## Contents

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Foreword</td>
<td>ix</td>
</tr>
<tr>
<td></td>
<td>Preface</td>
<td>xiii</td>
</tr>
<tr>
<td>1</td>
<td>Responding to the Call</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Called to Serve: Ministry of Word and Action</td>
<td>21</td>
</tr>
<tr>
<td>3</td>
<td>The Journey of the Parish Nurse within the Church</td>
<td>40</td>
</tr>
<tr>
<td>4</td>
<td>The Journey into the Community</td>
<td>66</td>
</tr>
<tr>
<td>5</td>
<td>Preparation for the Journey</td>
<td>85</td>
</tr>
<tr>
<td>6</td>
<td>Foundation and Models of Parish Nursing</td>
<td>108</td>
</tr>
<tr>
<td>7</td>
<td>Establishing a Parish Nurse Program: Steps in the Journey</td>
<td>124</td>
</tr>
<tr>
<td>8</td>
<td>Looking to the Future: The Next Generation of Parish Nursing</td>
<td>138</td>
</tr>
<tr>
<td></td>
<td>Appendix A. Parish Nursing Curricula</td>
<td>147</td>
</tr>
<tr>
<td></td>
<td>Appendix B. Resources for Parish Nursing</td>
<td>164</td>
</tr>
<tr>
<td></td>
<td>Appendix C. Sample Surveys and Assessment Tools</td>
<td>172</td>
</tr>
<tr>
<td></td>
<td>Appendix D. Sample Healing Service</td>
<td>186</td>
</tr>
<tr>
<td></td>
<td>Notes</td>
<td>197</td>
</tr>
<tr>
<td></td>
<td>References</td>
<td>209</td>
</tr>
<tr>
<td></td>
<td>Index</td>
<td>229</td>
</tr>
</tbody>
</table>
Foreword

Many years ago, when I might have been described as a “wild and crazy guy,” I worked as a full-time hospital chaplain and educator, a part-time counselor and family therapist, and served as pastor for two small, urban churches. The two churches had more than their share of elders, plus a variety of folks who had lived much of their lives in the projects. Almost everyone in those two churches could have been considered as having unmet health needs.

Having heard Granger Westberg tell of his dream for parish nurses, I went to visit a nurse who was a member of one of the churches I was serving. After I explained Westberg’s vision I asked, “Do you think we might do something like that?” Her response was quick and immediate, “Of course we can!” Then she added, “I didn’t realize it, but I’ve been waiting for something like this.” That was my first experience with parish nursing.

It is now many, many years later, and this volume is filled with the stories of nurses who have also responded to the call to serve as parish nurses. Responding to that call has never been more crucial than now:

• Despite the ever growing research literature that links religion and participation in religious activity with increased health and decreased morbidity, very few seminaries prepare pastors for this important intersection of health and faith.
• The number of persons over age sixty-five is increasing exponentially but the capacity of the American health-care system to meet these needs has not—and perhaps cannot—kept pace.
• Prevention provides the “biggest bang for the buck” in terms of maintaining a positive health status, but dollars for prevention are among the first to be cut from the budgets of managed-care organizations.
• Making meaning out of life events such as health crises, chronic disability, death, and dying is a central task for hundreds of thousands Americans.

Pastors of local congregations are often bewildered by medical terminology and the inner workings of managed care. Combine this with never-ending demands on their time, and one can see that most pastors are neither equipped nor have time for the ministry of health care.

Professional health-care chaplains, because of their extensive post-graduate education and certification, are well prepared to deal with the specialized setting, language, and demands of modern medicine. However, such chaplains are usually found only in academic medical centers, community hospitals, or long-term care facilities.

Day in and day out, it is the parish nurse—in those congregations fortunate enough to have such a person on the staff—whose job description blends the medical with the spiritual to provide the sort of care both pastors and professional chaplains want for people on a day-to-day basis.

The chapters in this volume relate the stories, tasks, and preparation for the work of the parish nurse. Among the tasks presented (as described by Westberg, Holstrom, and Sensenig) are three I think are especially important: health educator, health counselor, and health advocate. It is not that the others are not important, for they are. These three are of particular importance (from my point of view, at least) because they represent activities of ministry that especially
complement the work of pastors who do not—and likely will not—have these skills.

Body-mind-spirit is an increasingly familiar phrase to those of us who have worked for so long to integrate spirituality and health. It is not a subject often taught in seminary. In fact, it may be that a greater percentage of medical and nursing schools (impacted by the generosity of Templeton grants) deal with these issues than do seminaries. Therefore, to have a parish nurse who is a health educator to members of congregations regarding the great variety of issues associated with health (blood pressure, smoking, health-risk behaviors, cancer prevention, and so forth) is not only a boon to both pastor and congregation, it is a vital witness to the unity of body, mind, and spirit.

Prevention and education take on an especially personal focus when associated with individuals. There are numerous stories here of women and men whose lives have been impacted for the better because of the health counselor role of the parish nurse. Seldom do congregants/parishioners talk with the pastor about their health issues. They will—and do—open up to the parish nurse about these concerns. Assessing depression, referring for a work-up following blood-pressure screening, and counseling regarding diet or smoking are not only appropriate but vital tasks in any congregation that understands the human body as the temple of God.

Whether it is an HMO or other expression of managed care, the medical care system is usually difficult to negotiate. The language is foreign, the procedures are arcane, and rights are a mystery. The parish nurse as health advocate is often uniquely prepared and situated to help parishioners/congregants navigate this minefield of potential problems. The relief experienced by people who have such an advocate is palpable.

