

Creating Healthy Work Environments

The Ministry Today Is Providing More Care for Its Caregivers

Catholic health care leaders today are more focused on taking care of the people who take care of patients. They realize that, especially as medicine becomes increasingly “high tech,” patients will have an ever greater need for care that is “high touch.” If patients are to get that personal touch, hospital staff members must receive it as well.



BY MARK DICKSON

Mr. Dickson, who holds a master's degree in pastoral ministry and a certificate from the National Association of Catholic Chaplains, is director of mission, Bon Secours St. Francis Hospital, Roper St. Francis Healthcare, Charleston, SC.

Those of us who serve Catholic health care are grateful to the religious communities that founded our ministry. We have been given a holy challenge and joyful obligation to carry forward the deep sense of caring and compassion that our religious sisters and brothers have passed on to us. As a result, most Catholic hospitals possess a numinous attribute that, although sometimes difficult to describe, can be characterized by the phrase “See how they love each other.”

Staff members in Catholic facilities often express the care they feel about each other, rejoice with each other in life's joys (such as the birth of babies and teenagers' graduations), and also grieve with each other on the occasion of a divorce or the death of a loved one. These co-workers gladly cover for each other's shifts, when necessary, and “go the extra mile” for others in their personal time. They often say that they are in health care for reasons that far transcend a paycheck, that they see their work as much more a ministry than a mere job, and that they feel they are fulfilling a lifelong vocational calling.

How are such healthy work environments created? I believe they are a continuation of the modeling of our religious leaders and sponsors, nurtured by a style that is at once planned and structured, both transpersonal and a sign of our mystical communion.

CARE FOR AN ICU NURSE

The following is an example of the kind of work environment I mean. Not long ago, at Bon

Secours St. Francis Hospital, Charleston, SC, a young, single nurse who worked in the ICU was diagnosed with cancer. On learning this, the entire nursing staff immediately became her “family” and caregivers. The support and care provided to this young woman was incredible. In their attentiveness, prayer, and ongoing practical assistance, staff members clearly demonstrated the continuing charism of the Sisters of Bon Secours, the hospital's founding congregation.

As the weeks turned into months, the stricken nurse continued to work as best as she could, but the treatments for her illness were draining her energy. Her co-workers enthusiastically filled in for her when she was not able to work. On days when things were especially difficult for her, they came to her home and stayed with her around the clock. After some time, it was apparent that the treatments were not effective and the cancer was spreading. The staff developed a comprehensive system of 24-hour-a-day support for the nurse in her home.

The one thing this young nurse wanted to do was to come back to work. She loved the hospital, which she saw as the perfect place to share her gifts of nursing and healing others. Her supervisor, with the full support of the hospital's administration, agreed that, if and when she could come back to work, she would be allowed to sit and answer the phone or do other simple tasks. Unfortunately, this did not happen.

When the nurse died, a memorial service was held in the hospital chapel. Many of her co-workers shared stories about her and their time together. Some sang songs in her honor, and everyone prayed and thanked God for this precious, loving person with whom they had shared the ministry of healing. The nurse's family members, who also attended, talked about how much the people of the hospital meant to her. They noted how the spirit of God had been demonstrated by the nurse's wonderful, loving co-workers.

I am sure that every hospital staff has a similar, real-life story to tell. In such a situation, one of



the best things hospital leaders can do is to be “pastorally present” for the ill person’s co-workers and appropriately share the good news for everyone’s affirmation, encouragement, and blessing.

A HEALTHY WORK ENVIRONMENT

Those of us who are lay leaders in Catholic hospitals have been entrusted with continuing this healing ministry. Each of us needs to make a personal commitment to be faithful to our organizations’ spiritual traditions and, by being faithful, help create local environments of support for our co-workers.

Many theories, programs, and strategies exist for achieving high employee satisfaction (which, in the long run, also translates into higher patient and physician satisfaction). At Roper St. Francis Healthcare, the system of which Bon Secours St. Francis is a part, we have benefited greatly from studying Quint Studer’s “hardwiring excellence” processes.¹ It is fascinating to see how Studer’s methods (as well as those of other writers) can be translated into a Catholic culture and health care system. This approach has helped us at Roper St. Francis to name, formalize, and deeply integrate the simple wisdom and pastoral approaches of our religious ancestors and grandmothers. We need only reflect on the importance of “rounding,”* recognition, appreciation, empowerment, and personal touch to know how vital and effective such methods are in the workplace. Eric Chapman’s “Healing Hospital” movement is also an excellent resource for developing healthy and loving work environments.²

FOCUS ON NURSING—THE REST WILL FOLLOW

It is no secret that the nation has a great, and growing, need for high-quality nurses. Health care organizations are currently making special efforts to attract and retain such nurses. These organizations understand the clear connections between quality of nursing care, on one hand, and employee/patient satisfaction, on the other.

