Promoting health and wellness in Australian church communities: the parish nurses' lived experience

A Thesis

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Date of Submission: ……

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Examiner's signature: ……..…….... Date: ..……

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STUDENT DECLARATION

Declaration:
I declare that all material contained in this thesis submitted to Avondale College is my own work, or fully and specifically acknowledged wherever adapted from other sources. I understand that if at anytime it is shown that I have significantly misrepresented material presented to the College, any degree or credits awarded to me on the basis of that material may be revoked.

Signed: …….. Dated: ……..

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TABLE OF CONTENTS

TITLE PAGE i

STUDENT DECLARATION ii

ACKNOWLEDGMENTS iii

TABLE OF CONTENTS iv

LIST OF TABLES AND APPENDICES vi

ABSTRACT vii

CHAPTER ONE 1

INTRODUCTION 1

- Overview 1
  - Introduction and significance of this study 1
  - Statement of purpose 5
  - Aim of the study 5
  - Definition of terms 5
  - Personal significance of the study 7
  - Arrangement of the report 8

CHAPTER TWO: NURSES AS HEALTH PROMOTERS IN THE CHURCH COMMUNITY SETTING 9

- Introduction 9
  - Perspectives on health promotion theory 10
  - Health promotion in the church community setting 12
  - Health promotion and research in parish nursing 13
  - Nurses' views on promoting health 16
  - Directions for research 17
- Summary 20

CHAPTER THREE: METHODOLOGY 21

- Introduction 21
  - Research design 21
  - Source of data 24
  - Sample 24
  - Data collection method 25
  - Reliability and validity 26
  - Confidentiality and ethical considerations 27
  - Theoretical background 28
  - Treatment and analysis of data 28
- Summary 29

CHAPTER FOUR: RESEARCH FINDINGS 30

Introduction 30
Presentation of findings 30
Theme I: Realising the unique identity of parish nursing 32
Theme II: Valuing a holistic approach to health promotion 37
Theme III: Recognising the church setting as shaping health promotion 40
Theme IV: Accomplishing health promotion 41
Theme V: Experiencing personal fulfilment 49
Theme VI: Recognising challenges 51
Theme VII: Looking towards the future 55
Retrospective findings 56
Phenomenological description of the experience 56
Summary 57

CHAPTER FIVE: DISCUSSION 58

Introduction 58
Realising the unique identity of parish nursing 59
Valuing a holistic approach to health promotion 59
Recognising the church setting as shaping health promotion 60
Accomplishing health promotion 62
Reflecting on the dynamics of promoting health and wellness in the church setting 62
Perceiving the shape of successful health promotion in the church setting 63
Experiencing personal fulfilment 66
Recognising challenges 67
Looking toward the future 69
Summary 69

CHAPTER SIX: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS 70

Summary 70
Conclusions 71
Implications of research findings 72
Limitations of the study 72
Recommendations for future studies 73

REFERENCES 74

APPENDIX I: Interview guide 79
APPENDIX II: Personal information questionairre 80
APPENDIX III: Information letter 81
APPENDIX IV: Consent form 83

LIST OF TABLES AND APPENDICES

TABLES Page

Table 1: Demographic characteristics of the parish nurse……..……31
Table 2: Demographic characteristics of church congregations serviced by the parish nurse……31
Table 3: Themes representing parish nurses' lived experience of promoting health and wellness in church settings…….....33

APPENDICES

APPENDIX I: Interview guide 79
APPENDIX II: Personal information questionairre..... 80
APPENDIX III: Information letter 81
APPENDIX IV: Consent form..... 83

ABSTRACT

Parish nursing, has emerged in Australia over the last decade with an aim to provide holistic health care to people in church community settings through health education, counselling, referral, support and co-ordination of volunteers. Great value has been placed on the health promotional feature of the parish nurses' role; however, to this time the experience of promoting health for the parish nurse has remained relatively unexplored. This research presents the results of a qualitative study to explore, identify and describe the lived experience of Australian parish nurses promoting health and wellness in Christian church communities. A phenomenological approach was used to analyse interview transcripts of nine parish nurses, resulting in the formation of seven themes describing their lived experience: realising the unique identity of parish nursing; valuing a holistic approach to health promotion; recognising the church setting as shaping health promotion; experiencing personal fulfilment; recognising challenges; and looking toward the future. An understanding of this experience enables reflection on the meanings of health promotion in this field and offers a base on which parish nurses may further explore best practice. The findings of this study can contribute to the body of knowledge used by parish nurses, educators and health promoters to further enhance developing models of practice within this emerging specialty.

