Establishing A Parish Nursing Program

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Abstract:

Parish nurses are health educators who integrate faith and health to keep the body, mind, and soul healthy and happy. In the US, there are over 3,000 parish nurses who are considered educators, personal health counselors, and trainers of volunteers. Their fundamental belief in the relationship between health and spirituality separates them for other types of nurses.

Article:

With today's increasing focus on disease prevention, the climate is ripe for parish nursing programs (1). Parish Nurses attempt to integrate faith and health, seeking to keep their congregations healthy and happy by embracing the whole person, treating body, mind, and soul together. They are health educators, personal health counselors, referral agents, developers of support groups, and trainers of volunteers (2). * An estimated 3,000 parish nurses were employed throughout the United States in 1996 (3). This article describes the establishment of a program in an 800-member Baptist Church in a city of 66,700, located in a mountainous county of western North Carolina. The authors worked with the team that set up the program. * Parish nursing has been defined as the practice of "holistic health care" within a "faith community, emphasizing the relationship between faith and health" (4, p. 155). The key element that distinguishes it from other types of nursing is a fundamental belief in the relationship between spirituality and health.

According to Solari-Twadell, individuals must assume greater responsibility for their health and for their communities' health. Quoting Droege, she states, "This is a spiritual problem calling for changes in behavior, not a medical problem calling for a scientific breakthrough" (5, p. 4). "The nurse's very presence in the church building," according to McDaniel, "reminds the congregation of its healing role as a congregation" (6, p. 12). Further, now that many people have difficulty affording and obtaining access to health care, the parish nurse can help by linking parishioners with community resources. The parish nurse is in a position to positively influence church members to be good stewards of their bodies and teach them to nurture self-worth and their inherent value.

The minimum educational requirement for a parish nurse is a continuing education course. One such course is offered by Marquette University College of Nursing at various locations around the country. In 50 hours of classes during an eight-day period, students cover theology and healing, spiritual caregiving, wellness, working with volunteers, and using community resources.

A minimum of one year's nursing experience is generally required for employment as a parish nurse, but three years is preferred (6).

What Parish Nurse Do

While parish nurses function in a variety of roles according to the needs of the congregation, their roles must be clearly defined. They complement the work of other medical caregivers. They do not perform invasive procedures, give medications or injections, duplicate services, or compete with community agencies (1,2,6).

Some parish nurses organize health fairs and screenings and teach classes on such topics as stress reduction, weight control, living wills, suicide prevention, and grief and loss (1,2,6). Some are counselors, visiting church members in their homes, nursing homes, or the hospital. In some cases, they teach individuals the proper use of medications, explain medical terminology, and make referrals to resources in the community. Some have scheduled office hours, where they provide "a place where patients can speak about the deeper things in life that have an impact on their health" (6, p. 17).

Starting a Program

Parish nursing programs are established in basically two ways. A hospital may hire a parish nurse to work part time at the hospital and part time at a church. Over a period of three to four years, the church assumes greater financial responsibility for the parish nurse while the hospital assumes less. In a variation of this model, the parish nurse divides time between two churches (1,7).

In another model, common in western North Carolina, the parish nurse is a volunteer, serving without a salary (1,7). Sometimes salaries are provided after parish nurses prove their worth and value.

The program described in this article had its roots in a meeting between an associate pastor of elders (APE) and an attorney. They were discussing the needs of a hospitalized elderly church member who had no family and required someone to assume legal power of attorney. The lawyer asked, "Why don't you get your parish nurse to handle this? Don't you have a parish nurse?" Later, at a workshop on elder abuse, the APE learned that many of her day-to-day duties could be performed by a parish nurse and recognized the advantages, particularly for the elderly and chronically ill.

The APE introduced the concept to the other pastors of the church, who encouraged her to pursue it further. Their support was critical. She then spoke with a volunteer parish nurse in a neighboring town about how to start a program. She learned that the first step was an assessment of the health needs of the congregation and the members' interest in having such a program.

