



WHEN SPONSORS BECOME PARTNERS

As sponsoring congregations of Catholic healthcare organizations make arrangements with new partners, they need to think clearly about sponsorship's meaning and purpose. To do so, however, they must go beyond a one-dimensional consideration of current governance structures and canonical requirements. They will need a multidimensional approach.

Two dimensions are especially important in discerning the advantages of proposed partnerships:

- The history and tradition of the congregation
- The canonical and legal interpretations involved

A sponsoring congregation considering a partnership will need a firm grasp of both if it is to share its spirit and experience with the new organization.

HISTORY AND TRADITION

Charles J. Dougherty, PhD, has defined tradition as "an interlocking set of activities whose repetition creates a sense of familiarity linking the past to the present and future."¹ Reflecting on this "interlocking set of activities" can give us an idea of what is at stake for sponsors as they navigate the unfamiliar waters of partnership with another healthcare organization.



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In Forming Partnerships, Sponsoring Congrega- tions Should Stress Tradition and Church Relationships

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Religious congregations are diverse because each has a distinctive charism and culture. But their interlocking activities share a common foundation, which is *mission*. Unity among diverse congregations is possible because all of them respond to the call to do as Jesus did—to be God's healing and reconciling presence in the world. And, in forming their diverse congregations, women religious have responded to that call in similar ways. Sponsors should examine these responses and, where appropriate, weave them into the design of the new partnership.

Throughout the history of women religious in Catholic institutions, certain patterns of motivation recur:

- An unmet need in the community
- A gift for leadership
- An ability to use resources creatively and effectively
- A willingness to risk, to venture into the unknown
- A deep faith and confidence in God's providence

Over the centuries these motives have enabled women religious to endure great hardships, often in primitive environments and among unfriendly populations, to create institutions that:

- Enhance the general quality of life
- Provide care for the sick and the poor
- Promote good health as a basic human right
- Ensure Catholic presence in the community
- Promote social justice
- Preserve the legacy of the healing ministry

In the modern era, however, the complexity of these structures has sometimes all but smothered the simplicity of their institutional origins. In addition, the involvement of the women religious in the institutions has diminished, and the presence and control by religious institutes has shifted. Recent years have brought rapid technologi-



cal change and the growth of managed care. All these changes have encouraged congregations to enter new partnerships, which have had both positive and negative effects on the traditional expression of sponsorship.

CANONICAL AND LEGAL INTERPRETATIONS

Changes in sponsorship have led to changes in governance. A congregation's relationship to its sponsored institutions used to be rather informal; it was like a family business. Today, however, the sponsor must formalize that relationship—that is, put into binding documents those definitions, rights, and powers that, previously, were lived but not articulated.

Sponsorship, as it is currently understood, has become the primary yardstick by which congregations measure proposed partnerships. *The Search for Identity: Canonical Sponsorship of Catholic Healthcare*, a publication of the Catholic Health Association, describes sponsorship as "the canonical relationship a Church entity . . . has toward an incorporated apostolate. Sponsorship is a reservation of canonical control by the religious community that founded and/or sustains an incorporated apostolate."²²

Under this definition, a sponsoring congregation's primary reserved powers allow it to establish an institution's philosophy; amend its bylaws; appoint its board members; lease, sell, or encumber its properties; merge it with another institution; and dissolve it. An expanded concept of sponsorship was recently expressed in *The Catholic Health Ministry in Transition*, published by the National Coalition on Catholic Health Care Ministry: "The Church understands sponsorship to mean having the ability to ensure that a particular Church ministry remains true to Catholic values and the sponsor's charism. A sponsor . . . acts as a steward of a given ministry

on behalf of the Church and assumes an obligation to care for, nurture, and advance the ministry in order that it may continue Christ's mission. This implies some ability to exert real influence over the organization."²³

If the founders' spirit and intention are to be sustained, sponsors must make sure that discussions, negotiations, and decisions concerning partnership or other affiliations include both the

founding charism and tradition, on one hand, and the canonical and legal directives, on the other.

