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An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling

CARING CONNECTIONS

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THE PURPOSE OF *CARING CONNECTIONS*

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling is written by and for Lutheran practitioners and educators in the fields of pastoral care, counseling, and education. Seeking to promote both breadth and depth of reflection on the theology and practice of ministry in the Lutheran tradition, *Caring Connections* intends to be academically informed, yet readable; solidly grounded in the practice of ministry; and theologically probing.

Caring Connections seeks to reach a broad readership, including chaplains, pastoral counselors, seminary faculty and other teachers in academic settings, clinical educators, synod and district leaders, others in specialized ministries, and—not least—concerned congregational pastors and laity. *Caring Connections* also provides news and information about activities, events, and opportunities of interest to diverse constituencies in specialized ministries.

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Kevin Massey

Editorial

Caring Connections is proud to share with our readers wonderful pieces exploring Pastoral Care and Parish Nursing in our Summer 2010 issue. Parish nurses are important colleagues and excellent pastoral care givers with chaplains, pastoral counselors, and clinical pastoral educators. Learning the history of this movement and the blessings it offers to congregations and communities is essential for all pastoral caregivers.

We solicited articles from a number of Parish Nursing leaders and practitioners from a variety of backgrounds and perspectives to portray a very full understanding of this vital ministry. This issue makes us glad that our journal is an electronic journal because the response by the Parish Nursing community to our requests was outstanding! We are sharing eight articles produced by eleven contributors each sharing a different aspect of Parish Nursing and its important contribution to the healing ministry of the Church. This issue will serve as a valuable stand-alone resource for understanding and promoting the Parish Nursing movement.

- Nancy Durbin and Debra Haugen work in the Advocate Health Care System in the Chicago area, the successor system to Lutheran General Health System where Granger Westberg kindled the modern Parish Nursing movement. They share this history and point to resources to help consider Parish Nursing in many settings.
- Rosemarie Matheus has been an esteemed educator of Parish Nurses and describes the hallmarks of successful implementation of Parish Nursing.
- Marcia Schnorr shares how her Parish Nursing work brought her in to an exciting ministry in Palestine leading to the introduction of Parish Nursing there.
- Tammy Devine introduces great resources on wellness information, including an exciting new social networking tool on Facebook.
- Karen Treat invites us to Luther Seminary in St. Paul Minnesota where that school has incorporated the work of a Parish Nurse in to nurture the wellness of an academic community.
- Joannie Williams shares the process of her spiritual call to Parish Nursing ministry after a career in hospital nursing.
- Annette Langdon shares personal reflections on beginning and thriving in the ministry of Parish Nursing.
- Parish Nurse Mary Jo Hallberg, Pastor Susan Peterson, and Chaplain Bruce Pederson provide readers with an interview conversation the three held discussing the introduction of Parish Nursing at Gloria Dei Lutheran Church, a large congregation in St. Paul Minnesota.

This issue of Caring Connections also includes a book review by Kevin Massey of Pastor Frederick Reklau's new book *Partners in Care: Medicine and Ministry Together*, a book based on Reklau's Theses on Healing (and Cure).

Finally, we share some "Letters to the Editors" on feedback generated from previous issues.

We want to remind any of you who are Lutherans in training to become a Chaplain, Pastoral Counselor, or Clinical Educator, that the **Give Something Back** Scholarship Fund — at this time — has $3000.00 available every six months for those Lutheran brothers and sisters who are in need of financial assistance as they journey through their professional training. If you are interested in obtaining more information, contact either the ELCA "Ministry of Chaplaincy, Pastoral Counseling, and Clinical Education" office, Theresa.Duty@elca.org or send your grant request to the LCMS office of "Specialized Pastoral Care," Judy.Ladage@lcms.org.

And, as we always write, if you haven't already done so, we hope you will subscribe online to *Caring Connections*. Remember, **subscription is free**! By subscribing, you assure that you will receive prompt notification when each issue of the journal appears on the *Caring Connections* website. This also helps the editors and the editorial board to get a sense of how much interest is being generated by each issue. We are delighted that the numbers of those who check in is increasing with each new issue. You can subscribe by clicking on the subscription link on www.caringconnectionsonline.org, or by following the directions given on the masthead (p. 3), or in larger print on page 33.

Call for Articles

Caring Connections seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight with the wider community. We want to invite anyone interested in writing an article to please contact the editors, Rev. Kevin Massey and Rev. Chuck Weinrich.

Specifically, we invite articles for upcoming issues on the following themes.

Fall 2010 "Pastoral Care and Addictions"

It Won't Be Long Now!

Be sure to register for and attend our Zion XIV gathering

"Firm Foundations: Theological Challenges of Pastoral Care in Contemporary Specialized Ministries"

Simpsonwood Retreat Center, north of Atlanta, GA
October 21-24, 2010

Since the mid 1960's Lutherans, engaged in the ELCA and LCMS specialized ministries have gathered together every three years for collegiality and continuing education. Join us this year!

Highlights of this year's gathering:

Plenary Speaker: **Dr. Frederick Niedner**
Professor of Biblical Theology at Valparaiso University.

Bible Study Leader: **Reverend Shauna K. Hannan**
Assistant Professor of Homiletics at Lutheran Theological Southern Seminary

Workshops:

Death & Dignity
Daniel Rumfelt
System Response to Post Deployment from Combat
Tom Waynick

Caring for Specialized Ministers, One Task of the NC Synod *Carla Lang*

Spiritual Progression: Loss & Recovery of Values for Substance Abusers
Peter Lundholm

Mutual Conversation & Consolation: Approaches to Bereavement Care
Peter Lundhom & Julia Shreve

Understanding Ambiguous Loss
Mel Jacob

Missional Ministry: Intentional Spiritual Intervention in SPC *Joel Hempel*

Chaplains: Advocates for Disclosure and Patient Safety
Lee Joesten

Claiming a Place at the Table: Making our voices known – *Jeffery Scheer*

Personal Vulnerability and Growth in Visits with Non-Christian Patients– *Stephen Wenk*

Christus In Mundo Awardees
George Doebler, Bruce Hartung, Lee Joesten and Bruce Pederson.
Registration: Information and registration for the $200.00 three day conference may be obtained by contacting Judy Ladage at: 314-996-1388 or Judy.Ladage@lcms.org. To access the registration brochure online: www.lcms.org/spm

Nancy L. Rago Durbin and Debra Haugen

Parish Nursing: A Specialty Practice of Professional Nursing

Many congregations, and nurses excited about becoming a parish nurse, start a ministry without gathering all of the important information.

Background and History

The late Reverend Doctor Granger Westberg was a visionary, believing that congregations should be places of healing and salvation and that faith and health were deeply connected. Dr. Westberg was a Lutheran clergyman, who had been parish pastor, hospital chaplain, and professor of practical theology. Granger observed first hand that true healing involved body, mind, and spirit.

One of Reverend Westberg's most significant contributions to congregations and the larger community was the development of the Parish Nurse Movement, which was instrumental in breaking new ground in the areas of religion, medicine, and whole person health.

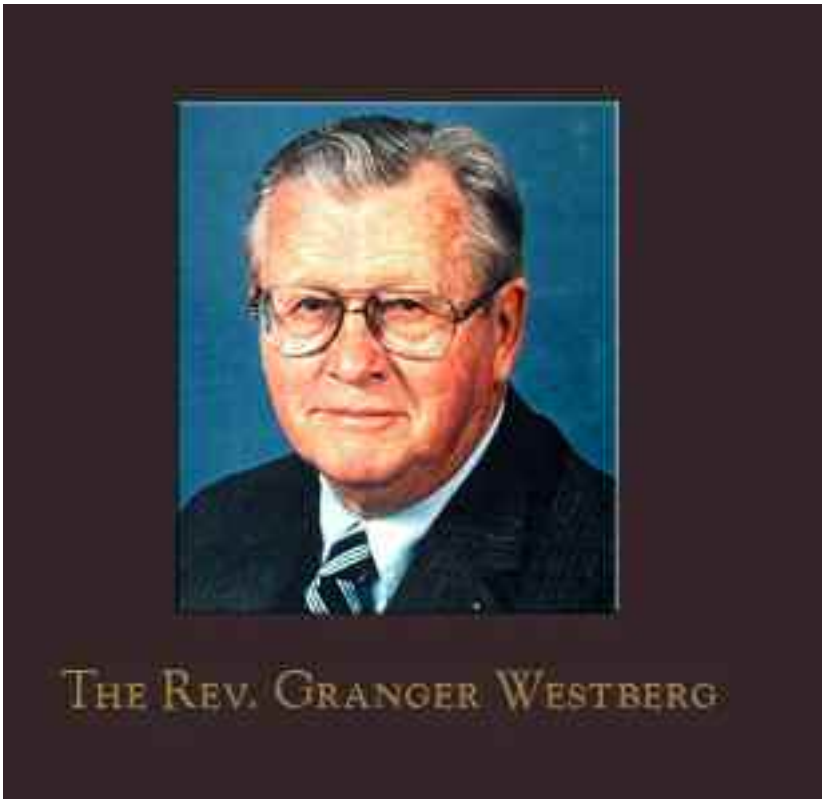
In 1984, working with leadership of then Lutheran General Health System (now Advocate Health Care), Dr. Westberg introduced the concept of parish nursing — a collaborative effort between health system and congregation — in which a paid, skilled and professional registered nurse was added as a vital member of the pastoral team. This partnership demonstrated the link between the resources of the traditional health care system and the extraordinary resources of the faith community.

Begun in Park Ridge, IL, as a pilot project with six local congregations and nurses, this ecumenical and interfaith movement has become international in scope.

Through the work of the Resource Center, established in 1986 as part of Lutheran General Hospital's response to national inquires about this new nursing role (the Resource Center is now the International Parish Nurse Resource Center and is located in St. Louis, MO) and the work of the Health Ministry Association, (HMA) established in 1989, parish nursing has moved from its pioneering roots to a specialty practice of professional nursing.

A Faith-Inspired Vision for Health Care

From the inception of the Parish Nursing Movement, to the present day health care climate, it could be said that, Reverend Westberg was a visionary, 25 years ahead of his time. He and the many who have followed his lead have been instrumental in the belief that health care has less to do with prescription medication, the latest in technology, treatment of disease, and providing "illness care" but rather — much more about — collaboration, empowerment, teamwork, enhancement of thinking, integration of all that connects body, mind and spirit, disease prevention, modification (even if incremental in nature), healthy and steady adaptation, balance, and believing in patience, hope and healing that is possible even in the light of no cure.



Much more about … believing in patience, hope and healing that is possible even in the light of no cure.

One of the best examples of this was a presentation that Granger Westberg shared, which he entitled, "The Three Acts of Illness". He tried to model

how functional illness often develops like a play in three acts. The "technical name" for what goes on in Act 1 is "a little bit sick," with the name for Act 2, "sicker" and Act 3, "really sick" (or 'I get by with a little help from friends' mentality). While it may have been one of the simplest truths, it was, at the same time, one of the most profound assessments of what had happened to health care over the previous 40-50 years, and with further analysis of this model, showing even then the level of unequal distribution of resource in our culture. Westberg's model indicated that while over 60% of people were in Act 1, where health promotion and disease prevention might keep them out of Act 2, the reality showed that less than 3% of American physicians worked in this arena. The primary emphasis and financial commitment in this country was instead, in the technology of Act 3 (where over 70% of the medical specialists existed who were treating the approximate 10% of the patients in 'this act of illness').

Parish Nursing was one way he suggested to deal with social disparities and where churches/congregations, temples, and mosques could help address a more cohesive and cost effective approach to health care. Now, a quarter of a century after this pioneering movement began in 1984, over 12,000 Parish Nurses/Faith Community Nurses are serving congregations/faith communities throughout the U.S. and across the world, positively impacting health care and bringing Granger's vision of health and wholeness to people across the globe.

If the story ended there it would be a great ending, however the sad truth of the matter is that preventative care has never taken hold (for many reasons) and "sickness care" technology science and "specialist medicine" still are the "gold standards" in Western medicine.

And what have been the overall results you ask? How have we been doing? Unfortunately our "report card" as a nation is far from favorable, especially when compared to all other industrialized nations.

- While Americans spend more than $2 trillion annually on medical care (that is half of all health dollars spent in the world, among industrialized nations) the U.S. ranks 29th in life expectancy and 30th in infant mortality.
- 47 million Americans have no health care insurance (with 1.8 million in Illinois alone).
- An estimated 45,000 people in the U.S. die prematurely each year due to lack of access to the health care they need.
- Each year more than $1 trillion is lost in work productivity due to chronic disease. Chronic diseases — such as heart disease, cancer, stroke, and diabetes — are responsible for 7 of 10 deaths among Americans each year, and account for 75% of the nation's health spending. Often due to economic, social and physical factors, too many Americans engage in behaviors — such as tobacco use, poor diet, physical inactivity, and alcohol abuse — that lead to poor health.