At Bon Secours St. Francis Hospital, we have focused on nursing excellence as a key to overall success in the Charleston area. As a result, the hospital has consistently received 95 percent ratings from Professional Research Consultants, an Omaha-based marketing research firm.³

In its efforts to attract and retain talented nurses, the hospital has developed a number of programs. These include:

- *A “Dream Schedule”* This program allows nurses to choose not to work weekend shifts, if they prefer. Nor are they expected to rotate shifts. Work schedules are predictable and much less chaotic than in the past, facilitating a better work/life balance.

- *Scholarships and tuition assistance* The hospital strongly encourages nurses to seek national certifications and advanced degrees, and helps them do so.

*Rounding” is the age-old practice of walking through an area, such as a hospital ward, and talking to the people found there. A rounding can be structured to affirm others and ask what might be done to make their lives or jobs better. Jesus did a lot of rounding.

■ *“Nursing grand rounds”* This is a regularly scheduled forum that brings nurses together to discuss “best practices.” Along with other professional development programs, the forum offers specialized training on a variety of topics, including sensitivity to generational differences in the workforce.⁴

■ *“SCRUBS” (Students Can Really Use Bedside Skills)* This program includes a summer camp experience that encourages high school students to consider health care careers.

■ *A “shared governance model”* The hospital is developing and implementing a program that will give nurses decision-making authority at both the unit and facility levels.

■ *Employee forums and special events* These programs keep staff members informed about organizational planning and development; the sessions help develop a sense of employee “ownership.”

■ *“Magnet” designation* The hospital is currently seeking designation by the American Nurses Credentialing Center’s Magnet Hospital Program for Excellence in Nursing.⁵

■ *Special awards* The hospital gives special awards that recognize nurses’ kindness to patients and co-workers.

■ *Volunteers* The hospital makes extensive use of experienced volunteers to support and assist nurses, especially as patient representatives* in the surgery recovery room and in other high-volume areas of the hospital.

■ *Profiles* The hospital’s employee newsletter regularly profiles emerging nurse leaders.

In addition, Bon Secours St. Francis takes care to include nurses in discussion of the full range of hospital issues, even those as apparently minor as the selection of new flooring (nurses, who are on their feet for long hours, especially like cushioned flooring). When pet therapy dogs are brought in for patients, nurses are permitted to spend a few quiet and relaxing moments with the animals, too.

THE GOOD NEWS OF PARTNERSHIPS

Partnerships between Catholic health care organizations with other-than-Catholic ones represent a trend that will necessarily continue into the future. Although some people fear that such partnering will cause Catholic organizations to lose their religious identity, the truth is that Catholic and

* Among other things, “patient representatives” at Bon Secours St. Francis visit all new admissions, follow up on any concerns or complaints they may have, and discuss with them the importance of having an advance directive. Most patient representatives are volunteers; a few are paid.

other-than-Catholic institutions have many points of agreement, including shared values and support for the common good. In fact, if such partnering is carefully planned and conducted with mutual respect and clear communication, the results can be those envisioned in the *Ethical and Religious Directives for Catholic Health Care Services*:

“New partnerships can be viewed as opportunities for Catholic health care institutions and services to witness to their religious and ethical commitments and so influence the healing profession. For example, new partnerships can help to implement the Church’s social teaching.”⁶

Catholic social teaching emphasizes the dignity of every human person. We who serve Roper St. Francis Healthcare therefore take care to extend compassion to colleagues as well as to patients and patients’ families. And because we treat each other with justice and compassion, we facilitate the flourishing of “best practices,” spirituality, and personal leadership throughout both our system and the larger community.

PRACTICAL APPLICATIONS

In health care, good leaders know that there is no substitute for knowing individual staff members and calling them by name (and knowing something about their families as well). In fact, some leadership guides advise the leader, when conferring with a staff member, to ask about his or her family before discussing business. Leaders need to have sufficient flexibility to be “present” with staff members. I recall once hearing a physician asking a former hospital administrator to visit a particular department every few months and “pretend to care!” The doctor meant that a simple appearance by the administrator could help raise department morale.

