



TRADITION AND TRANSFORMATION

*Sponsors Forge Relationships
To Revitalize the Catholic Healthcare Ministry*

In September 1992 seven leaders of institutes of women religious met in St. Louis to discuss the challenges facing sponsors of Catholic healthcare. One woman religious from the Catholic Health Association also joined in the roundtable conversation. The discussion ranged over a variety of topics but invariably returned to one question: Given the current situation in healthcare, how can sponsors use their leadership to foster relationships that ensure the continued vitality of the Catholic healthcare ministry and promote a just and rational healthcare system?

For founders of Catholic healthcare in the United States, the ministry was a direct response to need. Despite obstacles, the sisters knew without question what they wanted to achieve. This clear vision energized them for the work and sacrifice their ministry required.

Today, the sponsors of Catholic healthcare facilities face a radically different situation. The need for the ministry is as urgent as ever. But to make the most effective use of their power and talent, women religious now must often

make a different kind of sacrifice, forgoing hands-on ministry to focus instead on reforming a system that has itself become a major obstacle to the delivery of healthcare to all who need it.

RETHINKING SPONSORS' ROLE

The ongoing crisis and growing complexity of the healthcare system has forced many sponsors to rethink their role. "The biggest challenge for us is deciding whether we want to continue to sponsor our existing institutions or start new healthcare ventures," said Sr. Joan Gallagher, CSA.

For Sr. Mary Arghittu, OSF, the issue is not so much whether sponsors want to continue in the healthcare ministry as whether they have "the capacity to do it responsibly." She added that the important question for sponsors is to decide where they should put their energies, to know where they can make a difference. "I sometimes feel as though it's not in the institutional setting. It's on the outer rim, where we set up alternate types of healthcare," she said.

Sr. Virginia Gillis, RSM, noted that women religious have historically been committed to direct ministry. "Our communities usually got involved in healthcare as a response to a specific need," she said. "We didn't start out to found institutions." She wondered if many of the projects sponsors are currently undertaking—such as hospices for oncology patients, persons with AIDS, and the homeless—are "a kind of infor-





mal moving away from acute care institutions” to respond to a new type of need in the present. “What I don’t know,” she said, “is how that’s going to impact our total ministry in the future.”

Despite their attraction to direct ministry, participants acknowledged that the challenges they face now are largely defined by the history of the institutions they have sponsored, the relationships they have entered into as sponsors, and the powers and responsibilities they have inherited in accepting a role in the healthcare ministry. With so many demands on their energy and attention, they agreed, it was often difficult to recapture their original purpose.

ON THE CUTTING EDGE

Sr. Maria Luisa Vera, RSM, suggested that a creative return to the past may be one key to effective action in the present. “The situation calls for a critical reading and reflecting on our history and how we came to be in healthcare,” she said. “The point is to understand where we are in history and to rechoose and commit to the healthcare ministry and then go forward with the changes, structures, and strategies we need to be put in place.”

Sr. Vera noted that sponsors’ relative distance from institutions does not mean they can have no impact on larger issues. “Women religious have a window of opportunity to really make a difference at this time in history—specifically in the area of healthcare reform,” she said. “The challenge for us is to be risk takers and to be on the cutting edge—and with limited resources the cutting edge is collaboration.”

Sr. Nannette Gentile, DC, added that the urgency sponsors feel about promoting collaboration owes partly to the fact that few others in healthcare have a stake in pursuing cooperative ventures. “Most executives don’t see it as part of their job,” she said, “and local boards seldom mention collaboration as a prominent goal. So I think the responsibility falls to us.”

