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Parish Nursing Programs

Through Them, Faith Communities Are Reclaiming a Role in Healing

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Our religious traditions speak of ministries of presence and healing. The prophets and patriarchs of old modeled this role for us. Many sacred passages are commentaries of God's people, speaking from within their faith communities, reaching out to the ill, the broken, the scorned, and offering them healing—through touch, through the kind of listening that empowers, and through prayer. Throughout the ages, these communities of faith provided the care and compassion that came to be known as "health care." Along the way, that care lost much of its essence because caregivers, who had in the beginning understood spirituality as integral, began to see science as all-powerful. And the caregivers themselves, who had been caring individuals with shared values and beliefs, became distanced specialists.

WHAT DO PARISH NURSES DO?

- Parish nurses and health ministry teams work to reintegrate the healing tradition into the life of faith communities by:
- Interpreting the relationship between faith and health
- Promoting personal responsibility for health and wellness
- Serving as health counselors and educators
- Keeping aware of available resources and making appropriate referrals
- Acting as advocates for people who have health needs but only limited resources
- Recruiting and training volunteers
- Providing visitation to church members
- Initiating caring relationships with the elderly, the chronically ill, and the "worried well"

The contemporary "medical model" of health care tends to focus on the disease and a technology of cure, thereby encouraging passivity and powerlessness in the patient. The medical model tends to isolate people from their usual supports; ignores the therapeutic value of their significant connections in life; and often neglects their wholeness of body, mind, and spirit. Access to health care is often difficult and confusing; delivery of care is frequently fragmented, sometimes wasteful, and increasingly discriminatory and costly. Professional caregivers, mirroring contemporary society's values, attempt to defy death and to defeat all suffering and illness, rather than see them as intrinsic to life and opportunities for growth and transformation.

It is true, of course, that the enormous technological advances we have achieved in medicine save lives and alleviate symptoms. We need not abandon such achievements. But we should consider using them with ethical discernment. It is increasingly clear that changing unhealthy behaviors is as important as the most expensive clinical tests or the most sophisticated clinical screening procedures. The suffering that results from poor choices accounts for an unnecessary loss of innumerable lives and for disabilities that are often accompanied by (and sometimes rooted in) feelings of depression, low self-esteem, and worthlessness. Negative health habits translate into billions of dollars in additional medical costs, lost productivity, unemployment, and disability payments. Ultimately, we all pay in increased costs, higher insurance premiums, and reduced access to care.

Today, however, a relatively new movement in faith communities is providing us with an opportunity to embrace some of the wisdom of our ancients and to focus again on the impact that spirituality, caring relationships, and a responsibly balanced life can have on health and wellness.

Working to reclaim the church's role in the ministry of healing, these new programs have emerged from a variety of religious denominations, emphasizing the connection between spirituality and health; the importance of personal and community responsibility in promoting and maintaining health; and the need for improved access to the wealth of information, resources, supports, and care that are available. The faith community has historically labored as God's *change agent* in the arena of social justice. Why should we not enlist its power in the name of health and well being?

Congregational health ministries are pursuing a concept of health that, moving beyond merely combating disease, encompasses a broader vision: a commitment to whole health—body, mind, and spirit. These ministries envision healing as the achievement of harmony in the physical, emotional, social, intellectual, and spiritual dimensions of life, a healing possible even without cure. The new healing ministries acknowledge health and well-being as the fullness of life that God intends for us.

HOLY CROSS HEALTH'S PARISH NURSE PROGRAM

Our Parish Nurse Program, the first of its kind in the Baltimore-Washington, DC, metropolitan area, was initiated at Holy Cross Hospital, Silver Spring, MD, in September 1993. The program was originally funded by a grant from the Holy Cross Health System, South Bend, IN. Today the program is supported by Holy Cross Health, Silver Spring, MD, a member of Trinity Health, Novi, MI.

An outgrowth of Holy Cross Health's social accountability process, the Parish Nursing Program functions under the system's Mission Services Department as a "Community Benefit Ministry." The program is an expression of the system's mission "to serve together in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities, and to steward the resources

entrusted to us."