With the help of a local hospital nurse and the use of surveys conducted in other churches, the APE developed a one-page questionnaire that was distributed in adult Sunday school classes by the teachers to 337 members. Sending a mailing to all members was considered too costly, and it was thought that face-to-face distribution would be effective. However, home-bound church members, those on vacation, and those who did not attend school on that particular Sunday were

not surveyed. Other methods for assessing members may be more suitable, particularly for the 200 church members over age 60 who have the greatest potential need for the services of a parish nurse.

Surveys were returned during a period of four weeks; 80 percent were returned, but 53 were incomplete. A total of 217 completed surveys were received.

Based on the survey, people showed greatest interest in cholesterol and blood pressure screening, cancer and cancer detection, blood sugar testing, the aging process, time management, stress reduction, women's and men's health issues, living with a chronic illness, caregiving for an aged relative, and cardiopulmonary resuscitation. They were least interested in HIV, smoking cessation, stroke, diabetes, drug interactions, and heart disease. It was assumed that people caring for an aged relative might, in fact, have some interest in diabetes, stroke, and heart disease.

Twelve people reported they did not receive adequate health care in the past year due to costs. Three could not afford dental care. Of two people who were opposed to the idea of a parish nurse program, stating that it was not the church's role, one was interested in blood pressure screening.

A space at the bottom of the questionnaire asked for volunteers. A total of 52 people, representing various professions, said they were willing to help. From this list, an ad hoc committee was formed to plan a program.

The committee included a retired physician, three nurses, a social worker, a physical therapist, a nonmedical member, and the APE as chair. The first few meetings were devoted to learning about parish nursing in general. By attending a network meeting of parish nurses at a hospital in a neighboring town, the local hospital nurse, who continued to work closely with the APE, located two guest speakers: a practicing parish nurse and a hospital nurse in a new position called "congregational health advocate coordinator."

Appointment of the Church's First Parish Nurse

Within the congregation, parish nursing fast became a hot topic of conversation. A registered nurse, a graduate student in theology, approached the APE to express interest in becoming the church's first parish nurse. After discussions with the other pastors, the ad hoc committee unanimously agreed to her appointment and financed her attendance at a week-long continuing education program sponsored by Marquette University.

It was decided that the parish nurse would volunteer for one to two years, depending on her own requirements. If she were unable to continue to volunteer, the church would try to find another member to take her place. The ad hoc committee felt that it was best to have a parish nurse who was a member of the church and knew the congregation. Some churches, however, make this a paid position and employ parish nurses who are not members of the congregation.

Beginning the Parish Ministry

The committee decided that blood pressure screening would be a good way to introduce parish nursing to the church. The church had minimal start-up funds and blood pressure screenings were less costly than other areas of interest revealed through the questionnaire. The local hospital

offered to lend pediatric, adult, and large-adult blood pressure cuffs for the screenings, along with a 15-minute video on high blood pressure for those who were waiting.

The new parish nurse, the local hospital nurse, the APE, and the congregational health advocate coordinator met to finalize details. Another nurse in the congregation was asked to organize volunteers for the screening.

Screenings were scheduled for 4:30 to 6:00 every Wednesday evening for eight weeks. It was expected that people would stop by to have their blood pressure checked before or after the regular congregational weekly dinner. All blood pressure readings were accompanied by a pulse reading; both were recorded along with the patient's name, age, brief medical history, and list of medications. This information was kept confidential by the parish nurse, and participants were given cards with pertinent data.

The nurses needed consistent parameters to identify a high or low blood pressure or pulse reading. Several guidelines were looked at and submitted for review to a physician, a member of the congregation. The approved guidelines were given to all volunteer nurses to refer to during the screening. One of the nurse volunteers recruited her husband, a pharmacist, to help with the screenings. He answered participants' questions about medications during the last five weeks of the program.

