

Parish Nurse Ministry

Article material written for the *Prairie Messenger*
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A while back I wrote an article on the Catholic health care tradition that is continuing in many hospitals and nursing homes. At the end of the article I spoke about the newer, innovative aspects of Catholic health care that are becoming part of our Catholic parishes and outreach within those parish communities. In particular I mentioned the parish home ministry of care programs (bringing communion and visitors to the sick, the homebound, and the dying) as well as the parish nurse ministry. It is this latter pastoral activity that I would like to sketch today and in a future column, and encourage all parishes to consider this ministry.

Parish nursing is first and foremost a ministry of the Church through the parish community. It is not a matter of hiring a nurse to do treatments for people at home.

What do we mean by a ministry? To begin with, a ministry flows from the person of Jesus Christ the Healer. It is in part a vocation—a calling in which one responds to God’s call to serve within the Church God’s people, especially the poor and marginalized. And it is in part a service recognized by the Church as integral to its own apostolic identity. The Church has from the earliest times looked after “orphans and widows” (see Acts, chapter 6, where deacons were ordained for this ministry). Over the centuries, hospitals, hospices, homes for the elderly, and homes for the mentally afflicted have provided a place of ministry where countless vocations have been lived out in fidelity to the gentle healing touch of Jesus.

Parish nurses have arisen in response to at least three trends in modern society. First, there is the simple fact of an aging population who can remain at home longer despite frailty and limitations. Often one elderly spouse is caring for the other who is particularly frail. Second, many people of all ages are alone such that loneliness gives them a feeling of isolation and a sense that they are not important to anybody. Even families are often isolated and can be overwhelmed by anything out of the ordinary. Third, more and more health services are provided in the home while more and more people are looking after the sick, the handicapped, even the dying at home. Indeed, even new mothers are often left pretty much on their own at home after a very short stay in a hospital to give birth.

Parish nurses bring two wonderful gifts into the homes of these people. First, they bring an experienced eye to the health needs of individuals who are often not given the time needed to see them in their wholeness. For example, a person might go to the doctor because of a cold that has caused breathing problems; the doctor prescribes some medication and the person goes home with the prescription. The parish nurse arrives, discusses the situation, checks it in relation to other health issues and possible medications being taken. She then makes a number of suggestions about diet, physical surroundings, and exercise that at best the doctor alluded to but did not check out. Furthermore, the parish nurse may quickly realize that this person did not understand the dosing regimen very well and so makes sure that the medication is taken properly at the right times.

This is not high-tech medicine, but it is some of the most valuable advice that enables people to look after themselves properly and, at times, prevent worse situations from developing. Not just elderly people find that doctors only have a bit of time for them such that the nuances of treatment and care can be lost in the clinical setting. Similarly, if a parish nurse visits on a regular basis, she may be able to determine relatively quickly if there has been a substantial change or just something to be concerned about in the health of this person. It does not sound like much, but the people who receive these services quickly realize literally what a Godsend they have received from this knowledgeable person who looks over them like a guardian angel. Parish nurses are wonderful, gentle teachers, always focused on the good, the whole good, of the people they visit.

And why the parish dimension? When people are sick, when they are old and frail, when they have children with handicaps—all of these conditions may make it difficult or impossible to go to the parish church. They want to be part of the parish community and life, but how does the parish come to them? One could, I suppose, institute a visiting program or the like. However, to visit them with the gifts, experience and insight of a nurse who can offer genuine support, advice, and care tells them that they are important, that they have not

been forgotten in their frailty, and that they are still very much a part of the parish community which is now serving them in their weakness or need.

Parish nurses often bring tangible connections to the homebound, like the parish bulletin, an opportunity to pray or just a promise that they will be prayed for, a connection with the weekly communion ministry and visitors, an opportunity for a visit from the pastor for the anointing of the sick if necessary. One need only talk to those who have been gifted with the presence and care of a parish nurse to realize how much they appreciate this concern on the part of the parish. They are connected and do not feel abandoned. They know whom to call when in need. They develop a trust—which is at the root of all good health care! Seeing people within their home context can lead to little changes/improvements that mean an enormous amount to and for these individuals.

