

NURSES MAKE THE MISSION FLOURISH

When we are talking about the transfer of leadership and sponsorship from religious women and men to lay people, the discussion usually centers on formation of leaders, often at the top levels of our organizations. Recently, I re-read *Who Shall Take Care of Our Sick: Roman Catholic Sisters and the Development of Catholic Hospitals in New York City* by Bernadette McCauley, (The Johns Hopkins University Press, 2005), a short book, 160 pages, tracing the history of Catholic health care as it developed in 19th-century New York. The author adds as context the social trends, trends in religious life and of course, the civic and church politics of the time.



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An element that struck me was the core role religious sisters played as providers of nursing care at that time and through the middle of the 20th century. McCauley comments that in New York, some non-Catholic health care institutions sought out religious sisters for their nursing staffs because of their reputation for compassion and reliability. McCauley goes on to

describe the challenges the sisters faced as professional nursing education became the norm, raising the bar for licensing and certification. She

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mentions the founding of the Catholic Health Association as a response to the call for greater professionalization in nursing and medicine. The new organization was created to assure that Catholic facilities as a group met these developing quality standards.

It is clear that an early hallmark of Catholic health care was the compassionate and dedicated service offered by the sisters as nurses. This was the locus, so to speak, of the Catholic identity of these early hospitals. The Catholic nurs-

ing schools founded and operated by the sisters served to communicate this same spirit of service to the lay students they trained. They helped to shape a culture for their hospitals that was understood and supported by the lay nurses who trained there.

I had an intriguing conversation a few years back with a nursing administrator for a group of Catholic hospitals on the East Coast. She noted a marked difference in culture among the hospitals for which she was responsible: The more positive nursing cultures were found at the facilities where the sisters were a current or very recent influence. She defined “more positive culture” by a generosity of time versus “working to contract”; the ability to connect work to mission and values; and an evident sense of vocation to care for the sick in their vulnerability.

As the historical distance of religious influence lengthened, she noted, the nursing cultures more and more began to resemble that of other secular health care institutions. She attributed this to a lack of connection between nursing and the larger mission of the organization and an unwillingness to do any more than the job required.

Not long after that conversation, I had a chance to speak with a nurse manager whose career had been nurtured by religious sisters; he had received his training at a school they managed. The school eventually closed. Since then, he said, he detected a marked change over time in the character of his institution’s nursing culture. The change, he said, was not for the better.

Catholic facilities often report nurses to be among the less engaged segments as measured by employee surveys. This raises the question of how Catholic hospitals and nursing care facilities develop and hand on a culture of compassion and service that would be recognizable to our founders. Religious sisters nurtured one another in many ways through community life so that their sense of engagement remained strong. How is that happening today for our lay nurses? Among all of our current efforts to address the vitality

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of Catholic identity within our institutions, how many are specifically and, dare I say, aggressively focused on nursing?

I am in constant dialogue across our ministry with systems that have developed sophisticated leadership formation programs for senior managers. Leaders of these programs wish to impart an intellectual understanding and personal commitment to our ministry; they also state as a goal the development of an organizational culture that weaves Catholic identity into its fabric. I have begun to think that, while our many formation efforts for executive leaders and managers are necessary and important, we may need greater focus on formation for a core group that is perhaps most capable of directly communicating what is best about Catholic health care — our nurses.

If we agree that the nursing culture requires a special kind of attention, how might we address this?

Not every health system can afford to establish and sponsor a nursing school. An option might be partnership with nursing schools sponsored

by Catholic universities such as University of St. Catherine in St. Paul, Minn., or the Catholic University of America in Washington, D. C. Recruiting graduates from such schools may give us a head start on creating and fostering the kind of culture we want to nurture.

On a local basis, facilities could work with existing clinical nursing education programs to integrate into curricula discussions of vocation and the spiritual nature of nursing care. Such programs may offer the most available and cost-effective way to promote excellence in both quality and compassion with our line staff.

I am convinced that facility and system administration can directly contribute to the nursing culture. A good starting point is to have facility administrators shadow the line nursing staff from time to time.

I have had opportunities in the past to do so, and I learned a lot about the interactions nurses had with patients and families. I learned a lot about how the operational processes of their facilities supported nurses' work or made their work more difficult. I learned that there was always more to learn about day-to-day nursing.

I would encourage facility administrators to do the same, regularly. There is not only much to learn, there's an additional benefit: over time, any initial distrust about why we are there melts away as frequent contact builds relationships.

While all of us stand in the place of those religious sisters who initiated our ministries, nurses stand closest to what we identify as the best about Catholic health care. We owe them a great deal of support as bearers of our mission today.

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JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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Reprinted from *Health Progress*, May - June 2010
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