

# A Pastoral Paradigm of Catholic Health Care

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**Abstract:** Catholic hospitals and other health services provide invaluable care to many in the community. This article accentuates the pastoral nature of Catholic health care, which is definitive to its Catholic identity. Discussing contemporary Catholic health care in conjunction with the works of Henri Nouwen we explore the challenges faced by today's Catholics in Catholic health care and respond to these issues. In support of the discussion are the results of qualitative research into the perceptions Perth parishioners have of Catholic health care's pastoral nature and Catholic identity. This research aims towards understanding the challenges facing Catholic health care providing pastoral care within its Catholic identity.

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## Introduction

At some point in our lives we will require the services of a health care provider. The service we choose may be one under the aegis of the Catholic Church. On entering the building or encountering staff we may be curious to what makes it Catholic or whether there are any signs at all of its Catholic identity. In this article we will discuss the pastoral nature of Catholic health care and how this is essential to its Catholic identity. Throughout the article the work of priest and theologian Henri Nouwen will orientate our understanding of pastoral care. Although there are other pastoral theologies, Nouwen inspires us with his ability to integrate his observation of human experience with pastoral and spiritual thought.

Once we establish the relationship between health care and pastoral care we will move to a discussion on the challenges facing Catholic health care today. This will lead us to discuss a suitable pastoral paradigm of Catholic health care. Supporting the discussion are results from qualitative research, which investigated parishioners' perceptions of Catholic health care's faith identity and pastoral nature. We will conclude the article accentuating the benefits of a pastoral paradigm in the life and mission of a Catholic health care environment.

## Pastoral care and health care



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Pastoral care is an activity through which we manifest our discipleship in a practical way. Henri Nouwen emphasised this in terms that pastoral care is more than techniques but a faithful witness to God's covenant with humanity.<sup>1</sup> An inner city soup kitchen or a friendly visit to a bed-ridden widow manifests God's covenant in a distinct and tangible way. The same is true with Catholic health care. When St Basil, bishop of Caesarea, established a hospital in 370 CE he did so because he wanted to animate Jesus Christ's Gospel teachings.<sup>2</sup> St Basil's pastoral activity directed towards the sick was a response to his faith. Through the ages, we find that faith informs and motivates pastoral care. Indeed the very nature of

pastoral care is drawn from the image of Jesus as the Good Shepherd (Jn 10:1-18) and Jesus instructing Peter to care for his sheep (Jn 21:15-17).

When caring for someone it is important to do so with his or her physical and spiritual needs in mind. Pastoral care responds to the human person by offering them hope and a reason to live.<sup>3</sup> Hope and a reason to live inspire the soul and encourage the other to maintain his or her physical health, either through their own initiative or by seeking the professional help of others. Where a person is unable to maintain their physical life pastoral care offers their soul a hope, which transcends our mortal existence.<sup>4</sup> Giving another hope and encouragement is essential to the pastoral nature of health care. Imagine going into hospital and receiving first-rate surgery and aftercare without consideration of your emotional or spiritual needs. You may leave the hospital physically nourished but spiritually drained by the experience. Conversely it would be adverse to a person's physical well-being if all that was offered was kindness without offering access to medical expertise. It is vital to strive for a balance in health care that nourishes and provides for the human person as a whole. A pastoral environment that offers world-class medical care should be the goal of every Catholic provider.

This is not to say Catholic hospitals have a monopoly on offering quality holistic care. Indeed many health providers across the spectrum of traditions excel in patient care and services. Our inquiry upon Catholic health care emphasises the need to take stock of its heritage and how this benefits the human person. Nouwen suggests that reflecting on our past teaches us how best to act in the future.<sup>5</sup> Our inheritance is one rich in

experience and wisdom, which inspires us to reflect upon its value. Such reflection involves an active exploration of the deposit of faith, which informs and enriches Catholic pastoral practice. Nouwen portrays memory as central in our sense of being.<sup>6</sup> The heart of Christian memory is the life and mystery of Jesus. To appreciate the fullness of pastoral care, Catholic Christians are challenged to recall their memory and emulate Jesus' example of the Good Shepherd.

### **Challenges facing Catholic Health care today**

Many Catholic health providers through their mission activity strive to follow Jesus' pastoral example of caring for the sick and dying. As with any organisation there is a need for continuous reflection on how effectively the ideals of the institution are lived out. Mission statements and symbols are only effective when the values they represent are manifested in human relationships. Edifying the human person in the service of God was the original intent of Catholic health care.<sup>7</sup> A person may enter the foyer of a Catholic hospital and see a Crucifix or a statue of Our Lady. On signing the admission papers they may be presented with a booklet outlining the values and mission of the hospital. All this would have no fruition without open displays of kindness, quality service and an overall sense of being valued as a person.

