



Working alongside the pastoral staff, parish nurses provide support, advocacy, and educational services.

# Out of the Clinic and into the Church

ELEANOR EDMAN

The message light on the phone is blinking as the parish nurse opens the door of her office. Her day often begins this way—finding requests for help waiting for her.

This morning the message is from a staff member regarding a new mother who is overwhelmed by all the changes taking place in her life. She does not have extended family nearby, and her husband, while very supportive, is having difficulty taking extra time off from work. The mother needs someone to listen to her, and she has heard that the parish nurse has helped other new moms in her congregation.

The nurse calls her to make an appointment for later in the day. Next,

she joins the church staff meeting to pray with the pastor and other staff members, discuss congregational issues, and get an update on members who may need care from her.

Later—after a visit with the new mom and baby—the nurse begins to plan for a seminar she will present on end-of-life issues and advance directives, a topic requested by seniors in the congregation. She will tailor her talk, however, for the whole congregation, not just the older members.

After she has a quick lunch, the church secretary tells her someone is waiting to see her. A frustrated member of the congregation explains that she has recently become aware of how frail her mother is, and she

asks the parish nurse to help her think through how to handle the situation. The elderly mother is determined to stay in her home but is decreasingly able to care for herself or maintain her home. The nurse begins to explain some ways the adult daughter can address this very common problem. Together they pray for wisdom and God's peace, and the parish nurse suggests that the woman and her mother come back together so they can all three discuss the situation.

On her way home the nurse visits a man who has just been discharged from the hospital. He and his family want to ask her questions about the instructions that were sent home with him.

In the days that follow she will visit an elderly member who has just been admitted to a long-term care facility to assess ways the congregation could help; begin planning for a community outreach health fair; and meet with the youth pastor to discuss health issues that relate to teenagers and their parents.

Parish nursing involves a whole-person approach to the profession that combines physical, emotional, social, and spiritual components. It demonstrates in a very intentional fashion the compassionate, healing ministry of the church. One of the best biblical supports for parish nursing is found in John 10:10: "I came that they might have life, and have it abundantly."

The parish nurse does not provide "hands on" care but rather serves in many roles, acting as health and wellness educator, health counselor, advocate for better care, and coordinator of care delivery.

In an increasingly complicated health-care system, individuals and families frequently don't know how to navigate the system, what questions to ask, or where to get help. One unique role of the parish nurse is to remind congregations of the intersection of their spiritual needs with their health. A parish nurse in the Twin Cities is fond of saying, "When you go to the hospital with a heart attack, you bring your faith with you."

### **A Ministry Takes Root**

The parish nursing ministry originated from the work of Granger Westberg, a Lutheran parish pastor and hospital chaplain. Author of the book *Good Grief*, Westberg observed that hospitals and clinics cared for the physical aspects of illness but often did not recognize or meet the spiritual and emotional needs of the patient and family. As a chaplain, he wondered if he could tap into the expertise of the nurses in his congregation and, as a result, organized an experimental model of parish nursing in several churches to test out his ideas. His efforts in the 1980s were

successful and led to the growth of the movement. By the nineties, the beginnings of a parish nursing ministry in Covenant churches was forming.

Joan Erickson, a nurse from Minnesota, saw various needs and situations where a parish nurse could serve and extend the ministry of the church as she accompanied her husband, then-superintendent Paul Erickson, on visits to congregations throughout the Northwest Conference. As she became more aware of the scope of parish nursing, Joan dreamed about ways to make resources available to churches in the conference so they could develop this ministry. She knew the big question was, "How do you support a new ministry when there is no budget for it either at the congrega-

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tional or the conference level? Where do the funds come from?"

She began to pester Paul for ideas. He told her that he could not authorize funds without board approval. The way to proceed was to present a proposal to the executive board of the conference.

Joan gathered a small task force of Northwest Conference nurses who had recently completed a parish nursing preparation course. Together they wrote a proposal for a matching fund grant for churches that wished to start a parish nursing ministry. Grants from the conference would cover one-half of the total startup costs (up to a certain limit), and each congregation would be obligated to raise the remaining portion of the funding. They presented the proposal to the executive board of the Northwest Conference, as Paul had suggested.

In their discussion of the idea, the members of the executive board found themselves sharing stories of families or individuals in their congrega-

tions who could benefit from the help of a parish nurse. The prayers of Joan Erickson and her band of parish nurses were answered when the board voted to allocate funds from an undesignated gift to their proposal. In November 1997, the task force began educating pastors, nurses, and church leaders throughout the conference about parish nursing.