I need to say one final word about parish nurses. Christians, whether Roman Catholic or Protestant, liberal or conservative, have an increasing sense of the “ministry of the laity.” It is in our baptism that each Christian person is called into ministry. A few of us are or-
dained to particular ministries within congregations such as teaching, preaching, and the celebration of the sacraments. Every one of us, however, has within us the gifts for some ministry to and for God's people.

Parish nurses are called out and equipped in special ways to exercise a ministry of health. Without this ministry the church is the poorer and God's people are less well served. I am honored with this opportunity to introduce this volume about parish nurses, for they are my colleagues in the work of the gospel, and more than once, they have been the ones to re-present the gospel to me in times of need.

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The Methodist Theological School in Ohio
Past President of the Association of Professional Chaplains
Chairman, The COMISS Network
Before there were word processors, computers, typewriters, or other implements to write with, there were stories. The collective wisdom of generations has been passed down through storytelling. Stories spark the imagination; they inspire and motivate; they teach and encourage; they correct and challenge. Stories are indeed powerful. And so we have chosen to present the stories of parish nurses—to allow you to hear them describe their journeys in their own voices. Hopefully you will learn from them, be inspired and motivated by them, and allow your imagination free reign to envision parish nursing operating in your church and your health-care system.

We believe that parish nursing offers hope to a beleaguered and increasingly inadequate health-care system where the demands for care, especially long-term care, are outstripping the available resources. There is growing discontent with our medical system. At the same time it is touted to be technologically the best in the world, it is criticized for its neglect of the person. While costs continue to rise, care continues to diminish. Witness the increased interest and involvement in alternative and complementary medical practices such as herbology, acupuncture and acupressure, therapeutic touch, crystal therapy, and reflexology just to name a few. Certainly this
trend can be partially explained by the dissatisfaction people feel toward traditional medicine. People want to be cared for in a wholistic manner—to be heard, to share in decision making about their lives, to be loved even when they are unlovable, to be accepted as they are in their brokenness, to be encouraged to delineate their own values, goals, and personal views, and to be recognized as more than a diseased gall bladder or a serious case of depression. Patients want health-care providers to see beyond presenting symptoms to the impact of these symptoms on their lives, their work, their capacity to experience joy, their ability to engage in family life, and their experience of spirituality. Patients have always known that they are so much more than the divisible components of body and mind that are the focus of most medical treatment. In truth, real care recognizes that people are indivisible wholes—fully integrated physical, emotional, intellectual, social, and spiritual beings. Parish nurses recognize this and respond to it.

There is an old adage that says that there is really nothing new under the sun—just old ideas rediscovered and repackaged. Whether this adage is generally true or not, it is certainly true for parish nursing with its focus on “caring for” rather than curing. This “new” specialty represents a return to the Judeo-Christian roots of nursing. Jesus focused on the meaning of suffering and the healing of the whole person; he made little distinction between healing of the body, mind, or spirit. There was emphasis on the thought life of the individual to affect health and the power of prayer to affect healing.

Some of the earliest nurses believed that their sole purpose was to honor Christ’s commands to minister to the least fortunate among them. They recognized that caring for others extended beyond ministry to physical needs. Their care included providing intellectual and spiritual nourishment, clothing others with human kindness and concern, remembering individuals who had been forgotten or neglected and no longer cared for and loved, and providing hospitality for people who were homeless or who felt lost in a strange
environment. In their ministrations, these nurses saw spiritual meaning in the care they extended. They believed that when they cared for the ill and needy in this fashion, they were serving not only the ill, but God.¹

Over the years, nursing gradually moved away from its spiritual roots. It expanded beyond church-based hospitals and moved into secular institutions of care. Nursing preparation, initially controlled by religious orders, moved into the atmosphere of the state-controlled university setting. The twentieth century saw upheaval in all areas of nursing. Professional organizations were developed to exercise control over nursing practice; educational programs delineated levels of practice and different roles for nurses depending on preparation; licensure came about as a way of ensuring nursing competence; nursing focused increasingly on the scientific and technological advances that were occurring throughout health care and integrated these advances into nursing education and practice. Wholistic care and especially a recognition of the importance of spirituality, faith, and religion to a person’s health took a back seat to “high-tech” interventions. For a time, “high-touch” had certainly moved out of fashion with the nursing profession.

However, even with these changes, there always remained a cadre of nurses who kept alive the vision and mission of nursing and held fast to the belief that the essence of nursing is to care about and for the whole person. The theme of service and ministry is evident in the writings of many of the twentieth-century nursing leaders.

As the twentieth century came to a close, there was growing dissatisfaction among nurses regarding the movement of the profession away from a focus on the whole person. Nurses expressed concern that increasingly there was little distinction between nursing and medical care. This discontent among nurses led to the development of organizations such as Nurses’ Christian Fellowship and the American Holistic Nurses Association. Both of these organizations focus on the spiritual aspects of health—the former does so from a Chris-
tian perspective and publishes the *Journal of Christian Nursing*, and the latter does so from a perspective encompassing other spiritual traditions and publishes the *Journal of Holistic Nursing*.

