

Identifying the Essential Steps in Creating a Parish Nurse Practice

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Foundations in Parish Nursing

Abstract

The parish nurse, as a bridge between the health care system and the faith community, can assist the Canadian Christian church in re-connecting to its missional call to heal. With a renewed vision radically re-shaped around welcoming, tending, healing and integrating our society's sickest, weakest and most vulnerable people into the centre of our communal lives, the church can discover itself re-oriented and re-vitalized. At the macro level, establishing a parish nurse ministry can assist the church in reintegrating into the mainstream of society, where true holistic care (body, mind/soul, and spirit) is rarely found. At the micro level, the parish nurse has the unique capacity to engage in all dimensions of health caring, to aid in individual health and healing. The parish nurse affirms that we are all used as instruments of healing for each other. My hope is that you will be left at the end of this paper, like me, wondering, how have we survived so long without this ministry as a standard within the Christian church in Canada.

The Role of the Church in Health Care and Healing

Any exploration of how the Christian Church can successfully establish and integrate the parish nurse ministry as a new standard, alongside the customary clergy/pastor and youth ministries, requires an agreement as it will involve a significant paradigm shift in our understanding the place of the church in our Canadian society today.

It is a widely held perspective that the church as a whole is losing its social relevance across our country. Over the past two years, as I have waded deeper into the waters of exploring the role of the parish nurse, I have found myself pondering if this loss of relevance is not in some large part connected to the church relieving itself a central role it once held in society--that of offering physical care for the weakest, the sickest and the outcast.

Hospitals that were established by religious communities had at their core a radical mission of tending the sick 'with the love of Christ,' and were seen as an extension of the Christian church's commitment to caring for the broader community. As these hospitals have gradually been handed over to secular management and staff who are not aligned to a biblical or vocational vision of cure and care, this shift in focus has left the Christian community feeling like disenfranchised outsiders to a care system it was largely responsible for establishing over the past 150 years.

As Christians, formally attached to a worshipping community or not, we can now find ourselves disconnected from the missional call of Jesus to heal the sick, raise the dead, cleanse wounds, drive out demons, feed the hungry, give drink to the thirsty, clothe the naked, and visit the sick and imprisoned. (Matthew 10:8 and 25:34). As Christians, we risk becoming seduced by the secular influences of society so marked by individualism that an inward reflection on 'spirituality' becomes the centre-point of our Christian experience. The outward experience of encountering the poor as our brother and sister, of welcoming them into our lives and to our tables has become very foreign. The commonly held belief is that the 'task' of caring for those in need is best left to professionals or even pseudo-professionals with letters after their names or pieces of paper declaring them 'best equipped'. The Church in Canada, it

seems, has no functional role in setting a standard for health care anymore. Is it possible that handing over the 'burden' of the poor has *most* weakened the Christian Church?

This state of increasing separation between the church and professionalized health care providers might perhaps have gone on indefinitely, except for the existence of a serious crack in the dam. We have come to a time when the limits of our once plenteous social-care programs are apparent. People applying for services are being screened very closely, denied care when it is obviously needed, and in the absence of any substantive home-care nursing support, are expected to rely on family, friends, volunteers, and privately paid in-home caregivers. For each vacancy that comes available in residential care there are many on waitlists hoping to get in. These cracks, evident today, will surely give way over the next few years to the pressures upon our limited resources, as these are only predicted to increase.

As well, and I believe in-part fuelled by this financial panic, there comes lurking around the perimeter of our society a most twisted 'wisdom' that whispers a terrible lie into the minds of the frailest people that 'killing themselves before they become a burden on the system or on family members is a legitimate option to be considered' ... and given the speed with which these shifts of assent seem to be occurring across our society, it soon may be widely regarded as the 'responsible' thing to do. Here, surely, the Christian church and the Christian nurse both have a role in declaring to the world that embracing ones' vulnerability and accepting our human fragility is a truly beautiful process and is at the very heart of every human's transformational experience.

