All nurses have been taught to care for the whole person. When I was a nursing student many long years ago, this included an awareness of basic spiritual needs and providing appropriate spiritual nursing care that recognized these needs and responded or referred as indicated. Sadly, many health care facilities now reprimand the nurse who includes spiritual care in the plan of care — even though the taxonomy of nursing diagnoses still includes spiritual distress, hopelessness, guilt and the like.

Rev. Dr. Granger Westberg, the father of modern Parish Nursing (a.k.a. Faith Community Nursing) was known to frequently describe the parish nurse as having one foot in health care and one foot in theology. Faith Community Nursing: Scope and Standards of Practice, 3rd Edition, (Silver Spring, MD: American Nurses Association, 2017) describes Faith Community Nursing (a.k.a. parish nursing) with these words: “essential to the practice of faith community nursing is...particular emphasis is placed on the spiritual component, particularly as it relates to whole-person health” (p. 3).

Unlike traditional nursing positions where spiritual care might be included, the parish nurse is expected to include the spiritual dimension in whole person care. The unique role of the parish nurse is referred to as “intentional care of the spirit” or “integration of faith and health” (p. 88). This issue of the Parish Nurse Newsletter will include the summary of a descriptive research study, examples from parish nursing practice and a pastor’s perspective. We pray that you will be encouraged and supported to include the spiritual dimension in your holistic care.

In the healing Christ,
Marcia (Marcy) Schnorr, Ed.D., R.N.-B.C.
Certified Lay Minister—Parish Nurse
Education Coordinator for Parish Nursing
LCMS Health Ministry
COMMENTS FROM KAREN

Integrator of Faith and Health

Have you seen the parish nurse brochure on the LCMS Health Ministries website? Check it out at lcms.org/how-we-serve/mercy/health-ministry/resources. This brochure gives an overview of parish nursing as well as the responsibilities or roles of a parish nurse. As you can see, “integrator of faith and health” is one of these responsibilities.

As registered nurses, we have been thoroughly trained to pay attention to and adapt our care plans to address physical symptoms. However, as trained parish nurses, we also have a specific assignment — to integrate faith and health. This intentional care of the spirit can be done in several ways:

1. Provide resources for health care decision-making within a Lutheran Christian context.
2. Encourage and assist the congregation in sharing the Gospel.
3. Assist pastoral staff with parishioner visits and in providing support for caregivers.
4. Mentor church staff in establishing good health habits.

How is it going for you as you serve within your congregation and/or community? Whether you are a new or seasoned parish nurse or congregational health advocate, we would like to provide you with resources to help prepare you for serving. These same resources provide you an appealing review and learning opportunity. In my 20 years of serving as a parish nurse, the role I most used was the integrator of faith and health. It is just wonderful how God prepares us for service. I imagine you have stories to tell as well!

Do not hesitate to contact me at khardecopf@gmail.com for any questions or concerns. I look forward to hearing from you!

Karen Hardecopf, R.N.
Certified Lay Minister-Parish Nurse
Program Coordinator for Parish Nursing
LCMS Health Ministry

Spiritual Care by the Parish Nurse

Caring for the ill, infirmed, injured and homebound has always been a mission of the Christian Church on earth. Less than 200 years ago, the primary institution that provided education and medical attention was the Holy Christian Church. It seems as though the Church has become less involved with such matters and handed that responsibility over to secular entities. It is a shame when that happens because the Church has what nothing else does. I speak of the Gospel. The Gospel is the Good News that God is not against you but is for you in His Son Jesus Christ. To the sick and injured, Good News is a healing balm for soul and conscience.

The resurgence of the parish nurse is a great blessing to the LCMS. It is a return to what has been before and should continue well into the future — not only for the sake of attending to the physical needs of the church member but also to spiritual needs. When a parish nurse brings the Gospel to her visit she brings with her a healing power that medicine cannot provide. She brings a message and promise that will never be taken away.