In the 1980s, the Reverend Granger Westberg “rediscovered” church-based nursing and called it parish nursing. It is in honor of Rev. Westberg that we use the word “wholistic” rather than “holistic.” He believed strongly that the “w” was essential to connote the “whole person,”\(^2\) which is the focus of the parish or congregational nurse. This ministry began as one strongly connected and rooted in the Christian faith. However, just as the earliest Christian nursing practice was inclusive rather than exclusive, extending health care to both Christian and non-Christian communities, the concept of parish nursing has spread beyond the Christian church. Even within the *Scope and Standards of Parish Nursing Practice* this specialty is defined as “... a unique, 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, such as a church, synagogue, or mosque and its mission and ministry to its members (families and individuals), and the community it serves.”\(^3\)

Recognizing that the focus of parish nursing extends beyond Christian theology, we attempted to identify nurses involved in parish nursing who represent other faith traditions so that we could include their stories. To this end, unfortunately, we were less than successful. We did include the story of Linda Weinberg, a Jewish congregational nurse, who practices in the Philadelphia area. We sought information from leaders within the parish-nurse movement regarding their knowledge and contacts with nurses from non-Christian faith traditions. For instance, Rosemarie Matheus reported that the hospital system with which she is associated in Milwaukee approached an Islamic congregation with a proposal to partner with them in parish nursing. Several years ago Rosemarie spoke to a group of Moslem nurses at an international conference of nursing held in Jordan. There was only mild interest at the time. We “heard”
about a parish nurse serving a Buddhist congregation in the Chicago area, another nurse who practices parish nursing in California with the Vedanta Society, a Hindu tradition, and a nurse involved in health ministry for the Unitarian Universalist Church. However, our attempts to connect with these nurses were futile—perhaps, an excellent reason for a sequel!

This book tells the stories of parish nurses as they journey into a territory largely uncharted where the road map, the directions, and the rules of the road are being discovered as they move forward. Their words present stories of hearing God’s call, of their responses to this call, of their faith that they are doing the “right thing,” of their joys, sorrows, and challenges, and of their quiet determination and dedication as they offer their time and talents to meet the needs of others. Their stories inspired us and we are grateful for the generous spirit of so many nurses. They responded to our questionnaire; they answered countless e-mails; they shared their resources so that we might share them with you; they opened their hearts to us just as they open their hearts to the congregants they serve. We hope that this book honors parish nurses and serves as an encouragement to other nurses to respond to that gentle “God-nudge” they may be feeling. We hope too that the book inspires church members and leaders as well as health-care providers and administrators to explore the values and benefits of parish nursing within their own faith traditions and to the health-care system at large.
Parish Nursing
Responding to the Call

The watchman opens the door for this man, and the sheep listen to His voice and heed it; and He calls his own sheep by name and brings them out. When he has brought his own sheep outside, he walks on before them, and the sheep follow him because they know his voice. They will never follow a stranger, but will run away from him because they do not know the voice of strangers or recognize their call. I am the Good Shepherd, and I know and recognize my own and My own know and recognize Me. (John 10:3–5, 14)

“Shhh, I think I hear my mom calling.” Johnny hushed his friend and inclined his ear toward a distant sound. “Nah, I don’t hear nothin’. You must be imaginin’ it,” his friend said. Laughing, Johnny responded, “That’s my mom all right. I know her yell anywhere.”

How many of us respond to this scenario? There are voices that we recognize immediately—no one needs to tell us if the voice belongs to a loved one, a friend, an adult, a child, or a stranger. We respond because each voice is unique, just as each person is unique. An unborn baby responds to the voice of her mother, and at birth immediately orients herself to that most familiar and comforting sound of her mother’s voice.

Just so each of us hears the voice of God and we decide whether or not to respond to that voice. Unlike other voices that can be demanding, seductive, angry, or threatening, God’s call to us, although recognizable, can be ignored and pushed aside. God’s voice is loving
and gentle, albeit persistent. He calls each of us to serve and honor Him in unique ways—through the many roles we fulfill, chosen vocations and avocations, volunteer activity, quiet time, and relationships.¹ Many times the response to God’s call requires not only sacrifice but also faith that God will not abandon us in strange territory. In Genesis we read the story of Abraham, who uprooted his family and left his country and all that was familiar and comfortable in response to God’s call and promise to multiply Abraham’s descendants and from them create a great nation. Abraham’s journey was not easy, but he trusted God and he moved forth.

Likewise nurses hear the call of the Lord—a call to serve Him by caring for His wounded people in hospitals, clinics, homes, shelters, schools, businesses, and church communities.² Sometimes the call and the direction desired by God is very clear, other times the call is vague and requires time for the nurse to comprehend fully what God is asking, still other times the call is unsettling and unwanted and the nurse resists responding because to do so requires moving out of a zone of comfort and security.³ Regardless of how the call is received, increasing numbers of nurses are hearing God calling them out of what is familiar and placing them into virtually new and uncharted territory of church communities. The journey is both exciting and frightening. Karaban states that at the heart of a call to ministry is the story of an encounter between an individual and God.⁴ Let’s listen to the stories of parish nurses, hear their voices, and experience their encounters with God.

Marianne Parker first served as a volunteer parish nurse before moving into the position of parish nursing program coordinator for St. Joseph’s Hospital in Syracuse, New York. Marianne tells her own story:

As a nursing student I entertained transient thoughts about working on the Good Ship Hope—a floating medical mission. I wasn’t interested in this because of a “heart for
mission”; rather, something about traveling from place to place caring for the needy appealed to me. I hadn’t attended church since high school. Like so many, I wandered away during the college years. I met my future husband and the gentle call of medical mission was quickly drowned out by a wonderful courtship. I dreamed about becoming a midwife when I graduated from nursing school in 1982, but again, God had a different plan. I married and became a mother instead.

