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Governance has a responsibility to ensure that the mission, values and philosophy of the founding congregations remains in place. This can be done in many ways and we will speak to this later in this presentation.

One of the most important ways of ensuring that values are maintained is to have in place competent leadership at all levels of management, in particular the CEO.

Expected or not, leadership succession is inevitable for any organization.

Successful succession is a reality that must be planned.

An increasingly important factor in this ever-changing economy is the imminent retirement of an entire generation of leaders.

Fewer Sisters are working in facilities.

Consequently succession planning is becoming an increasingly distinct strategic imperative.

This changing environment calls for a need to review and examine values within Catholic health care facilities and ensure they are not eroding.

Thus part of the reason for this study.
A brief review of the story from New Brunswick, where health care reform began.

1992 Legislation

March 26, 1992, Bill 23 “An Act to Amend the Public Hospitals Act” was introduced in the Legislature

Minister of Health and Community Services assume the control and management of the business and affairs of the hospitals and hospital services.

All rights, powers, duties and responsibilities that relate to hospitals were transferred to the Minister.

Minister receives sweeping powers with the legislation, including the full powers previously held by the local Boards of Directors of Hospitals.

Minister appointed himself a one man board of all hospitals.

Bill 23 superseded the Expropriation Act.

Bishops to meet with Premier

Legal advisor appointed re: Bill 23

Idea of a legal Agreement

Idea of appointment of Catholic representatives on new Boards to be appointed.

Introduced March 25, 1992

Included powerful provisions in order to achieve the government’s initiatives.

Many laws of the Province were sidestepped.
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Hospital Act 1992: BILL 64

- It made provision for takeover of all property, with the exception of land and buildings.
- The government also assumed for itself, by enacting special regulations, additional powers to seize the religious institute’s land and buildings, if such were used as a hospital at any time.

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Hospital Act 1992: BILL 64

- Expropriation Act became non-applicable after the introduction of the new Hospital Act.
- Under legislation, religious institutes were forbidden to provide hospitals services anywhere in the province of New Brunswick.

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Hospital Act 1992: BILL 64

- Religious institutes were prohibited from appealing to the courts for any form of relief from the government’s actions.
- Employees were forbidden to launch any lawsuits for dismissal consequent upon the takeover by government.

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The Agreement

- In 1993 – one year later – the CHANB, the religious owners and the provincial government agreed on the terms of a letter of understanding.
- The Agreement is pivotal in the examination of the canonical status of the Catholic health care facilities in New Brunswick. It permits some degree of participation.

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The Agreement

- It provides safeguards so that religious health care facilities can be maintained within the regionalization program of the government.
Twelve Years Later

Agreement in place and being honored by Government (for the most part)
Region Hospital Corporations abolished and replaced by Region Health Authorities
Many hospitals downsized

Downsizing and restructuring implemented throughout the health care system in the province
Is the Mission, Values and Philosophy of the founding Religious Institutes being maintained in the Catholic facilities?

Role of the Religious Institutes changed with the establishment of Catholic Health Partners Inc.
This Public Juridic Person assumes sponsorship of all facilities and ownership of many.

Doctoral Study completed in January 2005.
Purpose of the study was to determine the extent to which healthcare reforms have impacted on the values which were in place prior to reform in New Brunswick’s health facilities.

The study examined the “values in modern health care in New Brunswick from a religious perspective in light of the 1992 legislation.”
Recommendations for possible changes were made.

MISSION:
“...a ministry commissioned by a religious organization to propagate its faith or carry on humanitarian work.” (Webster)
Values

Values are the personal beliefs we hold about things that are important to us. They are views and attitudes about ourselves, other people, ideas and things that are central to the pursuit of a moral and ethical life.

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The Study

Four key values were examined:

- Respect
- Dignity
- Compassion
- Quality

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The Survey Process

Employed an investigative and analytic method of the picture of health care in the province as perceived by the population.

A study of perceptions
A qualitative inquiry method employed

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The Survey Process

Based on perceptions not absolute knowledge
Hundreds of interviews
Hundreds of surveys completed in N. B.
Surveys contained research questions
All questions were examined for their validity

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The Survey Process

Mini survey in each Catholic Facility in N. B. based on values-driven holistic care measured on a Likert scale

Similar sampling done in each Region Health Authority
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The Survey

- Comparisons between urban and rural
- Anglophone vs Francophone
- Cultural experiences
- Similar study done across Canada
- Leaders of Religious Congregations interviewed or invited to complete the survey

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The Survey

- Permission granted to access and use CHAC Values Assessment survey documents from across Canada
- Methodology consisted of: Mail-out questionnaires; personal interviews; telephone interviews; and an analysis of pertinent literature
- Inclusion and exclusion criteria established and utilized

