

# Australian Faith Community Nursing/ Parish Nursing: Looking Back and Looking Forward

By Antonia van Loon RN PhD

The past few months has seen changes in the landscape of faith community nursing that are providing both challenges and opportunities. It is essential that organisations are able to meet the needs of their members and respond to changing circumstances in a responsive and dynamic manner if they are to thrive. To make good decisions about how to move forward you need to know where you have been, so it is prudent to re-visit AFCNA's brief 'history' as we seek God's direction and vision for the future.

## **Our Beginnings**

In 1986 in the USA Lutheran pastor Rev. Granger Westberg reinvigorated the parish nurse role which had its roots in the earlier sisterhoods and deaconess nursing roles of the early Christian Church. As publications began to spread about the parish nurse role, a little book Westberg and his wife wrote in 1990 entitled '*The Parish Nurse*' circled around Christian nursing groups in Australia. This book was the catalyst for Marilyn Annells and Antonia (Anne) van Loon to prayerfully consider making the move to pioneer parish nursing in Australia. They were employed as lecturers in nursing at the University of South Australia and gained sponsorship from that university to conduct an inaugural public seminar '*Parish nursing - What is it*'. In February 1996, Ms Ann Solari -Twadell the Director of the '*Parish Nurse Resource Centre*' at *Advocate Health Care* in Chicago, USA (now *International Parish Nurse Resource Centre* at *Deaconess Foundation* in St Louis) came to speak about the parish nurse role and its utility for church focused health care. One hundred people attended the seminar and they were invited to help shape the parish nurse role for the Australian cultural setting by commencing an association to ensure the budding role met legal and professional standards in this country, and that nurses in this new role had dedicated support.

## **Commencing AFCNA**

The '*Australian Faith Community Nurses Association*' was started in May 1996 to commence the work of securing a future for this new nursing role based not only in parishes and local congregations, but in faith communities as diverse as church-based schools, aged care facilities, social welfare services and agencies conducted under the auspices of churches. An ecumenical advisory board were gathered of nurses, pastors/priests, doctors and other health professionals who sought to formulate a statement of purpose, a philosophical basis for the new role, and develop an organisational and management structure that would provide leadership, education, support and direction for faith community nurses.

## **AFCNA States its Purposes and Incorporates**

The Board's earliest goals were the formation of a constitution and incorporation as an association (which occurred 27 May 1997). They decided that the purpose of AFCNA was to provide support, encouragement, and promotion of health care in the community particularly through the agency of registered nurses working in conjunction with faith communities. They would do that by providing nurses with support, information, education, resources, professional standards and networking opportunities about health ministry. They would assist faith communities with consultancy, resources and education to enable them to commence, nurture and sustain viable health ministries. The goal being to bring to our community quality health ministry that met the physical, mental and spiritual needs of individuals and families, facilitating growth toward wholeness, without distinction. To do this they had to promote and publicise the faith community nurse role and

develop a professional network for political action and lobbying on behalf of faith community nurses with other health professions, business, government, media, churches and the community.

The Board began its work in earnest immediately appointing Anne van Loon as founding inaugural chairperson. The association has been ably chaired since that time by Marilyn Annells, Elaine Davies, Leonie Rastas and Lynette Wiebusch (current chairperson). We have had very able treasurers and secretaries in the past and Pat Watts, Maureen Jarvis, Jill Hutt, Peter Mellor, Heather Banham, have served in those roles for many years. The Board's first activity was to negotiate professional indemnity and public liability insurance to ensure the legal aspects of the role were properly indemnified. They took on the task of garnering support from nurse registration boards so the role was accepted professionally. This was closely followed by commencement of the educational requirements of faith community nurses.

