

PARISH NURSING AND HOSPITALS



Courtesy of International Parish Nurse Resource Center

Mission Is a Natural Link between Faith-Based Facilities and Parish Nurse Programs



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Parish nursing is an emerging area of specialized professional nursing practice that focuses on health maintenance and health promotion for parishioners and the community.¹ Health care occurs across a continuum along which hospitals provide a key function. Is there a role for hospitals in relation to parish nursing, and, if so, what should this role be? Do faith-based health care organizations have a greater obligation than secular ones to partner with parish nursing programs?

PARISH NURSING: AN OVERVIEW

One writer, in a meta-analysis of various nursing theories, has described parish nursing's goals as "assisting, restoring, maintaining, enhancing or promoting system integrity, optimal health or adaptation, depending upon the specific theoretical constructs of each model."² Nursing's various roles, as described by the same writer, include "leader, researcher, teacher, counselor, collaborator, advocate, communicator, caring helper, provider of care, manager of care, member of the profession and change agent."³ Nursing is an applied discipline based on both science and art that focuses holistically on human responses to illness and health situations.

As for parish nursing, its historic roots "are intertwined with those of deacons and deaconesses, monks and nuns, church nursing and the nursing profession itself."⁴ The contemporary concept of parish nursing grew out of the work of Granger Westberg, a Lutheran theologian who served for many years as a hospital chaplain.⁵ Westberg believed that the relationship between spiritual well-being and physical health had been neglected by scientific medicine, which, as a result, "deprived patients of full patient care."⁶ In the 1970s, Westberg worked with physicians, nurses, pastoral counselors, and congregations to establish holistic health centers. Although this model proved too expensive to maintain, he observed that the church could and should play a significant role in holistic health and that nurses provided "the glue between the faith community and the medical community."⁷

In 1984, Westberg approached the leaders of Lutheran General Hospital in Chicago, seeking their involvement in a pilot project that would link the hospital with six local church parishes.⁸ In this model of parish nursing, the health care facility set up the program, supervised the nurses, and paid their salaries. The pilot project's influence was positive; by 1994 there were over 2,500 parish nurses in the United States.⁹

According to one authority, the parish nurse

role consists of five key components: health educator, health counselor, referral source and liaison between the community and health care resources, facilitator and teacher of volunteers in the parish, and interpreter of the relationship between faith and health.¹⁰ Professional nursing practice is based on maintaining, attaining, and promoting adaptive responses of individuals, families, groups, and communities to health and illness situations.¹¹ The application of these attributes within parish nursing is “the promotion of health for individuals and the faith community by working collaboratively with faith leaders and others to integrate the spiritual, psychological, sociological and physiological domains of health and healing into the activities of the congregation.”¹² A clear and distinct fit thus exists between the discipline of nursing and the unique and specialized role of a parish nurse.

THE NOTION OF HEALTH CARE

The notion of “health” is both simple and complex. The contemporary medical model of health and health care focuses on disease and cure, and, because it does, enormous technological and scientific advances have been made in the preservation of life and alleviation of symptoms of illness.¹³ Over the years, there have been numerous attempts to broaden the meaning of “health.” In 1948, the World Health Organization defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”¹⁴ Others have argued that it is a waste of time to try to define the term. Hence, many authors focus on health as a relative state based on age, environment, and social situation, and the human ability to adapt to changing circumstances. One writer, defining “health” more holistically, says that it is: “An experience of well-being resulting from a dynamic balance that involves holistic integration of our physical, psychological and spiritual dimensions so that we can adapt in a creative, joyful and life enhancing fashion to the stressors that challenge us.”¹⁵ If health is relative, encompassing the integration of physical, psychological, and spiritual dimensions, what then is “health care”? According to one writer, health care involves health care professionals, hospitals, and medical clinics, but, defined more broadly, also encompasses community, government, and culture.¹⁶ Culture, this writer says, is a “pattern of shared meanings and values expressed in symbols, myths and rituals”; and “people’s understanding of health, illness, sickness and disease is intimately linked to culture.”¹⁷ Culture is often linked to ethnicity, but religion also is a significant culture system.¹⁸

From the perspective of government, notes one writer, “health care” includes advocacy to remove discrimination related to education, jobs, and housing, as well as the promotion of environmental stewardship.¹⁹

The writer goes on to list four principles of holistic health care: “beneficence (the duty to care for people in need), nonmaleficence (the obligation to do no harm), autonomy (the right to decide how to undertake health care providing it is legal and respects the rights of others), and justice (equitable access to health care and the allocation of resources.)”²⁰

Necessary though they are, health care professionals, hospitals, and clinics cannot ensure genuine health care by themselves. Health care professionals and executives must be mindful of the holistic conception of health and its relationship to government, community, and culture.