My nursing career took back seat to being a wife and mother and although there were times of frustration, part-time work in cardiac and intensive care fit family needs well . . . until my self-imposed “super-mom/super-nurse” expectations led to burnout, sleep deprivation, and bitterness. It was at this point that I came to know Jesus Christ as my personal Lord and savior. God met me in my “brokenness,” healed and reshaped me. Through music and mentors, the Holy Spirit brought to my remembrance many Christian lessons I had learned as a child and walked away from as a young adult. I began writing and singing inspirational and educational songs on a guitar that had been silent for many years. Gradual transformation ensued and continues every day.

God planted me in a church and I began searching for ways to serve and honor Him. God bent down, reached out to me, and called me by name. An overwhelming desire to know Him and serve His people grew and grew. “I” tried many things. I was a Sunday school teacher, library aide, visitor of the sick, and doer of anonymous good deeds, small group leader, and dreamer of dreams. My purpose was clear. Christ was calling me to show and share His love with a broken and needy world, but I didn’t know what this call would look like.

I had the compulsion to learn about my church, its diverse ministries, and the people that served in them. I studied spiritual gifts and created a small group Bible study focusing upon spiritual gifts and ministry creation. I created a Gift Ministry Notebook.
to identify church programs and possible spiritual gifts that would empower the ministries. A small group of women started a mentoring program to match people’s gifts, passions, and experience to ministry needs. The timing wasn’t right. Support for the ministry faded. I felt that I had failed. A desire to participate in evangelistic outreach uniting all of the Christian congregations in our town took hold. God was pruning and preparing me.

My young family grew and all three children were soon in school full days. I knew this meant I would return to full-time nursing duty. I prayed that God would allow me to work for Him full time. In June of 1997 I shared a “popcorn idea” with my pastor. What if . . . we did health education and screening from the church and made ourselves and Christian information available to those who came? As a stranger to the parish nurse movement, I thought the concept was original. He agreed to explore the idea.

I also began searching for full-time nursing employment at this time. The director of wellness and disease control at the hospital where I was presently employed described a mall-based community wellness program, but it didn’t have much appeal because the location was more than twenty miles from my home. “What do you think about . . . starting wholistic wellness programs in churches?” I asked. She replied, “As a matter of fact, we have a brand new position for just that. Maybe you would want to apply.” I hung up the phone, raised my hands in praise, and thanked God for my new job. A few weeks after the interview, I got the call about my job. “We’ve decided to hire someone else.” I was devastated, but God is good. One of my close friends, who had arrived five minutes before the call, comforted and cried with me. For a while I doubted my belief that God was actually calling me! However, God’s timing is perfect and His plan better than anything we can imagine.

Months later, I met the wellness director in the hospital. She
said, “Are you still interested in parish nursing?—because the job is yours if you want it. The previous coordinator has gone back to school.” I became St. Joseph’s Hospital Parish Nursing Program coordinator in September 1997. I continue to water the seeds planted by the first coordinator, pull out the weeds, and bring in the harvest that God grows.5

Carole Kornelis had experienced God’s hand in her life for many years, not only in her “reaching out activities” but in her own struggles and eventual healing through those struggles.

Having been involved in teaching and leading groups from kindergarten to twelfth grade, I felt that God eventually would lead me into a ministry that related to my nursing. When the idea of parish nursing was presented as a possibility, I was elated. I knew that this was a God-given opportunity to use my nursing talents on an entirely different level from what I could do in the secular world. I could use the trials and losses I had endured over the past eight years and help others heal from their wounds. I was “free” to be me, a Child of the King!6

Susan Dyess believes that she received two very distinct calls from God. The first was to be a nurse. The second, to be a parish nurse, was specific and quite different from her lifelong knowledge that God wanted her to enter nursing. She experienced both callings with increasing intensity over a period of time and felt a strong sense that God was always leading her to something more. Her response to God’s call, although experienced as “right,” also represented something of a departure from where the majority of her nurse colleagues stood. This sense of being separated from the group to stand with and for God in a unique role is a common theme in the stories of the Old Testament prophets. Susan explains:

I felt different from other nurses because I was trying to live my professional life according to my personal truths. I came
to understand that I was a vessel for the Lord to work through. Specific Scripture brought me to an increased awareness of my intended purpose in life. The journey to this realization was not recognized in a moment but rather occurred as a process of realization over several years of personal and professional growth. Truly I sensed a calling to be more than I was capable of. It was a powerful and unfamiliar call. Yet I had a knowing that I was walking with the Lord, and so His peace was present.7

Catherine Lomax, a parish nurse at the Church of the Good Samaritan in Paoli, Pennsylvania, had plans to “relax, smell the roses, and otherwise enjoy life” when she heard the Lord’s call. Catherine initially experienced the call as a gentle longing or tugging of her heart that over time took on a greater urgency and specificity. She began a two-year journey of personal discovery and spiritual preparation before God’s call to parish nursing became clear to her.

