

What is the Role of the Australian Faith Community Nurses Association?

AFCNA provides the community with:

information, education, resources, research and publications; to increase awareness of diseases and health related issues through the agency of parish nurses employed by a faith community. (PNs may be working in a salaried or voluntary capacity).

AFCNA provides parish nurses with:

1. *Information, education and resources to perform their role which includes:*

- promoting and sustaining charitable health care;
- preventing disease and alleviating illness;
- facilitating the social preconditions for health;
- assisting individuals with condition/disease self-management;
- supporting those with existing disease within a community environment;
- assisting people to see how integrating faith can promote health.

This care is undertaken within the supportive context of an employing faith community to whom the PN is accountable.

2. *Standards of practice relevant to parish nursing and professional conduct.*

As Australia's peak professional body for parish nurses, AFCNA is a member of the Council of National Nursing Organisations in Australia. AFCNA assists with promotion and publicity of health ministry and the PN role and functions. We liaise with comparable professional bodies locally, nationally and internationally; to ensure quality communication and networking to increase awareness of the opportunities PN health ministry provides all Australians.

AFCNA provides faith communities with:

consultancy; resources; education; and networking opportunities to enable them to commence, nurture and sustain viable health ministries using faith community nurses. There is a Graduate Diploma Theology (FCN) course endorsed by AFCNA available at Australian Lutheran College via flexible delivery. Information at www.alc.edu.au. For AFCNA contacts see our website at www.afcna.org.au. Email inquiries to afcna@afcna.org.au.



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Introducing Parish Nursing



Promoting health of body, mind and spirit...

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What Does God's Word Have to Say About the Church's Role in the Health and Healing Ministry?

The Church has a vital role in health and healing ministry. The way that Christians care for one another is a powerful witness of God's love and grace. It is also an expression of living out what we preach and teach in a practical way that glorifies God.

The Church is commanded by Christ to *"preach, teach and heal the sick"* (Luke 9:2). The Church has a role in modelling Jesus' healing ministry, to which almost a third of the gospels are devoted.

Wellbeing, the result of healing, allows the Church to serve God in the best possible way and involves the responsible stewardship of our gifts (Romans 12:4-8; 1 Corinthians 12:4-11). How we use our body (1 Corinthians 6:19-20) and the life God gives us is our "living sacrifice" (Romans 12:1) and response to His love.

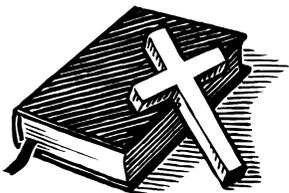
The Church is called to encourage growth towards wholeness - an abundant life in Jesus Christ (John 10:10). A health and healing ministry allows the Church to assist others to improve/maintain their physical, emotional and spiritual health.

The Church has a mandate to care for those in need and to respond to Jesus' message; *"...whatever you did for one of the least of these brothers of mine, you did for me"* (Matthew 25: 40). A health and healing ministry expands on the Church's role in following Christ's example (Matthew 25:31-46).

The Church points others to Jesus through the way it cares for God's people; *"by this all men will know that you are my disciples, if you love one another"* (John 13:35). The Church's involvement in health and healing ministry is a demonstration of its faith; *"faith by itself, if not accompanied by action is dead"* (James 2:17).

The Church has a theological directive to serve; to seek justice; to exercise good stewardship; to empower people; to nurture growth toward wholeness in and through Jesus Christ, facilitating God's mission and ministry in this world. This is achieved within a community of healing - people who are connected and able to reach out with strength and solidarity, to provide renewed hope, meaning, purpose and support. Parish Nursing motivates, inspires and equips people in the Church to *"love one another"* through a health, healing and pastoral care ministry which speaks deeply to the human spirit and brings glory to God.

I have experienced first hand the Church's vital role in health and healing ministry after a tragic accident left my husband a quadriplegic. The holistic care that my husband, three children and I received through Parish Nursing enabled us to cope remarkably well under extreme conditions. The powerful witness of God's love that this ministry displays lives on.



Millie Davey RN. RMHN. Grad.Dip.Theol.(FCN)

What Steps Do We Need to Undertake to Commence a PN Ministry in an Australian Church?

1. Pray about the concept, the people, the possibilities... be open to God's leading.
2. Learn as much as possible about the faith community nurse role and models of practice. Read about the ministry and obtain information from other churches who already have established a health ministry. The AFCNA have several books and tapes for loan. Educate yourself before you try to 'sell' the concept to others.

