

A Communications Service to Nursing School Deans, Administrators, and Faculty

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Teaching Concepts of Parish Nursing



Barbara Chamberlain

Throughout their many interactions with students, nursing faculty have made it a point to educate their students about the various roles of the nurse. These roles include, but are not limited to, the bedside nurse, administrator, manager, case manager, wound specialist, community health nurse, and anesthetist to name a few. In the last several years, new avenues have evolved for the registered

nurse. Among these are forensics and parish nursing, the latter of which is the focus of this issue of *Dean's Notes*. Because nursing students ask very good questions, I have taken the liberty of heading each section in the form of a question.

Introduction

The Bible has always preached the healing of the sick, and in centuries past, churches were the leaders in the health care field; they built hospitals and provided care for the sick, the lame, and the homeless. Brothers and nuns were the care providers for the thousands who found their way to church doorsteps. Over the years, however, nursing moved away from its spiritual roots; spirituality and religion took a back seat to highly technological interventions. Now, the tides in health care have turned again, and the current focus is on education and prevention. Nurses are in an excellent position to minister to the whole person and to provide health education, compassion, and advocacy as needed by a community in a variety of faith settings.

What Actually Is Parish Nursing?

According to the American Nurses' Association (ANA) *Scope and Standards of Parish Nursing Practice*, "Parish nursing is a unique, specialized practice of professional nursing that focuses on the promotion of health of the faith community. Health is viewed in harmony with self, others, the environment, and God. Healing is the process of integrating the body, mind, and spirit to create wholeness, health, and a sense of well-being." (ANA, 1998, p. 1). The revised ANA standards will be titled *Faith Community Nursing: Scope and Standards of Practice* because parish nursing is practiced within the faith community (the client) wherever that may be: a church, temple, or mosque. Parish nursing is the call to a health care ministry where "all persons are sacred" (Sellers & Orfanelli, 2003, p. 31).

How Did it All Come About?

The parish nurse movement was born when Reverend Granger Westberg, a Lutheran minister, had an opportunity to serve as a hospital chaplain for a week. During that week, Reverend Westberg interacted with doctors, residents, interns, and nurses, and was involved "in every conceivable human situation" (Westberg, 1990, p. 15). Three years later, he began teaching about the relationship between religion and health in the school of nursing in the hospital where he had been a substitute chaplain. Shortly thereafter, he was appointed to the Chicago Medical and Divinity School where he began holding brown bag lunches and weekly religion/medicine conferences (Westberg, 1990). He envisioned the triad of doctor, nurse, and clergy as contributing to the wholeness of the patient's health and presented these concepts at his national conferences and workshops. Nurses who attended Reverend Westberg's conferences made him aware that they were integral parts of the preventive medicine movement in a variety of settings and that people were more likely to discuss health care issues with a nurse than with their pastors (Carson & Koenig, 2002). From these interactions grew the parish nurse movement. Reverend Westberg began to envision what it would be like to have nurses working through churches and ministering to the congregation and to the community.

The first parish nurses program grew out of the Pastoral Care Department of the Lutheran General Hospital in Chicago. Today, there are at least 6,000 parish nurse programs serving congregations all over the world (Sellers & Orfanelli, 2003).

What Are the Roles of the Parish Nurse?

The parish serves a variety of functions within the faith community including health educator, health counselor, support group organizer, liaison, and health advocate (Carson & Koenig, 2002).

Health educator role. As the health educator, the parish nurse provides educational seminars and workshops on a variety of health-related topics (CPR, lifestyle changes, babysitting, or effective parenting courses) or brings in speakers to address specific topics. These seminars occur after the parish nurse has gained recognition by the faith community; they usually begin their ministries with blood pressure screenings or providing written health-related material.

Health counselor role. The parish nurse is in an excellent position to provide health counseling during a one-on-one interaction. Nurses have the appropriate training and excellent listening skills, and can determine when an issue is far deeper than the actual exchange might suggest. Parish nurses may also visit the sick in all health care settings, bringing a sense of spirituality to the member's physical care (Sellers & Orfanelli, 2003).

Support group organizer. The parish nurse organizes and facilitates support groups that help members of the faith community decrease their feelings of isolation when dealing with a particular problem, such as alcoholism. These support groups increase member connectedness to the faith community and help them develop new insights into how to handle a given situation.