A parish nurse is not, nor ever intends to be, a replacement for the pastor of the congregation. He is the Called and Ordained Servant of the Word sent by God for the purpose of tending the souls of his flock with the pure gift of Gospel. He exercises the Keys of the Kingdom publicly for the sake of the congregation. At the same time the parish nurse does have what God has given to the Church and that is the honor of reading Scripture and devotions and praying prayers with the ill member on visits. In the fifth chief part of Luther’s Small Catechism, we are taught that the Keys of the Kingdom are given to the Church. They are exercised within one’s given vocation. In this case the vocation of a parish nurse is an opportunity to do just that.
In the Synod’s latest edition of Luther’s Small Catechism with Explanation (St. Louis: Concordia Publishing House, 2017), question 334 asks “What special authority has Christ given to His Church on earth?” Answer: “God alone forgives sins through Christ Jesus. Christ has given to His Church—and only to His Church, that is, the whole redeemed people of God—the authority to forgive the sins of all who repent…” (p. 315). The catechism explanation then goes on to quote Luther’s Large Catechism: “Everything, therefore, in the Christian Church is ordered toward this goal: we shall daily receive in the Church nothing but the forgiveness of sin through the Word and signs, to comfort and encourage our consciences as long as we live here’ (LC II 55).

For this reason, the parish nurse will want to make sure that the devotions she uses are those which proclaim the pure Gospel. Concordia Publishing House has excellent resources for this purpose and they have all been subject to doctrinal review. The parish nurse will pray all prayers asking for God’s gracious mercy and healing according to His will. There may also be times when a burdened conscience needs to be directed to the pastor for the care that calls for his services. In this way, pastors and parish nurses work together for the sake of the sheep who have been redeemed by the Blood of Lamb who takes away the sins of the world.

God be praised for parish nurses. God bless them with joy in their service.

Rev. Dr. Brian Saunders is president of LCMS Iowa District East.

Intentional Care of the Spirit:
From Spiritual Assessment to Spiritual Resources in Faith Community Nursing

Background
Parish nursing is recognized as a nurse specialty by the American Nurses Association. These registered nurses (R.N.s) serve congregational members and families in mind, body and spirit in faith-based institutions, namely churches and schools. The focus for parish nurses is on intentional care of the spirit in promoting holistic health; preventing or minimizing illness; managing chronic illness; teaching about health; conducting health screenings; advocating for patients; counseling the grieving; healing physical, spiritual and psychological wounds and giving comfort and peace in death and dying. Parish nurses integrate spirituality throughout their practice.

Problem
Limited research has been conducted on how nurses can meet the needs of congregational members and families in the spiritual realm. Evidence-based knowledge needs to be expanded to assess how parish nurses assess spirituality, identify spiritual issues and concerns, develop nursing diagnoses and use spiritual resources and interventions in their practice. A literature search uncovered few practical suggestions for spiritual assessment tools and resources to intentionally care for the spirit. As R.N.s, we must ask what intentional care of the spirit means. Research must demonstrate best practices within the realm of spirituality as integral to nursing practice, such as offering prayers for healing, singing, using music, traditional Bible verses, meditations and other multi-sensory spiritual tools.

Significance to Nursing
Parish nurses are committed to mind and body health, but also to the spiritual dimensions of life. It is important to explore how they meet the spiritual needs of their congregational members, patients, families and others in their community. Unfortunately, R.N.s receive little education about intentional care of the spirit from their primary nursing education. The parish nurse as a faith-based specialty reclaims the spiritual dimensions of care and challenges the healthcare system to provide care for the whole person in mind, body and spirit. In my research, I focused on the spiritual care that parish nurses do in the roles of health educator, personal health counselor, support group facilitator and connector between faith and health.

Research Questions
Using the nursing process and a holistic framework, my research focused on the following research questions:

1. What spiritual assessment tools are used? How do parish nurses assess spirituality in the concepts of God, hope and strength, religious practices and their relationship to health?
2. What nursing diagnoses, issues and concerns are routinely identified by parish nurses?
3. What spiritual resources do parish nurses use?
4. What are the identified differences and similarities in spiritual resources between faith denominations?

I also assumed the following:

1. Every person has her/his particular spiritual needs.
2. Religious traditions and parish nurse interventions are a source of healing and comfort.
3. Spiritual support is an essential aspect of the provision of nursing.
Methodology
The research was approved by Concordia University’s Institutional Review Board. The survey was grounded in a Christian perspective, based on religious practices from primarily Lutheran, Catholic and other denominations. Using the nursing process and Ruth Stoll’s spiritual framework, a survey was developed with open-ended questions and sent to five parish nurse experts to review and establish content validity. Each expert has a graduate degree in nursing and has been practicing in the specialty of parish nursing for over a decade. After expert review, the survey was modified and then tested with 15 parish nurses. Following this, the survey was sent by email and conventional mail to approximately 2,000 parish nurses across the United States using a convenience sample that was generated by Concordia’s mailing list of parish nurses. It was also distributed at parish nurse conferences and meetings.

