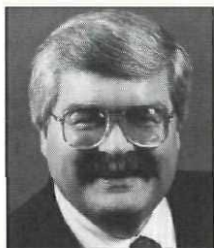


CERTAIN SERVICE IN AN ERA OF UNCERTAIN EMPLOYMENT

Rev. William J. Byron, SJ, Defines Workers' and Employers' Responsibilities in Times of Downsizing

BY FRANCIS J. WIESNER



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Thousands of employees from the Catholic health ministry in the United States face losing their jobs as the ministry experiences mergers and consolidations and subsequent downsizing, restructuring, and layoffs.

In an interview, Rev. William J. Byron, SJ, professor of management and director of the Center for the Advanced Study of Ethics at Georgetown University and author of *Finding Work without Losing Heart: Bouncing Back from Mid-Career Job Loss* (Adams Publishing, 1995), explored possible positive outcomes of the current constriction of the acute-care side of healthcare. He also discussed opportunities for continuing the Catholic health apostolate.

Q As leaders in Catholic healthcare reduce the size of their organizations, what concerns should employers address?

Chief among them is the ethical obligation to keep employees employable. Before the downsizing trend, employers didn't think about that; regrettably, too few are thinking about it now. But a socially responsible employer should prepare for the day, however unwelcome and unexpected, when layoffs will simply have to happen.

Instead of setting employees adrift in a changing job market, good employers will take steps months and even years ahead to help prepare employees. How? By encouraging all people on the payroll to enhance their skills and acquire new ones, to get more education, and to stay abreast of industry developments and job alternatives elsewhere, especially in other industries. Verbal encouragement from employers is not enough; financial assistance for workshops and short courses has to back up the encouraging words.

Employers must resist the impulse to regard employees looking for other job opportunities as

disloyal. They should let employees look around and help them develop the abilities other employers are looking for. Employees will respond to this trust and concern by being more productive. If compensated fairly, they will likely leave only if the employer can no longer retain them.

By the way, employees who show no interest in enlarging their ensemble of skills are really saying they are interested in neither growth nor change.

An ethical issue especially critical today for healthcare management is competence—knowing what's going on in the healthcare environment, being innovative and creative on the management side of managed care—so that the institution or system has quality management as an indispensable foundation for high-quality care.

Q Many people I have talked to in Catholic healthcare want to "serve" in the Catholic health system and work for what they consider a higher ideal than money. In *Finding Work without Losing Heart*, you address the new corporate contract. As you describe it, this new contract will see more and more individual employees working on a contract, or outsourcing, basis. In this free-agency relationship with employers, the employee has no guarantee of either long-term employment or loyalty, as in the past.

With this in mind, do employers have an obligation, stemming from their responsibilities regarding stewardship of human resources, to match the skills of employees with the evolving needs of health communities of today? Can systems and/or local Catholic hospitals retrain individuals for paying jobs in alternative health-related apostolates?

You are talking vocation here, really. The persons you describe feel "called" to healthcare. This is a

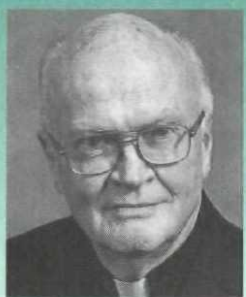
beautiful thing, and—I think you will agree—not new. By all means, those with a call should stay in healthcare if they can. And I think their employers can assist them in finding alternative apostolic opportunities that use their professional skills and enable them to make a living.

The hitch, however, in healthcare and in any other corner of the economy where layoffs are occurring, is that new opportunities often involve risk taking and require something of an entrepreneurial spirit. This shifts the burden to the individual. Is he or she flexible, occupationally nimble, willing to try the unfamiliar? It is not so much a question of retraining as it is a matter of new outlooks and the courage to change. No employee these days should expect uninterrupted work with the same employer throughout an entire career.

Individuals have a stewardship responsibility for good use of their own time, talent, and training. Individuals have to choose, take some risks, and take responsibility for their working lives.

The employer cannot be expected to perform a personality transplant on timid employees. But what employers may well consider providing, once layoffs are inevitable, is creative outplacement assistance in the form of workshops in entrepreneurship and confidence building. These would have to be supplemented with analysis of job openings in new healthcare delivery systems, home care, and workplace clinics, and exploration of new ways to earn a living while meeting human needs through healthcare. Employers don't own employees; they manage their efforts—for a time. Employers can and should help workers scan the environment of a community's healthcare needs and assist them in puzzling out how they, individually or in groups, might, independently of their present employer, organize themselves to meet those community needs.

