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## Review of research about parish nursing

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### Abstract

Parish nursing is a unique type of community health nursing. Parish nurses do not perform hands-on nursing. Parish nursing care complements other health care delivery systems in the United States. Empirical literature about parish nursing is categorized into health needs assessment, parish nursing practice, and perceptions of parish nursing. Parish nursing can be seen as a means to reduce health care costs and improve the health of a community.

**Key words:** parish nursing, needs assessment.

## INTRODUCTION

The health care system in the United States of America does not have a comprehensive payment system. Financing mechanisms for the health care system include government, health insurance, and direct pay. The role of government in health care services includes governmental health agencies and payment for services for select populations. Most individuals who have health insurance secure these policies through their place of employment. Some employers do not offer health care insurance or the premiums may be too expensive. Direct pay is a third mechanism for financing health care services, but the majority of services are too expensive for this payment system. This leaves a significant number of citizens who do not hold health insurance or are unable to financially cover health care costs. This leads to an uneven distribution and access to services, especially for some groups. These groups include the elderly and the "working poor" (Jonas, 1998).

Within the United States, there is a long history of religious community-related initiatives to care for members and the community. This care includes spiritual welfare, but also health and social well-being. Examples of these initiatives include food banks, clothing thrift stores, and emergency housing. Many churches have started health cabinets or wellness committees to further expand their health and social services. These health cabinets are designed to meet the holistic health needs of the congregation (McNamara, 1997). The division between professional services and church supported services may not seem as stark in the United States as elsewhere in the world.

There has been a major shift in health care delivery in the last 25 years in the United States. Community care including home care has replaced prolonged institutional care for

many individuals including the elderly and the disabled (Stocker, 2000). New practice settings have developed for nurses to help bridge the perceived gaps in health care cost, health promotion, disease prevention, and holistic care. One unique community-based nursing role is as a parish nurse practicing in a religious congregation. Modern parish nursing was developed in the United States in the 1980's through the vision of Reverend Doctor Granger Westberg in response to a need for health care services for low-income individuals (Solari-Twadell, 1999). The development of parish nursing has been fragmented. Initially there was no central initiative to describe the range and nature of parish nursing services. Two organizations have developed to function as resources for parish nurses. These organizations are the International Parish Nurse Resource Center <http://ipnrc.parishnurses.org> and the Health Ministries Association, Inc. <http://www.hmassoc.org>. The Health Ministries Association in conjunction with the American Nurses Association has developed the Scope and Standards of Parish Nursing Practice. Although these resources are available, it is sometimes unclear where parish nursing services and those associated with insurance or public services meet. Parish nursing can supplement other services or in some cases substitute for services that cannot be accessed.

Parish nursing programs are financed either by a congregation or through a partnership with a health care institution. Parish nurses may receive a salary or serve as volunteers. Services are provided at no cost or minimal cost to any individual seeking care (Armmer & Humbles, 1995). Seven functions of parish nursing practice have been identified which include: integrator of faith and health, health educator, personal health counselor, referral agent, trainer of volunteers, developer of support groups, and

health advocate (Solari-Twadell & McDermott, 1999). Parish nursing has developed into the largest type of community health nursing in the United States (Australian Nursing Journal, 1999). With an emphasis on holistic care, health promotion, and disease prevention, parish nursing can be seen as a means to reduce health care costs and improve the health of a community.

The purpose of this article is to map the nature of parish nursing work by examining how parish nursing services arose and how parish nursing services fit within the church community. This will be accomplished by a review of the empirical literature on parish nursing. The empirical literature can be divided into three categories: needs assessment, parish nursing care, and perceptions of parish nursing. Assessment is the first step of the nursing process. A health needs assessment is frequently used as the first step in the establishment of a parish nurse practice. A health needs assessment focuses on the rationale for the inception of parish nursing services and the

need for the development of those services. Since parish nursing is a new practice area, data has been collected to identify the care activities performed by parish nurses. The parish nursing care literature chronicles the development of the parish nurse roles and describes frequent parish nurse interventions. Perceptions of parish nurse practice have been studied using qualitative research methods. These perceptions can be used to evaluate parish nursing practice. This review of empirical literature relates to the following steps of the nursing process: assessment, intervention and evaluation. The findings from this research can add to the body of knowledge about parish nursing.

