

AFTER THE INK DRIES

Hospital Encourages New Partners to Develop Cultures Compatible with Catholic Health Ministry

Although many writers have discussed cultural compatibility in the formation of organizational partnerships, most tend to focus on the period before the actual signing of papers. Few deal with what happens after the new organization is formed.

How can a Catholic healthcare organization preserve its "essentials" after merging with a non-Catholic one? When organizations combine, they inevitably create a new culture. Some new cultures develop naturally; others are shaped deliberately. Some new Catholic organizations reveal clashing cultures—cultures in which staff members can typically be heard asking such questions as: What does it mean to be Catholic sponsored? Will my organization become "too Catholic"? Will it be Catholic enough? How will we know if the new culture is a good one?

To conserve resources, Sacred Heart Medical Center (SHMC), Spokane, WA, has formed partnerships with a number of local organizations. The partner organizations, which SHMC calls "affiliates," include long-term care facilities, a multisite medical laboratory, and services involving patient rehabilitation, air ambulance, management information, community education, and others.

Because culture—which integrates ritual, climate, values, and behaviors—has an immense impact on an organization's vitality, SHMC in 1997 established a Consistent Culture Project, which we direct. The project has two parts. First, it assesses the cultures of new affiliates; second, it encourages these cultures to become consistent with that of the Catholic health ministry.

IDENTIFYING KEY PRINCIPLES

In planning the Consistent Culture Project, we reviewed the literature on Catholic identity and

on corporate culture in new and merged organizations. We also studied material from several Catholic healthcare organizations on corporate identity, mission, and values integration. We found that certain principles (with some variation) were common in most of these organizations:

- Each organization is a ministry, a sharing in the Church's perpetuation of Christ's healing ministry.

- Work is good, the usual way a person makes his or her contribution to the world. The workplace should be an environment that fosters mutual respect.

- Human life is sacred; every person should be treated with dignity.

- People who are poor should have a special priority.

- Catholic healthcare organizations have a responsibility to contribute to the common good.

- Leaders, board members, physicians, employees, and volunteers should understand their organization's mission and hold themselves accountable for an organizational performance that is consistent with it.

LINKING PRINCIPLES, BEHAVIORS, AND POLICIES

After identifying the six key principles, we discussed behaviors that appeared to exemplify the principles.

Following are two examples of principles and supporting behaviors:

Human Life Is Sacred and Every Person Should Be Treated with Dignity A healthcare organization honoring this principle would make sure all its employees and associates understood that disrespectful behavior was unacceptable. It would, moreover, have in place a clear policy for handling disrespectful behavior.

BY BARBARA J. COX,
RN, & UNA M.
ALDERMAN, RN



Ms. Cox is president, Enriching Leadership, a Spokane, WA, consulting practice specializing in team development and ethics; Ms. Alderman is nurse manager, intensive care unit, and director, respiratory therapy, Sacred Heart Medical Center, Spokane, WA.

Such an organization would have policies offering special protection to the very young (including the unborn), the elderly, and other vulnerable people. It would have clinical ethics policies protecting the patient's central role in decision making. It would implement policies enabling patients to forgo life-sustaining treatments when those treatments offered no reasonable hope of benefit or the benefit was outweighed by the burden of the treatment. And it would make sure that its physicians and staff agree to follow the *Ethical and Religious Directives for Catholic Health Care Services*.

Work Is Good; the Workplace Should Be an Environment That Fosters Mutual Respect A healthcare organization honoring this principle would have in place processes through which an employee could come to terms with actions conflicting with his or her conscience. Every employee would know how to use the grievance procedure.

In an organization honoring this principle, employees could easily describe how their jobs facilitate the organization's mission. Survey results would show that employees regard the organization as a positive, respectful environment.

INTRODUCING THE PROJECT

In developing the Consistent Culture Project, we based our work on educational theory, particularly the notion that students who help design their

own training will participate in it more fully and integrate the lessons learned into daily practice. This idea, an especially important one in adult learning, is akin to the Catholic principle of subsidiarity, which recognizes that those who do the work should participate in decisions that affect it.

With that in mind, we presented an outline of the project to the leadership teams of SHMC's affiliates, asking them to help us develop it. We asked each team to:

- Explore the ways the six principles applied to their partners
- Develop indicators that would reflect performance consistent with the principles
- Create accountability processes through which SHMC would be kept informed of the affiliate's efforts to develop a culture consistent with the principles

These accountability processes were a key part of the project. We wanted each affiliate to create a process that its leadership team would believe in, and that would work. As things turned out, the teams' participation did enhance "ownership" of and commitment to the processes.

When SHMC's CEO asked the affiliates' leaders to participate in the project, their initial response was mixed. Some leaders were guarded. Some, especially in the longer-established organizations, were critical ("Why are they telling us to do this?"). But once we explained the Catholic healthcare tradition and explained its principles, many expressed an eagerness to share this message with their employees and associates.

RESPONDING TO THE PROJECT

The leaders of one SHMC affiliate said they felt "overwhelmed" when first introduced to the Consistent Culture Project. After discussing the six principles and associated behaviors, however, they came to understand the logic behind the project. They then proposed (and the other affiliates subsequently adopted) the following model for responding to the project's requirements.

- Align the six principles with our organization's mission and values.
- Evaluate the ways our documented practices reflect the principles.
- Assess current practice; how does it reflect the principles?
- Select three tasks that would strengthen practice in light of the principles.
 - Submit to SHMC's CEO an action plan for each of these tasks.
 - Develop outcome measurements that would show successful completion of the tasks.
 - Report the results of each plan to the CEO and board semiannually.
 - Share, both internally and externally, stories that show the translation of the principles into practice.
 - Choose three new tasks at the beginning of each year.