Displays of kindness and valuing human life are not distinctive to Catholic institutions alone. One will experience care and concern in a health care environment regardless of its heritage or governance. All human creation through the innate gift of natural law is capable of acting ethically towards others. What is distinctive to Catholic health care is the pastoral nature of its mission, which is informed by the Christian ethic centred upon loving God and neighbour as self (Lk 10:27).

When reflecting on the effectiveness of living out the mission it is imperative to identify obstacles and challenges. For Nouwen overcoming obstacles is the prerequisite for growth.<sup>8</sup> Growth is essential to our human nature both as individuals and collectively. In terms of health care, growth enables us to offer new and beneficial ways of caring for the sick in a pastoral environment. Through understanding issues that obstruct our growth we are able to employ innovation and knowledge to overcome them. One such challenge is openness to non-Catholic within Catholic health care. Staff and patient diversity at all levels and in all areas have meant that Catholic institutions must be sensitive to the needs and beliefs of others. It is necessary to accentuate the valuable contribution made by non-Catholic staff as well as the need to show respect and hospitality to all who enter a Catholic institution regardless of their creed or background. Equally important however is the desire for Catholic institutions to be free to manifest the beliefs and values they represent.

At times, in order to appear more accommodating, Catholic institutions have supplemented theological readings of mission statements in favour of more subjective and general interpretations.<sup>9</sup> Likewise there is the tendency to open departmental meetings with a non-religious poem instead of a Scripture passage as not to offend non-believers. Hospitality, which Nouwen defines as being attentive to our guest, is important.<sup>10</sup> It is essential however not to lose sight of the ‘memory’, which is encountered in the faith and pastoral heritage of the institution. Memories for Nouwen are guides for the present and ‘blueprints’ for the future.<sup>11</sup> Imagine trying to configure something without consulting past designs or ideas. Human memories and ideas are learnt and passed on. New innovations come from building on and appreciating past experiences. With Catholic health care the purpose of its mission is comprehensible through its memory. The result of losing the ‘memory’ could be the institution losing sight of their *raison d’être*, which is illuminated by faith and pastoral mission.

Internal considerations are not the only obstacles faced by contemporary Catholic health care. When faced with ill-health many choose to give priority to physical healing without any thought to the existence or maintenance of their soul. Focus is given to the latest in medical science with pastoral care delegated to a soft optional extra. Naturally we must respect the right of patients to refuse pastoral care even in Catholic hospitals. However there is the need to incorporate a pastoral message in all human contact whether spoken or unspoken. A display of love and nurturing is a powerful witness to the Gospel values of the institution.

### A pastoral paradigm of Catholic health care



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So far we have discussed the relationships between faith, pastoral care and health care and the challenges facing contemporary Catholic health care. Such challenges involve striving to maintain and accentuate their faith identity and pastoral nature. Let us now press on in our discussion, as we explore a pastoral paradigm, or worldview, of Catholic health care.

Our primary objective, when proposing a pastoral paradigm, is to clarify what is meant by the term paradigm. The term ‘paradigm’ refers in this context to our worldview and the framework we use to investigate the world.<sup>12</sup> Paradigms serve as conceptual models, which researchers employ to examine data, form theories and propose fresh solutions.<sup>13</sup> An example is

that we can apply different frameworks or conceptual models when examining the role and structure of health care. Various fields such as medical science, business studies, sociology and theology may be utilised to investigate and form a view of Catholic health care. Our position is that theology is a respectable lens for establishing a worldview that the nature and intention of Catholic health care is innately pastoral.

Nouwen informs us that we should be directed in heart and mind towards God and understand the world in and through him.<sup>14</sup> The goal of a pastoral paradigm is to do exactly this. An example is how we approach the human person in Catholic health care. A patient when entering a hospital will no doubt be cared for, given adequate nutrition and offered compassion. We do so in order to respond to the patient's needs as a human person. Our understanding of the human person and their needs in contemporary thought is influenced by behavioural sciences.<sup>15</sup> The goal is to create a paradigm shift where our approach to the human person is informed by our Catholic theological and pastoral tradition.

Such a paradigm shift is no easy task. Nouwen observes that Christianity has been reduced to an ideology, which leads people to be sceptical about its relevance in our human experience.<sup>16</sup> We often read in letters to the editor in printed or electronic media opinions that Christianity is irrelevant because its origins are thousands of years old. Regardless of its age, one cannot dismiss its collective wisdom throughout the ages or its contribution and influence on contemporary ideas and opinions. One only has to juxtapose St Thomas Aquinas' moral philosophy and modern psychology to comprehend this influence. Our position is that in a Catholic environment a theological framework for understanding the pastoral mission of caring for the sick is a sound paradigm for Catholic health care.

Another understanding of paradigm is that of a model, such as 'Mary as the paradigm for the People of God on the way to holiness'<sup>17</sup> or 'the Beatitudes as a paradigm of Christian holiness'.<sup>18</sup> Catholic health care in its purest form is a model of pastoral care, which may inspire other facets of Church life to replicate in their own mission. We are inspired by the stories of the saints and religious caring for the sick throughout the ages, such as St Basil of Caesarea who we mentioned earlier. There is no reason why we cannot follow their witness and rediscover the faith that inspired their pastoral service.