### *Needs Assessment*

There were five studies focusing on needs assessment. Four studies described the needs of clients in relation to parish nursing practice. One study examined the educational needs of parish nurses. The results of those studies are summarized in the following table.

Date	Authors	Research Approach	Study Location	Sample	Key Findings
1999	Biddix & Brown	Survey	Baptist Church in Western North Carolina	217 subjects, no description	Health Needs: screenings, educational programs, caring for aged relative, CPR
1998	McDermott, Solari-Twadell, & Matheus	Survey	United States & Canada	39 parish nurse coordinators known to International Parish Nurse Resource Center	Educational needs identified for development of basic parish nurse and coordinator programs
2000	Matteson, Reilly, & Moseley	Exploratory pilot study using 3 instruments	2 parishes-locations unknown	homebound parishioners, no information about number or demographics	Subjects had good quality of life and were relatively high functioning in spite of homebound status—validated role of parish nurse with this group
2000	Thomas & King	Survey	Catholic faith community (2 churches) in eastern Ohio	450+ subjects, no description	Health activities identified: visiting the sick, health education, personal health counseling, health referral; Educational needs identified: exercise, stress reduction, weight control, cardiovascular disease

2001	Swinney, Anson-Wonkka, Maki, & Corneau	Questionnaire plus focus groups to validate data from questionnaire	Large urban Catholic Church in central Massachusetts	421 subjects, 7-90 years old, 57% female, 55% married, no ethnicity listed	Identified needs: respite care for family caregivers, educational programs for elderly and teenage parishioners
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In summary health needs assessments were conducted with several groups of individuals. These assessments identified needs for those specific groups. This information was used to develop parish nursing services, which were local and particular to those groups. Some of the needs can be met by traditional health services such as screenings, educational programs, and CPR (cardiopulmonary resuscitation). Other services are not readily available through the health care system. These services include visiting the sick, caring for an aged relative, and respite care for family caregivers. These

services fit well with the parish nurse role and complement services available through the traditional health care system.

### *Parish Nursing Care*

Parish nursing is a new area of community health nursing practice. Parish nurses do not perform hands-on nursing care. Parish nursing is an autonomous nursing role that is based in a faith community. The majority of the empirical literature focused on parish nursing care and is summarized in the following table.

Date	Authors	Research Approach	Study Location	Sample	Key Findings
1993	McDermott & Burke	Survey	Symposium in Park Ridge, IL	109 practicing parish nurses, all Christian, age range of 25-65	Most frequent nursing activities: Personal health counselor; referral source and community liaison; visiting homes, hospitals and nursing homes; health teacher
1997	Rydholm	Descriptive, ethnographic	Minnesota	40 parish nurses describing visits with 996 elders aged 60-80, 2/3 female, 1/3 greater than 80 years old, 1/3 living alone, 1/3 frail/disabled	Concerns addressed: spiritual distress, symptom disregard, safety concerns, illness self-care, isolation, caregiver stress, lifestyle issues
1997	Weis, Mathews, & Schank	Descriptive, retrospective	Milwaukee, WI	11 parish nurses, no descriptive information	Interventions: listening, teaching, touch, spiritual care, humor, self-esteem, counseling, physical assessment, case management, referral, grief counseling, reminiscence
1999	Chase-Ziolek & Striepe	Program evaluation research using nurses monthly reports plus survey of parish nurses	Rural setting in Iowa, urban setting in Chicago, IL	57 parish nurses—22 in rural primarily Caucasian setting, 35 in urban primarily non-Caucasian setting	Best health programs-- Urban setting: health education, group health program (exercise, weight reduction), screenings, flu shots, CPR training, home visitation, availability of nurse for individual consultation Rural setting: health education, group health program (exercise, weight reduction), screenings, CPR training, providing healthy foods for church events, nursing home visitations, support groups, availability for individual consultation