Our heavenly Father reveals the power in vulnerability through the birth and death of Jesus and declares the great mystery that is always heard as foolishness to the self-proclaimed 'wise' people of this world: 'My grace is sufficient for you. My strength is made perfect in weakness'. (2 Corinthians 12:9).

This, then, is obviously an important time for many weighty conversations and decisions within our governments and health authorities. It is also a perfect window of time for the Christian church to

re-engage and weigh-in meaningfully, declaring its place in caring for the health of people in society in new and creative ways. This 'crisis of services' can indeed become a tremendous gift for disoriented or dying Christian communities as we discover the sickest among us to be our greatest cure and in the weakest our renewed strength.

To add further dimension to this point, I draw briefly on my years of living in the L'Arche community where people with and without developmental disabilities share life together. I have heard from many parents and siblings who, initially shaken or embarrassed by the stigma of helplessness, dependency and imperfection when they learned of a child's disability, came to discover that the experience of surrounding, welcoming, and loving this person became the experience that transformed their families and made them stronger.

Christianity needs vulnerability at the center of our faith experience to draw us together and to help us know the transformational power of God's presence in our lives individually and collectively. Jean Vanier, founder of L'Arche, says it this way: 'The most precious gift in community is rooted in weakness. It is when we are frail and poor that we need others, that we call them to love and use all their gifts. (Vanier, 1991 p. 263).

In his book, *Plunging into the Kingdom Way*, author and pastor Tim Dickau (2011) suggests an opportunity for the church today to re-find itself in living out the call of Jesus by engaging in our neighbourhoods authentically and with expectation of our transformation (p. 2). We are invited into a practical theology that integrates the radical vision of Jesus by offering a radical hospitality to our neighbours and committing to a deeper shared life with each other (Dickau, 2011 p. 2). Charles Ringma (2011), theologian and social activist, underscores this and highlights "the value in recovery of the older concept of parish church", describing it as "the people of God in Christ living in a particular neighbourhood for which they assume a priestly and missional responsibility" (Dickau, 2011 p. xi).

So, the question must be asked here: [dD](#)Does the Christian Church in our western society have a role to play today in health care and in healing? Reverend Deborah Patterson, Executive Director of the

International Parish Nurse Resource Center and Deaconess Parish Nurse Ministries in St. Louis Missouri affirms strongly that it does in her book the *Essential Parish Nurse*: “The church has a profound role to play in health care and an important and necessary voice that must be heard. Health ministry, along with preaching and teaching is the church’s mandate from its rock and cornerstone, Jesus the Living and Healing Christ. It is not optional ministry – it is an integral part of the Church’s calling. The question becomes how is the Church going to live out and fulfill its health ministry? Parish nursing is one vital way to have an effective health ministry in a faith community” (Patterson, D. L., 2003 p. 21-22).

As Christian Churches respond to this call to re-engage in ministering to the health care needs of their congregants and neighbours, the need to clarify the role that the church will take in promoting and supporting health and healing while integrating our efforts alongside the social and health services that are in place becomes readily apparent. Here, the parish nurse can offer much needed guidance and skill.

In her article discussing the role of parish nursing and care for the elderly, Dr. Priscilla Ebersole, pioneer in geriatric nursing, writes (2000): “parish nursing is one of the most significant developments in modern geriatric nursing, but it’s roots are as old as ancient civilizations. From the beginnings of human records, the cleansing of the body, the interpretation of natural phenomena, birth, death, banishment of disease and healing have been considered aspects of the spiritual leader’s role” Ebersole (p.118).

The Role of the Parish Nurse in the Church Community

Nurses are relied upon for the most intimate kinds of care and are among our society’s most respected and trusted professionals. The nurse is ideally suited to announce and reassure that beauty and holiness are located deep within the most profound fragility of body, mind, and spirit. The nurse who tends and ministers with heart-felt compassion gives hope to a person in their time of physical or psychic weakness, holding up a warm light in their time of darkness.

