

VOLUNTEERS AND CATHOLIC HEALTH CARE

Auxiliary Workers Should Be Full Partners in the Catholic Health Ministry

When we perform an action, the invisible within us finds a form and comes to expression. Therefore, our work should be the place where the soul can enjoy becoming visible and present. . . . Our nature longs deeply for the possibility of expression in what we call work.

—John O'Donohue¹

When a faith-based health care organization accepts the services of volunteer workers, it enters a relationship parallel to the one between itself and its religious sponsor. Both relationships arise out of a sense of mission. The essence of both relationships is ministry. Faith-based hospitals and the men and women who perform volunteer work in them have a mutual need to enhance each other's meaning.

That being the case, those of us who are leaders in faith-based hospitals should ask ourselves certain questions. How can we better fulfill our responsibility to our volunteers? How can we ensure that volunteers better understand the hospital's mission: service to the poor, the sick, the uneducated, and the marginalized? And how can we avoid marginalizing our own workers, especially our volunteers?

Volunteers become marginalized when their motivation is taken for granted and their work is overlooked or undervalued. Volunteer organizations, which typically run fund-raising events, are too often seen merely as sources of money.* And individual volunteers are too often seen merely as free labor, performing the simple, unpaid tasks that allow hospitals to save money.

Why are volunteers so often disregarded and

undervalued? Age probably plays a role. Volunteers—some of whom are in their teens while others may be in their 90s—tend to be both younger and older than other hospital workers. Then, too, volunteers are often given distinctive uniforms to wear. Because they look different from other workers, they are treated differently. But volunteers are marginalized primarily because they are *unpaid* workers. Our culture tends to value people according to their incomes. The fact that volunteers derive no income from their labor frequently tempts supervisors and colleagues to view that labor as less important than that done by those who are paid for it.

The marginalization of volunteers tends to bring with it certain predictable consequences. For example, a person who is not on the hospital's payroll may not receive mailings that paid workers receive. As a result, that person may not be invited to join classes, training sessions, celebrations, or other significant hospital events. True, most health care organizations recognize volunteers and praise them for their work—but they frequently do this in ceremonies or publications designed especially for volunteers, not for the full hospital community. Recognition of this sort increases, rather than reduces, volunteers' marginalization.

INTEGRATING VOLUNTEERS IN THE WORK FORCE

In keeping with Catholic social justice teaching, volunteers in Catholic hospitals must be integrated throughout the health care organization and included in education, training, recognition ceremonies, motivational sessions, rituals, and celebrations. Once the hospital comes to see that each volunteer's story is valuable and, as a result, begins to ensure that all volunteers experience a strong, consistent, continuing connection to the hospital's mission, the hospital itself will benefit in several ways.

BY LYNETTE M. BALLARD



Ms. Ballard is director, mission services, St. John's Mercy Medical Center, St. Louis.

* In this article, the word *volunteer* is used to include those workers known in some hospitals as *auxiliaries* or members of the *auxiliary*.

Volunteers Can Help Improve Overall Morale

For many in health care, this is a time of increased doubt and skepticism. In such an atmosphere, ironically, regular hospital staff may find volunteer workers to be especially vivid examples of loyalty and dedication. And the idealism demonstrated by such people can help lift morale among the entire staff.

Volunteers Can Attract Other Auxiliary Workers

In an environment in which not-for-profit organizations must compete for volunteers, Catholic hospitals that integrate their volunteers in the healing ministry of Jesus will find it possible to attract and retain many others.

Volunteers Can Help Improve Patient Services As volunteers come to understand the hospital's mission, history, and tradition, they will be able to serve patients in the true spirit of Catholic health care.

Because they do not work for pay, volunteers have a unique relationship to the hospital—they come to it seeking a sense of community and fellowship rather than remuneration. Volunteers tend to see the hospital as the community sees it—as a source of health care services, not compensation. Because they are community members, moreover, volunteers tend to identify closely with patients and their families; this identification evokes in them a wish to help make the hospital's care as effective as possible.

Most volunteers possess strong personal values and a desire for personal growth. Even their lack of health care experience can be useful. Some bring to the hospital wisdom gained in years of work in home or office; others bring the fresh eye that can spot possible improvements. If volunteers were to be fully integrated in the hospital's staff, their insights could be very beneficial to paid colleagues.

SUPPORT FROM MISSION LEADERS

Volunteers walk in a hospital's door ready to roll up their sleeves and go to work, with no expectation of pay or benefits for doing so. However, they do expect work that has meaning and a culture that will be supportive and encouraging.