Two years before taking the parish nursing position, I left my full-time case-management position at Paoli Hospital. I thought to smell the roses, to relax, and to pursue all the things I had wanted to do. God had other ideas for me. In those two years he brought me through a course on boundaries and made me look at what was holding up my life. The issue of forgiveness came out of this introspection. I had difficulty forgiving other people and myself. This discovery was very releasing and I started to move forward in my journey. We went on our second trip to Habitat for Humanity in North Carolina and there in a lowly old tobacco barn I found myself painting shelves for a house we were building. My Lord was waiting in the barn for me and put in my heart that He needed me, for what I did not know. Later while singing Psalm 139, “Search Me and Know Me,” in our church choir, I found myself listening intently and feeling the meaning of the words. I ventured forth in response to what I believed was God’s call and threw myself into all kinds of service.

6  Chapter 1
activities. I became a volunteer at a local hospital and signed up for the homeless mission at church—serving became my life. I read a book entitled *Let Prayer Change Your Life* by Becky Tirabassi. I started to keep a journal and dedicated the first hour of the day to this activity. I read and prayed about Scripture. It brought me release and comfort to begin to see the Bible in a clear light. There were things happening in my life that only God through prayer could do. At the end of my two years in my new life of service to Him, He called me to a job called parish nursing, where I could combine my skills as a nurse with His word as I serve His people.⁸

God sometimes uses our pain and neediness to grab our attention and focus our thinking. This was the case for Ellen Altenhofer, who was in the midst of juggling the demands of primary caregiving to her mother; during that time Eileen came face-to-face with the inadequacies of the current health-care system.

**During 1992,** I was the primary caregiver for my mother throughout her terminal illness with cancer and found that accessing community resources was incredibly difficult and frustrating even though I was a nurse. It was almost impossible to get the help that I needed. I thought that if it was hard for me—someone who has an understanding of the health-care system—it must be impossible for lay people in a similar situation. I wondered what could be done to help others suddenly thrust into the role of caregiver. When I asked the home health agency for assistance in obtaining respite care, it was suggested that I contact my church. Shortly after my mother passed away, two opportunities presented themselves—a lay parish caregiving program entitled “Called to Care” and parish nurse training. I literally could not sleep! My thoughts were consumed with the possibilities that lay before me.

In January of 1993 our minister, Terry Teigen, began an ex-
tensive training series to prepare us to become lay caregivers. Terry helped us to explore how we would go about developing our caregiving ministry as well as the practical skills relating to visiting and communication. We also focused on specific caregiving situations such as cancer, grief, divorce, and unemployment. The training series culminated with an exploration of “Resource of Faith,” which examined the foundations found in prayer and Bible study for a caregiving ministry. Twelve of us completed the training series and began our service to the members of our congregation. Under Terry’s direction we formed the Parish Care Committee to determine how to address the needs of the congregation. In the fall of 1994 I became the coordinator of our Parish Care Program. At that time Pacific Lutheran University was offering a course entitled “Introduction to Parish Nursing.” The brochure stated that one of the functions of a parish nurse was to coordinate volunteers, so it seemed a perfect opportunity to develop skills to assist me in my leadership of the Called to Care Program.9

Pauline Sheehan of Everett, Washington, also heard the Lord’s call in the midst of pain and discouragement.

It was a time of hospital mergers; one whole floor of the hospital was shut down. Many of the staff were laid off and those who were left lived in constant fear of who would be next. For a while the remaining staff (including me) became critical and depressed—the heart went out of our service to patients. Then out of nowhere God gave me an idea about a role for nurses that combined some of the chaplain’s services with those of an RN. I didn’t even realize at the time that there was such a thing as a parish nurse!10

Rose Young believed that she heard clearly the Lord’s call to ministry but discovered as she proceeded that she and the Lord sometimes had different plans and timing!
I received the call for parish nursing approximately ten years ago when I was still working full time as an instructor of practical nursing. Since that time I have used every spare moment to follow the Lord’s leading in that direction. After retiring from working part time as a staff nurse and full time as an instructor, I attended Geneva College to update my counseling M.A. at a college that could include the study of religions as part of the curriculum. I then wrote a proposal for UPMC Horizon Hospital, serving Greenville and Farrell, Pennsylvania, for a parish nursing program based out of the hospital.

For four months I was given the freedom to investigate programs throughout the country; I obtained copies of several programs and I had telephone conversations with several parish nurses. Plans were made to invite ministers and nurses throughout the country to a seminar about parish nursing. We had invited Norma Small, Ph.D., CRNP, who was the Standards of Practice advisor from Johnstown, Pennsylvania and former dean of Georgetown University School of Nursing. I was in “seventh heaven” believing that my dream and calling were being realized. The Lord however was working on a different schedule than mine! The day before the invitations were to be mailed I received a call from the director of Community Outreach with whom I had been working. I was told to halt the plans for the program. I was so disappointed—but actually not too surprised. I had sensed for some time that he was viewing the program more as a marketing technique for the hospital than as a service. Since another hospital had heard that we were doing this seminar they were making similar plans. Now the director of Community Outreach wanted to take our hospital in another direction to meet the community’s needs. In spite of this setback I continued with efforts to arrange a meeting at my church (on a much smaller scale) and invited three other parish nurses from the area to serve on a panel. I told Joy Conti and Norma Small, nurses
who had been very helpful in the past, of my plans to have regular meetings to inform other nurses about parish nursing and include speakers from various services in the community. This was in the fall of 1998. That same year my church council voted to accept me officially as their parish nurse.11

