

The Pastor/Priest-Parish Nurse Partnership

Faith Community Nursing — or Parish Nursing, as I prefer to call it, and as it is more universally known — began in Australia in 1996, when Karen Watson was appointed as a Parish Nurse in suburban Adelaide. Lynette followed soon after, at the St Mark's Lutheran Church in the Adelaide Hills. Since then it has spread to every mainland State. As far as I am aware, all but one or two of these Parish Nurses have been appointed to serve in a congregational or parish situation, and most serve on a part-time basis. Most also serve in a virtual volunteer capacity.

Although Parish Nursing has been established in Australia for almost 10 years, it is still relatively 'new' here. Because there is only a comparatively small number of serving Parish Nurses, this ministry does not have a high visibility in our churches. There are few role models to guide those who embark on this form of ministry. This has meant that when this ministry is introduced, it takes time to establish itself and gain understanding and acceptance. There are still many misconceptions around, even in churches that have a Parish Nurse. Some, for example, see the Parish Nurse role as exclusively serving aged people.

Lack of clear understanding of the role of a Parish Nurse can easily lead to misconceptions, and introduce a jarring note into the Parish Nurse's working relationship with the Pastor or Priest.

1. UNDERSTAND YOUR RESPECTIVE ROLES

In order to develop and maintain a sound working partnership between Parish Nurses and their Pastor/Priest, it is vital that those involved have a clear understanding of their respective roles.

The one office mandated in Christ's church on earth is the office of Pastor or Priest. The biblical picture of the church as a flock shows that it is God's will that the sheep have a shepherd (Pastor/Priest) to feed and lead them (See Acts 20:28). They are spiritual shepherd of the whole flock, exercising pastoral oversight. The New Testament Greek language calls the Pastor/Priest *ἐπισκοπος*, that is 'overseer'. The ultimate responsibility for the public ministry rests with the Pastor. Pastors are God's gift to the church. They are responsible both to God, and to the congregation/parish/institution that calls or appoints them.

All other offices in the church — including Parish Nurses — are of human origin, and are optional. They are supplementary to the pastoral office. A congregation can do without these, but it **does** need a shepherd to carry out the pastoral (shepherding) functions of preaching and teaching the word and ministering the sacraments (feeding and leading the flock).

However, while the office of the ordained ministry is unique in Christ's church, **all** Christians have a priestly role to fulfil (See 1 Peter 2:9). St Paul frequently compares Christ's church with a body made up of many different parts, each with its own distinct functions (See Romans 12:1, 3–8; 1 Corinthians 12, especially vv 14–27).

The Parish Nurse is appointed by a congregation or institution to carry out a specific supplementary ministry in the field of health-care. He/she is appointed on the basis of a congregation's recognising the varied gifts God has given to its members, and harnessing those gifts for effective ministry (See: 1 Corinthians 12, Romans 12). However a Parish Nurse should not intrude into what is specifically the role of the Pastor/Priest, eg by independently setting up Bible studies in the name of the congregation.

The functions and parameters of the Parish Nurse's role should be clearly spelt out in an official Letter of Appointment, specifying such details also as the number of hours the Parish Nurse has contracted to work, the basis of the appointment, and the lines of accountability. This is especially important, as almost all present Parish Nurses in Australia work in a part-time, voluntary capacity.

The Parish Nurse is a staff member in a team, which may also include others — youth worker, music director, family worker, evangelist, pastoral care worker, assistant pastors, etc. Because of their calling, Pastors/Priests normally function as the team leaders in such a staff structure.

One should be able to assume that before appointing a Parish Nurse, a church (and its Pastor) has undertaken a study of the role. However, because Parish Nursing is a relatively new style of ministry, Pastors/Priests may not have a clear understanding of the role. For example, one Pastor I know seemed to have gotten the idea that having a Parish Nurse meant she would do all the visiting

of parishioners, allowing him to concentrate on his office computer! The pastor should not make unreasonable demands on the time of the Parish Nurse.

2. MUTUAL RESPECT

An important ingredient in any good partnership, one that grows out of a clear understanding of the respective roles of Pastor/Priest and Parish Nurse, is mutual respect. Each sees the other as a gift of God to his people. Each recognises the professionalism of the other. Each understands the parameters of their own role. This highlights the importance of the Parish Nurse's equipping for the role. While most (though not all) have undertaken the short *Introduction to Faith Community Nursing* course offered by AFCNA, few have gone on to further studies, such as the Graduate Diploma of Theology (Faith Community Nursing) offered by ALC and endorsed by AFCNA.

Sometimes a Pastor may feel threatened by another theologically equipped coworker who is visiting parishioners. The Pastor may feel threatened because there are areas where the Parish Nurse is better equipped to handle a situation. Ideally, the Pastor will respect the professionalism that is discrete to the role of the Parish Nurse. The Parish Nurse will respect the Pastor as God's called shepherd of the flock of which he/she is also a member.

Sometimes Parish Nurses may feel overlooked by the Pastor. They may feel that their service is undervalued. They may feel taken for granted. They may even feel that the Pastor resents them. Sometimes they may feel critical of their Pastor's style of ministry. Attitudes such as these will undermine the partnership, and can be detrimental to the work of both Pastor and Parish Nurse.

3. MUTUAL TRUST

Where there is mutual respect there will be mutual trust. Parish Nurses have the right to expect that their Pastor will respect the confidentiality aspects of some of their work — just as there is confidentiality about aspects of the Pastor's ministry to people. The Pastor needs to recognise that there will be people who will feel more comfortable in 'opening up' to the Parish Nurse.

The Parish Nurse needs to accept that sometimes people may prefer to speak to their Pastor about issues that are deeply affecting them spiritually (and perhaps even emotionally and mentally), rather than with the Parish Nurse. Each needs to trust the other's judgment, and the guidance and care that is offered. Both will need to be quite discreet when parishioners try to comment to them about the other.

4. GOOD COMMUNICATION

For mutual respect and trust to develop, there needs to be good, open communication. This may take place in both formal and informal settings. Part of the Parish Nurse's schedule (no matter how many or how few hours she/he may be working) should be a regular scheduled meeting time with the Pastor. Ideally this will be weekly. If it is less than monthly this probably indicates that there is a problem in the partnership. If the Pastor cannot make time for regular meetings with the Parish Nurse, this may reflect a lack of understanding of the role.

Such sessions may include study, prayer, reporting and sharing. Where there is a larger staff, the Parish Nurse should be part of the regular staff meetings. I understand that this hasn't always happened.

Pastors have the right to expect the Parish Nurse to report to them and keep them up to date on matters that are not confidential. There may be many occasions where the Parish Nurse will recommend that a pastoral visit is needed. You should expect the Pastor to follow up on such recommendations. Pastors may refer members to the Parish Nurse where they feel that the nurse's specialised skills are needed. Pastors also have the right to expect prompt attention to such requests, within the parameters of the Parish Nurse's overall time commitment.

The Parish Nurse should also have a mechanism for reporting regularly to the congregation and its leaders. The Parish Nurse should present a formal report to the Annual General Meeting of the congregation. It could be that the Parish Nurse's line of reporting to congregational leaders is through the pastor — as used to be the case at Mt Barker. This occurred on a monthly basis. Some congregations, like Mt Barker, have a specific Parish Nurse Committee, to which the Parish Nurse reports regularly, and which is a 'sounding board' and support group for the Parish Nurse. This is to be encouraged.

In all normal circumstances, it is inappropriate for the Parish Nurse to go to congregational leaders 'behind the back' of the Pastor.

5. MUTUAL CARE

The Pastor is the spiritual shepherd of the whole congregation — including the Parish Nurse. This means that you can expect to be fed! Don't hesitate to seek your Pastor's support, advice and guidance! Expect your Pastor to support your role (eg work conditions, etc). As your working partnership grows, you may also find yourself becoming a confidante and 'sounding board' for your Pastor.

A Pastor-Parish Nurse partnership in ministry can be mutually beneficial for both Pastor and Parish Nurse. However, Parish Nursing is still a very new ministry in Australia. Parish Nurses may need to realise that **they** probably know a lot more about the role of Parish Nurse than their Pastors, and they may need to seek opportunities for helping them 'grow' in their understanding.

6. BUILDING RELATIONSHIP

Not all Parish Nurses have the same level of social interaction that I had with the nurse I used to work with! However, some level of social interaction can be helpful in building relationships. Such interaction should ideally be initiated by the Pastor, but could also be initiated by the Parish Nurse. What form it takes will vary considerably: the Pastor and his wife might invite the Parish Nurse and family for lunch, dinner, barbecue, coffee and dessert, etc — or vice versa. The respective families might go on some outing together — movies, theatre, hike, etc.