Especially in times of crisis, it is important for health care leaders to be aware *and* present. At Roper St. Francis Healthcare, we keep a running list of employees and family members who are patients in hospitals and other health care facilities—our own and others—so that they can be visited, sent flowers, and provided with extra touches that show we care about them. (The system also has a program that allows employees to “donate” time off to co-workers who needed it).

Needless to say, our system’s staff responds quickly to a crisis. When an employee and her four children were murdered not long ago, the entire system rallied support for the family and each other. Among other things, the staff took up a collection to allow a surviving son to remain in college. The most meaningful aspect of the collection was not the relatively large amounts donated by managers but, rather, the \$1 to \$5 amounts

given by hundreds of frontline staff, many of whom were struggling to make ends meet themselves. Staff members wanted to help in at least a small way and be connected to this empathic effort. The episode reminded us that Jesus said something about this form of compassion in his parable of the “Widow’s Mite” (Mk 12:41-44.)

At Roper St. Francis Healthcare, sharing such stories during meetings and in communications inspires others to do the same. The values enshrined in these stories are, in a sense, self-perpetuating because they remind us that “this is the way we do it around here!” Our challenge is also to see the sacred in the secular, not by over-spiritualizing all events but, rather, by acknowledging God’s continued blessing on our work together. As a result of this practice, a certain group identity is transmitted to the community through word-of-mouth.

At Roper St. Francis Healthcare, patient representatives and volunteers support the work of the staff by helping, through their work with patients and family members, to create a warmer, welcoming environment. A trip to the hospital is an anxious experience for many people. Our system’s simple “Standards of Behavior,” a formal document that all staff members need to agree to, ensures that all people are treated in a consistently friendly and helpful manner. We take great pride in our hospitality, especially in that shown to visitors from out of town.

MISSION POSSIBLE

A dozen years ago, the late Fr. Richard A. McCormick, SJ, one of the great moral theologians of the modern age, gave a talk (“The Catholic Hospital Today: Mission Impossible?”) that has since become well-known in the Catholic health ministry.⁷ The concerns that Fr. McCormick had about Catholic health care in 1995—that it was becoming increasingly business-driven, secular, and agnostic—are widely shared today.

But we who serve the ministry are people of hope. A new generation of leaders has brought to the ministry innovative thinking that is combined with an altruistic attitude of service. Working within the Catholic tradition of care for the most poor and vulnerable, these leaders are creating new models for caring, healthy workplaces.

As the Billy Joel song says, “The good old days weren’t always good and tomorrow ain’t as bad as it seems.”⁸ As U.S. health care awakens to the fact that nearly all people have a faith of *some* kind, however it may be measured or defined, health care organizations are beginning to understand that employees’ spirituality is a foundational force motivating the work they do. Many Catholic hospitals now routinely integrate pas-



toral care with all their other departments and units. Chaplains increasingly realize that one of their most important functions is providing spiritual care for staff members.

Mission leaders remain vital to Catholic health care because they remind everyone involved of the charisms and creative energies of our founding congregations. With God’s help, we will continue to find simple yet profound ways to reach out to and provide support for our co-workers, who still dare to call us “family.” ■

NOTES

1. Q. Studer, *Hardwiring Excellence: Purpose, Worthwhile Work, Making a Difference*, Fire Starter Publishing, Gulf Breeze, FL, 2003.
2. E. Chapman, *Radical Loving Care: Building the Healing Hospital in America*, Baptist Healing Hospital Trust, Nashville, TN, 2003.
3. See Professional Research Consultants, Inc., Omaha, www.prconline.com.
4. See S. Hanna and A. Shackelford, *Creating Rules of Engagement for Recruitment and Retention*, Charleston, SC, 2006 (accessed through hanna@rsfh.com or alisa.shackelford@rsfh.com).
5. See American Nurses Credentialing Center, *Magnet Status: A Guide for the Nursing Staff*, HCPro, Inc., Marblehead, MA, 2006; also P. Duchene and J. B. Muhm, “Magnetic Direction,” *Health Progress*, November-December 2005, pp. 44-48.
6. U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, Washington, DC, 2001, Part Six.
7. R. McCormick, “The Catholic Hospital Today: Mission Impossible?,” *Origins*, March 16, 1995, pp. 648-653.
8. B. Joel, “Keeping the Faith,” *An Innocent Man*, Sony Records, 1983.

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