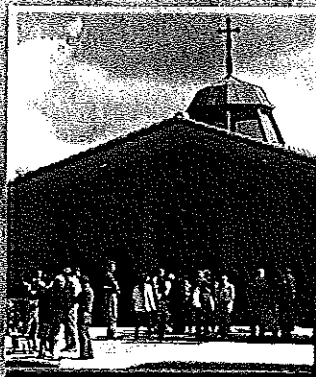


Parish Nursing

A Handbook *for the* New Millennium



Sybil D. Smith, PhD • Editor
Foreword by Harold G. Koenig, MD
Artwork by Sr. Marilyn Trowbridge

these functions the parish nurse can promote health and wholeness for the local church and the community it serves. These seven functions can play out differently in particular denominations and geographic regions, and are further explicated throughout this book.

A parish nurse program in a church with a strong commitment to parish nursing from the clergy will not look the same as a parish nurse program in a church where the clergy leadership is not familiar with the concept. In Chapter 1, the stories of Koby and Nadine demonstrated the difference. The ease with which Koby implemented a program was not experienced by Nadine. For Nadine, it was like starting over again when the new pastor came on board.

When a parish nurse program unfolds from within a community of faith, the administrative support that can take years to build is already in place. The level of structural support from the denomination headquarters impacts the functions or roles of parish nurses as well as the way effectiveness of a parish nurse program is measured.

Marcia A. Schnorr is the national Coordinator for Parish Nurse Ministry in the Lutheran Church Missouri Synod, which has over 500 parish nurses. In the next section, Marcia relates the development of parish nurse ministry in a denomination in which the idea and support came from the top down.

PARISH NURSE MINISTRY IN THE LUTHERAN CHURCH MISSOURI SYNOD

Marcia A. Schnorr

In the late 1980s Reverend Howard E. Mueller was Executive Director for the Lutheran Church Missouri Synod (LCMS) Health and Healing Group. He and the Committee for Health and Healing took an interest in parish nursing and began planning for its introduction to entities within the LCMS. In winter 1988, I was appointed to the volunteer position of national parish nurse coordinator for LCMS.

When I was first approached to be the national coordinator, my response was, "I didn't know we had a parish nurse ministry." I was told, "We don't, but we'd like to start one." Some of us (nurses) were doing parish nursing before Reverend Mueller recruited for a national coordinator. We were doing so with the blessings of our congrega-



Marcia A. Schnorr, RN, EdD, has been the parish nurse at St. Paul Lutheran Church, Rochelle, Illinois, for over fifteen years. She has been the National Coordinator, Parish Nurse Ministry-Lutheran Church Missouri Synod, for twelve years, serving first in a voluntary capacity and now as paid deployed staff. Schnorr has been a principal mentor for parish nurse students in the parish nurse/distance-learning program from Concordia University in Wisconsin, and an active participant in the Northern Illinois District Lutheran Church Missouri Synod

Parish Nurse Network. Dr. Schnorr received her parish nursing and lay ministry education at Concordia University, Wisconsin. She is a frequent speaker at parish nurse conferences. In addition, she teaches community mental health nursing at Kishwaukee College, Malta, Illinois, and provides her nursing students with a brief overview of parish nursing.

tion—sometimes calling it something else besides parish nursing. In the Lutheran Church Missouri Synod the local congregations can have particular areas of ministry without there being something similar on the national level . . . as long as it does not contradict the basic teachings of the denomination.

The formal beginning of the LCMS parish nursing movement began with the announcement of my position and the development of a manual for parish nurses. We produced promotional brochures and promoted parish nursing through exhibits, breakfasts, and break-out sessions at major denominational meetings.

In the early 1990s we experienced some changes in the International Center of the LCMS when the director retired. The new director, Dr. Bruce Hartung, continued to support parish nursing, and parish nursing continued to flourish on both the congregational level and the national level. Our parish nurses began grassroots networking within many of the thirty-five districts that comprise LCMS. The parish nurses had exhibits at the district conventions and pastors' conferences.