### **Fact Finding to Improve Understanding**

Anne went on a self-funded fact finding mission to the USA to locate resources, curricula and gain first-hand experience in the structure of the role and its implementation standards in churches and parishes in America. She was given great support from Anne Solari-Twadell at the Parish Nurse Resource Centre and key parish nurses (Cynthia Gustafson, Marcia Schnorr, Georgie Sutor and others). She returned enthusiastic to develop appropriate resources and professional standards for the role, cognisant of the differences between USA and Australia in socio-cultural norms, health care delivery systems, church size and financial structures, public policy and taxation systems to name a few variations. The AFCNA Board sought direction from education, nurse regulation and health policy experts concerning standards for orientation and preparation of the FCN. We were advised to prepare nurses for a primary health care focus as these principles were influencing all public policy directives for the Australian health care system. This proved to be sage advice and the AFCNA preparatory courses have adhered to this benchmark.

### **Introductory Course**

The AFCNA Board began planning for an ecumenical introductory course and approached *Luther Seminary* (now *Australian Lutheran College*) for their expertise in the theological aspects of FCN role preparation, which they graciously provided. This first 5 day course was conducted in July 1997 at the Seminary and attended by 24 people. By 2005 we will have offered this course 6 times in Western Australia (1), Victoria (2), South Australia (3) and New South Wales (1) and helped in New Zealand with their course three times. Since that time we have condensed the course to 4 days and we are continuing to refine and develop it to meet the context of our local communities, local churches and our Australian culture context. Future course inquiries can be directed to us by any interested party within Australia and beyond. AFCNA is pleased to support local churches in the delivery of any continuing education or short courses as requested.

### **Demonstration Project**

A pilot demonstration project commenced in South Australia working alongside AFCNA to develop a conceptual model of nursing based out of faith communities. Anne worked with a team using a participatory action research methodology to provide the practice with a research base to ensure professionalism and socio-cultural grounding for the fledgling role. In August 1996 the first FCN commenced her role - Karen Watson the parish nurse for the Henley parish of the Catholic Church. She was followed by Lynette Wiebusch in the Lutheran Church, Mt Barker; Pat Watts in the Anglican Church, Norwood; Chris Jacovou at Teen Challenge in Adelaide; and a team of three nurses led by Julie Brooks at the Catholic Parish of Mt Barker. The model developed then and refined since, is the basis for our current introductory course and will be published in time for our 10th year of service in 2006.

## Newsletter

The newsletter commenced in May 1996 to keep people informed and networked with one another as they developed FCN roles. The first newsletter was produced to provide reports of meetings and answered the questions most frequently asked of the Board by inquirers:

- Why is health and healing the responsibility of the church?
- Why have faith community nursing in your congregation?
- What can faith community nursing provide Australia's current social context?
- What does an FCN do? Does it have to be nurse?
- How do we help others see the vision of what is possible with FCN?
- What funding models are in use for FCN ministry?
- How do we begin FCN?
- What would a sample role description for an FCN look like?
- What are the criteria for selection of an FCN?

As editor Anne has continued to answer various questions in the newsletter quarterly since its inception, Meredith Yates took on typesetting between 1998-2001. She brought the publication to a new standard using her computer and design layout skills. AFCNA was successful in obtaining small grant funding from Commonwealth Volunteer equipment fund for software to assist in the production of the newsletter and development of the website. The newsletter continues to provide information, networking and continuing education opportunities to FCNs and was placed on-line in 2002. All files can now be downloaded free in PDF form from the website so information can be disseminated freely by FCNs to their committees and used in promoting the role within their faith based and professional circles.

After 10 years as editor Anne retired and in 2007 retired Pastor Robert Wiebusch has taken over this role.

## A Library and Continuing Education Offerings

AFCNA quickly began the task of providing resources and continuing education. We invested \$1,000 of funds from gifts and fund raising ventures into commencing a resource library for the use of FCNs. We purchased books specifically pertinent to the parish nurse role and this library is now located at the Lohe library and all AFCNA members can borrow from this source (follow instructions on website). New book donations are always welcome. We held free quarterly continuing education updates, seminars and workshops on mental health, ageing, women's health, diseases such as diabetes, asthma, incontinence, palliative care, immunisation and various spiritual and pastoral care topics over the years. Attendances became unpredictable and in 2002 we began to look at new ways to provide continuing education to FCNs moving to one day 'conferences/seminars' yearly rather than quarterly meetings. These were advertised and opened to all and are better attended.

