

Shift to laity sparks formation needs

Alice Popovici | Feb. 21, 2012

Nearly every month, supervisors, executives and others in positions of leadership at Avera Health System come together to reflect on the Catholic tradition of the businesses where they work. They remember the stories of the health system's founders, the Benedictine and Presentation Sisters, who around the turn of the 19th century began caring for the sick and poor in what was then Dakota Territory, but they also talk about everyday routine in the more than 300 health care facilities the system now runs throughout the Great Plains. They talk about Catholic social teaching, and what it means to care for the patient as a whole, and they praise colleagues who do good work. Mostly, they try to keep alive the link between present and past.

At the end of each training session, the facilitator asks, "What's the takeaway?" said Presentation Sr. Mary Thomas, who is senior vice president for mission services at Avera McKennan Hospital & University Health Center in Sioux Falls, S.D. This is an aspect of the training session that leaders take back to "the people on the frontline," she explained.

Avera, which has been running its leadership formation program for about 17 years, is among about 62 health systems (according to Catholic Health Association estimates) with similar programs in place to help sustain Catholic identity in an environment that is increasingly more challenging and complex. But although the nonprofit organizations operate as ministries of the Catholic church, with a deep commitment to heal the sick and serve the poor, they are also businesses with a real need for funding to hire well-trained staff, buy new equipment and survive. Sometimes this means they have to form alliances with non-Catholic organizations, meld together missions and agree to compromise.

Sometimes, being a successful business may mean breaking ties with the Catholic church, as Catholic Healthcare West, the country's fifth-largest health system, recently did. The system announced last month a change in its name and governing structure. Now called Dignity Health, the system "is a not-for-profit organization, rooted in the Catholic tradition, but is not an official ministry of the Catholic church," the announcement said. The new "governance restructure that will position the organization to succeed in a changing health care environment while preserving the identity and integrity of both its Catholic and non-Catholic hospitals," it said.

Whether or not other Catholic health systems will follow this example is still unclear, but industry experts predict that the business side of health care will only grow more challenging in years to come, as government funding decreases and demand for services grows. And -- as Catholic health care organizations continue to lose the institutional presence of older generations of sisters who retire and are replaced by lay leaders -- some experts believe that leadership formation training could be a blueprint for the future.

In recent years, the shift from religious to lay leadership in Catholic health care has been "pretty radical," said Michael Naughton, director of the John A. Ryan Institute for Catholic Social Thought at the University of St. Thomas in Minneapolis. "There is a sense of, do they [lay leaders] have a vision to see what a Catholic health care system looks like institutionally?"

To address this issue, Naughton and fellow faculty members will launch in August a training program for leaders in Catholic health care that will combine principles of theology and Catholic social teaching with finance and business strategies. The yearlong certificate program is designed for teams of doctors and administrators, who will work together on research projects and meet a few times to discuss what they've learned.

"It seems to me, at the heart of this formation there's a kind of synthesis," Naughton said.

"Overall, how do you create a high-performing organization that is imbued with the fundamental principles of Catholic health care?" For instance, he continued, "how do you lay off people in a way that's consistent with your tradition? How do you pay people?"

Naughton is collaborating on the program with the Ministry Leadership Center in Sacramento, Calif. Five Catholic health systems (a sixth was added later), the Alliance of Catholic Health and the Catholic bishops of California started the center in 2004.

Since the center's classes began in 2005, staff members say the three-year program has trained more than 700 leaders from the six health systems, including a couple hundred who are still in training.

Laurence O'Connell, the center's executive director, described the program in terms of learning a common language.

"Among other things, what we supply is a shared vocabulary, a shared way of viewing the work, the ministry," he said. "The analogy would be what the sisters went through in their novitiate, so to speak."

In regard to the recent change in the governance structure of the former Catholic Healthcare West, one of the Ministry Leadership Center's founding sponsors, O'Connell said the move is "a sign of the times."

"They're not the first -- this has occurred elsewhere in Catholic health care," O'Connell said. "I think, increasingly, we will see a number of different [configurations] of organizing our systems."

Larry Singer, director of the Beazley Institute for Health Law and Policy at the Loyola University School of Law in Chicago, said that the question of Catholic mission has to be viewed within the context of the "massive consolidation wave" that has occurred in health care in the past couple of years. This consolidation wave, he added, is different from one that took place in the early 1990s, which was largely a forming of partnerships among Catholic health care organizations.

"Much of the growth now in Catholic organizations is coming from affiliations between Catholic and non-Catholic providers," said Singer, who has authored several papers on the challenges facing Catholic health care. Because the economy is bad, government reimbursements are decreasing while demand for services is growing, and the general population is aging, Singer said, all health care organizations are now asking, "Do we need to join someone else or are there opportunities for someone to join us?"

Singer said he believes health care as a whole benefits from the existence of Catholic organizations, whose mission is rooted in religious belief, but the challenge will be finding a way to keep "a strong mission focus" in the current business climate. And although leadership formation programs are doing a lot of good work, he said the challenge of communicating the mission to future generations of leaders will be greater when there are no sisters left working in health care. Not impossible, he stressed, but more difficult.

"It's easier to educate the first generation of sponsors, if you will," Singer said. "What does that iteration look

like when you're on the third generation of sponsors? It's really the laity translating to the laity.?

Mercy Sr. Patricia Talone, vice president for mission services at the Catholic Health Association, doesn't see it this way. She said laypeople have been part of Catholic health care from the start.

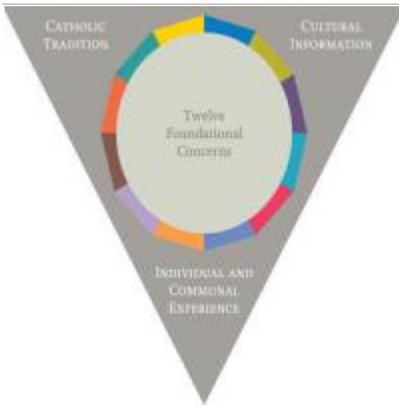
"From the very beginning, the religious women partnered with other persons that were willing to join in their ministry," people who were committed to Jesus Christ and committed to healing, Talone said. And while times are challenging now, she added that times were difficult in the beginning as well.

In the past couple of years, Catholic Health Association has been talking with various health systems about their leadership formation programs, learning their strategies and sharing those that are successful. Brian Yanofchick, senior director for mission integration and leadership development, said those efforts by the association's member organizations "offer a lot of hope."

According to Yanofchick, the Catholic health care organizations of the past had more in common with those of today than people might imagine.

"Many would think, for some reason, when the sisters were present and held management roles, that somehow hard business decisions didn't have to happen," he said, "but they did."

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Health care professionals participating in the Ministry Leadership Center's formation program learn how to approach their work in relation to the 12 foundational concerns of Catholic health care (right). These concerns are viewed within the larger framework of the "Triangle of Catholic Tradition" (left), made up of three "critical angles of vision": Catholic tradition, cultural information, and individual and communal experience. "Only from these intersecting sources of insight can a fully balanced perspective be generated that honors tradition, both respects and challenges culture, and resonates with individual and communal experience," according to the Ministry Leadership Center. (Courtesy of the Ministry Leadership Center)

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