Many times, over this past year and a half when I’ve spoken to others about being a ‘church nurse’ (a term most people seem to grasp more quickly than ‘parish nurse’ despite my love for this title),

people will look quizzically at me and ask, “*exactly what does a nurse do within the church?*” Here again revealing that the Church is seen as being disconnected from having any tangible role in caring for a person’s physical, medical, mental, psychological or emotional wellbeing. Caring for our spiritual wellbeing seems the only role left to the church, as if this is a disconnected component of the self.

Holistic Care (that which integrates Body, Mind and Spirit) is seldom on the system’s radar ‘professionally’ in this highly specialized world of health care and I would suggest that this is *exactly* where the church can find relevance and begin ministering to our fragmented society. Indeed, this integrated care paradigm of ‘wholeness’ is at the very core of the ministry of the parish nurse. As Ebersole (2000) writes, “We have now come full circle because churches and temples are recognizing and reclaiming their role in integrating the holy with the holistic health” (Ebersole, 2000, p. 3).

As a member of a pastoral care team it is the parish nurse’s unique role to respond to a person’s health care needs while also acknowledging the wholeness of the person. As a caring presence, the parish nurse is attentive to the ongoing work of Christ in a person’s life and is positioned to offer health care that is dedicated and responsive to keeping the ‘whole person’ well. The parish nurse acknowledges that our overall well-being is supported through life-style choices but that God, through the Holy Spirit, is the true source of health and healing. This spiritual care dimension is central to the role of the parish nurse and the practice of parish nursing is where faith and health connect. “Parish nurses are situated within faith communities, and one of their ministerial roles is to help people discover how to integrate faith with health” (Koenig, 1999, p.54).

Establishing a Parish Nurse Ministry in the Church

The biggest challenge facing a parish nurse is initiating a new program within a congregation (O’Brien, 2003, p.148). When it comes to establishing the role and tasks to be assumed by the parish nurse within a Church community, I am overawed by the scope while delighted to learn how wide-ranging and varied this can be. Though there are clearly defined practice guidelines outlined by the

Canadian Association of Parish Nurse Ministries, there is also an expectation that the parish nurse will mold her/his practice around the charism, traditions, and needs of the specific congregation. Though there are a number of 'models' of parish nursing to assist a church community in determining the best fit, Janet Hickman advises "Regardless of the (parish) nursing model chosen, the most important element for success of a faith community nursing program is the support and endorsement of the faith community leader and the ministry team" (Hickman, 2006, p. 17).

The process of discovering parish nurse models that are most appropriate for my church community continues to evolve. Though we have a longstanding history of engagement in many aspects of outward caring service to the community, there are growth opportunities for ministering inwardly to the body that I believe would strengthen us. The clearest insight I have been given into the 'posture' for the parish nurse needed in my church community today is that of affirming the work of others. The encounter that exposed this for me first was with Christina, who runs our free laundry program. Early one winter morning after a prayer meeting she shared with me the great weight of sadness and grief she was carrying for the circumstances around the death of a man who lived (and died) on the streets a few days earlier. This was a man for whom the laundry ministry had cared for weekly over a number of years. Her feelings of powerlessness and 'frustration that more could not have been done for him' reminded me of so many times I have stood at the bedside of a dying patient with similar helplessness and emotion. When I told her this and pondered with her if she, though not a nurse in the formal sense, was indeed nursing someone (palliatively) on the streets of our city, she was deeply touched to be affirmed in this way. In our prayer together, I had an image of extending my mantle over her and of acknowledging the sorrow in her nursing heart. Through this experience, I learned that an important aspect of the role of parish nurse is one of endorsing and affirming in others their capacity to be lovers and healers of humankind and of all that has been created. "Parish Nursing is about health for the whole body of Christ, for the whole community, indeed for the world. It is a ministry that is essential today for parishioners and for communities." (Patterson, 2003, p. 111).