Once again a focus on prevention as Westberg had envisioned is imperative and will offer our nation the opportunity to not only improve the health of Americans but also will help reduce health care costs and improve quality and access to care.

...over 12,000 Parish Nurses/ Faith Community Nurses are serving congregations/faith communities throughout the U.S. and across the world...

The Affordable Care Act signed into law in June of 2010 by President Obama creates a National Prevention, Health Promotion and Public Health Council, whose goals include the elevation and coordination of prevention activities working to design a focused National Prevention and Health Promotion Strategy in conjunction with communities; collaborating with private and nonprofit entities, including faith-based organizations. This is another historic opportunity to have prevention and wellness initiatives in the forefront, and will be critical as we make the transition to developing and maintaining life-long health, rather than waiting to treat diseases and conditions.

The Professional Nursing Specialty of Faith Community Nursing

Across the country, there are numerous nurses and clergy leaders who have proudly started parish nurse program in their congregations. All are wonderful examples of various forms of health ministries and they demonstrate the critical importance of the faith communities' role in health and wholeness; however, many began without a clear understanding or appreciation of the specialty.

In 1998, parish nursing, through the work of HMA and in collaboration with the American Nurses Association (ANA) became a specialty practice of professional nursing. In 2005, the specialty practice, recognizing its ecumenical and interfaith roots, changed its name to FAITH COMMUNITY NURSING, to reflect both its broad reach and setting — the faith community.

Unique in its nursing role, *"faith community nursing is the specialized practice of professional nursing that focuses on the intentional care of the spirit as part of the process of promoting wholistic health and preventing or minimizing illness in a faith community."*
(Faith Community Nursing: Scope & Standards of Practice, ANA, p.1, 2005, Silver Springs, MD.)

Appreciation of the professional status of the role is of critical importance for everyone interested in exploring the development of a health ministry using parish nursing as the model, especially in light of our current health needs, as well as the national promotion and initiative to align the public and private sectors, specifically that of congregations and other faith-based organizations.

Do Your Homework

Many congregations, and nurses excited about becoming a parish nurse, start a ministry without gathering all of the important information. As faith communities explore the possibility of beginning a health ministry using parish nursing as the model, it remains of vital importance to educate the congregation and leadership. The International Parish Nurse Resource Center (IPNRC),and Health Ministry Association (HMA), as well as the ELCA Parish Nurse Association provide resources and information for developing a parish nurse ministry. (See resource contact information below.)

In his 1987 book, *The Parish Nurse: How to start a Parish Nurse Program in Your Church*, Granger Westberg offers these key steps for success:

- **Learn all you can about what you are talking about; communicate with congregational leadership; educate the congregation about parish nursing** (FCN) — using bulletin articles and pulpit time to offer foundational information

- **Develop a health cabinet/committee** that can discuss the concept of whole person health and its importance to the life of the congregation, assess both the assets and needs of the congregation, and explore the financial and legal components of adding a health ministry

- **Link up with a local health agency for support for ongoing educational and spiritual support for the parish nurse** — in the Chicago area, Advocate Health Care Parish Nurse Ministry~ www.advocatehealth.com (search "faith at Advocate") offers both a contractual partnership and a Parish Nurse Network for congregations, offering ongoing education and spiritual support the professional nurse

- **Select an appropriate candidate**, — not every nurse meets the qualifications for the role or is called to ministry — a current and clinically competent individual who is also spiritually mature and understands the full scope and standards of the specialty practice of faith community nursing

- **Provide continuing education for congregation** — Membership changes as does the assets/needs of the community, so the congregation needs to be aware of the ministry

- **Create a sustainable parish nurse ministry** — if the ministry has been developed thoughtfully and lives out the mission of the congregation, it will be seen as an essential part of the life of the congregation

Health care has evolved in the years since Reverend Dr. Granger Westberg introduced this ministry in 1984, and has become complex and complicated, even for the highly educated consumer. Navigating the health care arena requires the most skilled clinician and resources, as well as someone who can hold the integrity of the person as a primary focus of care. It is important to note that not every nurse who volunteers in their faith community is "a parish nurse," by the specialty standards described here, and we need to hold both nurses and clergy to the highest level of professionalism as today's complex health care environment requires a growing multitude of competencies and requirements in fulfilling the gaps in whole person health.

If the ministry has been developed thoughtfully and lives out the mission of the congregation, it will be seen as an essential part of the life of the congregation.

As Faith communities we gather, amidst our diversity, because of common shared beliefs grounded in the teachings of our sacred texts. In all faith traditions, these teachings call followers to contribute to the common good and show special concern for those who are most vulnerable. It is in the fertile soil of congregations and church communities where health and salvation has been deeply rooted since the very beginning, and where the seeds of merciful health reform must continue to sprout forth. Faith Community Nursing, as a specialty practice, remains a vital resource in assisting houses of worship to build their own capacity to be places of healing, while also positively impacting the health of their communities.

Parish Nursing Resources:

Health Ministry Association:
www.hmassoc.org
(The professional nursing association for Faith Community Nursing)

The International Parish Nurse Resource Center:
www.parishnurses.org

Advocate Health Care Parish Nurse Ministry:
www.advocatehealth.com/parishnursing

Nancy L. Rago Durbin, MS, RN, FCN, Director of Nursing: Parish Nurse Ministry and Parish Nurse

Network, for Advocate Health Care, Oak Brook, IL Nancy holds graduate degrees in gerontology and community health/wellness promotion and has over 34 years experience in nursing, with a background in critical care including ED, ICCU,SICU,PACU), nursing education, nursing administration and health ministry. In 1991, she began her work in health ministry and currently directs and manages the system-wide Parish Nurse Ministry for Advocate Health Care Oak Brook, IL. She has presented locally, nationally, and internationally on parish nursing, health ministry and health, healing and whole person health, specifically focusing on the spiritual dimension of health. Additionally, Nancy is a member of Health Ministry Association, the American Society on Aging, where she serves as delegate to NICA, the National Interfaith Council on Aging; the American Nurses Association, the Illinois Maternal Child Health Care Coalition and is a Friend of the Center of the International Parish Nurse Resource Center. Nancy served as a member of the Health Ministry Association/American Nurses Association Faith Community Nurse Scope & Standards Task Force, concluding with the development of Scope and Standards for the new nursing specialty of Faith Community Nursing and is currently chair of the Faith Community Nurse Recognition Task Force, working with the American Nurses Association to develop a certification process for the specialty practice of faith community nursing.

Debra J. Haugen has a Bachelor's degree in nursing from Winona State University – Winona, MN. She has worked as a registered nurse for 32 years. For seventeen of those years, she has been working in health ministry as a Parish Nurse or Faith Community Nurse for Advocate Health Care and three diverse congregations in the Chicago area, St. Juliana Catholic Parish, Chicago, IL ('93-00), St. Paul Lutheran Church, Villa Park, IL ('97-'03), and currently First Church of Lombard – United Church of Christ ('00- present). She is also is BLS instructor with the American Heart Association since 1988. She currently resides in Aurora, IL, with her husband and three adult children and their families, and has been blessed this last year with her first grandchild, Madison Debra. One of Debra's most fulfilling roles as a Parish Nurse is to lead/facilitate Women's Spiritual Retreats. Debra is an active member of her own congregation, Faith Lutheran ELCA Church, in Aurora, IL.

Rosemarie Matheus

Ensuring a Successful Parish Nurse Ministry

The focus of the parish nurse's work is the spiritual component of the person, and their relationship with their God.

Parish nurse* ministries begin with a vision of establishing a healing community within a place of worship. The nurse is usually highly motivated and filled with ideas and plans to ensure success. What happens in the initial stages and in the months ahead are often predictive of the long-term success of this ministry. My work with over 1,600 parish nurses over ten years and my interviews with parish nurses who have many years in the practice have revealed a number of behaviors and actions that are predictable of success or failure.

The primary step in the successful creation of a healing ministry is to educate the congregants and the clergy that this ministry is founded in Scripture. Healing in the church is commanded by Jesus, "*Heal the sick*" (Matthew 10:8, Revised English Bible). Also "*He sent them out to proclaim the kingdom of God and to heal the sick*" (Luke 9:2). The church's mission, as these passages clearly state, is to include healing. This process is not accomplished without patience, time (one to two years) and the devoted efforts of the nurse, the clergy and inspired congregants who desire to have their place of worship be a place of healing. When a parish nurse of 12 years started a program, she went to every group within the church and described the healing ministry as based on Scripture. A decision to start a parish nurse program made only by the nurse and the clergy or at times an outside agency such as a hospital is NOT the optimal way to begin. When this happens the members have no ownership or input in this ministry, which should reflect the mission statement of their church. The onus of the ministry should not focus on one person…the nurse. This ministry must grow in the knowledge and practice that everyone in the church is a healer and in some way may be a part of the church's healing ministry.

It is very tempting to depend on the financial support of an outside health agency and that has been the deciding factor for many congregations. Time has shown that in 80% of such start up conditions, the health care agency will at some time withdraw or alter its financial support due to budget constraints or change in administration. For the parish nurse ministry to remain a viable program of a hospital, it must show financial benefit or increased public relations. Support of a parish nurse in a congregation by a health care agency is often erroneously misinterpreted as their clinic in the church…thus losing its identity as a ministry directed by Jesus. Hospitals have admitted their primary interest in supporting clinics in churches is to increase referral to their facilities. Parish nurses may or may not be employees of the hospital and

The primary step in the successful creation of a healing ministry is to educate the congregants and the clergy that this ministry is founded in Scripture.

**The title "Parish Nurse" was first coined by Granger Westberg. In many parts of the country the title "Faith Community Nurse" has come to be used and equates to the title, "Parish Nurse." The feminine pronoun "she" will be used in this article to avoid changing pronouns to male. The reader is to be assured that there are many successful male parish nurses.*

this can cause a conflict of interest in their values or allegiance.

Most long-term successful parish nurse programs derive financial support from the church's budget, and are augmented with outside grants and personal donations. All the programs of a church should be derived from its mission statement…and should include the concepts, to teach, to preach and to heal. To be consistent with the command from Jesus to heal, a church's health ministry should be financed in the same manner as its teaching and preaching.

Is Parish Nursing a Job or a Calling?

Nurses who see the position of parish nurse as a new, often easy job are diminishing the scope of the role. One parish nurse echoed what many others have said, "*there are a lot of other* (nursing positions) *that would be a lot easier*." Successful parish nurses are those who are responding to a calling from God to the healing ministry of the church. The call comes in different ways and at different times. For some it was hard to hear for years because the din and busyness of their lives drowned it out. For others it wasn't heard until they found themselves pursuing the role and even then denying that they were qualified. God doesn't call the qualified; God calls and then equips those called with the needed qualities. Were Matthew, a tax collector, or Peter, a fisherman, equipped to spread the message of Jesus when they were first called?

The role of parish nurses requires them to work independently and use advanced nursing knowledge and strategies in complex situations. A church administrator attributed the success of their parish nurse to her *excellent problem solving skills and extensive knowledge*. One nurse was advised to take a parish nurse position by the department of rehabilitation because it would be an easy, non-demanding job. Believing this, she did not succeed in the role. Parish nurses need the education that enables them to practice nursing independently as permitted by law. There are no supervisors or medical staff to give orders or to ask for advice. When the ministry first begins there are no written polices or procedures to which she can refer.

Because parish nursing is a specialized role within the profession of nursing it is necessary for the nurse to be prepared in a specialized parish nurse education program. Similarly, nurses working in emergency departments and intensive care units are given additional education beyond their basic nursing preparation. Parish nurse preparation programs vary with the agency that offers them…ranging from an inadequate, short orientation to a prolonged period of instruction including the application of nursing as it pertains to wholistic care of people. Spirit, mind and body affect people's response to disease, their self-care practices and the value they place on their health. The new parish nurse needs to be trained to see how wholistic healing has a central place in the mission of the church. A nurse acting in the role of parish nurse who did not have this specialized education said to me, "I didn't know the spirit of the client was important." Without this specialized education and knowledge of wholistic health practices, a well-meaning nurse is not a parish nurse, but rather is better described as "a nurse in a church."

While the clergy is ultimately responsible for all the ministries in the church, the clergy *cannot* be the parish nurse's supervisor. The clergy is not knowledgeable about health care or nursing concepts. He or she therefore cannot judge or decide on the appropriateness of the work of the parish nurse. It is not a successful parish nurse practice when the clergy directs that the nurse spend her time only as a substitute for clergy visits to the sick or hospitalized. That is an admirable volunteer activity, but it is not descriptive of a successful parish nurse ministry.

Successful parish nurses are those who are responding to a calling from God to the healing ministry of the church.