## Developing Standards of Practice

In 1997 we commenced the work of developing Australian guidelines for the scope of practice for FCNs that were based on the *Australian Nursing Council Inc* competency statements for registered nurses. The actual work of preparing the *Standards of Practice for Faith Community Nurses* with accompanying performance criteria began in 1999 and was completed in 2001 by a team of four nurse experienced academics - Jill Hutt, Margaret Hall, Marilyn Annells, and Anne van Loon. (They are available free on the website [www.afcna.org.au](http://www.afcna.org.au) or in print form for \$10 from AFCNA).

In 2002 AFCNA Board spent time unravelling legislative changes that occurred in the Privacy Act 2001 to work out how these changes affected FCN documentation. We produced a special report for FCNs in 2003. AFCNA has kept people informed via newsletters of occupational health and safety legislation changes, alterations to mandatory reporting, and firearms legislation.

## **Producing a Resource Manual**

We continued to provide resources for practice by developing a 70 page resource manual with one page documents that would assist faith communities to understand the FCN role and assist nurses to commence with legally appropriate document masters that they could adapt to their local situation. In this way AFCNA aimed to assure Nurse Regulatory Authorities and the community that FCNs were a nursing specialty that took public safety seriously by setting the professional benchmarks for appropriate practice standards. The manual is currently under review by the Board using the feedback from practising FCNs to update the forms and make them more user-friendly.

## **Promoting Networking and Lobbying in Churches**

In 1997 Board members began the task of promoting the FCN role and forging closer links with like minded organisations such as *Nurses Christian Fellowship*, who have always supported us with use of their buildings for seminars and meetings. We shared the FCN story in churches, at conventions, fairs and conferences, lobbying all the Christian denominations praying that many would grab the vision of what was possible and commence a health, healing and pastoral care ministry using FCNs. The role of lobbying within the denomination was eagerly taken up by some organisations such as the *Lutheran Nurses Association* while specific organisations within the South Australian Catholic (Jill Hutt, Julie Brooks) and Anglican Church (Elizabeth Flint) began but were not able to be sustained despite great effort from their organisers. Needless to say all this work was done by volunteers, without sponsorship and this probably accounts for the lack of sustainability. AFCNA met with leaders and churches at the local level, synodical level and at the heads of Christian churches level, promoting the FCN role and garnering the support required to sustain the ecumenical ministry of AFCNA and local ministries within each denomination. Some groups were successful in receiving funding from international partners within their denominations, but most were not able to get the resources they required to move forward. AFCNA was very grateful for the receipt of much needed support from *The Fellowship of the Least Coin* in 2001 which subsidised travel costs for promotion work in Western Australia in 2001 and the WA course that followed in 2002.

## **Promoting Networking and Lobbying to Health Care Providers**

AFCNA's lobbying continued across Australia and interest began to grow in health care settings. Many Board members have been invited key note speakers to conferences and we have provided consultancy to *Catholic Aged Care NSW*, *Catholic Health Care NSW*, and *Sydney Adventist Hospital* as they investigated how the role may complement and supplement their health care delivery systems. Rev Roger Henley of Sydney's Adventist Hospital has been an enthusiastic support to AFCNA and we are grateful that he facilitated and funded the making and supply of a 16 minute video to help introduce the FCN ministry to Australian churches, which was produced in 1999. Such support has been invaluable to our organisation and we could do with a lot more in-kind support to expand our reach in the future.

Robyn Rose Davies put together 3 promotional kits which contain the promotional video, overheads, photographic posters, newsletter samples, manuals and everything a nurse could need to help promote the commencement of the role. There is a kit available by contacting Anne on (08) 8278 8274, the Lohe Library, or Victorian Branch

## **Promoting Networking and Lobbying to Government**

The lobbying has continued with talks to government leaders at every level. AFCNA sent comprehensive responses to the *Commonwealth National Review of Nursing* [http://www.dest.gov.au/archive/highered/nursing/pubs/duty\\_of\\_care/doc30.html](http://www.dest.gov.au/archive/highered/nursing/pubs/duty_of_care/doc30.html)

and to the *Senate Inquiry into Nursing Education* in Australia <http://wopared.aph.gov.au/hansard/senate/commttee/s5422.pdf> to put the perspective of FCNs in the public debate over our profession. Both responses are available on Commonwealth websites and were well regarded by both review committees.

