



THE UNBROKEN CIRCLE

In recent years, parish nursing has become a fast-growing dimension of the Catholic health ministry. Having a nurse serve as a minister of health in the local church is a vital way for the church to expand its potential as a healing community. Parish nursing provides a holistic approach to health and wellness. People need support in order to develop or change lifestyle habits that affect their health; through this ministry, the church can be instrumental in providing that support.

Through church-based health ministry, people can become more involved in their own healthcare as well as fulfill the Gospel mandate to preach, teach, and heal. Parish nurses can bridge the gap between science and religion by offering healthcare with a spiritual dimension in the context of the faith community.

WHAT DO PARISH NURSES DO?

Parish nurses function as health consultants, educators, advocates, and liaisons to community resources. As a rule, they do not provide direct, hands-on nursing care.

A parish nurse's duties are usually determined by the needs of the parish. If, for example, the parish includes many elderly members, the nurse's activities may well include hospital visitation, follow-up of recently discharged patients, and coordination of a shut-in visitation program. The nurse will also be a health consultant,

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answering parishioners' questions about the illnesses that come with aging.

Parish nurses who serve as educators may coordinate a variety of parish programs and classes, on such topics as nutrition, exercise, parenting, advance directives, Medicare and other insurance plans, and providing care for elderly parents.

As liaisons to community resources, parish nurses may help parishioners locate such services as hospice, home care, or home-delivered meals. They may help families get information about nursing homes, referral to an appropriate physician, or assistance from a social service agency.

On any given day, a parish nurse might assign a volunteer to visit shut-ins, provide a physician list to someone seeking a doctor, lead a grief support group, and arrange for a speaker to address a group interested in preparations for retirement.

In all these activities, the parish nurse serves as a visible expression of the Church's healing ministry.

PARISH NURSING HAS SEVERAL MODELS

Various models of parish nursing exist, and each faith community should consider which model best meets its needs. Parish nurses may either volunteer their work or be paid for it. They may or may not be sponsored by a local hospital. In some cases, a cluster of churches may join together in a health ministry, employing one or more nurses to coordinate the program. There are advantages and disadvantages to each model. If a parish program is hospital affiliated, the hospital customarily bears a portion of the start-up cost and salary and can also assist with training and ongoing support. Parish nurses who are not hospital sponsored usually work in the faith community alone, thereby forgoing the resources and support to be found in partnership with a medical institution.



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A ROLE WITH MANY DIMENSIONS

The role of parish nurse combines the skills of nursing, pastoral care, and social work. The parish nurse functions as a first line of defense, offering education, health consultation, and resource and referral information, as well as pastoral care. Often people with health concerns have found no place to voice them. They may feel their questions are trivial, or worry about the financial aspects of seeking care. As a result, care is delayed. Concerns are not attended to until they perhaps become more serious. This can increase the cost of care, extend recovery time, and cause the patient and his or her family undue distress.

But people with access to a parish nurse have a confidential and reliable source of medical expertise combined with spiritual care. This enables parishioners to attend to their health and wellness concerns before those concerns become acute medical problems. For those who are already ill or disabled, the parish nurse is a secure source of care and support on a long-term basis. As part of the faith community, the parish nurse provides a link between the church and those who are enduring the distress of illness. The parish nurse is also an important link to the larger, perhaps threatening healthcare world. Parish nurses can play a key role in patient advocacy and can help interpret the medical world to bewildered and overwhelmed parishioners.

The parish nurse possesses skills not only as a licensed health professional but also as a minister. Parish nurses are trained to provide care to the whole person, including the spiritual dimension. People experiencing physical distress are apt to experience emotional and spiritual distress as well. Parish nurses are prepared for healing ministry through clinical pastoral education, parish nurse preparation courses, and other schooling. Combining the roles of medicine and ministry, parish nurses add a vital resource to the healthcare continuum. This is increasingly important as society continues to

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face a changing healthcare environment. Parish nursing is one way the Church can revitalize its healing role.

OUTREACH TO THE LARGER WORLD

Parish nursing's goal is to offer holistic care in the context of the faith community. A local church with a parish nurse program addresses not only its parishioners' physical, spiritual, emotional, and social needs, but also those of the entire community. Health ministry can be a vital means of outreach to the larger community, one way for the Church to establish a caring presence in the world. Parish nurses help people sort through the impact of illness, loss, and disability. Because sickness causes distress at many levels, people affected by it often ask themselves questions about faith and meaning;

parish nurses can assist people with these issues, in a way that promotes healing and wholeness.

For parish nurses to be effective, they must possess many competencies. Nursing expertise must be combined with ministry skills and theological adequacy, for example. Parish nurses must possess a clear sense of pastoral identity and ministry presence. They must be able to function both independently as a nurse and as a team member serving the larger mission of the Church. Parish nurses

must be knowledgeable about well child health as well as the needs of the frail elderly. They deal with aspects of wellness and prevention as well as illness, loss, and disability. They must be able to wear many hats and have the capacity to juggle multiple roles. On the other hand, parish nurses must have a clear sense of personal limits and reality. Because their work involves both medicine and spiritual care, parish nurses can sometimes become overextended and burned out. Parish nurses need a great deal of self-awareness and a commitment to self-care in order to avoid such pitfalls.

