

International Journal of Faith Community Nursing

Volume 9 Issue 1 Special Issue-Focus on Post COVID-19

Article 3

April 2024

The Impact of COVID-19 on Parish Nursing in Germany

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Recommended Citation

Solari-Twadell, Phyllis A. PhD, MPA, RN, FAAN and Glaser, Angela (2024) "The Impact of COVID-19 on Parish Nursing in Germany," International Journal of Faith Community Nursing: Vol. 9: Iss. 1, Article 3. Available at: https://digitalcommons.wku.edu/ijfcn/vol9/iss1/3

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The Impact of COVID-19 on Parish Nursing in Germany **Cover Page Footnote** Liz, this is the revised submission

The Impact of COVID-19 on Parish Nursing in Germany

Introduction

Historical Perspectives

Germany historically has been and is a leader in the European economy (Yu, 2023). During World War II Germany was instrumental in materials and technology production and management. Following World War II even with suffering economy, Germany focused on rebuilding itself through successful monetary reform reducing taxes and value of loans. Over time Germany was again a major player in the international trade market.

The fall of the Berlin Wall in 1989 allowed for the joining of East and West Germany into one Germany which not only was significant for the country itself, but also facilitated the creation of the European Union and subsequently the European economy (Yu, 2023). Germany's geographical location, being in the center of Europe also contributed to it becoming a significant force in Europe and in the international political economy eventually evolving the largest economy in Europe and the fourth largest economy in the world at the time (Yu, 2023.)

Impact of COVID-19 in Germany

Physical distancing, mask wearing and testing were used early in the pandemic to offer protection and restore public life (Weiler, Antao & Hanefeld, 2023). However, as in other countries, COVID-19 had a negative impact and highlighted present health inequities and the social determinants of health that were at the base of these inequities. Germany moved quickly to ensure that 50% of its people received vaccines by July 2021 (Weiler, Antao & Hanefeld, 2023). Germany worked hard to try and reduce the burden of the pandemic on its hospitals and to reduce the mortality rate due to the pandemic. The Robert Koch Institute, Germany's National Public Health Institute (NPHI), provided the leadership in coordinating public health efforts to manage the impact of COVID-19. The success of Germany's efforts in managing the effects of the pandemic was due to the networking with federal and local health authorities prior to the pandemic.

Faith and Church Life in Germany

Richard Lempp (1910), a graduate of the Harvard Divinity School, noted the following questions in an article "Present Religious Conditions in Germany": Could the German church, which down to the eighteenth century had been the chief promoter and embodiment of culture, endure, in the face of a culture which had become independent of it; or was that independent culture destined to destroy it; and in the latter event, what would be the fate of religion in Germany" (P. 31). Lempp did not take into considerations such phenomena as pandemics and its effect on participation in the life of the church in Germany.

Prior to the COVID-19 pandemic approximately 50% of the religious makeup of Germany was represented by Roman Catholics and Protestants with about 13% composed of other smaller

religious groups such as Muslims. Roughly 33% of the country had no religious affiliation. As a result of COVID-19 there was a 20% decline in church attendance in Germany (Catholic News Service. 2021).

In Germany there is not a strict separation between church and state, but more of a cooperative relationship. Religious "societies" are "corporations" under public law (Gesley, 2017). Governmental financial authorities charge those that are members of the entitled denominations with an additional levy. This money then is transferred to the churches (Rothkegel, 2024). With the economic downturn resulting from COVID-19 in Germany, many people found that the taxation related to participation in church life was a financial burden that could not be afforded. Thus, the pandemic stimulated a loss in church attendance due to the harsh economic realities because of COVID-19.

Faith Community Nursing in Germany

Vis-à-vis is based on the principles of Christian charity, which "calls" the nurse to the task of "accompanying and supporting sick people and their relatives in their respective physical, mental and spiritual situations" (Vis-a-vis, 2024). The roots of vis-à-vis lie in the work of the parish sister with origins from the 19th century. Vis-à-vis began in 2011 through the work of Angela Glaser at the Evangelical Lutheran Parish in Dudenhofen near Speyer, Germany. Through her evangelistic spirit Angela promoted the development of a vis-à-vis network of faith community nurses in Germany. While doing this work Angela was in close contact with Rev. Helen Westberg who was very instrumental in the development of parish nursing in the UK. Helen and Angela have also been integral to the beginnings of a European network based in England which includes the UK, Finland, Germany, the Netherlands, and Ukraine.

The Impact of COVID -19 on Parish Nursing in Germany

In Germany during critical public health concerns, nurses are considered "systemically relevant" meaning that their work is indispensable (Bartzik, Aust and Peifer, 2021). As in other countries, as the population ages in Germany, there are more people in need of care. This demographic reality in addition to COVID-19 created more demand for care especially during the pandemic. Due to the aging of the patients, the increased demand for care and the pandemic, COVID-19 was reported as impacting nurse stress levels. It was noted in one study that nurses in Germany experienced more appreciation from society but less from their patients. Another finding from this study was that the COVID-19 pandemic had a significant impact on the workloads of the nurses. About 66% of the nurses stated that they had more or significantly more to do than before. These results show that the COVID-19 pandemic changed the working lives of nurses in Germany (Bartizk, Aust and Peifer, 2021).

Another study reported that participants reported lower sleep quality during the COVID-19 pandemic (Mojtahedzadeh, Neumann, Rohwer, Niehaus, Augustin, Harth, Zyriax, & Mache, (2021). It is also well documented that a higher stress level perception often affects the ability to maintain health promoting behaviors.

Due to COVID-19, the ability to continue to serve through the church was impacted. This was due in part to the affect the pandemic had on churches and to the demand for nurses serving in community-based roles to return to more traditional nursing roles such as providing vaccines to people. Both the church and the parish nurse's ability to serve were altered given the "systematic relevant" of the nursing role during the pandemic.

Going Forward

As society regains a more normal lifestyle, the energy crisis and the war in Ukraine continue to weigh heavily on Germany's economic recovery. Churches continue to work to recover with most of the vis-à-vis nurses serving in a volunteer role. However, when the restrictions put in place by COVID-19 are lifted and demand for nurses is somewhat reduced due to the ease in COVID-19 diagnosis and hospitalizations, vis-à-vis will have an opportunity to regain its footing. During the pandemic in September 2021, vis-à-vis launched a new charity organization - Vis-à-vis Gemeindediakonie e.V. The hope is that this organization will support parish nursing sustainability for at least the next 10 to 20 years.

Another consideration, however, must be the aging of the nursing workforce and the impact that this is having on staffing levels of nursing professionals in Germany. Questions that become essential to the recovery of parish nursing in Germany are: Who will be available to respond to the "call" to fill the shoes of those that have been serving in the ministry of parish nursing in the past? How will succession management be provided to ensure stewardship of the ministry of parish nursing practice? Will the churches be able to support a ministry of parish nursing given their changing role in German society?

Although these questions have been applied to Germany, they have relevance to us all who are dedicated to this ministry of health and healing and more specifically to parish nursing /faith community nursing. We may be from different countries and cultures but the issues we are experiencing in our societies are similar. How do we ensure that Parish nursing/faith community nursing has a future in living out and bringing forth the mission of health and healing of the church?

Published by TopSCHOLAR® 2024

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