

Helen Boorman, Parish Nurse,

To the questions "Who is a Pastoral/Parish Nurse and what does she/he do?" I offer these thoughts from my experience as a Parish Nurse for the past 4 years in a medium-sized rural town and parish. I really appreciate that God has given me this opportunity to nurse in this way in the latter part of my life.

The role/ministry has and continues to evolve. Initially the approach to participate came from our Vicar and Vestry and then was authorised by the Bishop of our diocese. The essential requirements are obvious- God's leading; the call and support of one's faith community; a current Practising Certificate and therefore ongoing professional development; a regular, personal devotional life; and training in Pastoral Theology. I am very fortunate because I work with another Parish Nurse so we have readily available peer review and sharing. I also meet regularly with a local group of practising nurses who are all participating in a Primary Health Care Development Programme.

To answer the second part of the question I shall describe 2 experiences - one acute and the other lasting over 12 months. The first was an elderly widow who was referred by her friend (a parishioner) to me on a late Sunday afternoon. I visited and found Mrs B lying on her couch. She was obviously unwell, feeling very miserable, very alone and near to tears. She had Rt leg Cellulitis and had been seen by the G.P. and commenced on Flucloxacillin but had vomited so the GP had reduced this to 1 tablet. Her leg was very inflamed but not above the drawn line. Her family had been ringing regularly but all lived some 1-3 hours drive away and had commitments that weekend.

As we talked I observed, took vital signs etc. It became clear that Mrs B's main concerns/needs were

- (i) to regain some sense of self control,
- (ii) to have some tangible support,
- (iii) to recover.

After discussion we agreed that I should ring the on-call GP - this resulted in an appointment for the following day- and that I would take and accompany her to this. We decided it would be best for her to be with one of her daughters but no transport was available. So after seeing the GP and the decision made that Mrs B. did need IV antibiotics, I drove Mrs B to Wellington Hospital where her daughter very gratefully took over the support and aftercare of her mother.

The second situation was with Mr J who had recently moved to the outskirts of our town to stay with his middle-aged, chronically-ill daughter until an apartment in a Wellington Retirement Village came available. Mr J was very elderly, rather deaf, very mentally alert and recently discharged from hospital following surgery. He also had some chronic conditions which included Congestive Heart Failure, and limited mobility. The local District Nurses attended him for the first few weeks to oversee his recovery from the surgery and he did have Personal Care assistance ongoing. However following a visit, my Vicar asked me to be involved. During my first visit I became aware of Mr J's shortness of breath and asked for the name of his GP. He had no GP here, only his previous doctor who lived some 60kms away. Thus when I returned the next day I discussed with Mr J and his daughter his need for access to a local doctor and my concerns about his health.

Mr J's concerns were (i) his loss of independence; (ii) his decreasing mobility; his isolation from his friends his church and his interests; and (iii) adjusting to living with his daughter. As Parish Nurse I became involved in helping/supporting him in trying to address these concerns. I often was the person who took him to the GP to provide the 'hearing', interpretation and the necessary transport. I would take him to the mid-week Communion Service and morning tea that followed, after which we sometimes went to the library or supermarket. I found a Writers Group for him to join and discovered a lively Adult Daycare group at the Baptist Church in the next town. For a small fee they arranged transport and lunch and Mr J did enjoy this weekly outing - it also

met some of his daughter's needs. My ministry was primarily with Mr J but frequently with his daughter and her needs too.

In both of these situations my nursing knowledge, my faith, and my faith community were all essential. I do write notes after every interaction and have been successfully audited by the Nursing Council. I think it is so good to have this opportunity as a Parish Nurse.

Sincerely,  
Helen Boorman.  
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