COMMUNITY BENEFIT



Parish nurse Rose Mary Russ (right) visits Mary and Ed Carrico of Laurel, Md.

NURSES LINK HEALTH, SPIRITUALITY IN THE PARISH

BY CARMELLA JONES, M.A., B.S.N., RN, FCN

hen Mary became a faith community nurse about eight years ago, her large parish in Silver Spring, Md., began a transformation. Already a registered nurse, Mary (to protect privacy, I have changed her name) worked at Holy Cross Hospital in Silver Spring where she met a parish nurse coordinator, observed her ministry and felt inspired to establish the parish nurse program as part of a health ministry team in her own Catholic church. She serves there faithfully and joyfully.

The ministry started with health education classes and blood pressure screenings for parishioners, a program Mary calls central "because rapport is established, and we often learn about stressful situations when we are able to get people talking." The team has since added blood drives, flu clinics and, after conducting a survey, discerned a need for increased visitation to the parish's sick and shut-ins.

As health team members began making visits, a partnership developed between the clergy, the faith community nurse and the health ministry team. This collaborative effort has helped to identify persons in need of spiritual and holistic care.

Mary remembers fondly the team's work together on behalf of a parishioner who was terminally ill. He was a very devout person, attending Mass daily and participating on the prayer team. He happened to speak to Mary about a lingering cough, and she advised him to seek a second opinion. A parish physician — a strong supporter of the health ministry team — helped him navigate the health system to get to the appropriate care provider. Sadly, the parishioner was diagnosed

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with a tumor. As the parish nurse, Mary was invited to support the family during his surgery, but the tumor was found to be inoperable. Through the rest of his days, Mary was able to provide this man and his family with health information, coordinate supportive visits by the clergy and the

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health ministry team and offer a listening presence. "It was my privilege to take him the Eucharist several times a week," she says.

Mary's experiences offer a good example of how the faith community nurse program at Holy Cross Hospital was able to develop a parish health ministry that meets area needs. This modestly priced initiative vastly extends the capacity for holistic disease management and prevention through its network of congregational partners.

Once known as parish nursing, faith community nursing defines a particular scope of professional nursing service that holds the spiritual dimension to be central to practice. Its focus is to promote health within the context of a faith community's values, beliefs and practices.¹

Mary Jones (left) and faith community nurse Elizabeth O'Connor.

Holy Cross, one of the largest hospitals in Maryland, started its program in 1993 and now counts more than 60 congregations as partners. They are diverse in denomination, size, race and ethnicity. The program helps each congregation develop its unique vision for health and wellness,

for the ministry is built on the belief that health is created in communities.

After all, faith communities — parishes, synagogues — share the distinct privilege of journeying with their members from cradle to grave. They

connect with families across generational lines through varied life transitions. In our mobile society, people often turn to their faith communities to assist them with coping and maintaining hope in changing life circumstances. Parish nurses remind church members that good health is a gift, and it needs to be preserved and enhanced through wellness behaviors that can be grounded in a holistic spirituality.

Although they are licensed RNs, typical faith community nurses don't draw blood, give injections or perform other physical procedures nurses generally provide in hospital or home health settings. The ministry focuses on access to and navigation of existing services, and the nurses apply their assessment skills and critical thinking in

a congregational setting.

Nurses who engage in this ministry often express a sense of sacred calling to offer the professional skills and gifts of nursing in service to God and others. He or she can act as a referral agent, support-group developer and visitation facilitator. Parishioners frequently lack information about managing illness and stress, thus the nurse's services typically include designing and teaching health education programs, offering preventive screenings and immunizations, wellness counseling and assisting with advocacy and navigation within the health system, along with prayers for healing. Some parish nurses may accompany a parishioner to physician appointments, serving as a listener.

Faith community nursing builds a

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broader vision of "whole health" — body, mind, and spirit — which focuses on the connection between spirituality and health. Individuals are encouraged and supported to seek good health and adopt positive life behaviors. The program works because it reaches people in a place where trusting relationships often already exist. For many people, unhealthy behavior and choices are associated with such spiritual issues as feelings of hopelessness, economic despair and poor self-esteem. Connecting the riches of one's faith tradition with healthy behaviors often brings a sense of well-being and is a resource for healing, even when cure is not possible.

WHAT DRAWS NURSES TO FAITH COMMUNITY NURSING?

Registered nursing is a profession that many choose because it is people-oriented and speaks to an innate desire to help others. This ministry allows the RN to embrace and integrate the elements of nursing skill, health information and faith to explore spiritual approaches to invite God's presence into the stewardship of health. A typical faith community nurse is a mid-career, female, registered nurse who is spiritually grounded and has come to understand that the art of nurs-

ing begins with relationships. She understands the importance of spiritual and emotional care for both the patient and family, and she knows the limits of high-tech interventions.

"The role of a faith community nurse is more holistic than that of case manager, particularly when called upon to assess extenuating circumstances and crises to address concerns beyond the presenting problem," says Patricia Breen, RN, FCN, a coordinator in Holy Cross Hospital's risk management/ safety department. She completed a faith community nursing certificate program and serves as the director of social concerns at her church, helping both parishioners and non-parishioners. She serves in a part-time paid capacity, although many of her faith community nursing colleagues are volunteers in their congregations.

Nurses have a distinct ability to accompany people along their life jour-

neys because nursing education is broad and includes the humanities, social sciences and health sciences. Because they are part of a congregation, faith community nurses have many opportunities to speak with people about lifestyle modifications and self-management of chronic disease. The coffee hour, potluck suppers and educational classes and meetings at church offer the nurse a chance to engage both the worried well and the person newly diagnosed with illness. These encounters often occur during the initial manifestation of troubling concerns; they can lead to a continued working relationship in which the nurse becomes a trusted companion.