A PERIOD OF REFLECTION

To ensure these two dimensions become an integral part of a proposed partnership, sponsors should spend some time in self-reflection before they begin actual negotiations.

They should reflect, first, on the fact that they have a primary accountability to the Church for their ministry's activities, property, and assets. This accountability is spelled out in the canonical requirements. They should also think about their traditional commitment to justice and to direct service to

those in need. And they should remember that they are expected to be uncompromising in the defense and protection of all human life.

Bearing these reflections in mind, sponsoring congregations can then be clear about what they expect from a proposed partnership. Before beginning negotiations, sponsors should ask themselves whether:

- They fully comprehend their congregation's history and the evolution of its sponsorship
- They have a rational basis for continuing to sponsor healthcare organizations
- They will be able to carry out the stewardship responsibility of sponsorship
- They are sufficiently open to change

Peering as best they can into the future,





sponsors should discuss the implications for their congregation of maintaining the sponsorship function—as opposed, say, to expanding it, on one hand, or giving it up, on the other. They should weigh the relative value for the congregation of partnership, collaboration, and isolation. They should try to identify the form of ministry their congregation will best express in years to come.

Some obstacles to a successful partnership may not surface until discussions are under way. These may include, for example, an inclination on the congregation's part to compete with—or isolate itself from—other organizations, including other Catholic organizations. Another common obstacle is a tendency of members to fear that their congregation's distinctive charism or tradition will be lost in a partnership. A third obstacle is ignorance; some members may oppose a partnership because they do not understand the fundamental changes occurring in healthcare today.

By articulating its commitments before it begins actual partnership negotiations, a sponsoring congregation can confront such obstacles and dispel many fears. When sponsors are clear about their commitments, the outcomes of negotiations are usually beneficial to everyone involved (see Box below).

CHOOSING A PARTNER

Collaborative efforts may include other Catholic organizations, organizations sponsored by other faiths, or community organizations unaffiliated

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with a church. Each will present distinct challenges.

A sponsoring congregation seeking a partnership ought to look first to other Catholic organizations in the area. Such affiliations are often the most difficult to arrange, however, because neighboring facilities—even those which share the same faith—can have a history of competition and power struggles. Even when old rivalries can be forgotten, the negotiators will have to agree on difficult questions concerning, for example, which partner is to get the administrative jobs and which healthcare services are to be shared, transferred, or eliminated. And some people may oppose forming a partnership because it seems to threaten their congregation's heritage as a sponsor. Still, barriers like these can be overcome when both parties focus on the potential value of collaboration and their ongoing relationship with sponsored facilities.

Sponsors contemplating a partnership with an other-than-Catholic, faith-based organization face other problems. On one hand, the fact that they share congruent values is an advantage. But their experience and organizational cultures can turn out to be quite different even when their mission and values are similar. It is imperative that both parties be clear about values at the outset. The other-than-Catholic party may not be fully prepared to observe the *Ethical and Religious Directives*, for example. The Catholic party, in order to preserve its mission, charism, and Catholic identity, should insist that observance of these values be written into both memorandums and the bylaws.

Similar problems may occur when sponsors discuss partnerships with community or non-religiously sponsored organizations. The sponsor's representatives should be firm in defending their values, remembering that these values benefit the whole community.

Potential partners sometimes feel threatened by Catholic organizations because they do not understand the Church's role in healthcare. What is more, Catholic language itself (e.g., charism) is often unfamiliar to them. Still, Catholic sponsors bring valuable nonmaterial assets to the table. As Rev. Martin E. Marty, PhD, has said, "Selective elements from the substance of Catholic charters and missions are transferable to non-Catholics—and have to be, if there is to be a distinctive identity, character, and ethos."⁴

Among those elements Marty includes concern for the soul, attention to human dignity, the call

GUIDING COMMITMENTS

Adopting certain guiding commitments before it begins negotiations with another organization, the sponsoring congregation promises to:

- Continue and enhance the congregation's mission
- Maintain significant congruence between the partners' values
- Ensure public acknowledgment of the congregation's identity, presence, and contribution to the ministry
 - Maintain Catholic identity through compliance with the *Ethical and Religious Directives for Catholic Health Care Services* and traditional Catholic social practice
 - Maintain a commitment to the poor and those without access to healthcare
 - Use assets and resources in a way that, although prudent, promotes excellence
 - Establish governance structures that facilitate appropriate control and influence by sponsors



to justice, responsibility to the community, and recognition of the value of ritual. He also suggests that Catholics look on strictures such as those against abortion "not as arbitrary, negative ecclesiastical impositions but as attempts to 'guard' the positive dimensions, such as the dignity of the human person."⁵ Along with these "transferable elements," sponsors bring to a partnership their traditions and a proven performance in the development of the Catholic healthcare ministry.

SPONSORS' ROLE IN PARTNERSHIP DEVELOPMENT

The extent to which sponsors are involved in forming new partnerships will depend on their control of their sponsored organizations. Sponsors responsible for only one or two institutions will want to be directly involved in negotiations and in the design of new governance structures. Sponsors that have delegated significant powers to large healthcare systems may be less involved. In either case, before negotiations begin, sponsors and facility CEOs should always discuss the proposed partnership with the local bishop. Sponsors should maintain good communications with Church representatives throughout the negotiations.

In fact, the bishop can often serve a convening and conciliatory role in the initiation of discussions with potential Catholic partners. And in cases involving possible partnerships with other-than-Catholic organizations, the bishop should be told about any circumstances that could conflict with the maintenance of Catholic identity.

Sponsors should bring a clear, reasonable, and objective agenda to the negotiations. This might include, for example, an assessment of the prospective partner's compatibility with the sponsor's mission and Catholic identity. It is wise to consult the bishop about issues that seem likely to be troublesome. Sponsors should be explicit about the degree of control they want to maintain. Experience shows that partnerships often collapse because such issues were reacted to rather than anticipated and resolved.

PARTNERSHIP IN OMAHA

One common form of partnership is the joint operating agreement (JOA). The JOA that formed Alegent Health, Omaha, in 1996 directly integrated expectations about mission into the agreement in forming the new system.

Alegent, a six-facility system, brought together Bergan Mercy Health System (which is part of

Catholic Health Initiatives, Denver) and Immanuel Health Care System, a Lutheran organization. Under Alegent's bylaws, the new system's board and its committees must give mission priority over other considerations. The board has established a mission committee, whose duties include addressing religious issues. The committee (half of whose members are from Bergan Mercy and half from Immanuel) submits to the board an annual stewardship report that describes the system's efforts to provide care for the poor and to enhance the dignity of both patients and staff.

JOAs like Alegent might take several concrete steps to fulfill their sponsors' expectations. Such steps would include:

- Created mechanisms to ensure oversight of mission initiatives
- Educated system employees about their sponsors' mission and tradition
- Communicated the JOA's parameters clearly and accurately to all concerned
- Invested in leadership development
- Paid close attention to the JOA's impact on the system's various cultures
- Acknowledged the sponsor's contribution

In Alegent's case, as in the formation of other new partnerships, some members of the sponsoring congregation experienced a kind of identity crisis. Under the JOA's bylaws, they would now influence the system, rather than control it. However, they soon came to see that the arrangement would bring new energy and creativity to their healing ministry.

If people are to be better served and the healing mission extended, sponsors must be willing to renew their pioneer heritage, moving forward with new partners and creating new forms of ministry, and, as always, with a deep faith and confidence in God's providence. □

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NOTES

1. Charles J. Dougherty, "Tradition, Mission, and the Market," *Health Progress*, July-August 1997, p. 44.
2. Catholic Health Association, *The Search for Identity: Canonical Sponsorship of Catholic Healthcare*, St. Louis, 1993, p. 81.
3. National Coalition on Catholic Health Care Ministry, *The Catholic Health Ministry in Transition: A Handbook for Responsible Leadership*, Silver Spring, MD, 1995, p. 18.
4. Martin E. Marty, "Can We Still Hear the Call?" *Health Progress*, January-February 1995, p. 19.
5. Marty, 19.