



***Getting My Spirit Back***  
***by***  
***Roy Henry Vickers***



How you want to be treated.

## GETTING MY SPIRIT BACK:

### APPLICATION FOR 2005 INTERNATIONAL SPIRIT AT WORK AWARD

#### 1.0 Basic Data

- Name: Providence Health Care
- Founded: April 1, 2000 (although some of the individual sites that comprise the organization date back to 1894)
- Employees: 5,715 Staff, 1,050 Physicians, and 1,500 Volunteers

Nature and Scope of Business: Providence Health Care (PHC) is Canada's largest Catholic-operated health care organization. PHC offers programs and services across the full continuum of care, including rehabilitation, residential and long term care, community based primary and secondary care, tertiary care, teaching and research.

Guided by the principle *How You Want To Be Treated*, we deliver compassionate care to 350,000 patients and residents each year, while training medical professionals and making innovative advances in research.

- Available beds: 640 acute care beds, 76 inpatient rehabilitation beds, and 697 long-term residential beds.
- Acute care hospitals: 2
- Long-term/residential care: 5
- Rehabilitation hospitals: 1
- Location: Providence Health Care is located in Vancouver, British Columbia. All sites are geographically located in Vancouver, but are part of the Vancouver Coastal Health Authority and serve a larger catchment area. Please see [www.providencehealthcare.org](http://www.providencehealthcare.org)

#### 2.0 Contact Information

Tom Maddix, CSC, D. Min, V P Mission, Ethics and Spirituality, (604) 806-8510 or [tmaddix@providencehealth.bc.ca](mailto:tmaddix@providencehealth.bc.ca)

#### 3.0 Mission, Vision and Values

- **Mission:** PHC is a Catholic health care community that respects the sacredness of all aspects of life. Inspired by the healing ministry of Jesus Christ, our staff, physicians and volunteers are dedicated to service and to the support of one another. In this environ-

ment of service, support and respect, we meet the physical, emotional, social and spiritual needs of those serve through compassionate care, teaching and research.

- **Vision:** We will continue to grow as a community, regional and academic health science enterprise that is a recognized leaders, and major player, in the provision of health care within British Columbia. We will be respected for our care and services, known for our Mission and Values, acknowledged for the contributions of our teachers and researchers. We will actualize our Vision by being an organization of **caring hearts, creative souls and resourceful actions.**
- **Values:**
  - Spirituality:** We nurture the God-given creativity, love and compassion that dwells within us all.
  - Integrity:** We build our relationships on honesty, justice and fairness.
  - Stewardship:** We share accountability for the well being of our community.
  - Trust:** We behave in ways that generate trust and build confidence.
  - Excellence:** We achieve excellence through learning and continuous improvement.
  - Respect:** We respect the diversity, dignity and interdependence of all persons.

#### 4.0 Introduction

Spirituality is a core value at Providence Health Care and guides who we are and how we live our mission, which is not just a statement on the wall but something that is lived every day. This value, and the organization's five other core values (noted above) provide a foundation that enables us to continue to be a leader in providing state-of-the-art health care with a strong sense of tradition, compassion, community and spirituality. There is a strong commitment to serve and support one another as well as to serve and support our volunteers, patients, residents and families. This special spirit is often noted by staff who say they have not felt it in other workplaces.

At Providence, there is a sense of community that partly stems from a shared sense of history. Each new employee is told the stories of how the Roman Catholic Sisters of the five founding congregations arrived in British Columbia and overcame challenges and hardships in order to build hospitals and provide much needed health care. These stories help staff to feel a strong connection or link to the past and provide inspiration for the future. These values have been embedded in our organization by the founders and are reinforced by present leaders.

Opportunities for spiritual development at PHC in the traditional sense are plentiful and include, but are not limited to the following:

- ? Chapels and meditation rooms on all sites
- ? Ethics consultation services
- ? Rituals to mark important events and transitions such as closing of hospitals
- ? Contemplative silence or multi-faith prayers before meetings
- ? Prayer groups
- ? Pastoral Care Chaplains are available to pray with staff and physicians
- ? Workshops and seminars that focus on spiritual development

Our organization's culture and values have also made it possible to develop spiritually in new and innovative ways as we struggle with what it means to live our values during times of rapid, non-stop organizational change. Specifically, we have sought to be good stewards of our workforce and our financial and material resources. We seek to act with integrity by trying to balance the wellbeing of our staff with the need to plan for the future health care requirements of the community.