Our existence as a health-promotion program that is spiritually focused, community based, culturally respectful, and needs-specific demonstrates Holy Cross's commitment to excellence. The congregational partnerships formed steward both the resources of the institution and the assets of the community. Such collaborative partnerships affirm and embrace the talents and professional expertise of congregational members and the mentoring support and sustaining resources of the institution and the larger community. Many of our staff members, both active and retired, are involved in health ministries in their own faith communities.

"As parish nurse coordinators, we are a gift to faith communities," says Carmella Shaw, RN, BSN, MA, the current manager of Holy Cross Health's Parish Nurse Program. "We work with such communities as consultants, coaches, and mentors. We help them to envision and articulate a vision to their faith community and provide support for implementation. It is an awesome blessing to be able to be part of the congregational health ministry programs in the community."

We began the program by approaching faith communities in the hospital's immediate neighborhood. These were congregations that had expressed an interest to members of our program's Mission Action Committee, which had conducted a feasibility study before the program was launched. The churches involved were largely traditional, white, Christian congregations, though some had some ethnically diverse members. As these congregations developed and stabilized their health ministries, the positive impact became evident.

In another county, we saw an opportunity to replicate our achievements in an outreach reflecting our institutions' broadened focus. In 1998 we received funding from our system to develop a complementary model of health ministry in local African-American faith communities. We were encouraged to do so by the strengths we saw in that community: its shared biblical faith; its members' loyalty to family, church, and community; and its pastoral leadership and existing "nursing units."*

In the case of the African-American community, we hoped that people historically mistrustful of the traditional health system would be open to an approach that was respectful of them and relevant to their needs. And, indeed, we found this to be so. To lead the project, we hired a community member, a skilled nurse and a community health educator who was well aware of the community's cultural characteristics, assets, and needs.

We have found that our original model and development process can be adapted to other situations. The spiritually focused health ministries created thus far are empowering church members (and their families) by providing them with the knowledge and supports necessary to improve their health status and to reduce health disparities. In the future, we would like to develop, on a collaborative basis, a lay health adviser/promoter model of health ministry for other culturally diverse communities of faith. Such programs have been successfully attempted in other underserved ethnic communities, where limited knowledge and economic resources, lack of health insurance, physical impairment (disability or diminished mobility caused by a combination of age, fatigue, and disease), lack of transportation, isolation, discrimination, and fear restrict access to health care.

—*Jeanne Nist, RN, BSN*

*"Nursing units," which attend to parishioners during worship services, are a strong traditional presence

in some African-American congregations in the South. While on duty, unit members wear a white uniform. Usually, any church member 14 or older is welcome to join.

Program Model, Process, and Timeline

Holy Cross Health, Silver Spring, MD, is privileged to be a part of that movement. Our Parish Nurse Program is working with many committed faith communities in support of congregational health ministries focused on wellness education, health promotion, and preventive care. These ministries, each of which has its own individual identity, are integrated into the life and ritual of the faith communities they serve. We have found that ministries flourish when congregations become aware of the necessity to expand to address unmet needs, when there is pastoral support, when there are concerned members willing to commit their time and talents, and when the concept of body-mind-spirit health is understood. Most successful congregational programs have a strong volunteer health committee that supports the work of a staff parish nurse. Our experience is that as congregations become aware of the value of a staff position parish nurse, they begin to plan ways to fund such a position.

What is often identified as a "volunteer congregational health ministry model," the model offered at Holy Cross, has become the dominant model in our geographical area. As we have refined it, this model takes into consideration the relevant characteristics of each participating faith community: its shared faith and values, its sense of (or lack of) community, its ability to lead, its unique culture or identity, as well as its assets and needs. Both the church as a community and the church's members are the client population, the latter being envisioned as individuals or as members of a family unit, depending on existing congregational system dynamics.* A sense of community is significant in either affirming or negating the potential benefit of reinforcement and modeling. (Without such a sense, reinforcement and modeling, which have great potential in encouraging behavior change, diminish in value.) Our conceptual framework incorporates not only a systems theory perspective but also a redefined language for nursing process. It blends the broader health ministry model with the basic theory and roles of parish nursing.

*As used in this article, the word congregation indicates a church membership, not a religious institute.

