

# Power, Paradigm, and Partnership: The Three Steps to Change

BY MARY KATHRYN GRANT, PhD

**C**hange is perhaps the only constant in the healthcare ministry today. Change in healthcare delivery and technology, in demographics and epidemiology, in financing and capital formation abounds and relentlessly demands a response. No change, however, reaches more deeply to the ministry's core than the profound changes sponsoring religious institutes and their institutional ministries are now experiencing. At times the magnitude and rapidity of these changes seem to threaten the ministry's very ability to continue and to maintain its identity and its contemporary expression of Christ's healing love.

Often described as a family-owned business, the relationship that existed between the sponsoring institute and the healthcare organization since the inception of institutional ministries has changed unalterably within the past decade. This transition, however slowly or rapidly it has occurred (depending on individual circumstances), has raised innumerable questions about continued sponsorship and about Catholic identity and the sponsor's role within the healthcare organization and in governance.

The ultimate question these changes give rise to is: Can the religious institute's mission and ministry be preserved and passed on in the face of



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massive changes in healthcare delivery and religious presence? And if so, how?

One must not be seduced into thinking that survival in and of itself is a worthwhile goal or strategy. Ultimately, Catholic healthcare collectively and institutional sponsors individually must admit that survival of the individual healthcare facility or religious institute is not of primary importance. What is important in the end is that Christ's healing mission be continued and enhanced and that Catholic healthcare organizations and their sponsors strive continually to create contemporary expressions of the works of mercy.

## REACHING MINISTERIAL PARTNERSHIP

The paradigm shift from the family business model to that of ministerial partnership can be brooked gracefully through careful attention to a three-step process of change, characterized by permission, preparation, and praxis: *permission* for the change to occur, *preparation* for new roles to be assumed, and *praxis*—action informed by theological reflection—on fidelity to the mission. Successful passage through the paradigm shift requires moving through all three processes.

**Permission** The permission stage requires that

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## CHANGE IN ACTION

**Permission** Recognizing that collaboration would be the hallmark of sponsorship in the future, the Sisters of the Holy Cross (CSC) drafted *CSC Criteria for Ministry* in 1983. These criteria clearly called for active lay-religious participation in CSC sponsored ministries.

**Preparation** After receiving these criteria, Holy Cross Health System initiated

two efforts: mission assessment and leadership formation and development. The former focused on institutionally based accountability for mission, the latter on person mission integration. These efforts continue today.

**Praxis** The General Chapter of 1989 issues its theological reflection on the times and the challenges to ministry in

a pastoral letter addressed, "Dear Sisters and Friends." Its readers are addressed as partners in ministry, "codisciples," for whom mutuality and collaboration are essentials to ministerial partnership and who together shoulder a commitment to fidelity of purpose in daring "to become God's compassion for the world" (*Pastoral Letter of the Twentieth General Chapter*).

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members of the sponsoring religious institute individually and corporately recognize and accept that the paradigm has shifted away from the familiar, comfortable, family-controlled model of the past. Then they must give permission for or accept the emergence of new leadership models.

The religious institute's individual members often find this process difficult and painful because it comes at a time when the future of religious life is being questioned. Both movements signal a form of dying and loss, which call for a deep faith and a spirit of creative fidelity in envisioning a new future and forging new responses by which the ministry and religious life may continue—although both will be transformed.

Acknowledging this transition requires that people grieve the losses incurred in the change: the perceived or actual loss of control and esteem or status. The pain and sense of loss are real, and those in the Catholic healthcare ministry must acknowledge and work through those feelings. If they can do this effectively, they will see the other side of the loss, which can bring a sense of excitement.

Although the new reality will be different, it will be a continuation and an enhancement of the mission established and nurtured over many years of direct service and sponsorship by members of the congregation. This phase of permission, with its consequent grieving, is a necessary step to move to new modes of health service delivery and sponsorship.

**Preparation** The second step in this transition is preparation: preparation by the former "owners," the religious institute, to embrace a new role in a partnership model, to learn new skills in the exercise of influence, and to manage the change process. Preparation by the new partners, the laity, is also necessary for them to move into their new roles. The laity face preparation in the form of personal formation

in the legacy and heritage of the congregation and its institutional ministry and deepening of their own workplace spirituality.

**Praxis** The third step toward ministerial partnership is praxis—action informed by theological reflection. Praxis is critical given the need to continually rearticulate the mission and reaffirm the values of the organization. Mission and values, although they have a degree of permanence and unchangeability, also beg for contemporary expression and articulation. Only through a process of prayerful, thoughtful reflection (which then informs actions and decision making) will those in the Catholic healthcare ministry experience the full expression of the mission and values.

### LETTING GO

The creation and articulation of a shared mission and a shared vision for the ministry are the end results of permission, preparation, and praxis. A vision that captures the hearts and the imaginations of both new and "old" partners, and a mission that translates the religious institute's charism into appropriate expressions of Christ's healing love in today's world, are noble ends. Nevertheless, these ends require letting go of old models, rules, and roles. Catholic healthcare providers and their sponsors must accept and affirm that a loving and provident God continues to bless the Church with individuals willing and eager to continue the works of mercy. □

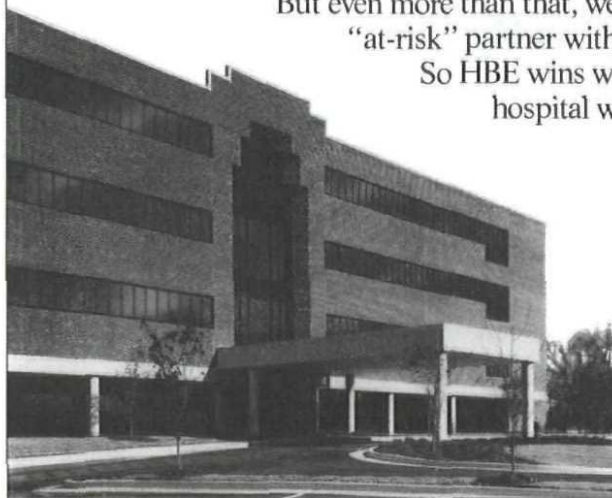
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