Scholarly paper
Faith Community Nursing

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# Index

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>A. Interrelationships of faith and health</td>
<td>3</td>
</tr>
<tr>
<td>B. Faith Community Nursing</td>
<td>4</td>
</tr>
<tr>
<td>C. Personal thoughts and insights about own spiritual journey</td>
<td>6</td>
</tr>
<tr>
<td>D. Application of faith community nursing</td>
<td>6</td>
</tr>
<tr>
<td>Closing remarks</td>
<td>8</td>
</tr>
<tr>
<td>List of Sources</td>
<td>9</td>
</tr>
</tbody>
</table>
Introduction

A. Interrelationships of faith and health

My previously held view on health was that health is mostly part of the physical and psychological dimension of the whole person, with acknowledgement of the spiritual dimension of this person. I viewed health as an outcome of a healthy lifestyle, and a privilege. I saw faith as an aspect of the spiritual dimension of a person as a whole being. I saw faith as an inner strength to help carry the burden of illness and to help the person cope with illness.

My expanded view on the interrelationship on health and faith was formed by studying Scripture on healing, as well as writings of authors such as Chase-Ziolek (1999), Johnston (n.a) and Ward (n.a).

Health is wholeness, synonymous and interrelated to shalom (harmony) and salvation. Health is salvation in the sense that salvation (“being made whole”) brings along freedom from the burdens of sin and death as well as peace that transcends all understanding. Health is harmony in that health is determined by relationships with God, self, others and the environment. Health is wholeness – body, mind and spirit, of which the spiritual dimension is central. Wholeness is an intrinsic calling to all people, and wholeness can be achieved through salvation. Salvation is chosen voluntary by man, effected by the Holy Spirit, and comes about through faith in Jesus Christ as Savior, insight, repentance and forgiveness/acceptance of forgiveness. Salvation opens the path to healing, as it brings hope and strengthened faith. Hope/faith is the key factor for the motivation of a person to make lifestyle changes in all dimensions (spiritual, physical and psychological). A person might thus be physically ill, but still whole and experiencing harmony and health.

The essence of how my view on these aspects changed, is that faith plays a vastly bigger role in health – an encompassing and intrinsically integrated role – than what I realized before. This view influences my approach in faith
community nursing and helping relationship with others, as it confirms that facilitating health should start with building a relationship with the other person, being available and non-judgmental and willing to facilitate a process of spiritual growth that will ultimately result in wholeness. In this process the faith community nurse is a “channel of hope to others” (Johnston, n.a.).

B. Faith Community Nursing

There is a growing need for faith community nursing, due to increasingly difficult socio-economic circumstances in communities, and overburdened health systems (Patterson, 2003:17). In South Africa this is specifically true for communities hard hit by HIV and AIDS. Faith community nursing is one of the ways nurses within faith communities answers to the needs of the community, and to the commission to heal (Matt. 10:5-8) and to bear witness to God as the true Healer. Faith community nursing is a diakonal or health ministry, aiming at facilitating the wholeness of individuals, groups, families and the community. It is a nursing specialty, combining nursing skills with pastoral care.

Miller (1997:17) provides a conceptual model for faith community nursing. She argues that the value of this model is that it has the potential to guide parish nurses in decision-making. Miller (1997:17) as well as the International Parish Nurse Resource Centre (IPNRC) (2008) describe the philosophy underpinning parish nursing as spirit, roots, shalom and community. Spirit: the spiritual dimension and spiritual growth stands central to parish nursing. Roots: the parish nurse merges the roots of professional nursing and faith in order to facilitate health. Shalom: harmony/wholeness of body, mind and spirit is the foundation for understanding health. Community: the parish nurse focus on the faith community, joins in partnerships with the leaders of such a community and community resources in order to fulfill specific roles.

The roles of the faith community nurse include: integrator of faith and health, personal advisor, health educator, referral agent, coordinator of volunteers and developer of support groups. The role of integrator of faith and health
involve clarifying the close relationship between faith and health and providing spiritual care (Benner Carson & Koenig, 2002:21). The role of personal health counsellor entails intense, short-term, one-to-one (individual and/or family) interactions with the purpose of discussing specific health related issues, facilitating expression of feelings, exploration of possible solutions and appraising the effect of these solutions (Olson & Anderson, 2005:344).