3. Present the vision of the possibilities of this role and the place of the PN in your church's ministry to the church leadership.

4. Establish a "health committee" to look at feasibility, eg structures, funding requirements, insurances, talent inventory within the congregation etc. This will depend on your faith community's authority structures. The committee should look at church's mission, ministry needs, community needs, strengths and gifts in the church, and collate and disseminate information to assist the education process of the congregation. *Have an agreed plan and work together.*

5. Introduce the concept to the congregation. The 'Drip method' works best. A little at a time, but constantly at work... before you know it people's knowledge is saturated and they are ready to accept and embrace the ministry.

6. Select/Appoint the nurse. Some congregations appoint, others select their PN. Whichever way you choose, ensure you have a written job description, a written contract and professional indemnity insurance that will provide legal cover for all parties. This is recommended even in a voluntary position.

7. Establish links within the congregation, the community and the health system. Establish contacts with appropriate health organisations in the area. Eg district/home nurses, Shire/Council, Domiciliary care, aged care facilities, hospitals, GP services etc.

8. Continue your education and build your support Join the Australian Faith Community Nurses Association for continuing education and networking supports. It is imperative to quality practice that you keep current with health care information and sustain your own spiritual growth. Therefore join other organisations within your denomination that can provide networking and support.

9. Keep praying about your program! Keep seeking direction and guidance, but work at it as well! Act when the time is appropriate. Do small things at first and do them well. Don't be too ambitious first off! "Don't run before you can walk" but remember some people never get started because they are waiting for perfect conditions! Be prayerful and open to God's lead. Prepare yourselves continually. Then take a step in faith and leave the rest to God! Continue to cover the ministry in prayer.

10. Continue serving God, following the example of Jesus Christ with the empowering of the Holy Spirit. Be diligent and faithful for the long haul. God goes before you!

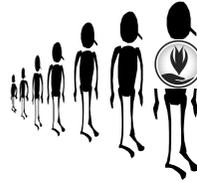


Do You Have a Sample Parish Nurse Position Description?

Principle Activities and Responsibilities of the Parish Nurse

The faith community nurse provides:

- leadership in identifying the health-related needs of individuals and the faith community;
- nurture of spiritual growth through all PN functions;
- a Biblical understanding of the relationship between faith and health;
- education programs and support groups aiming to promote wellbeing, prevent illness, or support those with existing diseases/conditions;
- personal health counselling and appropriate resources and referral;
- coordination of health ministry volunteers to support the PN activities;
- care management for individuals with complex conditions when requested.
- accurate documentation of all PN functions and their outcomes;
- full participation in the life and activities of the faith community.



Essential Qualifications of the Parish Nurse

- Holds current nurse registration and annual practising certificate authorising her/him to practice in the State/Territory of employment.
- Minimum of three years recent (last 2-3 years) experience as a registered nurse.
- Understanding of, and commitment to, the teachings and mission of this church.
- Spiritual maturity and the ability to discuss issues relating to faith and health.
- Good interpersonal and communication skills.
- Able to work independently with minimal direction and flexibility.
- The ability to problem solve, plan, direct, implement and evaluate health care.
- Maintains continuing professional competency, knowledge and skills of faith community nursing practice by participating in continuing education activities.
- A personal attitude that demonstrates care and compassion.
- An ability to maintain legal client records, ensure privacy, confidentiality, and engage in accountable nursing practice.
- Valid police clearance for the relevant state/territory where the PN will practice.

Highly Desirable Qualification for the Parish Nurse

- Effective group leadership skills that empower others to maximise their talents.
- Understands human learning across the life-span and is able to teach health and well-being principles to individuals and groups.
- A current driver's licence.

NB This is a guide. It is not exhaustive. Adapt to the needs of your faith community and its doctrinal basis, include accountability structures and keep in mind nursing regulatory compliance within your jurisdiction.

What is Parish Nursing?

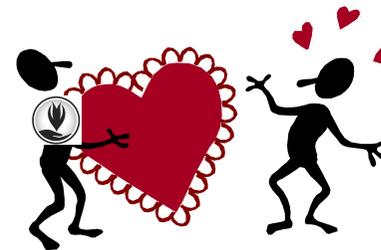
Parish Nurses (PNs) are also termed Faith Community Nurses (FCNs), Pastoral Nurses, Church Nurses etc. depending on the denomination in which they serve. PNs have a health promoting ministry within the Christian faith community. PNs are registered nurses holding current registration/enrolment and an annual practising certificate in the Australian State/Territory of their employment.

The PN focuses her/his care on people within the faith community and the geographic or cultural group which that faith community serves. PNs have two key foci: firstly, health promotion and disease prevention, aiming to help individuals and communities become better stewards of their health to enable them to fulfil God's purpose for their life, and the mission and ministry of their faith community. Secondly, PNs help people with existing illness and conditions to self-manage their health so they can continue to live within their community. FCNs extend the social justice, compassionate service, stewardship, pastoral care and healing ministry of the Christian church.

Nursing has its historical roots in the Christian church's sisterhoods and deaconess roles which developed into nursing as we know it today. Parish nursing is returning nursing and health ministry to its origins - within the Christian church. This role commenced in Australia in 1996 and the Australian Faith Community Nurses Association Inc was commenced in 1997 to prepare and sustain nurses in their role by producing resources, education, networking opportunities and support for nurses and churches practising health and healing ministries.

Most PNs commence by volunteering their services approximately 8-10 hours per week. However, there are PNs in full time salaried positions within Australian faith communities. PNs are particularly encouraged to work as part of a team ministry in health, healing and/or pastoral care within their faith community.

As Christian PNs we endorse a Christ-centred holistic approach to health, healing, disease and illness. We see the person as more than a composite of physical, psychological, social and spiritual 'parts'. Rather these 'parts' are integrated via the spiritual dimension, which creates a dynamic growth toward wholeness in and through Jesus Christ the source of healing, wholeness and consequently well-being. The central goal of the PN role is to restore and maintain this spiritual integration and nurture growth of body, mind and spirit.



For the Christian faith community the spiritual dimension is organised around the framework of Scripture, so PNs seek to support and sustain that framework and sustain the person's relationships to God, to other people and to the created environment.

Is Parish Nursing an Effective Ministry for Today's Churches?

There are many common social factors affecting the health of contemporary Australians. They include crisis and loss events based on life changes and transition periods; poverty; unemployment; under employment; conflict and breakdown within the family; lack of social support; inadequate life skills (such as communication, conflict management, parenting etc.); loneliness and isolation (particularly for the elderly); mental illness; abuse, family violence and harsh social conditions. These key factors are among those identified as significant contributors to illness. Many of these factors are capable of being addressed by our faith communities as part of a health ministry/faith community nursing program.

Health ministries are one vital way the church can promote health and healing that can be experienced by living life within a caring and nurturing community that is bound together by the healing love of Jesus Christ. We live in an increasingly fragmented society with many families experiencing separation from family and loved ones, leaving many elderly, young families and singles to face illness and life transitions alone. Isolation and loneliness are known precursors of illness and accompanying mental, social, physical and spiritual needs. Reconnecting people to support is integral to improving community health, helping people experience belonging which is imperative to social, mental and spiritual wellbeing.

Many preconditions for healthy communities are found in communal living and this cannot be simulated. The church is the only community group that meets voluntarily, regularly, across the lifespan and on a long-term basis. These important attributes of the church need to be recognised, embraced, protected and nurtured by those privileged to be living in such blessed faith communities.

Christian churches have been active in providing hospitals, aged and community care facilities and educating health professionals for centuries. In 1988 the Commission on Catholic Health Care Ministry stated "*Catholic health ministry is the activity of the whole church - individual members, parish communities, religious congregations, dioceses and institutions - responding to human suffering with a range of personal and corporate resources.*" The commission predicted that without change "...the majority of health services will be delivered outside any institution in small decentralised units such as clinics, outpatient centres, group homes, and the church will no longer have a significant role as a sponsor or provider." To that end many faith based health services are looking for ways to

respond to changing community needs with health care models that show responsible stewardship of resources and produce quality outcomes for the person. Parish Nursing is one model that is proving effective, accessible and sustainable.



Is Professional Indemnity and Public Liability Insurance Required for PN Ministry?

PNs practice within a regulated framework that details the scope of nursing practice. Each State/Territory has regulations requirements and Acts to which all nurses must adhere. Professional indemnity should be obtained, whether the PN is employed in a salaried or voluntary position. The employing institution is responsible for professional indemnity and public liability insurance for this ministry.

Many congregations/parishes carry this insurance via their denominational insurers. It will be necessary to provide your insurer with a letter detailing the exact role and functions of the PN so the insurer can determine if premiums need to be altered to provide adequate cover.

