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## Parish Nursing: A Vital Piece to the Puzzle of Care for Older Adults

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# age in action

Journal of the Virginia Geriatrics and Gerontology Society and the Virginia Center on Aging  
Virginia Geriatric Education Center  
Virginia Department for the Aging

## Case Study

### Parish Nursing: A Vital Piece to the Puzzle of Care for Older Adults

The Rev. Donna B. Coffman,  
RN, MACE, MDiv

#### Educational Objectives

1. To generate awareness of the emerging practice of faith community/parish nursing and its implications for the overall improvement of health care.
2. To explore specific ways parish nursing can help meet the holistic health needs of older adults in local congregations.

#### Background

The parish nursing movement was born in the mid-1980s in Park Ridge, Illinois, a vision of Lutheran minister and hospital chaplain Dr. Granger Westberg (1913-1999.) He believed that medicine was more than care of the body, “because true healing

involves the body, the soul, and the mind” (Peterson, 1992). In the hospital, Westberg observed that registered nurses were often the health care professionals who instinctively offered this whole person care. He saw them as the piece of the puzzle that linked health care systems and faith communities. Putting this piece in place could transform high cost, specialized, fragmented care with a focus on illness into whole person care with a focus on optimal health and deep respect for the spirit.

From the first group of six or seven nurses who developed the program with Westberg, this ecumenical movement has grown to more than 8,000 parish nurses who are now anchoring a swelling number of health ministries in Virginia and throughout the United States. The American Nurses Association (ANA) recognized parish nursing as a specialty practice in April 1997. The standards that were written

at that time were revised in 2005 by the Health Ministries Association ([www.hmassoc.org](http://www.hmassoc.org)) and the ANA. This document, called the *Faith Community Nursing Scope and Standards of Practice*, reflects the continuing evolution of parish nursing and defines faith community nursing/parish nursing as “the specialized practice of professional nursing that focuses on the intentional care of the spirit as part of the process of promoting holistic health and preventing or minimizing illness in a faith community” (ANA, 2005). Health researchers say that 40-50 percent of a person’s current health status is a direct result of lifestyle choices that are made on a daily basis (Social Justice and Peacemaking Unit, 1991). Our food choices, physical activity levels, use of seat belts, protection from sunburn, reading, movie, television and video choices, the number of hugs and laughs we give and receive a day, all play a

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part in our wellbeing. Parish nurses throughout Virginia are strengthening the capacity of individuals, families, congregations, and communities to connect what they believe with how they care for themselves. They are empowering the members of their congregations to take responsibility for their health and helping them manage chronic conditions so that optimal health can be attained. One of the roles of a parish nurse is to walk alongside members, encouraging and supporting them as they endeavor to make health-giving changes and navigate life transitions. Parish nurses also facilitate health promotion and education programs that incorporate a particular congregation's faith beliefs. Along with the pastoral staff, they promote an understanding of the difference between the medical model of *cure* and the scriptural model of *healing* (Evans, 2000).

Most parish nurses in Virginia serve as volunteers within their own congregations, giving from one to 30 hours a week. Because health ministry is not a cookie cutter ministry, each congregation's program is unique, based on the available time, gifts and skills of the parish nurse(s), and an assessment of the needs and desires of the congregation.

The criteria for becoming a parish nurse include being currently licensed as a registered nurse in the state of practice, having appropriate clinical experience, expressing a mature spirituality, completing at minimum a basic parish nurse preparation course ([www.parishnurses.org](http://www.parishnurses.org), [www.caringcongregations.org](http://www.caringcongregations.org)), having current health knowledge, exercising good communication skills, modeling personal wellness, and displaying the ability to perform the independent functions of nursing practice. This means that parish nurses do not provide services that require a doctor's order. Neither do they duplicate existing community services such as home health or hospice. Parish nurses do not maintain a clinic in the church. Denominational recommendations for serving as a parish nurse may also apply.

Parish nurses offer care across the lifespan or "from womb to tomb." However, the large number of older adults and family caregivers who make up mainline congregations points toward parish nursing as a vital link in the continuum of care, a model of care that is essential to the wellbeing of older adults. The development of health ministries led by parish nurses may also be one of the keys to the relevance and continued viability of America's faith communities themselves.

## Case Study

Mildred is a 67 year old member of a Methodist congregation of about 250 people. She is a retired school cafeteria worker who divorced as a young woman after her husband came home from Vietnam. She has no children. Her church is her family. Mildred participates in Sunday school, volunteers in the office, helps with fellowship meals, and keeps the nursery. During the monthly blood pressure monitoring held by the congregation's health committee, Mildred approached Becky, the parish nurse. Usually a woman with a lighthearted spirit, Mildred seemed very anxious as she whispered to Becky that she really needed to talk to her. Because she didn't want anyone to know they were talking, Mildred asked Becky if she would come by her apartment on her way home from work tomorrow. When Becky arrived the next afternoon, Mildred got right to the issue. During a follow up after her yearly physical, her family doctor told her that she had diabetes. Mildred was in tears. "My mother had diabetes and she had to take shots every day. She still lost her sight and had to have a leg amputated. She died when she was 68 years old! I don't want to die next year! What can I do?" she sobbed. Becky moved to sit beside Mildred on the sofa, offering her hand. Mildred held on tightly as she cried.