Sponsors are well positioned to play a role in



Photos by Tom Ebenhoeh

Roundtable participants emphasized that sponsors must rethink their role in healthcare.

bringing providers together, but they will not achieve this unless they sit down, define their goals, and begin taking action, Sr. Vera emphasized. “It is important to get serious about doing some strategy short term and long term and saying, ‘If this is what we want to happen, this is what we need to do to make it happen.’ Sponsors

ROUNDTABLE PARTICIPANTS

Sr. Mary Arghittu, OSF, general minister, Franciscan Sisters of Allegany, New York, Allegany, NY

Sr. Mary Regina Flatley, CBS, provincial administrator, Congregation of Bon Secours, Marriottsville, MD

Sr. Joan Gallagher, CSA, major superior, Sisters of Charity of St. Augustine, Richfield, OH

Sr. Nannette Gentile, DC, PhD, provincial, Daughters of Charity of St. Vincent dePaul—West Central Province, St. Louis

Sr. Virginia Gillis, RSM, EdD, associate vice president, Member Services, Catholic Health Association, St. Louis

Sr. Annemarie Kampwerth, PHJC, provincial superior, Poor Handmaids of Jesus Christ, Donaldson, IN

Sr. Maris Kerwin, FSPA, vice president, Sisters of the Third Order of St. Francis of Perpetual Adoration, LaCrosse, WI

Sr. Maria Luisa Vera, RSM, regional president, Sisters of Mercy, St. Louis



are going to have to bite the bullet and say we're going to do it."

"You have to want to collaborate," added Sr. Gallagher. "You've got to be committed to the idea that Catholic healthcare is bigger than your own institutions or your own systems. That's where the sponsors come in. They are in the best position to have that broader vision."

"I think that unless the sponsor gets involved, it's not going to happen," said Sr. Annemarie Kampwerth, PHJC. Although their attempts to collaborate have sometimes failed, the efforts have given sponsors a clearer idea of what obstacles they face and how they can approach them. Sr. Kampwerth stressed that successful collaboration will be essential to sponsors' ability to continue their mission. "One of the key parts of a pastoral plan our congregation has recently completed is to look for ways—in every area in which we have a ministry—to establish some type of partnership to carry our projects forward. We can't do it alone, and often the needs of people we serve suffer if we don't collaborate."



If we're not willing to join in the reform of our system, then we have nothing to offer it. We have to be involved in making it happen.

—Sr. Arghittu

LAY STAFF EDUCATION

Several factors are fundamental to effective mission integration and collaboration, the sisters agreed. These include communicating regularly with persons who play pivotal roles in collaborative projects, familiarizing others with a congregation's values and mission, and ensuring that managers and administrators understand sponsors' intentions.

"Some people who apply for positions in our institutions come with a perspective that may not be in tune with ours, but at the same time they support our basic values," Sr. Mary Regina Flatley, CBS, said. "It's our responsibility to help form the religious person or the layperson coming in. At our system, there's a sister in charge of governance who meets regularly with the facility CEO. I meet with them regularly as well."

"Our role is to educate, not to force," Sr. Flatley continued. "When a problem comes up, like a breakdown in a collaborative effort, we go in and ask the CEO to explain it from a business perspective so that we can look for a new way to tackle the issue. This takes time and energy, but it's in our camp to do it."

CHALLENGING RESISTANCE

But sponsors must also recognize sources of resistance to their intentions and have the courage to confront them, Sr. Gallagher warned.

"Somehow they have to get the message across: 'We are going to do this. Now, you either get on board or you look someplace else. We have the healing mission of the Church at stake, and if you're not in tune with that, then you're not in tune with our values at this point in time.'"

Sponsors have often had to cope with the tension between their desire to bring about change and their inability to do so, Sr. Arghittu said. Years of living with that stress, she warned, can lead women religious to sell themselves short and forget their power to shape the future of Catholic healthcare by communicating its legacy to important constituencies. "To me," she said, "this would be a major issue: to effectively communicate the spirit of our leadership style values—not just with one or two CEOs, but in a lasting manner—to impact the system."

Sr. Kampwerth noted that one of the most difficult forms of resistance sponsors encounter is the view that mission values compete with operational imperatives. "At board meetings we used to have a lot of discussion of mission versus margin. But now we've made it clear that is not the issue. The mission is there, and people are going to have to see that the margin is there."

Educating people is an important part of changing their perspective, Sr. Kampwerth added, but often it is not enough. "Sometimes we have to make painful decisions to show people we really mean business."

