Introduction by Albert Freedman

Two years ago, I wrote an open letter to home care professionals titled “Welcome to Our Home,” which was published in the June 2001 issue of CARING Magazine. In my letter, I described the experience of being the father of a six-year-old medically fragile child whose doctors had predicted a life expectancy of two years. I wrote about the challenges, difficulties, fears, and hopes associated with being Jack’s dad. I asked the home care nurses who work with our son to bring along their confidence, patience, skills, and sensitivity when they come to our home. I asked that nurses take the time to get to know Jack as a person beyond his disabling medical condition. Most importantly, in “Welcome to Our Home” I asked for home care professionals to help us have hope for our little boy and our family.

During the two years since its publication, I have received many heartfelt responses to my letter, from nurses and nursing supervisors, home care administrators, members of the clergy, and policy makers. Recently, when I took a look back through the pile of letters and email messages I received, I discovered one very clear and common theme: Thank you, Jack’s dad, for reminding us of what is truly most important about the work we do: our patients and their families. Among the subscribers of CARING magazine who read “Welcome to Our Home” was Mark Baiada, whose company, Bayada Nurses, provides home care services for my son.

Introduction by Mark Baiada

Two years ago, I realized that Bayada Nurses needed a clearer expression of what is most important about the work we do, the way we should work, in spirit and in action. I felt that our values, when more clearly expressed, would provide us with a powerful shared understanding and commitment to guide our daily work. For more than 25 years we have helped people at home and succeeded by following important, but unspoken, principles. I felt it was time to gather these principles together so we as a group could be clearer about what we stood for in our work.

Since then, I searched for a way to find and express what is most important. I read about how other successful organizations addressed this need, I spoke with many peo-
ple within and outside our company, and I thought about the matter a great deal. Then I met Dr. Freedman because we care for his son, Jack. I read his article, attended a workshop he led, and realized how close he was to the deepest feelings surrounding our work. I sensed a deep understanding of these issues. We met, talked, shared, connected, and decided to search for meaning together in a project we dubbed “The Bayada Way.”

Goals of the Bayada Way Project

We took our first step towards embarking on the Bayada Way Project by crystallizing our thinking about what we hoped to achieve. Our personal and professional experiences have led us both to view the health care system in our country as very much at risk. We feel health care in our society is too often dominated by economics and technology, with less-than-adequate attention focused on the human aspects of patient care. Our initial discussions, therefore, centered on the emotional needs and experiences of patients and their family members, and led us to three specific goals for the project.

The first goal of the Bayada Way Project is to help all of us involved in home care to reconnect with the heart and meaning of our work. By encouraging participation in group discussions and reflective exercises, we believe the Bayada Way Project will provide our company the opportunity to gain access to our hearts through a collective process of revelation. When patients, family members, and home care professionals are offered the opportunity to share their first-hand experiences—often rooted in faith and hope—and when others listen closely, we feel the true heart of the profession of home care will be revealed. Therefore, we purposefully planned the Bayada Way Project to be inclusive and dynamic: everyone associated with Bayada Nurses will be invited to participate in a search for the true heart of home care.

Our second goal is to provide an opportunity for everyone associated with the company to identify and articulate their own ideals, core values, and beliefs regarding home health care. Although we believe most home care professionals initially enter the field with a set of core beliefs and values about their work, the fast pace and task-oriented nature of the day-to-day responsibilities of nurses, home health aides, supervisors, and administrators does not necessarily leave adequate opportunity for ongoing reflection. Therefore, we hope the Bayada Way Project will provide a venue for employees to “blow the dust off” their reasons for initially joining the field of home care: to help people.

The third goal of the Bayada Way Project is to produce a written statement, called “The Bayada Way,” which will serve as a foundational compass for the company. Ultimately, we hope The Bayada Way will be viewed as the company’s “constitution:” a set of guideposts and beliefs articulated by the current generation of Bayada Nurses and passed down to colleagues who carry on this important work in the future. Our goal is for The Bayada Way to become a lasting legacy, rooted in the highest ideals and standards for the profession of home care.

Beginning Our Search

So together with the employees and clients of our company, we began our search for the heart of home care. What is the meaning and purpose of our work as home care professionals? What do we at Bayada Nurses believe about our work? What do we stand for? What values do we hold as sacred? What is The Bayada Way?

To begin our search, we conducted a series of focus groups with representative groups of nurses, supervisors, administrators, and family members of clients. The purpose of these initial discussions was to gain the perspectives of professionals and family members from a range of vantage points.