The purpose of a pastoral paradigm is to revive the relevance of faith and theology in relation to the realm of Catholic health care. Such a paradigm involves an acute awareness of the faith, which informs and enriches our comprehension of pastoral care. Nouwen asserted the need to recapture the original vision and inspiration of the pastoral mission.<sup>19</sup> The Church's magisterium serves as a guide to the fullness of this vision and inspiration, which is Jesus. Via episcopal guidance, Catholic health care may grow in appreciation of the human person, ethics, health and pastoral care within the Catholic

tradition while respecting the diversity of the Catholic health care environment. In my judgement, close collaboration between the bishops and Catholic health providers ideally would develop a greater sense of belonging and sharing in the Church's mission. The bishops, as apostolic successors, are guardians of the magisterium and symbols of pastoral charity and communion.<sup>20</sup> Their involvement therefore is a vital ingredient for maintaining a Catholic identity and pastoral nature.

Creating a pastoral paradigm essentially is an individual decision. While not everyone within the institution may believe in what is at the heart of the mission, an acute awareness may initiate renewed appreciation of the relationship between faith and pastoral care. Such beliefs and values are non-threatening and are foundational to a well-functioning society.<sup>21</sup> Many institutions already offer formation programs and outline the mission in orientation programs. The next step however is to offer an ongoing guide on how this information may be internalised and carried out daily. Whether the receiver heeds the guidance, rejects it or only offers 'lip-service' is up to that individual's conscience. Nouwen acknowledged the correlation between giving a message and the willingness of a person to receive it.<sup>22</sup> Imagine trying to tell a person something when they are unwilling to listen. The listener would retain nothing said. As an adult they may take offence at being 'told' what to believe. Any coercive approach would be counterproductive and contradictory to Catholic teachings, which recognises a person's free will and obedience to their informed conscience. Giving a person access to the message, such as the faith heritage of Catholic health care, gives them the opportunity to reflect, inform their conscience and act upon what they receive.

The message within a pastoral paradigm magnifies Catholic health care as a form of pastoral care. This involves encouraging awareness that care for the sick within the Catholic tradition has its foundation in faith and the Christian ethic of love. Part of showing someone love is encouraging him or her to grow and be responsible for themselves and others. Nouwen's understanding was that pastoral care guides people in an active transformation of their body, soul and human relationships.<sup>23</sup> Through excelling in this area Catholic health care is able to manifest its essential pastoral mission and nature. Through its example it will be able to encourage ethical responsibility and exemplify what it means to be human, both individually and collectively.

Establishing the need for a pastoral paradigm will be informed through the lens of qualitative research. Many Catholic health institutions would argue that they already maintain appropriate training and mission programs. It is crucial to articulate that any reflections are not directed towards a particular Catholic health care provider. Indeed part of the investigation is to stress a universal understanding of Catholic health care as a whole rather than a fragmentation of various organisations coming under a Catholic umbrella. Also we can see that many Catholic health institutions strive hard to maintain

their identity and culture. In particular is the capacity to amplify a pastoral nature throughout the institution. In order to fairly establish an understanding of Catholic health care within the faith community, I conducted field research in parishes throughout the Perth Archdiocese. This research was in the form of qualitative focus group discussions where parishioners were free to express their views and dialogue with others about the topic of Catholic health care's faith and pastoral identities. In all 27 parishes were contacted with 16 agreeing to the research and 8 producing participants, which totalled 43. This number proved sufficient for qualitative research.<sup>24</sup>

### **Qualitative research findings**

Each category documents major themes discussed throughout the groups. Through identifying themes we are able to summarise the perceptions participants have of Catholic health care, which we will now explore. The information gathered from the focus group discussions is divided into seven categories:

- (i.) Perception of Catholic identity;
- (ii.) Pastoral care;
- (iii.) Personhood and health;
- (iv.) Quality of service and hospitality;
- (v.) Comparing Catholic and non-Catholic health care;
- (vi.) Hermeneutical interpretation of the data;
- (vii.) Interrelationship between themes and contrasting views.

### **Perception of Catholic identity**

A major area of discussion concerned the participants' perception of the Catholic identity of Catholic health care. This includes the physical features of the Catholic environment as well as the attitude and witness of people within the institution. Catholic identity manifests an openness and acknowledgement of the institution's heritage and a willingness to be informed by Catholic faith and values in the day-to-day mission.

In replying to the question of Catholic identity, participants discussed qualities they believed to be defining. One such quality entailed maintaining a Catholic ethos. Participants believed that the mainstay ethos and ethics should be manifested in mission statements as well as in the attitude and witness of staff. Many felt that the Sisters exemplified an attitude and witness for others to emulate.