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Fr. Byron

Q Does offering outplacement assistance relieve CEOs and institutions of any stewardship obligation they may have?

Some would like to think so. And many CEOs, in healthcare or not, shift their “problems”—the victims of downsizing decisions—

to outplacement professionals and pay them to help laid-off employees, sometimes only managerial-level personnel, to find work again. Lower-level workers get some severance pay and are on the street to fend for themselves. Giving severance pay does not completely fulfill the employer's reasonable stewardship responsibilities.

Responsible CEOs will provide outplacement services whenever possible. They may pay for off-site outplacement services for individuals or bring outplacement professionals on site or into some neutral setting to help groups of employees for a fixed and relatively short time.

Q In employment decisions, business is business. The banking and airline industries and the media conglomerates are all recent examples of this bottom-line focus and consolidation phenomenon. If a healthcare organization—Catholic or not—can make an improved profit through layoffs, shouldn't it do so?

Stock prices rise as layoffs are announced (the Chase Manhattan-Chemical Bank merger is a recent example). A logic of the absurd would suggest that if a company lays everyone off, its stock price will reach its highest possible level.

Institutional survival is not the reason any hospital or multi-institutional system exists; the provision of healthcare is. High-quality care compassionately rendered is the reason beneath the bottom line in Catholic healthcare. Layoffs are justified only in the interest of patient need and the maintenance of high-quality healthcare.

Q Our focus so far has been on the employer's handling of layoffs. What would you advise the individual employee, motivated to "serve the greater good" in the healthcare environment, who is feeling the downsizing pinch?

Let me quote myself. In *Finding Work without Losing Heart*, I tell the job seeker: "A job search does not mean that you are starting out all over again. You are simply changing. To live is to change. You do, however, have a blank page in front of you that requires immediate attention. Consider yourself an author. The strategic plan is your story outline; get it down on paper."

I recommend a two-step process. Step 1 is a personal, written statement of who you are (as opposed to what you do). Step 2 is a description of what you want to do—that is, a personal mission statement. If these are to be sure-footed steps, they must be taken with care, and they will surely take time.

Q Should national Catholic systems be exploring "alternative health apostolates," that is, salaried positions addressing health needs not so directly dependent on the acute care patient and more focused on healthier communities, in conjunction with local dioceses and/or social service efforts?

This is now happening around the country in healthcare clinics for homeless persons and in services to AIDS patients; religious are participating in such programs that have public funding as well as in private programs sponsored by church and other charitable organizations.

"The pay's not much," the hand-lettered sign on the wall will say, "but the retirement benefits are out of this world." We've got to think of ways to increase the pay and attract well-qualified and committed healthcare providers into these now marginal but critically important areas of need.

Projections for available home healthcare providers are declining; perhaps home care is an area where new apostolic opportunities will open up. Hospice care is another possibility.

Still another possibility is represented by the

widespread need to encourage the development of healthier communities. I'm not sure where the precise jobs will open up, but it seems likely that local governments, HMOs, insurance companies, and large industrial employers will be hiring healthcare professionals to care for the health of the many, as opposed to providing sick care for the comparatively few.

Care must and will, of course, be given to the sick. The point I want to make is simply that employment opportunities can be expected to emerge for those who are prepared to help a community stay healthy.

Q With a paradigm shift from hospital/sick care to wellness, disease prevention, and healthier communities, will it become more difficult to find work in a stable, values-based healthcare career? What do you see for the future?

The emphasis on wellness and prevention highlights the importance of personal stewardship, the notion of consciously managing one's own physical endowment for the glory of God and service of the community. Abusing alcohol and drugs; permitting oneself to become addicted to nicotine; running a high risk of coronary and vascular disease by smoking, overeating, and underexercising—these are all instances of unfaithful stewardship. These problems suggest pastoral opportunities for persons interested in healthcare as ministry.

I don't see the welcome shift toward healthier communities as a threat to anyone who wants to work in a "stable, values-based healthcare career." Such careers can foster this shift from sick care to health maintenance. And if we do in fact have healthier communities, we will have an ever-growing aging population in need of assisted-living and geriatric-care services.

Who knows where it is all going? I certainly don't. Of this much, though, I'm sure: Committed, competent, generous professionals whose love of Christ impels them toward providing healthcare service to those in need, particularly the poor, will trace out answers to your questions in their personal career choices. □