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SPONSORS LEAD MINISTRY TRANSFORMATION

Consultant Marian Jennings Predicts Substantial Collaboration in Next Two Years

“I

’ve seen a tremendous change in the last 18 months in Catholic healthcare leaders’ willingness and readiness to collaborate,” says Marian C. Jennings, president of Jennings, Ryan & Kolb, a consulting firm based in Hadley, MA. Much of the change is occurring at the sponsor level, Jennings told *Health Progress* in a recent interview. “If you had asked me a year and a half ago who was leading change, I would have said it was system leaders, but now sponsors are actively seeking new—even radical—sponsorship arrangements involving collaboration.”



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—Marian Jennings

New Models Emerging

“In two to three years we’ll see innovative, substantial collaboration and numerous different models,” Jennings continues. One example she cites is Catholic Health Initiatives (CHI), an organization that consolidates Catholic Health

Corporation, Omaha; Franciscan Health System, Aston, PA; and the Sisters of Charity Health Care Systems, Cincinnati. Jennings says CHI demonstrates the significance of sponsor involvement because it enabled the organization to create a new Catholic identity not closely aligned with one congregation. “CHI provides a place for organizations that don’t want to be overwhelmed by the culture, traditions, charisms of another congregation. While respecting those charisms and traditions, it is able to forge a new Catholic identity.”

Sponsors’ Interest Crucial

This blossoming of sponsor interest is critical. System managers cannot lead the way alone. Collaboration often means dismantling organizations, and the resistance to major change at the system and facility management level has been a major obstacle to collaboration. In Jennings’s experience, collaboration is derailed by questions about who will get senior management positions and where the corporate headquarters will be located. Also, senior managers understandably resist the tearing apart of teams and organizations they have worked hard to create.

“You can’t expect people—even those who understand the need to act ‘in the common good’—to work directly against their own self-interest,” Jennings says. “During recent collaboration discussions, I heard a sister clearly articulate this. She said, ‘We sponsors forget how insecure our lay managers are, since we have security and know of other ministries where we can be employed. It’s not as though we will wake up tomorrow and not have a job.’” Jennings says organizations should provide some financial secu-

For more information about the New Covenant process, order *A Report on the National Convocation of Catholic Healthcare Leaders* (call CHA at 314-253-3458). You may also contact Tim Eckels at CHA’s Washington, DC, office: 1875 Eye Street, NW, Suite 1000, Washington, DC, 20006-2213 (202-296-3993). See also “New Covenant Process: Progress toward Collaboration,” *Health Progress*, January-February 1996, p. 16; and Kevin Sexton, “The Ministry Change Imperative,” *March-April 1996*, p. 18.

riety—for example, generous severance packages—for managers who are asked to lead reorganization that may cost them their jobs.

Leadership Skills for the Next Century

As new jobs are created and others eliminated, healthcare leaders often find they need skills and talents different from those that helped them succeed in the past. “It is not easy to move from a hierarchical setting to one that requires more collegiality, risk taking, and creativity,” Jennings says. She points out that the sisters have always been willing to do anything (“They’d turn themselves into tangerines if required”) to accomplish their mission. Executives need the same determination and flexibility to retool as they work in new ways with new partners.

Requirements for Successful Collaboration

As they strive to make collaboration work, Jennings advises leaders to remember the following:

- Leadership from sponsors will be needed to make collaborations work effectively. If sponsors believe collaboration is key to the ministry’s future, they must convey this conviction to those at every level of leadership in the organization.
- A crucial part of the sponsor’s leadership role is to forge a core group of leaders who want to move ahead. Jennings warns sponsors not to wait until they achieve 100 percent consensus within the congregation or from system management teams. If they delay action until every person agrees, they risk acting only at a crisis point, when everyone agrees that change is needed but the organization is at a disadvantage.
- Leaders must not move too quickly, however. First, they must spell out in concrete terms how the new arrangement will strengthen the ministry and what the organizations will accomplish together that they could not achieve alone. “This compelling, common vision is the glue that holds the collaboration together when it hits a point of conflict,” Jennings says.
- All parties in a collaborative effort must spend time building relationships and trust, which requires patience. “If you say you don’t have time, you’re not serious about working together. Legal documents and structures cannot and will not compensate for a lack of trust over the long term,” Jennings warns.
- Organizations that are not ready for such a major collaborative venture as cosponsorship can begin small. Jennings advises them to identify something concrete to pursue together that will show tangible benefits in 12 to 18 months. The activity will build trust and demonstrate to skeptics that the organizations can accomplish more working together than independently. As Jennings points out, “People look for a home run, and they strike out.

They don’t think, I could have gotten on base.”

- Leaders must put their clout behind such efforts. Jennings has seen leaders delegate a project

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to people further down in their organizations without giving them the authority and resources they need to carry it out. She says, “When strong leaders say, ‘Make it happen,’ the result is far different than if they say, ‘Meet and see what you can do.’”

Strong Catholic Role Needed

The concept of sponsorship, a unique, complex relationship foreign to other not-for-profit healthcare organizations, will aid Catholic healthcare, Jennings says. “Many women religious have skills highly suited to collaboration—skills for bringing people together that are different from those frequently found in the management hierarchy.”

Optimistic about the future of Catholic healthcare, Jennings says, “The country needs what Catholic healthcare stands for in advocating public policies that support not only excellence in care delivery but also universal access, an ethical approach to decision making, and a recognition that healthcare is a societal good, not merely an economic commodity.” —*Judy Cassidy*

STRATEGY ACTION GROUPS CONTINUE NEW COVENANT PROCESS

Marian Jennings, a healthcare consultant who has worked with many Catholic organizations in the past 17 years, facilitated the October 1995 National Convocation of Catholic healthcare leaders. The meeting launched the *New Covenant*, an ongoing process to promote collaborative strategies throughout the Catholic health ministry. Since October Jennings or members of her firm have facilitated meetings of strategy action groups formed at the convocation.

“An important finding from these meetings is that there is no single approach,” Jennings says. “Each meeting has its own personality and objectives.” For example, an East Coast group made up of system CEOs and sponsors who knew each other from earlier discussions seriously considered cosponsorship. On the other hand, a meeting in the Midwest brought a wide array of individuals together for the first time. The meeting focused on education and exploring collaborative initiatives rather than cosponsorship.

Jennings says, “One benefit of the *New Covenant* process has been getting people in a room together to get to know each other. Many have never sat down and asked, ‘What can we do together?’”