IMPLEMENTING THE PROJECT

We began implementing the Consistent Culture Project by sharing with the leadership teams what we had found in reviewing the literature from Catholic healthcare organizations, focusing on the six principles. Team members said they appreciated seeing how other organizations had gone about integrating values and religious identity into their work.

In most cases, the leadership teams then appointed "values teams"—each comprising a broad cross-section of management and staff—to carry out the project. Each team began by conducting an assessment of the affiliate it represented. The team reviewed the six principles, matching them with current practices in the organization. Team members were delighted to discover that many of their organizations' practices were consistent with the six principles. However, the assessment also revealed areas that could be strengthened.

Continued on page 70

THE CONSISTENT CULTURE PROJECT

Continued from page 54

With these areas in mind, each team then selected three tasks that, once completed, would reinforce cultural consistency. Among the tasks selected were:


- Writing mission and values statements
- Improving end-of-life care for dying patients and their families, with a special focus on educating staff
- Creating a program that would honor employees for their ability to translate the affiliate's values into practice
- Emphasizing values in job descriptions and performance appraisals
- Implementing a community service project
- Asking staff members to help articulate the affiliate's key values and to design a process through which those values can be integrated in the workplace

Each affiliate appointed an officer (or, in some cases, a committee) to manage its Consistent Culture Project. Through quarterly meetings and written reports, the culture officers are keeping each other apprised of their progress.

THE PROJECT AFTER A YEAR

Most of SHMC's affiliates have successfully completed their initial Consistent Culture Project tasks and have begun working on three new ones. All affiliates have developed mission and values statements and appointed culture officers or committees. Most have begun integrating values criteria into job descriptions and performance evaluations. Community service projects have generated enthusiasm among those employees who participated in them. St. Joseph Care Center, an SHMC-affiliated long-term care facility, has received national attention for its improvements in end-of-life care.

The affiliates are now refining outcome measurements for their annual tasks and broadening awareness of mission and value efforts. □

 For more information call Barbara J. Cox, 509-487-5626.

Vice President, In-Patient Acute Care Nursing Services

Genesys Regional Medical Center, a dynamic 21st century facility in Grand Blanc, Michigan, is seeking an experienced, futuristic nursing leader for its in-patient acute care areas. This Vice President level position will be responsible for leading all in-patient Med/Surg, Critical Care, Telemetry and Rehab units. Genesys is a brand new experience in its design and patient focused environment. Genesys is poised for growth and is the result of the merging of four former hospitals in the Flint area. Genesys is located in a beautiful health park setting with woodlands and protected wetlands, just south of Flint and north of Detroit in a rapidly growing population area.

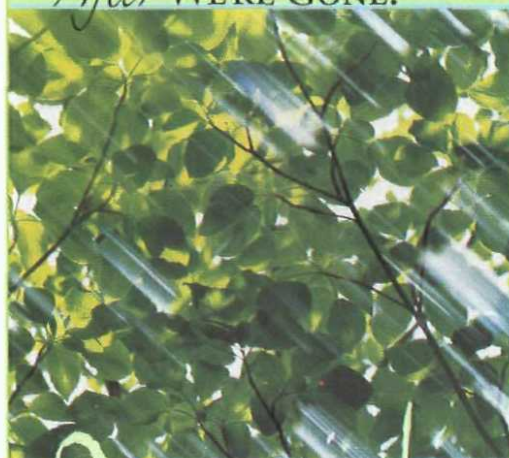
The person in this position will provide leadership to the Medical Center's delivery of a higher order of patient and family care - truly characterized by patients at the center. The position is part of a team organized into a network model of service line leaders which facilitates alignment of the patient populations served. This will involve close cooperation with other patient care areas, such as Emergency/Ambulatory, Women's & Children's, Perioperative, and Diagnostic Services and in values-centered partnership with physicians.

- Qualifications: Registered Nurse Licensure, five or more years in a clinical leadership position, Master's degree and a demonstrated ability to lead. Serious candidates should send a resume to: **Genesys Regional Medical Center, One Genesys Parkway, Attn: Philip Espinosa, HR Manager, Human Resources, Grand Blanc, MI 48439; Phone: (810) 606-7000; Fax: (810) 606-7030; E-mail: pespinos@genesys.org**
- Equal Opportunity Employer.

GENESYS
REGIONAL MEDICAL CENTER

Breaking new ground in healthcare.

After WE'RE GONE:



CREATING SUSTAINABLE Sponsorship

MARY KATHRYN GRANT, PhD
SISTER PATRICIA VANDENBERG, CSC, MHA

"The coauthors offer an honest and courageous assessment of the challenges facing sponsors of Catholic healthcare. They provide a thoughtful description of the evolution of religious congregational sponsorship, employing the analogy of the family-owned business to the demands of partnering with others. Emphasis is placed on the requisites for responsible decision making in ensuring the future healing ministry, the important stages of grieving and the necessity to ritualize the experience of loss. An important read for today's Catholic healthcare sponsor, this insightful commentary and personal reflection have wider implications for leaders of all ministries of the Church."

Most Rev. Joseph M. Sullivan, DD
Episcopal Vicar for Human Services
Diocese of Brooklyn
Brooklyn, New York

MAIL TO: BookMasters, Inc. • P.O. Box 388 • Ashland, OH 44805 1 - 4 copies • \$15.00, 5 or more • \$12.00
ORDERS: phone: 800.247.6553 • fax: 419.281.6883 • e-mail: order@bookmaster.com plus shipping and handling