COVID, COMMUNITY AND CATHOLIC IDENTITY

The environment we live in and the people we live with can impact our overall health. So, as we continue to live through the coronavirus pandemic, it is important to ask how COVID-19 has affected families.

BRIAN P. SMITH

A quick internet search on the topic "COVID-19 and impact on families" yields hundreds of articles. The vast majority point to the negative impacts: additional stress for parents, especially mothers; physical separation from older relatives; unemployment; economic hardship on low-income families, who have no access to the internet for their children's remote learning; the psychological welfare of children; teens unable to socialize with their friends. The list goes on.

A few point to positive impacts. Some families have spent more time together, eaten more home-cooked meals, played board games together and engaged in deeper conversations on important family decisions. Households not financially impacted by COVID and parents able to work from home seem more likely to recognize some of the bright spots.

Health care providers have experienced these same struggles in their own families. In addition, they have been in the midst of the coronavirus, either on the front line caring for patients or in supportive roles to patients and caregivers. I would like to broaden the subject of COVID's effect on families to include its impact on the people we may spend as much time with as the people in our home — our workplace family.

For those of us who serve in Catholic health care, we see our colleagues not simply as fellow workers but as members of a community of healing and compassion. Obviously, there are distinctions between our home and workplace families, including a healthy respect for needed human resources policies and professionalism. Yet, it is important to ask about the social impact COVID has had on our workplace relationships. How has the pandemic impacted our workplace environment? How has COVID affected the people who work within our facilities and those working remotely? What are the lessons we have learned, and what are the challenges this pandemic has created when it comes to remaining a community and maintaining our ministerial identity?

COVID'S IMPACT ON THE WORKPLACE

The impact of COVID on Catholic health care is still unfolding. Over the last 18 months, CHA has talked with sponsors, chief executive officers, chief financial officers, clinicians, mission leaders, ethicists, chaplains, human resource and organizational development leaders, formation leaders and others to learn what their organizations are experiencing and to identify the common challenges we need to solve collectively. In early 2020, the issues that emerged around the coronavirus included personal protective equipment; ethical protocols for the allocation of scarce resources, such as ventilators and ICU beds; protocols for spiritual care for patients with COVID; the loss of revenue from cancelled surgeries; and the furloughing and dismissal of some personnel.

By April 2020, we began to realize that the coronavirus was shedding a new light on an old problem — health disparities. The virus has disproportionately affected communities of color, people living in poverty and the elderly. People in these demographics were more likely to become infected by the virus, more likely to be hospitalized and more likely to die from COVID.

Though not related to COVID, the killing of George Floyd on May 25, 2020, and the nationwide protests calling for criminal justice reform and an end to racism impacted Catholic health care as well. The CHA Board of Trustees had been ready to approve the 2021-2023 strategic plan but decided to hit pause and incorporate a new strategic priority: "Promote a culture of human dignity that

serves as a foundation for eliminating racial disparities through improved health and confronting racism."[1] Since the strategic plan was approved, CHA and its members have embarked on a journey named *We Are Called: Confronting Racism to Achieve Health Equity*.[2] As of early May, 83% of CHA members had signed a pledge to work collectively to address this social injustice.

As the second and third waves of the pandemic swept our nation in the summer and fall of 2020, we heard of the emerging concern over caregiver fatigue. The long-term effects of the pandemic on direct caregivers are causing burnout, compassion fatigue, moral distress and post-traumatic stress disorder. In May 2020, CHA and its members formed a Well-Being Task Force to see what systems could learn from each other about well-being for care providers and to promote effective tools and resources.[3]

As work on a safe and effective vaccine for the coronavirus progressed, CHA helped promote ethical guidelines for equitable distribution of the vaccine and clear guidance on the moral permissibility of vaccines that have been approved for emergency use authorization.[4] In addition, CHA has joined other Catholic ministries in an education and communication campaign to address vaccine hesitancy.

Each of these areas has created new challenges and opportunities for our ministry. Like the issues COVID raised for families, some of the challenges of the pandemic have created new stressors in the health care arena. Some of these challenges, however, have been answered with great creativity, resulting in positive change. Among them is the commitment to care provider well-being, not only during the pandemic, but moving forward. COVID forced us to better address this issue, and we can never stop caring for those who care for our patients and residents.

THE IMPACT ON COMMUNITY AND MINISTRY IDENTITY

I also would like to focus on how COVID has changed the way people within Catholic health care relate to one another. From conversations with sponsors, CEOs, system mission leaders and those who lead ministry formation, we've learned that the dynamic in how we come together as a community has changed. The most dramatic change is in the large number of administrative and shared services personnel working remotely from home. Many systems learned that not only could the work be done, but in some cases, department productivity actually increased. Some systems have decided to continue to have some employees work remotely and reduce their real estate footprint. This not only will reduce such expenses as rent, utilities and maintenance but is popular among many employees.

