This is one of my favorite Bible verses because it provides consistency and comfort in the midst of the change around us — and within us. It seems that not much in life remains the same, and with change comes stress. Parish nurses experience transitions in their personal and professional life, and parish nurses serve people whose lives are in transition. Transitions may be due to health concerns, relocation, natural or man-made disasters, the death of a loved one, divorce, marriage, births, changes in the workplace, a significant increase or decrease in finances, politics and numerous other factors that have a significant impact and have the potential for disrupting the “norm” of daily life.

This newsletter includes items that will be insightful as you consider your transitions or the transitions of those you serve. It will also include some information about educational opportunities and resources for your consideration.

**Blessings,**

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

Trust in the Lord

“Trust in the LORD with all your heart, and do not lean on your own understanding. In all your ways acknowledge him, and he will make straight your paths” (Prov. 3:5–6).

When I thought about writing about transition, my mind immediately went to the word “trust.” Serving as a parish nurse for 20 years, I was involved with many transitions, such as pastors leaving and new pastors coming, the church board giving updated mission statement for the congregation’s ministries, helping people move their parents or themselves from their home to a nursing home or assisted living and supporting and caring for individuals who lost loved ones and are learning how to cope with life alone. And I have experienced personal transitions, such as our children leaving home and our parents needing more assistance with life issues. Through personal transitions, professional shifts or ministry changes, God gave me peace and strength. The world around us changes. There will be transitions. But God does not change. May we trust in our Lord God as we each walk the path that He has set before us.

Blessings as you serve Him, and please connect with me at khardecopf@gmail.com if I can be of assistance.

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PHOTOS: LCMS/ERIK M. LUNSFORD, DOTTIE SIMON

TRANSITIONS THROUGH DISASTER:

Parish Nurses Touching Lives

“So then, as we have opportunity, let us do good to everyone …” (Gal. 6:10).

The role of parish nurses is one of helping and being there with God’s people through transitions in their lives. Disasters create turmoil in the lives of those impacted, throwing people into crisis and most certainly into forced transition. This affects them physically, emotionally and spiritually as they work to survive and recover. This past year, Hurricane Harvey caused extensive destruction and flooding along the Texas coast. Recovery needs will be ongoing for hundreds of thousands trying to transition to a new normal after losing homes, belongings and, in some cases, even loved ones.

Recently, Debbie Hammen, a parish nurse from the LCMS South Wisconsin District, and I, Dottie Simon, a parish nurse from the LCMS Texas District, combined our different backgrounds, training and experiences to serve together in and around the hurricane impacted town of Port Arthur, Texas. We were able to touch lives by sharing supplies, small gifts and, most importantly, the love and healing care of our Savior, Jesus Christ.

We began by meeting with 3- and 4-year-olds at a preschool, reminding them of the importance of hand hygiene and of properly covering sneezes and coughs. Each child received a pack of tissues and hand wipes to reinforce the lesson. Through stethoscopes, the younger class listened to hearts beating and learned that Jesus loves us so much that He died for us and rose from the dead to make us His and to live in our hearts. Here were young lives transitioning through learning experiences. Following our preschool visit, we visited the elderly in a nursing home, talking and praying with bedridden residents and also encouraging staff and others who were present. Here were precious older lives, many preparing for
their final transition. Another day, at a church, we had an opportunity to offer blood pressure checks, hand out pill packs and discuss health issues and parish nursing with a Bible study group.

Our visits with individuals were humbling. People ministered to us as much as we to them. One, a woman whose husband was staying two hours away due to physical disability and whose 19-year-old son died shortly after the hurricane, was dealing alone with her grief, the loss of their belongings, a partially rehabilitated house and financial difficulties. Deb, with her psych nursing background, and I, with the personal experience of also having lost a 19-year-old son, spent time just listening, crying, hugging, praying and sharing God’s love and care. Her strong faith inspired us both. We were also able to give her some much-needed basic supplies, a first-aid kit, Christian literature and a few other items. On another day, Deb delivered a quilt that was handmade by a pastor and his wife from the LCMS South Wisconsin District. This family has now also received some disaster relief through church sources. Here is a hurting woman transitioning to a huge new normal.

We visited some widows, who were dealing not only with damage from the hurricane but also with family mental health issues and with personal health issues. Following basic assessments, listening, prayer, guidance and encouragement, each widow received gifts of first-aid kits, pill packs, Christian adult coloring books/literature and quilts. The expressions of joy and gratitude were heartwarming! One smilingly stated, “I’ve never had a real first-aid kit before.” These women have had continued follow-up from area disaster response officials and pastors.

One unplanned incident occurred when some children were walking home from school across the church parking lot while our car trunk was open. They surrounded the trunk, and a number of little hands reached in to check what we had in there. Fortunately, there were some trinkets and candy and even some lemonade to share. Through this impromptu opportunity, we could also share God’s love with them.

Both Deb and I feel so grateful that God placed us together in this time and place to make a small difference in the lives of His hurting people. We marveled at the many “God things” we experienced during those few days. God used our different nursing backgrounds, strengths and experiences in the situations we encountered. The many blessings we received through this unique opportunity for parish nursing are priceless and unforgettable! We are humbled. To God be the glory!

When I was the sole parish pastor of small suburban Lutheran congregation, I would make monthly visits to a man by the name of Tom, who had Angelman syndrome. This is a complex genetic disorder that primarily affects the nervous system. Tom’s symptoms included delayed development, intellectual disability, severe speech impairment and problems with movement and balance.

While serving this church, Tom attended very few worship services. His family told me that he would be too disruptive, but they wanted me to visit him. “Please visit my son and do some ‘show and tell’ time with him,” his mother told me. However, I said to myself later, “Tom needs spiritual care.” I decided to take my guitar and children’s Bible and began to instruct him about God through word, song and story.

Fifteen years later, both of Tom’s aging parents died. Tom’s brother and sister needed help in finding a disability home for Tom, and they eventually did. But Tom’s health worsened in his new home. He suffered from depression, and he would not eat. This was a hard transition for Tom to make. He was coping with the loss of his parents and was trying to adjust to his new home. And two years later, Tom died of a broken heart.
The physical and spiritual care of people with disabilities, I feel, has been ignored in our churches and congregations. It has been estimated that 90 percent of people with disabilities are not connected to a church home. The need is great for learning how to serve, care and share God’s word with those who have special needs.

Disability care ministry is all-inclusive in the communities and churches where we serve. It would benefit professional church workers and laypeople to be trained and equipped to teach, counsel and serve children and adults who happen to be cognitively disabled, along with their caregivers. This is especially true in medical crisis situations. In hindsight, I wish I had had someone in my congregation — a medical expert (like a parish nurse) — to come alongside Tom’s family and help them with planning and preparing for transitional care for Tom.

When I think of transitions in the lives of people with special needs, I think of the man who was healed at Bethsaida (John 5:1–14). He needed help to transition himself from the place where he was lying into the pool known for its healing waters. The lame man complained to Jesus that he had no help to make his move into the pool. Jesus came to his aid and helps him, but in a wonderful way: He healed him by His command and not by the waters of Bethsaida. Similarly, we can offer to help people with disabilities and their caregivers with the transitions in life by giving them medical care and emotional support, and leading them to Jesus Christ, who cares for their spiritual and physical needs just as He did for the lame man.

Rev. Paul Klopke serves as Senior and Special Needs Pastor at Saint Peter Lutheran Church in Arlington Heights, Ill., and also serves as Ministries Facilitator for Voice of Care located in West Chicago, Ill. Klopke also serves as pastoral advisor for the LCMS Northern Illinois District Parish Nurse Network.

What to Do? A Transition Struggle

In the life of a parish nurse, at least in my parish nurse ministry, transitions happen daily. Some are insignificant and easy to access, such as changing a scheduled visit because of an emergency or crisis with a member or family. Some are more serious, such as intervening as an advocate between a family and their elderly parent when permanent changes must be made.

However, what I want to discuss today is a specific transition situation that is difficult and worrisome.

A member of my church is 83 years old. He lives alone. So far, not unusual. But let me give you a few more details. He has cerebral palsy; is confined to walker, wheelchair or scooter; cannot read or write; has no family in the area; has prostate cancer; and has severe weakness in the right leg.

He has also been taken to the hospital recently for repeated falls. This was a relief to me, as I hoped he would be placed in rehab at least in the short term.

Oh yes — I forgot to add one significant fact: he adamantly refuses to be moved to assisted living or rehab. He told the ER he refused to go anywhere but home, so they discharged him home by ambulance.

His only joy is to get to church, which, until recently, he attended faithfully every Sunday, riding his scooter a half-mile each way.

Sadly, because he doesn’t want to fall, he refuses to get out of his chair day or night. Because he doesn’t want to have to use the bathroom, he either uses a bucket for urine or refuses to eat because he knows he cannot get up.

I have connected with his doctor, his case manager and the hospital when he was admitted for his repeated falls, and the answer I get is, “Unless he is deemed incompetent, we have to follow his wishes.”

He has a caregiver a few days a week for a few hours each day. She is great with him, but she can only do so much.

As the parish nurse, I am struggling with what to do next. I have been disappointed in the reactions of those who could do something. I am unsure if calling for a wellness check will do anything other than anger him.

I know that God has it all under control, and that just because I cannot see what is in store for this member, God promises in Jeremiah 29:11 that He has a plan for him! I ask God daily for strength as I minister to this child of God.

Sue Neff, R.N., is a parish nurse at First Lutheran Church in El Cajon, Calif. She also serves as the LCMS English District Representative for Parish Nursing.
Growth in the Midst of Transition

As we go through life from childhood to adulthood, we experience many transitions. How we handle those transitions in life is what identifies our strengths and weaknesses. Many people have concerns about transitioning, which creates anxiety, fear and stress. I would like people to consider one of the Merriam-Webster thesaurus synonyms for transition: growth. In my younger years I handled transition like everyone else — with anxiety, fear and stress. Now, though, I try to look at transitioning as growth and a developmental opportunity.