Participants returned completed surveys to the researcher by mail or email. Each was asked to further distribute the survey to other parish nurses in her church and community. All were assured of confidentiality and anonymity. The 15-minute survey was divided into four parts:

- **Part one** collected demographic data from participants, including religious affiliation, years of parish nurse service, church/school setting and populations served.
- **Part two** requested data regarding how parish nurses assessed the spirituality of a person being served. Parish nurses were asked to identify any assessment tools they use to collect spiritual information. The survey also included four questions developed from the Stoll framework about how parish nurses assess a person’s concept of God, sources of hope and strength, religious practices and the relationship of spiritual beliefs to health.
- **Part three** listed 17 spiritual concerns, issues and/or diagnoses that parish nurses may identify following the spiritual assessment of the client. This list was developed by a literature review and from the North American Nursing Diagnosis Association. The list included anger at God, anxiety, challenged belief system, depression, fear, grief, guilt, hopelessness, loneliness, need for forgiveness, punishment from God, spiritual despair, spiritual distress, spiritual immaturity, spiritual searching and suffering.
- **The final section** listed spiritual interventions and resources that parish nurses might use to meet the needs of their congregation. The interventions included prayer, music and guided imagery, Bible verses and meditations, symbolic items including prayer shawls, devotional items, hand-held crosses, rosaries, crucifixes, candles, holy water, worry stones and the like, ministry of presence and the sacraments of Communion, Baptism and anointing of the sick.

Findings
Data was collected for 12 months during the years of 2016 and 2017. At this point, I have reviewed 60 surveys. Demographic information underscores the significant level of work experiences that parish nurses have. More than 75% of R.N.s reported having served from 35 to 60 years as an R.N., and from 11 to 25 years as an F.C.N. (Faith Community Nurse). The Lutheran denominations of LCMS, WELS and ELCA, as well as Catholic, non-denominational, Methodist and United Church of Christ were represented. Upon review, all church populations were served by parish nurses across the life span from birth to death, with a strong ministry to the elderly. Interestingly, few parish nurses reported using a formal spiritual tool. Most reported that their assessment questions came naturally from experience. Parish nurses asked simple questions about a person’s spirituality in regard to church membership, attendance and worship patterns. The majority asked about the concept of God using questions such as “How does God function in your daily life?” They asked questions on how their patients get through difficult times, how they renew themselves, what they do in times of need and what their sources of hope and comfort are. Religious practice questions included reading the Bible, praying and taking Communion.

Many parish nurses asked about their patient’s prayer life and how their spiritual beliefs related to health. Questions included “Do you feel different about
God with this illness? “Is God helping your illness?” “Is God punishing you?” and were able to identify spiritual concerns, issues and diagnoses. The most common issue, problem or nursing diagnosis identified was grief, followed closely by loneliness, hopelessness, anxiety, fear and depression. Fifty percent also identified spiritual searching, spiritual despair and anger at God as primary spiritual concerns for their parishioners.

Interventions in order of reported use were:

- **Prayer.** Close to 100% of parish nurses regularly pray for and with their patients. Specific prayers were for health, healing and related to suffering, as well as the Lord’s Prayer. All of the Catholic F.C.N.s used a rosary, and prayers to saints and Holy Mary were common. *Portals of Prayer* devotionals were used by Lutherans, especially in the LCMS. Many prayers were spontaneous and individualized to the specific needs of their congregational members and families.

- **Bible reading.** More than 90% of R.N.s read from the Bible, especially the Psalms, to offer hope, peace and strength.

- **The ministry of presence.** Presence is used across denominations with listening, touching and the use of silence.

- **Music.** Use includes singing hymns and songs, instrumental and nature music.

- **Guided imagery.** Two R.N.s identified that they used guided imagery.

- **Other spiritual interventions** identified included prayer shawls, religious bookmarks with Bible verses and hand-held pocket crosses. Many parish nurses also requested clergy to intervene and administer Communion.

**Conclusions**

Spirituality is at the core of life, and R.N.s must recognize that intentional care of the spirit is crucial to providing holistic care. From assessment skills to interventions, R.N.s must equip themselves with a few simple questions to capture their patients’ values, beliefs, concepts of God, sources of hope and strength, religious practices and how they believe faith integrates with health. R.N.s may use assessment tools to identify spiritual concerns; however, it was found that experienced nurses felt very comfortable in using their own questions that have been formulated and used over the years.

