

# CONNECTING VALUES AND PROGRAM DEVELOPMENT

## *A Canadian Hospital's Experience With Mission Integration*

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Much has recently been written about the need to integrate mission and values into planning, programs, and operations. This process is often called "mission effectiveness" or "mission integration." Regardless of terminology, it involves taking values—those "often rather murky concepts [which] could benefit from greater precision"<sup>1</sup>—defining them more clearly and pragmatically, and establishing a process whereby they become the driving force of the organization.

Although Catholic organizations' mission statements usually include a range of values—for example, values related to the specific function as a teaching, research, or community hospital—this article primarily concerns those values which define an organization as Catholic.

### THE MEANING OF MISSION TODAY

The direct relevance of Catholic values to action used to be clear. Religious institutes provided

**Summary** Catholic values distinguish Catholic healthcare facilities, their staff members like to say. But those values can remain merely rhetorical unless they are integrated into the facility's actual programs.

The staff of St. Joseph's Hospital, Hamilton, Ontario, has been encouraged to express the facility's values in everyday language. More important, the staff has had an opportunity to employ those values—a belief in the sacredness of life and the dignity of the person; a special obligation to the poor and vulnerable; and a commitment to treat the "whole person"—in two new programs.

One is for women who have miscarriages. The hospital's Obstetrics Department, realizing that society often fails to recognize the deep grief

basic healthcare even to those who were unable to pay for it. Indeed, it might be argued that the mission of many institutes was defined and articulated by their work. The current process of formalizing one's mission statement, and as a consequence, revising and modifying operations through the integration of values, was unnecessary. Human needs were graphic and immediate, and the women religious' unique role in meeting those needs was clear.

But clarity has been lost in recent years. The diminished role of women religious in healthcare facilities has helped blur the distinctiveness of Catholic care. Why then should a patient choose to be treated by a Catholic hospital rather than a non-Catholic one? Catholic values are a reason. Those values have been articulated as:

- A belief in the sacredness of life (which precludes certain medical procedures, such as abortion)
- A belief in the dignity of the person
- A special obligation to the poor and vulnerable

involved, developed a program for women experiencing early pregnancy loss (EPL). The EPL protocol stresses the uniqueness of each patient and the importance of support, continuity, appropriateness of care, and postdischarge follow-up for her.

The hospital has also emphasized Catholic values in developing a set of guidelines for the examination of patients. St. Joseph's found that publicity about sexual abuse was making both patients and medical practitioners wary of physical examinations. The guidelines, called "Culture and Sensitivity," remind care givers that patients feel vulnerable and should be treated with respect and care, on one hand. On the other hand, the guidelines say, appropriate reassuring touch remains part of the healing process.

• A commitment to treat the “whole person,” including social, psychological, and spiritual needs

But stating values does not entirely settle the question. Some have argued that the values, while important in themselves, either define Catholic care in negative terms or are peripheral to the “real business” of a health-care facility. Such critics see those responsible for values integration

and mission effectiveness as playing a superfluous “watchdog” role, with little real impact on healthcare planning or programs. In fact, this marginalization—which is particularly characteristic of program-based mission approaches—does sometimes occur. It has been described as the significant difference between mission effectiveness and true mission integration.<sup>2</sup>

### EXPRESSING VALUES IN FAMILIAR LANGUAGE

If we accept the values above as the distinctive hallmark of Catholic healthcare, and if we believe these values are (or should be) the driving force behind our programs and operations, we need to ask some basic questions: First, what do these “murky concepts” mean in today’s language and in current healthcare practice? And second, how can these values represent—in the words of our sponsor’s mission—a response both “to the challenge of the Gospel and the needs of [our] times?”<sup>3</sup>

At St. Joseph’s Hospital, Hamilton, Ontario, we have encouraged staff to express values in current, familiar terminology. Since the process involved in developing a common language of values is as important as the outcome, it would be counterproductive to impose our interpretation on others. But we can share some of the concepts we arrived at. We have, for example, explicated “sacredness of human life” and “dignity of the person” in the following ways:

- Life is important, is special, and must be preserved and protected.
- Each person, therefore, is to be treated as unique, with his or her own particular needs as an individual.
- Respecting this uniqueness means respecting and defending the individual’s right to make his

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or her own decision.

To the phrase “special obligation to the poor,” we added “and vulnerable.” This value is expressed in the following ways:

- Today’s poor include not only those whose basic economic needs are inadequately met but also those who require advocacy in important areas of their lives.

- Examples of the poor and vulnerable include persons whom

illness, abuse, victimization, or social displacement has left at risk or at least underserved by health and community support services.

These value expressions challenge our clinical and program staff to apply the values not only to individual patients but also to groups of patients who have special needs for dignity and respect. We are asking ourselves which groups of patients can be described as poor, vulnerable, or underserved; what information we require to better understand their needs; and how we can respond appropriately.

