

SPONSORSHIP: THE JRK STUDY

Representatives of Nine Catholic Systems Describe Their Experiences with Existing Models

“Sponsorship” of the Catholic health ministry—including the use of the term and its definition—has been through an extraordinary process of evolution.¹ The ministry continues to explore new approaches, and those approaches currently in use remain under scrutiny. Throughout this progression, CHA has worked to facilitate the dialogue on models of sponsorship and the theology behind it.

CHA’s current strategic plan includes among its six focus areas one on sponsorship: “ensur[ing] a vital future for the sponsored work of health care within the [Catholic] Church by increasing understanding of and support for appropriate sponsorship models.”² This charge to better understand alternative approaches—in part by reviewing current models of sponsorship and identifying successful practices—led CHA to engage Mitretek Healthcare-Jennings Ryan & Kolb (JRK) to conduct a study regarding the lived experiences of current models of sponsorship. Although not a scientific study, the JRK research was designed to be representational, reflecting the experiences of systems of different sizes with varied histories of, approaches to, and lessons learned regarding sponsorship.

By telephone, we interviewed 35 people at nine systems in order to explore the diversity of models that exist today. We strove to uncover multiple perspectives, including those of sponsors, executive leaders, and board members. Included in the study were single-sponsor systems, cosponsored systems, and public juridic persons (PJP’s) (see **Box**, p. 46).

The interviews covered a variety of topics. To inquire about a particular model, we asked about the decision-making process that led to that approach and solicited advice that others might use in exploring various models. We also made inquiries regarding the model’s current expression and evolution over time, including what is

working well and what continues to be difficult. Finally, we asked about likely future changes and challenges. Not every interview covered every topic. We were most interested in hearing from participants what they personally have taken away from their experiences to date. Our interviews were conversational, rather than prescriptive.

ANALYZING THE RESULTS

CHA often uses a framework—Four Requirements for Effective Change—to support discussion/discernment regarding the process of change; this framework was used to analyze the results of the sponsorship interviews. The premise underlying this framework is that all change requires four elements. If any one of these elements is missing, regardless of the presence or strength of the others, the change process is not likely to be successful. The four requirements are:

- *Pressure for Change* Objective information is needed about the current situation that points to the need for a different approach. Such information must be translated into a common definition of opportunities and challenges.
- *Capacity for Change* Also needed is a shared belief that there is a compelling reason to change or to consider change.
- *Clear, Shared Vision* Required, too, are a common view of the desired end and agreement on how success will be measured.
- *First Steps* The final element is a specific plan for implementing the vision.

This framework provides a useful foundation for evaluating the evolution of sponsorship. Accordingly, the key findings from our research study are organized around these four requirements.

PRESSURE FOR CHANGE

Virtually all interviewees recognized continued pressure for change related to sponsorship, although a consistent theme was that of *evolu-*

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tionary, not revolutionary, change. Representatives of each of the nine systems identified pressure for change from both internal and external sources, including a declining and aging population of sisters; changing church dynamics (both in the United States and abroad); and fundamental health care market pressures, including payment constraints, regulatory requirements, not-always-favorable public perceptions of Catholic health care, and the need for partnerships with other-than-Catholic organizations.

Although Catholic providers throughout the nation experience similar pressures, they often respond to them in different ways. For single-

sponsor systems, the focus has been on changes in governance composition or functioning, along with a renewed emphasis on clarifying authority, accountability, and sponsor expectations, rather than on alterations to the sponsorship structures themselves. In contrast, both structural changes and cultural changes have been pursued in the cosponsored systems and PJPs. Importantly, PJP leaders are quick to point out that the PJP model, although effective for them, is not for everyone.

CAPACITY FOR CHANGE

The interviewees provided important advice about building the capacity for change related to sponsorship. Above all, they said, the change process must start with the current sponsors—in most cases, women religious—and must build on a shared belief that the sponsored organization is a ministry of

the Catholic Church, not of individual congregations or sponsors. We also heard repeatedly of the importance of timing. For many of those congregations that have successfully changed their sponsorship approaches, a critical success factor was pinpointing the right *time* for change. We frequently heard stories concerning change processes that did not work the first time because the key participants were not yet ready for them. Equally important, interviewees said, is allowing leaders adequate time to work through and build support for change. In some cases, for example, the organization involved took a year or more to build trust among potential partners and to learn one another's perspectives and heritages.

Many interviewees underscored the value of finding and using outside help to manage the sponsorship-change process. As part of their

planning, they engaged outside facilitators or canon law experts; they also sought advice from people who had been through similar change processes. These interviewees recognized the wisdom of not attempting to reinvent the wheel.

Finally, many interviewees said that where there is a will, there is a way. In the words of one person, "If sponsors want to make it happen, it will happen. If not, it won't happen." This was a common refrain throughout the interviews.

IMPACT ON THE SPONSORING CONGREGATIONS

Clearly, changes in sponsorship will affect all involved in a sponsored work, but the original sponsors themselves are often most strongly affected. For sponsoring congregations, a new approach to sponsorship can at first lead to a sense of loss or distancing. Such changes require new ways of thinking. For example, sponsors of cosponsored systems must begin to consider the whole system, not just an individual institution. Doing so is often easier in theory than in practice. In cosponsored systems, making decisions about particular local ministries can be especially difficult. As one sister noted, "It tugs at your heart when someone tries to do something to one of your original hospitals. It hurts."