Pediatric nurses

We held our first focus group with five experienced pediatric nurses. For almost two hours, these nurses spoke passionately about their work with the children under their care: children with multiple disabilities; children who need ventilatory care 24 hours a day; and children with incurable diseases who are unlikely to live to adolescence. Rather than emphasizing the tragic aspects of these children’s lives, however, what these nurses highlighted were their
young patients’ small but important successes. One of the nurses, Karen, referred to this aspect of her work as “the art of nursing rather than the science of nursing…you know, the heart stuff.”

“In home care,” Karen explained, “we’re a different breed. Home care is a calling. There’s a certain amount of autonomy in home care nursing, which allows us to be creative. We have the opportunity to use our skills and apply other disciplines to our work over the course of a shift. I feel good about my work when I figure out how to help a child walk for the first time…or sit in a chair for the first time…or the first time the child tastes a new food. I leave the home with a great feeling. Home care nursing can be really inspiring. It means a lot to be a part of a child’s life and to make a connection with a child and family.”

Rehabilitation supervisors

When a team of seven Bayada Nurses rehabilitation supervisors met to talk about their work a few weeks later, much of the 90 minutes was spent sharing heroic stories of home health aids quietly and devotedly caring for clients left quadriplegic by automobile accidents, clients unable to care for themselves due to chronic illness, and clients recovering from major surgery.

“Home care is not only a job, it’s a way of life,” supervisor Susan explained, “and we’re on a mission to improve the lives of other people. Our patients need care around the clock, including weekends and holidays. So it takes special people to provide that care, people who are happy with home care as their way of life. We pride ourselves on our reliability, so we have to do our best to hire the right people…people who are creative, motivated, respectful, and honest.”

The group described how they are able to determine whether a prospective employee is one of those right people. “When I’m interviewing someone for a position on our team,” Ellen, another supervisor, explained, “I ask myself, ‘Do I see that sparkle in their eyes?’ If I see that sparkle, then our patients usually see it, too. So that’s the first thing I look for. And usually, when that sparkle’s there, everything else falls right into place.”

This team of supervisors genuinely felt like a team as they spoke with pride about their work and the importance of supporting the nurses and aides who provide direct services in homes of patients. “We believe when our nurses and aides are made to feel special, our patients are made to feel special, too,” the team members agreed. “We feel like a family, and we all approach our work the same way – we want to do the right thing for our patients. And if you think about it, doing the right thing in this business is actually pretty simple. We try to care for our patients exactly the way we would want to be cared for ourselves.”

Parents

Sarah, whose 11-year-old daughter uses a wheelchair and ventilator as a result of a spinal cord injury, sat together with a group of parents of severely disabled children. She described the initial experience of accepting help from home care nurses. “I didn’t believe that someone else could really take care of Jenny. There are so many little things to learn about Jenny’s ventilator, about her feeding tube, about her wheelchair…...and about her.” The other parents all nodded. A few minutes earlier, each parent had taken a turn explaining the reasons they need nurses in their homes: Jenny’s automobile accident; Carl’s one pound birth weight and multiple disabilities; Robert’s neuromuscular disease; and Abby’s genetic disorder.

The evening discussion covered a wide range of topics, including hope, faith, supportive communities, and the courage shown by the children themselves. Not surprisingly, talking with parents of medically-fragile children proved to be a very productive route toward the heart of home care.

Sarah continued on with her family’s story. “At first I was afraid to leave Jenny with anyone else, but our nurses take a genuine interest in Jenny as a person, and really care about her. It means a lot to us when [nurse] Carol comes through the front door in the morning with that big smile on her face – calm, confident, and happy to see Jenny. She does whatever it takes to help Jenny along.

“Now, two years later, Jenny feels very connected to Carol. There’s a special relationship between them. It’s hard to put into words. It takes a special person to know how to care for Jenny with such kindness, to blend in to our home without getting in the way, and to be so reliable and professional. All of that takes a very special person, a person with a whole lot of love….”

The Search Continues

To date, more than 200 Bayada employees and client families have participated in 18 focus group discussions. The next phase of the Bayada Way Project will include individual interviews of company personnel and clients; group discussions at each Bayada Nurses office location; and a written survey process to include all employees and client families. At the conclusion of our search, we plan to draft a document called “The Bayada Way” and to share that work here in the pages of CARING.

So far, our search has revealed that at the heart of home care are professionals who are reliable, caring, skilled, motivated, honest, and happy in their work. At the heart of home care are professionals who want to do the right thing for their patients. At the heart of home care are professionals who take the time to listen, make connections, and develop relationships with colleagues, patients, and family members. And, perhaps most importantly, at the heart of home care are people who show love.