The Old Testament is replete with stories of how God spoke to His people through dreams. Joseph knew through a dream that he would rise up above his brothers and that they would reverence him (Genesis 37:5–9). God also gave Joseph the ability to interpret dreams and through this gift Joseph was able to foretell Egypt’s future for Pharaoh. Pharaoh rewarded Joseph for his gift by giving him authority over all of Egypt (Genesis 40 and 41). In the New Testament, another Joseph, betrothed to Mary, had a dream in which an angel gave Joseph a message from God. Joseph was told that rather than quietly abandoning the pregnant Mary, he was to take her as his wife. Joseph was obedient to God. He married Mary and raised Mary’s baby as his own. He thus fulfilled his part in bringing to pass the Scripture passage foretelling that a virgin would become pregnant and give birth to a son—the son of course was Jesus (Matthew 1:20–24)! Today God’s messages may seem less dramatic than those received by Joseph of the Old Testament and Joseph of the New Testament. However, God still speaks to people through dreams. Let’s look at Barb McDonald’s dream and how this dream came true. With the support and encouragement of her pastor, Barb presented the following to her congregation.

I HAVE A DREAM. I have had a dream for a long time—one that I hope you will share with me. I see a need in our church, our community for a helping hands group—the “Dream Team”! This would include such things as doing yard work for the elderly or ill or those who just can’t do for themselves. Perhaps working inside the home to paint, wash windows, do minor repairs such as plumbing, etc. Perhaps small car repairs, whatever your talent
might be. Someone to visit the ill or elderly or shut-ins—to take a plate of cookies or just a smile and a cheery “hello,” to play a game or read a book. Perhaps to stay with a family member while the caregiver goes out for a while. To do this we need help: a few people to form a committee to put this together; a list of people willing to help and to share their talents; and most of all a list of people who need something done. I see this as a way of sharing the talents God has given us, of sharing God’s love with those around us, of taking God’s love out to the community. If this is your dream or if you are willing to share mine you can see me after church to talk about it, or give me a call. I would love to hear from you.¹²

This is how Barb started the “Dream Team,” which became the foundation for a parish nurse ministry. It didn’t take long to develop that list of people willing to share their time and talents. It actually took much longer to discover who actually needed the help! Barb believes that it is difficult for many people to admit that they need help and many times the expressed need came through a referral. Her move into the position of parish nurse seemed a natural progression from “Dream Team” work—she had organized a volunteer network, one of the key roles for the parish nurse!

Sometimes the Lord calls nurses to be “the” parish nurse for a congregation. But just as God’s kingdom has many mansions, within parish nursing there are many roles—all necessary, all equally important. Ann Solari-Twadell, a recognized leader in the parish nurse movement, has a different story to tell as she responded to God’s calling to set up a centralized resource for nurses interested in parish nursing.

In 1986, I was the Director of Nursing for the Specialty Hospital for Addiction Treatment of Lutheran General Health System. The financing for addiction treatment was slowly being eliminated. Knowing this I went to my supervisor, Reverend
John Keller, and talked about leaving my current position. . . . I did not want to leave Lutheran General, for I liked their institutional philosophy of Human Ecology.

Reverend Keller suggested that I talk with Reverend James Wiley, the Vice President of Church Relations at Lutheran General. I did so, and this resulted in my working on a pilot project called Congregational Health Partnership. I can remember sitting in my office after leaving the Director of Nursing position [and] wondering what is this all about? How does this work fit? All I could do was trust that God had something important in mind.

At the same time, the parish nurse program was being piloted at Lutheran General Hospital. The six parish nurses were trying to figure out their roles and pioneer the beginnings of parish nursing. . . . Granger Westberg was making his way around the country talking about this new concept of “parish nursing.” The problem was that as people became excited, Granger would leave town. These excited folks would try to contact the six nurses in the six churches to find out how this was done. The part-time nurses had little time to consult with others. I went to my supervisor and suggested the concept of a parish nurse resource center. It was endorsed and in 1986 the work began.  

Up until October 2001, the International Parish Nurse Resource Center was a major force in the evolving growth and structure of parish nursing not only across the United States, but in Canada, Korea, and Australia. The International Parish Nurse Resource Center was responsible for developing the standardized Basic Parish Nurse Curriculum and the Basic Parish Nurse Coordinator/Manager Curriculum that is widely used for the preparation of parish nurses and parish nurse leaders. The International Parish Nurse Resource Center also convened annual educational programs where nurses met to learn about current parish nurse activities; provided consultants to churches, hospitals, agencies, and religious denominations interested
in organizing parish nursing in their institutions; and published many resources for the growth of parish nurses including a quarterly publication titled *Perspectives in Parish Nursing Practice*, published by Advocate Health Care and edited by Ann Solari-Twadell.

Rosemarie Matheus, the director of the Parish Nurse Preparation Institute at Marquette University College of Nursing, tells her story of responding to God’s call. Similarly to Ann Solari-Twadell, Rosemarie was not called to *become* a parish nurse but to use her teaching skills to develop a curriculum for parish nurses.

_DURING ONE OF MY_ early nursing classes the instructor directed us to write five- and ten-year goals for ourselves. I tried . . . but I couldn’t. Life didn’t present itself to me as if I was in control. I wasn’t able to convince the instructor (who much later was a student in one of my parish nurse classes) that this wasn’t the way I saw my future . . . all organized and planned. What about the plan God had for me, which at that time I was just beginning to understand? What was I to do with all the unexpected, unknown opportunities that were ahead and didn’t get written into my five- and ten-year goals? What was I to do with them? Today, I am more convinced that I was right, for I have never had the daring to write long-term goals. God has brought me to places I would never have imagined, let alone committed to paper. It was if God was speaking to me the words he spoke to Jeremiah, “Call unto me, and I will show you great and mighty things, which you know not.”