Although there have been numerous changes affecting all of our sites, the story that we will focus on here is about the closing of two hospitals—St. Vincent's Arbutus, an extended care facility, and St. Vincent's Hospital, Heather site, an acute care community hospital and extended care facility.

This story will highlight some of the policies, programs and practices that demonstrate the presence of spirituality at work. These events tested people's faith and demonstrated that spirit at work can be found even during the most difficult times. In fact, it is during times of change and transition, when people are struggling to make sense of what is happening, that strong bonds of community are formed and people find the resilience to meet the challenges that they are faced with.

Current challenges in healthcare require that members of our organization be resilient and able to adapt quickly. Spirituality is fundamental to how we work together and enables us to be creative and resourceful in responding to these challenges.

## **5.0 Context/Sustainability**

Through the 1990s and into the 2000s, Catholic health care in the City of Vancouver faced a series of growing challenges that threatened its very future. A shrinking budget, increased cost pressures, aging infrastructure, shortages of health professionals and an increasing demand for services were among the many issues. As well, questions about the relevance of faith-based care within a secular, government-funded health care system (PHC is completely dependent on government funding for its operational expenditures), and other issues combined to bring a strong sense of vulnerability. In many other Canadian provinces, Catholic health care had been absorbed into the secular health system.

In a bid to strengthen their position, the city's three existing Catholic care organizations merged in 2000 to form Providence Health Care. As with many organizational mergers, there were transitional difficulties, but more change was to come. The following year, British Columbia's publicly funded health care system was radically restructured with the creation of large, regional governance bodies. Providence sat uneasily within one of the regions, but maintained its status as a separate employer with its own CEO and Board of Directors. PHC now had to reposition itself if it wished to remain a strong and relevant player on the health care scene.

In 2002 the Board of Directors approved the Legacy Project, a bold initiative that would ensure the future of the organization by consolidating services and renewing aging infrastructure—in effect, completely transforming the organization. The Legacy Project would create a new state-of-the-art acute, research and teaching facility to improve and expand services and accessibility for patients. The project would also transform our residential care homes into innovative health care centres that promote independence and positive lifestyles for seniors. With aging infrastructure at all of our sites and changing demands on health care, the renewal plans build on our 100+ year history and provide solutions to the many complex challenges facing health care today.

There were enormous changes and painful decisions to be made to ensure the success of the Legacy Project. The first steps included the closure of one extended care residence and a community hospital (that also included an extended care facility) and the transfer of acute care services to two of our other hospitals. This strategic move was necessary for us to move forward.

But no one had voluntarily closed a hospital in British Columbia previously. Some services would be lost for good. Many staff were transferred from workplaces that they were strongly attached to or even lose their jobs. Communities would lose healthcare facilities. Residents living in the extended care homes would be moved from their homes and their families would have to adjust to a new care home. It would be a painful transition that could leave staff and clients bitter and angry. All of this would occur in the highly politicized atmosphere of Canadian health care, where negative media stories and political accusations are day-to-day events.

To stay on the path for this journey through the dark night of our soul we knew we must remain true to the spiritual values that had served us so well for the past 100 years.

## **6.0 Policies, Programs and Practices that Explicitly Promote or Enable Spirituality at Work**

### **6.1 The Closing of St. Vincent's Arbutus.**

In 2003, St. Vincent's Arbutus, a 75-bed residential care hospital, became the first PHC site to close. One of the oldest residential care homes in Vancouver, it no longer met the needs of the residents and there had been talk of closing the hospital for years. Yet when the decision was finally made it sent a shock wave across the organization. Despite its aging infrastructure, the close-knit staff provided excellent care and it was popular with families. It was an emotional time and many people experienced feelings of anger, grief and sadness over the loss of community, relationships, and dreams.

