Parish nurses may also be referred to as faith community nurses, congregational or church nurses. The term ‘parish nurse’ is the most commonly used in Canada.

There is no typical or routine day in the lives of parish nurses, who function in a variety of locations with the faith community itself and the surrounding neighbourhood. Encounters with clients take place within the church buildings, for example worship space/sanctuary, meeting rooms, at coffee hours, church suppers, and the nurse’s office. Visiting parishioners takes the nurse to the community, to homes, hospitals, and long-term care facilities.

Often it is necessary to accompany clients to a medical appointment. In addition the nurse may be involved in community outreach program such as health clinics, ‘Out-of-the-Cold’ programs and drop-ins. Typically the parish nurse is the only health care professional on the ministerial or pastoral care team, made up of ordained clergy, administrators, wardens or board members, volunteers, youth leaders, musicians and Sunday school teachers. A Health Committee or Council assists and support the practice of the faith community nurse. Demographics of the congregation such as age, economic status, rural or urban, define the practice.

It is Tuesday morning, and Sandra’s first task on arriving at the office is to check her voicemail and email. Most urgent is a message from Joseph, a senior with early-onset Alzheimer’s disease, whose wife was taken by ambulance to emergency during the night. He is very anxious about her condition, and has not received any information from the hospital. Sandra makes a quick reassuring phone call and then takes part in the weekly pastoral care meeting, which is similar to a hospital team conference. The team discusses who should follow up with Joseph, and it is decided that Sandra will go to the hospital and arrange for a lay visitor to check in on Joseph.

Next details are finalized for the funeral of one of the long-time parishioners. Prior to the service Sandra makes plans to meet with the bereaved family in the chapel.

The team also discusses another parishioner, Dorothy who has not been in church for some time. One of the priests offers to visit her at home, and bring her communion. Finally, the team raises concerns about a homeless individual, who is spending more time in the church and becoming increasingly agitated and dishevelled.

In the afternoon, the Health Clinic takes place and on Wednesday, the senior’s exercise class is scheduled. Flu season is approaching so Sandra must finish writing an article for the church newsletter. That evening, the health council meets to plan the next church education event about depression.

Sunday is also a working day. Sandra may participate in the service, either by reading a lesson, or by administering the sacraments. Most often she is meeting parishioners, addressing their concerns or arranging for an office visit or telephone call. She is glad to see Anita, who has just completed a course of chemotherapy. She has lost weight and is very frail so Sandra assists her to the side altar to receive the laying-on of hands and anointing for healing. Anita is nurtured spiritually and is comforted by the support of a caring community.

In these encounters, Sandra provides spiritual care as well as attending to clients’ health needs. Because faith community nurses share in the values, beliefs and religious practices of their clients, their practice is truly holistic, integrating...
body, mind and spirit. The functions of the parish nurse can be described as a health educator, personal health counsellor, referral agent, coordinator of volunteers, developer of support groups, integrator of faith and health, and as a health advocate.

**Background**

Parish nursing is considered to be one of the newer nursing specialties. It is a new concept, yet its origins are historic, and rooted in the nursing profession itself. The historical roots of nursing can be found in the link between faith and healing, and in the ancient traditions of most major religions. This faith and healing relationship evolved over time, influenced by cultural, political, social and economic events. Religious groups founded many hospitals, such as St. Michael’s, and Mount Sinai, also established nursing schools. The Sisters of St. John the Divine, an Anglican Religious Order founded St. John’s Rehabilitation Centre. Today the province runs most health care institutions, and nursing education has moved to the post secondary setting. In new and creative ways, the parish nurse role reclaims the historical roots of health and healing.

Granger Westberg (1913-1999), a Lutheran minister is considered to be the founder of modern parish nursing, which began in Chicago in the 1980’s. He used the term ‘parish nurse’ to describe the unique, specialized practice of professional nursing in faith communities to promote wholistic health. Though it began in the Judeo-Christian faith communities, it now includes all faith communities and traditions.

In 1985, the Parish Nurse Resource Centre was formed, later to become the International Parish Nurse Resource Centre (IPNRC) now located in St. Louis Missouri. Parish nursing came to Canada in 1998, with a pilot project by InterChurch Health Ministries Canada (ICHM) at Emmanuel College, University of Toronto and Waterloo Lutheran Seminary as part of their part continuing education program. This course is taught at the Baccalaureate level with a theory and practice component. The course, “Foundations in Parish Nursing”, is offered as a weeklong summer institute by the Institute for Catholic Formation, St. Peter’s Seminary, in London, Ontario. It introduces the fundamental concepts of the practice of parish nursing, which has its basis in the Christian faith, and seeks health promotion with a preventative focus. It meets the criteria of CAPNM Standard and Core Competencies These institutions issue a certificate on completion of the course.