I was an only child, a “latch-key child” before the term was coined. Families seemed like a fantasy that other people were part of. I didn’t plan to have five children . . . but God again had a ten-year plan for me. Two girls and three boys in ten years. Along with their spouses (my pseudo children) they have brought six grandchildren into my still-growing family. Nursing had to wait until I had given my all in the nurturing of these
“gifts” from God. Then His call came back to me; I was to again use the talents He had given me for nursing. While my children were in high school and college, I too was in college getting my bachelor’s and then my master’s degree in pediatrics. . . . what else, I had all the practical experience not only from my own children who taught me volumes, but from my professional experience working at a juvenile prison for boys. Upon finishing my degrees, I again thought perhaps I should have a written goal, but before I could force myself to create one, God’s master plan stepped in.

Three months after graduating from Marquette University College of Nursing with my new degree in teaching and pediatrics, I was asked to join the faculty and teach sophomores. This time I really questioned God’s plan. Was I really doing His work by teaching sophomores to give injections and baths and medication? It only took me one year to know that this was where I was to be now, but inside I had a growing awareness that this was only preparation for a bigger plan. I honed my teaching skills and one day I was again dragged by a colleague to a church where the first parish nurses from Illinois were speaking. God spoke loud and clear to me that morning. This was what He was preparing me for. Only because I knew I was following God’s lead, did I dare to prepare a curriculum for parish nurses, using the experience and knowledge I had been building.

My first class of parish nurses in 1990 was at Concordia University in Mequon, Wisconsin. I couldn’t believe that God sent 19 women for me to teach. Should I have then written a five-year plan as to where my parish nurse curriculum would grow? Again, I didn’t have the daring to foresee God’s ten-year plan. I didn’t give up my “day job,” teaching sophomores for several years as the parish nurse program grew, drawing nurses from all over the country. After two years at Concordia, I transferred the program to Marquette. Four years ago, my dean wisely relieved
my teaching assignment with sophomores and we created the Parish Nurse Preparation Institute. I became the Director.

Still I hadn’t the courage to write a goal. Although my dean, like my earlier instructor, wishes I would. How could I have predicted that in ten years I would have educated over 1400 nurses to do God’s work of healing in His congregations across the U.S., Mexico, and Canada? My plate seemed full with teaching parish nurses, but a Reverend Tom Paxton, as God’s agent, introduced me to Ann Navera, the Director of Nurses at Sinai Samaritan Hospital. Together we joined our gifts and extended parish nursing into the first hospital parish nurse program in Wisconsin. My unwritten goal was to start the program, but seven years later I am still privileged to be part of this now bigger hospital system of Aurora Medical Services, serving forty some churches and a synagogue.

How could I have predicted that my life would be blessed to meet so many wonderful people that would never have been part of my life if I wasn’t immersed in parish nursing education? Only by allowing the hand of God to write my five- and ten-year goals have I accomplished things my human mind would never have dreamed, never have written into that early nursing class.

So I feel safe today, in God’s hands, without a written year goal for my future. With the past so rich in God’s blessings, how could I fail to know there is a computer somewhere with the plans God has for the rest of my life? I see indicators of work for me with parish nursing in different parts of the world, as I meet parish nurses from Korea, Australia, Finland, and see opportunities to bring healing to the orphanage my daughter’s church is building in Mexico. Like Samuel, I can only wait in the night and say, “Speak, Lord, for thy servant heareth”.14

Janet Griffin’s story provides another example of God’s sometimes surprising work. As Janet looks back over her life she recog-
izes a series of transition points in her journey. At each transition, God’s voice, hand, and guidance are the constants as she has dealt with the twists and turns in her life’s journey.

As an adult, I faced a major career transition in the spring of 1986. I had been working as an instructor of practical nursing at a local community college. Because of declining enrollment, I was "pink slipped" and wondered where my professional life was headed. That summer while reading the want ads in the paper, I learned that a church in our area was looking for a “Minister of Health.” Through that contact I became aware of the newly established parish nurse movement. By August, I was making regular trips to Des Moines, Iowa, to participate in Iowa Lutheran Hospital’s Health Ministry Education Program, and began serving at St. Paul Lutheran Church in Davenport, Iowa.

As I began my new position, I had to consciously focus on “being with” people rather than “doing for,” but a personal experience made a lasting impression. I was working at my desk in the church office one day when a call came from the hospital. A young woman from the congregation had been admitted because of an exacerbation of a chronic debilitating disease, and I was asked to visit her. When I entered her room, I sat next to her and held her hand. The doctor came in and explained a new treatment option; when he left, I clarified some details. The patient was very tired so my visit was short, but I before I left I offered a prayer.

As I returned to the church, I felt inadequate because I was concerned that I hadn’t done anything for this young mother. Several weeks later, however, I received a call from her. She thanked me for being so helpful and said, “You prayed for me when I was too weak to pray for myself.” The light bulb came on. I was now involved in a ministry of presence!