Liaison. The parish nurse may refer a faith community member to an appropriate health care resource, leading to early detection of a potential medical problem and possibly to a shortened (or no) hospital stay.

Health advocate. Nurses, as health care advocates, have always stood up for the rights of their patients. Parish nurses are no different. They may transport members of the faith community to health care providers' offices to interpret what is being said. As an advocate, the parish nurse may help the member deal with serious situations or provide support with a difficult question or concern. In this role, the nurse's "presence, compassion, knowledge, communication skills, and spiritual strength all combine to create a powerful ministry" (Carson & Koenig, 2002, p. 39).

Although each of these functions is important – either alone or in tandem with the others – the overall goal of parish nursing is improved quality of life and enhanced wholistic health care for all members of the faith community.

What Education Does a Parish Nurse Need?

Although a nurse does not need an advanced degree to become a parish nurse, there are programs that do offer such degrees. For the most part, however, a certificate or continuing education program provides the introductory information a parish nurse needs to begin this ministry.

The introductory information is the foundation upon which to build the program and helps the parish nurse link the medical world of high-technological interventions with "the sacred world of God, prayer, church, and community" (Carson & Koenig, 2002, p. 109). The program should include content on health assessment in the community in general; health promotion and maintenance; the faith community; working with ministers, churches, and hospitals; history; philosophy; methods and functions of the parish nurse; accountability; documentation; legal and ethical issues; prayer; and how to start a parish nurse ministry (Carson & Koenig, 2002).

What Is a Parish Nurse Paid?

There are several models under which parish nurses practice (Carson & Koenig, 2002). The most common models are the hospital versus church-based practice and volunteer versus compensated model.

Hospital versus church-based model. In this model, the nurse is a hospital employee who is assigned to provide health care to the various faith communities the hospital services. Nurses under these circumstances are compensated. Most parish nurses are church-based and work primarily with their own congregations.

Volunteer versus compensated model. The majority of parish nurses are volunteers who give of their time to assist the congregation in maintaining their health. Compensated parish nurses work in church-based coordinator roles with several parish nurse volunteers under them. Even in this role, the compensation may be aligned with a hospital in that the faith community may provide 25% and the hospital 75% of the compensation for the first year. In each subsequent year, the hospital's contribution decreases by 25%, while the faith community's contribution increases by 25% each year until the faith community pays the entire salary.

Case Study

While hospitalized for an unrelated condition, N. Tall was diagnosed with hypertension and placed on medication. He was instructed to see his health care provider (HCP) two times a week for three weeks to monitor his blood pressure. Mr. Tall called the visiting nurses' association to arrange home visits because he had no transportation to get to the office visits. He was told that in order to receive Medicare coverage for visits, he had to be homebound; Mr. Tall was not in this situation. He also could not afford the medication costs unless he had home visits. The only means to have his blood pressure checked was to go to the local drug store and use the digital blood pressure machine there. Mr. Tall was very upset with these options and called the parish nurse to help him. The parish nurse was able to check Mr. Tall's blood pressure the required number of times and report this to the HCP, who determined that Mr. Tall's blood pressure was well within normal limits and that the medication was working. Mr. Tall is now the biggest advocate of parish nursing programs!

Is There Anything the Parish Nurse Cannot Do?

The focus of parish nursing is "being with" rather than "doing for" the people of the faith community (Carson & Koenig, 2002, p. 16); therefore, parish nurses do nothing that is considered an invasive procedure. Although they can teach the faith community about medications, they do not administer them. Parish nurses can provide hand-holding but do no hands-on nursing care. Lastly, parish nurses are not emergency medical providers nor are they a replacement for health care providers.

What Is the Future of Parish Nursing?

In light of the present health care crisis in the United States in which there are health disparities, lack of access to health care, and excessive insurance costs, the parish nurse may provide an alternative means for receiving routine, non-invasive health screenings for members of the faith community. Under these circumstances, parish nurses foster creative methods of delivering wholistic, spiritual health care to their congregations (Sellers & Orfanelli, 2003).

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- Sellers, T., & Orfanelli, K. (2003). Parish health ministries: Bridging the gap between the parish or congregation nurse and the acute care setting. *Advance for Nurses*, April, 31-32.
- Westberg, G. (1990). *The parish nurse: Providing a minister of health for your congregation*. Minneapolis, MN: Augsburg Fortress Press.

