An Examination of Conscience:

The Catholic Identity of Catholic Health Care

By KAMI TIMM, M.S., M.A.H.C.M., RN, C.N.S.

Lately I have spent time reflecting on what it means for our health care ministry to be Catholic and what constitutes our Catholic identity. These reflections stem in part from recent conversations with two people who, with a certain amount of pride, introduced themselves to me as "recovering Catholics." Since I didn't ask them to explain, I am left musing on the possible meaning this label has for them. Did they intend to suggest that, like recovering alcoholics, they have moved away from practices they now regard as unhealthy for them? Do they regard it as progress that they have replaced the "oughts" and "ought nots" of Catholicism with the freedom to do what they want, when they want, with whom they want? Do they mean that they have disaffiliated with a church which did not meet their needs as a modern-day woman or man?

Sometimes I worry that this could be where our Catholic health care institutions and organizations are headed. Could we someday find ourselves "in recovery" from our heritage, no longer actively carrying out our mission as a ministry of the Catholic Church? Will we look for the freedom to do as we want, substituting our rigorous value-based discernment processes for strictly market-driven decisions, partnering with whom we want, offering only the most profitable services, marketing ourselves exclusively to the "desirable" patient population — those with good insurance who have all their teeth and don't smell bad?

A critical question for Catholic health care organizations: Would our staffs or our communities even notice if we decided to "recover" from our Catholic identity? For ultimately, no matter how the leaders of our organizations describe us, the day-to-day expression of our Catholic identity falls to the nurse who works night shift, the dietary aide who washes dishes, the admitting department clerk. Our organizations need to carry our identity in their core, and our staff members need to feel it so that it becomes evident in all their actions and duties.

I believe there is hope that our institutions *can* maintain an authentic Catholic identity in the current and future health care arena. It won't be easy, however. In my view, we have the opportu-

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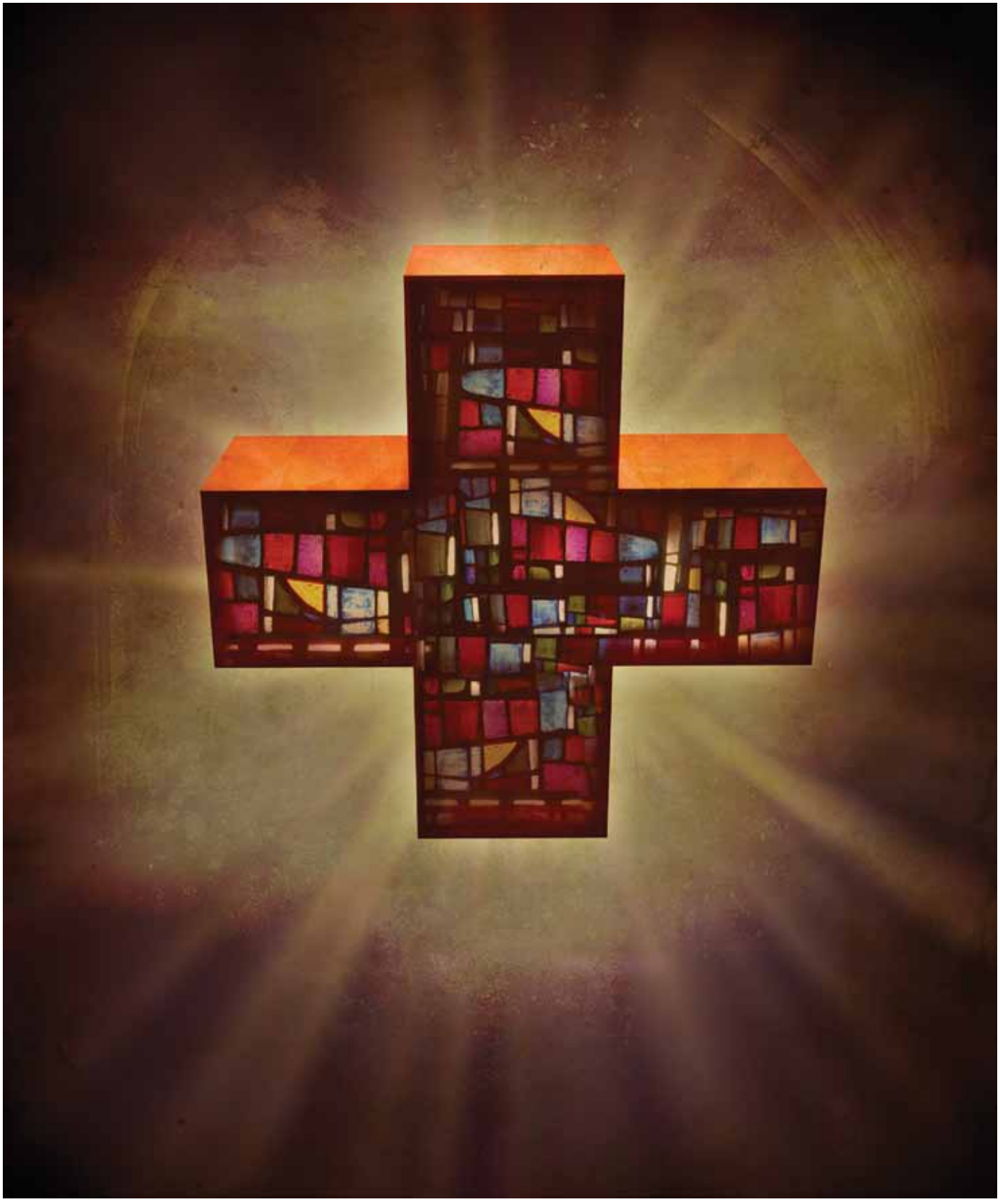