After a few moments, Mildred continued. “The doctor told me I had diabetes like my mother. He gave me a couple of brochures about a special diet, the phone number of a class at the hospital on the other side of town that he wants me to take, and told me to lose 100 pounds! Then he gave me a prescription for a meter and said to come back in six months for blood work, as he hustled out of the room to the next patient. I can’t lose 100 pounds in six months! I don’t know how to use a meter and I can’t afford one! How will I get to the class? I feel so overwhelmed and angry! Why is God doing this to me?”

Becky listened as Mildred poured out her fears and grief, knowing that Mildred did not need platitudes. When Mildred was calmer, Becky asked her what she would like her to do. After a few more minutes of conversation, Becky determined that Mildred’s most pressing concern was her sense of the enormity of the situation. “Let’s eat this elephant one bite at a time!” suggested Becky. Mildred managed a little chuckle!

Together they made a plan, as Becky continued to assure Mildred that she would support her as she learned about diabetes and how to manage it. Becky offered to be with her while she made the call to get the details about the class. After obtaining this information, they discussed possible transportation to the

hospital. Mr. Cartwright, a recently retired man in the congregation, had just told Becky last Sunday that he would be happy to provide transportation for anyone who needed to go to the doctor or grocery store; so Becky offered to connect them. She invited Mildred to stop by her office at the church during the coffee hour next week to meet Mr. Cartwright, as well as pick up a packet of information from the American Diabetes Association that the health team had prepared to help her understand her condition. She told Mildred about a new



exercise/prayer time that was beginning at the church the next month. Becky gave her a sign up form for the “Walk to Jerusalem,” a program that the health committee designed to encourage members to increase their exercise and to get to know one another better. By recording miles walked either alone or with other members, the group hoped to complete the 5,281 mile “trip” to Jerusalem before Easter. Each Sunday the distance walked would be reported in the bulletin. A weekly prayer focus would be a part of the program. Mildred perked up as Becky explained that the “Walk” was intergenerational and there would be a celebration when the group “arrived” in Jerusalem! Mildred said, “I love children!

This sounds fun! I can see light at the end of the tunnel! Thank you so much for coming by!” Before Becky left, she told Mildred she would call her once a week to touch base. She offered to pray with Mildred and Mildred readily accepted. As they held hands, Becky asked what Mildred would like her to pray for. Afterward, as the two parted with a hug, Becky asked Mildred if she could share her situation with the pastor and the health team so that they could pray for her, too. Mildred quickly gave her consent, no longer fearing “what others might think.”

After a month of continued encouragement, support, and prayer, Mildred had linked up with Mr. Cartwright to arrange a ride and signed up for the class her doctor had recommended. With the help of the class instructor, she became an old pro with the glucometer that she received from a grant program that Becky knew about. Soon Mildred was counting her carbohydrates along with everyone else who attended the fellowship suppers! She signed up for the “Walk to Jerusalem” and helped the health committee keep track of the miles that the group turned in each week. By the fall she became a “grandmother” to a teenage girl who was struggling with her weight and had joined the “Walk.” Mildred began to participate regularly in the blood pressure



monitoring held once a month between services because she had learned at a program during Stroke Awareness Month that diabetes and high blood pressure go hand in hand. She wanted to prevent a stroke. As Mildred learned to manage her diabetes, she became more comfortable with sharing her condition and discovered others in the congregation who needed the kind of support she had experienced. She bravely approached the Fellowship Committee and suggested that some fresh fruit or vegetable snacks be served at the weekly coffee hour along with the usual cookies and doughnuts. By the next spring, the “Walk to Jerusalem” group had started a weight loss program and was planning a “Walk to Bethlehem” for the Advent season. Mildred’s joyful perspective on life had returned. She proudly told the pastor that there was now room for six new members in the congregation, since the walking/dieting group had lost a total of 853 pounds over the past year! Fifty of those pounds were Mildred’s!

### Conclusion

The parish nursing piece is important to solving today’s health care puzzle for older adults and their families. Parish nurses help people navigate fragmented, difficult to access

care systems and empower them to take responsibility for their health through advocacy and education in a trusted environment - the church. They decrease the isolation felt by those with chronic conditions by connecting them with others who offer them care, assessing their needs and linking them with resources within the congregation and community.

The high cost of health care is addressed through preventive health screenings, monitoring chronic conditions, health promotion linked with faith, appropriate use of health care resources, and spiritual care that augments the care offered by the pastor(s). Parish nurses seek to build community and strengthen networks of care in congregations and their surrounding communities. Confidentiality is critical to a successful health ministry. Most importantly, parish nurses offer whole person care considering body, mind, and spirit.

### Study Questions

1. What does your denomination offer that might help your congregation to assess current care ministries and determine what health ministries could be beneficial?
2. What are the major functions of a parish nurse?
3. Why would confidentiality be an important aspect of health ministry?

4. How might older adults and caregivers in your congregation benefit from a health ministry led by a parish nurse?

### About the Author



The Rev. Donna B. Coffman, RN, MACE, MDiv is a health ministry consultant/ educator and retreat leader who provides training and support for parish nurses, older adult ministers, family caregivers, and others who offer care. Donna organized and taught the first parish nurse education program in Richmond, VA. She is an ordained minister in the Presbyterian Church (U.S.A.) and serves on the national leadership team of the Presbyterian Health Network.

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