We learned from many interviewees that the new models of sponsorship are not necessarily time-savers. Often, the fact that a congregation's membership is dwindling is one of the motivations for taking a new approach to sponsorship. But making the new approach work can take more time than maintaining the old one. In some cases, the remaining women religious are stretched thin, with more work to do and fewer individuals to do it. On the plus side, many of the women religious we interviewed noted that their personal relationships with sisters from other congregations have grown.

For some congregations that have transformed ministries into PJPs, the changes have been more dramatic. In some cases, for example, congregational leaders have become less involved with the church on health care issues; instead, the PJP itself has taken on responsibility for that relationship. Even in cases where this transition has occurred, however, the original sponsors have had to invest time and energy in preparing church leaders for the change.

A CLEAR, SHARED VISION

In all cases, the interviewees agreed, the development of a new approach to sponsorship must be grounded in a shared vision for the future that is different from the current reality. In sharing the lessons they have learned regarding a vision of sponsorship for the future, interviewees stressed:

Type of Systems in Study

Single-Sponsor Systems

Franciscan Sisters of Christian Charity, Monitowoc, WI

Sisters of Mercy Health System, Chesterfield, MO

Cosponsored Systems

Ascension Health, St. Louis

Avera Health, Sioux Falls, SD

Catholic Healthcare West, San Francisco

CHRISTUS Health, Irving, TX

Provena Health, Mokena, IL

Systems with PJPs

Catholic Health Initiatives, Denver

Trinity Health, Novi, MI

- The need to emphasize always the ministry of the church.

- The imperative to be truly open to something new and, as leaders, to avoid getting in the way of whatever new forms appear; "creation of something new" should be the mantra.

- The reality that our understanding of sponsorship continues to change. Many cosponsored systems, for example, are deliberately moving away from the term "cosponsorship," preferring instead the notion of sponsorship as a whole.

Several interviewees from cosponsored systems also cautioned against focusing too much on structure rather than on a foundation of shared values. Their advice to others contemplating a similar approach is to seek cultural compatibility first and then take the time to build trust. All must be respectful of the past, but the emphasis must be on a shared and more vibrant future.

IMPLEMENTING THE VISION

As they look to the future, interviewees anticipate some significant challenges. Among these are the formation and education of lay leaders, the strengthening of relationships with the church, and an ongoing exploration of sponsorship. Interviewees anticipate a future in which sponsorship will be transferred to a new generation of sponsors, but they also recognize that the current sponsors must truly understand sponsorship before they can pass it along. The interviewees' commitment to develop effective structures for future sponsorship is motivated by an intense desire both to serve patients and communities directly and to leverage the ministry's voice for advocacy and human dignity.

An important theme in the stories shared was the need to create new, supportive cultures. Culture must be recognized as a priority, and deliberate processes must be developed for culture development. Recognizing that the creation of a new culture can take years, it is often wise to start with an up-front assessment of the current culture and—in situations in which multiple organizations come together—of existing cultural differences. Leaders or "champions" also must be identified, although the change process should be broadly inclusive, involving everyone at all levels of the organizations.

OPEN TO THE SPIRIT

One is tempted, when studying the various approaches to sponsorship that exist today, to focus most on the differences among models. Even so, the models seem more alike than different, and they share, at their cores, the same requirements for continued success. Among these are:

- A continued focus on mission

- People in leadership roles who have been adequately prepared for success in these roles

- Strong communications and relationships among all who have been entrusted with the stewardship of the ministry

- Clear roles, expectations, and mutual accountability

- Effective working relationships with the church

As the system leaders included in this study have worked to refine their own approaches to sponsorship, they have recognized that this evolutionary process is truly hard work. Yet they have begun to see the fruits of their labors and would acknowledge that their continued commitment and efforts already have had a substantial impact on the ministry and on the communities served. At the same time, these leaders know that their work is not done, and they call for continued efforts to better understand sponsorship and what it entails.

They agree that we must continue to have the courageous conversation about sponsorship and be open to the Spirit, with whose help we will ensure a continued vibrant Catholic health ministry in the United States. □

Health Progress is publishing the results of the JRK research as part of CHA's ongoing effort to continue the dialogue on sponsorship in the Catholic health ministry. This article is being published in conjunction with a new DVD resource that offers commentary—by Sr. Katherine Gray, CSJ, general superior, Sisters of St. Joseph of Orange, Orange, CA; Clarke E. Cochran, PhD, professor of political science, Texas Tech University, Lubbock, TX; Sr. Teresa A. Maltby, RSM, leadership team, Sisters of Mercy, Chicago; and Sr. Teresa Stanley, CCVI, senior director, sponsorship services, CHA, St. Louis—on the document Toward a Theology of Health Care Sponsorship. A work in progress, the document, together with a facilitator's guide and annotated bibliography, is offered as a resource the ministry can use as it develops a deeper understanding of sponsorship.

For more information about the JRK study, or to receive a complimentary copy of the study when it is released in late January, please contact Sr. Teresa Stanley, CCVI, at tstanley@chausa.org or 314-253-3507.

NOTES

1. See John J. McGrath, *Catholic Institutions in the United States: Canonical and Civil Law Status*, Catholic University Press, Washington, DC, 1968. This work was the first to use the phrase "sponsoring body" in its current sense.
2. Catholic Health Association, *Uniting for Transformation: FY2003-05 Strategic Plan for the Ministry Engaged*, St. Louis, 2002.

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