It is essential that parish nurses be trained specifically to function as both nurse and minister, providing credible and high-quality care in a variety of situations. Parish nurses need the support of the

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faith community and the pastor. To be successful, they must share a sense of ownership of the community vision. On the other hand, parishioners must understand the parish nurse program and the opportunity it gives all community members to participate in the healing ministry of the Church. Whether they are cooking a meal or providing child care to a family experiencing the crisis of illness, parishioners have many gifts to give. It is through a shared approach that the work of health ministry is accomplished.

FUNDING A PARISH NURSE PROGRAM


The cost of providing a health care professional to the faith community is, of course, a concern. Yet many creative options can help make this valuable ministry possible. Many churches form partnerships with local hospitals to develop health ministry. In this arrangement, the hospital helps the church hire a parish nurse and pays a percentage of the nurse's salary for the first year or so.

Other churches recruit volunteer nurses to oversee their parish nurse programs. This can be an effective way to broaden the scope of ministry without adding a significant financial burden to the church budget.

Still other churches seek grants, funding from denominational resources, and private funding to finance their programs. Financial aid is often available for new ministries via these avenues. With creative planning, financial obstacles can be overcome. Collaboration and partnership are key aspects of launching and sustaining new ministries.

A NEW HEALING OPPORTUNITY

Both the Church and healthcare are facing new and complex dilemmas as the new millennium approaches. What better way to address human needs than to forge a new commitment to caring for the whole person? The faith community has been a source of comfort, hope, and healing for centuries. Let us strengthen this tradition by making parish nursing one more stage in the continuum of care. □

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where the medical staff was able to manage her pain without robbing her of consciousness. Freed from pain, this very intelligent, devout woman quickly became a great favorite of the unit's staff and visitors. "I am astounded," said the hospice physician. "The closer Rachel gets to death, the more peaceful and radiant she becomes."

WANTED: WARMTH AND COMPASSION

Perhaps another obstacle to good hospice care is a lack of understanding of the competencies required in those who provide the care.

In general, hospice care workers need to be "well-developed, wise, and compassionate people, whose common sense is combined with professional knowledge," according to the authors of a book on palliative care ethics. "What can and ought to be offered, if the patient seeks it, is the comfort and reassurance that can come from the company of a warm and balanced personality."⁴

It is true that pastoral care professionals who work in hospices should be grounded in solid theology, well versed in Scripture, adept at communicating with others, and ecumenical (i.e., neither proselytizing nor dogmatic). But one of the greatest gifts a pastoral care worker can bestow on a dying person is a genuine listening and a calm, supportive presence.


These traits may be overlooked or undervalued in today's healthcare milieu, where competencies tend to be measured in quantitative, even numerical, terms. I, for one, am glad to be reminded that "it is not morally acceptable to omit [such qualitative competencies as warmth, calmness, and compassion] because they cannot be evaluated numerically."⁵

PALLIATIVE CARE IS EVERYONE'S RIGHT

Partly because of the assisted-suicide controversy, many healthcare organizations are today seeking to improve palliative care for dying patients.

Indeed, some are trying to broaden the definition of hospice care so that it includes chronically ill patients who may live much longer than six months, the generally accepted time frame for hospice care.

Ira Byock, MD, a hospice physician who leads the Missoula Demonstration Project,⁶ has said, "America's hospices have a tremendous opening to share their experiences, define quality for end-of-life care generally and thus influence the reformation of such care throughout the health care system—and not just for the minority of dying patients who receive hospice care currently."⁷ Or, as the authors of *Palliative Care Ethics* put it, "Palliative care is the right of all who suffer and die from whatever pathology."⁸ □

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NOTES

1. For a discussion of the holistic approach to pastoral care in hospice, see Sharon Burns, "The Spirituality of Dying," *Health Progress*, September 1991, pp. 48-54. For a discussion of the relationship between medicine and spirituality, see Larry M. Dossey, *Healing Words: The Power of Prayer and the Practice of Medicine*, HarperCollins, New York City, 1994.
2. Pam McGrath, "Putting Spirituality on the Agenda: Hospice Research Findings on the Ignored Dimension," *Hospice Journal*, vol. 12, no. 4, 1997, p. 3.
3. *Hospice Journal*, vol. 12, no. 4, 1997, p. 30.
4. Fiona Randall and R. S. Downie, *Palliative Care Ethics: A Good Companion*, Oxford University Press, New York City, 1996, pp. ix and xii.
5. Randall and Downie, p. ix.
6. Organizers of the project, launched in 1996, are studying patterns of dying and grieving in Missoula, MT, and planning to use the results of their study to help improve end-of-life care in the community.
7. Larry Beresford, "Sorting It All Out: Hospice, End-of-Life Care, Palliative Medicine—What's the Difference?" *Hospice*, Summer 1997, p. 34.
8. Randall and Downie, p. vii.