An Introduction to PARISH NURSING
SVOTS
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Some findings of my thesis

- Parish Nursing and Orthodoxy are highly compatible
  - Orthodoxy has finely articulated health beliefs and practices.
  - These are congruent with the pn’ing as originally conceived.
  - That these hold significant implications for pn’ing in an Orthodox setting.
  - Some barriers to pn’ing within Orthodox settings were also identified, but these were thought to be surmountable through education and perseverance.
Major Barrier: Lack of Awareness

- About Orthodoxy’s own historic philanthropic tradition,
- About parish nursing
- About the healthcare crisis that exists in this country
- About Health promotion and disease prevention
- About Wholistic health.
- About how to be an Eastern Orthodox Christian in a Western medical system
- About “how to” implement parish nursing.
History of Parish Nursing

- Dr. Granger Westberg, chaplain, professor, pioneer.
- 1960’s experimental “wholistic” health centers.
- 1984 Joint venture with Lutheran General Hospital
- 1997 recognized as a nursing specialty by ANA.
- 1998 *The Scope and Standards for Parish Nurse Practice.*
- Today: Parish Nurses serve in thousands of churches throughout the country.
- Parish nursing has become International.
• What are the health agencies in your community?
The Need For PN’ing

• Healthcare is Dangerous!
• Orientation to illness and injury
• Fragmentation
• Lack of access
• Healthcare Crisis
Historical Roots of PN’ing

• New Specialty / Old Idea

• History of Medicine
  – Byzantine Healthcare
  – Western Healthcare

• Role of Monks, Nuns, Deacons and Deaconesses
Byzantine Healthcare

• Practice of medicine pre-dates Christianity.
• Historians trace modern medicine to 4th century Byzantium.
• Hospitals in the East, (xynomes or nosokomeion) were founded by monasteries, run by the Church, and supported by the State.
• More than simply hospices or poor houses, that they were highly regulated and well organized medical centers.
  – Offered medical / therapeutic interventions in addition to nursing care (Harakas, 1990; Kourkouta, 1996, 1997; Miller, 1997).
  – Hospices or alms houses in the West cannot be considered true forefathers of 20th century medical centers”(Miller, 1997, p. 6).
  – The poor conditions included, over crowding, frequent outbreaks of scurvy, and frost bite due to poor heating (Miller, 1997).
Role of Deaconesses

• Philanthropy to the poor was a main concern of the early Christian Church.

• Mainly assigned women deaconesses who belonged to the Church and who, apart from their purely religious duties, also cared for the sick. (Kourkoura, 1999, p. 72).

• Deaconesses flourished in the East until the Middle Ages but were generally discouraged in West.

• From the beginning of the Christian Era, nurses in Byzantium were female and belonged to the Church. These women were called deaconesses and received no payment. Later on there were professional nurses (Kourkouta, 1996, 1997, 1998).
What is Parish Nursing

• “Parish nursing is a unique, specialized practice of professional nursing that focuses on the promotion of health within the context of the values, beliefs, and practices of a faith community, such as a church, synagogue, or mosque, and its mission and ministry to its members (families and individuals), and the community it serves.”
Philosophy of PN’ing

PN’ing is distinguished by the following beliefs:

• Reclaims the historic roots of health and healing found in many religious traditions.
• The spiritual dimension is central to PN’ing practice.
• The PN understands health to be a dynamic process, which embodies the spiritual, psychological, physical and social dimensions of persons.
• The focus of practice is the faith community and its ministry.
Key Features

- Integration of Faith and Health
- Wholistic approach
- Focus on Health Promotion.
- Focus on Community
Key Concepts: Faith and Health

• Health: is viewed as not only the absence of disease, but also as a sense of physical, social, psychological, and spiritual well-being and a sense of being in harmony with self, others, the environment, and God.

• Healing: is a process of integrating the body, mind, and spirit to create wholeness, health, and a sense of well-being, even when curing may not occur.
Key Concept: Wholistic

- Wholistic
  - Body
  - Mind
  - Spirit
Key Concept: Health Promotion

Key Determinants of Health
Key Concept: Community

• Core Elements of Community:
  – A group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings.

• Churches and parish communities are one of the remaining strongholds of community in our modern world.
Client Focus

• The faith community, including its family and individual members and the community it serves.

• Promotes health and healing by empowering the client system (faith community, family, or individual) to incorporate health and healing practices from its faith perspective to achieve desired outcomes.
WHO IS A PARISH NURSE?

- A registered nurse (RN)
- Who has taken the basic parish nurse class
- Works with the ministerial team and health committee of his/her parish
- Seeks to creatively bridge the gaps identified in health education and health care delivery.
- (Does not do hands-on care or duplicate other available health services).
Functions of the Parish Nurse

- Integrator of Faith and Health
- Health Educator
- Health Counselor
- Health Advocate
- Trainer of Volunteers
- Developer of Support Groups
- Referral Agent
Benefits for the Church

- A parish nurse:
  • Promotes caring within and for the Body of Christ.
  • Promotes the health of the congregation.
  • Provides compassion, respect, and presence - the core of nursing practice.
  • Encourages philanthropic outreach.
How To

• Educate, Educate, Educate
• Inform your priest and seek his support
• Inform and seek support of your parish council
• Educate yourself
  – Basic Parish Nurse Class
• Form a health ministry team
• Do a Parish Assessment
• Implement programs based on Assessment
Contact Information

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Future of PN’ing within Orthodoxy

• Positive:
  – “a worthwhile thing” that “beautifully fits our philosophies.”

• Both supported by and of Orthodoxy.
  – “I believe that the nursing profession, of all the healthcare professions, is the most wholistic. And of Christianity, probably Orthodoxy is the most wholistic, in their theology, liturgy, worship. Obviously.”

• “NOW” is “the time to go forward”

• “the logical next step.”

• Next step: education of clergy and laity.

• Top-down or bottom-up? Or Both-and!
Implications for the Orthodox Church

• PN’ing is compatible with Orthodoxy.
• PN’ing is feasible within the Orthodox setting.
• PN’s could help expand pastoral care within the Orthodox Church.
• The Orthodox Church may want to find ways to encourage and empower nurses to exercise their ministry within the church.
• PN’ing may be one means to promote Orthodox philanthropia.
Implications for Orthodox parish nurses.

• Orthodox parish nurses need to have a working knowledge and understanding of Orthodox health beliefs and practices, and be able to articulate and teach these.

• That parish nurses in Orthodox parishes would likely need to be members of the Orthodox Church, not “hired” from outside.
When will justice come to Athens?

- “Justice will not come to Athens until those who are not injured are as indignant as those who are.”
- “It falls to the PN to hold out one hand to the under-insured while the other hand reaches out to link them to whatever community resources there may be; it’s the PN who helps the client set priorities in the midst of scarce resources. She is the compassionate friend, who stands with her client and persists and persists and persists.”