

The Hallmark of Catholic Identity

Four Methodologies to Make This Real and Lasting



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For several years, I have marveled at the reaction of many new employees, patients and families when they remarked about their positive experiences with Catholic health care. Why are so many people who work for a Catholic health care facility surprised to find — or to not find — a different experience from past employers? Similarly, why do so many people who come to a Catholic health care facility expect to find — or are surprised when they don't find — a different experience?

Presuming this “difference” employees or patients are talking about is directly related to what we would call our “Catholic identity,” I often ask them to be specific and to articulate what exactly they found to be different. Almost, without exception, I am given examples or stories which so often are summarized as, “People really care about you here.” The examples are numerous and the descriptions may vary. In sum, the distinguishing characteristic many new employees and patients associate with our Catholic identity is the experience or the expectation that they are, or will be, treated with respect, care and compassion.

Not long ago, my elderly father underwent an outpatient procedure at a nearby community hospital that left him discomforted and slightly confused. Upon returning home, my mother twice called the nurse at the hospital for assistance, and the nurse called my mother back three different times — twice from her home on her own time — to make sure that everything was OK. When my mother brought my father back to the community hospital for a follow-up visit a few days later, she sought out and thanked that nurse for her concern and then asked her why she had shown them such compassionate care. The nurse smiled and simply said, “Because I’m a nurse.” Impressed, my mother asked, “Are all the nurses here like

you?” The nurse laughed, shook her head and responded, “No, it’s not like this is a Catholic hospital!”

Many nurses, caregivers and physicians will offer care and compassion regardless of where they work. It’s wonderful when we go to a health care facility and are treated with care and compassion. But if we go to a Catholic health care facility and are not treated with compassionate care, then something is wrong.

Similarly, many work environments exist where employees get along, help each other out, and sometimes even genuinely care for one another. But, something is amiss if we come to work for a Catholic health care organization and find that employees are not treated with respect and there is not a spirit of collaboration and community.

The bar is set higher when we put a cross on our building or in our logo and publicly proclaim to be a Catholic organization. A Catholic health care facility or service professes to continue the healing ministry of Jesus Christ. Since we teach and publicly proclaim that Jesus healed out of care and compassion, patients and employees who come to a Catholic facility or service then naturally expect to experience care and compassion in how they are treated. Compassionate care, in a sense, is the “brand” of Catholic health care.

The Catholic identity of our health care facilities or services can be understood in different ways. For some physicians and lawyers involved in contracts and joint ventures with Catholic health care organizations, Catholic identity can simply mean the avoidance of certain reproductive services. For some church and health care leaders, the term can also mean the provision of charity care and spiritual care services. For some mission leaders who conduct mission audits, the term can also mean the provision of particular services and programs. Palliative care; leadership formation; the use by leadership of an ethical decision-making tool; and celebrations commemorating their founding congregation’s feast day are some examples. For some theologians, the

term also includes the involvement of Catholic health care in holistic care; just compensation; promoting the common good; and other conceptual understandings of our Catholic moral and social teachings.

All of these aspects of Catholic identity are important and needed. To the common employee of a Catholic health care facility or service, however, or to the patients and families members who access health care services in a Catholic organization, these understandings of Catholic identity are far removed from their experience. To a great degree, they recognize or understand that they are in a Catholic facility or that they are receiving services from a Catholic entity because they are treated — or expect to be treated — with care and compassion.

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This experience or expectation of being treated with compassionate care is critical since it constitutes the criteria by which most people judge us as being Catholic or not. However, this criterion is often overlooked or assumed by leaders in Catholic health care. To the degree that it is not the everyday experience of our employees or the regular and ongoing experience of our patients in

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genetically engineered drugs will combat serious illnesses like diabetes and heart disease. Robotic devices the size of blood cells will go inside the body to correct DNA errors and kill cancer cells. Technology embedded in our environments, our clothing, even our bodies — coupled with advanced diagnostic software — will eliminate delays in treatment.

At Mercy, we strive to train and develop particular skills and behaviors while constantly reinforcing why those skills and behaviors are central to our Catholic identity.

all their interactions and encounters in a Catholic health care facility or service, then we run the risk of diluting or diminishing our Catholic identity.