As well as ethical considerations participants believed the physical layout of the institution contributed towards its Catholic identity. Necessary to the interior design were symbols such as Crucifixes and icons. Participants expressed the need to correlate

the symbols with the level of care and attitude. Further, symbolism proved a passionate point as there were responses against moves to cover or remove Crucifixes to accommodate non-Catholics.

Many participants spoke highly of the support and nourishment they received from priests and pastoral workers. Hence, there emerged that other crucial indicators of a Catholic identity are pastoral care and the sacraments. Access to these proved pivotal to the Catholic nature of the institution.

As with any group not all felt the same way when discussing Catholic identity. Some believed that symbolism was lacking. Others believed that over the years the Catholic identity has been diluted. Reasons for this included too much focus on the business nature of the institution, an emphasis on profits and pressure resulting from government funding. Others disagreed emphasising the guarantees in place to maintain institutions Catholic ethos.

We have looked at how participants perceive a Catholic identity. Diverse opinions on Catholic identity covered topics on ethics, care, mission statements, witness and the work of the Sisters. In the next section we will examine how they perceive the pastoral nature of Catholic health care.

### **Pastoral care and pastoral nature**

Catholic health care's commitment to pastoral care and manifesting a pastoral nature was another topic of discussion. When referring to pastoral care we mean the specific care and building up of the human person (Rom 15:2, 1 Thess 5:11). Pastoral nature is how this care is present in all facets of the institution and manifest to all peoples, which is a significant part of its Catholic identity.

Pastoral care and pastoral nature are integral to the Catholic identity. This was felt by a number of participants who displayed knowledge of the heritage and practices and their influence on present beliefs and customs. To this end, many felt that a commitment to pastoral care was entrenched within mission statements. How the mission statements translated into actions throughout all areas of the institution generated diverse opinions. Some believed that other priorities such as physical and medical care outweighed a need to be pastoral while others felt this need was indeed evident in all areas.

Participants were diverse in their understanding of pastoral care. Some associated pastoral care with the work of the Sisters. Those involved in pastoral activity spoke about the relationship between their work and faith and the role personal experience and empathy plays in their ministry. One area many agreed on was that pastoral care entailed a respect for other's beliefs, which did not try to proselytise people.



At the heart of peoples' perceptions of pastoral care was Jesus Christ as the foundation of pastoral ministry. Elemental to authentic pastoral care was an understanding of discipleship and testimony to Jesus. Many recalled experiencing Jesus when receiving pastoral care.

Accessibility to pastoral care was perceived positively, which included access to the Chapel. Also important was the sacerdotal and pastoral ministry of the priest. Many participants believed that Catholic institutions were welcoming of clergy who in turn offered prompt response to those seeking pastoral guidance and the Sacraments.

Not all perceptions were positive when talking about pastoral care with some feeling it was absent, practically when comparing past and present experiences. Others spoke of negative experiences when receiving pastoral care. These included a negative attitude by the pastoral worker distributing Communion or when visiting patients. Others perceived an anti-Catholic attitude amongst some staff in relation to pastoral care.

So far we have discussed Catholic identity and pastoral nature and how participants throughout our focus group discussions perceive these. Participants conveyed various opinions and experiences of the pastoral nature of Catholic health care, which included their understanding of pastoral care, its relationship to faith and how it is ministered. Next, we will examine categories that delve further into how participants perceive Catholic health care, especially in its care for the human person, quality of service and hospitality.

### **Personhood and health**

In the previous two sections we investigated how participants perceived Catholic health care's faith identity and pastoral nature. Throughout the discussions participants raised issues that relate to these two aforementioned categories. These issues concerned personhood, quality of service and hospitality. Participants were stalwart about how they were treated as human persons as well as their desire for Catholic institutions to remain faithful to the moral and ethical heritage.

Throughout the focus groups participants shared the belief that the focus of pastoral care is the human person. When discussing health care and the human person many participants believed that Catholic health care displayed great respect for human life. Such respect catered for the person's physical and spiritual needs. The belief that the human person consists of both body and soul and that health care needed to care for both had consensus throughout all focus groups. Many believed that Catholic institutions catered well for holistic care although some acknowledged this area needed improvement.

Empathy was perceived as crucial in caring for the whole human person. Some participants also felt that personal and collective charitable acts and services contributed directly to other's health and well being. Such activities by Church agencies were noted as providing the material and spiritual support necessary for people to maintain a sustainable level of health. Let us now turn to the quality of service and hospitality.

### **Quality of service and hospitality**

Participants also discussed the quality of service and hospitality of Catholic health care, which informed their overall perception of faith identity and pastoral nature. Quality of service and hospitality are signs of how the institution values the people within its walls. High quality and hospitality communicates a love for humanity, which is at the heart of the Gospel professed by the Catholic faith.