CHAPTER ONE

INTRODUCTION

Overview

This thesis is a report of a phenomenological study of the lived experience of parish nurses promoting health and wellness in Australian church communities. The purpose of this study was to explore, identify and describe the meanings attached to the lived experience of Australian parish nurses of health promotion practice in this setting. Findings were based upon the interviews of nine parish nurses in the states of Victoria and South Australia in June, 2003. This first chapter of this thesis presents the background of the study, its significance and defines the phenomenon of interest. Methodology, purpose and aims of the study are then stated. The chapter concludes by defining the terms used within the study and outlining the arrangement of the report.

Introduction and significance of this study

More and more it is observed that improving health involves action concerning factors outside of health care systems and points to addressing social, economic and environmental determinants of health (World Health Organization, 1986). This is reflected in the World Health Organization's 'Ottawa Charter for Health Promotion' set out in 1986, where health promotion was stated as "the process of enabling people to increase control over, and to improve, their

health" (World Health Organization, 1986, p. 1). The charter argues that health promotion is more that just health education but includes structural changes in levels of society, such as building healthy public policy, strengthening community action and creating supportive environments, which are all vital to creating healthy living conditions and lifestyles. Health promotion emphasises the importance of empowering individuals, whose personal skills can be developed to enhance their own health as well as cooperating in community settings, such as churches. Such ideals have been reflected in the emergence of parish nursing, a specialty that uses the church community with its acknowledgement of the spiritual side of health as a base for promoting health and wellness in a community setting and the skills of the nurse to implement health goals (Bujis & Olson, 2001).

The parish nurse is a registered nurse practicing holistic nursing care as a specialty role within the church community setting (AFCNA, 2001). They are recognised for playing a role as a health advocate, personal health counsellor, health promoter and educator on health issues and disease prevention. In addition to these roles, they are also seen as a source of referral to health resources in the church and community, developer of support systems and facilitator and trainer of volunteers in health promotion ministry (Westburg, 1990; McDermott & Burke, 1993). Pivotal to all of these roles, the parish nurse is seen to be an interpreter of the close relationship between faith and health by practicing health care with holistic values (Biddix & Brown, 1999; Westburg, 1990; Wilson, 1997; Van Loon, 1999).

Parish nursing emerged as a nursing specialty in the 1980's under the guidance of Reverend Granger Westburg in the United States of America who saw the potential for nurses to administer holistic health care in the church community setting (Westburg, 1990). As Faith Community Nursing the specialty commenced formally in Adelaide, South Australia, in 1996

with a demonstration project involving five churches which led to the development of a conceptual model of faith community nursing for the Australian setting and formation of the Australian Faith Community Nurses Association (AFCNA) in 1997 (Van Loon, 1998). Further work of the association has enabled the development of specific standards of practice within this field which complement national competencies for all registered nurses as outlined by the Australian Nursing Council (ANCI) (AFCNA, 2001). In the year 2003, there were approximately fifty active parish nurses in Australia registered with the association (Van Loon, 2003).

Of interest to this study is parish nursings' emergence as a practical specialty within the church environment enabling the promotion of health and wellness. Such a role reflects contemporary standards of nursing practice worldwide where the nature of nursing activities has grown to something beyond hands on clinical care, encompassing skills of advocacy, counselling, teaching, management and health promotion (ANCI, 2000; Haddad & Umlauf, 1998). While the role of health promotion has been viewed as an integral part of practice in parish nursing however, little has been documented of the parish nurses' experience in promoting health or how it is perceived in this setting. Research in parish nursing, as explained in the literature review of the following chapter, has primarily explored the practical aspects of parish nursing programmes and dynamics of practice through the eyes of congregations. The experience of the parish nurse has received much less attention by researchers and the challenge remains to define and interpret the unique lived experience of parish nurses practice of health promotion in the Australian setting since its inception in the late 1990's.