Why do volunteers choose to work in one area hospital rather than another? In some cases, they consider the various facilities' histories and traditions and make informed decisions on that basis. More often, they select a hospital for a less con-

V

Volunteers'

idealism can help
lift morale through-
out the entire staff.

scious reason: because of its location, perhaps, or because a son or daughter happened to be born there.

In either case, even if they are unaware of doing so, most volunteers choose a particular hospital because they are attracted by what we would call its *mission*. In some way, the facility's work mirrors their own beliefs; they see it as a way they can participate in the ministry of healing.

This gives faith-based hospitals a competitive advantage over secular organizations.

By the same token, however, volunteers may become disillusioned if the chosen facility's reality should turn out to contradict its image. Precisely because they have not come seeking remuneration, volunteers can easily quit their jobs if they see evidence that the hospital's internal functions are not congruent with its stated mission. In such cases, they may decide to give their time to another health care organization, social work agency, or school.

Volunteers require strong support from the hospital's mission leaders. Because they receive less direct attention than paid colleagues, volunteers need help in identifying with the facility's mission. If it wishes to retain its auxiliary workers, the hospital must continually restate and reaffirm its mission.

MISSION EDUCATION FOR VOLUNTEERS

Administrators can assume that volunteers are altruistic and naturally inclined to serve the hospital's mission. And, of course, volunteers receive some training before beginning work. To meet regulatory requirements, the hospital will provide volunteers with a general orientation that includes detailed instructions concerning infection control and fire safety. Unfortunately, however, volunteers' education in the Catholic health care tradition and history and in the hospital's mission is frequently limited to the initial orientation program.

This will be inadequate over the long haul. Volunteers need to experience a continuing mission presence, and for that they must receive the same mission education that employees get. Through such education, volunteers come to understand how their personal mission and goals relate to the hospital's history, traditions, and ministry. Mission education helps them see that their

work is congruent with the ministry's "enduring concerns," its underlying purposes.

Catholic health care's inherent values are too important to be taken for granted. The people who work in the ministry—volunteers as much as employees—are also too important to be taken for granted. Volunteers and employees alike should be aware that their work is rooted in Jesus' life and teaching, and that the

Catholic health ministry is rooted in the community, serving individuals in body, mind, and spirit. Catholic health care, prizing all creation, protects and promotes life. Whatever their own faith orientation, volunteers need to learn these values—and the challenges inherent in them—as part of their involvement with the hospital they serve.

Mission education for volunteers can help a Catholic hospital in another way: A dedicated, well-integrated volunteer cadre will encourage the regular work force, further strengthening the hospital's mission.

VOLUNTEERS' STORIES

A mere tabulation of the number of hours volunteers work—the standard measurement of involvement—cannot reveal the real value of their contributions to the ministry. Their personal stories give a more accurate picture. The following stories are true, although the names are fictional. Volunteers like those described below can be found at work in Catholic hospitals every day of the week.

The Widow Claire, who works as a volunteer in the waiting room of a surgical department, is highly prized by the department's managers. A nursing supervisor recently said to her, "Claire, not only are you skillful in comforting families in the waiting room, you also handle paperwork exceptionally well."

"Thank you," Claire replied. "But surely you realize that I'm not really very smart."

The supervisor was shocked. "Of course, you're smart!" she said. "There's no way you could do what you do if you weren't intelligent."

"No," Claire persisted. "I never even finished the eighth grade."

Claire, who is 70, was a homemaker until her husband died two years ago. Before volunteering at the hospital, she had never worked outside the home. The supervisor realized that Claire felt inad-

Volunteers should know their work is rooted in Jesus' teaching.

equate because of her limited education. But it was also clear that she derived enormous personal gratification from doing her hospital work well.

The supervisor noted the irony in this situation. She saw that it was Claire's native intelligence, as well as her compassion and dedication, that made her so valuable to the hospital. The people Claire served received the benefit of her wisdom

while, at the same time, she fulfilled her personal mission. The supervisor remembered a winter's day when, because snow made driving dangerous, Claire walked to work at the hospital. In fact, for patients, families, and staff, Claire in many ways embodies the Catholic health ministry.

A Promise to God Pauline is the volunteer coordinator of the hospital's crafts group. Over the years, she and other group members have found many ways to help patients. They have, for example, made turbans for cancer patients and tote bags that rehabilitation patients can hang on their walkers.

Recently, Pauline's group learned that surgery patients are not allowed to take their personal (but unsterilized) rosaries into the ward with them. "When my health returned after heart surgery several years ago, I made a promise to God that I would give to other people," Pauline said. "That's when I came to the hospital to volunteer." The group's members began crocheting rosaries. They now make enough to supply any patient who wants one.