Most participants, through recounting their experiences, felt that Catholic health care provided quality service. What was debated was whether this quality was because it was private or because it was Catholic with various participants taking either side. Related to quality was the issue of cost and exclusiveness, which is a consequence of being a private provider. Participants conveyed concerns about the cost of receiving care in a Catholic institution with some stating that they would prefer treatment in a Catholic facility for reasons of faith but could not afford to do so.

The quality of Catholic health care was manifested in the aesthetics of the institution such as beautiful, clean and secure surroundings. A good reputation within the medical profession and wider community was also a positive aspect of Catholic health care.

Related to quality are perceptions of hospitality. Many participants were very impressed how they were treated. Also noted was respect for their needs and privacy. Hospitality by staff, Sisters towards patients and clergy were discussed mostly positively. Others commented on the need of visitors to display hospitality towards patients for the patient's benefit. The most glowing account was from participants who conveyed how they were treated as guests.

Negative responses to quality and hospitality were experiences of being made to wait either as a patient or when acting on another's behalf. Difficulties experienced with parking was also noted as some believed it discouraged visitors, which in turn would have an adverse effect on the patient.

Other negative observations related to the lack of specialist care and staff in some facilities. One observation was the perception from other health providers that Catholic health care's main interest was profit and avoiding costs by taking easier cases. As a

result other providers believed that there was no difference in the quality of care with other facilities being superior in care and ethical standards.

We have enquired whether participants' perceived Catholic faith and pastoral identity to be evident within Catholic health care. In doing so we have identified how they understood Catholic identity, experienced the pastoral nature and expressed their opinions of personhood, quality of service and hospitality. Let us now turn to the final category comparing Catholic to non-Catholic health care.

### **Comparing Catholic and non-Catholic health care**

Our intention in comparing Catholic health care to non-Catholic is not to assert one is superior to the other. The aim is to further identify what is distinct about Catholic health care and how this distinction contributes to its identity and quality. As we will see participants offer a diversity of opinions of whether Catholic health care is distinctive, similar or lesser to other institutions.

As a result of their recollections many participants believed they had a more positive experience in Catholic health care. Reasons included receiving both spiritual and physical care as well as feeling connected to their faith. Others believed they were safer and had their needs better met. Another perception was that Catholic health care was more ethical and contributed to the wider community through social dividend.

Others believed however that there was no difference between Catholic and non-Catholic health care. In such cases participants simply did not care about, or noticed, differences. One area that contributed to this feeling was the similar appearances between Catholic and non-Catholic hospitals. Equal access to chapel and pastoral services in non-Catholic facilities led others to conclude that no differences existed.

Conversely there were participants who argued that they received better treatment in government and other private institutions. Such reasons included a better service and facilities to deal with certain complex situations. Others emphasised that government and other private services maintained high values and ethical standards. There were participants, however, in contrast to this later point, who argued that different ethical standards existed between Catholic and non-Catholic health care. Examples given were of non-Catholic services letting a patient die and a clinic encouraging abortion.

Negative perceptions of non-Catholic health care included experiences of staff shortage, perceived lack of cleanliness and poor quality of food. A number of participants experienced negative attitudes of some medical staff when dealing with them and being made to wait for considerable time. Many participants speaking on such issues believed

that the quality of governance and government oversight was responsible for less-than-positive aspects of hospital service.

Participants also believed that non-Catholic institutions had less or no understanding of the priests and pastoral workers role, which they felt was less visible or accessible to Catholic patients in a non-Catholic environment.

Comparing Catholic and non-Catholic institutions is significant as it accentuates any distinctive nature, which informs us further as to the Catholic identity and pastoral nature of Catholic health care. Our understanding of the Catholic identity and pastoral nature, as well as its approach to personhood, quality of service and hospitality has been enriched by the contribution of our focus group participants. Let us now examine a hermeneutical interpretation of participants' responses.

### **Hermeneutical interpretation of the data**

A crucial part of interpreting the data was identifying factors that influenced participants' responses. We do this through employing a hermeneutical methodology, which involves identifying within the text indicators that reveal 'deeper meanings' within the text.<sup>25</sup> The 'deeper meaning' we are looking for is how participants' employment, faith history and Church involvement inform their perceptions of Catholic health care's faith identity and pastoral nature.

One such factor were personal experiences and stories participants told when discussing Catholic health care. Participants who had positive experiences were more likely to agree that a faith identity and pastoral nature was evident in Catholic health care than those who had a negative experience.

Employment also served as an influence. Many had past and present experience working in health care both locally and overseas. Such roles included doctors, nurses, and specialists as well as hospital workers involved in administration, pastoral care and volunteer work. These participants were able to provide perceptions based on experience as to the Catholic identity and pastoral nature of Catholic health care. Those who had experience in both Catholic and non-Catholic health care were able to also compare the various systems. Many also had been patients so were able to talk about their experiences from both viewpoints.

On a couple of occasions priests joined the discussion and talked about their experiences of pastoral care in a health setting. This enabled an insight into how Catholic health care catered for sacerdotal ministry within its pastoral frame.