Selection of a Parish Nurse

Congregations need to consider a number of factors before choosing a parish nurse, as it is a major predictor of the success of the ministry.

The nurse should be aware of and have demonstrated belief in the paramount role of the spirit in healing and prevention practices. The candidate must be grounded in her own relationship with God. The aspiring candidate needs to be aware of the difference between healing and curing. One can be healed without being cured. Parish nurses are educated in and strive to help *heal*, but are not trained in and do not aim to *cure*. The nurse should not see herself as the church's designated healer, but as the one who assists the members in self-care for prevention and personal management of any disease process.

The nurse should be professionally in touch with the health needs of the community as identified in the goals of local, state and national public health agencies, and must work with them in their goals and strategies. She needs to be aware of the latest advances in health care, and needs to be in a collegial relationship with other health care providers in her area… especially other parish nurse support and networking groups.

Successful parish nurses have come from a variety of nursing positions and experiences. A main determinate of success is the nurse's history and commitment to on-going education. Too often churches have, without much thought, selected a nurse who is a member of the congregation without being aware of the complex health care situations that its members are dealing with. I once failed to select a candi-

date for a parish nurse position because this pleasant young woman's only nursing experience had been in an operating room for 20 years, always under medical supervision, with limited contact with ambulatory patients, and with no knowledge of health prevention or wholistic health. When asked if she thought she might benefit from upgrading her basic nursing knowledge she said, "*Why? I have no need for that.*" We suggested she do more learning about the parish nurse role and healing ministry.

The parish nurse must be familiar with the nurse practice laws of the state, which identify the scope of her responsibilities and practices. This is usually based on educational levels. In most states a Licensed Practical Nurse cannot practice without the supervision of a Registered Nurse. This means the LPN is not legally able to perform the full requirements of the parish nurse role, and therefore cannot hold the title. The parish nurse must be skilled in assessing the needs of clients and must not exceed her boundaries when caring for them. She cannot provide professional mental health counseling (unless she has additional education in mental health), give legal advice or answer theological questions. These are examples of situations where the parish nurse must recognize limits and refer members to appropriate community resources outside her practice. The church may find itself at risk if the parish nurse overextends her legal limitations.

A major question I have been asked is, "Should the parish nurse be a member of her own congregation?" In the majority of cases it is not necessary to even belong to the same denomination. The focus of the parish nurse's work is the spiritual component of the person, and their relationship with their God. It is not to teach, explain, defend or proselytize. People's faiths are based on and supported by their religious beliefs, and this is an asset the parish nurse uses to help members in their process of healing or choosing behaviors to maintain health. There are many examples of successful parish nurses in their own congregations, and some churches require that the nurse be of the same denomination, but potential obstacles exist.

Being a member of the congregation, the parish nurse brings with her some "baggage," especially if she has been a member for a number of years. She has probably formed friendships with other parishioners that can hinder the parishioner viewing the parish nurse as an objective or authentic health care provider. Every church has divisions in it, and without intent the parish nurse may be seen as part of a division that some members view as "other." I've heard statements like "*She was a favorite of the pastor*," or "*She always tries to change things.*" In one congregation with a large number of physicians and health care professionals, the parish nurse — an elderly, life-long member — was described to me by the pastor as a nurse who knew little about current health care and not accepted as qualified, with the result that the ministry failed.

If the parish nurse ministry does not succeed in a congregation, it can create an awkward situation for the nurse and the church. If it is due to her ineffective practice and she is asked to leave, does she also leave the church? Scripture alerts us to the possible consequences of practicing in one's own church. "*A prophet never lacks honor except in his home town*"(Matthew 13:57).

The parish nurse practicing in her own church often finds that she is "on duty" whenever she is in the church, which interferes with her own worship time. She is approached by members before and after the services, or whenever they see her, even at social times.

There are many examples of successful parish nurses in their own congregations, ... but potential obstacles exist.

Parish nurses have told me they wish to practice in their own church because they feel comfortable there, are familiar with its culture and practices and wish to return something to the church. These are admirable reasons. To counter that thought by actual practice, I have placed many nurses in congregations and denominations other than their own with a high record of success. These nurses have quickly adapted to the new environment and have been quickly accepted by the congregation. A Spanish-speaking Catholic nun was the parish nurse in a Baptist congregation with primarily Puerto Rican members. After several months she was called to the altar and awarded a certificate of appreciation for all the help and loving care she had given its members. Some clergy have told me they are surprised that congregations even consider a member of the church for the parish nurse position due to potential conflicts. Parish nurses not in their own churches have told me they preferred this because they didn't have to get caught up in the politics of the congregation. I respect the parish nurse who wants to return her services to her church and know of many success stories. I only advise caution to see the potential negative ramifications.

When several congregations mutually agree to have one parish nurse for three or more congregations, this seemingly cooperative plan has not been successful. Health agencies frequently use this plan to demonstrate their attempt at community service. Instead of practicing a health ministry guided by the church's mission, the parish nurse again becomes an employee of a health agency who provides superficial "band aid" services on occasional drop-in visits. For a successful parish nurse practice, the nurse must be visible to the members, have deeper knowledge of their health

needs and form trusting relationships with them. This cannot be done when her "case load" is potentially hundreds of members spread over several congregations. Serving two small to moderate sized congregations is the limit in order to insure success within the definition of parish nursing. A parish nurse of 12 years attributes her success to "*being seen and respected as a woman of faith and an active participant in the life of the church*." On one occasion I advised five congregations that their idea of sharing one parish nurse would be a potential problem. They ignored my advice and within one year, three of the congregations dropped the program.

Is the Parish Nurse a Paid or Volunteer Position?

I am told frequently that nurses in their own church are not paid because the congregations feel all members should volunteer service. I support an unpaid position *only* for the purpose of introducing the church to this ministry, for a probationary period. When the limits of this unpaid ministry are clearly established in covenant language for a specified time period (12 to 18 months), plans should be made immediately to finance the ministry within the church's future budget. This need not be an unmanageable amount, and can often be subsidized with grants and personal donations. The parish nurse may wish to tithe a portion of her salary back to the church to reduce the cost. If the parish nurse has been effectively ministering to the needs of the congregation and educating them on her role during this probationary time, it has been my experience that the members come forward to support continuation of the ministry. In support of the paid position, the wage level of a professional nurse in the area should be a consideration, and if the parish nurse is seen as a member of the church's ministerial team, her compensation should be comparable to similar church positions.

When a parish nurse describes herself as *just* a volunteer, the implication is that she is doing something less than if she were paid. Whether the parish nurse is paid or unpaid, she must — as a professional — meet all the standards and legal requirements of the role. To some the title of volunteer implies a lesser commitment to what is a serious commitment: walking with others in their journeys of health and illness. To congregational members the words "volunteer parish nurse" may erroneously imply lower expectations. When this occurs, the concept of parish nursing suffers and its full potential as a successful ministry of healing does not become reality, and parishioners are left with the wrong impression of what parish nursing could mean to their congregations.

Additional Considerations

As professionals, parish nurses should undergo subjective and objective evaluations of their practice in order to validate that they are meeting professional standards. Without this process the effect of the ministry is not known and the parish nurse may not be challenged to meet the goals of the church's ministry. Evaluations should be made known to the governing board and clergy. In cases where parish nurse ministries have not succeeded, the activities of the nurse and the effect of her ministry were never made known to the congregation. Therefore, when decisions on the continuation of the ministry were made, the nurse's positive effect was not known and hence did not appear to be needed. To further ensure the positive awareness of the ministry, the parish nurse should prepare a quarterly report of her activities with both qualitative and quantitative data. Lack of communication between the nurse, the clergy, committees and the church membership is an almost certain indication of lack of interest or investment in the ministry.

Parish nursing is not a "lone ranger" ministry.

When a parish nurse with a mind frame of being all things to all people attempts to perform and direct the entire healing ministry of a church, she will not succeed. Parish nursing is not a "lone ranger" ministry. The ministry must involve a large percentage of the members, both in planning and providing the services. Admittedly, this is difficult to achieve and cannot be done quickly. Members will be quick to say, "*I know nothing about health*," and need to be reminded they are all consumers of health care. Most are also not aware of the distinction between healing and curing…and of the command for the church to be a place of healing. We need to remember that even Jesus had 12 helpers in his ministry. The parish nurse is supported in the ministry by searching out individuals and helping them see how their talents can be effective tools for healing. "*As good stewards of the varied gifts given to you by God, let us use the gift he has received in service to others*"(Peter 4:10). Visitation ministry, teaching wholistic health classes, creating a library of resources for members to learn about their diseases and medications are just a few ways members can use their gifts to enrich the healing ministry.

Creating a health cabinet, or committee, with a demographic representation of the members to plan and oversee the healing ministry is a strategy that has brought success to many churches. Its members should bridge the age span. It is not advisable to have only health professionals comprise the cabinet. They often bring a superior attitude of "doing to" rather than "doing with" the consumer, who best knows his or her own health needs.

In Conclusion

The reasons for the success or failure of parish nurse programs and health ministries are many and varied. These reasons became apparent to me during my years of teaching, mentoring, observing and listening to parish nurses, clergy and congregations of all faiths. Success or failure is always determined by:

- the support of the clergy
- the interaction of the politics in a congregation
- the abilities and characteristics of the parish nurse
- and most importantly, *giving the ministry a foundation that is based on the directive in scripture to teach, and preach and HEAL.*

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Marcia A. Schnorr

Me, We, and Thee: Parish Nursing in Bethlehem

It is not only me — it is we — and we have all been touched by the hope and faith of the people in Bethlehem.

Introduction—God Spoke to Me!

It was early in 2005 when I received an e-mail sent by God. Oh the name John Eckrich was printed on the communication, but I have no doubt that God sent it. The e-mail was an invitation to be part of an evaluation team to go to Bethlehem to assess the health needs of the Palestinians that could be offered through Christmas Lutheran Church and the Diyar Consortium.

I had no doubt that I was going — but there were a few hurdles to be overcome. At the time, in addition to my many responsibilities within parish nursing, I was a nursing professor (full-time) at Kishwaukee College (Malta, IL). The team would only be gone a week, but it was not during any academic breaks. In less than a day everything was set. Administration approved my absence without hesitation. A friend (who had retired from Kishwaukee College *and* was an LCMS parish nurse) offered to take my classes.

The team consisted of ten people, but I was the "parish nurse expert".* My task on the evaluation team was to introduce the Palestinian health professionals and the "Bethlehem Planning Committee" to parish nursing and the benefits it may have for the ministry of Christmas Lutheran Church (Bethlehem). I was used to people asking "a parish what"? I was used to people not understanding nursing — much less parish nursing. I was used to people not understanding parish nursing until they saw one in action. This was no different. Many in the audience did not seem to understand — and some on the team did not understand either. It was pretty much as I had expected and pretty typical of what I had experienced in the USA.

I was well experienced in sharing my passion for parish nursing and felt confident that parish nursing would be a good way to share Christ's healing love with the Palestinians. I had brought a small "parish nurse banner" (made by a lady on the banner committee at St. Paul) to "plant the seed". I planted the seed through the presentations in Bethlehem and at the Augusta Victoria Hospital in Jerusalem. I presented the banner to Rev. Mitri Raheb, pastor at Christmas Lutheran Church and CEO of Diyar Consortium. I never doubted that message had been shared and the vision was alive. Now it would be up to God. I would wait — but I did not have to wait long.

The Separation Wall

Our travels to Bethlehem brought me face to face with the fact that I really knew little or nothing about the separation wall. Oh I had heard that there was a "separation fence" but I had images of a wire fence on the political boundary between Israel and the West Bank. I could not have been more wrong! The separation wall is made from cement and does not follow the political boundaries; rather it "wanders" in and out of people's yards, city streets, olive groves, religious and historical sites, and anywhere the builders decide to put it. In some places the wall closes major streets. Often the checkpoints close at will.

It was early in 2005 when I received an e-mail sent by God.

The wall is 28 feet high (about twice the height of the Berlin wall) and more than 350 miles long. It is expected that another 200 miles will be added before it is complete. It will be longer than the Berlin wall. It is topped with razor sharp barbed wire. Guard towers with soldiers and machine guns stand guard.

The Checkpoints, which resemble cattle turnstiles, are a requirement to pass through on-foot —

but often even with the right papers, Palestinians are denied permission to cross. Families are separated. Workers are separated from their jobs. People are separated from access to the religious, historical, cultural, medical, and other points of interest or need.

When I saw the wall, my heart sank. The Palestinians are living in a prison. As one person said on a future trip, "traveling to Bethlehem is like doing prison ministry. We can go in, but they can't come out. Our presence is one of the most important things we can bring."

My heart sank and my cheeks felt the stream of tears. I felt guilty because American tax dollars had helped to build the wall and I did not even know about it. (Six trips to Bethlehem later, my heart still sinks and I still shed tears when I see the wall — up close and personal.)