AFCNA has continued to represent its members at local forums the most recent being the *Royal College of Nursing Australia Nurse Practitioner* forums. Several members have written extensively in nursing journals and presented numerous papers. Many have been invited keynote speakers at professional conferences in Australia and overseas. Anne will present a paper titled 'Engaging Faith Communities in Health Care' at an international multidisciplinary community and public health conference sponsored by the *United Nations* in August 2005 <http://www.engagingcommunities2005.org/abstracts/Vanloon-Anne-final.pdf>).

So promotion work goes on unabated to spread the word about health ministry by FCNs. A submission was made in 2006 regarding governance standards for specialist nursing and midwifery organisations in to the Australian National Nursing and nursing Education Taskforce in 2006. [http://www.nnnet.gov.au/downloads/nno\\_working\\_group\\_gov\\_standards\\_report.pdf](http://www.nnnet.gov.au/downloads/nno_working_group_gov_standards_report.pdf) Another submission was made in 2006 to that taskforce of the Australian Health Minister's Advisory Council regarding faith community nursing as a future solution to meeting Australias future health needs. The submission is on the N3ET website <http://hnb.dhs.vic.gov.au/psp/n3et/n3etsol.nsf/ee908fe7fdefb2f6ca25702200007728/0e4d10ea8cef5cb5ca25718400028756?OpenDocument>

### **The Victorian Branch of AFCNA**

In 1999 a Victorian group began to work together to commence a branch in that state under the guidance of Carol Terpstra MSC and Loretta Skehan. They held their first AFCNA Introductory course under the coordination of Gill Evans in 2001 and continued to promote the role of faith community nursing across that state. This group has been small but diligent in their zeal to promote and support FCNs in that state. While not an AFCNA activity we are optimistic about new developments by former AFCNA Board members Leonie Rastas and Diane as they move to work with the Office of Evangelisation in the Catholic Church to present an on-campus Introductory Parish Nurse course. They have developed a private consultancy '*Lighthouse Community Care Options*' to provide the education for this course using the IPNRC modules. It is our prayer that such partnerships will grow permanent structures of support for those in the role and produce more sustainable health ministry for FCNs.

### **The Website [www.afcna.org.au](http://www.afcna.org.au)**

In 1999 the Board approved expenditure for work to commence on the AFCNA website and we began to gather information and photographs to make the site useful so we could keep networking worldwide in this digital age and this was launched after several set backs in 2000 with the generous support of Tique Bennett at '*Netcraft*' Australia. In 2002 Tim Owen volunteered to become our website manager and he maintains technical cover of all things to do with the website. We continue to try and develop it to meet our changing needs.

### **Higher Degree Studies Possible in Faith Community Nursing**

Although it was not an AFCNA activity the Board recognised some nurses wanted more in depth education in theological and pastoral care aspects of the FCN role as well as a deeper Biblical understanding. To that end Dr Annells (now professor of Community Nursing at La Trobe University) and Dr Van Loon (Adjunct faculty at Flinders University) began to work in conjunction with Luther Seminary to write a higher degree offering that would gain tertiary accreditation at Graduate Diploma level. This course is available via flexible delivery in your own home anywhere

in the world. AFCNA Board endorsed the course as an excellent advanced preparation for FCNs. The course is being reviewed in 2005. See [www.alc.edu.au](http://www.alc.edu.au) for enrolment or course information.

### **Networking with New Zealand**

In 2000 Elaine Tyrell a graduate from the AFCNA Introductory course commenced as New Zealand's first parish nurse in the Nelson Anglican Cathedral. AFCNA continued to supply the New Zealand nurses with existing documentation and support to help them set up their own association *New Zealand Faith Community Nurses Association* in 2003. Merylyn Annells spoke there in 2001 and it has been a joy to assist in courses in Christchurch in 2001, Nelson 2003 and in Wellington in 2005. The FCN role is growing in that country under the diligent care of a dedicated team of Christian nurses. We will continue to support one another with our developments and share in whatever ways we can to further this ministry with our neighbours.