My four years at St. Paul were extremely rewarding, but
change was about to come my way again. My husband and I were facing the financial challenge of putting three children through college. I needed to give up my part-time job and seek a full-time position. So, in September 1990, I began working as Case Coordinator in the Senior Services Department at Trinity Medical Center in Moline, Illinois.

The job was not satisfying to me, but the hospital had recently started a Parish Nurse Program, so I enjoyed connecting with the director of that program, Harriet Olson. In October 1991, Harriet surprised me with the news that she needed a full-time Assistant Coordinator, and I was delighted to be appointed to that position. Then, just a year later, when Harriet decided that she didn’t want full-time employment, I was named Director of Trinity’s Parish Nurse Program. Wow! What an unexpected opportunity!

Sometimes we hear God’s voice through the actions and words of others. The following nurses heard God calling them to parish nursing after attending a parish nurse conference. In 1992, Linda B. Martin (now Dr. Lynda W. Miller) was a doctoral student in the University of Victoria School of Nursing, British Columbia. Lynda traveled to the National Wellness Conference in Wisconsin, where she heard Ann Solari-Twadell, the director of the International Parish Nurse Resource Center in Illinois, describe a unique and innovative role of promoting healing and wholeness of individuals, families, and churches. The role described by Ann was of course that of a parish nurse. God used Ann to catch Lynda’s attention; Lynda became one of Canada’s parish nurse pioneers!

At once I knew I’d found a way to bring together all my experience as a professional nurse and as a member of the Christian faith community. I felt I could passionately devote myself as a whole person—spirit, soul and body—to this kind of nursing work for the rest of my life. At my next meeting with my grad-
uate program supervisor, I shared my excitement about parish nursing. My enthusiasm prompted her to suggest, “Then why don’t you see if you can work it into your dissertation?”\textsuperscript{17}

Kelly Preston also heard God calling her after attending a seminar on parish nursing.

**Having worked** on an oncology unit after graduating with my B.S.N., I sensed God calling me to utilize my nursing knowledge, my life experiences, and my faith in a different way. In fact, all throughout nursing school, I felt called to minister to the whole person, which is very difficult to do, unfortunately, in most clinical sites. I left my position at the hospital and began working at my church as an assistant to some of the pastors. The very week I started working at the church, I attended a seminar on parish nursing and health ministry. I don’t believe this was a coincidence! From that moment on, I began praying and planning to share a proposal with our pastors about developing a health ministry in our church. God began to move and a few months later the pastors agreed to begin a health ministry, with me serving as the coordinator on a voluntary basis. It was a true answer to prayer! God continued to answer my prayers and I am now working as the Congregational Health Program coordinator for Baptist Health System in Alabama. We partner with faith communities of various denominations to develop health ministries and parish nurse programs. I truly feel this is what God has called me to do!\textsuperscript{18}

Other times the Lord’s call comes in the midst of some activity that seems just as meaningful and the nurse’s response is less than enthusiastic. Dianne Smith, a parish nurse consultant and health ministry educator, tells how she heard God calling her to parish nursing.

**In 1996,** my eighty-two-year-old director of nursing at Florida Southern College knew that I taught ladies her age in my Sun-
day school class. She assigned me the topic of parish nursing for a paper that was due. I was angry because I had already chosen another topic and had completed my preliminary research. Because of my respect for her, I had an “attitude adjustment” and completed the paper on parish nursing. I was interested in the topic but the thought of nursing in a church environment scared me to death! I had no plan of doing this. God had other plans. He kept reintroducing me to the idea and eventually I could not think of another area of nursing that would be enjoyable.

This process took me about seven months. I have always felt that God does not call the trained, but trains the called. This is true in my case. I have not stopped in the last few years. More areas of parish nursing are evolving and I want to master them all. My practice has to be excellent because that is the only standard good enough for God and his people. I am currently speaking of parish nurse ministry versus parish nurse practice. This should not be an either/or proposition. The ministry is founded on a calling from God. It is as clear a spiritual calling as any heard by a pastor or evangelist. I always know when God is speaking to me because it is never the path or course I would have chosen. He always sends me to places I would not normally feel comfortable going to and puts me with people I would not have chosen to be with. When I listen to His voice, the situation turns out as He planned, and I am left thinking, wow, God is awesome!

Indeed, God is awesome. Gently and persistently He is calling His nurses. Some He speaks to directly; some He speaks to through dreams; some He speaks to through pain and discouragement; and others He speaks to through other nurses. Each hears His call and responds—not always knowing what this new uncharted journey will hold—but moving forward in faith nonetheless. Before going on to chapter 2, where we explore what God is calling nurses to, it is fitting to end this chapter with the words of a hymn entitled “Here I Am, Lord”—a summation of God’s call to nurses and their response.
I, the Lord of sea and sky, I have heard my people cry.
All who dwell in dark and sin My hand will save.
I, who made the stars of night, I will make their darkness bright.
Who will bear my light to them? Whom shall I send?

I, the Lord of snow and rain, I have borne my people’s pain.
I have wept for love of them. They turn away.
I will break their hearts of stone, Give them hearts for love alone.
I will speak my word to them. Whom shall I send?

I, the Lord of wind and flame, I will tend the poor and lame.
I will set a feast for them. My hand will save.
Finest bread I will provide, Till their hearts be satisfied.
I will give my life to them. Whom shall I send?

**REFRAIN:**

*Here I am, Lord, Is it I, Lord? I have heard you calling in the night. I will go, Lord, if you lead me. I will hold your people in my heart.*

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