Parish nurses offer interventions to help patients and others find comfort, peace and healing. Such interventions can be simple. Parish nurses reported that prayer was the No. 1 spiritual intervention used. The beneficial effects of prayer on the mind, body and spirit can underscore holistic care by all healthcare professionals. It recognizes God’s presence and mercy, for healing of body, mind and spirit, for patience and strength in suffering and for inspiration. Biblical verses read or recited also bring comfort to many. Psalms can be used as creative clinical tools to meeting spiritual needs. The ministry of presence — sitting and listening silently — is often used by parish nurses to allow patients to express gratitude, fears, suffering and pain. Just being present shows compassion and caring. The ministry of presence combined with touch can provide peace and calm for some. Visual symbols such as prayer shawls, crosses and other tools were used by parish nurses for spiritual comfort and care. All have therapeutic value in whole person care.

**Recommendations**

As a parish nurse educator, I feel that the integration of mind, body and spirit, along with the nursing process framework, should be used to educate nurses. Starting with spirituality assessment skills, identifying nursing diagnoses and interventions integrating mind, body and spirit must be developed in nursing education and work settings so that all nurses begin to capture the spiritual data that can serve patients, congregational members, families and others well. Furthermore, all settings of nursing care could benefit from capturing the essence of spiritual-

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“As a parish nurse educator, I feel that the integration of mind, body and spirit, along with the nursing process framework, should be used to educate nurses.”

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Carol A. Lueders Bolwerk, Ph.D., R.N., serves as Director of Parish Nursing and Congregational Health Ministries at Concordia University Wisconsin, Mequon, Wis.
Self-Care: A Necessity in Serving Others

"Now the Spirit of the LORD departed from Saul ... And Saul’s servants said to him, ‘Behold now, a harmful spirit from God is tormenting you. Let our lord now command your servants who are before you to seek out a man who is skillful in playing the lyre, and when the harmful spirit from God is upon you, he will play it, and you will be well’" (1 Sam. 16:14–16).

I love the Old Testament accounts of how David’s music soothed the angry Saul when nothing else could. Music is one of God’s beautiful gifts that make life in this fallen world at least tolerable and at best awe inspiring. Scientific study has demonstrated the many benefits of music in managing anger, stress, chronic pain and depression, and even in enhancing memory and overall productiveness, to name a few. As parish nurses, we care for people in a world inundated with too busy, too fast, too loud, too painful, too (fill in the blank). If we do not incorporate strategies of self-care, we can become overwhelmed ourselves, rendered ineffective in our work. Perhaps the incorporation of music into our everyday lives, be it in its creation, participation or passive enjoyment, can help keep us on an even keel and effective in our kingdom work.

Personally, I love to sing. I’m told by my first cousin that as a child I was always singing (I’ve not had the courage to ask if she considered that a good thing or downright annoying at the time!). Although I do sing in the church choir and solo occasionally (even by request at my first cousin’s wedding), I do not need to be heard. I simply have a need from deep within to express myself this way. Singing expresses meaning that words alone cannot contain and I often sing to God during my devotions. Although I believe it is a gift from God for the benefit of others, I also believe it is a gift as much for coping with life’s turmoil. Enduring my parents’ divorce as a young girl, a rare occurrence back then that made me feel very alone and acutely different from all my cousins and friends, would have been intensely more difficult without the gift of song. It was and still is my emotional release default for pent-up fears, stress and sadness as well as intense joy where screaming at the top of my lungs or dancing wildly would be inappropriate and highly embarrassing for my husband and children!

Second Corinthians 9 teaches us that God desires our sacrificial giving in all things from our finances to our spiritual gifts. Our tireless love in action is pleasing to Him. But beware, carelessly martyring ourselves in the process is not God pleasing. In Matthew 22:37–39, Jesus commands us to love the Lord our God with all our heart, soul and mind and to love our neighbors as we love ourselves (italics added). Whatever your personal bent for spiritual and emotional expression, rejuvenation and relaxation, discovering it and actively employing it as a regular part of your routine are important for staying strong in your personal faith journey as well as in your ministry to God through service to others.

Further Reading:

Jan Kinsel is a certified lay minister-parish nurse serving Cross Lutheran Church in Yorkville, Ill.