Once the decision was made to close the site, PHC's Senior Leadership Team made a commitment to ensure that the process of closing would be in keeping with the mission and core values of the organization. One example of this commitment was the development of a set of Human Resources Principles. These principles were used to plan a human resources strategy that would ensure that employees were treated fairly and with respect. The principles included the following commitments:

- Maximize opportunities for staff
- Uphold our values of integrity, stewardship, trust, respect, excellence, and spirituality
- Maintain clear and timely communication with our employees and unions
- Share information and decisions as they become known or clarified
- Provide support and resources for managing change

Human Resources leaders worked closely with the unions to ensure that employees who were affected had equal access to job vacancies and re-training. PHC was already working with the Hospital Employees Union (HEU) to reduce workplace stress and enable employees to participate more fully in decisions that affected them. Once the announcement was made to close the Arbutus site the Anti-Stress Initiative's weekly meetings provided a forum for staff to struggle

with the what the closing of the hospital meant to them, to continue learning about stress and methods of coping and to find ways to support one another. One impressed union executive member said, “I’ve heard very good things about what Providence is doing to support our members facing layoff...thanks so much for your support and good work!!!”

PHC leaders also made themselves available and created a safe place for all members of the Arbutus community—including employees, physicians, volunteers, families and residents—to speak up. An example of this was the monthly forum, which provided up-to-the-minute communication about timing of bed closures, job opportunities on other sites, and options for retraining. These forums also gave people the opportunity to ask questions and identify issues that needed to be resolved. The tone was set during the first forum when the CEO and other members of the Senior Leadership Team were on hand to break the news that the hospital was closing.

This willingness to meet in such an emotional charged climate did not go unnoticed. At one forum a staff nurse stood up and thanked management for caring enough to meet face-to-face with staff. The staff who packed the room burst into applause. As one registered nurse said later, “I think that the senior leaders were honest from the beginning and tried to go into the hospital, to meet with staff on a regular basis even if they didn’t have any new information.”

The site Mission Team (for more on Mission Teams, please see appendix) provided another forum in which employees could experience a sense of community and belonging. It grew in size during the closure as staff members sought spiritual support and a place to find meaning in the face of uncertainty. Pastoral Care was also available to any employee, family member or resident who wanted to pray or meditate. Human Resources and Social Work were instrumental in providing emotional support to staff. “The staff turned to me for support, a listening ear and information,” said Chris Bernard, Pastoral Care Chaplain. “At first, my task was to receive and contain their grief, anger, frustration, hopelessness and fear. Only later when the reality of the closure was accepted could I work with them on creatively preparing for the future.”

The months leading up to the closure, as the hospital downsized and people retired or left to work on other sites, became a time of growth and transformation as people formed strong bonds, tested their faith and worked together to ensure that the closing of the site was a positive experience. During conversations among staff and leaders, one of the themes or metaphors that emerged was that of planting seeds. It began as a discussion about planting actual trees or opening an Arbutus Wing in a new hospital as a physical reminder of the years of service provided to the community.

After further reflection it became clear that when staff transferred to other sites they would be planting the seeds of their knowledge and experience. (Many Arbutus staff had more than twenty-years experience working with the elderly and their families.) Staff would “re-root” in another location and in that way carry on the excellence in care and service to the elderly that the Arbutus had come to be known for.

Farewell parties and employee recognition events were held in the weeks and months leading to closure. Support also arrived from other parts of the organization as staff on other sites sent cards and letters, to let the employees at Arbutus know that they were not alone. The most significant event was a ceremony of Closure, Thanksgiving and New Beginnings that focused as much on the future as on the past. Many of those present reminisced about what gave Arbutus its unique

spirit, focusing on the values instituted by the founding Sisters, and the people that lived those values in their work throughout the years.

At the event, Carl Roy, PHC's President and CEO, presented the staff with a painting by aboriginal artist Roy Henry Vickers entitled, "Getting my Spirit Back." The painting illustrates the artist's journey to regain his spirit after a struggle with addiction. Carl made the analogy to the journey the staff had been on, and despite the difficulties of change and closure, they got their "spirit back."

In keeping with its mission and values Providence Health Care ensured that the staff did not journey alone as they struggled in the months leading up to the closure. For many, "getting one's spirit back," involved a process of transformation. There were numerous opportunities for staff to reflect individually and in small groups; to learn from others who were also struggling with similar issues; and to explore options for new roles. Staff were then helped to integrate what they had learned and move forward feeling stronger and better prepared to face the future. In reflecting on this experience, Chris Bernard noted, "My hope for the staff, if they had to go through this process at all, was that at least they come out of it somehow transformed and a for a lot of them I think that happened."

