

## **The Nurse-Pastor Team: A Healthy Team for a Health Ministry**

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It seems obvious to most that a healthy working relationship between pastor and nurse contributes to a healthy and effective ministry. However, do you find yourself resonating with any of the following situations?

After a tremendous beginning as a parish nurse when enthusiasm ran high and goals and objectives for health ministry were clearly defined, you now find yourself spread too thin and involved in tasks that seem outside of your role. You have burning desire to pitch in and help wherever needed, but you've gradually absorbed responsibilities as assigned by the pastor and other duties that simply need to be done in the life of the congregation. You begin to wonder if you have become a "dumping ground" for the pastor instead of a colleague in ministry.

After a few years as a parish nurse, the pastor with whom you developed the parish nurse program has relocated to another church. The new pastor seems cooperative, but you are deeply concerned that your new colleague has priorities that do not include health ministry and that the pastor might not fully understand the scope of health and wholeness in congregational life.

You are frustrated because you can't seem to obtain any quality time with your clergy counterpart because the pastor is always on the go. The pastor does have many responsibilities, but it seems that the lady looking for her Tupperware lid in the church kitchen receives more attention and has more access to the pastor that you do.

Because of the pastor's position in the congregation, you know that you need the pastor's full support in order for health ministry efforts to be embraced by the congregation. You believe more direction and public support from the pastor is needed.

There are so many initiatives and ministries in the church that you sometimes wonder how health ministry fits into the mission of the congregation. It is time to intentionally reflect upon this issue with the pastor.

Many nurses wish that the relationship with their clergy counterpart was better or that the good relationship they have with the pastor could be even stronger. To address this concern, pastors and nurses are advised to analyze the context of their ministry setting, explore effective working relationship characteristics, and intentionally establish strategies which will strengthen their relationship and, ultimately, the health ministry to which they are called.

### ***Context of Ministry Setting***

The relationship between clergy and nurse always takes place within the context of their ministry setting. Because these ministry settings vary greatly, it is important for pastors and nurses *together* to evaluate what is unique about their particular setting and how that setting might affect their relationship and the way they do ministry. Areas to explore together include:

**Use of power**—A hierarchical setting will likely invest strong authority in the clergy. A permission-giving setting will emphasize equipping everyone for ministry with shared responsibility, authority and decision-making.

**Size of congregation**—Larger congregations tend to be more hierarchical in nature and task oriented. Smaller congregations will likely organize in order to bring people together and are often relationship oriented.

**Locale**—The location (rural, suburban, city) of the ministry site can shape how ministry is done and how nurse and pastor relate to and work with one another.

**History and culture of community of faith**—Every ministry setting has a history and congregational “personality” that influences staff relationships.

**Personalities and work styles**—No two people are alike. Differences and similarities in personality and work style can greatly affect how pastor and nurse work together.

**Age or gender issues**—Age and gender issues can affect the relationship between nurse and pastor in profound ways but are often subtle in expression and difficult to identify.

**Theological presuppositions**—Assumptions that the pastor and nurse hold about the nature of ministry, purpose of the church, implications of faith for personal and communal life, ministry priorities, and understanding of clergy/laity roles.

### ***Characteristics of a Healthy, Effective Working Relationship***

Regardless of the manner in which your ministry setting shapes the relationship between pastor and nurse, there are desired relationship characteristics which will enhance and strengthen the working relationship.

Those ministry teams which are healthy and effective typically share the following characteristics: clear communication; open, honest relationship of trust; mutual respect for unique abilities; defined responsibilities and respected boundaries; respect of differences in personality, work styles, along with strengths and weaknesses; appropriate use of power; supportive of one another professionally, personally, and spiritually; common understanding of confidentiality issues; intentional about maintaining and enhancing the relationship.

Additional characteristics that impact the relationship between pastor and nurse that are unique to a faith setting include: common understanding of how parish nursing fits into the mission of the congregation; shared ministry priorities; compatible belief systems; affirming one another’s sense of call to serve God.

Each characteristic provides fertile ground for conversation between nurse and pastor. There is a tremendous value in pastor and nurse simply talking together about the uniqueness of their ministry setting and how their relationship reflects healthy, effective characteristics.

### ***Developing an Intentional Strategy***

Virtually every nurse-pastor relationship can be improved or strengthened. But improvement or strengthening will not happen unless the pastor and nurse intentionally address issues and concerns. Working through each of the following will help ministry teams develop an intentional strategy:

***Identify Issues***—What ongoing issues need to be addressed?

***Set Goals***—What outcome is desired concerning the identified issue?

***Specify Activities***—What intentional steps will be taken to move toward the stated goals?

***Evaluate***—How and when will evaluation of the strategy take place?

**Revise**—What strategies need to be adjusted and clarified to meet desired goals?

Nurses and pastors who analyze their ministry setting, evaluate the relationship characteristics expressed in their work together, and develop intentional strategies to strengthen their relationship will experience a higher satisfaction as a ministry team. The time and energy to be in conversation will result in a healthier relationship and more effective ministry.

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