The faith community nurse also play the role of health educator in that she/he assess the needs of the congregation (individuals, families, groups) and provide needed information. Also in this role the faith community nurse draw a link between health and faith, e.g. the notion of stewardship linked to a health lifestyle. Furthermore the faith community nurse is a referral advisor (Patterson, 2003:38). She/he uses existing networks, as well as create new networks, in order to refer members in need to relevant resources, e.g. health care, support, social support. As developer of support groups and volunteer coordinator (Patterson 2003:38) the faith community nurse plays an essential role in expanding the health ministry and building a network of support. Through these roles she assists the community in taking co-responsibility for the health ministry.

These roles should be tailored to the specific needs of the faith community. Faith community nursing ideally should have a pre-primary, preventive approach (Martin, 1996:25). Additionally the faith community nurse should ensure quality by being aware of and adhering to ethical standards and standards for practice to ensure accountability, and by being involved in continued education. It is thus imperative that a health ministry is carefully planned and managed in collaboration with the leadership of the faith community, taking strengths and limitations into consideration. Johnston and Ward (n.a.) shares lessons learnt in this regard, namely that leadership and building relationships are essential, that identifying assets of the faith community nurse and the specific faith community is a valuable starting point, and that nurses’ skills should be recognized as valuable resources.
The role of and need for faith community nursing should be acknowledged by faith communities as well as by the health care system. As faith community nursing is not formally implemented in South Africa, it will be necessary to create awareness of the value of this ministry, for example by relating the benefits of such a health ministry. Patterson (2004:32) emphasizes the benefits of faith community nursing, namely that the faith community nurse can support clergy in their ministry which is mostly health-related and health ministry addresses the need for volunteers, who are not as available as in the past. Additionally faith community nursing is an answer to the challenge that is put to faith communities to play a role in health care.

C. Personal thoughts and insights about own spiritual journey

My experience of the parish nursing course is that it strengthened my hope and faith that parish nursing is possible, and that it has great benefits. The inputs of team members brought insight into what they are involved with at their congregations, and that more activities than we realized can be put under the umbrella of parish nursing. In a sense, this confirms that the spiritual dimension is central to health.

A very recent revelation in my spiritual journey links to this idea. I recently discovered all over again that God is wise in His timing and plans for us. He roams in freedom and love and gives freedom as a gift to us. We do not have to be anxious, but love Him and our neighbor, and put our trust in Him. I’m looking forward to Him leading the way in my life, and I’m also very excited to be part of a health ministry of which He is the guide.

D. Application of faith community nursing

Based on new insights and an expanded view on faith community nursing, as well as guided by lessons in my spiritual journey, I would like to apply faith community nursing as follows:
| **Teaching undergraduate students** | • Involve students in the health ministry at a local congregation by guiding them to conduct family studies with members and using the outcomes of the study to strengthen and guide the ministry. This will also create awareness of faith community nursing.  
• In my day-to-day encounters and teaching approach contribute to the development of these students as caring professionals with an awareness of the importance of the spiritual dimension of the person as a whole being, e.g. encouraging self-awareness, communication skills, “being with” skills, and caring attitudes. |
| **Develop and present a short course on parish nursing for registered nurses (long-term goal)** | • Advocate for training in faith community nursing among colleagues, and encourage them to enroll for training in this field. Thereby a corpse of faith community nurses might be built, among which some of them might enroll for training in educating parish nurses, which we can follow-up by developing a short course in South Africa for parish nurses.  
• Building relations with the IPNRC for support in this endeavour. |
| **Continue with the health ministry at a local congregation, and expand this ministry to other congregations** | • Continue with the health ministry.  
• Create awareness of the value of this ministry by visiting other congregations and sharing success stories; and encourage and support them to initiate such a ministry at their congregation. |
| **Research on faith community nursing** | • As scholars (at the School of Nursing Science where I work) we are expected to develop a research program/focus. I choose faith community nursing as my research focus.  
• Publication on the successes of faith community nursing related to teaching undergraduate students and the health ministry I am involved with.  
• Further research on faith community nursing and the integration of faith and health within the nursing profession.  
• Networking with experts in faith community nursing and health ministry, and application for research funding. |
Closing remarks

This assignment provides an overview of faith community nursing, starting with an examination of my expanded view on health and healing, followed by a discussion on faith community nursing, and concluding with a reflection on my spiritual journey and the application of faith community nursing in my daily practice. I benefited from this assignment in the sense that it was an opportunity to develop a concise summary of faith community nursing, and a planning opportunity for application. As a closing remark, I would like to acknowledge, together with Ann Solari-Twadell (Benner Carson & Koenig, 2002:13), that God is in control of my life, and I am looking forward to how He is shaping my path.
List of sources


