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PARISH NURSE
(Also known as Community Nurse, Ministry Nurse,
and Faith Community Nurse)

Description:

What is Parish Nursing—

Parish Nursing is a set of services delivered to individuals in their own homes by a Parish Nurse (PN) who is a licensed, registered nurse (RN). This is a specialized practice of professional nursing that focuses on the promotion of health within the context of the values, beliefs, and practices of a faith community.¹

PNs are not employed by a health or medical organization, but are recruited from among a faith community's congregation to work independently as part of the pastoral team, addressing the health issues of community members. Some Parish Nurse programs target their services to their congregation's members, but most programs also address the health issues of others in the wider community regardless of their faith affiliation. Some Parish Nurse programs serve residents of all ages, while others focus their services on the elderly population.

A faith community's Parish Nurse program establishes partnerships with organizations such as hospitals, college nursing schools, wellness programs, professional nursing and healthcare associations, community colleges, Public Health Departments, the International Parish Nursing Resource Center, and others, to provide their PNs with access to continuing training and education, certification, retreats, workshops, materials, and other resources that support and assist PNs in successfully carrying out their tasks. Often, a member of the health care system (for example, hospitals, health departments, or multi-service community health providers) will sponsor a Parish Nurse program as a preventative-care strategy for reducing health care costs related to re-hospitalizations, premature institutionalization, and the deteriorating health conditions that can arise from lack of routine health maintenance visits.

Parish Nursing is recognized by the American Nursing Association (ANA) as Faith Community Nursing. The role of a PN is governed by the ANA's Scope and Standards for Registered Nurses, the Scope and Standards for Faith Community Nurses, and the Nurse Practice Act in the state in which the PN practices.²

Historical Context of Parish Nursing—

The Reverend Granger Westberg began the modernized version of the Parish Nurse concept in the 1980s in Chicago, but this concept has its roots in the community nursing outreach provided by religious orders in both Europe and America in the

1800s.² The modern model started as an attempt to encourage local faith congregations to provide a team approach to both wellness and illness care, using clergy, physicians, nurses, and social workers.

While the term "parish" is often associated with Christian denominations, the traditional meaning of the term refers to a whole neighborhood, community, or town. Thus, in addition to Christian faith communities, the basic Parish Nurse model is also provided by a variety of other faith communities and is known by various names (for example, Jewish Congregational Nurses and Muslim Crescent Nurses); and, typically, PN services are made available to all members of the community. Use of the Parish Nurse model has grown rapidly as a successful, primarily volunteer, means for individually educating and supporting community members and coordinating their access to health-related care. Currently, there are Parish Nurse programs operating in all 50 states (with about 15,000 Parish Nurses) and in at least 23 countries across the world in a variety of religions and cultures, with PNs functioning in both unpaid and paid positions.²

United States: Parish Nurse Tasks—

PNs are charged with different tasks from those that are generally identified with the role of the RN, typically taking a more holistic approach to patient health maintenance—that is, serving as healers of the mind and spirit as well as the body. A PN's in-home practice is focused on education/advice, counseling, and organization of medical resources, including such tasks as personal health counseling; emotional and spiritual support; health-related and other-topic education; health system navigator; advocacy; teaching parenting skills; arranging for in-home religious rituals, sacraments, and ceremonies; making resource referrals for supportive assistance, home maintenance, home modification, socialization opportunities, and other community and faith resources; and coordinating volunteers and support groups. While PNs are registered RNs, a main difference between the two practices is that Parish Nurses do not operate under the supervision and orders of a physician and, thus, cannot provide hands-on skilled nursing or medical care, and cannot administer medications.

Funding—

Individual Parish Nurse programs rely on one or more of various funding sources, including donations; foundation and government grants and other short-term sources; on-going support from the program's faith-based sponsoring organization; and partnerships with hospital systems, health care provider agencies, and other organizations that understand the net value of supporting a Parish Nurse program as a strategy for reducing health care costs. Some programs are embedded as an integral part of programming within a stable-funded organization, such as the local Public Health Department.

An Example of a Successful Parish Nurse Model³

In upstate New York, the Tri-Lakes area of the Adirondack mountain range is a rural environment, which makes access to healthcare difficult for residents, particularly those who are physically restricted to their

homes or who rely on others for transportation. For example, major teaching hospitals offering advanced treatment can be over three hours away, placing a significant burden on transportation services; and, similar to other rural areas, established Visiting Nurse Associations (VNAs) do not exist.

Mercy Care for the Adirondacks is a mission-driven non-profit organization in the Tri-Lakes area, which is sponsored and supported by the health and medical care consortium, Sisters of Mercy. Mercy Care for the Adirondacks provides elders of all faiths living in their own homes and independent apartments with companionship, friendship, and spiritual care. To address elderly clients' service-coordination and access issues, Mercy Care for the Adirondacks has partnered with local Catholic churches to create a Parish Nurse/Faith Community Nurse program, and collaborates with health-care providers and other public and private agencies that provide services and care to older community members and their caregiving families.

