001 think tank told us. These sponsors are looking for trustees who "can help us to be honest." As one sponsor said, "We cannot simply choose the good old folks who will just say we are doing a good job." Listening to their dialogue, I was impressed by the frankness, humility, and willingness to risk for the future of the ministry that was evident in their comments.

These sponsors are clear about the leadership needed, particularly on the part of trustees, to steward the ministry into the future. Trustees must be strategic and critical thinkers, they said, focusing not just on the ministry's current reality, but posing critical questions such as, "What is the future of acute care?" and "How will genetics affect our ministry, and how do we prepare?"

Governance leaders, as well as executives, must be team players and fast learners who are open to new ideas. The sponsors at the think tank also predicted that future ministry trustees will come from areas of professional expertise different than traditional backgrounds such as business, banking, law, and real estate. These sponsors will look to sectors such as the media, high tech, and quality assurance for trustees with the needed skill sets.

Not surprisingly, their discussion of governance led them to questions about the future of sponsorship: What

is the changing role of sponsorship? What is the relationship of congregations to the institutional ministries of the church? What have we learned to date from our experience of cosponsorship? Some participants acknowledged that congregations don't have a unified approach to discussing sponsorship possibilities for the future. Even within a congregation there may be separate discussions occurring about future sponsorship of the various ministries of that congregation. "We should not have the same conversations five times," one participant said, "but we do."

Throughout the December think tank, the sponsor participants returned several times to the questions, "Are we an essential ministry of the Church? And do we believe that we are an essential ministry of the Church?" These questions, and concerns about the future of sponsorship, point to a new project underway at CHA. The goal of this initiative is to ensure a vital future for sponsored works—apostolates and ministries, within the church in the United States, with a particular attention to the ministry of health care. In this multi-phase project, the "ministry gathered" will explore the theology of sponsorship, review current canonical models, identify alternative models, and ensure that there are resources necessary to support sponsorship today and into the future. This project seeks to integrate or ground sponsorship within the church.

The first phase of the project will produce a clear articulation of an integrated theology of sponsorship and its

implications. We are fortunate in this endeavor to be joined by Sr. Sharon Euart, RSM, who is coordinating the various activities that will lead to a written document of this theology of sponsored works. Sr. Euart and a team of staff members at CHA are presently coordinating the first convening of a panel of recognized theologians (including three bishops) who, in dialogue, will begin to articulate this theology. Simultaneously, Sr. Euart and others are gathering the work of individuals and congregations who are already thinking, reflecting, and writing about sponsorship.

Listening to the dialogue among the sponsors present at the think tank, I was heartened by the sentiments expressed. These sponsors—and the trustees who met in a similar forum the previous day—spoke about a willingness to let go of the old and move in new directions, to take risks for the sake of those served by the ministry, and to reignite the passion for the healing mission. Like the sponsors and trustees we will need for the future, these are people who diligently ask, "What is the right thing to do so the healing mission of Jesus may continue in our world?"

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