"Being a healing presence to those suffering or experiencing life transitions is crucial. This is a relational ministry where accompanying takes precedence over doing," says Susan Roach, RN, FCN, faith community program coordinator at Holy Cross Hospital.

Ultimately, the ministry helps a person feel heard and supported in his/her fear and pain. The strength, creativity and sustainability of the work are grounded in the ongoing relationship of the church to its members. The faith community nurse, working with the health ministry team, acts as a catalyst to gather and prepare others within

IT MAKES GOOD SENSE IN A COST-CONSTRAINED ENVIRONMENT TO INVEST IN A FAITH COMMUNITY NURSE PROGRAM

uilding partnerships with religious Congregations and facilitating the development of health ministries within them is an excellent example of a mission-driven strategy that contributes to the building of healthy communities. Holy Cross Hospital in Silver Spring, Md., a member of Trinity Health, has been committed to this kind of partnership since 1993. Leveraging the strengths of the hospital to meet identified community need, the Faith Community Nurse Department, a three-person team, is currently engaged in relationship with 60 congregations within the Washington, D.C. region. Originating as a pilot program

funded by a grant, this program, in operation for 17 years, is the oldest in the Washington metropolitan area and serves as a local, regional and national model. The collaboration capitalizes on the assets of the church and the hospital to identify health needs and to offer early intervention before services at an acute care facility are required. Faith community nursing team members offer technical assistance with customized needs assessment to the congregations and allow each congregation to determine the best approach for program design and planning that is spiritually focused and needs-specific.

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Jerry Walter Foster (left to right) of Silver Spring, Md., gets a visit from Elizabeth O'Connor and Carol Smith of neighboring Saint Andrew Apostolic Catholic Church.

the faith community to use their gifts in assisting the church to carry out the biblical mandate to care for the sick and poor.

HOW DOES THE HOLY CROSS PROGRAM WORK?

The Holy Cross Faith Community Nurse Program assists congregations of all faith traditions as they help members pursue health and wholeness through renewal of mind, body and spirit. This inclusiveness is grounded in the mission. As a supportive partner, the program offers accessibility to resources that improve health awareness and are supportive to sustaining behaviors changes.

Our partners reflect the broad diversity of our region in denomination, size, race and ethnicity. We assist each congregation in developing its unique vision for health and wellness, and we provide support for implementing and sustaining that vision.

Our approach is driven by the congregational model, identified and staffed by persons from the church. The partnering relationship often is initiated by a member of the Holy Cross faith community nurse team. It is invitational in nature and sealed through oral agreement with the church leadership, more covenant than contract. This cooperative relationship is voluntary and

without cost to the congregation. The church is asked to identify a registered nurse and develop a health "cabinet," a team that represents a diverse

group of individuals in the congregation to participate in developing and sustaining the ministry. Clergy support and governing body approval is essential, because the core assumption is that the ownership for the ministry resides within the congregation.

A very important beginning step in starting a ministry is to learn about local coordinators and faith community/ health ministry networks in the area. Networking with practicing faith community nurses provides practical information for explaining the concept to others.

WHAT DOES HOLY CROSS DO?

The Holy Cross team offers resources and a supportive infrastructure to our ministry partners. Acting as coach and mentor, a coordinator provides ex-

pertise, support and resources for the faith community nurses as well as consultative services to congregations. Ongoing individualized consultation and help with needs assessment aids ministry partners with program planning to meet those identified needs. A weekly e-mail informs interested members of the network of upcoming events and new resources for ministry growth and development. Three times a year, network members receive the newsletter *Partners in Health*, and they have access to our spirituality and health library housing professional books, periodicals and manuals.

Educational offerings help faith community nurses and their ministry teams remain current with spirituality and health information and professional continuing education requirements. The partners' expressed needs determine the content.

The faith community nurse ... acts as a catalyst to gather and prepare others within the faith community to use their gifts in assisting the church to carry out the biblical mandate to care for the sick and poor.

Networking meetings are held in fall and winter, offering resources and presentations by Holy Cross professionals and representatives from lo-

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cal agencies. Our annual education day and a separate retreat have elements that are educational, spiritual and nurturing, intended to equip and empower the entire health ministry team and the parish nurse.

Holy Cross Hospital hosts a theological reflection group series each fall and winter to assist the nurses in keeping spirituality at the core of their practice and to provide peer support. We also offer the Stanford University chronic disease selfmanagement program, Coping: Journey to Living Well, and leadership development training for support teams to create sustainable teams of volunteers to assist members in need.

For the past decade, Holy Cross has approached community benefit planning with the same rigor that it approaches other key elements of strategic planning, with careful monitoring and review by both the executive management and the board of trustees. Under the leadership of Kevin J. Sexton, president and chief executive, Holy Cross has been recognized for its commitment to widening

access for the under- and uninsured. Programming for community benefit activities, including the opening of two health clinics for the uninsured, with a third scheduled to open in 2011, is shaped by the Community Needs Index and by careful examination of the most effective ways to leverage the strengths of the hospital. The faith community nurse department, in its partnerships both within the hospital and within the larger community, has demonstrated the effectiveness of this approach.

CARMELLA JONES is director of the faith community nurse program at Holy Cross Hospital, Silver Spring, Md. A member of Trinity Health, Holy Cross is one of the largest hospitals in Maryland.

NOTE

1. Health Ministries Association, *Faith Community Nursing: Scope and Standards of Practice* (Washington, D.C.: American Nurses Association, 2005).

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