### **International Links**

AFCNA has maintained close links with the *Health Ministry Association* (HMA) and the *International Parish Nurse Resource Centre* (IPNRC) in the USA. In 2002 the IPNRC shifted to *Deaconess Institute* in St Louis and Rev Deborah Patterson became Executive Director and Barbara Wehling became the curriculum director. Anne has served as an international reviewer for the IPNRC curriculum in 1997 and 2000, and Anne and Leonie are currently involved in writing supplementary modules for the revised curriculum to be available in 2006. Several Australian FCNs have been to the annual Westberg Symposium conducted by IPNRC for parish nurses and some have presented at the symposium, or the HMA annual conference, or the Lutheran Church Missouri Synod parish nurse conference. AFCNA has encouraged and promoted these networking opportunities and looks forward to working together in the latest initiative the *World Parish Nurse Forum* (WPNF) which was commenced in 2004. Leonie was appointed by delegates of the 2004 Westberg Symposium to represent Australia on the WPNF. AFCNA is on the contact list to maintain world wide links via WPNF. AFCNA is eager to link with other international nursing organisations with a similar focus and ethos. Please contact us if you wish to establish linkages.

### **Supporting the Nurses**

From the outset AFCNA has never ceased to field inquiries from all manner of churches and individuals and organisations interested in what we are doing. We have prepared over 150 nurses for the role and yet we would be hard pressed to have around 50 practising FCNs in Australia. New ones start and experienced ones stop. Most do not let us know they have left the role but judging by the ones we have spoken to, they last 2-3 years and then 'burn-out'. This is usually due to overwork, unclear or unreasonable expectations, and/or conflict in the faith community. Other common reasons for ceasing to practice as an FCN are changing family needs, returning to paid work, retirement - so no longer registered, and no longer feeling competent to practice as an RN. AFCNA are burdened by this attrition rate and we are aware that this is our most difficult mandate to address. We have tried to address it by providing articles and resources in the newsletter re burn-out and rest. AFCNA have provided retreats and so has the Victorian branch. We made a qualified counsellor Robyn Rose-Davies available via phone or email to debrief. We were trying to work on a self care package but that work came to a standstill due to changes in the volunteer's availability. Your ideas and suggestions are welcome.

### **What about our current situation?**

Looking back we can see that God has provided for AFCNA. He prepared the way for us to commence the FCN role and I am sure He will continue to show us where to next. For a small organisation we have achieved much thanks to the vision, dedication, and unstinting voluntary

work of a small band of members. AFCNA is committed to doing God's work and we are relying on God to envision, equip and energise us to fulfil our calling, just as he has promised. **If God is calling you, or a colleague to help us fulfil his vision we would like to hear from you.**

AFCNA always has interest in undertaking introductory courses from nurses, yet many do not take up the FCN role. Why? Nurses are obviously interested, they feel God's call and they come, but what then? Some are retired, others are no longer registered, or feel their scope of practice is limited. They still feel they have knowledge and skills to offer, but they need to work in a team. Some are discouraged by the mandatory legal and regulatory requirements nurses must adhere to, which appear onerous for a ministry role, but are quite manageable. Some feel overwhelmed by what the role involves, even though no FCN needs to undertake every aspect of the role unless she/he feels it is within her/his scope of practice. I often hear of nurses who wanted to start but couldn't get anyone in their church to capture the vision of what was possible. Yet for those of us who are underway and growing our health and healing ministry, it is changing our churches at the very core.