My mind immediately recalled Romans 8:35-39.

> *Who shall separate us from the love of Christ? Shall tribulation, or desires, or persecution, or famine, or nakedness, or danger, or sword? As it is written,*
>
> > *"For your sake we are being killed all the day long; We are regarded as sheep to be slaughtered."*
>
> *No, in all these things we are more than conquerors through him who loved us.*
>
> *For I am sure that neither death nor life, nor angels nor rulers, nor things Present nor things to come, nor powers, nor height nor depth, nor anything else (emphasis by author) in all creation, will be able to separate us from the love of God in Christ Jesus our Lord*. ESV

As a parish nurse, I have shared these words with many people who were suffering from various diseases, dis-eases, and dysfunctional relationships. I had shared them in times of crisis and disasters. I was always glad that God had added the "nor anything else" to the text because that has been useful as I met with people who were full of "poor me" and "if only" replies. Now I appreciated the "nor anything else" because I know that includes the separation wall.

As I spent my time with the people of Christmas Lutheran Church and the Diyar Consortium, I did not meet people having a "pity party". I did not meet people who were without hope. I did not meet people who were rebelling. I did not meet people who had stopped living. I met the most wonderful group of Christians (and non-Christians) who were wanting to provide services to the Palestinians in and around Bethlehem. One young lady explained "they can build a wall around our city but they cannot build a wall around our heart". Their theme verse is John 10:10 "I have come that they may have life and have it abundantly".

When we attended Christmas Lutheran Church, we did not find a church with lots of empty seats (as is true in many of our churches in the USA). We found a church that was packed. Most of the people were Palestinians, but there were also people from various places in the world who had come to offer support to the Palestinian Christians.

I felt God nudging me to "do something". Soon the nudge was a clear voice. Our evaluation team had a final planning meeting with Rev. Mitri Raheb. Rev. Raheb said that they were interested in having a parish nurse and doing elder care. I suggested that these could be combined and provide the focus for initiating parish nursing (which would be called faith community nursing). The evaluation team concurred that this would be a noble goal. There was one problem — Christmas Lutheran Church did not have a nurse. There was a second problem — there were no parish nurses anywhere in the Middle East so there were no role models or opportunities for education.

One young lady explained "they can build a wall around our city but they cannot build a wall around our heart".

I echoed the words of Isaiah 6:8b "Here am I! Send me." I immediately offered to provide the education and help with the continued development of their parish nursing/elder care — if they found a nurse. I knew that between my "connections" with LCMS World Relief and Human Care (specifically Health Ministries), Concordia University Wisconsin (Parish Nursing), Northern Illinois District (LCMS) Parish Nurse Network, and my home congregation (St. Paul Lutheran Church, Rochelle, IL) that God had provided the resources that were needed. Of course, I had not asked any of them if they were interested in this mission — or if they were willing to help. I trusted that God had led me here and had touched my spirit, surely he would provide the way.

Remember — there is plenty of time. They don't even have a nurse!

Opportunities and Challenges—We Become a Team

After I returned home from Bethlehem, I began sharing my experience and the opportunity to share parish nursing with Bethlehem. It did not take long before LCMS World Relief and Human Care (Health Ministries), Concordia University Wisconsin (parish nursing), Northern Illinois District (LCMS) Parish Nurse Network, and St. Paul Lutheran Church (Rochelle, IL) all agreed to play a part in the development of parish nursing in Bethlehem.

Concordia University Wisconsin and LCMS Health Ministries would collaborate on providing an on-line parish nurse course for Bethlehem. I assembled a group of parish nurses who worked with me to adapt the CUW Parish Nurse Distance Learning course to the needs and culture of Palestine. LCMS Health Ministries provided the website for the education and a ListServe for discussions and follow-up encouragement.

The NID Parish Nurse Net work "adopted" the parish nurse and began making plans for an on-site internship. Individuals and groups from St. Paul Lutheran Church (my home congregation) were ready to help with hospitality needs and to donate to the initial educational needs.

I am so glad that none of these groups procrastinated because it was just a few months before I received word that a nurse had been located. Rev. Raheb had made it known in the community that Christmas Lutheran Church was looking for a nurse who would consider this special ministry opportunity. Raeda Mansour, a Christian nurse in Bethlehem, heard about the position which was an answer to her prayers.

Raeda had been praying that God would show her how to use her nursing profession as a way to serve him and his people. She immediately responded, "Here am I! Send me." She met with Rev. Raheb and began worshipping with them at Christmas Lutheran Church and meeting with the fourteen older adults in their membership.

We had planned to begin the education in person, but the Israeli-Hezbollah War (2006) made it prudent to begin the classes on line rather than risk the trip. We immediately began the on-line educational program (LCMS Health Ministries and CUW) and planned for a one month internship (NID Parish Nurse Network and St. Paul Lutheran Church, Rochelle, IL).

Raeda would be bringing her year old daughter Dona along so volunteer child care workers, furniture, and supplies were obtained to welcome Dona to our midst. Raeda and I quickly became sisters and I became Auntie Marcy to Dona (and the two children still in Bethlehem with their dad).

Nothing will ever compare to the excitement of the celebration we had in Bethlehem (2007) when I was able to provide Raeda with her parish nurse pin and Carol Broemmer (then manager of LCMS Health Ministries) provided the certificate. Hundreds of people from throughout all of Bethlehem — as well nearby villages — attended the celebration. Again, there were tears streaming down my cheeks. This time it was a sense of awe as I considered how God responded to the prayers of his people — and how I had been blessed to play a part.

The blessings continue. I have now returned from my sixth trip to Bethlehem — each time taking a team of parish nurses and other interested persons with me. There have now been over forty parish nurses as well as a few others who have been part of the teams. These parish nurses come from eleven states and thirteen LCMS districts. Five spouses and four non-parish nurse health/social services persons and my pastor and his wife have participated in one or more teams.

The parish nurses have provided nursing symposia, staff development, health presentations and health fairs for older adults, presentations to young couples, nursing home and home visits, personal support, and a sense of presence. Parish nurses have initiated and supported fundraisers to purchase a van for the nurses to use in the villages (rather than walking). Parish nurses have donated to Bright Stars of Bethlehem for the parish nursing/elder care ministry. Parish nurses have held silent auctions to bring Raeda back to the USA biannually for the Concordia Conference and related events.

Although many in the audience (and some on our team) did not seem to grasp the idea of parish nursing, within a couple of days an agreement was made to initiate parish nursing in Bethlehem.

It is not only me — it is we — and we have all been touched by the hope and faith of the people in Bethlehem. We have all grown in our spiritual journey — and in our commitment to continue to serve the Lord in our congregations and wherever he leads. We have all been able to share the truth of the "Bethlehem story" with our colleagues, congregations, and communities.

Conclusion — It is Really About Thee

My first trip to Bethlehem was forty years ago — as a tourist. I really thought it was a "one time experience". When I was asked to return to Bethlehem five years ago, it was clear that God wanted me there — but I did not realize the extent to which I would become involved. When I arrived in Bethlehem, I knew God had me there for a reason. I have now returned six times and have at least three more trips planned. I also have made a commitment to return as long as God leads me to return.

Romans 8:35-39 has remained a favorite for me to use with others — but it now is one God shares with me on a regular basis.

I received the invitation to participate but the time does not seem right. God not only opened windows, he threw open the doors.

Although many in the audience (and some on our team) did not seem to grasp the idea of parish nursing, within a couple of days an agreement was made to initiate parish nursing in Bethlehem.

Christmas Lutheran Church did not have a nurse, but God provided one in just a few short months.

There are no parish nurses in the Middle East and no parish nurse educational opportunities in the Middle East, but God led LCMS Health Ministries (WR-HC) and Concordia University Wisconsin to collaborate on a parish nurse on-line educational program.

With no role models for Raeda, St. Paul Lutheran Church (Rochelle, IL) and the NID Parish Nurse Network provided an internship.

I have a nice home, but it is furnished for a single woman. Members of St. Paul and family members loaned furniture and toys to welcome Raeda and her year old daughter to my home for a month. Members of St. Paul volunteered to provide child care while Raeda and I were busy with parish nursing. This included one lady and her children traveling with us to Mequon, WI for a week while Raeda and I attended the Concordia Conference for Parish Nurses.

Although no "official endorsement" was made for the outreach to Bethlehem, a team of parish nurses (and others) traveled with me to Bethlehem at least once a year.

The parish nurses (and others) came home to share the Bethlehem story with others — reaching thousands of people.

Donations of a few dollars — or thousands of dollars have been made to help with the continued development of parish nursing/elder care in Bethlehem. Support has included purchasing a van, helping with the initiation of a laundry to provide seniors a means for some financial support, and funds to help with programming.

AJYAL began with fourteen older adults from Christmas Lutheran Church then spread to 150 Palestinian Christians in and around Bethlehem and now serves over 500 elderly (Christians and Muslims) in Bethlehem and neighboring villages.

First there was no parish nurse in Bethlehem. Now the parish nurse in Bethlehem is on the board of management for Lutheran Parish Nurses International, NFP.

Next year will be a time to celebrate five years of blessings through parish nursing in Bethlehem. Five other congregations (Lutheran and other Christian) will initiate parish nursing following the "Bethlehem model". Our LCMS Parish Nursing-CUW collaboration will provide the basic education for the parish nurses. Raeda Mansour will be the mentor for their internship. Regular visits from parish nurses in the USA will provide the annual conference (similar to the Concordia Conference for Parish Nurses held each year at Concordia University Wisconsin).

Celebrations will be held at the Concordia Conference (June 2011) and at St. Paul Lutheran Church, Rochelle, IL (also in June 2011). The celebrations are in recognition of the blessings that God has given to the people of Bethlehem (and beyond) in Palestine. It is also a celebration of the blessings God has given each of us who have been privileged to participate in some way in the support of parish nursing in Bethlehem — and the growth and development of parish nursing in Bethlehem.

The "Bethlehem story" is not about Me.
The "Bethlehem story" is not about We.
The "Bethlehem story" is to give thanks to Thee (God) for all that has been given to the people of Bethlehem and those of us who were privileged to participate.

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Marcia Schnorr has been Coordinator, Parish Nursing (LCMS), Certified Lay Minister-Parish Nurse at St. Paul Lutheran Church (Rochelle, IL), adjunct professor of parish nursing at Concordia University Wisconsin, and Educational Chairperson for the Northern Illinois District-LCMS Parish Nurse Network — all for more than 20 years. Recently she has also been elected Chairperson, Lutheran Parish Nurses International, NFP.

Tammy Devine

Good News: Health and Wellness Is Taking Hold

For us to be well in ministry requires us to be in tune with who we are and never lose sight of whose we are.

Yes, there seems to be growing energy around the value of living a healthy life in the ELCA. Want evidence? Start by visiting the ELCA Board of Pensions web site and scroll through the 60+ Wellness Voices who are currently sharing thoughts on what it means to live well. Among them, you'll find a particularly moving video voice from Pastor Becca Krogstad of Evan, Minnesota.

Becca is a young pastor, wife and mother who was alarmed when she learned her health was at risk. She remembers reading her health assessment results — in her memory, the results were highlighted in big bold red letters. For Becca, this was a turning point, prompting her to eat healthier, increase her activity level and lose weight. In her 3-minute video, she comments that these changes have strengthened her sense of spirituality, her role as parent and her ministry.

Becca is typical of many leaders awakening to the fact that self-care impacts both their personal lives and their ministry. The wellness conversation is growing throughout this church, and the *Live Well* section of the ELCA Board of Pensions web site houses resources, tools, wellness voices articles, campaigns and more to be used both personally and within ministry settings.

In addition to powerful stories of change, the aggregate data we collect about ELCA health plan members as a group also tells us a positive story. More plan members are taking the Mayo Clinic Health Assessment, 65% in 2009 up from 60%. Even more important, however, is what the results tell us about the changing health of plan members collectively. Of those taking the assessment in both 2008 and 2009:

- the average number of risk factors fell
- the percentage of our population in the high and very high risk categories fell
- the percentage of those at risk for high blood pressure, cholesterol, emotional health and nutrition fell
- the percentage of those indicating a readiness to change increased in four categories — emotional health, exercise, nutrition and weight

Regarding health care costs, the percentage of *potentially avoidable* medical and pharmacy claims incurred by plan members, spouses and dependents in 2009 declined from 37.3% to 35.1%, saving plan members about $550,000 and employers who contribute to the ELCA health plan about $2.2 million.

Wellness tools

The Board of Pensions offers a number of tools to help ELCA plan members and the broader ELCA community on their journey to living well in Christ.

... self-care impacts both their personal lives and their ministry.