Prayer for Intentional Care of the Spirit

A significant aspect of intentional care of the spirit is prayer. Many of us first learned about God and Jesus at home through prayer at meals and at bedtime and, a little later, at church and Sunday School. It must warm God’s heart to hear the prayers of little children, who sincerely gather their thoughts and talk to Him about their concerns and wants.

Many hymns and religious songs have prayer as their theme or format.

Some of the favorites, besides the Lord’s Prayer put to song (LSB 957–959), are “What a Friend We Have in Jesus” (“What a privilege to carry Everything to God in prayer!”) (LSB 770:1), “Sweet Hour of Prayer” (“In seasons of distress and grief, My soul has often found relief”), “Prayer is the Key to Heaven, Faith Unlocks the Door” (“But prayer without faith is like a boat without an oar”), “My Faith Looks Up to Thee” (“Savior divine, now hear me while..."
I pray”) (LSB 702:1) and “Lord of All Nations” (“With Thine own love may I be filled And by Thy Holy Spirit willed, That all I touch, where’er I be, May be divinely touched by Thee”) (LBW 419:5), among many others. We know from experience and research that older adults who have had strokes or other impairments to brain function can still sing familiar hymns and prayers even when they cannot talk.

While on an LPNI Study Tour in Israel with other parish nurses, we neared the Garden of Gethsemane and the site that was considered to be the place where Jesus taught the disciples the model prayer, the Lord’s Prayer. As a group we sang the Lord’s Prayer at that site. Though only a few in the group were choir members, all of us must have been divinely inspired as we sang our prayer in an unbelievably melodic fashion all to the glory and praise of God.

What is prayer? It is simply talking to God. There are several mnemonic devices to help us with prayer. One is ACTS which stands for Adoration, Confession, Thanksgiving and Supplication. Another device is PRAY which stands for Praise, Repent, Ask and Yield to God’s will. Sometimes we are so unsettled by desperate straits that all we can do for ourselves and others is to pray. At other times we are so overwhelmed with joy and happiness that, again, all we can do for ourselves and others is to pray. As parish nurses one of the blessings of the role is to pray with and for congregational members in times of want and in times of plenty. God provides us with many of these opportunities, and if spontaneous prayer does not come easily, written and established prayers can come in very handy and serve the purpose of talking to God.

Prayer is an opportunity for fellowship, in corporate or group prayer, and in individual prayers offered on behalf of others. There are times when the most significant gift we can give to another is to pray for and/or with them. There has been research and numerous personal experiences on the benefits of prayer that show definite positive results from this “talk with God.”

Does God answer every prayer? There are times when the answer to prayer is not what we would have expected or wanted. God has promised to hear every prayer. An unexpected or unwanted answer does not mean that prayer is not answered, but the answer might be an issue of timing or extent. God does answer heartfelt prayers. God’s answer to prayer may be on a continuum to include, “Go,” “Slow” or “No.” God makes the determination when answering our prayer if it is in our best interest and His timing. On occasion our vision is very nearsighted when God’s vision is eternally farsighted.

Strengthening your prayer life is one good way to strengthen your faith and a way to help serve others. It is a way to give intentional care to one’s own spirit. Most prayers end with “Amen.” What does that really mean? Biblically it means “so be it” or “this is true.” What a wonderful way to end each visit with God!

Janice Spikes, Ph.D., R.N., is a parish nurse at St. Luke Lutheran Church in Manhattan, Kan.

A COLORFUL Ministry

Stay in the lines! Don’t go outside of the lines! Remember your grade school teacher telling you to stay within the lines when you were coloring? I always enjoyed coloring as a young child and I am proud that I could stay within the lines. I never did well in math but I could use my crayons correctly!

Now coloring has come into vogue and just about anyone you talk to colors or know someone who does. I started coloring because I always enjoyed it and the books of various designs were plentiful and pretty. The selection of pencil colors and the types of pencils made it even more fun.