We have found that focusing on common congregational values, beliefs, and language; and using community strengths (within a suggested model, process, and timeline) provide insights into the incentives that motivate church members to action and the barriers that impede action. Thus equipped with these insights, the ministry team can create a safe environment in which church members are more prepared to participate in discernment regarding their health and to challenge the church's role in its stewardship. People can explore together a relational understanding of health and self-care, the depth of their own commitment to act wisely and to make informed decisions in health matters, the obstacles to health, and ways they might consider how to deal with illness and care giving. The outcomes we are seeking involve a cultural change that can realistically be achieved only over time—in fact, over generations.

Early on, we discovered that, as we engaged communities of faith in the spirit of attending to their uniqueness and surrendering to God's time and plan, a definitive process and timeline with which we could guide developing ministries began to evolve. With this process in mind, we approach the faith community. We share each congregation's journey to health ministry, serving as resource, mentor, and facilitator. This initially involves one or more enthusiastic members exploring the concept and identifying existing ministries (e.g., eucharistic ministers, homebound visitation, senior groups),

congregational dynamics, and potential member energies. The resultant health ministry team is made up of church members, professional and nonprofessional, as well as interested liaison staff and lay leadership, reflecting the community.

Everyone serves according to his or her reserves of energy and level of expertise. We work closely with this team, suggesting strategy and providing start-up information, literature, and materials. We use the process described above, adapted to the faith community involved, to ensure a unique health ministry, appropriate to the assets and needs of the individual congregation and able to access available community resources. We worship with them; we are a regular presence at health ministry team meetings and events; we receive their mailings. We encourage them to listen to members' "stories" in individual and intergenerational settings in order to elicit concerns, personal risk factors, and prevalent behaviors that affect health and well-being. We provide ongoing one-on-one consultations, a resource library, and health ministry tools. Accompanying activities might include services and prayers for healing, health education programs, preventive screening, wellness counseling, advocacy, referral, support group development, and visitation programs, as well as receiving guidance from experienced professional advisers (health ministry team members, for example).

Health promotion activity focuses on individual community assessed needs, national health themes, and Healthy People 2010 goals. Partnering with the Parish Nurse Program at Holy Cross includes educational and networking opportunities throughout the year for parish nurses, health ministry team members, and clergy. Our quarterly newsletter, *Partners in Health*, provides reflections, congregational news, and information on seasonal health themes and relevant area events. We host a fall retreat and self-care day, a spring education day, an annual clergy gathering, and two annual regional networking and resource meetings. We ask the faith communities with whom we partner to obtain the support of their pastor and any internal congregational governing body and to commit themselves to the development of an intentional, *holistic* health ministry. This commitment includes regular communication with our program, attendance at its events, and appropriate reporting. However they evolve, the ministries respect individual values and beliefs; respond to specific assessed needs; and are brought into existence through the expertise, enthusiasm, and energies of congregational members and/or specialized parish nurses.

Parish nursing is an evolving practice of professional nursing. The practice was recognized by the American Nurses Association with its publication in 1998 of the "Scope and Standards of Parish Nursing Practice," which was developed by the Health Ministries Association. Based on "whole person health," a dynamic and relational process, parish nursing offers care that embraces all aspects of the human dimension (although it sees the spiritual dimension as fundamental) and provides it in the context of the faith community. Parish nursing differs from the "medical model of care" in that the delegated functions of professional nursing—performing or providing invasive procedures or "hands on" care (requiring medical orders)—are not part of the practice. Along with performing the tasks already described, parish nurses serve as pastoral partners, oversee (and are supported by) a congregational health ministry team, and are responsible for ensuring confidentiality and accountability in their practice.

Nurses who wish to identify themselves as congregational parish nurses must be aware that a professional practice requires specialized education and adherence to licensing and practice standards. To be a parish nurse, one must be a registered nurse compliant with his or her state's nurse practice act and with the "Scope and Standards of Parish Nursing Practice." Excellent parish nurse education programs (complete with a certificate for the graduate) are available. People interested in information

about such programs should contact the Health Ministries Association or Deaconess Parish Nurse Ministries.* Most institutions involved in parish nurse programs can also answer questions about parish nursing and refer interested callers to appropriate parish nursing courses. Some curriculums now provide graduate credits.

*For some faith communities (traditional white Christian churches, for example), the word "member" tends to denote an individual person. For others (African-American and other ethnic churches, for example) "member" tends to denote a family unit.