The Wholeness Wheel was created by the InterLutheran Coordinating Committee of Ministerial Health and Wellness of the ELCA and LCMS in 1997. It is a tool to help leaders grasp what it means to live well as whole people of God,

and it is becoming well recognized throughout the ELCA. Based on our Lutheran theology but applicable for all Christians, the wheel reminds us: "In baptism — a new creation in Christ." We are called, enlightened, gifted, washed and forgiven through the waters of baptism to live as whole people physically, emotionally, socially, intellectually, vocationally, financially and spiritually. To live as whole people is a huge task that we do not do alone. It is a call God places on our hearts to model what it means to live forgiven and whole — to live life abundantly.

The Wholeness Wheel is intentionally held encircled by the outer dimension — spiritual well-being because the spiritual dimension impacts each of the other dimensions of well-being. The lines between each dimension are also intentionally blurred to recognize the interconnectedness of the dimensions. When we nurture our physical well-being, for example, we're likely having positive impact on our emotional and social dimensions.

The GO! Challenge is a four-week activity that helps people evaluate their current lifestyle choices, identify areas needing improvement, and adopt a few healthy practices. Designed to focus on many dimensions of the Wholeness Wheel, the GO! Challenge encourages quiet time, hydration, physical activity, sleep, fruits and vegetables, etc. Since offering it in early 2010, we've heard from plan members that they've used it collaboratively with family members, congregations and in organizations. They've also held GO! Challenge competitions, used it as a group accountability too — one congregation even created a version for children. The GO! Challenge and the children's version are available for download.

A Journey of Renewal is a year-long wellness experience created by the Board of Pensions to help rostered leaders deepen their understanding of the connection between self-care and ministry. Two synods enrolled their leaders in the 2009-2010 pilot offering; five additional synods are participating for 2010-2011.

This experience combines retreats and small group telephonic coaching to help leaders:

- explore their strengths, core values and God's plan for them
- create a personal direction statement that articulates their goals for the year-long experience
- create a personal wellness plan that supports them as they live out their call to be a whole person of God

A Journey of Renewal walks with leaders throughout the church year, providing them with small group coaching, peer support, spiritual friends and additional tools to support their wellness-related goals. It provides them an opportunity to deepen their understanding of who they are; nurtures their relationship with self, family, congregation, and God; and helps them to become healthy leaders able to enhance the lives of God's people.

The health-faith connection

As a new creation in Christ, we are called to model a life apart from how society lives – a Christ centered life. Honoring our bodies as a temple of the Holy Spirit, making healthy choices around what we eat, how we live, care for the earth and one another, living out our baptismal call by being good stewards of our resources so that we can pass on the faith. We, the church, struggle to live out this call, to share the gift of healing and wholeness in our own congregations, in the healthcare delivery systems and in our communities.

We, the church, struggle to live out this call, to share the gift of healing and wholeness in our own congregations, in the healthcare delivery systems and in our communities.

To reconnect our faith and health, many congregations are adding a health ministry or parish nurse to share resources, educate, advocate and organize volunteers to support the health and faith needs of members within their congregations.

Good news: Parish Nurses serving ELCA congregations now can join a newly organized national group offering collaboration and support in sharing wellness throughout the church. To learn more or become a member visit: http://elcapna.org.

Next steps

Ministry is about tending to relationships with God, self, family and one another. For us to be well in ministry requires us to be in tune with who we are and never lose sight of whose we are. We need one another to support us on the journey, to learn from and pray for each other and to be a witness to how God is at work in our lives. I recommend two ways to support each other as we work to grow an ELCA culture of health and wellness.

1. *Join the ELCA's wellness conversation on Facebook*. Participate, and encourage others to participate, on the Board of Pensions' Live Well ELCA Facebook page. Here, you can tell a story, describe a healthy step, ask a question, post a photo or video, share a helpful blog post — in your own words and on your own timetable. Meet and learn from those who share your interests, find accountability partners, follow links to benefit and wellness-related information on

www.elcabop.org, and know first-hand what others in the ELCA are doing to live well.

To find the page, enter "Live Well ELCA" into a search engine or into Facebook's search field. To participate, you'll need a Facebook account. Click the "Like" button, and you'll be able to post and comment on the posts of others. You'll also see new Live Well ELCA posts on your Facebook wall.

2. *Subscribe to the Board of Pensions' Healthy Leaders e-newsletter*. This e-newsletter gives you a monthly snapshot of what's happening around wellness in the ELCA, and links to new wellness resources. Subscribe here.

Tammy Devine, diaconal minister, is the wellness manager for the Evangelical Lutheran Church in America Board of Pensions.

Tammy joined the Board of Pensions in 2004 to provide whole-person health promotion, education and inspiration to ELCA rostered leaders and lay employees. She also advocates and promotes the "Live Well — Healthy Leaders Enhance Lives" initiative by speaking at ELCA synodical and congregational gatherings. Her role is to be a strategic and systemic whole person promoter of well-being, through education and inspiration for leaders/members within the ELCA. She is responsible to assess and propose wellness information and education. Lead, coordinate and oversee initiatives and practices that promote wellness in the lives of members and their site of ministry. Devine is an advocate for integrating wellness within the life of churchwide organizations, synods and leaders. She collaborates with thought leaders to facilitate and motivate whole person lifestyle choices and serves as an external wellness consultant to leaders of the ELCA for the Board of Pensions.

Before joining the Board of Pensions, Tammy served as director of wellness at Martin Luther Manor in Bloomington, Minn. She had been Martin Luther Manor's director of health and community ministries as well as parish nurse coordinator. She also served as director of nursing for Southern Metro Medical Clinics in Belle Plaine, Minn.

Tammy, who is a registered nurse, has a master's degree in leadership from Luther Seminary in St. Paul, MN, and a bachelor's degree in nursing from Augustana College in Sioux Falls, S.D. She has completed parish nurse preparation courses at Concordia College — Moorhead, in Moorhead, Minn., and coordinator preparation course work through the International Parish Nurse Resource Center in St. Louis, Mo.

Karen Treat

Parish Nursing on a Seminary Campus

Equipping with theology is natural, equipping for well-being is critical.

Where does a Parish Nurse fit in a seminary campus? How can a seminary be the same for a Parish Nurse as it is to a traditional congregation? Every year new students at Luther Seminary ask those very questions as they begin their journey to become church leaders.

Caring for the whole person has been noted by the Evangelical Church of America through the social statement "Caring for Health: Our Shared Endeavor" and through the statement developed by the Division of Ministry and with the ELCA Board of Pension "Ministerial Health and Wholeness, 2002". With this support in the well-being of our church leaders, it seems only natural that a seminary would employ a Parish Nurse.

Typically, a Parish Nurse is understood to be active in seven areas of nursing care for the members of their congregation. The nurse is an integrator of faith and health, a health educator, a personal health counselor, a referral agent, a health advocate, a developer of small groups, and finally the Parish Nurse is the trainer of volunteers. These roles are very much a part of the life of the Parish Nurse at Luther Seminary.

The Parish Nurse at Luther Seminary uses a variety of approaches in the integration of faith and health. An instrumental support to bringing faith and health together in ministry was through Wheat Ridge Ministries. Wheat Ridge Ministries provided a major grant to be used over three years beginning 2004. This grant funded the "Healthy Leaders Initiative". Programs were developed to increase awareness about how their life style affected the quality of their lives. Healthy leaders translate to healthy life in ministry. Practical education on physical well-being through forums on diet, "21 Day Challenges" for the whole campus, and exercise classes were just a few of the opportunities available. Caring for the whole person invited speakers on depression, self-care for clergy and the fundamentals of spiritual direction. Today, the programs started through the Wheat Ridge grant continues - "Healthy Leaders- Living Well at Luther".

The past three years "Healthy Leaders- Living Well at Luther" has incorporated using the Wholeness Wheel developed by the Inter-Lutheran Coordinating Committee in 1997. The Wholeness Wheel provides a framework to reflect on our care of our whole selves, including: Spiritual Well-being, Emotional Well-being, Social Well-being, Intellectual Well-being, Physical Well-being, Vocational Well-being, and last but not least, Financial Well-being.

In "Living Well at Luther" students and their spouses are invited to make a contract with the Parish Nurse to tend to the seven areas of well-being over the academic year. Each area of Well-being could be nurtured on campus. A few examples of wellness opportunities include: Financial coaches offered to help with students and their changing financial status. Exercise classes including a fitness trainer in the campus gym, Tai Chi, aerobics, and yoga. Social Well-being is found in the monthly community meals hosted by the seminary. After the required time for attention to their total Well-being, the student meets with the nurse to review their Well-being. This is a time where assets and challenges to well-being are discussed, giving support where it is needed. There was a financial incentive to taking part in this process but all students and spouses who participated felt they benefited in their health and wellness.

With this support in the well-being of our church leaders, it seems only natural that a seminary would employ a Parish Nurse.

In the past couple of year pandemics have been in the mind of the public. The Parish Nurse at Luther

Seminary focused her attention on how to keep the campus at minimal risk of infection. Education and attention to the progress of the diseases was provided to the campus during the past H1N1 pandemic. Keeping computers clean, exercise machines sanitized, as well as encouraging people to stay home when sick was a full time job. Flu shot clinics was and are offered on an annual basis for the campus community.

Parish Nurses are health advocates when needed. The Parish Nurse at Luther Seminary works with the Campus Pastor and the Dean of Students to visit students and their families when there is a health crisis. Luther is not immune to health problems, including cancer. There have been incidences when visiting a doctor is best served with some medical knowledge. The Parish Nurse will come along to see the doctor, giving support and asking questions that may have been missed.

A Parish Nurse is often a health counselor and referral agent. Having a nurse on a campus gives the idea that strep tests, shots and antibiotics are at easy access. Parish Nurses work with the restriction of not doing invasive procedures. Students will come to the office or drop by with an e-mail regarding their acute health problems. An initial assessment including vitals will be done. If necessary, the student, staff or faculty will be recommended for further follow-up by a medical facility. Student insurance is limited in its accessibility. It is very important to be aware of the appropriate local health resources for students and their families. Although not part of our students' health network, HealthPartners- Como site has agreed to give services to our students. This has been a gift for our community.

Luther Seminary has up to 50 International students from countries across the globe. The health care system can be overwhelming to many who are not from our country. The Parish Nurse provides assistance to finding the right doctor for the new residents. They are often young with families. They are also on a very limited income. Finding the right resources is critical to their well-being at Luther. A local dentist has blessed the International students by providing free dental care for the International students and their families. The Parish Nurse is the liaison between the students and the dental office.

Emotional and Spiritual Well-being are areas that need tending to at Luther. The Parish Nurse will assist with the referral to mental health counselors or bring spiritual director to the campus for small groups. Student Services will provide a subsidy for students seeing a counselor. A Spiritual director will walk alongside the lives of students, helping to maintain or give tools to keep heart centered in a place that can be, as expected, very head centered. Mid-terms and finals weeks can bring a lot of stress to the campus. A massage therapist will provide 10 minutes massages during those scheduled intense periods. This is always a treat.

Volunteers are utilized by the Parish Nurse. Many of the exercise classes offered through "Healthy Leaders- Living Well at Luther" come through students and faculty who are trained in an area of wellness and willing to offer their services to the campus.

Luther Seminary has recognized Parish Nursing as an important component to the ministry of Jesus Christ through the employment of a Parish Nurse. It has also recently developed a Graduate Certificate program for Parish Nurses; Congregation and Community Care Leadership: Parish Nursing. This program is for those who have already taken the Basic Parish Nurse Preparation class. The program is eight credits offered over two years. The classes are primarily offered on-line, with two January visits to campus to take intensive classes. This gives a chance to meet with other seminarians and experience Minnesota in the winter. The past year has brought students from both Florida and California. The Graduate Certificate gives a greater depth of theological knowledge of healing and wholeness for the Parish Nurse.

A Parish Nurse at seminary! Luther Seminary is a place for worship and community. Luther Seminary is a place where future leaders of the church are prepared for ministry. Equipping with theology is natural, equipping for well-being is critical.

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Karen Treat, RN, BA, Certified Spiritual Director, and Master of Divinity Candidate has served Luther Seminary for five years. She has been a Parish Nurse for 15 years. Karen also serves on the ELCA Parish Nurse Association board.

Joannie Williams

Listen, God Is Calling!

In my limited understanding, "call" was something that happened to those who went to seminary to become ordained clergy. Surely, God wouldn't be calling ME!

The first time I heard this Tanzanian hymn, I was captured by its rhythm. But it wasn't until I had sung it a few times that I paid attention to the words of this spirited song. The notion that God calls us is not something I had taken very seriously. Although I was born and bred into the Lutheran church — and like all good Lutherans had heard of the "priesthood of all believers" with its emphasis on vocation for all baptized Christians — I never really considered myself as being called. In my limited understanding, "call" was something that happened to those who went to seminary to become ordained clergy. Surely, God wouldn't be calling ME!

