

# NURSES

## *The Most Visible Sign Of Our Enduring Message*

**W**e all know Catholic health care in the United States grew as religious sisters and brothers responded to the unmet needs of the communities where they served. For many of these religious communities, health care was not part of their original charism. Most congregations' ministries were devoted to educating and providing social services to the homeless, orphans and immigrants who were underserved. Prior to 1861, when the Civil War broke out, there were only 28 hospitals in the United States run by religious sisters or brothers.<sup>1</sup>



**BRIAN SMITH**

The war brought an unprecedented necessity for nurses. President Abraham Lincoln asked Catholic, Episcopalian and Lutheran communities of nuns to send volunteers to tend to the wounded soldiers of both sides. In addition to the religious communities whose charism already included health care, approximately 650 women and men from 21 different Catholic religious communities volunteered to serve as nurses, though they had little to no nursing training. By all accounts the wounded soldiers regarded them as angels of healing and mercy.

The period immediately following the Civil War saw a tremendous growth in the number of Catholic hospitals built in the United States. Many of these hospitals either were built or staffed by the religious sisters and brothers who learned nursing during the war. The need to continue serving those wounded by war, as well as victims of cholera and typhoid epidemics in the late 19th century, meant many religious communities continued their healing ministry even though it had not been their original charism.

This background is important to understanding the essence of Catholic health care in the United States and why I believe nursing is intimately linked to our mission. Although it is true that everyone who works in Catholic health care is responsible for maintaining the mission, it is

the work of nurses each day in our facilities that comes closest to the roots of our founders. The call to meet the basic needs of the sick and suffering and to show compassion and mercy is the core of the healing ministry of Jesus. Nurses have been doing this in our country for more than 200 years, and we need to pay special attention to them so that the essence of our ministry endures.

In the May-June, 2014 issue of *Health Progress*, I enumerated ways mission leaders and physicians can partner in the healing mission.<sup>3</sup> and many of those points apply to nurses as well: Mission leaders must build relationships with physicians and nurses, beginning with orientation and

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continuing through educational and formational programs, particularly in ethics.

However, all leaders should especially foster their bond with nurses, and senior leaders can do so in three ways.

#### **THANK THEM**

Nurses, more than others who work in Catholic health care, come into immediate contact with patients on an hourly basis. In many ways, they are the most visible sign of the mission of Catholic health care today. We need to first thank the women and men who have answered the call to

serve the sick and infirm. At the core of their being is the desire to bring compassion and relief to human suffering. While nurses may not describe their work in terms of valuing human dignity, serving the poor and marginalized or advancing the common good, that is precisely what they do.

As leaders of this ministry, we need to lift up the work these healers do every day and remind them — and ourselves — that it is in these sacramental moments of human encounter that God's love is revealed. Our nurses experience patients, residents and families when they are vulnerable and afraid. Nurses are invited into a space where they are allowed to listen, touch and enter into the woundedness of others. Like Jesus, they move into the human condition of sickness, frailty and death to help others find meaning and hope. In this sacred encounter, the healing of body, mind and spirit is made possible.

While we must thank and lift up our nurses for the care and compassion they provide, we also know that their work carries the risk of burnout. As Charles Figley, Ph.D., an expert in the field of traumatology, wrote, "The very act of being compassionate and empathetic extracts a cost under most circumstances. In our efforts to view the world from the perspective of the suffering, we suffer."<sup>4</sup>

### COMPASSION FATIGUE

The second way leaders can nurture our nurses is to recognize the symptoms of compassion fatigue, help our healers learn self-care skills and foster environments that include time and space to decompress. Compassion fatigue is what happens when healing professionals are overexposed to the suffering of others and fail to take care of themselves. It manifests itself in poor eating habits, loss of sleep, withdrawal from social support systems, addictive behaviors and the inability to mentally and emotionally leave work behind when at home.

