

"SPIRIT CARE" TREATS BOTH SOUL AND BODY

With New Approach, System Demonstrates Catholic Healthcare's Extra Dimension

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As managed care and other market forces continue to shape healthcare reform, healthcare organizations have no choice but to develop survival strategies. Mergers, sales, downsizing, and focus on the bottom line have become the order of the day. Amid all this business activity, many observers are asking not-for-profit, faith-based organizations: What makes you different? Why should you be tax exempt when other, tax-paying organizations are doing basically the same thing?

Spirit Care, a process that focuses on the spiritual well-being of patients, answers such questions by demonstrating the real difference between faith-based and investor-owned operations. Spirit Care enables caregivers to provide care of the spirit as well as of the mind and body. It allows healthcare organizations to give tangible evidence of compassionate, high-quality care. And it provides a framework whereby a healthcare organization can foster its values by drawing on each employee's unique gifts. In furthering the Catholic healthcare mission, Spirit Care shows what true ministry looks like.

GOALS OF THE PROCESS

Spirit Care has three major goals:

- Developing within the culture a common vision and comprehension of the delivery of spiritual care. This requires of employees a major shift in their understanding of health, healthcare, and the roles of caregivers and managers. Respect for individuals is a prerequisite for all persons committed to the health ministry. But Spirit Care encourages caregivers to be especially aware of the spirit of the person being served. The caregiver must pay attention to spiritual needs.

- Developing an ongoing process that identifies and addresses specific spiritual health issues

and then measures the outcomes.

- Presenting a tangible expression of the organization's mission and values, uniting pastoral care and mission with the organization's day-to-day activities.

SPIRIT CARE'S PREMISE

Spirit Care began in January 1995 when, to ensure that patients got top-quality holistic care, the board of the Daughters of Charity National Health System (DCNHS) instructed system leaders to develop spiritual healthcare in their community-based operations and promote and update spiritual healthcare delivery in their acute care facilities.

The board wanted the system to demonstrate and document a faith-filled, universal culture of healing that would expand the Catholic traditions of healing, social justice, and human development.

Because the system's southern facilities—in Louisiana, Arkansas, and Texas—serve primarily non-Catholic Christian populations, it was important to approach spirituality in a non-denominational way, one that emphasized a universal human experience transcending particular belief systems, cultures, and denominational identities.

In July 1996, the system's leaders formed a Spirit Care Task Force comprising representatives of each DCNHS organization and asked it to for-

Spirit Care

mulate an understanding of spiritual health and spiritual healthcare delivery for the region. Several key points immediately became clear:

- Spirituality begins with the individual. It embraces the totality of the experiences that, together with the meaning attributed to them, enable the individual to find purpose and direction in life. Spirituality is evidenced by a sense of hope, purpose, optimism, energy, creativity, and connectedness to God (or a higher power) and to other people.

- In delivering spiritual healthcare, DCNHS should never underestimate the importance of the caregiver's own spirituality as a support.

- Threatened or distressed spiritual health is evidenced by lack of identifiable hope, debilitating cynicism, isolation, and suffering, which can erode a patient's spiritual well-being.

- Spiritual healthcare is already being offered in DCNHS institutions. All system employees are responsible for it.

In launching Spirit Care, the task force believed that the spiritual dimension of health would become central to DCNHS's ministry. The system's facilities would practice a holistic model of care through interdisciplinary and community networks of creative collaboration that transcended traditional boundaries. Spirit Care would be an ongoing process, not a program.

STEPS TO IMPLEMENTATION

At each system site, a multidisciplinary core team—which includes the facility's chief executive officer or director—provides leadership for Spirit Care. The team oversees a six-step process:

1. The facility's staff creates a common vision facilitating an organizational understanding of, and behavioral approach to, the delivery of spiritual healthcare—a vision that involves all staff members appropriately.

2. Using this concrete understanding, the staff identifies spiritual healthcare issues. (When, for example, a DCNHS network in Texas expanded to include several large community hospitals, the network's staff decided to address employee morale as a spiritual issue. In Arkansas, the staff of a DCNHS health and social service center targeted local racial segregation as a spiritual issue.)

3. The staff organizes planning teams composed of people from both the facility and the local community who are interested in addressing a specific issue.