The program's volunteer PNs are recruited through the various partnering Catholic churches and coordinated under Mercy Care's Parish Nurse/Faith Community Nurse program. They visit elderly community residents in their own homes and help them better understand diagnosis and treatment options received from care providers, help them practice using new medical equipment in the home, organize their medications, arrange appointments and transportation, and help them access resources from a variety of community agencies and programs—thereby supporting a resident's ability to continue living in his/her own home, as well as supporting the efforts of family caregivers.

PNs work in close partnership with two other Mercy Care programs, the Friendship Volunteer Program (in which volunteers ease the isolation and loneliness of elders or infirm persons through friendship, companionship, assistance, and spiritual care), and the Education and Advocacy Program (providing advocacy, [conferences](#), presentations, and education programs as a means of promoting high quality long-term care for elders and infirm persons and raising awareness of the need for aging-friendly communities).

The long-term care and health policies of both the federal and state governments across the country promote the use of in-home and community-based services and care in place of institutional care; promote strategies to improve coordination of services and support, as well as streamline the integration of medical care and supportive assistance; and encourage approaches that support the ability of individuals of all ages to direct and manage their own care. In response, several community-initiated service-coordination models have proliferated that help individuals remain living in their own homes and maximize their access to needed services and support; for example, see articles describing the Village Movement, Naturally Occurring Retirement Community Services Program, and Resident Advisor in the *Resource Manual*. The Parish Nurse concept is another such model, furthering the same coordination, integration, and resident-empowerment goals.

References:

¹ *AllNurses.com*, a Nursing Community for Nurses website (Retrieved July 28, 2011), "Parish Nursing." <http://allnurses.com/parish-nursing/>.

² International Parish Nurse Resource Center (March, 2011), *Parish Nursing Fact Sheet*. <http://www.queenscare.org/files/qc/pdfs/ParishNursingFactSheet0311.pdf>.

³ Donna Beal (June 8, 2011), Executive Director, Mercy Care for the Adirondacks, Lake Placid, NY; personal interview. <http://www.adkmercy.org/>.

Benefits:

- In situations where individuals are unaware of, do not understand, or are confused by the multiple networks of services, care, and programs available in their community, the Parish Nurse assures that services/care provision is better coordinated, gaps in an individual's services/care are reduced or eliminated, and more appropriate matches are made between an individual's needs and the services and care he or she receives.
- The innovative, volunteer-based Parish Nurse model provides RN-qualified nurses in the home to address the critical social, psychological, and spiritual needs of individual patients, which provides critical preventative measures that help keep individuals' physical and mental health conditions from spiraling downward and requiring additional, costly treatments and hospitalizations.
- The majority of PNs are volunteers. By providing services free of charge, Parish Nurses are able to fill the services gap for individuals and families who may not qualify for subsidized assistance or who are unable to afford the private cost of services.
- The connection of Parish Nurses to a social network (through their own faith organization) affords facilitated, active outreach to needy community members; their connection to collaborating health care and other organizations allows easier access to the array of community services to which clients can be referred.
- The Parish Nurse model supports the ability of frail elderly persons and younger-aged individuals with disabilities to remain living in the community.
- The services of Parish Nurses support the intensive efforts of informal, unpaid caregivers, thereby strengthening families and promoting community-building.

Impediments or barriers to development or implementation:

- *Funding*— Across all programs, sources of funding vary in stability and amount, which has an impact on the design, size, and day-to-day operations of individual programs, as well as on the ability of programs to remain in operation.

- *Outcomes of the overall concept are difficult to measure*— A stable funding resource will require information about the concept's proven benefits. Solari-Twadell and McDermott⁴ provide a good review of the status of *comparable* outcomes measurement of the Parish Nurse concept, discussing the challenges involved in the attempts that have been made to measure and draw conclusions about the overall concept's benefits. For example, the authors note that:
 - The Parish Nurse concept provides a bridge between health care systems and faith communities, which are two distinct cultures that may recognize and value different outcomes and different measurement strategies.
 - A complicating factor for outcomes measurement is the varying set of multiple stakeholders that can characterize each of the numerous Parish Nurse programs, compromising across-programs measurement comparability.
 - In any one program, the different stakeholders may each value and strive to achieve very disparate goals—for example, the faith organization's goals may be to expand the congregation's membership and improve spiritual health; the collaborating health system's interest may be to increase referrals to that health care system or to meet its regulatory community-service requirements; the funder's goal-needs may be specifically related to the intent of a government initiative; the professional Parish Nurses providing the services may be striving to promote whole-person health and to modify client behaviors; and the community members receiving the services will have multiple, varying personal goals in mind when joining the program.
- *Separation of church and state*—
 - Some individuals oppose the public funding of faith-based organizations; and court challenges have been mounted regarding the use of federal funds for Parish Nursing, contending that this model is a religious activity and, thereby, constitutes government endorsement and advancement of religion.
 - If a Parish Nurse program receives public funding, it may have to be more careful than otherwise in how and to what extent it integrates the sponsoring faith community's brand of spirituality into the program's services, which may leave the faith community sponsors feeling that the spiritual-healing intent of their program is being compromised.