It is important, however, that spouses feel comfortable about the working partnership that is established. At all times both Pastor and Parish Nurse should be conscious of their church's 'safe place' policy. They also need to be sensitive to the perceptions of others. Often quite innocent situations can be misconstrued. Unfortunately, what **is**, and what is seen to be, are not always the same!

7. DEALING WITH CONFLICT

When Lynette and I attended a Parish Nursing conference at Concordia University in Mequon a couple of years ago, and met with Parish Nursing regional coordinators from across the United States and Canada, I could not help picking up the vibes that even though Parish Nursing has been established there for many years, there is still uncertainty, suspicion, distrust and tension at times between Parish Nurses and Pastors.

Because even Parish Nurses and Pastors are human — very human! — it is probable that misunderstandings, disagreements, and tensions may at times intrude into their working partnership. Openness and honesty are paramount in addressing such situations. The guideline of St Paul (Ephesians 4:15) is helpful here. Most of you have probably had some exposure to conflict resolution principles. Where there is conflict, the desired outcome is for a 'win-win' situation, not a situation where one person feels triumphant and the other defeated.

Matthew 18:15–18 spells out crucial steps for Christians to take where one person feels he/she has been wronged by another. It should go without saying that both Pastor and Parish Nurse should refrain from speaking about the other in a derogatory or belittling way, no matter what circumstances may arise. Paul's advice to young Pastor Timothy (1 Timothy 1:5) is pertinent here. So also is James 4:11 ... and the Commandment that forbids 'bearing false witness against our neighbour'.

The following points on dealing with conflict come from Chapter 7 of the book, *Ten Habits For Effective Ministry*, by Lowell O Erdahl (Augsburg, 1996). While they are addressed specifically to Pastors, they are relevant in any conflict situation.

1. **Resolve to 'be unconditionally constructive'.** Follow a higher rule than Golden Rule — the Diamond Rule: 'love others as Jesus loved us'. Don't regard some people as 'the enemy'.
2. **Maintain objectivity — don't personalise every conflict.** We are tempted to take too much credit for things that are good and too much blame for things that are bad.
3. **Take problems seriously, but don't 'catastrophise' every conflict.** Overlook a lot of things that aren't worth a war!
4. **When needed, ask for help, and be open to receive it.**

5. ***Focus on people's desires, not their demands.*** Don't assume that wants and demands, or needs and wants are identical.
6. ***When agreement is impossible, work for consensus.*** Consensus may mean agreement, but it can also mean, 'I don't agree, but I won't stand in the way'.
7. ***Be willing, if necessary, to let up a little.*** Compromise is, in most cases, a part of life.
8. ***Renounce all forms of intimidation and manipulation.*** Love, understanding and patience are essential to work through issues.
9. ***Affirm, and sometimes retrain, leadership of the laity.*** We should not become the focus for every controversial proposal. Celebrate when the conflict is over.
10. ***Remember that there are places to meet again.*** We are part of the one body of Christ. Those in conflict, or who have been in conflict, cannot avoid meeting again — and again — **at the foot of the cross.**

8. EXPECT BLESSINGS

Earlier this year, a Pastor who had been working in a parish with a Parish Nurse, wrote, as he was leaving to move to another parish: 'Parish Nursing has been growing steadily as we learn the full potential of its ministry. We have been very blessed to have *N...* as our Parish Nurse, both for her nursing skills and for her gift of pastoral care that she gives to all she encounters. It has been very rewarding to work with *N...* and to see her develop and mould this ministry into something quite unique ... I truly feel that a Parish Nurse is very valuable in any parish. I personally have benefited by having *N...* to work with, in that she was able to assist me in some rather difficult situations. *N...* has a very warm, caring, loving, personal touch, which makes people feel comfortable and at ease to talk through issues ... I will personally miss working with her.'

A Pastor-Parish Nurse partnership in ministry can bring many blessings, both to the congregation or institution, and to the individuals involved. The scope of ministry is broadened for the members, and both Pastor and Parish Nurse can expect blessings as they work together in a complementary and mutually supportive partnership.

— **Robert J Wiebusch**

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