A Second Chance Mark's professional career came to an end several years ago when he suffered a serious head injury. "At first, they didn't think I'd even walk again," he said. "But I showed them I could."

"I could tell, when I was in the hospital, that more volunteers were needed," Mark continued. Once he had judged himself to be sufficiently recovered, he volunteered to work in the hospital himself.

The manager who interviewed him for volunteer work was skeptical. She could see that Mark would require more training and closer supervision than other volunteers. He was so persuasive, however, that she allowed him to give it a try.

Within a few days, Mark was happily escorting patients to and from physical therapy sessions; staff members, in turn, were happy to have his help. Mark, and other volunteers like him, find

consolation for their own lost skills in being able to give hope to patients. In fact, the inspiration they offer both staff and patients becomes part of the healing process.

The Retiree Louis, an attractive, articulate, outgoing man, was a volunteer who greeted the hospital's visitors. He either directed people to their destinations or escorted them himself. He was a retired corporate lawyer.

The director of volunteers worried that Louis would soon grow bored with his task, finding it too limiting. She feared the worst, therefore, when one day he asked to meet with her.

"I've been using my computer at home to update these sadly out-of-date directories we use at the hospital's information desk," he said, handing her a floppy disk. "Here are the updates. I hope that, in doing this, I haven't stepped on anyone's toes."

The director of volunteers laughed with relief. Louis's skills, she could see, clearly included diplomacy.

"We can help people better with these updated directories," Louis continued. "And that's why I volunteered to work here in the first place—to help folks, especially those who are worried and upset because they, or people they love, have health problems."

"I'm so happy you volunteered to work at our hospital," the director said. "Thanks for being so eager to do things right. I know our information systems aren't perfect, and I'm glad you didn't let that fact discourage you."

"I'm not easily discouraged," Louis replied. "Besides, this place may not be perfect, but it's *my* hospital. These days I like to tell people that I work in a healing ministry. I couldn't say that before I retired!"

Ample Rewards Barbara, a volunteer who works as a patient representative, often talks about the encounter she once had with a 94-year-old woman who was being treated for pneumonia.

"Her name was Mrs. Thompson," Barbara recalled, "and she had the most beautiful white hair. Her illness made it very difficult for her to talk. I sat beside her bed for a few minutes and tried to reassure her. Was there, I asked, anything I might do for her?"

"No," Mrs. Thompson said, "I have no complaints. The doctors and nurses are doing all they can to take care of me."

"She was silent for a moment. I saw in her eyes a weariness from her struggle to breathe."

"What I really wish," Mrs. Thompson said, "is that there were something *I* could do for *you*. That would really make me happy."

"I knew exactly what she meant. So I asked if she would perhaps include me in her prayers. I

could tell that satisfied her. As I went out the door I looked back to see Mrs. Thompson, her white head bowed, her hands folded in prayer, whispering, 'Dear God, take care of Barbara.'

"To this day, that memory reminds me that I can never give more to this volunteer job than I get back from it."

INCLUDING VOLUNTEERS AS PARTNERS

People become volunteers for all kinds of reasons, writes Brian O'Connell, an expert on the subject:

Their reasons and impressions cover the full range of human motivations and rewards. But what comes through repeatedly is that they like being able to make a difference, feel good about themselves for doing it, gain new skills and confidence, meet and become friends with fascinating people who are also making the effort, and they feel the experience adds new dimensions to their lives in many other rewarding ways.²

A Catholic hospital's mission will often serve as a magnet, attracting the best and most dedicated volunteers. But, remembering this fact, the leaders of such hospitals should design and carry out initiatives that help these volunteers perceive the mission as integrated at every level of service—including their own.

Hospital volunteers need leaders' support and attention as they go about their work. "People say they are looking for happiness, but happiness is usually a passing sensation," writes Thomas Moore.³ "As a way of life, it often seems out of reach. What we may be looking for is something deeper, some fulfillment of our potential, experiences, perhaps, that we can look back on and say to ourselves, 'Life has been worth living.'" Many volunteers come to work in hospitals hoping to have experiences like that. Hospital leaders should encourage such hope.