Now as I look back over the years, however, I can see clearly that God had been calling me and continues to call me into deeper waters. Let me recant my very first experience of HEARING God's call. It was actually my husband who pointed out to me that perhaps God was calling me to something new.

I had been working in a local hospital for ten years and enjoying my career as a nurse. The unit I worked on provided challenging opportunities for professional growth. I looked forward to going in and caring for my patients. I worked with excellent doctors and nurses. Then why did I continually have this gnawing feeling that something was missing from my life? My children were grown, my husband and I happily married. Why was I so restless?

Being a Lutheran pastor, my husband Warren had a different take on my repeated statements of discontent. He encouraged me to explore these feelings. I admitted how much I liked my work. I wasn't dissatisfied with it at all. Yet something was missing. What was it? "I keep thinking about hospice nursing. I remember feeling so at peace on those occasions when I was sent to fill-in at the inpatient hospice unit I've always thought that *someday* I'd like to work in hospice." Then my husband said, "I think God may be calling you to become a hospice nurse."

What? What kind of talk was that? God calling me to be a hospice nurse? Does God call a nurse to leave a good job in the hospital to take care of the dying? (The hospice was no longer an inpatient setting.) What about my hospital pension? What about the cut in pay? I'm supposed to go UP the career ladder, not DOWN! Why now? Why not later, when I'm getting closer to retirement? And so, like Jacob, I wrestled with God.

When I finally made my decision, left hospital nursing and moved to the bedsides of the dying, I felt like I had come home. I knew this was where I belonged. I also learned something else…God doesn't call only clergy.

The story doesn't end there, however. After working several very rewarding years as a hospice nurse, I began to feel drawn to the relatively new specialty of parish nursing. Again, this was something I had learned about while still working at the hospital. How wonderful would it be to be able to openly connect one's spirituality with one's nursing career? This time I had an inkling that perhaps God might be calling me again. But why would God call me to be a parish nurse when I was already called to be a

…why did I continually have this gnawing feeling that something was missing from my life?

hospice nurse? What was God trying to do with me? "Come on, God! Give me a break!"

Well, what's the harm in at least exploring the possibilities? With Warren's steady encouragement, I used a week of my vacation to attend Marquette University's Parish Nurse Preparation program in Milwaukee, Wisconsin. After completing Phase I in 1994, I decided not to continue with Phase II which entailed a nine month Fellowship. I was having another wrestling match with God! "I'm a hospice nurse. Nothing could be more meaningful than being a hospice nurse. Leave me alone."

I had every excuse in the book for not continuing with the Parish Nurse program. In the end God won the bout. In 1996 I enrolled in Phase II and became a Parish Nurse. What surprised me was that God did indeed call me to both of these vocations at once. As a Parish Nurse I focus most of my time on the frail elderly of my congregation and I am particularly involved at those difficult times of transition when end-of-life decisions must be made. There I stand in my comfort zone, using my hospice training and my parish nursing to act as a nurse midwife for the dying and their families.

A few years ago, I was called to ICU to confer with family members who were gathering at the unit's small conference room. They needed to make a decision about withdrawal of life-support for their dying loved one who was only 55 years old. On the way to the hospital, I prayed that God would give me the wisdom and words to help this family during this time of crisis. Drawing on my nursing knowledge, I explained what was happening physiologically as this man's organs were shutting down. That's where most nurses would stop. Hospital policy does not normally allow their employees to invoke God's name in such discussions. A parish nurse has no such restrictions. On the contrary, spiritual care is a core standard of our practice. I suggested that we pray for God's guidance in this heart-wrenching decision. As we entrusted this man to God's eternal love, palpable relief entered the tension-filled room. There is no doubt in my mind that God was fully present. The decision was reached with full family consensus. I remained with the family at the bedside as the machines were turned off and we witnessed together the sacred moment when life on this earth comes to an end.

Scenes such as that have been repeated many times during my 13 years as a parish nurse, and I feel privileged to be God's instrument of care.

With two very real experiences of God's call under my belt, it didn't take me long at all to perceive the next call. I was becoming more attentive to God's plans for me. Two years ago, I enrolled in the ELCA's DIAKONIA program. This is a two year course of spiritual formation and theological education for lay leaders of the church. The course encompasses the breadth, but not depth, of classic theological seminary with such classes as Christian Theology, Christian Ethics, Creeds and Confessions, Old and New Testaments, and Early Church History. Classes meet throughout the school year and are taught by local clergy, diaconal ministers or other religious educators.

While I had learned a lot about the faith through osmosis from being married to a pastor, I knew I still had much to learn. The experience of DIAKONIA study has been transformative to such a degree that I can honestly say I am a different person than the one I was when I began this study. DIAKONIA is more than enriching…it is life-giving. I have gained a passion for the faith that I never had before.

As we entrusted this man to God's eternal love, palpable relief entered the tension-filled room.

How does DIAKONIA inform my parish nursing practice? A parish nurse is not just a nurse in a church. Parish nurse practice combines traditional nursing skills with a holistic approach that incorporates body, mind and spirit. DIAKONIA has deepened both my spiritual and theological understanding, so that I am better able to incorporate these teachings into my ministry — for I believe that what we do as parish nurses is ministry. As an example, when I facilitate my annual grief support group, I will hopefully be better equipped to address some of the anguished spiritual questions that inevitably seem to come up, such as "why did God take him from me?"

One of our DIAKONIA courses focused on communicating the Gospel. As part of this session, we were asked to memorize a favorite passage from Scripture. I chose Romans 8: 31-39 that concerns the belief that "nothing can separate us from the love of God in Christ Jesus." Students were asked if we thought we would be able to use our Scripture verse in a real life situation. I can say unequivocally that I can definitely see myself speaking those holy words at the bedside of someone who is dying and in need of reassurance that they will pass safely into the tender and loving embrace of God's strong arms.

Listen! God is calling! He is calling me and calling you. I pray that we be given both the wisdom to discern what God is calling us to do, and then the strength to follow.

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Joannie Williams is the Parish Nurse of Atonement Lutheran Church in Racine, Wisconsin. She is a registered nurse and former hospice nurse who is a strong advocate for palliative care at the end of life. Her nursing background also includes cardiac telemetry and digestive disease endoscopy. She is a recent graduate of diakonia which is a two year program of theological and spiritual formation offered by the ELCA. Joannie has been serving her congregation as Parish Nurse since 1996.

Annette Toft Langdon

Beginning and Thriving as a Parish Nurse

As a parish nurse, it doesn't take long to realize there are not enough hours in the day to meet all the needs.

In gratitude to Pastor James Hanson and Pastor David Aaker who graciously invited me into the ministry, sharing their time and wisdom — and to the faith communities of Trinity Lutheran in Crookston and Calvary Lutheran of Golden Valley — for their love and patience and the honor of serving among them.

The sanctuary was empty and quiet. I sat near the front, searching for God's guidance as I contemplated the invitation from my pastor to join the staff in pastoral ministry. What did I know about ministry? Who was I to work at a church? Yet it seemed that God had opened a door for me — how could I not go through it?

A Calling

This was God's calling for me. Many parish nurses tell of similar experiences, which makes me realize that the participation in ministry by nurses is a movement of God's initiation. Nurses have historically been moved by personal faith to care for the sick and dying and to encourage the health of communities. Now as parish nurses, they meld their nursing knowledge with their faith as they respond to that call to promote the wellness of God's people.

I responded to the call to parish nursing in 1978 at Trinity Lutheran Church in Crookston Minnesota. After several years, l journeyed to Luther Seminary where I received a Master of Arts degree in Pastoral Theology and Ministry. This opened the door to a call to serve in a large, suburban congregation — Calvary Lutheran Church of Golden Valley, MN, where I have been since 1987. I hope to share in this article some insights on beginning and thriving in the work of parish nursing.

From Physical to Spiritual

In the 1970's there were no parish nurse preparation courses and no other parish nurses to visit, but my pastor had the wisdom to encourage me to take a unit of CPE- Clinical Pastoral Education. This experience was extremely beneficial in helping me focus on the whole person, particularly the spiritual aspect — and I learned to pray with individuals and families.

Prayer and scripture are therapeutic tools, essential to the practice of parish nursing. Generally, nurses are more comfortable talking and dealing with the physical than the spiritual. As parish nurses, providing spiritually focused nursing care, they may need to grow in awareness of the spiritual. Conversations with clergy, other parish nurses, inspirational books, devotional practices and formal classes like CPE can be helpful to gain sensitivity to spiritual needs and comfort using prayer and scripture.

Prayer and scripture are therapeutic tools, essential to the practice of parish nursing.

Beginnings - role and orientation

My first office was in the basement — it had a desk, a phone, and a copy of the membership directory. From conversations with my pastor, I knew that I was expected to visit people who were in the hospi-

tal, nursing home or homebound. Beyond that, I didn't have a clue.

Today, parish nurses are encouraged to have a position description that spells out the responsibilities and expectations of the role. They have the guidance of official scope and standards (available through ANA or IPNRC) and the support of other experienced parish nurses. They also have the advantage of an established curriculum that prepares them to fulfill the role plus many opportunities for continuing education.

As with any new staff member, it is helpful to provide an orientation, introducing the parish nurse to other staff, sharing policies, procedures, organizational structure and communication channels. I remember how helpful it was to meet with the pastor weekly. It was also beneficial to get to know the church secretary and custodian — and to find paper, pens and masking tape!

Transference of Trust

The first week in my new role at Trinity, I tagged along with the pastors. They took me with them to the hospital, the nursing homes, and to a few key people who were homebound. Wherever we went, they would introduce me and explain that they would still visit, but that I would be doing most of the visiting and would keep them informed.

As I have reflected on this, I've come to understand it as a transference of trust. They were sharing their trust in me and inviting those we visited to trust me as they trusted the pastors.

They tended to this transference of trust with the larger congregation as well, through a commissioning service on Sunday morning and time allotted to introduce me to the congregation, again explaining my role of visitation.

Most faith communities have some ritual of bringing someone onto staff and into ministry. These events can be very meaningful for the parish nurse and helpful for the congregational members to become acquainted with the parish nurse. This is perhaps even more important for a nurse who has been a member of the church for a long time. A commissioning service will help the congregation and the nurse, herself, to accept the shift from parishioner to staff member. This is important whether the parish nurse is paid or unpaid.

Staff Member

As I began my new role at Trinity, a routine developed of checking in with the pastors and staff, sharing conversation and prayer together and then heading out to visit. This connection with the pastors and staff helped me accept my role of being part of the staff — not just a lay person, but an important part of the ministry team.

At Calvary, I have always attended staff meetings, where I can share my care for individual staff members and help them learn about the ministry of parish nursing. Weekly meetings with the clergy help me know about individuals who may need a phone call or a visit.

Whether parish nurses are paid or unpaid, it is helpful to consider them as part of the staff — including them in staff meetings and listing them as part of the staff roster. If the parish nurse is volunteer, consider her "unpaid staff". This inclusion will help to integrate the health ministry the parish nurse offers into the whole ministry of the congregation.

They were sharing their trust in me and inviting those we visited to trust me as they trusted the pastors.

Involving Others

As a parish nurse, It doesn't take long to realize there are not enough hours in the day to meet all the needs. I remember feeling overwhelmed and exhausted at times until I realized that God didn't expect me to do it all, but rather to share the ministry — to give it away, just as it had been shared with me.

The ministry of the parish nurse quickly expands when the call is expended to others — to serve on the Health Ministry committee, as a BeFriender or Stephen Minister, to create prayer shawls, lead a support group or to pray for the needs of others. The goal is a community of faith that embraces God's call to "preach, to teach and to heal". The call to be about God's healing is realized as the whole body of Christ participates in the ministry of healing and wholeness.

Simmering Pots

At any given time, I have "simmering pots" — ideas or thoughts about future projects or ministries. Some of these are born out of conversations with people that express a similar need for support or information. Some come from other parish nurse programs.

An example is when I had a conversation with one of our members who is a paraplegic. She expressed the desire to see Calvary more accessible and accepting of people with disabilities. This led me to invite others, the result being a group of passionate people with knowledge and experience related to disabilities. This group has accomplished so much more than I could as an individual and has impacted the staff and membership of Calvary.

Networking

One of the most helpful things I did when I joined Calvary's staff, was to participate in a networking and support time for parish nurses that was coordinated by Fairview Health Services. At that time there were few parish nurses and they came from great distances to meet together. We discussed the

role of parish nursing and shared helpful problem solving ideas.

As parish nursing has grown, networking groups have developed geographically and denominationally. In recent years, a group of parish nurses in Minnesota have developed an association for ELCA parish nurses with the goal to support and promote parish nursing throughout the church. They have a website and are organizing around the country, connecting with synods and conferences (see www.elcapna.org). Other denominations have well organized parish nurse groups and are seeing the benefits as parish nurses promote wellness of body, mind and spirit to members, staff and the larger community.