## **6.2 The Closing of St. Vincent's Hospital, Heather site**

In 2003, immediately following the closure of St. Vincent's Arbutus, PHC began to plan for the closing of a second St. Vincent's Hospital. Built in 1939, the St. Vincent's Hospital (SVH) Heather site was much larger than St. Vincent's, Arbutus. The 200-bed facility provided both acute and residential care and was a regional and provincial referral centre for geriatric medicine and geriatric psychiatry. The site was closed for several key reasons. It would: enable PHC to consolidate acute care and related services at its two remaining acute care sites (St. Paul's and Mount Saint Joseph) to achieve operating efficiencies; allow for the development of the SVH site into a new residential care facility; and reduce operating costs to enable PHC to meet budget targets.

With the closing of SVH, 210 full-time positions were transferred to our other hospitals and 170 full-time positions were eliminated. In keeping with the Human Resources Principles first set out for the Arbutus closure, staff were also provided with extended orientation, refresher courses and opportunities for team re-building. Leaders met individually with staff to present displacement or transfer letters, and Human Resources staff also met individually with displaced staff to review their options.

Whenever possible, physicians and employees working in acute care were transferred with their programs. The transfer of employees was made possible through an agreement with the Labour Relations Board and the three major health care unions. Providence Health Care's CEO Carl Roy welcomed this decision. "This is a positive change which will help ensure the fair and just treatment of our staff in a time of downsizing," he said. Those employees who were unable to continue working at PHC were provided career and transition support as well as education funds and other assistance. A number of employees took advantage of this opportunity to continue their education or change careers. Some have since returned to work at PHC because of the positive way they were treated during the hospital closures.

As with the Arbutus closure, regular meetings between leaders and staff and leaders and physicians contributed to a culture of positive, open and honest communication. Community-building and welcoming events were planned as staff transferred to their new sites. One of the receiving hospitals hosted monthly community-building events in the cafeteria. All staff, physicians and volunteers were invited to these events, which soon became “town hall” type meetings. Employees who were transferring to another site were thanked and recognized for their service and new employees were welcomed on board. There was also time for reminiscing, singing, reflection and prayers.

Once again the site Mission Team at St. Vincent's Hospital became a haven for staff and physicians seeking a place to find meaning and to nurture their souls. The Mission Team sponsored a number of activities in order to boost staff morale during the year leading up to the closure, such as:

- Students from a local community college provided free healing touch and massage;
- Prayers and reflections were shared before meetings and over the public address system;
- Celebrations and rituals were held throughout the year to mark important dates and transitions.

To commemorate the hospital's history and importance to the community, Mission, Ethics and Spirituality sponsored a number of events. One of these events, Sustaining the Light of St. Vincent's Hospital, was a moving and symbolic ceremony that represented the transferring of the spirit of St. Vincent's Hospital, Heather to the other sites. The ceremony included the pouring of water by representatives of the three hospitals and a lighting of candles. A candle from St. Vincent's Hospital, Heather was used to light two other candles, which were then taken to Mount Saint Joseph and St. Paul's hospitals by delegations representing staff, physicians, the Sisters of Charity and the Mission Teams. “I think that was an extremely meaningful and powerful experience,” said Sister Margaret Vickers, of the congregation that founded St. Vincent's. “It was an event of coming together and helped to establish the feeling of working together and moving forward.”

Another event, The Salute to St. Vincent's, was an evening banquet where tears mixed with cheers as staff and former staff came together to celebrate the hospital's history. A commemorative book and video were produced. Many of the photos from the book still hang in the cafeteria at St. Paul's Hospital as a tribute to the St Vincent's staff who now work there. In recognition of this work the Mission Team on the St. Vincent's Hospital, Heather site won Providence Health Care's Mission Award in 2004.

The closures of the two St. Vincent's sites stand in marked contrast to the other controversies surrounding health care issues in British Columbia during the same time period. For example, the closure or downsizing hospitals in other parts of the Vancouver area were marred by bitter infighting, angry debate, and huge public outcries. In contrast, the PHC closures did not become political issues, were not taken up as causes by labour unions, were accepted without rancor by the surrounding community, and generated fewer than a dozen news stories. We cannot help but conclude that the manner in which the closures were handled contributed greatly to the way in which they were received.

