



Mission Integration in Long-Term Care Settings

Four Mission Leaders Discuss the Advantages, Differences and Challenges

By BECKY URBANSKI, EdD

Mission integration is about the foundational elements of Catholic health care — furthering the healing ministry of Jesus, the essentials of Catholic identity and the charisms, values and legacy of the founding religious communities. It is a focus for why and how each person does his or her work, and it is more than a mission statement — mission integration is the art of what we do in Catholic health care.

Advancing an organization's mission is both all-encompassing and the responsibility of each staff member, volunteer and governance leader. Though they may not know the term, mission, in its essence, is often what patients, residents, staff and others remember about their experience in a Catholic acute care setting. Similarly, mission is foundational to Catholic long-term care, though mission integration in that setting follows a different timeline.

In any Catholic health care setting, the practical integration of mission uses a combination of elements that build a connection to and understanding of the history, character and values of the religious sponsor.

Examples are:

- **Storytelling:** Telling the stories of how the mission is alive in an organization.
- **Orientation:** Sessions for new employees and staff to learn about the mission and culture.
- **Prayer and ritual:** These set the standard and tone for an organization.
- **Traditions:** Honoring and maintaining history; celebrating feast days, for example.
- **Celebrations:** These mark milestones and

build community.

- **Communication:** Effective teaching and learning depend upon informing, gaining information and understanding.

- **Connection:** This is what helps staff members understand and relate to how their work advances the mission of the organization.

- **Visuals and other reminders:** These are tools to help reinforce the organization's mission and values with staff, patients, residents and their families.^{1,2}

MISSION INTEGRATION IN LONG-TERM CARE

Delivering mission in long-term care settings has several unique advantages according to mission leaders in four Catholic health systems that provide a broad spectrum of senior services, including independent housing, assisted living, skilled nursing and home care.

Perhaps the most obvious is the opportunity to build close relationships with residents and their families over time. Residents of independent housing, assisted living and skilled nursing facilities — and their friends and families — generally regard the living situation as a permanent



home. Catholic health care organizations have an enhanced ability to teach and explore with them the ministry of the organization and its sponsors.

Mission leaders in long-term care settings can make deep and effective use of such key elements of mission integration as storytelling, prayer and rituals, traditions and celebrations because they have extended interaction with the people the organization serves. For example, at the Benedictine Health System, an entirely Catholic long-term care system located in the Midwest, celebrating the Feast Day of St. Benedict on March 21st is often a much anticipated, weeklong event. Educational materials, artwork, special rituals, activities and other unique traditions are planned and implemented for the residents, family members and staff. Having the luxury of time is a clear advantage.

Staff members serving in long-term care often are better able to journey with the residents, their friends and families.

“We have more time with people to explore and reflect on mission and values,” said Sr. Lisa Maurer, OSB, director of mission integration at Benedictine Health System, Duluth, Minnesota. “Residents and family members observe the modeling of traditions, rituals and especially of the core values and begin to take ownership of those values, too. For example, if residents and family

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members observe staff members practicing a core value of hospitality, they in turn begin to practice hospitality with others. It is how our story begins to become their story.”

The pace of care isn’t as rushed as it is in an acute care setting, observed Sr. Nancy Surma, OSF, vice president, mission integration emerging markets, in Erlanger, Kentucky, for Colorado-based Catholic Health Initiatives (CHI). This allows for a deeper and more peaceful mission experience at a long-term care setting, she said.

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residents without family,” said Edward Harasim, vice president for mission services at Wheaton Franciscan Healthcare-All Saints in Racine, Wisconsin. “We are able to create a sense of home in a long-term care setting.”

Along with providing a sense of home, residents may view the long-term care facility as a source of spiritual care, looking forward to daily liturgies, prayer services, reception of sacraments and educational sessions on world and spiritual topics, said Sr. Sharon Kerrigan, RSM, PhD, regional mission officer for Presence Health, Presence Life Connections, Mokena, Illinois.

Mission integration in long-term care settings also translates to important and meaningful solace at the end of life. In many cases, long-term care mission staff have the experience to recognize signs and anticipate the end-of-life journey, allowing fellow staff members time to honor and care for the resident as his or her time approaches. Additionally, the mission staff are significantly prepared to provide support to the families, caregivers, residents and others who will miss a loved one and friend.

CHALLENGES

Delivering mission in long-term care settings brings challenges as well, notably in staffing. Mission staff members often have multiple roles in their organizations, functioning not only as the mission inte-

gration director but sometimes the social worker, admissions staff, wellness manager and more.

It can be difficult to recruit qualified mission leaders for some positions, especially those in small long-term care facilities in rural settings, not to mention providing ongoing education and training for mission services staff.

Sr. Kerrigan pointed out that situations requiring ethical consultations are different in the long-term care setting, where concerns may arise regarding end-of-life issues and relationships with other-than-Catholic partners. In acute care



settings, ethical situations relative to beginning of life are more common, she said. Sr. Surma added that ethical issues in regard to resident autonomy may also be a difference between long-term care and acute care settings.

“Ethical issues in long-term care tend to be focused on a narrower set of issues but have more issues to consider in patient autonomy,” she explained.

Formation of long-term care staff members can present a particular challenge, said Sr. Maurer, because the caregivers can come from a wide variety of educational backgrounds and cultures. For example, in one Benedictine Health System facility located in the inner city of Minneapolis, Minnesota, staff members speak in more than 60 native languages. Gaining a basic, common understanding of the Catholic health care mission and how care is delivered with the core values as the foundation can be a major undertaking.

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tion, said Sr. Kerrigan. Continuing issues with reimbursement, government regulation and how it impacts an organization persist, detracting from the delivery of mission in long-term care. Financial difficulties can lead to reduced staffing, staff burnout and other situations that affect not only advancing the mission but the overall resident experience.

GOING FORWARD

As in acute care, long-term care services are constantly evolving and changing to meet customer, industry and environmental needs. As an example, skilled nursing facilities are experiencing an

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older, frailer resident often requiring a high level of complex care.

Rehabilitation with shorter stays is getting more attention from long-term care communities. The shorter stays will require new ways of building relationships with residents grounded in the mission.

Another consideration for the future is how best to represent the mission and spirit of a Catholic long-term care community when care is being given at home — an ever-increasing choice for seniors. And, as Catholic long-term care organizations partner with other-than-Catholic health care services, how to approach and deliver mission integration will be an important consideration. The wise and knowledgeable Marguerite Stapleton — now a consultant for spirituality services and one of the most highly regarded mission leaders in the country — reminds and encourages us to be the storyteller, the visionary and the historian as we carry forth the ministries entrusted to us.

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NOTES

1. See Zeni Fox and Regina Bechtle, eds., *Called and Chosen: Toward a Spirituality for Lay Leaders* (Lanham, Maryland: Rowman & Littlefield Publishers, 2005), 113-25.
2. Marguerite Stapleton, “Mission Effectiveness” (presentation, CHA Prophetic Voice conference, St. Louis, Sept. 19, 2005).

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