There are practical reasons for doing so. Now that hospitals have entered an era of shrinking resources and downsizing, volunteers may be seen as an increasingly important resource. One writer, looking into the future, puts the argument thusly:

Health care will face even greater challenges. Resources will continue to shrink. Managed care will threaten to manage the care out of caring. Successful organizations will strive to balance costs, quality, and service. One important component is to find innovative ways to deploy volunteers. . . . Winning organizations will invest energy and resources in their volunteers, built on

THE PUBLIC JURIDIC PERSON IN ACTION

Continued from page 24

an understanding that they are needed—now more than ever!⁴

However, those of us who are leaders in Catholic health care will have to do more than find innovative ways to “deploy” our volunteers. We must, above all, avoid putting them at the margins of health care. Marginalizing people is unhealthy for any organization, according to Margaret Wheatley and Myron Kellner-Rogers. “Open and inquiring, [healthy] systems become wise about themselves,” they write. “They become more aware of their interdependencies. They no longer seek their security behind the stout walls of exclusion. They learn by reaching out, they become stronger. Their support comes not from unnatural boundaries but from the inherent strength of wholeness.”⁵

We must view all our organization’s internal relationships within the context of its mission—the context of the healing mission of Jesus. When we involve volunteers in our work, we are obliged to ask ourselves the questions a good steward asks: Are the enduring concerns being addressed? Is there a possibility of witnessing to Christ’s mission? □

Ms. Ballard’s “Mission Training Model to Enhance Volunteers Involvement,” a follow-up to this article, can be found at www.chausa.org/pubs/pubsart.asp?issue=hp105&article=j2.

NOTES

1. John O’Donohue, *Anam Cara: A Book of Celtic Wisdom*, Harper Collins, New York City, 1997, p. 134.
2. Brian O’Connell, *Voices from the Heart: In Celebration of America’s Volunteers*, Jossey-Bass and Chronicle Books, San Francisco, 1999, p. 15.
3. Thomas Moore, preface to Brian O’Connell, *Voices from the Heart*, p. 8.
4. Dennis Noonan, “The Health Care Volunteer,” *Hospitals & Health Networks*, July 5, 1998, p. 198.
5. Margaret Wheatley and Myron Kellner-Rogers, *A Simpler Way*, Berrett-Koehler, San Francisco, 1998, p. 102.

Sr. Ketterer: For one thing, it’s a new concept and is only beginning to evolve.

Lincoln: Then, too, transfer of sponsorship is not an answer for every congregation. In fact, some congregations don’t need to alter their sponsorship arrangements. They remain very strong with ample numbers of very committed women religious.

But some congregations need new or different sponsorship models. The Grey Nuns are such a congregation. They had to become innovative to ensure that their Catholic healing presence would remain in the communities they had served for many years.

We need to be patient with the new sponsorship model. In some cases, it involves some pretty radical cultural transformations and will require time to prove itself. We need to be deliberate about the process, reporting on progress and holding ourselves accountable for it. We should not rush to judgment. I think we need to give the new model time to mature.

HP: Is that your advice for others contemplating this move?

Sr. Ketterer: Absolutely. I think people have to take the task before them seriously, set a vision for their future, and then take the necessary time to help it evolve.

I’ve been a Grey Nun for 40 years, and over those 40 years I have seen the evolution of health care in our congregation, in the United States, and in relations with the Vatican. The fact that the Vatican is permitting some of these sponsorship arrangements is an encouraging sign.

I remember when only Grey Nuns sat on our institutions’ boards. Then, in the 1960s, we admitted lay people to the boards. That was a huge transition.

Then, in 1983, we established CHS. This was a big step—coming to understand that CHS would be a better vehicle than the independent institutions for carrying our congregation’s values into the future. Looking back over that history now, I see that patience was essential.

I am satisfied that we acted for the right reasons. Our challenge today is to look ahead, rather than waiting until things are falling apart and being forced then to make sudden decisions. I think it is imperative for religious congregations to pause periodically and ask themselves, “Where are we going with our health care institutions?” And it’s imperative to do it honestly.

Lincoln: Effective, ongoing communication is essential for successful transfer of sponsorship. The Grey Nuns and CHS were very deliberate and inclusive in their communications. All required elements were covered; expectations were made plain. Communication was frequent, open, and two-way. All involved understood that the congregation was letting go and that we in the system were accepting new responsibilities.

Sr. Ketterer: I call those of us in leadership the “transition people.” Years ago we had many sisters and were opening new ministries. But now we’re the transition people—learning to trust our lay collaborators.

So far, we Grey Nuns have been very impressed with CHS’s lay leaders, with their hard work and dedication to the healing ministry. St. Marguerite d’Youville was a woman of great trust in Divine Providence. Like her, we prayed and placed our trust in God and in the people who we believed could carry forth our ministry. So far, we have been right! —Bob Stephens

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, May-June 2001

Copyright © 2001 by The Catholic Health Association of the United States