## **7.0 Summary/Where Are We now?**

As we have seen, the closure of two of our hospitals certainly inspired personal transformations among some of the affected staff, but the impact was much greater. It could be argued that the entire organization went through its own spiritual transformation during this difficult period of transition.

When Providence came together in a merger that not everyone welcomed, there were concerns that the individual hospitals would lose their soul as they were subsumed into a larger corporate entity. It was a view that some had thought confirmed when the closures of Arbutus and St. Vincent's Hospital were announced. It seemed bottom-line decision-making and grand corporate schemes would replace concerns for the well being of staff.

The hospital closures demonstrated that we had the courage to make, tough pragmatic decisions. We proved to government funders that we are accountable, responsible stewards of taxpayer dollars. The closure of the two hospitals has positioned us for growth. Already, the former St. Vincent's Hospital, Heather site has been demolished and a new Campus of Care is taking shape. Plans are evolving for other aging residential care sites to be converted into Campuses of Care. A business case for the renewal of our acute care sites is being developed in cooperation with government agencies and our regional health partners. This fall we look forward to making this plan a reality, with the announcement of a new state-of-the-art teaching and research hospital in the heart of the city.

Despite this enormous change, we have remained true to our values, rooted in the traditions of our founding congregations. We have demonstrated to our staff, volunteers and physicians that we walk the talk, that we are a caring organization that will not compromise our ideals. From the individual cultures of our eight original sites, a new culture is emerging. Staff express a feeling of belonging to a large extended family and that we are all in this together as the organization undergoes change. Some staff members have had to leave their teams, change jobs and move to other locations during the organizational changes. Yet most remain committed to the mission and values of PHC. When asked what kept him at Providence Health Care, despite all of the changes that he had been through, one employee said, "There is a family atmosphere and the leaders try their best to look after their staff."

Like our founding orders of Sisters, we seized opportunity and proactively managed change, while remaining true to our belief in social justice. We make decisions that require the courage to overcome short-term challenges in order to ensure our continued standards of excellence into the future. We demonstrated that we are different than other health-care organizations in British Columbia. We emerged from this period stronger, more confident, respected. Nothing was lost, and perhaps something was even gained.

## **8.0 How Has The Organization Been a Model?**

Carl Roy, PHC President and CEO, has been asked to speak at luncheons and other events. For example, he recently gave a presentation at the annual meeting of the Health Employers' Association of BC on values-based change.

He was also featured in a prominent business publication as one of the "Most Influential People in British Columbia". Roy was cited for having "deftly steered the health care organization through tumultuous years that have been marred with employee unrest and government re-

straint." (NB that the employee unrest refers to province-wide labour disputes that affected PHC and not to disputes specific to PHC.)

Other PHC managers—including Linda Revell, VP Strategic Transformation; Bashir Jiwani, Ethicist and Tom Maddix, VP Mission, Ethics, & Spirituality—are frequent guest speakers and workshop facilitators on the subject of change management, healthcare innovation, ethics, and spirituality in the workplace.

Providence representatives gave a presentation to the annual meeting of the Human Resources Management Association in 2004 that outlined PHC's human resources principles, our approach to helping staff deal with change and transition.

The Centre for Practitioner Renewal is an innovative partnership between Providence Health Care and the University of British Columbia. The purpose of this partnership is to help physicians, nurses and other health practitioners thrive in today's health care environment. Ultimately the Centre will work to help practitioners recommit to their sense of service and calling as health professionals. Providence Health Care was chosen to participate because of our values and our culture of care and service that sets us apart from other health care organizations.

As well, PHC has a strong voice in the Denominational Health Association of BC, the Catholic Health Association of BC and the Catholic Health Association of Canada.

## **9.0 APPENDICES: ADDITIONAL SOURCES OF INFORMATION**

### **9.1 Building Community Relationships.**

Employees and physicians give back to the community in countless ways. The spirit of PHC can be seen in the following examples.