The phenomenon of interest for this study is the lived experience of parish nurses in actively promoting health and wellness in the church setting. This phenomenon pertains to the personal thoughts, feelings and perceptions involved in the health promoting process as a

parish nurse. Their experiences and meanings the parish nurses give to this phenomenon are an important reflection of what constitutes health and wellness in this setting (van Manen, 1997). A study of this phenomenon is significant as parish nurses are in a unique position to influence and affect the health needs of the whole church community. Understanding their role in health promotion is a topic of importance when considering the changing Australian health care climate which requires a greater need to justify health care actions and budgets. Greater emphasis is being shown by government to recognize and use communities in sustainable health promotion initiatives. Before greater support can be given to community health initiatives, including those within the church settings, the benefits and evidence of nursing practice contributing to the health and wellness of church communities requires justification. As such, this study aims to contribute to such a need.

To explore and describe the thoughts, feelings and perceptions of parish nurses regarding the health promotional aspects of their role, it was deemed appropriate to use a qualitative, phenomenological research methodology. Such a method, which is described further in the following two chapters, allows the lived experience of the parish nurse and its ascribed meanings to be uncovered and described. Understanding the parish nurses' lived experience in promoting health would be a valuable contribution when defining the experiences that are unique to this profession and help advance best practice in health promotion within this unique field. Best practice is that which enables practitioners to compare how others are achieving health promotional goals so that their actions may be strengthened and improved (Wass, 2000). While the AFCNA (2001) 'Standards of Practice' for parish nurses allude to competencies which contribute to their performance in a health promoting role, guidelines for parish nursing best practice in health promotion are lacking.

Statement of purpose

The purpose of this study was to explore, identify and describe the experience of promoting health and wellness in Australian Christian church communities as it is lived from the parish nurses' perspective.

Aim of the study

The study aims to provide parish nurses, educators and health promoters with information on how parish nurses perceive their contributions to health promotion in the context of the church community setting. It is envisaged that the study's findings can contribute to the body of knowledge used by these groups of people, while further enhancing developing models of nursing practice in this new specialty and contribute to best practice in this field. The study also aims to authenticate the collective meanings of promoting health as shared by parish nurses in Australia, whilst giving them and other health care workers an opportunity to reflect on this health promoting role and setting (Caelli, 2001).

Definition of terms

The following definitions apply to the terms used within this thesis:

Parish nurse

Also known as a 'faith community nurse' or 'pastoral nurse', parish nurse is the term used to describe the registered nurse practising holistic nursing care as a specialty role within the church community setting (AFCNA, 2001).

Church community

"An organization of individuals who share values, beliefs, religious doctrine, and faith practices, and worship in a church" (Tuck & Wallace, 2000, p. 291).

Congregation member/church member

The term used to describe individuals that are part of the church communities in this study and recipients of parish nursing care.

Health promotion or promoting health

Health promotion is reference to "the process of enabling people to increase control over, and to improve, their health" (World Health Organisation, 1986, p. 1).

Wellness

Pertaining to being well, wellness has been defined as "the quality or state of being in good health, especially as an actively sought goal" (Merriam-Webster, 2003, p. 1).

Health determinants

The term used to describe the "personal, social, economic and environmental factors" (Nutbeam, 1998, p. 354) which have an influence on individuals' or communities' state of health and wellness.

Best Practice

Best practice is about evaluating the quality of achievements or outcomes. Within health promotion it has been described as, "those sets and processes and activities that are consistent with health promotion values, theories, evidence, and understanding of the

environment, and that are most likely to achieve health promotion goals in any given situation" (Kahan & Goodstadt, 2000, p. 3).

Phenomenology

"A qualitative research tradition, with roots in philosophy and psychology, that focuses on the lived experience of humans" (Polit & Hungler, 1999, p. 710).

Personal significance of the study

A personal interest in this study stemmed from having grown up in a Christian church community that values a 'health message'. During my nursing education, I realised that health promotion was an important aspect of nursing care often neglected in its truest sense within the normal hospital setting. As I learnt about this new field parish nursing, I became interested in how this role allowed nurses to function on a holistic level and promote health within congregational settings. Furthermore, I wanted to know how health was being promoted in Australian churches through parish nursing and how it was experienced by the nurses themselves. I was interested in what the parish nurses' perspective of the health promoting process was in this setting, leading me to question: How do parish nurses describe the health promotion experience in this setting? How are parish nurses 'doing' health promotion in churches? Is health promotion being done successfully in this unique community setting? To answer such questions I needed to go back to the roots of parish nursing, to the parish nurses and their experiences. I considered that the parish nurses themselves could provide valuable insights into this area of health care in church settings as they shared their stories. From such insights, I felt that this study could contribute to understanding and practice in this unique field that includes health promotion as one of its key roles.

Arrangement of the report

The following chapter in this report is a cursory review of the literature that underpins the need for this study. Chapter three details the research design and methodology used. Research findings are then presented in chapter four, followed by chapter five which discusses the results and their context within related research and literature. A summary of the study is presented in chapter six, including a conclusion and recommendations for future study in this area.

CHAPTER TWO

NURSES AS HEALTH PROMOTERS IN THE CHURCH COMMUNITY SETTING

Introduction

As a prelude to the literature review, mention must be made in regards to the methodological considerations of literature reviews in phenomenological research. Streubert & Carpenter (1999, p. 20) recommend that "qualitative researchers do not generally begin with an *extensive* literature review" but should only conduct a cursory review of the literature to help verify the need for and focus of the study. A premise of conducting phenomenological research is to discover what is unknown about certain phenomenon; therefore in an effort to maintain validity, the concepts presented in this initial review were put aside through bracketing during later data collection and analysis. This review proves valuable by providing an overview of needs for this type of study and an appreciation for the applicability of the research method in exploring the phenomenon of interest.

The following review presents an exploration of literature on the development of health promotion theory leading to a discussion of health promotion within the church community setting. Following this, parish nursing research is explored for evidence of health promotion practice and to assess whether the experience of the parish nurse in promoting health within the church has been described. Phenomenology as a research method is then discussed, followed by a brief investigation of research that has utilised phenomenology to study the lived

experience of health promoters. In conclusion it is argued that the phenomenological research method is justified in exploring the role of the parish nurse in promoting health and wellness in their respective church communities.

Perspectives on health promotion theory

Health promotion theories and concepts developed in the 1970s when behaviour and lifestyle became recognised for its effect on health. These theories exerted a great influence on enlarging the thinking of health care beyond the traditional medical model, which had predominately focused on the treatment of disease (Noack, 1987). Early theories principally drew on psychological theory and included the health belief model, the theory of reasoned action and planned behaviour, the stages of change model and social learning theory (Baum, 1998; Nutbeam & Harris, 1999). During this time health "moved beyond disease prevention by incorporating notions of promoting physical and emotional wellbeing" (O'Connor & Parker, 1995, p. 39-40) and incorporated ideals of 'health determinants' affecting the health of individuals and communities. Yet still, health promotion concepts did not fully reflect the huge array of social, economic and ecological factors affecting the health of individuals and communities.

In the 1980s, further understanding of the factors affecting health emerged in the development of the socioecological perspective of health and wellness. This model placed greater emphasis on developing standards for health promotion which were both comprehensive and sustainable, reflecting primary health care needs and making it possible for developing countries to achieve the same goals as more industrialised nations (Baum, 1998; Noack, 1987). In response to these changing attitudes towards heath promotion the 'Ottawa Charter for Health Promotion'

was developed by the World Health Organisation in 1986. Presented at the First International Conference on Health Promotion, the Ottawa Charter signalled the dawn of a new strategic position towards achieving health for all and called for health professionals worldwide, including nurses, to work towards addressing the determinants of health within a socioecological framework. As Baum (1998, p. 35) suggests, "the genius of the Ottawa Charter lay in the fact that it managed to integrate many of the different perspectives on health promotion" facilitating a multi-strategic, multi-level approach to health. This new attitude included both behavioural and lifestyle approaches in skills acquisition for health, as well as looking to improvements in different sectors of society to support healthier environments and change.

Among other developments at this time, the effect of communities in determining health outcomes was acknowledged and reflected in emerging theories of community development and social action (Nutbeam & Harris, 1999). Community mobilisation to tackle the determinants of health and sustain the effects of change was valued as it became recognised that "the capacity and opportunities for individuals to bring about change to their health can be significantly affected by the competence of the community in which they live" (Nutbeam & Harris, 1999, p. 7). Beyond this, settings within communities were recognised as having an important impact on people's health. These settings such as community clubs, workplaces, schools and churches were seen as places where people spent a great deal of time and were seen as a great influence on health both directly through the services and programs they provided and less directly through provision of social support (Nutbeam & Harris, 1999). These developments and theories that have emerged over the last 30 years have widely influenced health promotion strategies in society today, including those within church communities.