1999	Coenen, Weis, Schank & Matheus	Descriptive (using instrument developed for data collection) plus focus groups	Wisconsin	19 parish nurses collected data about services provided to 776 individuals, 66.2% female, 62.1% Caucasian, 52.3% 60 and older	Most frequent interventions: active listening, spiritual support, health screening, emotional support, individual teaching, presence, touch, support system enhancement, referral
2000	Weis & Schank	Descriptive (using instrument developed for data collection) plus focus groups	Wisconsin	19 parish nurses in 22 faith communities providing services to 408 older adults—71% female, 71% between 60-80 years old, 75% Caucasian	Most frequent interventions: active listening, emotional support, spiritual support, health screening, individual teaching, presence, touch, support system enhancement, referral, counseling
2001	Tuck, Wallace, & Pullen	Descriptive, using open-ended interrogative statements	Parish nurses from 34 states, all regions of USA represented	119 parish nurses—95% Caucasian, 97% female, age range 30-74, all Christian	Most frequent activities: screening, educating, visiting, providing spiritual care, counseling, promoting, supporting, coordinating, writing
2001	Hughes, Trofino, O'Brien, Mack, & Marrinan	Analysis of parish nurse documentation	New Jersey	150 subjects—64% female, mean age 39, almost exclusively Hispanic, more than 2/3 had no health insurance	Collaborative agreement between church and medical center that lead to Primary Care Parish Nurse Practice Model using nurse practitioners. Primary functions of parish nurses included: case finding, case screenings, and case referrals
2002	Weis, Schank, Coenen, & Matheus	Descriptive using nurses documentation plus focus groups	Wisconsin	19 parish nurses practicing in 22 Christian faith communities providing services to 51 client aggregates ranging in age from infant to elders, both genders	Aggregate interventions were grouped into health seeking behavior and potential for enhanced spiritual well-being. Health seeking behaviors: active listening, health screening, support system enhancement, presence, self-esteem enhancement, learning facilitation, and health education. Spiritual well-being: active listening, spiritual support, learning facilitation, self-esteem enhancement
2003	Brudenell	Grounded theory using ethnographic software for analysis	Intermountain West, USA	13 parish nurses, 8 pastors, 2 hospital chaplains, 2 parish nurse coordinators	Described 4 general phases to development of a parish nurse program in a congregation: finding out/thinking about parish nursing, knowing faith community, being accepted as part of ministry, becoming an ongoing ministry

As parish nursing practice has evolved, studies have been conducted to determine the focus of parish nursing. The results of these studies have been used to establish the seven functions of parish nurses and to identify parish nursing interventions. Parish nursing activities that were most frequently identified in the studies were: health promotion, education, screenings, and being there/listening. Parish nursing care is holistic care, which focuses on the body, mind, and spirit. Spiritual care is not a focus of

most traditional nursing care. Spiritual care was identified in six of the studies. This is one aspect in which parish nursing services differ from other nursing services. Other aspects of community services provided by parish nursing that might not otherwise exist included: visiting hospitals and nursing homes, transportation, and caregiver support. There is a connection between the parish nurse and the faith community in which she practices. Most parish nurses practice within their own congregations, and share the same

faith beliefs as their clients. This allows the parish nurse to build on the religious perspective on health and well-being that is a part of the beliefs of a religion.

*Perceptions of Parish Nursing*

A recent area of study for parish nursing is perceptions of parish nursing. Qualitative research methods have been used to focus on the client's perceptions of health needs and parish nursing practice. The studies are summarized in the following table.

Date	Authors	Research Approach	Study Location	Sample	Key Findings
1999	Chase-Ziolek	Ethnography (data gathered over 14 month period)	Chicago, IL—large, multi-ethnic, urban, United Methodist Church	6 key participants & 13 general participants for semi-structured interviews; 20 subjects for informal interviews; no description of informants	Two forms of health ministry identified and categorized as extrinsic and intrinsic. Extrinsic activities were those with explicit purpose of promoting health. Intrinsic activities were other activities seen as health-promoting.
2000	Tuck & Wallace	Ethnography (data gathered over several months)	Southern US city, 2 congregations, one African-American in urban setting with membership across socio-economic backgrounds; other predominately Caucasian in suburban area	32 key informants: 3 administrators, 5 spiritual leaders, 7 parish nurses, 17 clients	Parish nursing is an established method for health care delivery that was well-received by this community. Parish nursing is seen as an alternative approach for providing care in the community and providing continuity of care in a disjointed health care delivery system. Parish nurses are given an opportunity to bridge physical, social, emotional, and spiritual lives into their caregiving experience.
2000	Chase-Ziolek & Gruca	Descriptive exploratory (used interview guide consisting of 6 questions and basic demographic information)	2 Catholic churches in major urban area of USA. Church A is downtown parish with parish nursing services provided by nurse-employee of medical center. Church B is neighborhood parish on periphery with 3 volunteer parish nurses	11 total participants—6 from Church A and 5 from Church B—ages ranged from 46-79 years; 5 women, 6 men; 10 Caucasian, 1 African-American	Participants identified positive aspects of parish nursing program: nurse physically and psychologically present, having time available to interact. Positive benefits of setting: promoted feelings of tranquility, peace and care. Parish nurses provide advocacy and increased accessibility to health care services, but do not replace those services.
2001	Baldwin, Humbles, Ammer, & Cramer	Descriptive using interviews	5 urban African-American churches	117 participants—mean age of 51.2, 70% female	Perceived health concerns categorized into symptoms of illness and health habits/risks. Symptoms of illness: high blood pressure, dental problems, back pain. Health habits/risks: weight, exercise, diet
2002	Wallace, Tuck, Boland, & Witucki	Face to face interviews, data analyzed using Spradley's ethnographic approach	One inner city primarily African-American church with membership of 780, one primarily Caucasian suburban/rural church with membership of 2200	17 total participants—9 Caucasian, 12 female, age range of 25-84	Five themes of client perception emerged: being available, integrating spirituality and health, helping us help ourselves, exploring parish nursing, and evaluating parish nursing. Participants perceived parish nursing as positive and beneficial to individuals, the church, the congregation, and the community. Parish nursing was viewed as a useful, meaningful, and effective health intervention. Parish nurses were seen as effective and meaningful health providers.

