Briefing

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EDITOR

Demographic changes across the United States are altering the makeup of healthcare organizations' work forces and the populations they serve. We are an aging society, which means healthcare facilities are addressing the needs of both older patients and older workers. Our society is also becoming more culturally diverse—challenging healthcare professionals to understand co-workers and patients from different ethnic groups.

Shortages of nurses, allied health personnel, and other workers are predicted to continue. At the same time, the numbers of women and men religious are diminishing, increasing the need for lay leaders who can promote sponsors' mission and values. Along with these changes, providers are developing new methods and sites for delivering healthcare to make optimal use of available resources while maintaining the quality of their care.

Because people are the most important asset organizations have to handle these changes, human resource management is becoming an integral part of strategic planning. Healthcare organizations are creating programs to develop leaders and educate and train all employees, to restructure compensation and benefits to fit employees' needs and accommodate new skills, and to recruit and retain personnel. Articles in this issue describe three systems' human resource efforts.

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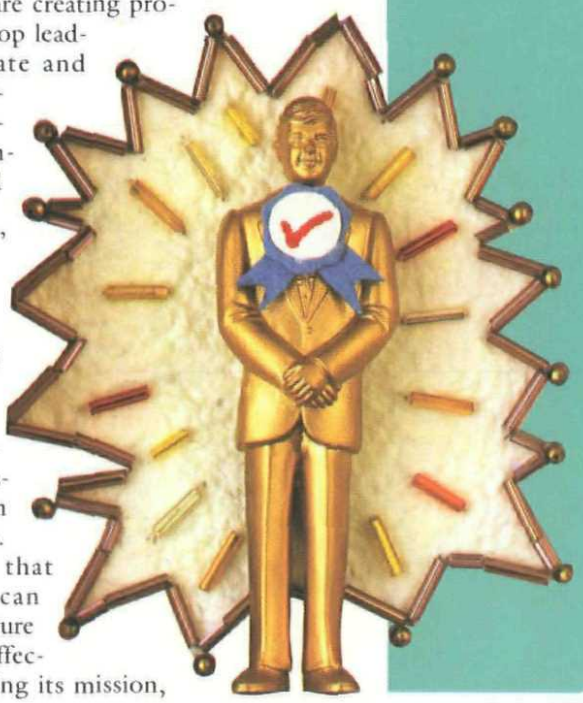

Convinced that leaders who can adapt to its culture will be most effective in furthering its mission, Eastern Mercy Health System, Radnor, PA, has developed a course that helps senior managers select values-oriented leaders. S. Frank Fritsch describes the six competencies the system looks for and an interview process that elicits candidates' values.

Michael L. Fordyce explains how the facilities of the Sisters of Charity Health Care Systems (SCHCS), Cincinnati, work together to recruit and retain employees. The facilities also use a systemswide set of values-based human resources guidelines, which contribute to an organizational culture that attracts employees and makes them want to stay.

To increase the number of its minority and women managers, Mercy Health Services, Farmington Hills, MI, began a cultural diversity program in 1988. Kathryn Comer Peel shares some lessons the system learned when it offered educational workshops for managers and staff.

Refusal of Cesarean Delivery

Another article in this issue deals with an event that disturbed both healthcare professionals and laypeople. Angela Carder, dying of cancer, refused to consent to a cesarean delivery, but her refusal was overridden and the surgery performed after the hospital obtained a court order.

Was the action ethical? Are limits on a pregnant woman's autonomy ever justifiable? What policies should healthcare providers adopt? The Carder case occurred at George Washington University Medical Center, but many other hospitals have faced similar situations. To prompt further discussion, Carol A. Tauer carefully frames the concerns the case raises.

CHA: Community Benefit Standards, Immunization

The Catholic Health Association has recently studied two related issues: the status of childhood immunization in this country and the need for not-for-profit hospitals to demonstrate their benefit to the communities they serve. See the articles on p. 28 and p. 50, respectively, to learn how you can take the lead in starting an immunization program in your community and in adopting voluntary community benefit standards recommended by CHA's Task Force on Tax Exemption.