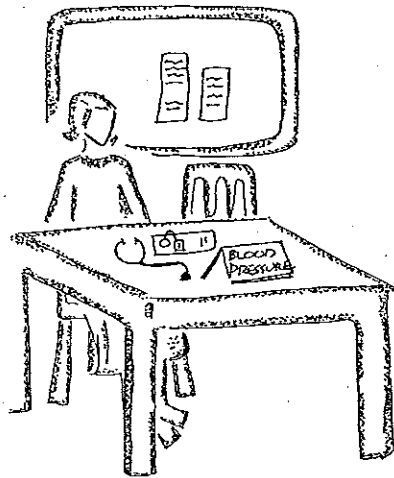
At the national level our publications were reviewed, revised, and made available to individuals and groups. A quarterly newsletter was initiated; a national directory of persons involved in congregational

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health ministry and parish nursing was developed; parish nursing was added to the LCMS Health Ministries Web site <<http://humancare.lcms.org/HM/menu.htm>>. From this Web site many resources can be accessed, such as a fifty-page manual for parish nursing and the LCMS Standards of Practice for the Parish Nurse. We have encouraged all thirty-five districts to appoint a congregational health ministry/parish nurse district representative. As the national coordinator I serve as a consultant to pastors, nurses, and others interested in parish nursing. I am available for internal consultation, especially with the Lutheran Church in Australia.

Basic, advanced, and continuing education offerings are available through various schools within the LCMS Concordia System and district networks. There is an additional opportunity for parish nurses to enroll in either a lay ministry or deaconess program and become rostered as a professional church worker.

As we move into the new millennium, we continue to experience growth and change. Now I am paid as a part-time deployed staff. Two of us are paid at the national level. The manager of health promotions is a part-time position (two days per week) that includes health pro-



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motions to staff and responsibilities to congregational health ministries/parish nursing. My contract is eight hours per week. So although there are two of us, it is still not a full-time equivalent. Our interest in the whole person and the desire to share the love of Christ through word and deed provides an opportunity for parish nursing to become an accepted part of the ministry within the church both nationally and in individual congregations.

Reflections on Marcia's Story

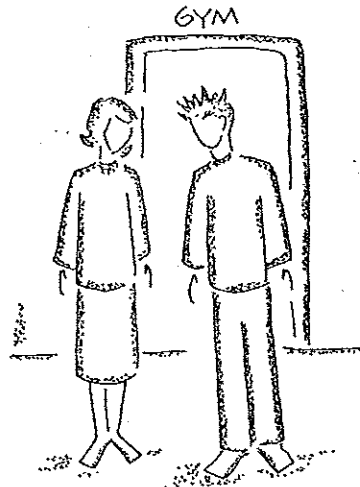
The denominational structure for parish nursing in the LCMS allowed for the orderly unfolding of a large ministry of health over a fourteen-year period. The underlying philosophy, guiding the process of parish nurse program development, was congruent with the vision of the mission and ministry of the faith tradition itself. The leadership for the program came from within the community of faith and not from outside market values. No doubt parish nurses within the LCMS system turn to local health care organizations for education and resource support; they do not have to seek external sources for instruction on how to do ministry. The necessary support is within

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the larger community of faith. The functions of the parish nurse in a congregation-driven program will be the functions the church believes to be important to their purpose and vision.

Functions of the Parish Nurse in the Hospital System

Many parish nurse programs were started in the 1990s when hospitals sought out congregations for partnerships. Some hospitals sponsored paid nurses for congregations and others paid only a hospital parish nurse coordinator to stimulate volunteerism of nurses for their respective congregations. Hospital programs for parish nursing developed often as community outreach during the days of extreme competition in health care. Hospitals started providing services in the community similar to those people expected from the local health departments, and many were provided on site at the church.

Although public health nursing and community health nursing appear on the surface to have focuses similar to parish nursing and health ministry, they are limited in the practice of integrating the spiritual realm of care.³ Public health nursing is a population-focused practice while community health nurses provide liaisons with com-

