

# Faith community nursing in congregations

How does the church demonstrate God's plan for redemption and reconciliation and adopt a godly perspective for the complete restoration of the believers?

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Pastors attending a health ministry team building class were asked, “What does the ideal church look like?” The responses were encouraging. One pastor said, “A place of healing.” Another: “A vital place, full of life.” Still another: “A place where we reach out to the community.” These comments provide a vision for the church today and might easily have described the early church. The book of Acts presents the church as a place where members “devoted themselves to the apostles’ teaching and to the fellowship, to the breaking of bread and to prayer. Everyone was filled with awe, and many wonders and miraculous signs were done by the apostles” ([Acts 2:42, 43](#)).<sup>1</sup>

Scripture records the results of such a faith community: “the Lord added to their number daily those who were being saved” (v. 47).

Christ commissioned the apostles to preach the kingdom of God and to heal ([Luke 9:2](#)). The apostles formed a community where the Scriptures were studied, people were valued and cared for, and their needs were met. They created a community where the dynamics of daily living were intertwined in personal encounters with the power of the Lord Jesus. The result? “[T]he Lord added to their number daily those who were being *saved*” (emphasis added).

The Greek word translated as *saved* has been used to describe Christ’s ministry of healing. It has a multidimensional meaning, relating both the salvific aspect of Christ’s ministry, “to save,” and also “to heal” or “to make whole,” which revealed His work of complete healing. Scriptural use of this word helps us understand that the work of the apostles was *to make people whole*.

How does the church today create this apostolic model? How does the church demonstrate God’s plan for redemption and reconciliation and adopt a godly perspective for the complete restoration of the believers and, in doing so, become a witness for the greater surrounding community?

## A deeper mission

Clearly, the church has an established role in the community for sharing the message of God’s plan of salvation. The church should also function as a place where broken relationships with God can be restored and fractured personal relationships can be reconciled and healed. While the church has maintained these established positions for spiritual revival and renewal, what has become of its role to make humanity whole?

Science and medicine have made great strides in dealing with disease and trauma; in the midst of this medical model, however, we have become dependent and passive, content to wait until illness forces us to change our lifestyle. As a result, the church responds to those who suffer from the *effects* of a hazardous lifestyle and/or chronic illness. A great deal of time, in fact, is spent in ministries that focus on visitation of the sick and crisis response. Though it’s important that we

minister to those in need, how do we reconcile the work of the church with Christ's words, " 'I have come that they may have life, and have it to the full' " ([John 10:10](#); emphasis added)? Shall we, as Christ's church, be content with only comforting the suffering or is there an additional and historic role of Christ's ministry of healing that we need to reclaim?

Part of Christ's mission was to address human needs. "Our Lord Jesus Christ came to this world as the unwearied servant of man's necessity. He 'took our infirmities, and bare our sicknesses,' that He might minister to every need of humanity. The burden of disease and wretchedness and sin He came to remove. It was His mission to bring to men complete restoration; He came to give them *health* and *peace* and *perfection of character*."<sup>2</sup> For the church to reclaim its New Testament role as the center for healing in the community, and for the members to experience full restoration in Christ, the messages of health and methods of becoming whole must become an intentional ministry of the church equal to its work for redemption and reconciliation.

For starters, the pastor must understand the healing ministry. Because this is not well defined during seminary preparation, many pastors have come to rely upon health-related events. Often, when the event ends, the ministry also ends. To assume that the pastor has current knowledge beyond a general level of the physical, mental, and emotional principles for the well-being of the congregation is unrealistic. Yet, understanding how these areas intersect and impact a person's life may be key to spiritual growth and healing. The pastor needs support from a colleague who also was called to ministry, has knowledge of holistic health principles, and can implement an inclusive health ministry process that functions year-round. The Faith Community Nurse, a holistic health colleague, can be the catalyst for the development of a healing ministry.

### **The Faith Community Nurse**

The Faith Community Nurse (FCN), a specially prepared registered nurse, provides the pastor with the missing link in ministry preparation. Working within a health ministry team, which includes members with a variety of backgrounds and gifts, the FCN seeks to help meet the health needs of church members. The health ministry process includes a strategy, implemented throughout the year, to help members understand health principles and disease risks *prior* to encountering a crisis. It empowers people to obtain knowledge of their body, mind, and spirit; to gain control over (with the help of others) unhealthy habits and lifestyle; and to access professionals who assist in managing the issues of life.