During the closure of St. Vincent's Hospital, many people faced uncertain futures and possible job loss. In the midst of these concerns about their own future, a small group of St. Vincent's employees organized an outreach to Vancouver's Downtown Eastside, Canada's poorest urban neighbourhood. Volunteers from St. Vincent's Hospital spent a Saturday afternoon providing clothing and food to over 300 people, many who were homeless. A member of the Mission Team conceived of the outreach project as a way for staff to feel connected to something larger than themselves.

Even though the hospital closed in 2004, the project has continued and was expanded to include staff, physicians and volunteers from all across PHC. For many of these individuals it is the first time they have visited the Downtown Eastside and experienced for themselves the hardship and poverty that is the day-to-day reality of the people who live there. According to Sister Margaret Vickers, who organized these events with the help of PHC's Mission Teams, "It is a great opportunity for us to reach outside ourselves and care for the larger community around us."

A program called Creating Community Connections is another example of a project that encourages teams of employees and physicians to reach out to the community by donating their time or resources. Each month, one of the health care teams St. Paul's Hospital chooses a different organization to be a beneficiary.

## **9.2 Leadership and Ethical Decision-making**

Providence Health Care has made leadership development a key human resource priority for sustainability and succession planning. It is a priority for us to continue to be a learning organization and develop our internal capacity. We want our people to grow professionally, step into new challenging positions within our organization, share their experience and knowledge with staff, and inspire others to fulfill our shared vision of providing compassionate care.

Providence Health Care is a recognized leader in faith-based leadership and in change management. Two innovative programs are available to our organization's leaders.

The first, Foundations in Leadership, enables senior leaders, managers and directors to more effectively carry out their unique responsibilities as leaders of Catholic organizations. The program provides a learning and living experience that is not available in other professional or academic programs. It creates a space for reflection that enables a person to better know one's self and one's call as a leader within a Catholic organization. It also helps to expand leaders' ability to articulate the unique role of Catholic health care in contemporary society and enrich leaders' vocabulary to better articulate the Church's mission in health care. An understanding of the rich heritage of Catholic social teaching is also developed.

The Providence Health Care Leadership Development Program is open to all leaders, who are encouraged to complete the two-year program and earn a certificate that can be used as an additional competency when applying for other leadership positions. The program has five components: Leading Self, Leading Relationships, Leading in Change and Quality, Leading with Values and Leading with Results.

Participants learn co-active coaching skills, explore essential ideas, skills, tactics, and tools for leading change improvements, develop an understanding of how group interaction impacts relationships and productivity, and many other topics. An important focus is on ethics and spirituality. In one session, participants look at the essence of who we are at PHC and examine how to integrate mission, spirituality and ethics as a leader. Another workshop provides an overview of the field of ethics as it applies to health and health care and the core values for both PHC and Catholic health care, with special emphasis on processes for ethical decision-making.

## **9.3 Respect for Diversity**

PHC welcomes religious and cultural diversity while maintaining a strong Catholic identity. This is enshrined in one of our core values, Respect, which explicitly states that: "We respect the diversity, dignity and interdependence of all persons." This respect for diversity is manifest in many ways.

A program called Creating a Respectful and Harassment Free Workplace was developed collaboratively with our labour unions five years ago, and then taught to leaders and staff throughout the organization. This program encourages employees to consider, "Why a respectful workplace is important both for them and for the organization." They also learn specific communication skills in order to more effectively deal with disrespectful behaviors. Providence has in place a set of harassment guidelines (attached) that support the BC Human Rights Code. Under the guidelines, harassment or discrimination of any kind on the basis of religious beliefs is not tolerated.

Providence employees and volunteers reflect the broad ethnic and cultural diversity of Vancouver, one of the most multicultural cities in North America.\* Although most come from different faith traditions, all are made to feel welcome at Providence throughout the entire spectrum of the organization. (Indeed, two of our senior executives are Muslims.)

Feast Days are held annually on all sites and provide members of PHC an opportunity to celebrate and honour the Catholic saints and other events that are an important part of the Catholic health care tradition. But to ensure a sense of inclusiveness, multi-faith blessings are used to mark these events. Similarly, at Mount Saint Joseph Hospital there is a history of blessing new medical equipment. While this blessing was once performed solely by a Catholic priest, in 2004 a multi-faith blessing of two new pieces of equipment was celebrated by a Catholic priest, a Jewish rabbi, a Sikh priest and a Muslim imam. As well, special arrangements are made for the ceremonies of patients who are from Canada's First Nations (native Indians).

