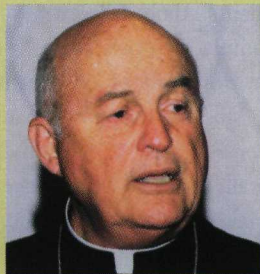


Justice in the Workplace

The Challenge of Unionization Catholic Healthcare Seeks Healthier Relations between Labor and Management

"We ought to see unions not as enemies but as allies," **Bp. Joseph M. Sullivan, DD**, told a session largely made up of executives and trustees of Catholic healthcare organizations. "After all," he continued, "both unions and Catholic healthcare leaders are dedicated to establishing fairness and justice in the workplace."

Bp. Sullivan, auxiliary bishop of the Diocese of Brooklyn and Queens, NY, and **Thomas Corley**, president and CEO of Lourdes Health Network, Pasco, WA, discussed the work of a task force on labor issues formed by the National Conference of Catholic Bishops. Both Bp. Sullivan and Corley are members of the task force—officially titled the Sub Group of the Domestic Policy Committee on Catholic Health Care and Work—whose final report will be published sometime next year.



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Bp. Joseph M. Sullivan, DD

Corley gave an outline of U.S. labor history, which, he argued, was essentially chaotic until the coming of Franklin D. Roosevelt's New Deal. In the years following the Civil War, law courts tended to favor business owners and to view workers' attempts to form unions as criminal conspiracies. But then in 1935 Congress passed the Wagner Act, establishing the National Labor Relations Board (NLRB) to adjudicate disputes between employers and workers. Between 1935 and 1947, union membership grew from 3 million to 15 million, Corley said.

Until 1974 healthcare workers were excluded from the NLRB's jurisdic-

tion, he added. Unions still are not common in healthcare organizations outside the Northeast. But with the budget constraints of the 1990s, healthcare employees are more willing to listen to the arguments of union organizers, Corley said.

"The papacy was in some ways far ahead of the United States in its thinking on labor," according to Bp. Sullivan. In his 1891 encyclical *Rerum Novarum*, Pope Leo XIII set out the rights of industrial workers. And Pope John Paul II strongly defended Solidarity, the Polish union movement, in its struggle against that country's former Communist government. Catholic teaching calls for "a fair and just workplace," Bp. Sullivan said. "However, it doesn't say how this is to be brought about."

Some Catholic leaders believe it is impossible to have a fair and just workplace without unions, Corley said. But the task force has decided that it will leave the question of union membership up to workers themselves. "There remains substantive disagreement among our members on the right to organize."

One disagreement concerns the NLRB. "For example, some union leaders say the NLRB is rigged against them because it deliberates so slowly," Corley said. "Justice delayed is justice denied, they claim." But history shows that the NLRB, or a similar mechanism, is necessary, he argued. "It's a safety net for both employers and workers. Without it, we would return to the old chaos."

Another debate concerns workplace elections approving or rejecting collective bargaining agreements, Corley said. Some union representatives argue that no formal election is necessary, that collecting the petition signatures of a majority of workers should be sufficient to establish a union. "But I for one favor actually holding secret elections," Corley said. "I think that, without them, there is a danger of intimidation. Employees should always have the right to vote for and against."

"We're looking for a healthier and more trusting relationship between labor and management in Catholic healthcare," Corley said of the task force's document. "But this is just a working paper the task force is writing. It's not a Magna Carta."

Worker Fulfillment Requires

Just Wages

A Wage Philosophy That Is Out of Sync with Corporate Culture Breeds Employee Cynicism



“There’s no Catholic cookbook on compensation issues that’s going to solve all the various problems that you’re going to encounter.”

Michael Naughton, PhD

As Catholic healthcare leaders develop a just system of wages, they foster a culture in which workers can develop to their full potential. But attaining just compensation is a difficult task, according to **Michael Naughton, PhD**, associate professor of theology, University of St. Thomas, St. Paul, MN. “Our incomes are like our shoes,” he said. “If too small, they gall and pinch us. If too large, they cause us to stumble and fall.”

Just wages must be in harmony with an institution’s vision and culture, Naughton said. If they are not aligned, “it will most likely generate a great deal of cynicism and bad faith.” Managers must understand that pay at its core has moral and spiritual

dimensions that relate to justice. He outlined three critical principles of just compensation: a living wage, an equitable wage, and a sustainable wage.

A living wage acknowledges the dignity of the person, the fact that employees are not merely “human commodities,” Naughton said. It is a minimum amount due every wage earner because he or she is a human being with a life to maintain and a personality to develop.