Reference:

⁴ Phyllis Ann Solari-Twadell and Mary Ann McDermott (August 31, 2005), *Parish Nursing: Development, Education, and Administration*. New York, NY: Mosby.

Resource—examples:

- Rural location, Catholic Churches—
 Mercy Care for the Adirondacks, Lake Placid, NY: <http://www.adkmercy.org/>:
 - *Mercy Care Parish Nurse/Faith Community Nurse Program at Mercy Care* (serves all elderly community members):
<http://www.adkmercy.org/index.php?pageTitle=programs>: scroll down to "Mercy Care Parish Nurse/Faith Community Nurse Program." Contact: Sr. Catherine Cummings, (518) 523-5582, cummings@adkmercy.org.

- Urban location, Baptist Churches—
Seton Health Care Family, Austin, TX:
 - *Seton Parish Nurse Health Ministry* (serves all community members):
http://www.seton.net/about_seton/news/2001/08/29/seton_parish_nurse_health_ministry_making_a_difference_in_the_community. Contact: Pam Castles, Coordinator, (512) 324-3170

- Large program involving all faiths and religious organizations, including Muslim, in 31 counties in Illinois, Indiana, and Missouri—
The Carle Foundation and Carle Hospital, Urbana, IL:
 - *Community Parish Nurse Program* (serves all community members):
<http://www.parishnurse.org/Scheduled%20Courses.html>. Contact: Faith Roberts, RN, BSN, program coordinator at (217) 326-2683,
faith.roberts@Carle.com.

- Two-nurse program in small township, Jewish Synagogues—
Collaborative program among Temple Sha'arey Shalom, Temple Beth Ahm Yisrael, and Congregation Israel. serving the Jewish community, Springfield, NJ:
 - *Springfield Congregational Nursing Program*:
Contact: Jaclyn Herzlinger, R.N., Program Director, or Andrea Cook, R.N., (973) 376-0539, ext.27.

- Large program involving 62 churches in the tri-state area of Maryland, Pennsylvania, and West Virginia—
Western Maryland Health system, Cumberland, MD:
 - *Parish Nursing Program*:
http://www.wmhs.com/index.php?option=com_content&view=article&id=129&Itemid=180. Contact: Joyce Hedrick, RN, BSN, Coordinator, (240) 964-8421, jhedrick@wmhs.com.

Resource—written and web:

- International Parish Nurse Resource Center: www.parishnurses.org.
 - "What is a Parish Nurse/Faith Community Nurse":
http://www.parishnurses.org/WhatisaParishNurseFaithCommunityNurse_299.aspx.
 - "Starting a Parish Nurse Program":
http://www.parishnurses.org/StartingaParishNurseProgram_222.aspx.

- American Nurses Association: <http://www.nursingworld.org/>.
 - Carol J. Smucker, PhD, RN, and Linda Weinberg, DNSC, CRNP, RN (January, 2009), *Faith Community Nursing: Developing a Quality Practice*. Silver Spring, MD: American Nurses Association:
 - Table of Contents (pdf): <http://www.nursesbooks.org/Table-of-Contents/Specialties/Faith-Community-Nursing-Developing-a-Quality-Practice-.aspx>.
 - Purchase 115-page book for \$17.95, *Amazon.com*:
<http://www.amazon.com/Faith-Community-Nursing-Developing-Association/dp/1558102523>.

- American Nurses Association and Health Ministries Association (August, 2005), *Faith Community Nursing: Scope & Standards of Practice*. Silver Spring, MD: American Nurses Association.
 - Purchase for \$18.95, *Amazon.com*: <http://www.amazon.com/Faith-Community-Nursing-Standards-Practice/dp/1558102280>.
- Phyllis Ann Solari-Twadell and Mary Ann McDermott (August 31, 2005), *Parish Nursing: Development, Education, and Administration*. New York, NY: Mosby.
- International Parish Nurse Resource Center (March, 2011), *Parish Nursing Fact Sheet*:
<http://www.queenscare.org/files/qc/pdfs/ParishNursingFactSheet0311.pdf>.
- Theresa M. Bachhuber (2006), *The Collaboration Between Parish Nurse and Public Health Programs in Connecticut*, Graduate School Master's Thesis, University of Connecticut Health Center Graduate School, Storrs, CT.
http://digitalcommons.uconn.edu/cgi/viewcontent.cgi?article=1014&context=uc_hcgs_masters&sei-redir=1.
- Granger Westberg (retrieved on line 7-2011), "The Health Cabinet," *International Parish Nurse Resource Center*, on line:
(<http://www.parishnurses.org/DocumentLibrary/Granger's%20Vision%20for%20Health%20Cabinets.pdf>).