In the past, it was largely the presence and influence of the sisters and other religious whose leadership and example created and sustained a culture where employees regularly experienced and were taught how to always provide care and compassion to their patients. Without the presence of the sisters to provide that influence in what has now become a much larger and more complex delivery of health care services, we must become much more intentional and “hardwire” methodologies into our organizations to help assure that our Catholic identity continues to be experienced in care and compassion.

Most Catholic health care organizations understand the importance of compassionate care as being critical to their Catholic identity. However, we tend to rely on individual aptitude, professional training, and the inspiration of mission-related activities rather than well-developed structures, effective methodologies, and clear accountabilities to bring this about.

In contrast, reliance on individual effort and organizational encouragement is not our approach to assuring financial sustainability. Similarly, in recent years, we have learned the hard way that that we cannot rely on individual effort and organizational encouragement to assure that we are providing a safe environment or offering the very best in clinical quality to our patients. In the same vein, if compassionate care is constitutive of our Catholic identity, then Catholic health care must develop meaningful structures, effective methodologies, and clear accountabilities to help hardwire the experience of compassionate care into every aspect of our caregiving and work life.

There are four critical ways in which Catholic health care organizations need to hardwire com-

passionate care into the daily experience of their employees and patients to better understand their organizations to be Catholic. The Sisters of Mercy Health System in St. Louis is taking steps forward in each of these four areas, but we have a very long way to go before we might ever claim to have hardwired. We are striving to implement the following approaches and methodologies throughout all of our organizations and services:

1) Selection for fit: Hotels such as the Ritz-Carlton, known for their high level of personal service, psychologically screen and intensely interview all applicants to assess their natural aptitude for personal service. Most hiring managers in Catholic health care, along with evaluating candidates for their skills in doing the job, also intuitively assess candidates for their “fit” in the Catholic organization. The problem with this, however, is that such assessments are subjective (different hiring managers have different criteria) and inconsistently done.

Mercy is exploring developing the practice of psychologically screening all candidates for their service orientation, and will soon have the human resources hiring manager assess those service-oriented candidates for their natural aptitude for compassionate care using our “Hiring for Mercy Fit” interview tool.¹ No candidate will be presented to a department hiring manager except for those who have passed these two screens for organizational fit. Catholic health care needs to continue to develop other effective methodologies in order to select only those potential employees who have a natural aptitude and desire to provide compassionate care.

2) Measurable standards of behavior: Catholic health care has had to utilize clearly defined financial standards in order to assess financial performance. We have improved at developing and trying to meet clearly defined quality measures in order to assess clinical performance. If the experience of compassionate care is a constitutive element of our Catholic identity, then we must likewise create or identify clearly defined and measurable standards of behavior. Mercy has begun to identify several different kinds of measurable behaviors which we hope to implement throughout all our organizations. These behaviors include:

- answering a call light or a telephone within a specified amount of time.

- leadership rounding with specified questions to ask of employees with regard to safety and personal service.

- “Mercy Service Standards,” which are the “must-do” behaviors for all Mercy co-workers such as, “Make eye contact.”

- scripting all caregivers to say to patients at the end of their encounter, “Is there anything else I can do for you while I am here? I have time.”

Again, we have a long way to go to hardwire these behaviors throughout all our organizations. But what is critical is that these behaviors, which we believe are essential to contributing the experience of compassionate care, are clearly defined, observable and measurable.

Our Catholic identity depends upon both strong performance and compassionate care. Inspirational stories of our heritage must be complemented by contemporary experiences of leaders and employees who exemplified our mission and values by *what they did and by how they did it.*

3) Reinforcing and training for required behaviors: Employees are very aware of what kinds of behavior are rewarded both formally and informally. Certainly we would not want to tolerate poor performance by someone merely because she/he is caring and compassionate. But when someone is rewarded for

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an aging Baby Boom will hit the health care system with unprecedented volume and uniquely high expectations. Globalized health care will make medical tourism commonplace. Risk pooling and payment systems will disadvantage providers who care for the sickest, the poorest, the most vulnerable people in our country.