Parish nurses also bring an instinctive ecumenical dimension to their ministry. Besides the parish nurses that work at Catholic parishes today, I have met those working in Lutheran, Mennonite, Anglican and United Church communities. Care in the name of Christ brings a unity among Christians that all the talking in the world cannot do.

Parish nurses are a fount of information. They know whom to contact if some particular medical care needs to be accessed; they often have a sense of the social services available for everything from Meals-on-Wheels to proper medical assessment when necessary. These nurses can refer for counseling and advocacy when a situation arises which is beyond their own talents.

And, just like Jesus, parish nurses actually go well beyond the parishioners of a particular parish. They often find themselves introduced to people who have not practiced their faith, or some who are not Catholic but are in desperate need. Parish nurses, because of the trust they develop and the confidentiality they live, often are told things that allow for healing or opportunities for healing and reconciliation, for overcoming bitterness and old hurts. This takes place so naturally (though not always easily) because the context of caring for people means they must feel safe and secure. They must know that their secrets and their hurts are safe. And that is a cornerstone of Christ's Good News of forgiveness and healing.

I have met many good and caring nurses in every dimension of health care—from hospitals and nursing homes to mental health and home care, from school nurses to nurse practitioners. But parish nurses have something extra special—an awareness that they come in the name of Christ, as embodied in a parish community, to be the Christ to those in need, and to encounter the Christ who comes to us in the poor, the marginalized, the sick, the suffering and the dying. I can think of no more creative or better way of extending the true fullness of parish life than through what these parish nurses do because they seek to serve in faith as disciples of Jesus.

“The poor will always be with you,” Jesus tells us. And therefore the opportunities to care for them will always be with us—and challenge us to reach out to them in ever-new and creative ways. Parish nursing is one of the best and most creative I have seen in my work within Catholic health care.

In my next article, I will deal with some of the objections to parish nursing as well as relate some of the stories I have heard about the wonderful good that is accomplished.

Parish Nurse Ministry – Convincing the Skeptics

Since I have been blessed with many opportunities to get to know parish nurses, to see some of the results of their extraordinary ministry, and to work with them in the Healing Ministry of the Church, I am often astonished at the skepticism and objections that I run into. Hence, I would like to give my responses to the key criticisms and invite any readers to let me know what they think.

The first and most common objection is that there are home care nurses who do the same work and should do this work.

Yes, there are excellent home care services in the health system today—but what most of us do not see are the limitations of these services. Home care providers (nurses, nurses aides, therapists, etc.) are given very specific tasks—and time frames—when they are assigned to provide home care services. They do a wonderful job, but they generally do not have the time or the mandate to see the whole story of the individual client.

Often, for example, emotional or familial problems are present; but that is not what the home care providers are there for. As one home care nurse told me, “I stopped asking my clients how they were because I did not have time to listen and if I did, then there was often little I could do to help them.”

Where home care providers concentrate on tasks, parish nurses have time and are focused on seeing the larger context of the people they visit. They are experienced in all manner of care so they can see what is missing AND make suggestions about needed services. They can be particularly attentive to the poor and the marginalized. (Home care services are not prejudiced against the poor, but everybody gets the same, fair treatment—which may not be enough for the poorer person.) Home care workers have to work by the book. Parish nurses are professional nurses, but they can often work by the Spirit.

The second and often most vociferous criticism of parish nursing is the cost. Most parishes do not have a surplus in their collections so where would the money come from to employ a nurse?

To this I always respond that true Catholic health care—the kind brought to Western Canada by the various groups of sisters—always came long before the money arrived. These religious women knew there was a need, a ministry for the Church, and they set to work. The money appeared. Such, I believe, is the faith with which we are asked to live our mission. If it is important, ways will be found to support it.

Some of the poorer parishes that support parish nursing do so with some extraordinary community events. There are suppers to raise funds. St. Mary’s Parish makes use of a parish auction. I talked with one parish where the parishioners—including the children—put their spare change at the end of the week into a fund for parish nursing; they covered a third of the cost with this simple commitment. Some parishes ask for a special collection or a special contribution, and are surprised at the generosity of their people. Some parishes make it an essential part of their normal budget.