Developing ministries encounter some barriers. Many people, for example, see "health" as passive and concerned only with the physical; they see "care" as a disease-focused activity requiring "hands-on" intervention. Some pastoral staff members and established church leaders may feel threatened by new ideas and approaches to congregational life. Others, potential health ministry team members, both professionals and nonprofessionals, as well as the members to be served, may resist an integrative, participatory, and empowering approach to health and care. Traditionally, congregational accountability has not included reporting and evaluating activities. Because of this, accurate data—which is necessary to ensure program quality, sustainability, and funding—can be difficult to obtain. If members of the faith community are unaware of the wealth of accessible resources available and preoccupied with other agendas, they will have little energy for the initiation of new programs. Then, too, as is the case with many mission projects, funding is limited and administrative support scarce. However, the barriers experienced are minimal in comparison to the blessings received.

A PARISH NURSE'S STORY

Marilee, a parish nurse, shares her story about Sue, a member of the church's congregation and a person with serious health problems. "As Sue got sicker, I became more involved in her care as an advocate for her and as a referral source."

Marilee's visits became more frequent as Sue was moved first to a hospital and then to a nursing home. Marilee was at Sue's side when Sue died; afterward, she helped Sue's family through the grieving process. Providing one-to-one compassionate care is work Marilee loves.

Supported by the congregation's health and wellness committee, Marilee conducts ongoing needs assessments and prepares programs to address identified needs. The supportive services in place focus on nutrition and weight control, exercise and fitness, stress management, care of chronic illness, caregiving and bereavement support, visitation, health and wellness counseling, meal preparation, blood pressure screening, pregnancy and family care; they include an annual screening for depression. She also writes newsletter articles, posts bulletin board notices, facilitates flu clinics, and coordinates other volunteer activities.

Marilee sees a great need for such programs. "People are living longer now, and seniors have more health issues to deal with," she notes. "Parish nurses work in an arena that allows them to prevent illness and hospitalization, in a way that no other health care environment really does." This is possible because parish nurses know congregation members and see them frequently, and, as a result, are able to offer a holistic approach to health.

—*Jeanne Nist, RN, BSN*

A Sacred Calling

Over the past 10 years, our experience in Holy Cross Health's Parish Nurse Program has shown us that congregational health ministries can have a positive impact on the community. The parish nurses and health ministry teams in 35 affiliated congregations have the potential to touch more than 70,000 lives. They provide a continuum of care in health and wellness activities that are based on stated congregational mission and on assets and needs assessment processes. Congregational clergy are engaged in ecumenical dialogue regarding shared concerns and community health initiatives. Involved clergy, staff and, members, as well as nonaffiliated regional parish nurses and health ministers view the program as a valuable educational and development resource; they regularly attend program-sponsored conferences and networking events. We distribute our newsletter to more than 400 congregational and community members committed to the improvement of community health. As the program's reputation has spread, interested individuals, church institutions, clergy associations, university programs, government departments and community agencies have consulted us. In many cases, "These consultations have led to mutually beneficial collaborations producing creative approaches to the changing health dynamic and focus of care.

For us, this is a sacred calling. We have learned that spirituality, although rooted in diverse theologies, is the framework that shapes our role in the community, affecting both our institutional presence and our personal lives. We have discovered a great sense of freedom in having a common language that transcends life's vulnerabilities and the barriers sometimes imposed by particular theologies, dogmas, and rituals. Each of us has experienced loss and pain, gaining wisdom from our own broken-ness. Indeed, it is as *wounded healers* that we are able to reach out to others.

By integrating spiritual reality into wellness and health promotion, we affirm life as whole and interdependent, allowing us to touch others in a more meaningful way. We are nurtured and inspired by the gifts freely given by the parish nurses and congregational health team members and by the ministries we are privileged to support. We feel blessed to be able to work in a religiously based and mission-driven environment that provides us with an opportunity and resources to emphasize the vital relationship of spirituality to *whole* health and the role of each of God's children in creating *communities of care*. We feel privileged to practice in an area of nursing that openly allows us—indeed, demands of us—that we ask ourselves and others the questions that open the door to spiritual reflection on all that life holds: the everyday sacred, with its everyday crosses and resurrections.

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