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Wholistic Nursing Care: A Church & University Join Forces

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Where should people go with health problems related to spiritual distress? What if you were suffering from stress related to an inadequate spiritual outlook? Where can healthy people go for advice on how to stay healthy? Where can physicians send patients with chronic pain related to psychological stress who don't want to go to psychiatrists or psychologists?

Our answer is a church-based, nurse-managed wellness resource center.

Several years ago Granger Westberg, a Lutheran minister, proposed that nurses become health ministers in churches.[1] Nurses, he said, could work closely with pastors, identifying parishioners' health needs and providing health promotion services. They could also help people cope with chronic health problems, get into the health care system, and care for sick family members in their homes.

Westberg believed churches would be a perfect site for nursing services. Since churches already address spiritual care, they could be bases for wholistic nursing care. Ministers are often aware of their parishioners' health needs, and many churches have space available during the week where clinics could be set up. Nurses working with ministers could enhance the services of each.

We had previous experience developing a university-based, nurse-managed center and wanted to develop one at Marquette University's College of Nursing. We knew such centers can offer clients a wide range of services: health education, consultation, screening, assessment, therapeutic relationships and diagnostic management. Since nurse-managed centers are based on nursing models of health care, they also facilitate nursing research and clinical education.

In 1981 there were sixty-four established nurse-managed centers throughout the country, and over one hundred in the planning stages.[2] They have been developed in shopping centers, churches, housing projects for the elderly and on university campuses.

Initially we wanted a centralized nurse-managed center at the college with satellite outreach clinics at housing projects, high schools and churches. But our current college building did not have enough space, and we were in the process of moving to a new one.

So in 1981 we wrote a proposal to start with two satellite church-based nursing clinics, one in a Roman Catholic parish and another in a Protestant church. The Wauwatosa Avenue United Methodist Church was interested in expanding its ministry as a "caring, sharing community of faith" and invited us to explain our proposal to its council on ministries.

Building a Dream

The council was very receptive to our ideas and voted to go ahead with the proposal. A committee, made up of church members and college faculty, developed plans for a collaborative, ecumenical center. Nine months later, in October 1982, the Wellness Resource Center opened with a health fair presented by our nursing faculty.

The center continues to be governed by a committee composed of faculty, interested church members and the pastor. The committee coordinates publicity, integrates clinic operations with other church programs and serves as a think tank for planning future directions.

The church provided a large room which we divided into space for a small waiting area, private consultation, physical assessment, an area for equipment and client records, and a resource library of books, tapes, biofeedback equipment and a small computer. We use church classrooms for meetings, classes and support groups.

The college and church both contributed equipment, typing and paper supplies, and used furnishings. A Wisconsin United Methodist foundation, which contributes to ecumenical projects, provided a grant for other equipment and library resources. We request, but do not require, client donations for services.

Faculty, students and community nurse volunteers, most of whom are master's prepared, staff the clinic and provide services like these: health assessment and consultation, health classes, stress management, support groups, community outreach, and screening for blood pressure, cardiac risk factors and diabetes. Community outreach activities have included spiritual well-being assessment at a citywide health fair, risk-factor screening at a church fish fry, presentations on stress management, nutrition, exercise and spiritual aspects of wellness to church groups and area public-school teachers.

Clients who come to our Wellness Resource Center complete a self-health assessment based on Gordon's functional health patterns.[3] This assessment tool covers health management, nutrition, elimination, exercise, cognition, sexuality, self-perception, sleep and rest, roles and relationships, coping and stress tolerance, and spiritual values and beliefs. The results of the assessment tool and client discussions with a nurse lead to a nursing diagnosis and plan which includes appropriate referrals.

If medical care is required, we refer clients to their own physician, or a physician from our resource file. Several dieticians, social workers and psychologists volunteer their time, so these services are provided at the center.

Developing the Spiritual Dimension

We incorporate the spiritual dimension in a variety of ways. All committee meetings begin with prayer. A minister or priest provides spiritual direction to committee members and to the projects they plan. Clergy also participate in grand rounds and discuss with us how to improve wholistic care.

Only qualified nurses work in the center. They must be committed to a Christian, wholistic perspective; view health promotion and care of the sick as a ministry; and actively pursue their own spiritual growth through prayer and church activities.