As a volunteer parish nurse in this first year and 'discovery stage', a significant focus for my time has been in building deeper relationships, generating vision and integrating into the culture of the church while responding to specific health needs of congregants. I have paid attention to finding a balance between establishing new practices that support the pastors and current ministries while creating structures (e.g. record-keeping, referral processes, communication) that have capacity to grow as we establish a fuller financial endorsement of this ministry through a paid role.

Patterson (2003) writes, "The parish nurse needs to be introduced to the congregation. There are a number of ways for this to happen and it is best to use as many as possible. Parish nursing is often a quiet ministry and the congregations may wonder what is happening unless the minister is made visible" (p.88). My experience of being affirmed formally by our pastor in front of our church community occurred during our two Sunday services. I was given time to share about the role of the parish nurse and my hopes that the internship experience would offer an opportunity of exploration and discovery for all of us. A brochure outlining the goals of the internship was distributed and made available in the narthex. Over the weeks that followed, many people came to ask in person what this might mean for our church and some to share their own health concerns. Stepping into this role formally quickly opened the door to a different kind of dialogue between me and members of my church community. A new intimacy was present and I was quickly accepted as a ministering servant to the body in a new way. It has been pleasing to me and to our pastors to see how that this role is readily revealing itself to be of value in our church community.

The broad range of professional knowledge needed by the parish nurse is quite remarkable. Requests for breastfeeding tips, information about autism, weighing in on neighbourhood concerns in response to homelessness and epidemic drug misuse, assisting with obtaining care supports, inquiries about post surgical and chronic pain management, advice about nutrition, facilitating difficult family conversations, supporting a family in their end of life decisions and offering anointing for a dying

congregant; my experiences thus far as a parish nurse have me professionally expanded and very frequently running for my textbooks!

As in all of nursing, there is plenty of room for creativity and improvisation inside the role of the parish nurse. For one woman named Anne, responding to the shock of moving from her home to hospice care was disorienting and she was deeply afraid she would be forgotten. While we visited her, I sat cutting out large circles and writing the names of people who loved her with colourful pens as we spoke of them then taping these circles to the wall so she could see how many people were surrounding her. Over the weeks these circles became filled with more visitor's names and were added to with photos and cards, becoming a permanent decoration in her room. As parish nurse, my role here was to reveal her need to everyone in a gentle way, inviting a broader connection point for Anne's family and friends.

Representing the Church community, the parish nurse may be the only person someone sees on a given day and these visits can be deeply significant. Taking time to anticipate what might be needed and arriving with something thoughtful to leave behind is tangible evidence of our care. I have learned to carry with me a series of tools 'at the ready' in a small bag: a few get-well cards, some anointing oil, a Bible and a scripture promise book, the words to a few beloved hymns, a prayer shawl, small battery-operated candles, paper and colourful pens, a church directory, and my cell phone (which has been used to take a photo of a dying father, record the voice of an ailing family member, translate English into Spanish and assist in accessing online resources). I have found over the months that practical items such as these truly aid in making visits meaningful and memorable.

The Role of the Health Council in the Church Community

Chase-Ziolek (2003) states that the term "health ministry" may best serve as the umbrella term to describe the church's role in health, with the parish nurse as one aspect of the health ministry. "Other aspects might include, lay health promoters, caring communities and health ministry teams". The reflection on this broad health ministry vision is ideally held by a Health Council made up of people who

are interested in exploring issues of faith and health in a congregational setting (Patterson, 2003, p. 89). It is within this forum that the parish nurse is supported, consulted, guided and encouraged. The health council works to build a vision of health ministry and advocates on behalf of the parish nurse within the church as needs arise. The role description and evaluation for the parish nurse and health ministry program processes are held by this Council.