When I hear people questioning the cost of parish nursing, I am convinced that they do not understand what a blessing this is for a parish and especially for its marginalized. Most parish nurses, because they consider it a ministry, do not receive a wage anywhere near what they could earn with their skills as a nurse. (That raises the issue of a just wage, but we will simply note that for now!) And I have seldom seen such value for money spent as I have with parish nursing. Indeed, many people in parishes where our parish workers are found will tell you that they “...bitterly opposed this work at the start, but now consider it one of the most essential components of the parish.”

A third objection is phrased in different ways but amounts to something like, “This is not an essential ministry of the Church; this is the government’s responsibility,” to which I reply that the Healing Ministry of the Church is as important as the Good News. Read the Gospels and see how often Jesus describes his ministry or charges his disciples to “preach the Good News and heal the sick.” Parish nursing is one form of this ministry, I admit. But in a world where we more and more turn the work of healing over to the professionals (who more and more are focused on healing the body, but don’t have time for the spiritual, the emotional, the psychological, the family relations) I fear that the caring side of this work will be lost to the planners, the budgeters, the efficiency experts, and the managers. Caring is not simply a job; it is a way of life. And so a parish that does not care for its homebound poor and marginalized is therefore not fulfilling the Gospel mandate of Christ.

Because of confidentiality issues, I cannot simply relate the stories of how people have benefited from parish nursing. Nonetheless, I have often conversed with recipients of this care and I have been told many stories of the good things that have happened. So I would like to conclude by sketching a few of these stories with built-in protections for the personal health information contained.

Consider, for example, the elderly wife whose husband looked to have taken a turn for the worse. Being male (please excuse my self-deprecations here!) he refused to go to the doctor or the hospital. The parish nurse made an assessment about what had happened and thus had no difficulty in convincing him that he needed to go to Emergency Department—which helped to prevent his condition from deteriorating further.

New mothers are often discharged from hospitals within 24 hours of giving birth. They do receive one or more visits from a specialized home care nurse who helps with feeding and care issues. Imagine, however, a young, brand-new mother alone at home, still recovering from giving birth, and now wondering if what she is doing for her baby is right. Think of a colicky baby, or one that is fussing, or one that gets a cold. Parish nurses are often there before a phone call for help is even thought of.

Donna (a pseudonym) was waiting for surgery and the doctor told her he would call. She waited patiently. But when the parish nurse visited, Donna was not looking very good at all. Donna would have waited, but the parish nurse convinced her to go to the Emergency Department where she was diagnosed with a serious anemia that would have caused big problems perhaps even delaying the surgery when it finally was offered.

Mrs. P told me that she feels ten times more comfortable staying in her own home because “the parish nurse keeps an eye on me.” She has diabetes and cannot get out; but she is visited regularly and now also has a visit from a parish communion minister who “actually visits with me!” Feeling secure is a great gift of health care.

Mr. & Mrs. J are frightened because their son in Toronto is undergoing some kind of heart treatment. A visit from and discussion with the parish nurse calmed them down significantly in anticipation of what turned out to be serious, but fairly routine surgery.

And Mr. X’s comment still sticks with me: “When I was going to church, I never knew as much about the parish as I do now.” To be connected is to feel worthwhile, to feel cared for, to feel a sense of belonging. And that is what our parishes should be.

And now two stories from parish nurses, again, adapted to protect privacy. One of the nurses told me the story of helping an elderly patient with the corns and calluses on her feet. There must be something about trusting people who are tender with your feet, because the lady began to talk about her family, her sorrows in life, her estrangement from one child. She poured out much of her soul and, said the nurse, one could see the beginning of some inner healing. Can you imagine what it would be like to have a disciple kneeling at and caring for your feet? Sound familiar?

Then there was the crotchety old man who made life difficult for anyone who tried to care for him, including the parish nurse. It would always take a bit of extra time to break down his defenses (“I don’t need any help!”) but eventually he would let the nurse do what needed to be done. The nurse’s comment struck me when she said, “I suddenly realized that this was his way of saying, ‘I’m not worth your care’ and then it was always a joy for her to see that he could accept this loving care. He *was* worthwhile!”

I would love to see parish nurses active in all our communities. Perhaps even better would be a diocesan-wide commitment that would then not separate poorer from more affluent parishes. Most of all, though, I would love to see all Catholics filled with a sense of urgency about Catholic health care on the frontlines such that the ministry of parish nurses would be considered an essential part of our service in the name of Christ the Healer. The Christ would then radiate in us all!

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