An equitable wage recognizes the worker’s contribution to the organization, honoring his or her talents and efforts. Determining equitable pay is a more complex equation, Naughton said, because it acknowledges that some people are due more pay because they work harder or have education, experience, skill, or decision-making ability that is more valuable to the organization.

Wages must also be sustainable, a calculation that takes into account an organization’s economic health. Some companies abuse this principle by claiming they

cannot pay living and equitable wages because they cannot sustain them over the long term, Naughton said. However, a prudent organization will look at the concept of sustainability when calculating fair wages for all.

To develop just compensation, Naughton said, companies need to articulate a pay philosophy that aligns with their mission, culture, and strategic goals; evaluate their present pay practices to fit their principles; and align pay practices with pay philosophy. However, the answer cannot be boiled down to a one-size-fits-all formula. “There’s no Catholic cookbook on compensation issues that’s going to solve all the various problems that you’re going to encounter,” Naughton warned. “Some of these general principles will guide us along.”

Workplace Justice Linked to Quality of Long-Term Care

Nurse Aides Need Better Pay, Improved Working Conditions, and Trust of Supervisors

Improving the care of residents of long-term care facilities is linked to the justice extended to nursing aides, according to two assembly speakers. “You cannot provide quality care without providing quality jobs,” said **Elma Holder**, founder, National Citizens Coalition for Nursing Home Reform, Washington, DC.

Nurse aides are on the front lines in providing direct care to residents. About 60 percent of aides quit their jobs after completing orientation, said **Barbara Bowers**, professor, University of Wisconsin School of Nursing, Madison. Most say they quit because they did not understand the difficulty of the job. Those who succeed are generally women with several children, solid organizational skills, and an ability to juggle many tasks at the same time.

Because of short staffing, aides must often “bundle” several tasks (changing clothes while taking care of bathroom needs, for example) to save time. Workers are rushed and cannot provide the quality of care that residents need, Bowers said. In addition, many aides live paycheck to paycheck. If a car breaks down, they do not have emergency funds to pay for repairs, which jeopardizes their jobs because they have no transportation.

Bowers said many aides distrust and fear management. They complain that managers do not value their input and sometimes cannot even recall their names, she said. Aides also need more training, Holder said. They are required to have only 75 hours of training, compared with barbers and cosmetologists who, in some states, are required to have 1,500 hours.

Nurse aides and residents have some suggestions

to improve quality of care, Bowers said. Many aides want to cultivate relationships with residents, ensure physical comfort, and personalize care—all of which require time, flexibility, and adequate staffing.

Long-term care residents also want time to develop relationships with family and staff, Bowers said. "The worst thing that could happen to many of these folks is turnover," she said. When aides leave for better-paying or less stressful jobs, residents feel abandoned.

Residents also want workers to make more eye contact, provide gentle handling, share their personal lives, and occasionally break the rules to get them something they want, Bowers said.

These concerns often are not addressed because staffing is not sufficient, and workers must find ways to cut corners to be able to complete their assigned duties. With adequate staffing, aides have time to meet residents' individual needs.



Explorations in Cyberspace At the assembly's CyberCafé, members were treated to demonstrations of CHA's Web site, help in surfing the Internet, and ice cream.

Neighborhood Initiative Garner Achievement Citation

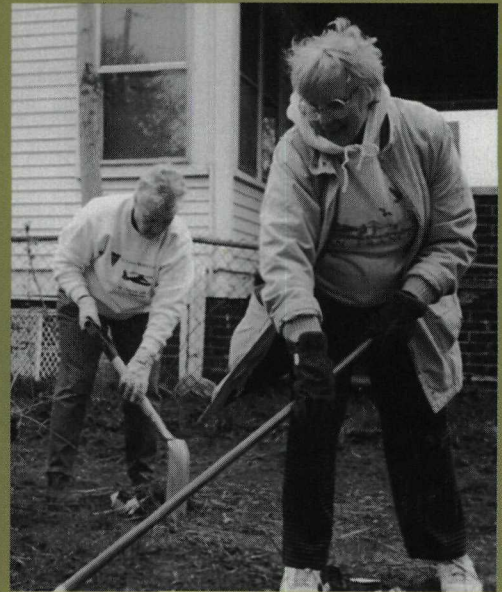
St. Vincent Mercy Medical Center, illustrating the Catholic health ministry's belief that healing involves neighborhoods as well as the people who live and work in them, has helped restore one of Toledo's oldest sections.

