

Mission “in the Trenches”

*A Texas System
Practices What It
Calls “Co-Ministry”*

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One of the many lived traditions of the religious men and women who have forged and shaped Catholic health care in the United States is their partnerships with the laity. Years before the winds of Second Vatican Council inspired more collaboration, partnerships with secular physicians, nurses, and other health care professionals were not only common but also essential to the survival of the health care ministry. Although the fact was not officially recognized at the time, each such person became a co-minister and partner of the religious institutes in extending the healing mission of Christ.

It is no wonder that mission integration and Catholic identity are today given renewed attention. I remember speaking recently to a sponsor of a large Catholic medical center, a woman religious who also happened to be the facility's vice president of mission integration. She spoke of the many changes in health care, as well as of a fear that the culture and spirit of the hospital and sponsoring community could be lost.

This sister's community had founded the hospital more than 100 years before. I remember gently taking her hand and asking her, “Do you mean to tell me, after all these years of working together with so many wonderful and dedicated health care professionals, that some of the spirit of your charism did not rub off on them? In fact, did not God send many doctors, nurses, therapists, technicians, and ancillary personnel to carry on the mission of this hospital—men and women who already had the charism deep within them?” The sister smiled, and her eyes filled with tears as she began to name person after person who had contributed to her congregation's mission and to the ministry of the church. She realized that her facility's mission would survive and adapt to new challenges as it always had throughout its history, although it would do so with different models of sponsorship, governance, and lay participation.

THE “BUSINESS” OF MISSION

Of the many challenges involved in the “business” of mission, two readily come to mind. The first concerns the recognition by the laity of their

unique role as partners and co-ministers with the sponsors in their universal call to holiness and participation in the mission of the health care ministry. Responsibility and accountability for mission is the work of each associate and participant who serves. The words of Jesus in the Gospel of John are simple and to the point:

"Those who see you, see me, and in seeing me, see the Father who sent me" (Jn 14: 9-11). Each person, no matter what his or her specific role or position in the health ministry, incarnates again, in his or her work, the presence of a loving and compassionate God.

The second challenge is how the sponsors of the health ministry continue to develop new models of governance that encourage and empower the unique partnerships they have with the laity. One example of these new partnerships is the development and training of lay leaders to fulfill the role of mission director, a position once held only by a member of the sponsoring congregation. Another is the development of programs to support those working "in the trenches." The work of each congregation is the work of the church, and this work is accomplished through the tireless effort and dedicated service of health care professionals and associates.

THE MISSION OF INTEGRATION

The lived experience of those "in the trenches" is the heart of mission. It is what we believe in. This is expressed in the collective vision statements that become enfolded in particular values and behaviors. These values are the "how" of what we hope to accomplish in what we say we do. This is the business of mission. It is about operations in all the multifaceted details, challenges, and com-

Responsibility for mission is the work of each associate.

plexities involved in providing patient care and building healthier communities. These actions express the mission in action. It is the lived-out values of each specific ministry that creates the cultural tapestry we call the health ministry. Generation upon generation of dedicated men and women, religious and lay alike, have participated in and given shape to this dynamic culture that heals. It is in the unique relationship between the one serving and one being served that healing occurs. Our faith teaches us that this is what our ministry is about: Each person brings alive again the healing ministry of Jesus.

This was brought home to me in speaking with the president and CEO of a Catholic health care system. This person has lived and understood intuitively what mission was about. But that was not her concern. Rather, she wondered if the majority of associates who worked in the system understood that the work they did was mission. Here lay the real challenge. Again, the question was: Was mission something that only the sponsors and the vice president of mission were concerned about, or was it an expressed experience of those who served "in the trenches?"

In speaking with many co-workers throughout the system, I have found that they are most appreciative when what they are doing is recognized and they have the support and tools to ful-

SUMMARY

As responsibility for mission shifts from religious to lay leadership, sponsor-secular partnerships and new models of governance help to ensure that Catholic health care facilities continue the healing ministry of Jesus. By appointing lay mission directors and developing programs that support the work of health care professionals and associates "in the trenches," the sponsors of Catholic health care facilities are embedding particular values and behaviors in their organizations.

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tribute to the values, culture, and mission of the Catholic health ministry.

Mission "in the trenches" is longer reserved solely for sponsors and religious congregations. By establishing and recognizing the essential services provided by interdisciplinary spiritual care teams and empowering patient caregivers with the knowledge and tools necessary to fulfill their specific responsibilities, the healing presence of God is made known to those who seek our care and observe our actions.

fill their specific responsibilities. One day I was making rounds at one of our facilities, and paused to acknowledge the dedication and compassion of a group of nurses and certified nurse assistants. One commented that she was happy in her work, because it was her job to care for the patients. This, to her, was what mission was all about. She, along with her peers, was constantly being singled out in the patient satisfaction surveys because of the compassion and dedication of their work. This was their lived experience of mission in action.

THE MANY FACES OF SPIRITUALITY

One of the unique characteristics of Catholic health care is its recognition of holistic care—its recognition that spirituality is integral to healing. This is realized on many different levels in a Catholic health care center. Organizationally, the facility's official mission, vision, and values articulate the code of ethics that identifies its Catholic character and the charism of the ministry. Operationally, policies and procedures flow from these values and are empowered by them. These include the guidelines of the Joint Commission on Accreditation of Healthcare Organizations and federal and state laws and regulations.

At the same time, each person brings his or her professional skills and competencies—as well as his or her unique faith traditions, experiences, and spirituality—into the workplace. These values are welcomed and become identified and integrated into the organizational values of the health care center. In other words, spirituality in the workplace is nothing more or less than these specific faith traditions finding a home in the organizational values of the Catholic workplace. This is really the miracle of Catholic health care—that it invites women and men of different faith traditions to participate in and contribute to the values, culture, and mission of the Catholic ministry.

Essential to mission and Catholic identity are the services provided by pastoral and spiritual care departments. Once the role of the Catholic priest and the religious of the sponsoring congregation alone, these services are today provided by certified chaplains, community clergy, sacramental

ministers, and volunteers, all of whom make up a spiritual care team. Assisting them daily are other members of the interdisciplinary team that provide referrals and assist in recognizing spiritual care issues. Available on a 24-hour-a-day schedule, chaplains assist in crisis intervention; provide ethical consultation; support physicians, families, patients, and staff with family conferences; and take care of the dying besides providing bereavement services, pastoral counseling, sacramental needs, Liturgy, and prayer services.

It is not enough that a Catholic facility's CEO and mission vice president ensure that adequate spiritual care is provided; its sponsors and parent system must recognize that doing so is an essential service. Collaboration between the vice president of mission and the director of spiritual care services is vital. Contemporary changes in health care have given both mission directors and chaplains pause to reconsider spiritual care and develop new models for it. This is one of the tensions that exist today: Does the mission director understand the unique role of the chaplain? Do chaplains understand the unique role they play in mission?

MISSION INVOLVES US ALL

Mission "in the trenches" concerns both those who serve and those who are being served. It is caregivers who work tirelessly for the good of those being served. Mission is the doctor, nurse, chaplain, or therapist who goes the extra mile to achieve excellence, best-practice status, improved outcomes, and higher patient satisfaction. Mission is the dietician and food service staff that nourishes the body and the soul. It involves creating an environment of safety and support through housekeeping and environmental services. It is justice in billing and administrative services and practices.

This is and always has been the challenge of Catholic health care. Many of those patients, families, and colleagues who observe our actions will, because of them, come to believe in the unique presence and relationships that heal. They will sense in us the healing presence of a God who heals. ■

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