Health promotion in the church community setting

The value of the church as a community setting for health promotion has been well documented in research literature (Lasater, Carleton & Wells, 1991; Peterson, Atwood & Yates, 2002; Randsdell & Rehling, 1996). Studies demonstrate that churches can play an important role as a community institution within which health promotion and disease prevention activities can take place, including particular cultural groups in society (Randsdell, 1995; Markens, Fox, Taube & Gilbert, 2002; Peterson, Atwood & Yates, 2002; Randsdell & Rehling, 1996; Stillman, Bone, Rand, Levine & Becker, 1993; Weinrich, Holdford, Boyd, Creanga, Cover, Johnson, Frank-Stromborg & Weinrich, 1998; Castro, Elder, Coe, Tafouya-Barraza, Moratto, Campbell & Talavera, 1995; Duan, Fox, Derose & Carson, 2000). Reflecting on these studies, however, there is very little or no mention of nurses being utilized within congregations to implement health promotion programmes. Parish nursing as a specialty, which is now known for its role in promoting health is not acknowledged. Such literature, however, does provide valuable descriptions of how churches can serve as vehicles for delivering health messages and initiate health promoting behaviours.

According to Randsdell & Rehling (1996) successful health promotion can occur within churches as they use volunteers, conduct needs assessments, involve the minister, develop a model of care and have the support of health care affiliates, such as hospitals. Similarly, seven key elements for successful or strong church-based health promotion have been identified by Peterson et al. (2002) as: enabling partnerships, promoting positive health values, having available services, having accessible facilities, enabling community focussed interventions, facilitating health behaviour change, and creating supportive environments.

Health promotion and research in parish nursing

A preliminary review of parish nursing literature suggests that the role of the parish nurse encompasses various aspects of health promotional practice. Within this literature emphasis is made on the distinctive aspects of care that the congregational setting affords (Bujis & Olson, 2001; Chase-Ziolek & Iris, 2002; Weis, Matheus & Schank, 1997). Authors have reiterated the value of parish nursing in supporting and sustaining healthier communities (Evans, 1995; Magilvy & Brown, 1997) and parish nursing practice has been seen as valuable in addressing the social and spiritual supports to enable sustained health promoting behaviours in distinct populations, such the elderly (Boland, 1998; Rydholm, 1997). Chase-Ziolek & Iris (2002, p. 184) comment that, "congregations have been and will continue to be places where promoting health makes sense." Churches help create supportive environments, foster development of personal skills, facilitate intersectoral collaboration with other health professionals and enable health through their teachings and actions in health promoting activities. They also support social justice and equity, issues that are crucial in health promotion initiatives, by having similar values of equity, respect, social justice and peace. As such, Bujis & Olson (2001) suggest that the determinants of health as promoted by the Ottawa Charter are being influenced within the church setting through parish nursing practice.

Since its inception, parish nursing has been the focus of limited research studies chiefly in North America concentrating on establishing models of practice, the spiritual aspects of nursing and assessments of localized parish nursing programmes from both nurses' and clients' perspectives. Early studies conducted set the scene for understanding the dynamics of the profession in terms of demographics, parish nursing practice, use of parish nursing services and evaluation processes (Kuhn, 1997; McDermott & Burke, 1993). Needs assessments of

individuals within churches already involved in or planning to set up a parish nursing program have also been the focus of various studies by Baldwin, Mumbles, Armmer & Cramer (2001), Miskelly (1995), and Swinney, Anson-Wokka, Maki & Corneau (2001). Findings within these studies have demonstrated that parish nurses are valued for their active role as health promoters within the parish nursing model of care and are able to promote health in a variety of ways. As the profession has grown, more research has emerged focusing on describing the specific activities and services of the parish nurse within congregational settings, showing that a major part of the parish nurses role encompasses health promoting activities such as health education and counselling (Coenen, Weis, Schank & Matheus, 1999; Huggins, 1998; McDermott & Burke, 1993; Magilvy & Brown, 1997; Miskelly, 1995).