Nurses refer clients to a pastor of their choice for spiritual care, but also use spiritual interventions. Relieving suffering and promoting well-being are in themselves ways of providing spiritual care. Also, spiritual assessment is part of each client's wholistic evaluation. When a more in-depth spiritual assessment is needed, nurses use a spiritual well-being assessment tool developed by two Christian psychologists.[4] This tool helps clients explore their relationship with God and their purpose and direction in life.

We help clients look at stress from a spiritual perspective and use prayer with our stress management techniques. In teaching relaxation techniques, we encourage clients to focus on their relationship with God rather than repeating nonsensical phrases. Touch and prayer are used when appropriate. However, we never force our spiritual beliefs or practices on clients. Most clients find it refreshing to discuss how spiritual matters relate to their total health.

Another way we attempt to integrate health care and spiritual care is to coordinate clinic services and church activities. Clinic hours coincide with Sunday-morning worship services and with the activities of the church's older adult club. When people see a nurse before or after worship, discussing spiritual health seems to come naturally.

The church has welcomed nurses as health teachers. Nurses, along with the pastor and other members of the church committee, once presented a series titled "Stress Management, Wellness and Coping with Loss." Nurses have taught health classes on Sunday morning and have addressed the men's club, the women's club, the council on ministries and the older-adult club. In addition they have coordinated two church-based health fairs.

Calculating Success

To evaluate our services we had our records audited. During the clinic's first two years, it helped 450 clients. Most came for blood pressure testing and maintenance, stress

management, diabetic counseling, chronic-pain management or general health consultation.

We reviewed the clients' self-health assessments, nursing diagnoses and strategies, and client outcomes. Audit findings showed that we needed to improve our documentation of health teaching, improve our method of scoring the self-health assessments, and continue sharing strategies which we each found helpful.

The audit also revealed some gratifying success stories: Several people reduced their blood pressure through stress management counseling, biofeedback or meditation. Others sought medical care after discovering their blood pressure was elevated. A boy's frequent nausea and vomiting were significantly relieved after he used biofeedback and imagery. A young man found help in controlling his asthma and discovered a new direction in his spiritual life. An elderly man increased his self-esteem through therapeutic relationships with his nurse and pastor.

The collaborative nature of our Wellness Resource Center has enabled us to project an image of professional nursing that is not evident in medically oriented practice sites. Individual nurses have reported great satisfaction in their roles, and most of the volunteers have served for over three years.

Students have met both personal and course objectives in the clinic. Undergraduates have participated in blood pressure and risk-factor screening and health fairs as part of their older-adult nursing practicum. One student had this to say about people at the health fair: "It was really neat because they had so many questions and were so interested in what we were doing."

Graduate students have used the clinic as a practicum for helping clients cope with chronic health problems and have reported great satisfaction with their freedom to develop advanced practice roles. Several graduate students have continued to volunteer time after completing course requirements; one became a member of the governing committee.

The ecumenical nature of our church-based clinic has helped us understand each other's religious traditions and perspectives. So far we have had Roman Catholic, United Methodist and Lutheran nurses. At a recent healing service, a United Methodist minister and a Roman Catholic lay healer prayed and laid hands on people. Some participants were uncomfortable while others found the service deeply healing. We have found there are few real problems, as long as we keep Christ central in our relationships and services.

Planning for the Future

But we want to continue improving our services. Faculty, students, volunteers and committee members regularly discuss changes and seek God's guidance. Nurses want to work more closely with the pastor and to refer more clients to him. They would also like to try joint interviews where both a nurse and the pastor talk with a client at the same time, and perhaps healing services with the pastor, nurse and client.

Since the Wellness Resource Center opened in 1982, we have started clinics at two housing projects for the elderly and began natural-family-planning services at our school. We are also in the process of developing another church-based clinic in an inner-city Roman Catholic parish.

Located in Milwaukee's poorest district, St. Michael's parish includes Blacks and Hispanics, Laotian and Hmong refugees, and elderly German members. A low-income housing project for the elderly and an urban day-care center are next door to the church. Nurses in the new clinic will visit homebound elderly, assess the health of people in local rooming houses, make home visits with the pastor and help people learn to care for sick family members at home.

We are pleased with our services and are excited about the future. Whether in a suburb or the inner city, church-based, nurse-managed clinics can facilitate spiritual care, a dimension often missing in otherwise wholistic nursing care.

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Notes

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