### **Parish Nurses in Action**

Since those early days, parish nursing in the Northwest Conference has grown significantly, from an initial group of four or five nurses to an active ministry in twenty-five to thirty congregations. This past fall marked the tenth anniversary of parish nursing ministry in the conference. The

original task force was designated as a standing commission in 2000. A packet of policies, budget, and information on the role and practice of parish nursing was developed to give to interested congregations. And nurses actively served the needs of congregations.

Mary Gardeen and Carolynn Lundgren, both parish nurses at First Covenant Church in Minneapolis, describe one remarkable day they shared together: "It wasn't planned this way, but in a single day we visited the oldest and the youngest member of our congregation."

First, they responded to a family who requested, "Our mother is in a health-care facility and is failing rapidly. Please come, she is near the end."

Gardeen and Lundgren were able to help make a gentle but agitated

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child of God more comfortable when they spoke on her behalf with staff nurses at the facility. Then they prayed with the family.

Their second visit was to a family with a newborn baby. “One book was closing while the second book was just opening to the first page,” they explain. “In the first visit, we prayed for peaceful release for the dying mother and comfort for the family. During the second visit we admired the baby, congratulated the parents, and prayed for all that lay ahead. In the tradition of the biblical deaconess Phoebe, we ministered to both the physical and spiritual health needs of these families.”

In another situation a parish nurse assisted the pastor and a family in crisis. A church member, whom the nurse knew well, had experienced severe chest pains in the middle of the night. He lived alone and, not realizing how serious his condition was, drove himself to the emergency room. When he arrived, it was clear that his condition was critical. His adult children and his pastor were called. The problem was that the family did not know their father’s wishes regarding life support measures. When he became unconscious shortly after he was admitted, the pastor called the parish nurse for help.

The nurse had recently held classes on advance directives, and she had kept copies of the papers on file if participants so desired. She had a copy of this man’s directive in her file, which she brought to the emergency room. As a result, his family was able to follow his wishes. Although he passed away later that day, the family and the pastor were deeply grateful for the way their father was cared for both by the hospital and the church staff.

An episode at a morning coffee hour illustrates how the role of the nurse was viewed at another church. A group of older women brought

the nurse to the table of one of their friends and said, “Will you tell Esther to please see her doctor at the clinic tomorrow? She isn’t feeling good, she is getting worse, and she won’t listen to us.”

The nurse took their friend to her office, listened to her story, took her blood pressure, asked some questions, and gently urged her to see her doctor at the clinic as soon as possible. The nurse offered to go with her if she did not want to go alone. This is a typical



**Members of the original Northwest Conference parish nursing commission: (front row) Sherrill Nelson, Muswamba Muvundamina, and Wendy Sorvik; (back row) Joan Erickson, Pam Franklin, Darlene Steiger, and Eleanor Edman**

encounter when the parish nurse is known and respected in the congregation.

Colleen Klamar, from Roseau, Minnesota, describes her experience as a parish nurse, “Parish nursing allows me to meet with congregational members about the intersection of their health-care situation and their spiritual journey without thinking about how this conversation or meeting will be reimbursed by the insurance company.”

### **A Whole-Church Ministry**

For a parish nursing ministry to be successful, it is crucial that the pastor and congregational leadership understand and support the ministry. It operates as a collaboration of the pastor, staff, leadership, and congregation. Each person or group has definite roles, responsibilities, and boundaries.

The parish nurse must be a reg-

istered nurse and have completed a parish nurse preparation course. A bachelor’s of science degree in nursing is preferred but not required. National nursing organizations and the International Parish Nursing Resource Center in St. Louis, Missouri, have recognized the professional role that this ministry entails and have developed standards of practice and educational requirements.

Church leadership should include the parish nurse as a member of the church staff, whether or not there is a salary involved. Even if the parish nurse is not on the payroll, she or he should not be described as a “volunteer.” A volunteer does not have the status of a staff person. The recommendation is that the position should be designated as unpaid staff if there is a limited budget for the position.

The congregation should provide office space, mileage reimbursement, and continuing education expenses for its parish nurse. A new ministry usually begins—after consideration by the congregation—with

a “health cabinet” or other similar committee working together with the nurse. Both lay and professional members should represent the congregation on the committee. The priorities of the ministry are largely determined by the needs of the congregation, depending on size, age range, and other demographics.