\*Please note that statistics on employee composition are not available as Canadian law forbids the collection of employee data on a religious or racial basis.

#### **9.4 Ethics Services**

Traditionally, hospitals establish committees to oversee ethical issues. Taking a different approach, Providence became the first health care organization in British Columbia to develop a comprehensive ethics service led by a full-time clinical ethicist.

A unique feature of our ethics service is an ethics network, which provides system-wide ethics support at the grassroots level throughout the organization. The ethics network is comprised of specific individuals who have been identified in each unit, area or program in the organization to act as ethics mentors for that particular area. The ethics mentors participate in ongoing ethics training, assist those facing ethical dilemmas to understand the nature of the problem, analyze the situation using an ethics framework, facilitate needed communication, and access additional ethics resources, such as the clinical ethicist, as required. To date, over 400 individuals have been identified as mentors and have participated in the twice-yearly ethics conferences.

In 2001 PHC's ethics services were described in the international journal *Healthcare Ethics Committee Forum: An Interprofessional Journal on Healthcare Institutions Ethical and Legal Issues*. The paper, written by Kevin Murphy, was titled "Re-visioning our potential: networking ethics mentors and healthcare ethics committees."

#### **9.5 Mission Teams**

There are Mission Teams on all six PHC sites, which form the grassroots level of a larger structure that supports the integration of our mission and values. The Mission Teams, composed of employees, volunteers and physicians, provide opportunities to be of service (horizontal spirituality). The presence of Mission Teams on each site also encourages others in the organization to become involved in providing leadership in mission integration. Each Mission Team has representation on a PHC Mission Council. The Council reports to the Vice President of Mission, Ethics and Spirituality. In this way, the site Mission Teams have a voice, through the Vice President to the Senior Leadership Team and the Board of Directors.

Says the Vice President of Mission, Ethics and Spirituality, Tom Maddix, “The larger purpose of the Mission Teams is to represent the presence of the Mission at all levels of the organization. The teams are catalysts and facilitators. Members help nourish the mission at the grassroots level of the organization.”

Over the past three years PHC has gone through some difficult transitions that have caused pain for some staff members. As these organization-wide changes were introduced, the role of the Mission Teams began to change in order to meet the shifting needs of the organization.

On the sites that were closing, Mission Team membership grew in as employees sought a place to find meaning in what they were experiencing. Some sought support for themselves; many also sought opportunities to serve others. The teams acted as listening posts for colleagues who were experiencing the emotional pain of losing their place of work and possibly their livelihood. The teams also provided advocacy when the actions of those who were planning and implementing the changes appeared in conflict with the Mission and Values of PHC.

## **9.6 Employee Recognition Programs**

Providence Health Care recognizes that the commitment of its employees, physicians and volunteers are key to the organization's success. This year, CEO Carl Roy shared his thoughts. “Our nurses, doctors, hospital and residential staff, and volunteers share a common vision and a deep sense of history and commitment to the mission of our founding sisters. We have been in the community for over a hundred years, and we must be thankful to all our staff past and present who helped build a rich tradition and high reputation of care.”

At PHC employees, physicians and volunteers are celebrated the following ways:

- *Informal Recognition Program:* This program encourages leaders to recognize individuals who are live the mission, vision and values daily in their work.
- *Long Service Recognition Program:* During employee recognition week events are held on each site to honour staff with 10, 15 and 20 years of service. These events are hosted by the site Mission Teams and are open to all employees, physicians and volunteers. There is also an annual *Long Service Banquet and Awards Presentation* for individuals who have reached a 25, 30 or 35-year milestone.
- The spirit of Providence Health Care is celebrated annually with two awards. *The Foundress Award* is presented to a team that demonstrates the mission and values of the Sisters who founded our organization. The *Mission in Action Award* is given to an individual who consistently lives the mission of Providence Health Care and acts as a role model for others. Both awards are presented at the organization's annual general meeting.
  - Volunteers are also eligible to receive the Mission in Action Award and there are separate volunteer recognition events held throughout the year.

## **10.0 Stakeholder References**

(Attached)