nity, as institutions, to participate more fully in the sacramental aspect of our faith and to avail ourselves of the accompanying grace. As we prepare to enter the season of Lent, a time when we prayerfully reflect and prepare for Easter, we can ask ourselves some hard questions regarding our fidelity to the healing ministry of Jesus. Just as we have been taught to examine our consciences in preparation for receiving the Sacrament of Reconciliation, I propose that we examine our collective conscience to help us discover where we can focus attention in three general areas pertaining to our Catholic identity: what we say, what we do and how deeply we have integrated and are motivated by the tenets of our ministry.

CATHOLIC IDENTITY STATEMENTS

As Catholic ethicist Carol Taylor has noted, language matters.[1] So what we put in writing regarding who we are needs to be reviewed to verify our choice of words. Is there "Jesus language" or are there references to being a ministry in our mission statement? Our individual mission statements should resonate with the Catholic Health Association's *A Shared Statement of Identity for the Catholic Health Ministry*:

"We are the people of Catholic health care, a ministry of the church continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen — bringing together people of diverse faiths and backgrounds — our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.

"We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope."[2]

We also need to review our strategic plans for their alignment with our mission. We may have significant plans relative to the poor and underserved in our communities, but these programs may need supplementing during the current financial downturn, in which more people find themselves underinsured or uninsured. We also have to consider the strategic directions we are pursuing relative to market share. Do we want to venture into areas served by other Catholic hospitals and place ourselves in competition with them? As we develop new or expanded services, are we cognizant of whether these services will be used by the poor and vulnerable and not just by those who have health insurance?

When we are examining how we profess who we are, we often overlook our own marketing. In our print and other media communications, do we emphasize being Catholic or being a provider of excellent health care services? What visual images do we use when we represent ourselves to the public?

CATHOLIC IDENTITY ACTIONS

Evaluating what we say or profess is only the beginning. Perhaps the more difficult examination will be of our actions — how we manifest our stated Catholic identity. Is there enough outward evidence to "convict" us of being Catholic? Our budget is a key document to review because it will demonstrate whether we put our money behind our words. As a Catholic ministry caring for the *anawim* — those without resources — of today, we should be able to find line-item funding for programs that target the poor and underserved, that provide resources for the dying and their loved ones, for spiritual support of patients, families, staff and physicians. Although ever harder to accomplish in this economic climate, we should see funding for initiatives or programs because they are the right thing to do or because they are

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our mission, even though they may be loss leaders: chronic disease case management for the uninsured or homeless, dental care for children, prenatal care for undocumented women, to name a few examples. When we examine the actualization of our budgets at the end of the year, do the financial reports show a substantial amount of charity care, care for the poor, or support of those who work with the marginalized in our community? Are we pleased when the actual charity care expenses exceed the budgeted amount?