Because Faith Community Nursing is a specialty practice of the nursing profession, the roles and duties are governed by the Nurse Practice Act of each state and by the Scope and Standards of Faith Community Nursing (published by the American Nurses Association). The laws that dictate the nursing practice may vary between states and countries, but generally the functions of primary health care are similar and can be adopted by any culture. (The International Parish Nurse Resource Center offers more information on establishing a FCN. Their Web site, [www.parishnurses.org](http://www.parishnurses.org), offers information and global leadership contacts to assist in establishing a FCN ministry. The Center for Community Health Ministry, a Florida Hospital Web site, [www.communityhealthministry.net](http://www.communityhealthministry.net), provides additional information and a video for viewing online.)

## A demonstration ministry project

In a recent faith and health project in Winter Park, Florida, three interfaith congregations worked with Winter Park Memorial Hospital, a facility in the Florida Hospital system, to develop a health ministry and implement the role of a FCN within the leadership of the congregations. A fourth congregation was included as a control group and did not have a parish nurse or a health ministry team.

As part of this medical-religious partnership, the hospital provided project participants with an annual health risk appraisal (HRA), including biometric measurements and comprehensive lifestyle questionnaires, in order to determine baseline health risks and measure health behavior change over time. A variety of health and lifestyle change courses were provided in order to address the health risks and needs—nutrition, fitness, exercise, weight loss, grief recovery, etc. The FCN's role included working with the pastor to integrate faith and health in the services, develop a health ministry team, and respond to holistic health needs for both individuals and groups.

This project demonstrated that congregations often reflect the culture in which they live. From 947 total project participants, 221 participated for three years consistently. Of these 221, more than 60 percent were identified as having an elevated risk for cancer and heart disease (with elevated blood cholesterol levels and blood pressure), poor nutrition, low fitness levels; many were overweight too. At the end of the project, the participants' blood cholesterol levels improved by 28 percent, nutrition improved by 20 percent, and their cancer risk was reduced 12 percent, weight and elevated blood pressure was reduced by 10 percent, and overall fitness improved by 8 percent.

Participants were also asked about their spiritual health. When asked about their belief in a higher power as a source of direction, 99 percent responded affirmatively. In response to a series of questions about the influence of faith on their meaning and purpose in life, their joy and harmony, their comfort during crises, their strength to deal with problems, and their reason to help others, the responses, between 86 percent to 93 percent of the time, were "Yes, very much" and "Yes, very often." Faith, obviously, played a big role for most of them. One question, however, scored lower: how faith influenced their life as a support and motivation for a healthy lifestyle. Responses to this question showed only 69 percent responding, "Yes, very much" or "Yes, often" in the first year. After three years, affirmative responses had increased by 14 percent, which indicates that though a substantial number of people within a congregation may tend not to associate their faith to healthful living, when intentional interventions were implemented throughout the years, their thinking changed.

The control church did not request any follow-up for project participants following the health risk appraisal, nor did they hold any health courses. At the end of the first year, they declined participation in the project. This outcome was particularly interesting; it was an indication that, despite the pastor's willingness, if the church does not share a passion for wholeness and there are no health ministry leaders to guide and direct the process, the interest and commitment soon dies.

## The personal journey

Many people touched by Christ recognized the changes that had occurred in their bodies and lives. They became witnesses for Christ and wanted to share their encounters of how He healed them. Here is one story of a participant in Project HOPE, just prior to her second year measurements: “I can hardly wait for this year’s measurement results. Last year, I found out that I was at risk, and so I began to work on my health. I took a class here at the church called Fitness for Life, and I learned how to make simple changes—it’s not a diet, it’s about lifestyle. Now, my husband and I get up and walk every morning at 5:30. I have lost weight and feel great!” Then she added another unexpected comment with excitement, “And, I’m attending church three times a week.” The last comment is a surprise because usually people do not share their church attendance details. Out of curiosity, the staff person asked her how often she had attended church before this, and she replied, “Oh, about once a month.”

This story is an example of holistic health behavior change. The project participant was made aware of certain health risks. She made a decision to change. She attended a class offered by the church and made adjustments in her lifestyle by altering her diet and adding a simple exercise program. She lost weight, had more energy, and admitted to feeling “great.” Thus, her health was positively affected. In addition, she had a positive influence within her family as her husband also joined her in walking. Finally, in concert with all the other changes taking place, her ability and desire to participate in her church increased. The work of the church resulted in a personal journey toward wholeness and, as if her personal experience wasn’t enough, she wanted to tell someone else about it.

Health is truly the enabler, because it gives people the capacity to become involved.

## Conclusion

Through the addition of a Faith Community Nurse, ministry today can be expanded to reflect Christ’s ministry of healing. The FCN becomes a resource for every pastor, ministry leader, and individual member. Membership can be transformed from today’s society of passive people into a true reflection of God’s active love. The ultimate result of such a ministry is that members grow to experience what *becoming whole* means and are empowered to experience the blessings of God for life in the present. The Faith Community Nurse can be a catalyst as the church reclaims its role as the center for healing and wholeness in the community.