Research shows there is a high burnout rate among nurses; but there are skills that can be taught to help them build resiliency. These include monitoring one's own compassion fatigue and cultivating self-care techniques. Do we teach our nurses the symptoms of compassion fatigue, how to monitor themselves and ways to care for self (e.g., talking to peers, meditation, journal-

ing, exercise, healthy eating habits, etc.)? Do we provide space and time for some of this to happen at work and ensure our nurses have time for true breaks and meals in order to replenish themselves?

When we show nursing staff we are aware they are at risk for compassion fatigue and that we are providing assistance to make sure it does not occur, we demonstrate we care about them. As leaders, we are responsible for creating the culture and environment in which our healers work. This can

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be particularly challenging, given the rapid pace of health care, as well as the radical transformation taking place in the health care industry. The thought of creating environments where healers can decompress and learn techniques for resiliency may even sound impossible. Yet, in Catholic health care settings where this is attended to, nursing satisfaction, staff retention rates and patient satisfaction scores are all higher. When we take care of our staff who are at the bedside, the patients feels a difference.

### SUBSIDIARITY

One final way we can show we support our nurses is to practice subsidiarity. This principle of Catholic social teaching reminds us we should include employees in decisions that directly affect the work for which they are responsible. Nurses want to be included in decisions that impact quality and patient safety, because nurses are the ones who implement these programs and ultimately are the ones held accountable. Do we have processes in place that allow nurses, working at all levels of the organization, to give input towards these decisions? To exclude the input of nurses on issues directly related to patient care can cause unnecessary discord between leaders and caregivers and make nurses feel discounted.

Recently, I was reading a new publication, "Re-

spect in Action: Applying Subsidiarity in Business,” and was moved by a quote from William Pollard that brought home the importance of subsidiarity in a powerful way:

“Theft of any kind is an injustice, but stealing people’s decisions and gifts robs them of an essential part of their humanity — their ability to give their best selves to others in the work they do. It also effectively robs the organization by limiting the value of the employees’ contribution. An organization can only realize its full potential when its workers are given the opportunity to reach their full potential.”<sup>5</sup>

When we do not listen to our nurses and ask for their input, it is stealing, because we have robbed them of an essential part of their vocation — to be an advocate for the patient.

The religious women and men who developed Catholic health care in our country have much in common with the nurses working in our facilities today. They responded to human suffering by sacrificing themselves, rolling up their sleeves and doing something about it. Their ministry is one of action, not words. They proclaim the Gospel by showing God’s love in the day-to-day activities of caring for the sick, infirm and dying. Nurses are the standard bearers of our healing mission, and as leaders, it is our responsibility to thank, nurture

and listen to these vital partners so our ministry endures.

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#### NOTES

1. Pat McNamara, “Catholic Sisters of the American Civil War,” Patheos [www.patheos.com/Resources/Additional-Resources/Catholic-Sisters-and-the-American-Civil-War-Pat-McNamara-05-31-2011](http://www.patheos.com/Resources/Additional-Resources/Catholic-Sisters-and-the-American-Civil-War-Pat-McNamara-05-31-2011) (accessed Dec. 3, 2015).
2. McNamara, “Catholic Sisters of the American Civil War.”
3. Brian Smith, “Physicians as Partners in Mission,” *Health Progress*, 95, no. 3, (2014): 66-68.
4. Charles R. Figley, “Compassion Fatigue: Psychotherapists’ Chronic Lack of Self-Care,” *Journal of Clinical Psychology* 58, no. 11 (November, 2002): 1433-41.
5. William Pollard, *The Soul of the Firm*, (Downers Grove, Illinois: Harper Business, 1966): 102, as quoted in *Respect in Action: Applying Subsidiarity in Business*, by Michael J. Naughton et al., (UNIAPAC and University of St. Thomas, 2015) [www.stthomas.edu/media/catholic-studies/center/johnaryaninstitute/publications/publicationpdfs/subsidiarity/RespectInActionFINALWithAcknowlCX.pdf](http://www.stthomas.edu/media/catholic-studies/center/johnaryaninstitute/publications/publicationpdfs/subsidiarity/RespectInActionFINALWithAcknowlCX.pdf).

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