Several important factors have contributed to the success of this ministry in the Northwest Conference: a commitment to the original vision and the ongoing support of conference administrators; a dedicated group of parish nurses in congregations throughout the conference that has been supported by pastors, congregations, and the conference parish nurse commission; a growing awareness of the nature of parish nurse ministry in conference congregations; and increasing numbers of parish nursing preparation programs.

The Northwest Conference parish nurse commission continues to act as coordinator, resource provider, consultant, and supporter to both nurses and congregations. Members of the commission come from all geographic areas of the conference, ensuring representation of rural and urban churches as well as small and large congregations. Commission activities and programs include the following:

- Meet regularly to plan activities, keep in touch with nurses, and continue to provide information and assistance to developing ministries.
- Make funds available to congregations for the startup of a new ministry.
- Consult with congregations wishing to learn more about parish nurse ministry.
- Plan and conduct an annual fall retreat at Covenant Pines Bible Camp for nurses and other interested health-care ministry volunteers.
- Provide information and scholarships or support for nurses to attend national seminars and conferences, such as the Westburg Symposium, congregational health seminars at the Covenant Midwinter Conference, and parish nurse preparation programs.
- Be available to give reports, host an information booth, and provide updates on the ministry to the annual meeting or other gatherings of conference churches.

The commission continues to meet regularly to review grant requests and provide support and information to interested pastors, nurses, and congregations. Each year churches in the conference have been approved for the funding grants.

The essence of this ministry is captured in a hymn by Joy Patterson: “Jesus, Lord, our true example, you have shown how we must live. Teach us how to share with others everything we have to give. Let our days be spent in service; bring us by your grace to know healing is the church’s calling, and the path that we must go” (“Jesus Heard with Deep Compassion,” *Covenant Hymnal: A Worship-book*, #205). ■



## What Does a Parish Nurse Do?

Parish nursing promotes wellness in the body of believers. It is a blend of nursing and faith in Jesus Christ in the community. A parish nurse’s responsibilities may include the following:

- Meet with clergy regularly for communication and planning.
- Survey the congregation to assess their interests and needs for health information.
- Provide health education programs for seniors and other age groups.
- Encourage and pray with church members who have health-care needs.
- Act as advisor to MOPS (Mothers of Preschool Children), and assist with programs related to health and developmental issues of children.
- Do blood pressure checks and follow up on a regular basis.
- Provide information to members about health promotion and healthy lifestyle programs.
- Provide health counseling as needed and requested, or refer members to appropriate community organizations.
- Visit hospitals and nursing homes in collaboration with the senior pastor or visitation pastor.
- Follow up on members who have been hospitalized or confined at home to identify needs.
- Provide education for completing advance directives or other end-of-life issues.
- Provide information about organizations that provide needed services, such as vision screening, transportation, housing.
- Assist families or individuals with elderly relatives who are becoming increasingly frail.
- Visit families with new babies or children with challenging health-care needs.
- Organize a flu shot clinic with the local public-health agency in the fall.
- Identify educational needs for healthy living and plan programs—stroke prevention, diabetes care, keeping a healthy heart, vision, and hearing.
- Write a column on health issues for the church newsletter.
- Collaborate with the youth pastor on teen and family issues such as alcohol, drugs, sex education, tattoos.
- Collaborate with other health-related ministries such as Befrienders, Stephen Ministry, AA or other alcohol rehabilitation programs.
- Assist families or individuals without health insurance in finding help.
- Advocate and refer church members with health-care system problems.
- Accompany an elderly member who may not have adequate family support to the doctor to help her/him understand the doctor’s orders and explanations.
- Keep an ear open to difficult situations where members may not know where to go or may be reluctant to share with those who are not health professionals.
- Meet regularly with the health cabinet or related committee for planning and implementation of the ministry.
- Keep the focus on a whole-person health ministry combining the physical, emotional, and spiritual aspects of health and illness.

For more information about parish nursing in the Northwest Conference, contact Cheryl Theilen at 800-756-6692 or [cheryl@nwc-cov.org](mailto:cheryl@nwc-cov.org). Members of the parish nursing commission would be happy to answer questions about establishing parish nursing ministries in other parts of the denomination.

Another excellent general resource on parish nursing ministries can be found at [www.parishnurses.org](http://www.parishnurses.org), the website of the International Parish Nursing Resource Center in St. Louis, Missouri.