FINAL SAY

The Extended Family

BY KENNETH LEWIS

s Jesus was dying on the cross, he saw his mother and beloved disciple John. Knowing his death was imminent and that all his work was complete, Jesus said to John, "Behold thy Mother" (Jn 19:27). Jesus' compelling wish was to bequeath to his disciple the crucial responsibility of caring for his mother during her old age.

What forgetfulness of self, what filial love was expressed in that brief statement. Despite being bruised, wounded, and in indescribable agony, Jesus concerned himself with the future welfare of his mother. This unconditional love and caring are a magnificent example for children (and society) to follow to properly honor the elderly.

IN REPAYMENT

In these times of extraordinary, tumultuous change and the stresses and strains that inevitably follow, it is my renewed conviction that the example of filial love and responsibility Jesus evidenced 2,000 years ago would do us well today. What better role model to emulate than Christ when interacting with our own family or our clients (in my case, aged persons in a nursing home)? We would then become truly caring not only in our work with residents and their families but also within our own family network. It is our moral, even religious, duty to return to our elderly the support, sacrifice, and love they bestowed on us in earlier years.

More specifically, for those of us who work with or on behalf of the frail elderly who reside in long-term care facilities (particularly facilities with religious sponsors), following Christ's dramatic example would certainly demand that we employ *his* principles of compassion, love, understanding, duty, and inherent respect for human dignity.

Working with the institutionalized aged must go well beyond the provision of "hi-tech services," which too often may be proffered in a perfunctory manner, to extending our skills and interventions first and foremost with warmth, concern, and empathy.



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EXTENDING THE FAMILY

Nursing home staff should treat residents (and residents' families) as "extended family," deserving of services provided in an unselfish, cheerful manner with a total commitment to respect for their rights both as human beings and citizens. Furthermore, staff must expend every effort to furnish each resident with a sense of connection to his or her past life experiences and relationships.

When we approach our daily work routine in this fashion, we will inevitably perceive each resident as a unique, dignified individual deserving of our respect. This approach to care is akin to filial piety, which demands of us the reverential discharge of our duties on behalf of our residents. Such an approach to service delivery increases our sensitivity to the suffering of others and more likely allows for hope where there is despair, joy where there is sadness, and the beautiful capacity not so much to seek to be consoled as to console.

How we interact with our elderly clients will more likely be based on creativity and enjoyment, underscoring the duty of love and dispelling morbid or gloomy attitudes. This virtually fathomless sense of caring and responsibility for our frail residents becomes one fundamental step toward gaining true unselfishness, as well as personal and professional maturity. I have found that this approach to working with the aged not only is exciting but also stimulates creative outcomes. Jesus' words, "Behold thy Mother," plainly oblige us to imbue our services and ourselves with love and compassion. We need to perform our duties out of love, not solely for material gain. When we accomplish our various responsibilities in this manner, we will not defraud our residents of either honor or dignity.

The ability to provide services that are genuinely supportive and compassionate flows much easier when we anchor our motivation on the lessons of Jesus' death on the cross. When we, in effect, "behold our residents" as members of a larger *Continued on page 71*

COMMUNICATION STRATEGIES

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Communicators

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the rest.

family, genuine commitment, service, competence, and caring energy will likely result—to the ultimate benefit of everyone involved.

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REVERENCE AND RESPECT

Proverbs states that every age has its unique or distinct excellence. This is truly evidenced in the individuality and distinct personality of each resident in a nursing home. We must provide our frail elderly not only with sustenance and security but with unqualified reverence and respect.

Institutions are not bad places. In fact, many nursing homes provide high-quality medical, nursing, and rehabilitative care to their residents. Furthermore, most persons desperately want to support their elderly parents and can exhaust themselves physically, emotionally, and even financially in the attempt. Given this, do we not, as staff in a nursing home (and any other healthcare facility), have an obligation to extend to our clients and their families our intense attention, emotional support, and genuine love? The philosophy or mission statement of St. Francis Country House underscores this quotidian obligation: "The care of the residents becomes more purposeful in an atmosphere of Christian charity, compassion, gentleness, and understanding."

During these troubled and frightening times, let us commit to providing our services and interventions in a manner that confers honor and respect on our residents. Let us further commit to going beyond the provision of "high-quality technical care" and infuse our work with spirituality and a Christlike philosophy of caring. We will then be able to share of ourselves in unconditional ways and truly believe that our residents are part of our "extended family."

proach from care providers.

"We must reassure independent physicians that they won't have to surrender their practice autonomy to gain market leverage by uniting with our PHO," explains Czerwonka. "We also affect physicians' choice on which PHO to join by communicating our value and ability to reduce costs while maintaining and improving the quality of care."

Fairview also communicates value by collaborating with its physicians on community needs assessments, capacity issues, technology acquisition, work force education on market pressures, political advocacy, joint ventures, and market data applied across a networked community.

Marketing and Communications Marketers and communicators in hospitals and their counterparts at health plans should also collaborate. "We have a lot to offer each other—our experience is in health delivery, theirs is in utilization and cost management," says Czerwonka. "Together we can approach employers to meet needs and capture business by enrolling their employee populations in our network," says Czerwonka. She adds:

We're working together to line everyone up behind the concept of health protection, a more accurate term than prevention. Employers want health services and health information that fit their employee profile, and we're focusing and packaging as much of our health education, health promotion and advertising, and other traditional communications activities to provide it. In the process, we're creating a more productive work force for the employer, and a healthier population for our healthcare network.

Czerwonka's communication strategies with clients are also shifting to a focus on "motivating our covered populations to make healthy life-style choices, seek early and appropriate primary care, and understand and accept the consequences of their decisions on their health."

Learn from Experience Czerwonka emphasizes the need for communicators to do what they know while they are learning the rest. "Focus on member recruitment and retention, health promotion and protection, and primary care while continuing efforts in media relations, marketing communications, employee communications, issues management, and management counsel. Purchasers are looking for quality, cost management, comprehensiveness, patient satisfaction—the very essence of image building that has worked so well in the past," Czerwonka adds.

"Take advantage of the quality you've built up in your healthcare organization's good name, in the identity with which it's invested in its community and among those it has served," she continues. "The public will never feel the same way about its insurance company as it has about its doctors and its hospitals. We would always do well to remember that."