The Cherry-Bancroft-Summit area had fallen victim to the same ills that afflict older cities: shuttered businesses, abandoned buildings, increases in drug use and crime, unsafe streets.

St. Vincent Mercy Medical Center, a Cherry Street institution for nearly 145 years, resolved to help save the neighborhood. To that end St. Vincent and Mercy Health Partners (MHP), the system to which the medical center belongs, launched the Cherry-Bancroft-Summit Initiative, the 1999 winner of CHA's Achievement Citation. The initiative began by constructing a \$25 million ambulatory care center and medical office building. MHP also converted a 100-year-old mansion into its regional offices. In addition, the initiative:

- ▶ Acquired and demolished a score of abandoned buildings
- ▶ Helped establish a police substation
- ▶ Installed playground equipment at a neighborhood school
- ▶ Bought and restored a local Protestant church, thus helping rebuild its membership
- ▶ Played a leadership role in creating the Cherry-Bancroft-Summit Corridors Coalition, an organization for area residents
- ▶ Assisted St. Vincent employees in obtaining low-cost housing in the neighborhood
- ▶ Donated the labor of more than 100 St. Vincent employees in picking up litter from area streets and painting the homes of local residents

As a result of the initiative and other efforts like it, the neighborhood has attracted new businesses and the jobs that go with them. Last year, clearly demonstrating their faith in the area's recovery, builders constructed nearly a dozen new homes.



Administrative and staff volunteers at Mercy Health Partners help neighborhood cleanup.

In the Face of Crippling BBA Cuts, Healthcare Providers Need Strategies for Maintaining Mission



Sr. Geraldine M. Hoyler, CSC

All across the country, hospitals are reeling from the effects of unprecedented cuts in Medicare payments to hospitals and other providers resulting from the Balanced Budget Act of 1997 (BBA). Not surprisingly, more than a third of assembly-goers attending an interactive membership assembly cited ministry issues raised by BBA cut-backs as the most pressing challenge for the future of the ministry.

"We've simply got to learn to be more direct with representatives of Congress," one audience member said during an assembly session on the impact of the BBA. The audience member, a woman religious from Alabama, said her congressman recently told her, "Even though we won't increase Medicare reimbursements, you still have to find a way to take care of Medicare patients." "And I told him," the sister said, "the world doesn't work like that!"

The outspoken sister, and others like her, were responding to a presentation on Medicare cuts by Sr.

Geraldine M. Hoyler, CSC, senior vice president for finance and treasury, Catholic Health Initiatives (CHI), Denver. The cuts have already forced CHI to freeze staffing and capital spending, close some services, and combine some overhead costs, Sr. Hoyler said.

CHI is particularly vulnerable to Medicare cuts because, although it has \$6 billion in assets and 130 sites, many of those sites are long-term care centers, assisted care facilities, and home health agencies, Sr. Hoyler said. "We have relatively few big hospitals. A large proportion of our patients and clients are Medicare recipients."

The BBA cuts are reminiscent of President Richard M. Nixon's "economic stabilization" of 1971, she argued. "That program hurt because it froze the rate of reimbursements to hospitals. But the BBA cuts are worse because they are occurring at the same time as other big healthcare changes, such as the coming of managed care."

Still another complicating factor is a change in the government's system of coding illnesses for reimbursement purposes, Sr. Hoyler argued. "By April 2000 they'll have implemented APCs [ambulatory patient classifications]. To accommodate the government, healthcare organizations will have to update their information systems—and that will be expensive."

Sr. Hoyler predicted the BBA cuts will result in reduced staffs, consolidated agencies, and closed facilities across the nation. "I'm afraid we're going to see some parts of the United States go without home health altogether," she said.

Felicien "Fish" Brown, the session's moderator, reminded the audience that original estimates put the BBA's Medicare cuts at \$110 billion a year. "New estimates say the figure is closer to \$190 billion," said Brown, CHA's director for public policy. Sr. Hoyler said that, because of BBA cuts, CHI will lose \$80 million to \$100 million in revenue this fiscal year.

Brown urged CHA members to let Congress know that Medicare cuts are adversely affecting their ability to serve patients. "They'll increase reimbursements—but only if you push them," he said. However, a woman religious from Louisiana suggested that healthcare advocates should instead complain to congressional representatives about healthcare job losses caused by BBA cuts. "People in Congress tend not to get excited about lost services," she argued. "But talk about lost jobs gets their attention pretty fast."