THE ROLE OF FAITH-BASED ORGANIZATIONS

One author has described all health care organizations as “moral agents” because, he argues, they exist to help people in need by bringing together professionals who have sworn oaths or taken pledges to carry out their work.²¹

According to this writer, Catholic health care institutions were established to be “in the world for persons, listening to the world around them and making the world more Christ-like.”²²

Another writer argues that the Catholic presence in health care contributes to the maintenance of a balance among state, market, and civil society, and that the Catholic contribution is the belief that health care is a right because it facilitates the common good and enables participation in society.²³ In 1994, the Catholic Health Association identified five foundational values as characterizing the church’s health ministry:

- Health care as a service rather than a commodity
 - The right of every person to health care
 - The value of community
 - The preferential option for the poor
 - Stewardship of resources²⁴
- Christian-based health care facilities that are



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other-than-Catholic have a similar mission in that their focus is that of “the healing Jesus Christ who calls us to struggle together for holistic health, concentrating on the needs of the



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marginalized.”²⁵ Undoubtedly, each such facility possesses specific faith-based principles that align with the tenets of its Christian faith.

The mission of Jewish-based health care institutions is also based on the notion of the greater good. Judaism has been described as a “religion of deed, a

‘Way’ by which human beings are capable of understanding and responding to God’s teaching.”²⁶ The goal of Judaism, this author writes, is “a good life for all through adherence to God’s teaching and Commandments, harmony on earth, on the individual and social levels culminating in peace and well-being for all humanity.”²⁷ As in other religions, a holistic notion of health and an obligation to care for those in need are evident in the Jewish faith.

Faith-based health care facilities, like secular ones, are institutions that bring health care professionals together to apply their knowledge, judgment, and skills to provide care for those in need of such services. But faith-based facilities differ from others in sharing a holistic perspective of health intended to benefit the individual and society, particularly those who are marginalized. This obligation to serve enables God’s work because caring for those in need is essential for a just and beneficent society.

PARISH NURSING AND FAITH-BASED FACILITIES

Since Chicago’s Lutheran General Hospital established the nation’s first hospital-based parish nurse program, other models of parish nursing

have emerged. In many cases, the establishment of the program and the hiring and supervision of the nurses have been undertaken by the faith communities themselves. In at least one small Canadian community, three different faith communities pooled their resources to create a parish nurse program.

There is probably no one “best” way to set up and maintain a parish nurse program. However, given that faith-based hospitals have a mission to serve their communities, they should partner with parish nurse programs in some fashion. After all, the faith-based facility’s patients come from the community and will return to it after they are treated in the facility. In addition, holistic health encompasses health promotion, rehabilitation, and prevention. Given the complexity of health care today, it is imperative that many and varied parties and perspectives collaborate to achieve the communities’ common good.

A FITTING ROLE FOR HOSPITALS

It seems reasonable to assume that partnering with parish nurse programs is a fitting role for faith-based hospitals. In such circumstances, the facility may choose to introduce the parish nurse concept to the community by hosting a town hall meeting or a workshop with community partners. The facility may also fund parish nursing exhibitions at community events and conferences.

The notion of “partnering with,” although it carries no theological implications, is in the health care context somewhat akin to the Catholic

notion of “sponsorship.” A Catholic writer, who has argued that the church’s sponsorship of health care facilities should be seen as a ministry in itself, maintains that such a “reframing” would “shift the focus from preservation to *enhancement*, from being a guardian to being a *creator*, from a sense of diminishment to one of *empowerment*.”²⁸ Although the writer in this case was referring to health care reform in



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general, the argument is relevant to the linkage between faith-based health care organizations and parish nursing.

Nursing’s role is to assist human beings in holistic ways in health and illness situations. Faith-based health care organizations have a

responsibility to focus on holistic health for both the individual and society at large, particularly the health of people who are marginalized. It is not only logical that faith-based health care organizations should partner with parish nursing programs—it is imperative that they do so. ✦

For additional information and resources on parish nursing, visit the International Parish Nurse Resource Center website at www.parishnurses.org.

NOTES

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