In summary, five studies were identified that determined perceptions of health needs and parish nursing. Three ethnographic studies were conducted using a variety of informants. In these studies the client participants expressed positive health benefits from membership in a church with a parish nurse. Another study setting was two churches with established parish nurse programs. The overall perception of the participants was the caring felt during parish nurse-client interactions. The perceived health needs of African-Americans that could be addressed by a parish nurse program was the focus of another study. The parish nursing services that were identified with the most frequency were screenings and education. The participants in these studies viewed parish nursing services as positive and beneficial.

#### **Synthesis of Literature Review**

A total of 20 articles have been identified that dealt with needs assessment, parish nursing care, and perception of parish nursing. Needs assessments identified specific parish nursing activities of interest to the participants. These activities were screenings, education, and services to specific groups. Research about parish nursing care identified health promotion, education, screenings, and being there/listening as the most frequent parish nursing activities. Research on perceptions of health needs and parish nursing activities identified caring nurse-client interactions, screenings, and education as the most beneficial parish nursing activities. In conclusion the empirical literature to date has identified the following parish nursing activities as beneficial: caring interaction/listening/being there, health promotion, screenings, and education.

Parish nursing is a relatively new area of community health nursing practice. A review of the empirical literature on parish nursing reveals that parish nursing is a positive adjunct

to conventional health care services. Parish nurses offer spiritual care, which is lacking in many health care settings. The practice of parish nursing is growing tremendously in the United States. Over 7000 nurses have been prepared using the standardized curriculum developed by the International Parish Nurse Resource Center and some nurses have sought preparation from other sources (International Parish Nurse Resource Center, 2003).

As the practice of parish nursing evolves and expands, additional research is needed. One area of focus for this research is the nurse-patient relationship in a parish setting. Additional research will add to the body of knowledge about parish nursing and the state of the science of nursing.

#### **REFERENCE LIST**

1. AUSTRALIAN NURSING JOURNAL. Faith community nursing: holistic care for communities. v. 6. p. 31, 1999,
2. ARMMER, R., HUMBLE, P. Parish nursing: extending health care to urban Americans. *Nursing and Health Care, Perspectives on the Community*, v. 16, p. 64-68, 1995.
3. BALDWIN, K., HUMBLE, P., ARMMER, F., CRAMER, M. Perceived health needs of urban African American church congregants, *Public Health Nursing*. v. 18, n. 5, p. 295-303, 2001.
4. BIDDIX, V., BROWN, H. Establishing a parish nursing program. *Nursing and Health Care Perspectives*, v. 20, p. 72-75, 1999.
5. BRUDENELL, I. Parish nursing: nurturing body, mind, spirit, and community. *Public Health Nursing*, v. 20, n. 2, p. 85-94, 2003.
6. CHASE-ZIOLEK, M., GRUCA, J. Clients' perceptions of distinctive aspects in nursing care received within a congregational setting. *Journal of Community Health Nursing*, v. 17, n. 3, p. 171-183, 2000.
7. CHASE-ZIOLEK, M., STRIEPE, J. A comparison of urban versus rural experiences of nurses

