

Sacred Vocation: Mending Healthcare Work
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Introduction

Healthcare work has changed in America. In a hospital whose mission is to provide health services in a healing environment, the growing environmental stresses and commoditization of health services detracts from the meaningful-ness of work particularly with respect to the spiritual care dimension. Consequently, healthcare workers are more likely to become disconnected with the healthcare service mission. Out of frustration they regard the system as devaluing them and work as nothing more than an exchange of labor for compensation. Today more than ever before healthcare and other human service organizations are at risk of entering the vicious cycle described.

Mending this requires an innovative approach to reintroduce work as sacred vocation—that is work as part of what gives meaning to a person's life. This project's goal is to redesign healthcare work as sacred vocation through a participatory change process. It is based on the premise that if you want the caregiver to nurture the spirit of the patient, you must nurture the spirit of the caregiver. The goal of this intervention is to help all those who interact with patients in the hospital to regard themselves as part of the healing team and to enable them to feel that the work environment is not only supportive of the patient but of them.

The concept of sacred vocation goes back to the Hebrew Bible. Adam is called to be a responsible steward of the Garden of Life. Abraham is called to be the father of a people. The English word "vocation" comes from the Latin word "*vocare*" which means "to call or summon." With the secularization of society the term "vocation" became interchangeable with the work we do without reference to its being a way of serving God in the world. What does it mean to perceive one's work as sacred vocation? Those of us who regard ourselves as religious may already consider our work ultimately as an offering to God. For those who are spiritual and not religious "sacred vocation" means helping those who work in a hospital to see themselves as healers and to appreciate that being a "healer" is part of what gives meaning to a person's life.

To understand sacred vocation and transform work we are partnering with St. Luke's Episcopal Hospital. Our initial pilot program focused on PCAs (Patient Care Assistants). These nurses' aides encounter patients more than anyone else in the hospital yet their self-esteem is generally low and many regard what they do as merely "grunt" work.

Brief Description of Intervention

We met with twenty-nine volunteers in two groups for an hour and a half per week over a period of five weeks. In the first session, after assuring them that all communications within that room would be privileged, we encouraged them to explore the kinds of activities and deeds that validate a human life. We asked them to imagine what they would like the clergy who officiated at their funeral to say about their life in the presence of family, friends and co-workers. Generally, they concluded that the item "She was kind to her grandmother and took good care of her patients at work" was more validating of that person's life than the item "She loved to curse the umpire as she guzzled beer at the ballpark."

In the second session we helped the participants discover through concrete cases and their own experiences that they have the power to heal body and spirit by the way they interact, by the way they speak, and the manner in which they do their work. In the following session we enabled them to see that the power to heal implies the power to harm. We shared scenarios that were not healing and then asked the group to determine how those harmful scenarios could be transformed into healing interventions. In the

fourth session the group was asked to identify obstacles in the environment to fulfilling their jobs as sacred vocation. They pointed to such factors as a difficult patient or a difficult family or understaffing. We invited them to divide into groups and to roll-play one of those particular problems and demonstrate how they could overcome that obstacle. In the final session the members of the group were asked to design a Hippocratic Oath for PCAs. In our graduation ceremony they recited the oath together and determined to wear the oath on a laminated card with their ID badge.

The next phase of the program involved addressing the question: What changes would I recommend to the hospital administration which would make me feel better about working here and help me to serve my patients more effectively? In the course of these sessions the group identified twenty-four changes. The hospital administration accepted eighteen of them.

The anonymous evaluation forms revealed a ringing endorsement and appreciation of the program. The participants reported feeling much better about the significance of their work and about working at St. Luke's Hospital. The hospital administration has asked us to consider extending this program to all who work on that particular floor and ultimately to all who interact with patients in the hospital. We intend eventually to devise a research study that will test the impact of this intervention on staff morale, retention, and patient satisfaction. Our goal is to help replicate this program in hospitals within and beyond Houston.

The laminated card worn by the PCAs is as follows:

Sacred Vocation Oath*

I will
 Listen and give hope to patients and their families.
 Speak in a comforting and reassuring way.
 Be caring and gentle in all that I do.
 Be a healer even in difficult situations.
 Honor every patient's dignity.
 Heal emotionally and physically.
 Nobody can take away my power to heal.

**All the concepts were formulated by members of the group and endorsed by all. The actual wording was edited with consent of the group.*

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