Further studies within parish nursing have concentrated on exploring the holistic nature of the specialty, showing that parish nursing has been appreciated by congregations for promoting health that encompasses wellness of the body, soul and spirit (Kuhn, 1997; Chase-Ziolek & Gruca, 2000; Tuck, Wallace & Pullen, 2001; Tuck & Wallace, 2000; Wallace, Tuck, Boland & Witucki, 2002). Within Tuck, et al.'s (2001) quantitative study focusing on spiritual care in parish nursing, the two second most frequently listed activities of parish nurses following holistic care were those of health promotion and health education.

Bay & Graham (2001) conducted a qualitative descriptive study into the reasons why parish nurses were attracted to this specialty and what parish nursing meant to them. Forty two parish nurses interviewed were found to value their calling, holistic practice, autonomy in practice and expressed dissatisfaction with traditional health care, all factors which impacted on their experience and willingness to practice in the church setting. The study results provide

useful insights into what motivates parish nurses in this setting and can serve to inform health promotion practice in this field.

In a programme specifically pertaining to health promotion in parish nursing, Gustafson (1998) utilised Pender's Revised Health Promotion Model (Pender, 1996) based on social cognitive theory, to design and assess the effectiveness of a programme based on healthy sexuality for parents and teens, facilitated by parish nurses in a number of North American churches. Early assessments showed that goals of the study were being reached, with participants reporting positive comments on the quality, purpose and outcome of the programme. It remained to be seen, however, what the long term effects of such health promotion activities were. Implications for parish nursing health promotion practice were not discussed by the researcher, instead only a recommendation that nurses are in a unique position to function within a health promoting role was noted.

An important study in terms of parish nursing within Australia is Van Loon's (1999) participatory action research, which enabled conceptualisation and commencement of faith community nursing in Australia through a demonstration project involving five communities. The project allowed greater understanding of parish nursing to be explored, management issues and the functions of parish nurses to be defined. Health promotion was valued as one of the important parts of the parish nurses' nurturing role in this new specialty. Reported activities of health promotion in the study were health education and programmes focussing on healthy "behaviour change, public health, disease prevention, disease screening and public safety" (p. 220).

Nurses' views on promoting health

Central to this study is research which explores and documents parish nurses' experiences in providing health promotional services that gives understanding to the parish nurses' perceptions of their role in the church setting. Among the available research there is comparatively less attention given to exploring these experiences. Chase-Ziolek & Iris (2002) used a descriptive, exploratory study utilising focus groups and interviews to explore the parish nurses' (n=17) perceptions of their practice in North America. The parish nurses reported that through their position within this setting they felt they could make a difference through roles in health promotion, advocacy, education and health counselling and that the context of the congregational setting enabled opportunities in health care, as well as presenting a variety of challenges.

In studies outside of parish nursing, Haddad & Umlauf (1998) interviewed Jordanian nurses and midwives (n=104) in primary care settings to explore their attitudes towards health promotion in their practice. In order to develop continuing education strategies on health promotion they felt it was firstly important to identify how the nurses perceived their professional responsibilities and role in regards to health promotion. They suggested that "the ability of nurses and midwives to provide health promotion depends not only on knowledge alone but also how they perceive their role" (p. 517). Among other things, lack of time to deliver health promotional activities was a concern for half of the nurses in the study. The researchers suggested that respondents conveyed a sense of inability to provide health promotion interventions and felt this may have been due to a lack of clarity in job descriptions, a shortage of training in health promotional work and few health promotional resources being available within the Jordanian health care system.

Directions for research

What emerges from this initial survey of nursing research is that the experience of promoting health and wellness for nurses remains largely unexplored. The majority of parish nursing studies reflect aspects of parish nursing as experienced in North America which also questions the applicability of findings to parish nursing in Australia where different factors affect health care delivery. Not only does the challenge remain to explore and describe the dynamics of health promotion practice by parish nurses in the Australian setting, but there is also a need to reflect on how such practice mirrors health promotional theory, concepts and best practice.

As Streubert (1991, p. 119) points out, to develop theories or conceptual frameworks within new areas of practice the challenge is to first describe the concepts that are basic to the phenomenon of interest. As such, to maximize the potential of parish nursing practice in the area of health promotion there is a need to first describe the parish nurses' experiences of promoting health and wellness within the church. According to Ritchie & Rowling (1997, p. 9) good health promotion research that informs health promotion practice falls within the interpretive paradigm. Qualitative methods enable the multi-strategic and dynamic nature of health promotion to be explored while the depth and diversity of individual experiences and meanings are valued. As such, the qualitative method of phenomenology as an approach to the enquiry of the lived experience of parish nurses in promoting health and wellness within this study was deemed appropriate.