- volunteering to promote health in churches. *Public Health Nursing*, v. 16, n. 4, p. 270-279, 1999.
8. CHASE-ZIOLEK, M. The meaning and experience of health ministry within the culture of a congregation with a parish nurse. *Journal of Transcultural Nursing*, v. 10, n. 1, p. 46-55, 1999.
  9. COENEN, A., WEIS, D., SCHANK, M., MATTHEUS, R. Describing parish nurse practice using the nursing minimum data set. *Public Health Nursing*, v. 16, n. 6, p. 412-416, 1999.
  10. HEALTH MINISTRIES ASSOCIATION, INC. [Online <http://www.hmassoc.org>], 2003.
  11. HUGHES, C., TROFINO, J., O'BRIEN, B., MACK, J., MARRINAN, M. Primary care parish nursing: outcomes and implications. *Nursing Administration Quarterly*, v. 26, n. 1, p. 45-59, 2001.
  12. INTERNATIONAL PARISH NURSE RESOURCE CENTER. [Online <http://ipnrc.parishnurses.org>], 2003.
  13. JONAS, S. *An Introduction to the US Health Care System*. (4th ed.). New York, NY: Springer, 1998.
  14. MATTESON, M., REILLY, M., MOSELEY, M. Needs assessment of homebound elders in a parish church: implications for parish nursing. *Geriatric Nursing*, v. 21, n. 3, p. 144-147, 2000.
  15. MCDERMOTT, M., BURKE, J. When the population is a congregation: the emerging role of the parish nurse. *Journal of Community Health Nursing*, v. 10, n. 3, p. 179-190, 1993.
  16. MCDERMOTT, M., SOLARI-TWADELL, P., MATHEUS, R. Promoting quality education for the parish nurse and parish nurse coordinator. *Nursing and Health Care Perspectives*, v. 19, p. 4-6, 1998.
  17. MCNAMARA, J. *The Health Cabinet*. (2nd ed.). Park Ridge, IL: The International Parish Nurse Resource Center, 1997.
  18. RYDHOLM, L. Patient-focused care in parish nursing. *Holistic Nursing Practice*, v. 11, n. 3, p. 47-60, 1997.
  19. SOLARI-TWADELL, A. Health and wholeness. *Christian Century*, v. 116, p. 301-302, 1999.
  20. SOLARI-TWADELL, A., MCDERMOTT, M. *Parish Nursing*. Thousand Oaks, CA: Sage, 1999.
  21. STOCKER, J. Home care in America. *Online Brazilian Journal of Nursing*, v. 1, n. 1, 2002 [Online]. Available at [www.uff.br/nepae/objn101stocker.htm](http://www.uff.br/nepae/objn101stocker.htm)
  22. SWINNEY, J., ANSON-WONKKA, C., MAKI, E., CORNEAU, J. Community assessment: a church community and the parish nurse. *Public Health Nursing*, v. 18, n. 1, p. 40-44, 2001.
  23. THOMAS, D., KING, M. Parish nursing assessment—what should you know? *Home Healthcare Nurse Manager*, v. 4, n. 5, p. 11-13, 2000.
  24. TUCK, I., WALLACE, D. Exploring parish nursing from an ethnographic perspective. *Journal of Transcultural Nursing*, v. 11, n. 4, p. 290-299, 2000.
  25. TUCK, I., WALLACE, D., PULLEN, L. Spirituality and spiritual care provided by parish nurses. *Western Journal of Nursing Research*, v. 23, n. 5, p. 441-453, 2001.
  26. WALLACE, D., TUCK, I., BOLAND, C., WITUCKI, J. Client perceptions of parish nursing. *Public Health Nursing*, v. 19, n. 2, p. 128-135, 2002.
  27. WEIS, D., MATHEUS, R., SCHANK, M. Health care delivery in faith communities: the parish nurse model. *Public Health Nursing*, v. 14, n. 6, p. 368-372, 1997.
  28. WEIS, D., SCHANK, M. Use of a taxonomy to describe parish nurse practice with older adults. *Geriatric Nursing*, v. 21, n. 3, p. 125-130, 2000.
  29. WEIS, D., SCHANK, M., COENEN, A., MATHEUS, R. Parish nurse practice with client aggregates. *Journal of Community Health Nursing*, v. 19, n. 2, p. 105-113, 2002.

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