Denominational support

Denominational involvement is crucial. As a profession, we have the scope and standards established on the nursing side, but we also need to have guidelines and criteria for performance from the ministry side. Gaining the support and direction of various religious structures will keep us balanced and a partner in the ministry of healing and wholeness.

Reflections

As I reflect on the journey of parish nursing, I am amazed and grateful for many sisters and brothers who have received the call to care for the wellness of God's people and have generously shared their various gifts; and for the clergy and congregations who have opened their hearts to receive us.

May God keep us growing and sharing God's love and healing.

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Concordia College, Moorhead, MN www.cord.edu/dept/parishnursing

International Parish Nurse Resource Center www.parishnurses.org

Health Ministries Association www.hmassoc.org

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Annette Langdon, RN, BSN, MA, was educated at Mankato State College with a BS in Nursing and at Luther-Northwestern Theological Seminary with a MA in Pastoral Theology and Ministry. She has served at Trinity Lutheran Church in Crookston, MN and at Calvary Lutheran Church in Minneapolis (Golden Valley), where she is the Parish Nurse, Director of Health and Caring Ministries. Additionally Annette is Adjunct Faculty for the Parish Nurse Center, Concordia College, Moorhead, MN. Annette received the Creative Nursing Award for Parish Nursing from the MN Nurses Association in 1982. Annette is married with two children and likes to golf, camp and to laugh!

Susan Peterson, Mary Jo Hallberg, and Bruce Pederson

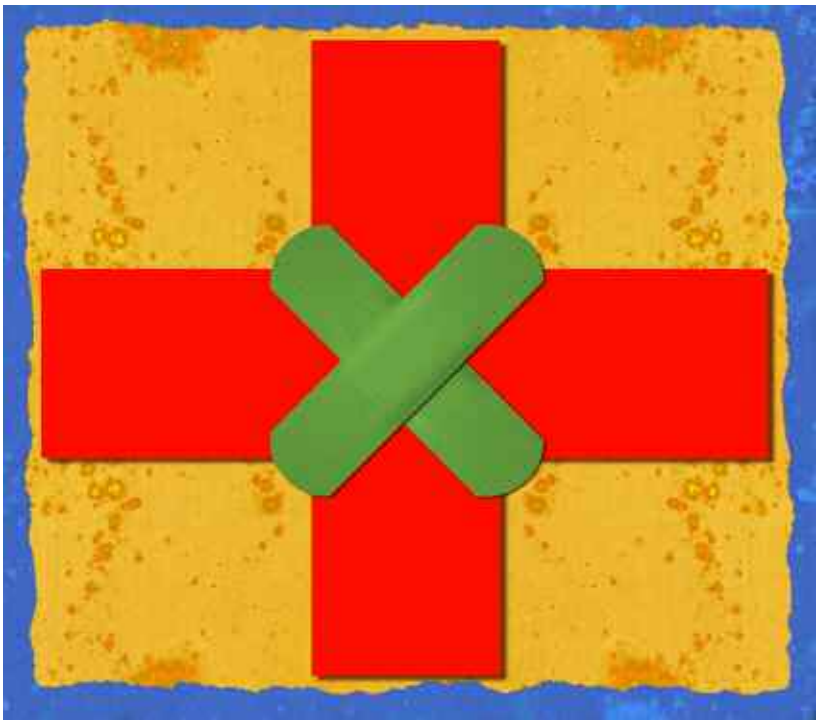
Parish Nursing at Gloria Dei Lutheran Church in St. Paul, Minnesota

Reflections by Pastor Susan Peterson and Parish Nurse Mary Jo Hallberg. Interviewed by Chaplain Bruce Pederson.

Chaplain Pederson: Can you tell us about the history and development of parish nursing here at Gloria Dei Lutheran Church here in St. Paul, Minnesota?

Pastor Peterson: When I began at Gloria Dei as an Associate Pastor in 1985 we had on our staff a lay person who was visiting new members. We also had a very part-time visitation pastor who visited our shut-ins; but it was very clear to me early on that that ministry to our shut-ins and their physical, spiritual, and mental health was very important. It also quickly expanded into concerns about the health and well-being of all of our members. Then someone told me that Granger Westberg would be speaking at Central Lutheran Church in Minneapolis and I asked Mary Jo Hallberg, a nurse in our congregation to come with me to hear his presentation. I wanted to learn more about this new idea for parish nursing. That was when the first seed was planted. Time passed! As the ministry grew and as I was invited to become the senior pastor at Gloria Dei, I began to think about staffing and how invaluable that sort of combination of both social work and nursing care could be in our ministry here at Gloria Dei because we really feel committed to being a congregation that cares for its members. So we began to think about health care ministry and what that would mean until it finally evolved into the potential for having a parish nurse. Lyngblomsten was providing a program that would allow us to gradually take on the expense of having a parish nurse in our own parish for part time ministry. We snapped at that opportunity. We interviewed a number of people. We hired our first parish nurse. That person stayed with us for a good number of years. At the same time we recognized a growing need for ministries, not just to seniors but to the whole congregation to think about health and well being. Mary Jo has been very active and assertive about saying that the ministry that she was inviting all of us to take a look at would include everyone from cradle to grave. When our first parish nurse left us it was a shoe-in that Mary Jo would be the next parish nurse here. In the mean time Mary Jo had done her studies, hadn't you Mary Jo?

Mary Jo Hallberg: Yes. As background, with the support of Pastor Susan, I accepted a position on the Lyngblomsten Steering Committee back in 1994. That committee shaped their Parish Nurse Program.



Their mission was to reach out to the community and develop a relationship between congregations and Lyngblomsten to promote health. As a result of my work on the steering committee, I chaired a Faith and Health Committee at Gloria Dei. We began by surveying the congregation to identify the need for a Parish Nurse, and then educated the congregation and the leaders and hired our first Parish Nurse in 1996. About the time our Parish Nurse was ready to retire after five years of service, I felt the call and took the Parish Nurse preparation course. I have been the Parish Nurse since 2001. The role has expanded from 10 hours per week to 20 hours per week.

It has evolved into being a broader program than I think any of us imagined...

Bruce: Could you say a bit about Lyngblomsten?

Mary Jo: Lyngblomsten is a care center here in St. Paul with a Lutheran heritage. Gloria Dei is one of Lyngblomsten's corporate congregations. They helped congregations get Parish Nursing started by paying part of the Parish Nurse salary, 75% the first year, 50%, the second year, 25% the third year. This allowed congregations time to build the salary into their budgets.

Pastor Peterson: It has evolved into being a broader program than I think any of us imagined though you could feel the seeds of that sort of thing building as we grew into understanding the role of a parish nurse. In many ways it is a quiet ministry, its ribbon flows through almost everything that we do. It's amazing! From band aids at Vacation Bible School, deep caring for people who are hurting, post surgery or after the birth of a baby or any particular health struggle. It encompasses both our mental and emotional health as well as our physical health.

Bruce: Can you say something about how the ministry enhances the outreach and the theology of presence?

Pastor Peterson: When you think about it, our mission statement says: "We are a caring, healing and welcoming community. Whatever we do needs to have these components of ministry and I think that that is the kind of thing that we have tried to do saying, let's live our mission as best we can. So, we need to incorporate as many ways to do, to be, the ministry that we say we are — so we invite others in. A parish nurse seems a wonderful fit for our mission, a natural even in our description of our mission statement and frankly, I believe Mary Jo has taken us much further….

Mary Jo: I feel well integrated into the staff. We work together as a team. If there is a particular health issue, I might be brought in more quickly.

Pastor Peterson: Staff meetings always include the parish nurse — always those concerns are there. Of course some issues are very confidential and are held within her office alone and we respect that. So pastors and parish nurse work very closely in many particular instances.

Bruce: How do you decide whether a pastor or a parish nurse is to be the lead?

Pastor Peterson: Often times, I think simply because of the position, a person might come to Mary Jo first. If Mary Jo hears that these people have a concern she will ask: "May we speak with the other pastors," or, in the case of pastors or other staff, "May we speak with Mary Jo, our parish nurse?" I think that this team operates so well that intuitively we also know who needs to know. Would you say that Mary Jo?

Mary Jo: I would. Absolutely! I think we really do consider confidentially very strongly. We also share information if given permission so we can respond as a team.

Bruce: Are you speaking about confidentiality held by each staff member or confidentiality within the whole staff?

Pastor Peterson: Well, I think that it depends on the situation. If someone comes to me, for example and I feel that it is something that the staff really should know, I always ask for permission to share it with them. I think that the rest of the staff does that also, particularly if it is a health issue where we can be involved helping to advocate through the health care system. We have started having prayer teams the second Sunday of every month with communion.

Some people are shy to come forward but we want to model that healing prayer is a part of the reality of how we live in this understanding of God's great care for us.

Prayer team partners are members of our congregation but confidentiality in that role is important and if our prayer team members feel that it is something that should be shared they ask that person for permission. Otherwise their concerns are between the prayer partners and the person asking for prayer.

Bruce: Is that something that happens right in the context of worship?

Pastor Peterson: Yes. During worship on the particular Sunday we are reminding people that in the chapel there are stations available for prayer, for healing for themselves, for others or for the world. Two times a year we have healing services where the whole focus of the service is healing. There are healing prayers offered at that time. The focus is on praying for healing and it all becomes a little bit more focused. Some people are shy to come forward but we want to model that healing prayer is a part of the reality of how we live in this understanding of God's great care for us.

Bruce: Can you describe some benefits of parish nursing?

Pastor Peterson: How much time do you have? (Laughter) Well, first of all, to have somebody who has the health and well being of the congregation at heart as their primary focus really says that at the heart of our ministry is this intentional caring and that gets woven into everything that we do. It just does! So that if we are going to have a woman's health care conference or a day-long retreat or whatever we all seem to focus on a healthy way of being in the world. That is a natural way that this ministry is evolving. This makes us more conscious of how our health and well being (our physical well being — our mental well being — our emotional health and well being) are integrated into who we are as

God's children in the world. I think that is primary. It's another person hands-on with the congregation. When the pastoral staff is stretched we know that when there is a serious need for caring for someone who is ill or is going through a rough patch we know that Mary Jo can make the connection and will. We also know that she becomes a really great conduit for people to the church who have not been here because of illness or related reasons. It is so encompassing that it is hard to describe a list of individual things. Somebody said, when the budget got tight, "Would you have to give up the parish nurse?" I said, "Absolutely not! This is a permanent position on this staff."

Bruce: It sounds like it is woven into the fabric of the congregation….

Pastor Peterson: It is! Mary Jo, you can speak of some benefits that I am missing completely.

Mary Jo: I can give a few examples. We offered an advocacy series a few years ago and will offer an updated version in 2011. The focus is to help people advocate for themselves and their loved ones when navigating the health care system. The target audience is all ages, with special concern for older adults and their adult children. Another example, is our new Mental Health Initiative, a group of passionate members of our congregation who will work with our counseling pastor and I to increase awareness, and to provide educational opportunities and community resources, A third example is "Girls Rock", a class designed for teen girls, that includes Yoga Devotion, journaling, and lessons on spiritual, physical, emotional, and vocational well-being. Pastor Lois, our faith formation pastor, Lindsey, our youth coordinator, and I are collaborating on the project. These are a few examples of how we work together as a staff to promote health in body, mind and spirit.

Pastor Peterson: The work is becoming more intergenerational. It is a wonderful way to talk about how we might bring the wisdom of our elders and our young people together. In our confirmation program we have some young people that have made connection to our older people as mentors, as people they visit as a part of their work with their mentor. It weaves itself right through the whole fabric of the congregation joining generations rather than saying that we are only here for the seniors or we are only here for new mothers or we are only here for those who are critically ill. A lot of us are critically ill and we don't even know it.

Bruce: Speaking of young mothers, are there ways that you are involved with birth, baptism and the first few years of life?

Mary Jo: This will be a focus this coming year. I plan to work with a program called Early Child Family Ministry, a group formed to nurture new moms, young children and young families. My focus will be on healthy relationships and parenting issues. Parent Forum which has been on hiatus is returning on Sunday mornings beginning this fall. This is an opportunity for parents to meet while their children are in Sunday School to discuss their faith and parenting issues. I plan to find speakers on parenting and healthy relationships for these forums.

We also know that she becomes a really great conduit for people to the church who have not been here because of illness or related reasons.

Bruce: Do you think of any problem areas?

Pastor Peterson: I can't think of any problem areas. I think what could be a problem area for some is the confidentiality factor or the sense of not working as a team. If for example, the staff felt protective about how they take care of some people and don't suggest that the parish nurse could be helpful that could limit the potential for caring. The same thing could happen with a parish nurse. If Mary Jo were the kind of person who thought the ministry was such that it needed to be kept to herself that could be a separate issue and could lead to staff issues and could divide the congregation's loyalty about who you go to for help. I think one of the things that the congregation loves about the staff is that we do work as a team. They see us that way. So we do not bifurcate people's loyalty or their commitment to seeing out the ministry.

