

ADVANCING THE INTEGRATION OF SPIRITUAL CARE IN WHOLE PERSON CARE

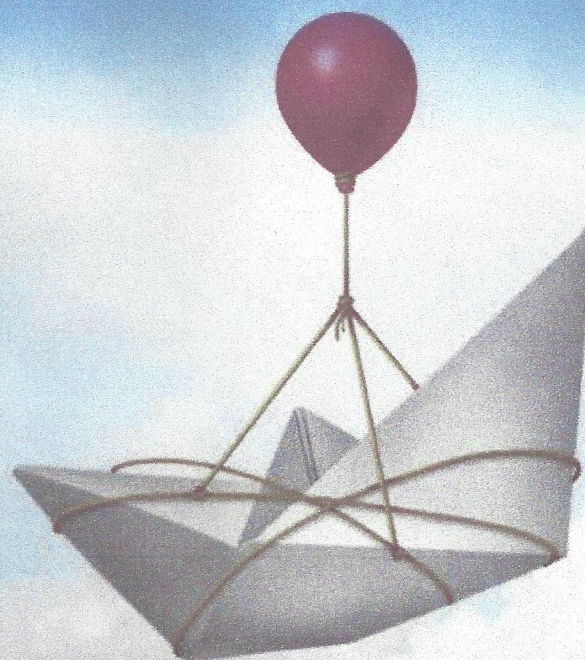
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**PALLIATIVE CARE IN RURAL AMERICA
DISPATCHES FROM THE
FRONT**

**SPECIAL SECTION
CRISIS & TRAUMA
CHAPLAINCY**

**WHITE PAPER
THE CHAPLAINCY
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Chaplains, Parish Nurses, and Community-based Clinics: The Vision of Rev. Dr. Granger Westberg

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The Reverend Dr. Granger Westberg was a visionary. He pioneered chaplaincy, church-based clinics and parish nursing. Westberg's insights about the importance of faith and health are still relevant today.

CHAPLAINCY:

THE FIRST STEP

The story is told that when Granger Westberg was a 27-year-old pastor, he attended a conference and happened to have dinner with a group that included the chaplain at Chicago's Augustana Hospital. Westberg was enthralled by the chaplain's stories of ministering to sick people, so when the chaplain mentioned that he was going on vacation and needed a substitute for a month, Westberg volunteered. On the day Westberg arrived, he found a note of instructions that said, "See every patient every day." The hospital had hundreds of beds, and according to Westberg, he abandoned the instructions by noon and instead persuaded the nurses to help him select patients in need of spiritual care.

Westberg was intrigued by the challenge of discovering which hospital patients would benefit from a chaplain's visit. He believed that chaplains providing spiritual care filled an important need vital to a patient's holistic health and healing.

"In 1940 a commission of the American Protestant Hospitals Association surveyed 400 hospitals. Only 18 of the 214 responding hospitals had full-time chaplains. Westberg saw enormous potential for hospital chaplains and resolved to reshape hospital chaplaincy and to raise the level of professionalism in the field." (Westberg, p. 63) By age 30, he was officially working in



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the role of chaplain and soon began initiating joint seminars for ministers, doctors, and other healthcare providers.

CHURCH-BASED CLINICS

Westberg described his idea of church-based clinics as "an action-research experiment to determine whether an ordinary congregation of people can assist physicians in providing healthcare to patients whose physical symptoms have been brought about chiefly by human problems, namely the stresses and strains of life." (p. 172) His goal was to link religion and medicine in a way that offered a cost-effective strategy for providing care to the underserved in a familiar, welcoming environment.

He opened the first clinic in 1970 and continued to develop the concept. In the early 1980s, Westberg's church-based clinic

concept caught the attention of Scott Morris, a young medical school graduate and ordained United Methodist minister. Intrigued by the idea of providing affordable healthcare to the underserved, Dr Morris moved to Memphis, TN, one of the poorest major cities in the United States. He opened the Church Health Center in 1986. More than 85% of Church Health patients live at or below the federal poverty level of less than \$12,000 per year. Now known as Church Health, the organization had 54,622 patient encounters in 2018. In addition, Church Health provides training, education, and outreach for individuals and organizations interested in replicating their model of care.