Stewardship, human resources and staff-patient relationships are other areas in which our Catholic identity should shine.

Providing high quality care needs to be done in a way that exemplifies good use of resources. Decreasing reimbursement rates for providers, combined with increasing numbers of patients who have lost their employment-based health insurance, or who have extremely high deductibles, bring a need to re-evaluate our costs and charges. Reducing costs — for example, using performance improvement methodologies to help unearth and remove waste from systems and processes — is good stewardship that makes it possible to reduce our charges for services.

As we focus on eliminating waste and redundancy in our organizations, however, we also need to use every opportunity to hear suggestions from those who are on the front lines. This investment in our human capital is even more important than our investment in new technologies. Looking broad and deep may give us information as to the level of behavioral "evidence" supporting our claim to be Catholic. For instance, a St. Joseph Health ministry in Napa, Calif., Queen of the Valley Medical Center, has asked staff in patient financial services to help convert patients from a "bad debt" status to one of receiving financial assistance. This not only helps the patient's credit rating but his or her self-esteem as well.

In the area of human resource practices, do we discuss what it means to be a Catholic hospital during the interview process as well as during our orientation practices after someone is hired?

We need to also look for ways to improve our efforts to recognize and utilize the inherent gifts which staff brings to the ministry. Through a reward and recognition program focusing on and connected to our core values, we can actively look for exemplars (staff, volunteers, physicians) and celebrate them. We can tell their stories in a way that helps others see the link to our Catholic identity. Additionally, Catholic social teaching regarding human dignity and subsidiarity can guide us in the development of unit-based shared governance models. These groups help us develop and promulgate policies and procedures with significant staff involvement.

In our ministry at Queen of the Valley, we have also begun to take a more critical look at our adherence to the *Ethical and Religious Directives for Catholic Health Care Services*. Although our policies are in alignment, we want to be certain our practices are as well. Consequently, we now review surgical and obstetric records and billing codes to ensure our adherence. We review charts of patients who have died to ensure that we are neither hastening nor prolonging natural death.

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With the advent and implementation of computerized documentation, we struggle with ensuring that a healing relationship exists between care providers and their patients. Does our technology, and our focusing on it, interfere with human interactions? If the answer is "yes," we need to figure out how to emphasize the caring, compassionate relationship within the context of our increasing dependence on technology. We base this concern on the inherent dignity of the human person, the desire to provide holistic care and the recognition that we thrive based on our relationships with others.

In our communities, when we look at our stewardship efforts, we look for evidence of collaboration in service of the common good between individuals, between hospitals within a health care system or between health care systems. Transparency and open sharing of "best practices" or the formation of coalitions can enhance care in our community, stewarding scarce resources. We also want to be careful to address gaps in service and not duplicate services already offered. Our relationships with other Catholic organizations such as Catholic Charities bear examining also:

Do we actively and financially assist them to meet the community's needs? We can find synergy by working together.

SPIRITUAL CARE

Considering that we are dedicated to the provision of holistic care — encompassing the physical, emotional and spiritual needs of our patients — the robustness of the spiritual care that we provide is another area for rigorous reflection. We can examine how active we are in inviting the local priests and other religious leaders to visit their congregants to provide spiritual support.

We are blessed to have many nurses engage in spirituality discussions with patients themselves rather than reflexively referring patients to the spiritual care services department if spiritual distress arises.

Meeting regularly to develop relationships is vital, so that spiritual care, much like physical care, is seamless for the patient. We can support the local clergy's efforts at training people within their congregations to provide meaningful spiritual support to the elderly, shut-ins and those who are patients or residents of health care facilities.

We also need to be sensitive as to the status of the Catholic sacraments at the hospital itself. At Queen of the Valley, we televise Mass so that patients can listen in from their rooms, and we have volunteer Eucharistic ministers available almost every day during the week. Our concern now, however, is ensuring that our monolingual Hispanic patients have ministers who are comfortable enough in Spanish to lead them in the prayers associated with the rite.