4. The process calls for planning teams to develop action plans, outline objectives, identify available resources, and determine the criteria according to which progress is to be measured. (For example, the Texas network's planning team developed a plan whereby employee spirituality was

nourished through days of reflection and prayer and in-service sessions on topics ranging from stress reduction to humor in the workplace. The Texas team used questionnaires to gauge changes in employee attitudes. The Arkansas team organized an interracial group of women to work on beautification projects. Those projects will be considered successful insofar as they break down racial barriers as well as beautify the area.)

5. The staff tracks outcomes with the aid of a Spirit Care outcomes measurement coordinator and reports results to the organization and local community.

6. The team identifies other spiritual care issues and begins the process again.

ROLES IN THE SPIRIT CARE PROCESS

Spirit Care involves teams and individual employees in key roles.

Spirit Care Core Team Each site has a standing, multidisciplinary core team to provide leadership in the identification of spiritual health issues. The core team oversees the formation of planning teams, which in turn develop objectives and address the issues. Chairpersons of the core teams meet regularly to share progress. They set goals for the coming year and make suggestions for the development of the process.

Planning Teams Planning teams are composed of facility employees, volunteers, and members of the local community—anyone interested in working on a specific spiritual health issue. Planning teams assess needs and resources and develop specific objectives, timelines, and measurable desired outcomes.

Director of Outcomes Measurement Outcomes measurement, a critical component of the process, is still in the developmental stage. DCNHS envisions out-

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VIDEO INTRODUCES SPIRIT CARE

An Invitation to Healing introduces the Spirit Care concept of spiritual health to facility leaders, boards, and staff.

In this 20-minute documentary video, healthcare professionals from across the continuum offer personal anecdotes, testimonials, and definitions of spiritual healthcare.

Designed for use by groups who want to initiate discussion of spiritual healthcare, *An Invitation to Healing* helps caregivers and managers focus on the meaning of spiritual health and on ways they can establish a process that effectively addresses threats to it.

Accompanying the video is a useful discussion guide that tells viewers how to facilitate a group session. The video is available in English and Spanish.



For more information, call Spirit Care at 314-679-1500.

Prayer

S E R V I C E

CONTINUED



QUESTIONS FOR REFLECTION

What things in the organization help to kindle my fire for mission?

What nurtures my call to discipleship?

BLESSING PRAYER

May God the Father who made us bless us.
May God the Son send his healing among us.
May God the Holy Spirit move within us and give us
eyes to see with, ears to hear with and
hands that your work might be done.
May we walk and preach the word of God to all.
May the angel of peace watch over us and lead us at last
by God's grace to the Kingdom.

St. Dominic

SUGGESTED MUSIC

"I Am for You" and "Mission Song," by Rory Cooney, GIA Publications, Chicago, 1993.

"Be Light for Our Eyes," by David Haas, GIA Publications, Chicago, 1985.

"We Are Called," by David Haas, GIA Publications, Chicago, 1988.

"Prayer Service," a regular department in Health Progress, may be copied without prior permission.

This prayer service focuses on discipleship for mission. You may use this service at meetings or on any occasion when you wish to take a moment to reflect on the mission of Jesus. Feel free to adapt the service to suit your own needs.



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comes being shown either through the simple accomplishment of measurable objectives or, in a more sophisticated manner, through development-specific indicators, control groups, or other methods. A consultant is currently working with local teams to produce tools to measure outcomes.


Caregivers The most important role in Spirit Care is that of the hands-on caregiver. All caregivers are encouraged to develop a profound respect for other people, their cultures, and their life experiences. DCNHS employees are learning to listen to both patients and coworkers for such spiritual symptoms as fears, yearnings for connectedness, and requests for help in managing their lives. Awareness of such needs is the key to delivering spiritual healthcare.

Managers DCNHS advises its managers to focus on meaning, values, and purpose in their dealings with those they supervise. The Spirit Care process encourages managers to respect employees and their experiences, listen for their sense of purpose and mission, share with them the institution's vision, positively reinforce their efforts, build trust, and engender a sense of hope and creativity.

GROWTH AND MATURITY

Spirit Care is still in its infancy. Different DCNHS facilities are at different stages in implementing the entire process. System leaders expect full implementation to take from three to five years. One obstacle is the lack of time leaders have to mobilize and energize all those involved in the process. In addition, DCNHS is itself reorganizing, and its leaders are studying Spirit Care to ascertain how it can best be packaged to meet needs within the system's new structure.

Despite this, Spirit Care has already received strong backing from the management and staff of the system's member facilities, and other Catholic health-care systems and institutions have expressed interest in the process. □

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