In a ministry where the laity will play an increasingly important role, integrating the mission into the organization's daily operations will be a critical task for sponsors. Sr. Vera noted that the idea of mission integration may do more to clarify sponsors' role than the idea of mission effectiveness (for more discussion on this point, see Sr. Judith Marie Keith's article on p. 38). For Catholic healthcare organizations, she stressed, mission "has to be pervasive. It has to be the leaven that touches everything at whatever level, whether it's in human resources or it's making decisions about how you buy or how you invest."



I think the biggest mistake is to feel that you're locked into the current structure and have no alternatives.

—Sr. Kerwin

AVOIDING DESTRUCTIVE COMPETITION

Another factor that blocks potential collaboration is the pressure to compete. If they commit too much energy to increasing market share, Sr. Gillis said, Catholic hospitals may forfeit the very quality that has drawn people to them. "Care isn't something that exists in itself, but people are attracted by the charm they see. What sponsors



have to ask is, Are our institutions authentically reflecting the charisms? And that doesn't mean the mission statement on the wall but how we operate them.

"We also have to develop skills to counter our society's rugged individualism," Sr. Gillis said. "Our society is not good at problem solving through mediation. If we're going to collaborate, those are the kinds of skills we need to look for in our staffs."

The ability to compromise is particularly critical when the parties to a collaborative enterprise must make operational changes in well-established ministries, Sr. Maris Kerwin, FSPA, added. She said that a study by the Catholic Health Association of Wisconsin in the mid-1980s revealed that religious congregations were more likely to talk about collaborating on new ventures than on existing ones. "If you're talking about something you want to set up, others will work with you, but if everybody has their turf claimed already, it's a little more difficult to interest them in collaboration."

Sr. Arghittu noted collaborations sometimes fail because the leaders who initiated them move on to other responsibilities and no one picks up the slack. Such failures, she suggested, underscore the need to have a structure in place to ensure the project does not fall by the wayside.

Traditional business perspectives on who stands to lose and gain can also undermine potential collaboration. For example, the parties involved may not always be perceived as equals, Sr. Kampwerth said. "A lot of times when we come to the table, one party is stronger economically than the other, so there's one group on the defensive because they're going to be taken over. It's the sponsor's role to say, 'We come to the table with gifts. We don't look at it in light of strength or weakness but ask, What is the gift we bring to this collaboration?'"

Sr. Vera pointed out that society at large does not generally encourage the kind of attitude that would be most fruitful for collaboration. "If we're going to come to an agreement that I have 51 percent of the control and you have 49, it won't even get off the ground. But if we come together as equals bearing gifts, our chances will be far better."

"You have to look at where the best opportunities are," Sr. Gillis added. "To make a good start, you have to define the needs, what you want to accomplish, and who will help make it happen. Sometimes it's important not to get too many parties involved at the beginning. It's easier

to start with a core, and then let the core reach out and bring in the others." (Sr. Gillis's article on p. 34 expands on these thoughts.)



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—Sr. Flatley

SUCCESSFUL COLLABORATIONS

Despite the difficulties sponsors have encountered in their attempts to collaborate, they were able to share some success stories. In one venture, the Congregation of Bon Secours, Marriottsville, MD, recently purchased a hospital and a nursing home from another congregation. Ten members of the original sponsoring congregation still serve at the facility, Sr. Flatley explained, along with two sisters from the Bon Secours congregation.

"We had the resources to keep the facility afloat," Sr. Flatley noted, "but we didn't have the people." The two congregations worked together to develop a mission statement for the facility, and the provincials from both congregations meet with the sponsorship committee to review operations. "I never think of our congregation as the owners of the facility. The other congregation built the ministry, and it is vital that they remain involved in it. It's a collaborative effort."

In some cases, sponsors have collaborated to minister to their own needs. In the mid-1980s the Cleveland Conference of Religious Leaders (CORL) discovered that a number of congregations could no longer afford healthcare for their members. "Typically, a congregation would have two to four people in an infirmary that had to be staffed 7 days a week, 24 hours a day—and the costs were ruining them," Sr. Gallagher said. CORL sent out a questionnaire to about 1,400 women and men religious over age 55 to determine what their healthcare needs were.