### VALUES INTEGRATION

Two projects at St. Joseph’s were developed according to our understanding of the values described above.

**Early Pregnancy Loss Protocol** Although our hospital has a well-established protocol enabling staff to respond sensitively and appropriately to the needs of families who experience stillbirth, until recently we had no consistent approach to women experiencing early pregnancy loss (usually defined as death before 20 weeks’ gestation).

Early pregnancy loss (EPL), or miscarriage, occurs in 18 percent to 20 percent of pregnancies and has commonly been regarded by healthcare providers as a relatively inconsequential biological process. Indeed, society at large often seems to think that postmiscarriage grieving is abnormal and that women who suffer it should simply get on with their lives.

But recent clinical findings indicate that early pregnancy loss can, if unresolved, result in significant adjustment problems. Depression, anxiety, and relationship difficulties can occur if women do not have an opportunity to grieve and get support from those around them.<sup>4</sup>

These findings, combined with the commitment of our obstetrics staff to those at risk and underserved, inspired the staff to form a multidisciplinary group to improve our care for women experiencing EPL. The process, begun in June 1993, was facilitated by our mission coordinator. But much of the planning was carried out by participants from nursing, social work, pastoral services, and our physician staff. And since we thought it was important to consider the input of women who had themselves experienced EPL, consumer representatives were included in the group.

The EPL protocol's principles and purpose are directly reflective of our values; they stress the uniqueness of each patient and the importance of support, continuity, appropriateness of care, and postdischarge follow-up for her. Integration of these principles involved specific care plans in three areas.

First, we changed the admitting process and routing of women having miscarriages. Under the new protocol, EPL patients are spared long waits in the emergency room, are admitted to units whose staff are accustomed to caring for women experiencing loss, and are given private accommodations whenever possible.

Second, we developed for patients and their families an education and information package that describes the wide range of physical, emotional, and social reactions to pregnancy loss and provides a list of important community and self-help resources.

Third, the group decided to provide a semiannual memorial service to help patients and their families express their grief. The service includes a short presentation on loss and grieving, together with the dedication and planting of a rose bush. Families, including children, are encouraged to attend and participate in the service. Attendance at the service indicates that it meets a real need both in our hospital and the community. Women who experienced miscarriage more than 10 years ago have said they find the service a safe place to share their feelings and memories.

**Culture and Sensitivity Guidelines** There has been much publicity in our province over the past year about sexual abuse of women by medical practitioners, some of which allegedly occurred during physical examinations. An inquiry by the Ontario Medical Association (OMA) has resulted in strict guidelines regarding unprofessional physician conduct with patients, with severe penalties for offenders.<sup>5</sup>

The OMA guidelines, which strongly condemn inappropriate behavior during examinations, are not particularly clear in their definition of "inap-

propriate." An unfortunate result of the publicity about abuse allegations is some physicians' assumption that they must avoid sensitivity to and closeness with patients, particularly physical touch.

Because of this, a group of staff representing nursing, medicine, and public relations met to develop a set of values-based behavioral guidelines for patient examinations. Called "Culture and Sensitivity," these guidelines draw healthcare providers' attention to patients' vulnerability and possible anxiety during examinations. They urge care givers to introduce themselves to patients; to carefully explain the examination; to protect patients' privacy; and to be sensitive to their cultural background, age, and gender. The guidelines, in fact, encourage our staff to provide *both* physical and emotional comfort to their patients. They remind care givers that appropriate reassuring touch enhances rapport with patients.

The guidelines, expressed in simple, straightforward terms, both provide information for our staff and make a commitment to our patients about the kind of care they have a right to expect from us. "Culture and Sensitivity" is emphasized in in-service education and hospital rounds sessions, and the values are also printed on placards and pocket-sized cards. Healthcare students are taught the guidelines' application to specific patient groups, as well as to professional interactions of all types.

#### VALUES LANGUAGE: THE CUMULATIVE EFFECT

Publicizing programs such as these, and their explicit links to values and mission, has had an interesting cumulative effect. Staff have begun to identify "values links" with other projects and to describe these in values terminology. They are paying increasing attention to other patient groups who have special needs, whose dignity may be compromised, or who are particularly vulnerable. □

#### NOTES

1. T. McGuire and W. Longo, "Evaluating Your Mission: A Practical Approach to Developing and Assessing a Facility's Organizational Culture," *Quality Review Bulletin*, February 1993, pp. 48-55.
2. Judith Marie Keith, "Mission Integration Preserves Sponsor's Values," *Health Progress*, April 1993, pp. 38-40.
3. Congregational Mission Statement of the Sisters of St. Joseph's of Hamilton, Ontario, December 1985.
4. *Proceedings from the Symposium on Psychiatry Research*, The Toronto Hospital, 1993.
5. *Task Force on Sexual Abuse of Patients*, College of Physicians and Surgeons of Ontario, 1991.