**Scope of Practice**

The faith community nurse has knowledge and skills in two areas, professional nursing and spiritual care. The Canadian Association for Parish Nursing Ministry (CAPNM) has established practice standards and core competencies. A parish nurse is defined as “a registered nurse with specialized knowledge, who is called to ministry and affirmed by a faith community to promote health, healing and wholeness.”

The standards build on the generic scope and standards of nursing to reflect those unique to parish nursing. For example, “Facilitation of Spiritual Care: the parish nurse associates spiritual beliefs and practices with all aspects of an individual’s life and health. The parish nurse uses specific nursing strategies to provide pastoral and spiritual care. Each parish nurse views the individual as a unified whole of body, mind and spirit”. The standards reflect the nursing process, a spiritual assessment, diagnosis, care planning and interventions, including resource referral, teaching, support group facilitation, spiritual care and counselling. Other standards are: health promotion: collaboration, with clergy, health professionals, and community agencies: advocacy, that assists and supports individual’s families and groups to access health services: and professional accountability, to the individuals and community she/he serves.

**Specialty Education**

The IPNRC in St. Louis, Missouri developed the Basic Preparation Curriculum for Parish Nursing. Canada is an education partner providing the basic preparation, with a Canadian component. In Ontario, parish nursing preparation courses are offered for registered nurses through InterChurch Health Ministries Canada (ICHM) at Emmanuel College, University of Toronto and Waterloo Lutheran Seminary as part of their part continuing education program. This course is taught at the Baccalaureate level with a theory and practice component. The course, “Foundations in Parish Nursing”, is offered as a weeklong summer institute by the Institute for Catholic Formation, St. Peter’s Seminary, in London, Ontario. It introduces the fundamental concepts of the practice of parish nursing, which has its basis in the Christian faith, and seeks health promotion with a preventative focus. It meets the criteria of CAPNM Standard and Core Competencies These institutions issue a certificate on completion of the course.

**Relevant Nursing Theories that inform Parish Nursing Practice.**

- Watson (2001) Theory of Human Caring
· Miller (1997) Model for Parish Nursing, based on Theological perspective of Evangelical Christianity.
· Neuman (1995) Newman’s Systems Model

Practice Environment

Though the faith community nurse practices in a non-traditional health care setting, a community health setting is created with the presence of a nurse in a place of worship. The practice can extend to other institutions such as long term care facilities that have an association with the church. To provide quality nursing care the nurse collaborates and establishes relationships with community health care providers such as the local hospital or health units. For example the nurse will attend a discharge conference for a client or participate in a workshop.

The nurse is involved in environmental and safety issues, addresses air quality and accessibility. During H1N1, nurses played a leadership role in pandemic planning, altering liturgical practices, providing sanitizers and introducing more thorough cleaning procedures to reduce disease transmission.

Clinical Laddering

Career development is limited for parish nurses. Career advancement would be an administrative position as a faith community nurse coordinator, overseeing programs, networks, and services. This position serves as a liaison between and institution, parish nurse, pastor and congregation for the purpose of developing, supporting, and maintaining the ministry of parish nursing practice. Another opportunity is in the education field.

Liability Protection

Most church policies carry liability insurance for the practice of a parish nurse.

Current Status

At present in Canada, parish nursing remains in mainline Protestant and Roman Catholic churches, where it began. The future goal is to expand to other faith communities and traditions such as Islam and Judaism, which is already happening in elsewhere in the world. PNIG has submitted a proposal to develop a Best Practice Guidelines for spiritual care. The recently published position statement by Canadian Nurses’ Association, on Spirituality, Health and Nursing Practice, supports this.

Links

Parish Nursing Interest Group:
· www.pnig.rnao.ca

Canadian Association for Parish Nursing Ministry (CAPNM)
· www.capnm.ca

International Parish Nurse Resource Centre.
· www.parishnurses.org

InterChurch Health Ministries
· www.ichm.ca

The Institute for Catholic Formation
· www.stpetersseminary.ca

Muslim Nurses’ Association
· www.muslimnursesassociation.org

References


Additional Resources:

