The Effect of the Covid Pandemic on Parish Nursing in the UK

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text for UK Parish Nurse Network

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The author is indebted to Parish Nursing Ministries UK for use of their statistical information There are no conflicts of interest to disclose The author may be contacted by email: h.wordsworth01@gmail.com

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The Effect of the COVID-19 Pandemic on Parish Nursing in the UK

Back in January 2020, the enormity of the journey on which the world was about to embark could not be imagined. In addition to my responsibilities as Parish Nurse Consultant to the Westberg Institute’s World Forum, I was working as Founder Director of Parish Nursing Ministries UK, alongside my CEO colleague Ros Moore. Both of us were due to move on from those roles in April 2020. In addition, our succession planning resulted in two new appointments, Sue Bretherick as the new CEO and Anne Taylor as the Director of Nursing. So, we were preparing for a time of change anyway…. but little did we know how significant that year was to be.

In the UK, Faith Community Nursing is known as Parish Nursing. Parish nursing in the UK began in 2003 with a cohort of seven registered nurses from three Anglican churches, three Baptist churches, and an independent Christian fellowship. A national Christian not-for-profit organisation was set up to promote the ministry in 2005, Parish Nursing Ministries UK (PNMUK), to provide the training and support for both nurses and churches. It would bring together ministers and nurses from all kinds of Christian denominations, and if a request came from other faiths to do something similar, the organisation would do what it could to help and encourage them in setting up their own organisation.

In December 2019 there were 70 parish nursing services, with 90 parish nurses (PNs), mostly local and church based. Several PNs were employed by Christian trusts in the community, with fourteen searching for church placements. Approximately 43% of the nurses held paid posts, the rest being volunteers with expenses paid (Parish Nursing Ministries UK, 2019) Unlike the USA, there are no formally Christian-run hospitals in the UK. Many of the PNs developed local teams of volunteers who helped with social, administrative, and pastoral support. A significant feature of their reports over the years was that, on average, over one third of the clients they served were not regular church attendees. Yet prayer was welcomed, and some clients discovered new spiritual resources as a direct consequence of the interventions. The churches involved were linked to a variety of ten different denominations, mostly Protestant. Some were relatively large suburban congregations of 100 members or more, others were inner-city or rural churches with small congregations, sometimes with under 20 attendees (Parish Nursing Ministries UK, 2019).

PNs were encouraged to submit quarterly statistical returns to PNMUK and between January and March 2020, 32 of them did so (Parish Nursing Ministries UK, 2020). Tables 1, 2, and 3 depict the average hours (Table 1), service users (Table 2), and most common interventions per service (Table 3) during that time. These records were typical of the returns received in the two years prior to the COVID-19 pandemic.

PNMUK had a small office in Peterborough with two part-time administrative staff in addition to the part-time CEO and Founder Director. They planned and delivered Westberg Institute-based training weeks twice a year and study days in between. They employed part time Regional Nurse Coordinators whose responsibility was to meet with the nurses every two to three months providing pastoral care, professional accountability, support and mentoring, and advice for the church leadership where needed. They also met quarterly with the CEO and
Founder Director, reporting back on any problems, and helping to plan strategy. The eight trustees also met quarterly with the CEO and Founder Director to discuss the vision, and financial and legal responsibilities of the organisation. The next three-day Annual Symposium was due to take place in mid-March, at the Hayes Conference Centre in Derbyshire, and over 70 nurses were due to attend.

And then in February/March 2020, COVID-19 hit. It travelled to the UK via people returning from ski centres in Europe and was gradually spreading. At first, restrictions were minimal. It was decided to go ahead with the Symposium using hand sanitisation and some distancing, as PNMUK would be liable for the whole cost if we cancelled. It was a wonderfully inspiring occasion, including much prayer about the future, and a good handover session to the new management team. Being aware of the developing situation, everyone was sent home a little early. One of the planned speakers was a Director of Public Health who was called on duty, so he gave his lecture online, with several interruptions. The conference centre closed the next day. The government announced the first lockdown on 24th March 2020.

Church buildings closed the following Sunday and remained so for over a year. Clergy were not even allowed to enter their own buildings to pray. Offerings went down dramatically unless they were direct debits, although the buildings still had to be maintained and clergy paid. Some church staff were placed on furlough, while others worked online. Volunteers who had never used technology before entered a steep learning curve. Gradually, some churches developed “easy access Zoom services” while others began to work on sound recordings or YouTube productions. YouTube recordings allowed people to watch services in their own homes at any time and increased the potential of attracting new people to the church. However, they were more impersonal and did not offer the fellowship enjoyed by those accessing live Zoom services. The latter model was more successful in maintaining interest and combating loneliness. Zoom services brought people back to church who could not physically attend due to failing health or disability. Those churches that did not engage in either online attempt eventually found that their numbers had decreased significantly, and some were forced to close.

What were the PNs to do? They could no longer run in-person activities in the church buildings, nor do home visits in the usual way. One might have expected them to go on furlough or cease their ministries. Several of them responded to the emergency call for extra staff at their local hospitals and so were unable to continue to work with their churches. But the majority of PNs immediately began to adjust to the situation in admirable ways. They:

- set up telephone and online consultations,
- ran pop-up clinics in car parks,
- delivered food parcels and medications to client’s homes with an encouraging scripture message,
- helped those who had no knowledge of technology to learn how to use it to connect with family,
- assisted people with arranging funerals,
- led online coffee, chat, and prayer sessions for frontline staff to help them process what they had seen and,
presented online “sing and breathe” classes, chair-based exercise sessions, health education, and cooking demonstrations (Parish Nursing Ministries UK, 2022).

All these activities helped churches to understand the importance of involvement in health ministry.

The output statistics in tables 4, 5, and 6, correspond to tables 1, 2, and 3, but for the months January through March 2021, one year later, and during the COVID-19 pandemic. They reveal some of the major adaptations that were made by the resourceful PNs who stayed on to serve their churches and communities. The most notable difference is the emphasis on combating loneliness (Parish Nursing Ministries UK, 2021). Hours provided by service in 2021 showed a slight decrease in total average hours and volunteer hours from that of 2020, but also a slight increase in the number of paid hours worked. Regarding the average number of users per service, these numbers dropped from 2020, however the proportion of clients that were not regular worshippers remained the same. Finally, the average number of interventions to prevent loneliness increased dramatically from 2020 to 2021. While most of the other interventions decreased, action to support lifestyle changes increased, and group health education was maintained, as an online activity.

PNMUK continued to support the nurses, with the new management and continuing administration staff working from home and communicating via Zoom. Training courses and study days were also conducted using Zoom technology, as was the Annual symposium in 2021. Eventually the UK vaccination programme, which was mainly staffed by volunteers, including some PNs, achieved its goal and the rates of infection subsided enough to allow church buildings back into use. PNs helped their churches determine the plan for maintaining social distancing and hygiene.

But much had changed. The National Health Service (NHS) was struggling to cope with long waiting lists and staff were exhausted. Some people, especially families, never returned to church. Many people were angry and grieving over lost loved ones to whom they were unable to say “goodbye.” The political situation became highly volatile, partly because of the effects of Brexit, and lately due to the war in Ukraine. As a result of these influences, the cost of living continues to rise rapidly. This has put more financial pressure on the churches and the PNs.

However, despite all of this, and by the grace of God, parish nursing appears to have emerged with resilience, due to things learned over the last three years. Currently (at the time of writing, Summer 2023) there are 84 PNs in the UK, working in 72 churches representing 14 different Christian denominations or organisations. Of these, 37% have paid hours (Parish Nursing Ministries UK, 2024). This is a small decrease in the number of PNs compared to the number in 2019. As before the pandemic, any increase has been tempered by loss of services when PNs retire or move on.

But to complete the picture, there is also a slight increase in the number of participating churches, and there has been a noticeable increase in the number of churches interested in developing a health ministry (Parish Nursing Ministries UK, 2024). During the pandemic, PNMUK created a resource for church leaders and nurses entitled “Explore Online.” It consists
of an hour-long webinar held at different times on a specified date every two months. Participants can meet a PN, learn more about the practice and the support that is available, and ask relevant questions. This information allows the church to make an informed decision before committing to work with the organisation in developing a sustainable parish nursing ministry. This training is followed by a more personalised webinar called “Explore More.” Recently, 14 new PNs completed the Preparation for Practice course, based on the Westberg Curriculum. This indicates that there is a growing desire amongst nurses to minister to their communities by linking their nursing skills and faith to provide wholistic care. I’m very pleased to note that at the time of this writing, an additional eleven churches are set to open their parish nursing service immediately. From these current indicators, it can be concluded that Parish Nursing in the UK remains a growing and vibrant ministry.
References

Parish Nursing Ministries UK (2024). Unpublished Parish nurse organizational data.
Table 1

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Hours Worked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total hours offered by service</td>
<td>160.0</td>
</tr>
<tr>
<td>Additional volunteer hours worked</td>
<td>20.0</td>
</tr>
<tr>
<td>Volunteer nurse hours worked</td>
<td>80.0</td>
</tr>
<tr>
<td>Paid parish nurse hours worked</td>
<td>140.0</td>
</tr>
</tbody>
</table>

Average hours provided per service in Q4 2019-2020 calculated from 32 reports.

Table 2

<table>
<thead>
<tr>
<th>Category</th>
<th>Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the total, number of new service users</td>
<td>60</td>
</tr>
<tr>
<td>Of the total service users, number not regular worshippers</td>
<td>60</td>
</tr>
<tr>
<td>Of the total service users, number with mental health needs</td>
<td>20</td>
</tr>
<tr>
<td>Total number of service users</td>
<td>180</td>
</tr>
</tbody>
</table>

Average number of users per service in Q4 2019-2020 calculated from 32 service reports.
Table 3

Most common interventions Q4 2019-2020
Service averages calculated from 32 reports

- Individual spiritual intervention
- Action to prevent or reduce social isolation or loneliness
- How many home visits have you done?
- Health support to improve the lifestyle factors impacting a service users condition
- Health support to manage a long-term medical condition (e.g., information about, diagnosis, management and...)
- Individual health screening or risk assessment, e.g., BP check / weight / BMI, nutrition or falls risk
- Group health education / promotion intervention, e.g., healthy eating session, physical activity etc.
- Individual health education / promotion intervention

Table 4

Average hours provided per service 2020-2021
Calculated from 24 reports

- Total hours offered by service
- Additional volunteer hours worked
- Volunteer nurse hours worked
- Paid parish nurse hours worked
Table 5

<table>
<thead>
<tr>
<th>Category</th>
<th>Average Number of Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the total, number of new service users</td>
<td></td>
</tr>
<tr>
<td>Of the total service users, number not regular worshippers</td>
<td></td>
</tr>
<tr>
<td>Of the total service users, number with mental health needs</td>
<td></td>
</tr>
<tr>
<td>Total number of service users</td>
<td>140</td>
</tr>
</tbody>
</table>
Table 6

Most common interventions Q4 2020-2021
Averages calculated from 24 service reports

- Individual spiritual intervention
- Action to prevent or reduce social isolation or loneliness
- Intentional support to a family carer
- Health support to improve the lifestyle factors impacting a service user's condition
- Health support to manage a new or enduring mental health condition
- Health support to manage a long-term medical condition (e.g., information about, diagnosis, management and...)
- Group health education/promotion intervention, e.g., healthy eating session, physical activity etc.
- Individual health education/promotion intervention