But what will happen to our culture and Catholic identity as we transition to a model in which thousands of employees work from home, while colleagues who serve in direct patient care still work within the facilities? How will this impact our ability to be a community of healing and compassion? Is it possible to form community virtually? Will staff who work remotely forge the same kinds of relationships with clinical staff? What creativity and energy is lost when people across departments do not see each other except through a virtual meeting platform? Can prayerful discernment around major decisions occur if a unified community has not been formed?

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ESSENTIAL ELEMENTS OF CULTURE

During this chaotic period of transition, I have referred to one of my favorite presentation modules, Stewarding Organizational Culture in the Catholic Tradition. During the presentation, I ask participants, "What makes up culture?" The discussion always leads to a rich exchange of ideas. Culture is first about people who come together around a shared set of beliefs and values. Because of these shared values, the people who make up the culture have clear expectations and expected ways of behaving that demonstrate a commitment to those values. In Catholic health care, our shared beliefs and values are the healing stories of Jesus, Catholic social teaching and the other rich

traditions of Catholic theology, ethics and spirituality. The way we deliver care to our patients, residents and community is the way we live out our commitment to these shared values.

Rev. Gerald A. Arbuckle, SM, writes in his book, *Catholic Identity or Identities?: Refounding Ministries in Chaotic Times*, that leaders are "culture bearers" who must steward the desired organizational culture, especially during chaotic times.[5] He recommends five practices for culture bearers. First, leaders must know and tell the foundational stories, namely the healing stories of Jesus and how the religious congregations who began our health ministry in the United States were inspired by the gospel and unselfishly answered the call to serve the unmet needs of people. Second, leaders must demonstrate the core values of the organization and lead by example. Third, leaders must stay grounded in the tradition, participating in educational and formation programs and applying those lessons to the areas they oversee.

Fourth, leaders build and maintain culture through the use of symbols and ritual. During COVID, members have tried to be creative in how they pray, bless and celebrate key moments in the organization, such as the commissioning of new hires, Founder's Day, and blessing nurses and other care providers during Health Care Workers Week. But many also report challenges from the inability to gather as a large group because of social distancing guidelines, the loss of rituals that involve anointing or blessing of hands and the absence of prominent, meaningful symbols for people working remotely.

We cannot underestimate the power that rituals and symbols have in building bonds of community. When the community cannot gather in one place and instead is in multiple places, the bond of community is not the same. Those of us who attended Mass or other church services online during the pandemic know how our hearts ached and yearned for a return to gathering in person and experiencing the fullness of communal worship. Many members report that same type of longing among staff. We must be careful that after COVID we retain times when we can gather as community and celebrate.

Finally, leaders must assess the culture regularly and hold the organization accountable. In Catholic health care, ongoing ministry identity assessment is the primary way we assess if we are living the core values that we profess are essential to Catholic identity. Related to ministry identity assessment is the ongoing formation we offer to leaders so they know what is expected of them, helping them to grow personally so they can lead the organization's culture.

CONCLUSION

Just as we have seen the impact COVID has had on families, we need to recognize its impact on our workplace family. Some of the challenges brought on by the pandemic have caused additional stress, while some have resulted in innovation.

It is important for leaders in Catholic health care to remember the essential elements of culture during and after the pandemic. Undoubtedly, the health care environment will continue to change, and we will need to adapt. The way we deliver formation may also evolve, and how we come together as community may need to adapt. But it is important for us who are "culture bearers" to remember that our identity and culture do not change. Striking this delicate balance of what is foundational and what is adaptable is an emerging opportunity for leaders in the post-COVID era.

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NOTES

1. "The Catholic Health Association 2021-2023 Strategic Plan," https://www.chausa.org/docs/default-source/default-document-library/cha-2021-2023-strategic-plan-framework.pdf?sfvrsn=0.
2. "We Are Called Overview," Catholic Health Association, https://www.chausa.org/we-are-called/overview.
3. Dennis Gonzales and Carrie Meyer McGrath, "CHA Offers Resources on Care Provider Well-Being," *Health Progress*, 102, no. 2 (Spring 2021): 78-79.
4. "Vaccine Equity and Principles for the Common Good," Catholic Health Association, https://www.chausa.org/newsroom/news-releases/2020/07/27/vaccine-equity-and-catholic-principles-for-the-common-good.
5. Gerald A. Arbuckle, SM, *Catholic Identity or Identities?: Refounding Ministries in Chaotic Times* (Collegeville, MN: Liturgical Press, 2013).

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