Other participants who had been patients and visitors came from backgrounds such as education and social work, which enabled them to discuss pastoral care from their experience and apply it to their encounter Catholic health care.

Peoples' faith background provided another influence. Many were born into Catholic homes and raised in the faith either during the pre or post Vatican II era. Religious congregations who were also involved in health care educated some within this group. A number of participants came from traditional Catholic countries, such as parts of the Americas, and discussed how their culture informed their perceptions of Catholic health care. Others came from nominal Catholic backgrounds and became active in the faith later in life. Also represented were people who came from non-Catholic backgrounds and converted as adults.

A number of participants were influenced by their involvement in Church life such as parish based charitable and pastoral activities aimed at caring for others. Other participants were devoted to pro-life activity. Such influences enabled participants to form perceptions on the meaning of pastoral charity as well as ethical and moral principles and how these apply to Catholic health care. Finally, we explore now the interrelationship between different themes raised throughout focus group discussions and identify significant contrasting views.

### **Interrelationship between themes and contrasting views**

Similar issues were discussed that related to different themes. An example was the interrelationship between Catholic identity and pastoral care. Many participants believed that pastoral care was integral to the institution's Catholic identity and ethos. Pastoral care was also a topic when discussing the human person, quality and hospitality and when comparing Catholic and non-Catholic health care. In the course of discussion pastoral care became a common thread throughout. This allowed the research to conclude that pastoral care is crucial to both the faith identity of the institution and has a direct benefit to daily operations as well as the welfare to all those within the institution, especially patients.

Diversity of opinion also led to contrasting views. In one way the spectrum of thought was beneficial as it avoided any overwhelming bias amongst participants towards a particular impression of Catholic health care.

One contrasting view was whether Catholic health care provided high standards because it was private or because of its faith based heritage and ethos. Likewise, participants could not agree on the presence of symbols within the building with some saying they were evident and others claiming they were absent. One result of this diversity was a

chasm between those who felt that the institution had a Catholic and pastoral nature and those who felt it did not.

Disagreement also existed when comparing Catholic and non-Catholic health care. An example was that some believed non-Catholic hospitals maintained good ethical standards while others felt Catholic health care proved more efficient in this area. Another issue was that some believed that non-Catholic health care provided good pastoral services while others felt it lacking in non-Catholic environments.

### **Summary of research**

So far in this article we have examined the relationship between pastoral care and health care, looked at the challenges facing Catholic health care today and discussed establishing a pastoral paradigm. This paradigm, achieved through contemplation on the faith heritage, transforms the institution into a faithful witness to God in the world.<sup>26</sup> Contemplation allows us to grow in our awareness of Catholic health care as a pastoral activity, which emulates Jesus' ministry to the sick and the dying. Of course we are unable to cure people as Jesus did through miracles. How we emulate Christ is through our commitment to love our neighbour as understood in Jesus' teachings. Expressing our ethical commitment commands being people of compassion.<sup>27</sup> Compassion demands personhood, sensitivity and transcendence as a form of relating to others. It motivates us to manifest the golden rule of doing to others, as we would have them do to us (Matt 7:12). Our faith heritage provides us with a context for understanding compassion within a pastoral ministry, which is ideally the guiding paradigm of Catholic health care.

A desire to explore the possibility of creating such a paradigm led us to examine the results of qualitative research exploring parishioners' perceptions of the Catholic identity and pastoral nature of Catholic health care. Nouwen believed one of the challenges facing pastoral care was helping people to see their concrete situations as part of God's redemptive work in creation.<sup>28</sup> Through documenting the concrete situations of parishioners we are able to reflect upon them in the light of faith. Parishioners through their thoughts and experiences were able to guide us on ways a pastoral paradigm may become a reality.

The importance employing empirical research is emphasised in Nouwen's concern about untested suppositions being the basis of much theological discourse.<sup>29</sup> Many of us have read articles or heard homilies, which project certain views on humanity or the belief of others. Qualitative research allows theology to transcend such presuppositions and to authentically reflect on the world through concrete experience. In this research we were able to explore how parishioners experienced the faith identity and pastoral nature of Catholic health care.

Many participants perceived Catholic health care's identity to be based upon its commitment to Catholic beliefs and values and the delivery of quality pastoral care. This commitment articulates the need to avoid separating pastoral care from Catholic spirituality and prayer.<sup>30</sup> Spirituality is a lens that enhances an appreciation of pastoral care within the Catholic tradition. Preserving the spiritual dimension of pastoral care is a challenge. Nouwen identified one such challenge as the growing influence of behaviour science within pastoral practise.<sup>31</sup> The Catholic Church's pastoral heritage long predates such influences and has sustained and nurtured people throughout history. We have a rich and articulate understanding of the human person, which originates in our relationship to the triune God. The grace we receive through the Holy Spirit that guides us in our spirituality and prayer sustains and reminds us of our pastoral ministry, which is to do the will of Our Father in heaven, which is revealed fully in His Son, Jesus Christ. Catholic health care's heritage, the visibility of Catholic symbols and the presence of religious Sisters were held as important to preserving such a relationship.