PARISH NURSING

While piloting his church-based clinic concept, Westberg made an interesting observation that would

create an entirely new specialty practice for registered nurses. He noted nurses were the glue between the care provider and those receiving care. According to Westberg, "A large percentage of Americans are kept well by the relationship to their community of faith. If we could have nurses easily available in churches, we would pick up the early cries for help that we're now missing...A nurse is needed more as a kind of pastoral figure than strictly a medical technician. I see many nurses having this pastoral quality, but it is going to waste because they are kept busy doing technical things." (p. 223)

Lutheran General (now Advocate Health) in Chicago, IL, became the first hospital to support Westberg's parish nurse concept. Six part-time nurses were hired as part of the division of pastoral care and placed in community congregations. The experiment was a huge success, and in 1985, the Parish Nurse Resource Center was created to keep up with the demand for information about the program. Shortly after, the name was changed to the International Parish Nurse

Resource Center (IPNRC). The first International Westberg Symposium was held in 1987 to bring together parish nurses from around the world for fellowship and education. The IPNRC moved from Chicago to the Deaconess Foundation of Saint Louis, MO, in 2002. The practice has evolved from six parish nurses in a pilot project to 10,000+ faith community nurses across the USA and worldwide in every major religion and Christian denomination.

CHAPLAINCY, FAITH-BASED CLINICS, AND FAITH COMMUNITY NURSING

Westberg's concepts have come full circle. In 2012, the IPNRC moved from St. Louis to Memphis, TN, as a ministry of the Church Health Center, one of the nation's first church-based clinics. In 2018, the Healthcare Chaplaincy Network (HCCN) partnered with the Westberg Institute and Church Health to offer chaplaincy and spiritual care continuing education to faith community nurses. In 2019

HCCN and the Westberg Institute have entered into an agreement to jointly provide the Westberg Symposium at the Caring for the Human Spirit Conference from April 20-22, 2020, in Santa Fe, NM. In 2019, the Spiritual Care Association created a new nursing division to not only provide education and support for faith community nurses and nurses in other practice areas by providing spiritual care education, but also to strengthen the interdisciplinary practices of both nurses and chaplains to assure that all people regardless of healthcare setting receive high-quality, best-practice wholistic care. Granger Westberg would be pleased!

Westberg's vision for professional chaplaincy and faith community (parish) nursing continues to grow by serving the needs of people where they are, considering individual beliefs, traditions and customs as part of the plan of care. Faith community nurses do not replace clergy, chaplains or other clinical-service nurses. They work in partnership to support both the person receiving care and the care provider. By working interprofessionally, best-practice care is provided, and better outcomes are achieved

For more information:

- <https://spiritualcareassociation.org/nursing.html>
- www.westberginstitute.org
- <https://www.healthcarechaplaincy.org/conference.html>

NURSES AND CHAPLAINS IN PARTNERSHIP

Regardless of the setting, when healthcare providers work together, the outcomes improve. For example: Mr. Reed is a member of the faith community where Mary FCN works to provide community outreach health ministry. Mary FCN works closely with clergy and other community service organizations to provide wholistic care for Mr. Reed. She received Foundations of Faith Community Nursing training through the Westberg Institute, and her local faith community nursing network coordinator is an employee of the local hospital's chaplaincy department. Mary FCN doesn't work in the hospital setting, but because of the community-hospital network relationship, she has access to hospital resources, including a working relationship with the hospital's chaplains and the chaplains working with the local hospice. When Mr. Reed became ill and was admitted to the hospital, Mary FCN was able to not only represent the congregation in partnership with clergy, she was also able to provide information and insight to the hospital nurses and chaplains who would provide hospital care, assuring that Mr. Reed's spiritual preferences were included in the plan of care. When Mr. Reed is ready for discharge, or hard decisions about healthcare choices must be made, he and his family have a strong web of support from their community-based clergy, Mary FCN, members of the community of faith, and the hospital-based nurses, healthcare providers and chaplaincy. This is Westberg's concept of wholistic healthcare at its best.

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