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The Survey

- Ethical considerations established
- 192 questionnaires were circulated throughout the province with a return rate of 88.02%

The Findings

Overall

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<th>3</th>
<th>4</th>
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<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>39%</td>
<td>39%</td>
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<tr>
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<td>2%</td>
<td>1%</td>
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<td>22%</td>
</tr>
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<td>3%</td>
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<td>38%</td>
<td>39%</td>
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<tr>
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<td>1%</td>
<td>0.5%</td>
<td>7.5%</td>
<td>31.5%</td>
<td>57%</td>
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New Brunswick Overall – Table 4.1

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<tr>
<td>Quality</td>
<td>223</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>8</td>
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<td>Compassion</td>
<td>1.5</td>
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<td>0.5</td>
<td>7.5</td>
<td>31.5</td>
<td>57</td>
</tr>
</tbody>
</table>

New Brunswick Overall – Figure 4.2
Cultural Results

Anglophone vs Francophone

Geographic Differences

Urban vs Rural

Conclusions

- RESPECT:
  - Overall percentage high at 80%
  - 73.6% of population believe origins of founding religious institutions are well known
  - 71.4% feel families and significant others feel welcome, given appropriate information & treated with respect
  - Evidence of the need for further development of greater awareness of mission
  - Evidence of a shift in culture of workers
Conclusions

**DIGNITY**

34.4% of respondents were satisfied and agreed that each person is recognized by treating all patients/residents with respect. (31.2% were somewhat satisfied)

Points to a need by leaders in Catholic healthcare to address this concern – remembering that dignity is a key component of Catholic Healthcare.

Overall scoring for Dignity is 70% - therefore the perception of the value is satisfactory with specific low points.

Conclusions

**QUALITY**

Three areas of concern were generated by the survey:

- Mission education and awareness
- Leadership (changing of the guard)
- Training of nurses

Modern society attaches less importance on moral and Christian values – values are not at the forefront – the main focus is on getting the job done.

Conclusions

**COMPASSION**

- Indication by some respondents that patient care, particularly by nursing professionals, has become more of a “measured – unit producing” kind of work leaving less space for compassion and holistic care.

Conclusions

**Are Values being maintained?**

- There is every indication that values are being maintained.
- The survey documents indicate human values are maintained as a top priority.
- Most people dealing with the sick and elderly maintain their core values no matter how reform affects their working conditions.

Conclusions

**Is there a perception that values in faith-based health care facilities has deteriorated since reform in 1992?**

- Data does not indicate any deterioration
- Study suggests that the perception is still strong that the values in faith-based facilities is being maintained.
- Advisory Committees are required to collaborate with provincial and national Catholic organizations, to make a rededication to the mission and values on which Catholic Healthcare was founded work.
Conclusions

- Who are the new players in faith-based health care in the new millennium?
  - As partners in ministry, dedicated men and women are constructing emerging models of sponsorship and clarifying the sponsor’s role, ushering the ministry into the future. The leaders within the sponsoring bodies will be the new players in faith-based health care.

RECOMMENDATIONS

1. In the future Catholic health care will take shape primarily in non-acute forms of care, such as long-term care or community-based services. Leaders and owners in Catholic healthcare must be open to this evolution when recommitting themselves and their resources to the health ministry.

2. Sponsors need to address the health care system issues effectively through advocacy, collaboration and a thorough rededication to the mission and values on which Catholic health care was founded.

3. Catholic organizations need to develop a public relations process whereby the mission of the facility is promoted to educate the general public of the communities in which they serve.

4. An education program is required to educate new leaders within Catholic health care organizations with a set of criteria established as a guide to this education.

5. Catholic health organizations throughout the country need to advocate for ethics and values programs in the university nursing programs.
In New Brunswick there needs to be continued dialogue/communication with Regional Health Authorities regarding Catholic health care and its benefits.

Religious and Spiritual Care should be an integral part of every faith-based facility. Therefore, the New Brunswick Catholic Health Association should lobby the government to ensure this becomes a line item in every hospital and nursing home budget. Additionally, funding should be in place for appropriate training of personnel in this area.

A survey of facilities to monitor values should take place on an ongoing basis (3-5 years).

Thoughts
- Today Catholic Health Care ministry has a very broad scope:
  - Must be Holistic
  - Pastoral Care must be broad
  - Must serve the poor, underserved & local community
  - Must be totally informed by the values of the Gospel
  - Must be carried out with attention to justice

Architects of new structures should consider four historical characteristics:
- Calling and ongoing formation
- Community support
- Theological grounding
- Structural ties to the Church

An emphasis has to be placed on leadership and training to ensure continuance of the ministry.
The future of Catholic health care ministry remains bright -- we must ensure that the light never dims.