Last year, I asked Connie Denninger, wife of our District President, John Denninger, to present a professional program on coloring for the Southeastern-LCMS District Parish Nurses. Connie is a Creative Faith Coach and is known throughout the Synod for her beautiful visual ministry. She got me and the other parish nurses to start coloring with a godly purpose. Whereas coloring was always so restful and relaxing for me, now it has become like a meditation, talking to God and being in His presence with color. As a parish nurse (and Parish Nurse Representative for the Southeastern-LCMS District of the Missouri Synod), I color small cards to give to the sick and/or elderly. Each stroke of color is a prayer for that individual for whatever his/her needs are at that time. I give the card to the individual telling them that I prayed for them during the time I was coloring their card. They appreciate the
fact that time was taken just for them, to color that card in the presence of God. It is heartwarming to see their reaction. Coloring can be taught to people to help them through times of distress, worry and concerns. Just give them a coloring book with pencils and simple instructions on the technique and ask them to pray and to hear the stroke of the pencil as their prayer to God. The colors at the end of a project can be beautiful and comforting.

Our son is a recovering alcoholic and he colors! He found a coloring book and pencils in a rehab program and he began coloring. He continues to this day to color, finding peace, relaxation and a way to keep his mind and hands busy. My prayer is that he will hear God in each stroke of his pencil.

In my ministry as a parish nurse, I have recommended care ministry staff and nurses to use coloring as a way to witness, to inspire their care receivers and to use it as a tool of prayer for them. I have encouraged those that are in need and those that are the caregivers to color, to open the door (page) of the coloring book and be in the presence of God with their thoughts and prayers with each stroke of beauty that comes out of the pencil. God is present in all things!

Lana B. Wingate, M.S.N., R.N., is a parish nurse in Williamsburg, Va. and serves as District Parish Nurse Representative for the LCMS Southeastern District.

PARISH NURSING:
Motivation for Service and Length of Service — An Overview

I had been asked to give one of the keynote addresses* at the Annual Concordia Conference for Parish Nursing and Congregational Health Ministry in May of this year. My assignment was to share information about Lutheran parish nurses in the world and to tie it to the conference theme: “Therefore … be steadfast, immovable, always abounding in the work of the Lord, knowing that in the Lord your labor is not in vain” (1 Cor. 15:58).

A simple descriptive survey was developed and sent to a convenience sample from Google Groups of LCMS parish nurses and LPNI parish nurses. Responses were received from Australia, Canada, Finland, Ghana, Norfolk Island, Palestine, Papua New Guinea and the USA. Two reminders were sent to encourage responses. It is probable that language difficulties and intermittent internet capabilities limited the number of responses. Small group discussions during the presentation at the Concordia Conference revealed responses that were consistent with the survey findings. It is probable that some of the participants at the conference had completed a survey, but it is also known that many had not done so.

Although there are some male Lutheran parish nurses in both the USA and the global community, most are female. All of the respondents to the survey were female. The respondents to the survey from the USA noted that the years of service ranged from 8–30 years (with an average of 18). Respondents to the global sample noted service that ranged from “new” to 20 years with an average of 12.7 years. When asked how long they planned to continue to serve, most respondents in both samples said, “as long as the Lord allows.”

Based on the survey results, the following describes the typical Lutheran parish nurse in the USA and the typical Lutheran parish nurse in the global community.

The Lutheran parish nurse in the USA is 65 years of age who has felt a call from God and has a desire to serve God and others with the nursing gifts she possesses. The Lutheran parish nurse in the global sample is 63 years of age and also identified a call from God and a desire to serve with her nursing gifts.

The respondents to the survey from the USA noted that the years of service ranged from 8–30 years (with an average of 18). Respondents to the global sample noted service that ranged from...

PHOTO: GETTY IMAGES
presence as the most memorable experience as a parish nurse. Case studies shared by several respondents noted diversity of situations.

Conferences, reading, online discussions and parish nurse support groups were noted by all as ways parish nurses keep current in their profession.

Prayer, Bible class, worship and support from their pastor were identified by both samples as important ways they receive spiritual nourishment.

None of the respondents were seeking fame or fortune. Comments by the participants reflect the statement “We do not have to serve; we get to serve.” To God be the glory!

A more complete description of the study can be found at lpni.org or from the researcher. This simple descriptive research does not prove anything, but does offer some insights that may be useful in recruitment, motivation for service, providing encouragement and support to parish nurses and their service.

*Conference presentation topic: Lutheran Parish Nurses: Consistent, Conscientious and Committed.

Marcia Schnorr, Ed.D., R.N.-B.C., is the certified lay minister-parish nurse and the coordinator for Parish Nursing Education for LCMS Health Ministry.

Parish Nurses Met at Concordia University in May

For many years LCMS parish nurses and others have gathered at Concordia University Wisconsin for the annual meeting for the District Representatives for Parish Nursing followed by the Annual Concordia Conference for Parish Nursing and Congregational Health Ministry. Participants were from coast to coast and many places in between which provided a great opportunity to network with like-minded persons who have similar goals but, perhaps, different approaches.