A correlation between faith and pastoral care was evident when discussing beliefs and values as the basis of pastoral activity. In particular was Jesus Christ being foundational to pastoral charity. Nouwen informs us that the role of pastoral ministry is to become the 'living reminder' of Jesus.<sup>32</sup> Authentic pastoral care entails emulating the person of Christ in our relations to others. In our Catholic tradition Jesus Christ is fully present in the Eucharist, the Word, priest, sacraments and in God's people gathered together. Through comprehending Christ's presence we may fully appreciate Christ's promise to be with us throughout the ages (Matt 28:16b). Christ's presence in the Church's pastoral ministry is not merely an ideal but a reality.

The importance of pastoral care was also evident in the understanding of the human person consisting of body and soul. In being pastorally nourished parishioners felt Christ's presence. Such pastoral activity was seen as evident in the work and witness of Sisters, lay workers and the particular sacramental role of the priest.

The effectiveness and universality of pastoral care in Catholic health care was discussed with many believing it was evident while others called for improvement. The overall pastoral nature of Catholic health care was debated with some believing that it was just another business while other praised the contribution Catholic health institutions make towards society in the form of social dividends. A number of participants understood Catholic health care within the wider context of Christian charity, again drawing the link between faith and pastoral activity.

One area discussed was comparing Catholic and non-Catholic health providers. Again the visibility of faith through symbols, a commitment to ethos and a strong pastoral activity were important in peoples' perception of Catholic health care. Ethical

differences were also discussed although some chose to see the similarities of values rather than contrasts.

Participants were very impressed with the quality and hospitality of Catholic health care. When comparing it to other health care many participants were divided on which they would prefer.

In response to the research question of whether a faith identity and pastoral nature is evident in Catholic health care the answer is a 'yes' with a 'but'. *Yes* it is present in the history, core values and charitable activities but it is an area that needs to be explored and expanded upon in order to be more visible and appreciated. One such area is how faith enriches and informs pastoral care. For Nouwen a total integration and meditation on God's word is essential to pastoral care.<sup>33</sup> Such mediation involves appreciating the Catholic faith in its entirety and how it informs and enriches pastoral care. This enables Catholic health care to realise the need for greater openness to integrating faith with pastoral activity. Ideally this would lead to an advanced appreciation of Catholic identity and pastoral nature that may be expressed consistently to all. At present the contrasting experiences of various participants informs us that not everyone agrees that pastoral care is practised effectively within a Catholic health care environment. Like St Paul's 'be all things to all people' (1 Cor 9:22b) there is a pastoral challenge to reach out to everyone and make the pastoral nature evident in all areas. This however is a challenge, as it requires both a collective and individual commitment and internalisation of the underlying ethos of the Catholic health care environment.

## Conclusion



Image Source: [Wikimedia Commons](#)

When articulating Christian pastoral ministry Nouwen expressed the necessity to give value and meaning to human life even at the darkest of times.<sup>34</sup> Throughout history the Catholic Church has strived to achieve this goal through caring for the sick and the dying. At the heart of this ministry are the beliefs and values revealed fully in the mysteries of Christ. Jesus Christ the Good

Shepherd epitomises pastoral care, which the Catholic Church in its ministry strives to emulate. In contemporary times a number of challenges face Catholic health care's



ability to express this commitment to a pastoral nature in all its areas. To this end, we explored the idea of a pastoral paradigm for Catholic health care. Also discussed were the results of a qualitative research to explore the need for a pastoral paradigm. Actively embracing pastoral care is pivotal to the mission of the Catholic Church. Nouwen assisted in orientating our understanding on pastoral care and how his ideas are applicable to Catholic health care. In particular was his emphasis on being informed by our memory and inspired by the original vision. Pastoral care in order to be authentically Catholic is informed by the faith passed on throughout the ages and lived within the Church community. It is therefore of importance that Catholic health care comes to a fuller realisation of its essential pastoral nature, which is elemental of its Catholic identity. Caring for the sick and the dying, as exemplified throughout the ages, is primarily a pastoral act, which communicates the ethical love that has its source in God.

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## **Bibliography**

Benedict XVI, Encyclical “Deus Caritas Est”, 2005.

John Paul II, General Audience, 10 September 1997.

\_\_\_\_\_, Homily of the Funeral Mass for Pietro Cardinal Palazzini, 13 October 2000.

Koenig, H G, McCullough, M E and Larson, D B. *Handbook of Religion and Health*. Oxford: Oxford University Press, 2001.

Neuman, W L. *Social Research Methods: Qualitative and Quantitative Approaches*. 6<sup>th</sup>. ed.; Sydney: Allyn and Bacon, 2006.

Nouwen, H. *The Wounded Healer: Ministry in Contemporary Society*. Doubleday: New York, 1972.