Northeast Leadership Conference

NSNA will offer a one-day seminar in New York City on Friday, July 22, 2005, from 9:00 a.m. – 4:00 p.m. This Northeast Leadership Conference will be held at the Mount Sinai Medical Center, One Gustave Levy Place (Madison Avenue and 100th Street) in Room Annenberg 12-01.

The purpose of this day-long free seminar is to gain a better understanding of NSNA's mission and programs, to create stronger school and state chapters, and to problem solve and share ideas. School and state leaders are invited to attend as well as faculty advisors and consultants. Continental breakfast and lunch will be served. For more information, call Judith Tyler, MA, RN, Director of Programs, at 718-210-0705, ext 106 or e-mail judith@nsna.org

House of Delegates Announces Resolutions

The following resolutions were passed by the House of Delegates during NSNA's 53rd Annual Convention in Salt Lake City, UT, April 6-10, 2005. Within NSNA, resolutions serve to establish the association's position on matters of national scope and significance affecting nursing students, nursing, and the health needs of the public. If you visit the NSNA Web site (www.nсна.org), you can find a listing of adopted resolutions from the past 10 years.

- In Support of Actual Height Measurements in Adults Recorded as a Screening Instrument for Early Detection of Osteoporosis
- In Support of Shaken Baby Syndrome Education in High School Health, Wellness, and Parenting Classes
- In Support of Education and Awareness Regarding the National Epidemic of Metabolic Syndrome in the United States
- In Support of the Coalition Against Bigger Trucks
- In Support of the American Nurses Association "Handle With Care Campaign"
- In Support of Encouraging People to Carry a List of Current Medications as a Personal Emergency Preparedness Measure
- In Support of Increased Awareness of the Shortage of and Need for Nurse Educators
- In Support of Physical Education in Elementary and Secondary Schools, and Nursing Research on the Role of Physical Activity in Decreasing Pediatric Obesity
- In Support of Comprehensive Mental Health Parity Legislation
- In Support of the Protection of Registered Nurses' Right to Overtime Pay
- In Support of Increased NSNA Involvement in Global Health Issues
- In Support of Increasing Education and Awareness for Parents of Children with Asthma to Reduce Hospital Emergency Room Visits
- In Support of Educating Health Care Professionals about Developing and Maintaining Current Health Care Advance Directives
- In Support of Increased Awareness Regarding the Effects of Shift Work on Nursing Performance and Driving while Sleep Deprived
- In Support of Increased Research, Awareness, and Education about Celiac Disease

NSNA 53rd Annual Convention Draws 3,300 Attendees

Thirty-five hundred nursing students, faculty, and exhibitors from across the country packed the Salt Palace Convention Center from April 4-10, 2005, for NSNA's 53rd Annual Convention. The conference theme was *Breaking the Mold – Breakthrough to Nursing*, in honor of the 40th anniversary of NSNA's Breakthrough to Nursing program, which focused on recruiting under-represented populations into nursing. The week-long convention was packed with educational and fun events, including a glorious opening session, awards ceremony, exhibit hall of over 200 exhibitors, House of Delegates business meetings, an Endnote Session, Auction, and more.

Opening Ceremony and Keynote Address

"Nurses rock and roll," said Keynote Speaker Richard H. Carmona, MD, MPH, FACS, U.S. Surgeon General, who thrilled and inspired the audience of nursing students with his stories of overcoming obstacles as a first generation Hispanic-American growing up in a tough neighborhood in the Bronx, NY. "Never give up on your dreams," he urged students, highlighting that he was a high school dropout, but nevertheless went on to earn his high school equivalency, graduate from nursing school, and finish first in his class from medical school, as well as becoming the only nurse to ever become Surgeon General. Carmona highlighted the importance of diversity in the nursing workforce in order to deliver culturally competent care. Students were so excited by his presentation, they not only gave Dr. Carmona a standing ovation, but stayed for photos with Carmona for hours after the speech was over.

Other Opening Ceremony highlights included greetings by Mary Behrens, second vice president of the American Nurses Association, and by Joyce Murray, president of the National League for Nursing; the Presentation of Colors by the University of Utah Color Guard; a proclamation on behalf of Salt Lake City's mayor naming April 4-10 National Student Nurses Week in Salt Lake City; and festive Greek dancing to cap off the ceremony.