For all Catholic health care institutions, the relationship with the diocesan bishop deserves reflection. Have we undertaken actions to strengthen our tie with him involving the three C's: celebration, collaboration and compliance?[3] There is often room for improvement in this aspect of our Catholicity.

We also need to examine our processes during times of difficult decisions to see if we regularly include consideration of how those decisions fit with our mission, values and Catholic identity.

INTERNALIZED CATHOLIC IDENTITY

The final area of examination will be the most difficult because it deals with how well the Catholic identity has been internalized and how thoroughly it permeates the organization. An obvious area to assess involves prayer and reflection. Christian bioethicist Corinna Delkeskamp-Hayes notes, staff must be "well embedded in a culture of prayer"[4] or given opportunities to practice in accordance with their faith tradition. Christian philosopher and bioethicist H. Tristam Engelhardt agrees when he states, "It is those persons transformed through a life of prayer who are most able to lead the corporate life of a traditional Christian health care institution."[5] The questions we must answer are: Do we support an active prayer life integrated with the work environment? Are there opportunities during the day for prayer or for meaningful reflection? Are employees at all levels of the organization provided a moment of reflection prior to a meeting or contentious discussion? Are they free to stop by the chapel, prayer room or serenity room before and after work to offer a word of praise or thanksgiving to God?

During this part of the examination of conscience, it will be important to note not only visible actions, but also the ways in which they contribute to perceptions of the organization. Is there a pervasive, welcoming feeling when someone enters our buildings? Do visitors have a sense of being on holy ground? This lived reality of our Catholic identity must go beyond using words or even ensuring that our actions match our words. It must go to the very core of every being involved in our ministry.

Another area of examination involves the types of formation programs available for employees. For example, Queen of the Valley offers day-long retreats for staff, mission and mentoring year-long programs for management-level staff, and we have recently developed a formation program suitable for use with an entire department over a two-year period.

Some employees recognize and use the term

spirituality, but there is much room for improvement. We are blessed to have many nurses who engage in spirituality discussions with patients themselves rather than reflexively refer patients to the spiritual care services department if spiritual distress arises. Yet, as with other aspects of our ministry, room for improvement remains.

TRANSFORMATIONAL LEAVEN

As we look to the future, we can see committed laity and religious willing to step forward and make the hard statements (profess our identity), do the hard work (manifest our identity) and be living witnesses of the Gospel message (internalize our identity). We have the potential to stand up and unabashedly state "we are Catholic health care," but it will come only after a thorough and honest examination of conscience and an intense effort to ensure we are on the correct path in all areas.

Though we acknowledge we have much work to do, I can see evidence of a Catholic culture in my ministry. We are not afraid to reflect, to speak the truth, to use the word "Catholic" (at least in many circles), and we have initiated formation programs that reach to the front-line staff. Those of us who complete the formation programs are striving to be more than spice, but rather to be transformational leaven for our hospital.

If we in the ministry collectively fail, I will be in search not of a recovery program, but of a grief support group, grieving the loss of what could have been a powerful and transformative force for those in our society made vulnerable by illness.

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NOTES

1. Carol Taylor, "Roman Catholic Health Care Identity and Mission: Does Jesus Language Matter?" *Christian Bioethics* 7, no. 1 (2001): 30.
2. Catholic Health Association, "A Shared Statement of Identity for the Catholic Health Ministry," www.chausa.org/Pages/Our_Work/Mission/Mission_Resources/A_Shared_Statement_of_Identity/.
3. Lawrence G. Dunklee, "Sowing Solidarity: Keep Bishops in the Mix: Hospitals, Too, Are Part of the Local Church," *Health Progress* 91, no. 6 (November-December 2010): 50-52.
4. Corinna Delkeskamp-Hayes, "Christian Credentials for Roman Catholic Health Care: Medicine Versus the Healing Mission of the Church," *Christian Bioethics* 7, no. 1 (2001): 117-50.
5. H. Tristram Engelhardt, "The DeChristianization of Christian Health Care Institutions, or, How the Pursuit of Social Justice and Excellence Can Obscure the Pursuit of Holiness," *Christian Bioethics* 7, no. 1 (2001): 151-161.

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