On the basis of this information, the Sisters of Charity of St. Augustine, Richfield, OH, decided to convert their motherhouse into an assisted living and long-term nursing facility for area congregations. Twenty-one institutes will have access to the facility, and each will determine what contribution it will make to renovate the facility. Thirteen of the institutes will participate in an intercongregational advisory board to determine what kind of care the facility should provide and how to respect the various traditions and rituals of the congregations.

STAYING INVOLVED

While dealing with issues such as healthcare reform, collaboration, and mission integration, women religious must at the same time cope with the profound changes they are experiencing. For example, as the number of women religious



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involved in healthcare facilities' daily operations decreases, those who do remain can often feel isolated and irrelevant. In some cases they may have little knowledge of how important decisions were made or of the facility's plans and goals.

Many congregations have created formal mechanisms to ensure that sisters working at a facility are advised of significant plans and developments. The Sisters of Charity of St. Augustine have instituted a Sister Service Agreement stipulating that each facility's chief executive officer (CEO) meet with the sisters employed at an institution at least every other month.

"In the beginning," Sr. Gallagher noted, "the meetings created some tension. But as they evolved, the sisters and the CEOs became more comfortable with the idea of meeting with one another. Our system has helped educate CEOs about the kind of information they need to bring to the meetings, and the sisters understand that what goes on is confidential." Sr. Gallagher added that the mutual trust that has developed makes it possible for CEOs to advise sisters about important decisions.

Another difficulty for sisters employed at institutions is the feeling they have been cut off from the congregational leadership. "They often feel they've been pushed aside," Sr. Vera observed. "As leaders, we must find a way to reverence their experience and their service and yet maintain the structure we have set in place." She said that sisters working at a facility must realize certain operational decisions are not their responsibility but at the same time know the congregation values their input.

MANAGING A SYSTEM

The growing importance of systems can be another potential source of alienation and apprehension. Sr. Gallagher remarked that, to many new members of sponsoring congregations, the work of running a system often appears unmanageable. "We need to break down the mystique of the system and clarify leaders' role with respect to the system and to our healthcare facilities. We have to do this if we hope to have younger sisters moving into congregational leadership roles."

The responsibility of managing a system brings women religious into an environment that many of them would rather avoid. "Sisters involved in other ministries often ask, Why are you continuing the myth of the corporate world in religious life?" Sr. Kerwin noted. "That is why regular



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—Sr. Gillis

communication is so important. Other members of the congregation need to know that we can run a system and that sponsoring systems allows us to do things we couldn't do independently."

TRUSTING LAY LEADERS

But perhaps the most acute feelings of alienation come from the necessity of yielding control to the laity. Here, again, ongoing communication is critical. Sr. Gallagher remarked that she has worked with many laypersons who clearly had her congregation's values at heart. "I would not have a problem relinquishing more and more sponsorship to that kind of person," she said. "But that level of trust can only come gradually. The more control you give up, the more trust you need. For me, that's the basis of collaboration."

"Sponsors also need to be up front and clear about their expectations of lay leaders," Sr. Flatley said. "At our system, we've created a job description for the person in charge of mission. We expect the person in this position to be involved in all key decisions, and we periodically ask CEOs what role the mission person played in a certain decision. Another of our goals is to move the laity into mission positions."

A clear idea of the role of sponsorship is critical to these developing relations, Sr. Vera said. "In many congregations, there's a feeling that if we sponsor something, we must own it and control it. The assumptions behind this feeling really need to be articulated and tested before we can set the sponsorship relationship aright."



Mission versus margin is not the issue.

The mission is there, and people are going to have to see that the margin is there.

—Sr. Kampwerth

NEW FORMS OF SPONSORSHIP

For religious institutes involved in a number of ministries, defining sponsorship and investigating alternatives is particularly critical. Recently, the Poor Handmaids of Jesus Christ, Donaldson, IN, began a congregation-wide dialogue on the various forms of sponsorship. "One question we've addressed," Sr. Kampwerth explained,

"is benefits and drawbacks of formal and informal sponsorship, as well as the difference between the two."