If the denomination's insurance policy does not cover professional indemnity and public liability, the PN can obtain cover with membership of the *Australian Nurses Federation*, or the *Royal College of Nursing, Australia*.

What Models of PN Ministry are in Use?

[NB A faith community may be a church, parish, parish cluster, parish/church school, aged care facility, or community agency run under the auspices of the church.]

Models include:

A. Church/Congregation based salaried/volunteers: Volunteer PNs provide 4-10 hours per week and are responsible to their employing faith community. PNs who receives a salary may be paid by bequests, sponsors, grants, donations, or wages.

B. Institution or Agency based salaried/volunteers: The salaried PN receives a salary/stipend from the employing board, agency, diocese, synod, organisation. The PN is responsible to directors who focus the PN program: for example aged care, schools, chaplaincy, community/outreach services, specific organisations etc.

Example 1: PN works in church/parish based school in conjunction with ministry in the parish and the wider community. Responsibility for salary/stipend may be shared.

Example 2: PN works with a coalition of networked church based social welfare and community agencies and churches, aged care homes and a group of churches. New Zealand has PNs working for Auckland District Health Board focusing on health care to the Pacific Island communities of that city.

C. Hospital based salaried/volunteers:

Hospitals may share the salary commitment with a parish. Hospitals direct the PN ministry which is accountable to the hospital's mission and goals.

Example 3: The Missionary Sisters of the Sacred Heart of Jesus operate the Columbus Cabrini Medical Center in USA which has many PNs working in inner city Protestant and Roman Catholic churches across the city.



Does this Health and Healing Ministry Need a Nurse?

No! A health ministry can be commenced using any health professional at the helm, however, there are significant advantages in having nurses in your team. Nurses are the most suited professional to navigate the complex health care system and provide care management for people because they have broad generic health related knowledge and skills. The large number of professional registered nurses makes it highly likely that there are registered nurses in your church willing to use their knowledge and gifts in health ministry.

Nurses:

- have the knowledge, skills and ability to pick up health needs before they become real problems.
- are educationally prepared to provide leadership and management.
- are able to work independently and in a team, referring and liaising with other health professionals on behalf of clients.
- are aware of health needs across the lifespan and the needs of specific groups such as the aged, disabled and those with mental illness and people facing crisis and loss.
- are educated to be culturally competent in Australia's multicultural society.
- are accountable to state and territory regulatory authorities for their practice, ensuring faith communities provide legal and accountable community care.
- are well versed in advocacy techniques with educational and practical backgrounds in interpersonal, communication and counselling skills.
- understand legal and bioethical issues especially at the edges of life.
- understand human growth and development, anatomy and physiology.
- are educated to assist in behavioural management.
- understand basic pathophysiology of disease.
- have extensive knowledge of clinical procedures, current therapeutic interventions, complementary healing modalities and pharmacology.
- can perform assessment / diagnostic skills to identify the needs of the whole person.
- perform evaluative techniques, documentation of progress and discharge planning to effect the best possible outcomes for clients.
- are aware of community resources to assist people to live well in their home.
- have knowledge and practice in health promotion activities, illness prevention strategies and in-home care.
- have the confidence and respect of the public as the most ethical and trusted profession according to national public opinion polls which nurses in Australia top each year!



How can PNs Help? What Activities do PNs do?

Helping with Resource and Referral

The PN liaises between the individual, the faith community; and other health and community services. The PN helps clients navigate the health system negotiating access and assisting entry into health services and support networks in the local community. The aim is to provide the support that sustains self-management.

Education and Facilitation

The PN uses various methods to educate individuals and small groups in the community re lifestyle, faith and relationships, health enhancement, illness reduction, disease management, environmental awareness, social justice, and other health and well-being issues pertinent to the group of people the PN serves.

Advocacy

PNs may be requested by clients to support, uphold, recommend or defend a particular position/person. This function includes prayer with and for clients and their families. (Prayer is offered and permission is always requested. Prayer is never coerced).

Listening and Health Support

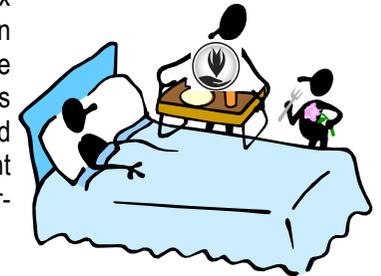
Personal and small group support is an important aspect of the role. Helping people work through their health issues, listening and providing a safe holding space for the person to sort through issues. Support, advice, and referral are provided if required, or requested. People requiring long-term counselling are referred to suitably qualified professionals unless the nurse also holds those qualifications.