I feel I started growing more in my early 40s. While working as a secretary for many years, I was encouraged to return to school to pursue a bachelor’s degree in nursing. Transitioning from a secretary to a full-time nursing student with little income created anxiety and stress. That transition was a growth of knowledge — particularly in learning about the health and wellness of the human body. I will always be growing as a nurse by working in the different healthcare fields.

Serving as a nurse in the Army Reserve was another transition. I still worked as a civilian nurse, but when duty calls, you have to accept and transition into an Army nurse. Medically, I learned different forms of treating patients. Physically, it was demanding. I was not able to do all the physical requirements at first, but few years later I surpassed my expectations of myself. The growth of my physical abilities has made me realize anything is possible.

My transition into a parish nurse was the easiest because the Lord has always been an important part of my life. When the Lord called me to be the parish nurse for St. Matthew Church in Hawthorn Woods, Ill., I accepted that transition — not with anxiety or fear, but with gladness. My growth in the Lord has become stronger by sharing His Word with the homebound. With my experience as a nurse, I am able also to aid in the health and welfare of the parishioners. I believe if I had not taken that first transition from a secretary to a nurse, I would not have grown in mind, body and spirit.

Debra Anderson, R.N., B.S.N., is a parish nurse at St. Matthew Lutheran Church in Hawthorn Woods, Ill.

Transitions in Life’s Journey through the Eyes of a Parish Nurse

I was recently asked to do a devotion about “changes” at a parish nurse conference. Soon after this, in my own life I began experiencing a great number of changes that have resulted in transitioning through some very rocky places in life. I hope that sharing some of my thoughts will help you find your own way as you navigate your own changes and transitions in your life.

A birthday in my mid-70s prompted something in my brain to shout, “Hey, you are getting old!” Until then, I had just felt a bit slower, and mornings found me groaning a bit with stiff joints. I reassured myself that, having survived breast cancer, I was strong enough to pray for the strength I needed to survive the fourth quarter of my life. After all, my own mother was 96 and still living alone a block away from us, cooking and baking, knitting and crocheting, growing flowers and vegetables and making her own noodles for chicken soup for anyone who was ill. My genes were strong, and I felt blessed and invincible. God had me in His hand!

Less than a year later, my oldest son was given a diagnosis of stage 4 colorectal cancer after a doctor’s visit for what he thought was the gastrointestinal flu. His death a short three months later, just before his 50th birthday, was the most difficult day of my life, and I grieved from head to toe. Our family was suddenly feeling a huge empty spot — his sons were aged 14, 17 and 20 at the time, and we were all in disbelief and shock. His brother, my only other child, was in shock and deep depression, and I felt so unable to help anyone.
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 story 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.

Find us on Facebook!
LCMS parish nursing now has its own Facebook page. Please visit us at facebook.com/LCMSParishNursing to like us and share with us. Your comments and questions are what make this site useful.

Educational Opportunities

There are several opportunities for basic parish nurse education, but we encourage our parish nurses to take one from one of our LCMS providers so that the theology will be taught by LCMS clergy and consistent with our teachings and practices. At the present, there are two courses that are available for our parish nurses. Although the format varies, the content is quite similar, and both are consistent with Faith Community Nurses: Scope and Standards (2017).

Concordia University Wisconsin offers a four-day on-site intensive course on campus at CUW in Mequon, Wis. For more information, email carol.lueders.bolwerk@cuw.edu.
LCMS Health Ministry offers a course that includes seven videos, a guided curriculum and optional mentoring upon completion. Visit lcms.org/health/parishnursing to register. For more information, contact marcyschnorr2009@gmail.com.

LCMS Health Ministry offers a video lecture most months. Lectures are by clergy, parish nurses and others on topics useful for the continuing education by parish nurses and others in congregational health ministry. If you have missed past videos, they remain available in the archives at lcms.org/health/parishnursing.

News

The annual Concordia Conference for Parish Nursing and Congregational Health Ministry is held each year in late May. The 2018 conference took place as this issue of the newsletter was being prepared. Follow-up reports will be in the fall issue.

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.

Resources

Faith Community Nursing Scope and Standards of Practice, 3rd Edition (2017) is available for purchase from nursingworld.org/nurses-books or hmassoc.org.

LCMS Disabilities Resources provides helpful information for parish nurses and others who serve persons with disabilities and their transition into a more inclusive role within the congregation. See lcms.org/social-issues/disability.

Pew Sisters by Katie Schuermann (CPH, 2013) is not specifically for parish nurses, as it is a book intended for women’s small group Bible study, but it can be useful for small group discussions among parish nurses. With minimal additional guidance the issues discussed in the book are common to parish nurses (e.g. postpartum depression, grief, alcoholism, macular degeneration and others). A study guide that focuses on basic spiritual care accompanies each short chapter. Clergy responses to the questions are available for reference. To order, visit cph.org/p-21751-pew-sisters.aspx.