



Parish nursing

What is parish nursing?

It was founded in the USA in 1985 by Rev Dr Granger Westberg, who proposed a new concept of 'nursing guided by the Holy Spirit which is provided to both the congregation and the wider community, alongside existing pastoral care'.¹

It is 'the most exciting and fulfilling of the nursing specialties... a dynamic process of working with parishioners and families in the community toward wholeness of body, mind, and spirit'.² Parish nurses are 'not purveyors of injections and dressings. They are nurse practitioners with experience in preventive medicine and some theological training. They are staff members of the church's ministry team, working together with the congregation to promote the holistic message of the Gospel in the local community... They are integrators of faith and health, health educator, personal health counsellor, referral agent, trainer of volunteers, developer of support groups and health advocate.'³ After completion of training and portfolio (usually about a year) the Parish Nurse has access to the International Parish Nurse Resource Centre (IPNRC).⁴

'There are now approximately 10,000 in churches throughout America with another 6,000 in Canada, Korea, Australia, New Zealand, Swaziland, South Africa, Zimbabwe, and around 40 in the UK; with interest shown in Brazil, Madagascar, Japan, China, Mozambique, Jamaica, Sudan, Malaysia and Singapore; connected by the World Forum of Parish Nurses.'⁵

How did I get into it?

After completing State Registration at UCH London in 1981, I moved to The Royal Marsden Hospital to specialise in oncology nursing. There then followed an enjoyable 21 years before I made the move to Croydon as a Macmillan Clinical Nurse Specialist.

Many years earlier I had been given the verse Jeremiah 29:11 coupled with Isaiah 61:1-3 and these words had been in the background of my spiritual walk and vocation as a nurse (it was never just a job). It meant that although I had been progressing through the ranks of my profession, I still felt deep down there was more. I felt God wanted me to work in the church in some capacity and realised that parish nursing could perhaps provide this, so I investigated further. After much discussion my husband and I felt God was leading me to work unpaid for the church, mainly because we both felt this role should not be dependent on funding from other trusts or organisations and could be totally accountable to the church. I was commissioned on Sunday, 7 January 2007.

What do I do?

I work around 30 hours a week and since starting have obtained 54 clients, all with health needs of some kind – spiritual, physical, psychological or social. I can and do respond quickly to an official referral or just an informal request. These have come from the Citizens Advice Bureau, GPs, other health professionals, police Community Support Officers, and church members. Out of my 54 clients 25 attend church, 29 do not.

I give ongoing support to a mother with adopted children who has no parental skills; support a bereaved widow and encourage confidence in going out; attend hospital appointments with clients and interpret medical information; act as an advocate between client and officials; support clients and their relatives with mental health issues; act as a co-ordinator between multidisciplinary healthcare teams; visit hospital and home on behalf of the church; pray with the dying and their relatives; help a family find a Christian home for their relative and assess the outcome; raise the profile of the elderly in the church; and generally have a presence, praying and giving advice as and when needed. I look at my client as a whole person and try to give a more rounded 'holistic' approach, listening constantly to what God might be saying. He knows more than I do what a person needs and if anything I rely on him as much if not more than on my nursing experience.

How am I accountable?

Professionally – I have RCN Indemnity Insurance and a clinical supervisor, employed by the Primary Care Trust (PCT) but who is also a member of the congregation. Annual compulsory training for RNs is provided by the PCT and regular study helps me comply with registration criteria. Parish Nursing UK helps, through the London regional and national co-ordinators, and I am also accountable to the local PCT.

Church – As I am unpaid a 'Voluntary Contract' gives cover under church insurance. My support group meets monthly. Members include my clinical supervisor, prayer intercessors, and people with finance, administration and health management expertise.

Spiritually – I work within a staff team under the authority of the pastors and elders of the church on a low supervision, high accountability basis. My spiritual supervisor is a counsellor and Catholic priest, and of course, I am accountable to God, who has made me who I am and asked me to do this for him. I can only do it with his help and am amazed at what he is doing in people's lives.

Further information

Contact Helen Wordsworth on helen.w@parishnursing.co.uk, or see www.parishnursing.co.uk for more information.

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references

1. Solari-Twadell PA, McDermott MA. *Parish Nursing: Promoting Whole Person Health Within Faith Communities*. California: Sage, 1999:3
2. Patterson D. *The Essential Parish Nurse. ABCs for Congregation Health Ministry*. Ohio: Pilgrim Press, 2003:71
3. www.parishnursing.co.uk
4. Patterson D. *A View from Across the Pond*. Text of an address given about the International Parish Nurse Resource Centre, 18 October 2006
5. *Ibid*