The annual meeting for the district representatives opened with a worship service with communion led by Rev. Fred Zimmermann, pastoral advisor for the LCMS Parish Nurse Council. This set the foundation for a Christ-centered day under the leadership of Karen Hardecopf, Coordinator for Parish Nurse Programming. The day included updates, review of goals and activities for this past year, and a presentation by Rev. Dan Gilbert. Gilbert shared his appreciation for parish nursing and discussed ways that the District Representative for Parish Nursing and the District President can communicate and share common goals as well as support and encourage parish nursing within the district. President Gilbert and parish nurses from the LCMS Northern Illinois District (NID) concluded with a panel responding to questions from district representatives.

The Concordia Conference began with Concordia’s chapel service led by Rev. Dr. Dan Paavola that included a special welcome to the parish nurses. The first day of the conference offered three break-out sessions with choices including serving in rural communities, meeting needs of youth, ministry to persons with cancer and their families, grief ministry and others. Lunch was designed to offer opportunities for participants to meet with others in their district or nearby districts to enhance networking opportunities.

The second day of the conference had four keynote speakers: Rev. Dr. Dan Paavola (Steadfast Servants Serving Christ), Janet Van Epps (The Journey from Grief to Grace), Dr. Marcia Schnorr (Parish Nursing in the Global Community) and Sara Correnti (Readiness to Change in Serving Christ).
News Welcomed!
We want to know what you’re up to, what issues you are facing and what programs are working in your congregation or agency! We welcome stories suggestions, questions, short articles or photographs that highlight achievements in parish nursing.

If you have news you’d like to share, contact Dr. Marcia Schnorr at marcyschnorr2009@gmail.com or 815-562-6823.

Please note: Editorial staff reserves the right to edit or decline articles.

News
The annual Concordia Conference for Parish Nursing and Congregational Health Ministry for 2019 will be May 22–23. This will also be the thirtieth anniversary of LCMS Parish Nurse Ministry.

Lutheran Parish Nurses International, NFP, has an annual study tour that provides an opportunity for parish nurses and others from around the world to learn, network and share experiences with other like-minded people. Groups travel to countries that have either an active parish nurse ministry or an interest in learning more about Lutheran parish nursing. The 2018 tour (Sept. 13–30) will be to Canada. More information is available at lpni.org. The 2019 study tour will be to Singapore. Information will be available soon at lpni.org.

The Cook County Board of Commissioners presented an award to Dr. Patricia Braun (Parish Nurse). The program booklet provided the following statement:

Dr. Patricia Braun, Parish Nurse and School Coordinator and Consultant, Chicagoland Lutheran Education Foundation, was recently named to receive A Women in Ministry Award on May 11, 2018. This award was given by President Toni Preckwinkle and
Resources


My Two Elaines (2018) by Martin J. Schrieber, with Cathy Breitenbucher, is available from Book Publishers Network, Bothell, WA (bookpublishersnetwork.com). This book is written by Martin Schrieber, former governor of Wisconsin, who shares his personal experience as a caregiver for his wife as they journeyed through Alzheimer’s Disease and the impact it had on patient and caregiver. The book will be useful to parish nurses who serve the patient and family caregiver of a person who has Alzheimer’s Disease.

Letters from Home (2017) by Barry K. Free is a book written from the perspective of the grieving husband. The book is a touching reflection of the thoughts and feelings experienced by many men who are grieving. For more information or to purchase the book, contact LettersFromHome2016@gmail.com.

“I Hear Voices” was written by Ian Stolz, son of Annette Soltz, who has completed the course for Pastoral Care Nursing with the Lutheran Church in Australia (a.k.a. parish nursing). Annette has been a frequent participant on LPNI study tours and online discussion groups for Lutheran parish nurses. In this item, Ian provides a personal account of his life with schizophrenia with its delusions and hallucinations. He also shares his strong faith. Ian was a member of Resurrection Lutheran Church, Indooroopilly, Brisbane, Australia. Annette reports that her son, Ian, wanted to share his story with others. I found the article to be well written and insightful. Unfortunately, I do not have complete retrieval information. You may contact Lutheran.archives@lca.org.au and request the article, “I Hear Voices,” by Ian Stolz published in the May 2009 issue (pages 125–127).