The screenings took place during the summer, when many congregants were out of town or busy doing other things. A total of 66 people had their blood pressure checked. Their ages ranged from 39 to 84, but most were 60 or older. Thirty-three people had more than one screening during the eight-week period. Fifteen people had at least one elevated blood pressure reading, and nine were diagnosed with hypertension. At the end of the screening period, 17 church members who needed ongoing monitoring of their blood pressure were identified, and all were advised to see their physician or nurse practitioner.

Problems and Challenges

The video on high blood pressure was not well received; members preferred to talk with one another. There were not always as many people to help with the screenings as needed, and the screenings did not reach many church members under the age of 60. Some suggested that blood pressures should be checked during every Sunday school class in order to reach all age groups.

Nevertheless, it was clear that the majority of congregants were in favor of the screenings and sorry when they were over. This positive response was echoed at the next ad hoc committee meeting, and plans were made to continue the program on the second Wednesday of each month. The parish nurse posted office hours for Thursday mornings for those who needed to have their blood pressure checked before the next screening or wanted to discuss other health concerns. She also established a health information bulletin board for congregants and taught one family to administer insulin.

Expanding the Mission

One of the first ways the APE communicated the concept of parish nursing to the other pastors was through a video, Parish Nursing: A Ministry to Older Adults (8). The APE discussed the

concept formally and informally with other pastors and church members whenever there was a new idea or development. In addition to word of mouth, the congregation has been kept informed through the weekly church newsletter, announcements in Sunday school classes and at Wednesday evening meals, and through a parish nursing bulletin board. Such communication has been critical to the support and development of the program.

A series of classes has been offered on grandparenting, long-term health care insurance, coping with chronic illness, and helping children deal with death. A health fair conducted in collaboration with other churches is planned for the spring. Future plans include several support groups: for breast cancer survivors, persons with chronic pain, caregivers, and the bereaved.

The ad hoc committee would like the parish nurse to create one-on-one support networks by linking congregation members who have had particular illnesses or problems with others who are newly diagnosed. One difficulty of such programs is maintaining confidentiality, but the parish nurse is exploring the idea as she works with families.

Also being considered is respite care for those caring for family members with Alzheimer's disease or other chronic illness. The ad hoc committee would like church members to provide relief for caregivers so that they can conduct some normal activities. The plans are to first determine how much training is required for volunteers.

In response to the growing interest in parish nursing in the area, a monthly congregational health ministries network meeting has been established. The Parish Nurse and Health Ministry Network of Western North Carolina is open to parish nurses and other health care providers, pastors, and lay leaders to provide a forum to promote health ministries in the region. In addition, the North Carolina Nurses Association, District 1, has teamed with hospital programs and area health centers to conduct workshops in which parish nurses and parish nurse coordinators discuss their roles. Parish nurse coordinators offer information about strategies and obstacles for establishing programs and, in some instances, help provide financial support.

Evaluating the Program While attending a meeting of parish nurses, one can see joy and exuberance in their eyes as they talk about their roles. They are happy to be helping people in a holistic way. In general, parish nurses are reported to experience much satisfaction (9).

The parish nurse in this congregation is experiencing satisfaction as well. As she completes her degree in theology, her goal is to integrate faith and health. She hopes to begin counseling church members in accordance with the pastors' guidelines. In addition, she appreciates the fact that she has a great deal of autonomy, making her own bulletin boards, setting her own office hours, and establishing her choice of health-related programs. She delegates tasks to volunteers and networks with other parish nurses as needed. As a community health nurse whose caseload is her parishioners, she is empowered to facilitate the health of her parishioners to the maximum level possible. Importantly, she feels well received by the congregation.

The parish nurse capitalizes on the fact that human beings are spiritual beings. When a nurse has the opportunity to work with the whole person, her best nursing is done, and she is fulfilled. Parish nursing is one of the few areas of nursing where such fulfillment can be realized.

Most important, church members and health care facilities can benefit from parish nursing. Individuals and families should be healthier, get medical help sooner, and have fewer medical visits and hospitalizations. With the national move to focus on wellness and limit hospital stays, parish nurses can play a major role in the health care system.

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