Bruce: I asked you earlier about who leads. It seems that that is a very fluid thing here. Sometimes it is one and sometimes another. It is passing leadership back and forth.

Pastor Peterson: Just think about the time when the parish nurse was focused primarily on senior care. When we first began that Is how we targeted it. We had blood pressure clinics and we had care for our seniors and that was it. Look how it has expanded. We realized the negatives are only hurdles to accomplishing the ministry. That could be finances. That could be logistics. Those are all things to be overcome. To have a parish nurse who takes the kind of initiative that Mary Jo does is the key to a "successful" ministry.

Bruce: Are there ways that you become involved with health care professionals: physicians, nurses, chaplains, etc.

Mary Jo: I have occasionally gone to doctor's appointments with members if they don't have an advocate themselves and want an extra set of ears to hear what the doctor has to say. I have been involved in care conferences to advocate for the patient and to help families navigate the health care system. I had

two phone calls yesterday, one woman wanting to find out more about assisted living in this area. Another caller needs a care provider for a loved one. People call often to ask how to get started when a health care need arises for themselves or a loved one. I can provide resources and point them in the right direction. It can be overwhelming especially if they are in a crisis situation. Some of our members are chaplains. That is very helpful if one of our members is hospitalized, now with HIPPA we are not automatically called. Our chaplains, if given permission, will give us a call and let us know if someone is hospitalized. That has been helpful as well. I do often work with chaplains in care centers. They become very important in the lives of their residents.

Bruce: There was a lot of conversation last year about advance care planning. I'm wondering if you find yourself involved in that area?

Mary Jo: As part of the advocacy series, one of the sessions dealt with the importance of having an advance care directive. We have them readily available and encourage people to have the conversation with their loved ones. We will discuss this again focusing on ways to get the conversation going and acknowledging how difficult that can sometimes be.

Last fall we had a forum on health care reform. The panel included a legislator, a physician, a hospital administrator and Pastor Susan from the faith perspective. We will be repeating the Forum this September. End of life issues will be one of the topics discussed. We have Dr. David Moen from Fairview as our physician this year.

Mary Jo: The idea is to have a real conversation between all of the players — having that legislative perspective, what the physicians in the trenches are thinking, and then how reform affects hospitals. How we can work together and how we as a community of faith can take action and become more knowledgeable.

Pastor Susan: I think that it is important that Mary Jo has tapped into who are the physicians and social workers in our community of faith and has spoken with them about some of the issues that we are trying to lift up for our folks allowing for good and informed conversation to flow. There are some of these conversations that get so difficult for people; or people are so defensive about exposing anything too personal in the context of something that feels more public. So even just making our physicians aware that when they rush to help someone in the congregation who is in distress the gathered community realizes, "They know what to do here." That awareness builds support and confidence in this ministry — the pastor, the physician, the parish nurse are all there. The worship service goes on. It is a pretty wonderful model for the church. The people are totally cared for — embraced in the middle of that struggle.

Bruce: What did I not ask you?

Pastor Susan: (laughter) We could talk about this for hours. This is a really good subject for us. It is a fabulous model for ministry and even though Mary Jo is only 1/2 time, I think that can be a wonderful model for maximizing ministry through creative staffing. If it is full time eight to five-thirty and then dragged out with evening meetings. I don't know how much room there would be for creative thought!

Bruce: Thank you.

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Mary Jo Hallberg, RN, BSN, has been an RN for 35 years working in Oncology, as a nursing instructor, a health consultant and for the past 9 years as Parish Nurse at Gloria Dei Lutheran Church in St Paul, MN. She is a member of the ELCA Parish Nurse Board of Directors and the Fairview Association Advisory Council.

The Rev. M. Susan Peterson is the Sr. Pastor of Gloria Dei Lutheran Church in St. Paul, Minnesota. Susan is the first woman in the Evangelical Lutheran Church in America to be called as a senior pastor to a large Lutheran congregation. A native of Minnesota, she attended Gustavus Adolphus College in St. Peter, MN and graduated from Bradley University in Peoria, Illinois, with a degree in Speech and Theatre Arts. Her Master of Divinity degree was granted in 1982 from the Lutheran Theological Seminary in Philadelphia. Before returning to her home state of Minnesota, Susan served a congregation in Havertown, PA, a suburb of Philadelphia. In 1985, her family moved to St. Paul, where she was called to the position of associate pastor at Gloria Dei. They are the parents of 2 grown children and the grandparents of 2 boys. She has served as an adjunct professor at the Lutheran Theological Seminary in Philadelphia, taught single classes at Luther Seminary, and on occasion co-teaches an annual cross-cultural course for seminarians in Guatemala. Actively involved in inter-faith dialogue, Susan is on the advisory board for the Jay Phillips Center for Jewish-Christian Learning located on the St. Paul Seminary campus. She has been a speaker and /or chaplain at a number of Lutheran and ecumenical events.

Bruce Pederson, MDiv, BCC, presently serves on a part time basis as Director of Spiritual Health Services for Ebenezer, a part of Fairview and Manager of Church Relations for Fairview Health Services. He has continued in this work since his retirement from full time ministry in the year 2000. This past year he celebrated his 50th anniversary of ordination. He has served as pastor in both rural and suburban congregations (Vining Lutheran Parish, Vining, Minnesota and Westwood Lutheran

Church, St. Louis Park, Minnesota). He completed a twenty-seven month residency program in Chaplaincy and Pastoral Care with Fairview, Minneapolis in the fall of 1966. He served in several director roles over a twelve year period from 1976–1988 at Mercy Medical Center, Coon Rapids, Minnesota. Since that time he has served as Director of Spiritual Health Services for Ebenezer and for a brief period for Ebenezer Social Ministries. He served on the steering committee for the Chaplains' Network from 1988 to 2000 and edited newsletters named Network News and The Link for that organization. His present work is primarily involved with the Fairview Association which represents 71 congregations in the Minneapolis and St. Paul Area Synods. Fairview and these congregations explore together ways of cooperating together in their mutual ministries of faith and health.

Letters to the Editors

Recently I read the Winter 2010 edition of *Caring Connections*. This was my first time reading this publication, and I was pleasantly surprised at the topic of endorsement. As one who recently went through the endorsement process, I read with interest the different accounts as to why we have the endorsement process and what it means to us as Lutherans. As I read these articles I recounted my own experience and compared it to what was being stated.

The article by Judy Simonson and John Fale asserts, "One of the goals of the endorsement process as a whole is to strengthen the relationship between the candidate and the church body." As a result of the process I experienced, I cannot say that it brought me into a closer relationship between my church body and myself. I like the idea of greater closeness and I would like to examine the concept more closely.

Ted Lindquist wrote that APC requires that a denomination endorse a candidate; however, the criteria for endorsement are up to the denomination. Seeing that our denomination is allowed to set the standards for endorsement I would like to suggest that the process center on two questions, "Who is the candidate seeking endorsement? How are we going to support this candidate during a career in chaplaincy?"

If the intent of the Lutheran Church is to make a true caring connection with me, and chaplains like me, let me know that you care about who I am. During the endorsement process I would like to see a greater effort made to know more about relationships with family, friends, and colleagues. How has my ethnic background influenced my relationships and worldview? I feel that these questions are a random sampling of the ways that my church body could better connect with me during the endorsement process.

I serve in a hospital system in the city of Memphis, TN. There is a chaplain in this city named William Young who has dedicated himself to a greater understanding of clergy health. According to Chaplain Young, the number one threat to clergy health is isolation. If I am not connected to other chaplains of my denomination, I will suffer from isolation and all that accompanies it. If my denomination continues a connection with me after the endorsement process is completed, then that connection should show caring towards me.

Submitted,
Rev. Russell Belisle
Chaplain, Methodist
Germantown Hospital

RESPONSE BY WRITERS

Chaplain Belisle raises informative observations about what it means for him, and perhaps others, to have the Lutheran Church form a "true caring connection" with him. I would invite us all to the discussion about what it might look like for us to "show caring" to one another in the mutual relationship that is established through the endorsement process at levels that involve the national church office, districts/synods, and collegial relationships in our respective communities.

John A Fale, BCC

THANK YOU NOTE

Dear Caring Connections,
A short note to thank you and Lutheran Services for the wonderful, educational services you provide. I work with people with dementia and I found the issue dealing with dementia excellent. I especially found the article " A Theology for Alzheimer's and Related Dementia" informative. I can't say enough to thank Lutheran Services for their work.
BRAVO!!!!!!!!!!

Anthony Eremito

New and noteworthy

GIVE SOMETHING BACK SCHOLARSHIP

Attention: any Lutheran who is in training to become a Chaplain, Pastoral Counselor, or Clinical Educator: The **Give Something Back Scholarship** Fund - at this time - has $3000.00 available every six months for you Lutheran brothers and sisters who are in need of financial assistance as you journey through your professional training!

For more information, contact either the ELCA "Ministry of Chaplaincy, Pastoral Counseling, and Clinical Education" office, Theresa.Duty@elca.org or, the grant request may be sent to the LCMS office of "Specialized Pastoral Care," Judy.Ladage@lcms.org.

BOOK REVIEW BY KEVIN MASSEY

Partners in Care: Medicine and Ministry Together
By Frederick Reklau
2010
Wipf and Stock
Eugene Oregon

Many Caring Connections readers are acquainted with Pastor Frederick Reklau's "Theses on Healing (and Cure)." Pastor Reklau expands on the Theses in his new book *Partners in Care: Medicine and Ministry Together*. Martin Marty provides the foreword, in which he notes,

> Pastor Reklau here writes for chaplains, parish nurses, those who regularly call to help provide spiritual care for those who are ill, and especially for pastors. I wonder whether many readers in that vocational company will not be entertaining some yearnings like mine: that this little book might also be read by those who occupy the category "everybody else." (Foreword p. ix)

The "Theses on Healing (and Cure)" deserve frequent visiting by anyone in a healing ministry. Some are intuitive, such as #1. "Cure may occur without healing; healing may occur without cure." Others are quixotic, such as #12. "Cure avoids grief; healing assumes grief." The full Theses are posted in the Resources section of *Caring Connections* at www.caringconnectionsonline.org/Theseson HealingandCure.pdf

Partners in Care is a very accessible book and Reklau's writing style is light and colloquial, yet concrete. I enjoyed *Partners in Care* immensely and heartily recommend it to our readers. It is a valuable reminder of the depth of mystery in healing and cure. Caregivers of all varieties will be edified by this deeper exploration of Reklau's Theses.

In *Partners in Care*, Pastor Reklau expands on each of his fourteen Theses, deftly weaving together stories of personal experiences and theological reflections. One passage I found particularly moving is this:

> My path to our local hospital's surgical suite for the prostatectomy I mentioned early was also a spiritual journey. I was confronted with my own powerlessness, my need to place total trust in the care of the surgical team while I was under anesthesia, and above all, my need to entrust myself to God. A kind of mantra came to me: "Into your hands…." It's an abbreviation, as most Christians will recognize, of Jesus final words on the Cross as reported in Luke 23:46: "Father, into your hands I commend my spirit." Though I trusted that I would come out alive, those words still seemed appropriate; after all, no surgery is without danger. As I said those three words over and over in my heart, I grew more and more peaceful, and they have served that purpose again and again in the years since that surgery. Healing grows from surrender — surrender to God in the trust and confidence that, whatever happens, God will bring good out of it. This is the God who turns loss into gain, who brings life out of death. There can be no better place than in God's hands. (p. 57)

For each of the fourteen Theses, Pastor Reklau deepens the exploration. An interesting example of this deepening can be found in how Reklau offers corollaries for many of the Theses. For example, for Thesis #8 "Cure is an act; healing is a process," corollaries are "Cure closes the past; healing opens the future;" (p. 49) "Cure is a goal; healing is a quest;" (p. 50) and "Cure seeks to change reality; healing embraces reality." (p. 50)

Partners in Care will have many uses. It will be an excellent source of continuing education for Parish Nurses, chaplains, and ministers. *Partners in Care* will also make an excellent study and reflection resource for congregational Health Cabinets and small groups interested in healing ministry. Indeed, in Appendix A of *Partners in Care*, Reklau provides an excellent study guide by R. Scott Perry with discussion questions that a group could use for a number of sessions exploring the meaning of the Theses. I appreciate Reklau for dedicating himself to this expansion of the Theses, which will serve this field very well.

Recent and upcoming events

Inter-Lutheran

October 21-24, 2010	Zion XIV takes place at The Lodge at Simpsonwood in Atlanta, Georgia
May 4-6, 2011	Lutheran Services in America (LSA) conference in Milwaukee, Wisconsin

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