



The changing landscape of mission hospitals: relevance, quality and sustainability

For this issue, the journal's editors called for papers dealing with the challenges facing faith-based hospitals in the light of changing social, governmental, economic, and technological landscapes in the countries where these hospitals serve. The changes have been accelerated and the challenge multiplied by COVID-19's effect on economies, health systems, and social dynamics. This has led mission hospitals to re-evaluate and adapt their role in these changing landscapes. One definition of challenge is to dare or to arouse or stimulate by the presence of difficulties. A challenge is thus an opportunity for learning, for change, for growth, and for development.

The theme is introduced by Bruce Dahlman's guest editorial, in which he outlines cogent reasons why capacity building can be a strategic avenue for continuing Christian outreach in the Majority world. This strategy is complemented by his parallel commentary on why healthcare and the broader mission of the Church must go together. It is only through integration of the two that the gospel is preached and lived out in the way Jesus indicated in sending out his disciples. We hope that the submissions we publish here begin to illustrate in particular ways how the opportunities before us can be met.

Four complimentary perspectives on the transitions occurring in mission hospitals in India are shared. Father John Thekkekara used a multiple, embedded, case-study method to evaluate 16 faith-based institutions in India in terms of sustainability and inclusiveness, noting that these objectives may often be in tension. Various strategies and their relative successes are evaluated. Kate Long and her colleagues from Boston University assessed the challenges to Christian mission hospitals in India over a more recent time period, that from 2010 to 2017. They

identified three core capacities that helped these institutions navigate these challenges. Perry Jansen offers a systematic literature review which identified core themes for success of faith-based hospitals in India. Flint, Ismavel and Miriam analyze how the Makunda Christian Leprosy and General Hospital in Assam over the last 25 years has modeled a sustainable approach to quality care in low resource settings despite minimal external funding. This is a peer-reviewed paper of a study which originated from scholars at the Wharton School of Business. All four studies can contribute significantly to maintaining resilience in the face of institutional challenges that without doubt will continue throughout the world.

These systematic studies are complemented by a case study by Professor Bern Lindtjorn who details the intriguing history of Yirga Alem Hospital in Southern Ethiopia under the aegis of the Norwegian Lutheran Mission since the middle of the last century. This hospital has sustained decades of political and economic challenges, both in Ethiopia and in Norway, yet the hospital continues to do its important work as an example of fruitful collaboration between a Christian mission and a secular government.

In the light of the difficulties that have come to impede long-term hospital-based medical mission work, short-term medical missions have become more popular in response to global disparities. Yet many of these efforts do not align with international standards and best practices. To study this phenomenon using a convenience sample, Susan Andrews found considerable variation in the degree to which there was adherence.

This assessment was of the supply side of healthcare provision, but there are greater gaps in the literature on the demand side. Paul West



Okojie and Richard Lane surveyed rural citizens in southern Nigeria with regard to their choices for healthcare. The most popular healthcare provider was the local medicines store followed by the local hospital, but traditional healers are often consulted. Promptness and cost as well as tradition were the major drivers for the choices these patients made where health insurance was not accessible.

There are many factors which affect health and longevity, including faith and justice in communities. Does universal health insurance with its provision of increased access to healthcare result in increased life expectancy? Sabina Ampon-Wireko and her colleagues from Jiangsu University in China used sophisticated statistical methods on data from 13 emerging countries to suggest that it did, along with increased physician ratios, health expenditures, and education. Health workers in short supply can themselves be casualties in the demands of work and learning. Gretchen Slover studied fourth-year, medical students at the University of Zambia School of Medicine and whether counselling services were either needed or desired to help them address common stress, worries, and fears.

In the face of changing demand and supply amid both public and private competition, and the influence of the Primary Health Care approach of Alma Atta, traditional mission hospitals have often diversified into community health and development approaches. Dykstra and Paltzer's review of faith-based holistic health models identified community engagement and cultivating relationships as key motivating themes.

A classic but updated resource used for community health is *Setting Up Community Health and Development Programmes in Low and Middle-Income Settings*, a book by Ted Lankester and Nathan Grills, reviewed in this issue.

Spirituality and health is a sustained focus of interest for the journal and to that end, Matthew Bersagel Braley reviews *Why Religion and Spirituality Matter for Public Health: Evidence, Implications and Resources*, edited by Doug Oman. The book provides a comprehensive basis for public health practitioners to understand religion and spirituality. Taking us even deeper into spiritual understanding in these days of COVID-19 which seem to be a never-ending affliction, Lois Armstrong reflects on how these circumstances can encourage us to “number our days” in the ways Moses had in mind in Psalm 90.

Which brings us back to COVID-19. Our special issue in May generated significant interest and was accessed by record numbers of readers. We have continued to receive submissions on that subject as our call for papers on epidemics and pandemics continues. The Christian voice has distinctive content to express, and the opportunities for the church are immense in the face of a global pandemic. We will soon be publishing a special issue on a prior call for papers on the formative first years of the human life cycle. Please contact us with any interest in joining the editorial team to continue to offer the world evidence of the work of God's people empowered to face the challenges before them with courage and grace.