Training and Coordinating Volunteers (not all PNs undertake this function)

A PN works as a team member of the faith community to serve the congregation and members of the wider community. A PN, while active in 1:1 work, also has a significant role in empowering others to exercise their God-given gifts. The PN may be the coordinator who educates and supports ancillary workers and volunteers to sustain the health ministry in that faith community.

Helping with Care Management

The PN assists clients with an existing illness, complex condition and/or disability to help manage their condition to prevent exacerbations and/or limit complications. The PNs holistic approach to care management considers the person, their family, the person's environment and the faith community, when developing care management plans that are person-centred. The focus is on empowering the person to self-manage their condition.



Why Have a Parish Nurse in Your Church?

PNs are an asset to a pastor/priest because they:

- bring the gospel to people at their point of need in word and action;
- serve as professional nurses in ministry to the whole person, complementing the specific skills and training of the pastor/priest;
- help to assess, nurture and restore people in the physical, psycho-social and spiritual dimensions of their life;
- help train, support and coordinate volunteers who supplement this caring ministry;
- conduct health and wellness programs to support the pastor's/priest's compassionate care, service, social justice and stewardship ministry;
- help support members at such times as: pregnancy, child birth, parenting, illness, hospitalisation, residential care, grief and bereavement, chronic illness, disability, crises and life transitions;
- carries out a home, hospital and residential care visiting ministry;
- are legally required to maintain professional standards of care at all times;
- can earn the confidence of people who may not feel comfortable to talk about health needs and other deeper issues with a pastor/priest.

PNs are an asset to the congregation because they:

- provide health education as needed to people of all ages across the lifespan (eg school children, youth, parents, mid-life, seniors);
- provide health information and advice when requested;
- empower people to manage their own health and wellbeing;
- serve as an advocate and resource person as requested;
- liaise with other community care, social and health services;
- provide confidential personal health support.

PNs are an Asset to the Community because they:

- are an identifiable public 'face' to the church's ministry of holistic care; collaborating with community health and human support services within and beyond the faith community;
- link with health and social services on behalf of the church;
- establish and maintain support groups in the faith community;
- provide a link between home and hospital prior to and following client discharge and for those in transition between care services.



What is the History of Parish Nursing?

Historically this nursing role has its roots in the sisterhoods and deaconess roles within the Roman Catholic and European Protestant churches. The role is centuries old and is being renewed globally as governments and faith communities grapple with the high cost of technological medical care; an ageing population; increasing populations of disenfranchised people, the economic imperative of providing quality health care at sustainable cost/benefit ratios, and the burgeoning needs of people within the developing world.

The PN role was reshaped into its current form in the USA in the early 1980s by Rev Granger Westberg a Lutheran pastor. From there it has grown to be an international movement with more than 6000 nurses having received training in the role in the USA, others in Canada, Australia, New Zealand, United Kingdom, Africa, Korea, Singapore, Ukraine, European nations and with each year more churches in new countries are joining in this exciting and God given opportunity.

AFCNA commenced in Australia in 1996 alongside the first pilot demonstration project that began in Adelaide. Five participating faith communities from Anglican, Catholic, and Lutheran denominations and Teen Challenge, an ecumenical ministry to homeless youth commenced PN ministries. At the time it was recognised PNs needed education, support and resources for this health ministry so the Australian Faith Community Nurses Association (AFCNA) was commenced. Since that time AFCNA has helped churches start PN based health ministry in most Australian states/territories, offering introductory courses, conferences, resources and support to nurses and churches to start and sustain their health ministry. AFCNA would be pleased to help your faith community too! Other denominationally based associations have since commenced and contact details for these groups are on the AFCNA website, www.afcna.org.au as is news about continuing education, conferences and resources to support this ministry.

An example:

An 80-year-old woman with severe arthritis and shingles needed analgesic cream applied to her back. She could not reach her back, so the PN called twice a day for a few days until the problem resolved. This minor assistance had a major impact on her comfort.

Another woman with multiple sclerosis needed application of an anti-embolic stocking to prevent clots forming in her legs. She did not have the strength to apply the product herself and could not get this help from any community nursing service as it was not part of their schedule of funded services. The PN assisted until other arrangements could be established.