In my own church we have become a more united and loving community showing care and compassion to others, and as a result hurting people from the community are coming to find Christ the source of healing. Our church has grown by a third in the past few years and the health ministry has contributed to that. I am more convinced than ever that health and healing is a whole church ministry so it requires many people to make up a team. In my situation I coordinate that team, but we have built a core team and draw from a larger database of volunteers to sustain our health ministry activities. It prevents me from burning out and means that others get the opportunity to share in the blessing. For example, this week I had three older people, to whom I provide regular free foot massages (they are not church members and come from local community) ask if there was some way they could help out in the work or around the building with their skills. One is going to learn how to do foot massages so she can provide these in the local nursing home. The others will be given other tasks to help. In this way God's love flows through the community we all grow and develop. What a blessing to serve. **How good for us to serve, not how good of us to serve.**

AFCNA financial membership remains small even though our fee of \$30.00 per year is minimal. We have had to draw on reserves that we have been labouring to build over the last decade. These funds were accruing so we could produce quality published promotional resource material. We still have the dream of a salaried director and support worker. For those reasons we have been prudent in what we spend only channelling funds toward resources, website costs, promotional materials, library and general running costs of newsletter etc. **We need financial members if we are to remain viable, so please consider enlisting more members, or becoming a paid up member of AFCNA.**

### **What is God's direction for the next decade and what changes need to occur to get there?**

There is always interest in educating FCNs because this brings people into educational institutions and therefore brings in income. Consequently, providers both denominational educational institutions and the new private for profit providers can see a potential "market" in FCN/ parish nursing. However, the last decade has demonstrated that educating FCNs is not all that is needed. FCNs can only flourish in a faith community that is supportive and embraces the nurse and her/his ministry as part of their overall ministry and mission. There is no point to increasing educational offerings without first promoting the FCN role, and ensuring it is understood by the congregation, and the broader community. Then those in the role need to be given the support and resources they need within their congregation, the organisation or denomination so their ministry thrives. Both the USA and Australian story clearly demonstrate that salaried positions flourish, but voluntary ones depend heavily on the enthusiasm, energy and personal resources of the nurse, thus many have burnt out because one or more of these three factors have altered. Consequently focusing on building a health ministry team seems a pragmatic approach to promote sustainability. **What we need is concerted promotional and support work done within Christian churches, aged care facilities, schools and community agencies to help people understand the FCN role and the potential it has in our healing our society's increasing social and health needs.**

AFCNA is under-resourced to take this on Australia wide. While our dreams are big we have to cut our cloth according to the material we have. So we ask you to pray for provision and direction if God wants us to meet this future need. Your suggestions as to how we should proceed are most welcome and we will be keen to publish any viewpoints. One thing is certain that we need an association/organisation that ensures the professional standards of this specialty if we are to have any professional credibility within the health system and with the State and Territory nurse regulatory authorities.

One suggestion is to encourage the (re) commencement of denominational organisations that can provide promotion, education and support within their own structures. This is more likely to gain the financial support from within the denomination that is needed to pay for the personnel required to sustain such development roles. In the USA regions have banded together around Christian health care providers who support ecumenical parish nurse networks as part of their not-for-profit mandate. Such networks can be commenced here, but given the lack of Commonwealth tax incentives it would most likely have to commence under a ministry umbrella with funding possibilities in the future as regionalised health systems become the norm.

Some Australian States have Christian hospitals most of which are from the Catholic faith. We know that a lot more work needs to be done to help people within these systems understand the potential of the FCN role, and AFCNA and other organisations need to try and get regional demonstration projects underway. I believe this is an innovative and timely response to our health system's increasing pressure and it provides for a true continuum of care. We need to focus on creating partnerships between a region's churches and existing health services. Then they can apply for substantial funding to demonstrate how the models can work. I am still hopeful that this may occur with the network set up in Victoria, who are in continuing discussion between several Catholic parish nurses and St John of God Hospitals. It is only in such a context that education, support and appropriate structures of governance can be negotiated that will ensure viability and sustainability of the PN/FCN role.

So in all we have challenges and/or opportunities. We are entering a transition phase and need to pray that God's will is done and that the Lord of the harvest will send workers into his field. If we are walking in his will, he will be faithful and we have nothing to be concerned about, and everything to look forward to. Please join us in praying that when we look back in 10 years we will see that the decisions AFCNA made were pivotal to growing a thriving health and healing ministry in Australia's Christian churches.

'If you want to know what God wants you to do, ASK HIM, and he will gladly tell you, for he is always ready to give a bountiful supply of wisdom to all who ask him; he will not resent it.'

Will you join us in earnest prayer about these things again this year?

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