In many cases, she said, a transition to formal lay sponsorship may be the best way to preserve the Catholic healthcare ministry. She suggested it is possible for congregations to relinquish their formal connection to an institution and still maintain a presence there. "A few years ago we gave up sponsorship of two nursing homes, which are now completely owned by the laity," Sr. Kampwerth said. "But they reflect our mission. They are still loosely connected to us, and in



the minds of the people in the area, we still sponsor them—even when no sisters are there.

“To me, this is a sign of what might happen in the future. Even as our sisters move out of them, people will still connect the hospitals with the congregations that founded them.”

“I think the biggest mistake is to feel that you’re locked into the current structure and have no alternatives,” Sr. Kerwin said. “To prepare for the future, leaders will need to study different sponsorship models and alternative legal and canonical structures. Without a sense of these kinds of possibilities, people lose interest.”

EMPOWERING LAY AND RELIGIOUS LEADERS

One positive legacy of the healthcare crisis is that it has caused sponsors to reflect on the challenges of leadership. Without powerful lay leadership—now and in the coming decades—the Catholic healthcare ministry risks losing its distinctiveness and impact.

Participants emphasized that women religious must continue to develop leadership skills among their own ranks. “Within our congregations, it is important for leaders to be able to translate the institute’s stated goals into directions for healthcare,” said Sr. Arghittu. She suggested leaders should periodically survey members of the congregation to ensure that a mandate still exists to continue the healthcare ministry, and they should keep the congregation informed regarding initiatives in the healthcare ministry.

Sr. Gentile added that women religious leaders have to be comfortable in dealing with the complexity and fluidity of systems and not insist that every project have concrete, predictable parameters. “When I try to ensure that everything turns out well, I’m doomed to total frustration. I think the process of letting things evolve and seeing where things fit is energizing.”

Effective leaders must also know their strengths and weaknesses. “It’s important to be comfortable with yourself and your own style of leadership,” Sr. Gallagher noted. “Some people have a strong control style, and others do well with teams and delegating responsibilities. The real energy comes from team building and sharing, from working with people who can speak up when something goes wrong but you can trust to be there for you on important matters.”

Sr. Vera added that effective leaders look for opportunities to cultivate good relations with others. “Meeting at times when there’s no heavy issue or trouble helps build trust in a relationship.

Then, when a difficult situation does come up, it’s easier to come together and really get at the issue.”



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ONGOING LEADERSHIP FORMATION

Roundtable participants agreed that, in the final analysis, finding and forming powerful leaders is one of their most pressing responsibilities today. “One of the qualities our future lay leaders need is commitment,” Sr. Gallagher said. “And to be committed, they will need to see their involvement in healthcare not as big business but as part of the healing mission of the Church. Without that vision, I don’t think our leaders will find the energy to

carry on.”

“Our system is beginning to realize that leadership formation has to be ongoing,” Sr. Gentile added. “We can’t assume that every CEO knows the basics.”

The sisters acknowledged that the issue posed significant challenges. “I’m still not sure we have captured what we need to do in developing lay leaders,” Sr. Gillis said. “A lot of factors make this a difficult area, including the dynamics of today’s healthcare arena and the way many lay leaders have been trained to understand their roles and responsibilities.”

Sr. Vera emphasized that the process of choosing lay leaders is an area that sponsors need to examine with some care. “I wonder how many of us really have a clear idea of the kind of person we want for the job and how many simply look for the best candidate out of those who applied. If we want strong people, we have to define who we want first. Once we do this, we’ll find them.”

KEEPING THE MINISTRY ALIVE

In the end, participants agreed, sponsors’ primary task in the present is to lay the groundwork for the future. The challenge, Sr. Arghittu said, is to find the energy to create a healthcare system that “may or may not include us.”

She concluded that the task is to keep the ministry alive. “I have to believe someone will want to continue this ministry,” she said. “I’m constantly impressed by people who are willing to work for systemic change. And maybe some who are now interested in more hands-on justice issues will see that working for systemic change is also a way of working for social justice. If we’re not willing to join in the reform of our system, then we have nothing to offer it. We have to be involved in making it happen.”

—Phil Rheinecker