\_\_\_\_\_. *The Living Reminder: Service and Prayer in Memory of Jesus Christ*. The Seabury Press: New York, 1977.

\_\_\_\_\_. *Creative Ministry: Beyond professionalism in teaching, preaching, counselling, organizing and celebration*. Doubleday: New York, 1991.

O’Rourke, K. “Catholic Hospitals and Catholic Identity,” *Christian Bioethics*, Vol 7, No. 1 (2001).

Second Vatican Council’s Constitution on the Church, “Lumen Gentium”, November 21, 1964.

Swinton, J and Mowat, H. *Practical Theology and Qualitative Research*. London: SCM Press, 2006.

Tarnas, R. *The Passion of the Western Mind: Understanding the Ideas that have Shaped Our World View*. London: Pimlico, 2000.

Taylor C, "Catholic Health Care and Mission: Does Jesus Language Matter?," *Christian Bioethics*, Vol 7, No. 1 (2001).

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<sup>1</sup> Henri Nouwen, *Creative Ministry: Beyond professionalism in teaching, preaching, counselling, organizing and celebration* (Doubleday: New York, 1991) 64.

<sup>2</sup> Harold Koenig, Michael McCullough and David Larson, *Handbook of Religion and Health* (Oxford: Oxford University Press, 2001) 32.

<sup>3</sup> Henry Nouwen, *The Wounded Healer: Ministry in Contemporary Society* (Doubleday: New York, 1972) 67.

<sup>4</sup> Nouwen, *The Wounded Healer*, 71.

<sup>5</sup> Henri Nouwen, *The Living Reminder: Service and Prayer in Memory of Jesus Christ* (The Seabury Press: New York, 1977) 18.

<sup>6</sup> Nouwen, *The Living Reminder*, 19.

<sup>7</sup> Carol Taylor CSFN, "Catholic Health Care and Mission: Does Jesus Language Matter?," *Christian Bioethics*, Vol 7, No. 1 (2001) 33.

<sup>8</sup> Nouwen, *The Living Reminder*, 64.

<sup>9</sup> Kevin O'Rourke OP, "Catholic Hospitals and Catholic Identity," *Christian Bioethics*, Vol 7, No. 1 (2001) 21.

<sup>10</sup> Nouwen, *The Wounded Healer*, 91.

<sup>11</sup> Nouwen, *The Living Reminder*, 62.

<sup>12</sup> Keith Punch, *Developing Effective Research Proposals*, (London: Sage Publications, 2005) 35.

<sup>13</sup> Richard Tarnas, *The Passion of the Western Mind: Understanding the Ideas that have Shaped Our World View*, (London: Pimlico, 2000) 360.

<sup>14</sup> Nouwen, *The Living Reminder*, 29.

<sup>15</sup> Nouwen, *Creative Ministry*, 50.

<sup>16</sup> Nouwen, *The Wounded Healer*, 11.

<sup>17</sup> Pope John Paul II, General Audience, 10 September 1997.

<sup>18</sup> Pope John Paul II, Homily of the Funeral Mass for Pietro Cardinal Palazzini, 13 October 2000.

<sup>19</sup> Nouwen, *The Living Reminder*, 64.

<sup>20</sup> Second Vatican Council's Constitution on the Church, "Lumen Gentium", November 21, 1964. 18.

<sup>21</sup> Encyclical of Pope Benedict XVI, "Deus Caritas Est", 2005. 28 (b).

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<sup>22</sup> Nouwen, *Creative Ministry*, 24.

<sup>23</sup> Nouwen, *The Living Reminder*, 72.

<sup>24</sup> Other investigations involving pastoral and theological research are comparable in size. One such example is of research involving 44 hospital chaplains and their experiences of ministry. (John Swinton and Harriet Mowat, *Practical Theology and Qualitative Research* (London, SCM Press, 2006) 172.) Another example is research that involved 10 focus groups examining pastoral care of marginalised people. (Swinton and Mowat, *Practical Theology and Qualitative Research*,) 240.

<sup>25</sup> W Lawrence Neuman, *Social Research Methods: Qualitative and Quantitative Approaches*. (6<sup>th</sup>. ed.; Sydney: Allyn and Bacon, 2006) 88.

<sup>26</sup> Nouwen, *Creative Ministry*, 64.

<sup>27</sup> Nouwen, *The Wounded Healer*, 26.

<sup>28</sup> Nouwen, *The Living Reminder*, 26.

<sup>29</sup> Nouwen, *Creative Ministry*, 29.

<sup>30</sup> Nouwen, *The Living Reminder*, 12.

<sup>31</sup> Nouwen, *Creative Ministry*, 50.

<sup>32</sup> Nouwen, *The Living Reminder*, 53.

<sup>33</sup> Nouwen, *The Living Reminder*, 68.

<sup>34</sup> Nouwen, *The Wounded Healer*, 71.

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