2005-2006 Board of Directors

The following officers were installed at the close of the House of Delegates meeting on Saturday, April 9, 2005:

President: Rebecca Wheeler, Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, GA

Vice-president: Shelley Ray, Oakland University, Rochester, MI

Secretary/Treasurer: Kathryn Mawn, Villanova University, Villanova, PA

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Directors: Ashley Riker, Covenant School of Nursing, Lubbock, TX; Jennifer Jordan, Widener University School of Nursing, Philadelphia, PA; Jennifer Tucker, Viterbo University, La Crosse, WI; Nicole Marcy, San Diego State University School of Nursing, San Diego, CA

Ex-officio and Chair, COSP Planning Committee: Brooke Huggins, Midlands Technical College, West Columbia, SC

2005-2006 Nominating and Elections Committee

Chairperson: Mary W. Luther, Delta State University School of Nursing, Cleveland, MS; Allison Simon, Bethel College, Bethel College, St. Paul, MN; Joseph Kozak, Delaware Technical & Community College, Newark, DE; Marie Dinger, Weber State University, Ogden, UT

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Annual Convention

continued from page 3

Foundation of the NSNA Awards Ceremony

The NSNA Foundation Awards Ceremony honored many deserving nursing students and scholarship winners. Among the highlights are as follows:

Honorary Membership - NSNA's highest award, presented to the individual with an outstanding record of service to NSNA and to nursing students, was presented to Joseph Duffy, president of the Foundation of the NSNA.

NSNA/Elsevier Leader of Leaders Award - Eileen Zungolo, Duquesne University, Pittsburg, PA,

Project Intouch - Jeannie Yin, San Diego State University, San Diego, CA

State Excellence Awards - District of Columbia Student Nurses Association, New Hampshire Student Nurses Association; Student Nurses Association of Arizona, Kansas Association of Nursing Students; Louisiana Association of Student Nurses, Virginia Nursing Students Association; and Arkansas Nursing Students Association.

Isabel Hampton Robb Leadership Award - ara Angelino, Johns Hopkins University, Baltimore, MD. The \$1000 award is presented to the state president whose leadership characteristics most resemble those of Isabel Hampton Robb, one of nursing's pioneers.

Most Outstanding State Web Site Award - Michigan Nursing Students Association

Nursing Spectrum Essay Contest - Grand Prize Winner: Lynette Melby, University of South Dakota, Vermillion, South Dakota.

Numerous awards were presented to NSNA constituents in the categories of Community Health, Breakthrough to Nursing, Newsletter Contest, Winner's Way, and Precious Metal Awards, Legislation/Education awards, and Financial Excellence. A complete listing will appear in the September/October 2005 issue of *Imprint* magazine.

2005 National Spirit of Nursing Winner

The winner of the U.S. Army Nurse Corps' 2005 Spirit of Nursing award is Ms. Jennifer Bridges. Ms. Bridges received an all-expense paid trip to the National Student Nurses' Association 53rd Annual Convention in Salt Lake City in April, a beautiful crystal award, and accolades from the 3,000 students and faculty who attended the convention.

Jennifer will graduate from the University of Arkansas for Medical Sciences in Little Rock, Arkansas, this May. Her academic achievements are significant in magnitude and scope. She is a newly inducted member of Sigma Theta Tau International Honor Society of Nursing. Other honors and scholarships include the BSN Honors Program, the Barbara Pearson Nursing Scholarship, the Gamma Beta Phi Barton Scholarship, the Jean McClendon Nursing Scholarship, and the UAMS Dean's List. Her cumulative grade point average is an impressive 3.84.

Jennifer is an active member of National Student Nurses' Association and is on the Board of Directors for the Arkansas Nursing Student Association. She also serves as the Corresponding Secretary, Public Relations Chair; and Service Activity Chair for the UAMS SNA.

Jennifer is a very active college student and is involved in numerous community activities, such as Adaptive Aquatics, an organization that works with disabled children, and Sunrise Riders Equine Therapy, an organization that provides therapeutic horseback riding.

Ms. Bridges was selected from over 150 school winners by a committee from the U.S. Army Nurse Corps and the National Student Nurses' Association.