The establishment of the members of our Health Council came in response to my introduction and announcement at the Sunday service where I invited those interested to join me in an information meeting. This first meeting allowed for questions, answers and discussion related to the role of the parish nurse and the tasks of the Health Council. The development of this council of six members has given great stability to my internship experience, where a culture of care and enthusiasm was immediately evident. After a few meetings of orientation and exploration around the role of parish nurse and a health ministry in our church we worked together in developing a comprehensive online health needs assessment. It is with growing excitement that we look ahead to the next season of determining some tangible ways we will make visible the health ministry of the Church in responding to the outcomes of our survey.

Assessment of Needs of the Church Community

“Parish nurses spend a great deal of their time assessing the health of the community, and they do this in a variety of ways, both on a micro and a macro level”. (Patterson, 2003, p. 93). The importance of surveying the congregation in determining the broad range of health needs and to aid in focussing the work of the Health Council is well documented. Hickman (2006) explains the purposes of assessing the faith community include: describing attributes of the membership, identifying health and spiritual needs, health risk factors and needs for health-related services among others. (Hickman, 2006, p. 95)

We determined to use our health survey as an occasion for introducing a holistic reflection on health; dividing our inquiry sections into five reflection areas related to health: BODYcare, MINDcare, RELATIONSHIPcare, SOULcare and SPIRITcare. To introduce this survey in an engaging way we invited

the members of the congregation to reflect thoughtfully on their health and we set aside July as 'health survey month' to maximize participation. Over 100 surveys were submitted with many positive comments about the breadth of health and wellness areas that were included for consideration. The results of this survey have given us good foundational insight into the needs of our church community.

Looking ahead into the coming year, the primary goal of implementing a few specific steps to make our 'health ministry' visible and accessible is obvious. Assessing the resources within the church and calling for volunteers to support this ministry are key focus areas. The prayer shawl ministry has generated much enthusiasm and, the experience I have had in delivering a prayer shawl to a sick member on behalf of the congregation, has certainly given me insight into the depth of meaning these can have for the recipients in our church community and for their families.

"Both a parish nurse and a pastor perform their ministries with hearts open to the concerns of the parishioner. Their respective educational backgrounds and unique experiences work together the good of the entire congregation" (Patterson, 2006, p.52). Areas for continued discovery in building the working relationship among our ten-person pastoral staff team moving forward into the next year include functional aspects such as standardizing referral requests and follow up systems, collaboration, documentation, communication and confidentiality processes.

As the parish nurse movement in Western Canada is still very young, there is an opportunity here for relationship building among those of us here already and of calling others (nurses and churches) into this new imagination around the renewed role of the church in supporting health today. In conversation with my preceptor, Lori Amdam, an exciting idea has developed of initiating this ingathering of Parish Nurses working in British Columbia for a spring retreat.

The Spirituality of the Parish Nurse

Spiritually mature Christian nurses who are trained to provide care and who do so from within a Christian faith community spread God's love tangibly, through promoting health and wholeness. Parish

nursing lines up with the Gospel, where we are commissioned to go and spread the 'good news' that we are loved.

Reflecting on my spiritual transformation over the past two years the image that immediately jumped into my mind is that of pulling apart a juicy orange! Examining this image more closely (trusting that it is inspired by the Holy Spirit) I see the large separate sections representative of the many specific aspects of my life (coping with menopause, supporting family members who are ill, grieving over family relationships, making major work/life role transitions) where I have been learning and growing and, encased in each of these sections, are the numerous individual juice pods that represent the numerous encounters, conversations, decisions and times in prayer that have given me a new definition. The impression I have from this image is that the fruit of my spirituality is 'juicier' than when I began this journey. Interestingly, and exactly as one who has followed along the kingdom way should expect, I am more in touch with my human fragility than ever before. Pastor and theologian, Henri Nouwen, spoke and wrote often about our call to discover ourselves as "wounded healers" and this concept of tending to oneself while attending to the other, trusting in God for our mutual transformation is one that I am more confident in, and more reliant on, than ever.

Integrating this parish nurse program into my journey has given me a way to experience my vocational calling as a nurse. A new holism has prepared me for the deeper work of becoming a healer.

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