Employees who are selected because they have a natural aptitude for compassionate caring, who clearly understand the required behaviors for compassionate caring, who are trained and rewarded for habitually displaying compassionate caring, and who are clearly and strongly held accountable for regularly exhibiting compassionate care, will become compassionate caring individuals.

strong performance and is not caring and compassionate, then our culture suffers. Our Catholic identity depends upon both strong performance and compassionate care. Inspirational stories of our heritage must be complemented by contemporary experiences of leaders and employees who exemplified our mission and values by *what* they did and by *how* they did it. Employee training, leadership interactions in departments, and mission activities therefore should not just promote and encourage desired behaviors which we want employees to exhibit. Rather, such activities should train for and reinforce those identified measurable standards of behavior (such as the ones above) which the organization has determined to be essential to the experience of compassionate care.

At Mercy, we strive to train and develop particular skills and behaviors while constantly reinforcing *why* those skills and behaviors are central to our Catholic identity. Also, we have learned that it can be most effective to focus on one particular behavior or skill set at a time when utilizing reinforcement and training to help hardwire a particular practice into place. For example, when we wanted all meetings to open with a prayer, we required all leaders to undergo a standardized training teaching them how to effectively lead a group in prayer. There was much practice and feedback involved in the training, and every leader received a "Mercy Book of Prayers" to use when they were leading prayer. This practice and skill set was emphasized for a full year before a new behavior or skill set was chosen to hardwire into place.

4) Strong and consistently implemented accountability for clearly defined behaviors: Leaders and employees alike should receive regular and ongoing feedback and be held accountable for consistently displaying particular behaviors or for achieving specific measurable outcomes. For example, in some service-oriented organizations employees receive quarterly feedback from their peers and their supervisor, and have a significant portion of their annual performance review based upon consistently displaying particular behaviors.

At Mercy, the assessment on performance reviews of how well employees lived out the Mercy mission and values is based on how consistently they live out measurable standards of behavior such as "maintain a positive presence (no whining)," or "work as a team" (with the opportunity for the teamwork criteria being defined by each specific team). In addition, Mercy, like many other Catholic health care organizations, works diligently to identify the behaviors and practices of compassionate caring that directly contribute to favorable patient satisfaction scores, and we are working toward holding leaders and employees accountable for implementing those behaviors and practices in a consistent manner throughout their organization. Such accountability means that, at times, we must "de-select for fit."

All four of these methodologies are critical for hardwiring the experience of compassionate care into the everyday lives of our employees and patients and thereby sustaining their experience of Catholic identity.

DEALING WITH OBJECTIONS

Sometimes objections are raised that while compassionate caring may be a hallmark of Catholic identity, it cannot be mandated or forced but instead must be genuine and "come from the heart." Certainly that would be the ideal. But required behaviors can become habit, and habit leads to character, and character becomes integrity, and from integrity comes "actions of the heart." Employees who are selected because they have a natural aptitude for compassionate caring, who clearly understand the required behaviors for compassionate caring, who are trained and rewarded for habitually displaying compassionate caring, and who are clearly and strongly held accountable for regularly exhibiting compassionate care, will become (if they are not already) compassionate

God's Spirit in Strategic Planning: Giving Flesh to Dry Bones

caring individuals. Those employees whose personal character is not in alignment with the required behaviors either will grow and change into becoming compassionate caring persons, or they will leave for another organization where they are a better fit.

When children are very young, parents teach and show them how to behave. In time, they then come to understand the meaning of dignity and love. A group of athletes practice the same drills repeatedly until the skills are honed and become natural; in time they recognize they have become a highly successful team. A young man or woman who joins the military experiences a regimented life of controlled behaviors until they begin to act and think in a particular way. They realize they have become soldiers committed to respect and honor.

In the same way, maintaining compassionate care as a constitutive element of our Catholic iden-

tity — which is criteria by which most of our patients and employees judge us — requires us in Catholic health care to develop meaningful structures, effective methodologies, and clear accountabilities to hardwire this into every aspect of our caregiving and work life. If we don't, we may claim to be Catholic but that may not be the everyday experience of our patients and employees. ■



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NOTE

1. Brian O'Toole, "Hiring for 'Organizational Fit,'" *Health Progress* (November-December 2006): 38-42.

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can the church's ministry of healing continue its sacramental presence? Who will care for the neediest among us?