As a research technique phenomenology enables the stories, perceptions, lived experiences and the meanings that people attach to their experiences to be described (Polit & Hungler, 1999). This method is deemed appropriate to enable language to be given to the parish

nurses' experiences in this study (Streubert & Carpenter, 1999). It allows not just what is seen but that which is experienced, perceived and felt as important in promoting health and wellness successfully or otherwise in this setting be explored (Streubert & Carpenter, 1999). As such, health promoting experiences for parish nursing could be quantified not just in terms of change or action but understood contextually through the nurses' views of what makes this role important and successful (Pope & Mays, 1999).

Phenomenology's other important attribute is that it allows for a holistic view and understanding of experience (O'Brien, 2003; Streubert & Carpenter, 1999). As parish nursing is a specialty that has emerged as a result of a desire to deliver holistic health care to communities, this qualitative method was deemed highly appropriate for this study (Streubert & Carpenter, 1999; O'Brien, 2003). In this study, it was expected that through the use of a phenomenological method of inquiry a comprehensive insight would be gained of the holistic experience within parish nursing.

As a research method, phenomenology has been used widely to study the lived experience of clients in healthcare and to a lesser extent, nurses' and student nurses' lived experiences within various facets of health education and practice. Included in these studies have been investigations into the meanings of nursing within critical care (Jones & Fitzgerald, 1998), hospice (Rasmussen, Sandman & Norberg, 1997) and oncology nursing (Loftus & McDowell, 2000). Breeding & Turner (2002) used a phenomenological approach to explore the registered nurses' lived experience of advocacy within Australian critical care units. Their research sheds light on pre-existing knowledge of advocacy in nursing as well as challenging educators and theorists to re-think their definition of advocacy so that it truly reflects how nurses experience it within their practice. In the same way, it was hoped that through a phenomenological method

greater understanding of the meaning of health promotion in church settings by parish nurses would be gained for use in practice and education through this study.

Phenomenological studies specifically focusing on the lived experience of health promoters are few. Of these, the experiences of peer educators in diabetes education was explored by Struthers, Hodge, DeCora & Geishirt-Cantrell (2003) and nurse-specialists' perceptions in their role and function in relation to starting adult diabetics on insulin by Sigurdardottir (1999). Struthers et al.'s (2003) study involved examining the experience of four American Indian lay educators who were using indigenous 'talking circles' to speak with other community members about risk factors and management of type 2 diabetes. Through their study, useful insights into the experience and meanings of health promotion for the health facilitators were captured and described. Among themes emerging from the health promoter's experiences, the educators valued incorporating cultural approaches and beliefs to teaching about health and healing for people with diabetes.

Six diabetic nurse educators in Iceland were part of a phenomenological study by Sigurdardottir (1999) to define perceptions of their role in educating an adult on insulin. By examining the experiences of these nurses, the researcher was able to propose themes describing this role and found that it was more complex than previously described in nursing literature. The study's findings were viewed as being of importance to facilitate improved understanding in diabetes specialist eduction.

These phenomenological studies provide an example of how this method can be used to understand the perceptions of health promoters and influence directions of practice and education in the future. The uniqueness, successes or otherwise and actual practice of health

promotion in the church could likewise be explored through a phenomenological method to uncover the lived experience of parish nurses in Australia in this research.

Summary

The concept of health for all members of society, both individually and communally that has emerged over the last three decades has enabled the development of health promotion concepts and theories. In reviewing the literature it can be seen that parish nursing practice shows evidence of health promotion being achieved in the church community setting. Among this literature, however, there is a scarcity of research which enables reflection on how parish nursing is achieving health promotion in this setting and how parish nurses as health promoters perceive their role, actions, successes or otherwise in the health promotion process. Parish nursing literature also fails to consider ideals of best practice and health promotional theories. Phenomenology as a qualitative research method has been discussed as a valuable way in which the experiences of parish nurses promoting health in the church community setting could be assessed. It was seen that this method of research has been used successfully in various studies to reassess ideas of practice in health promotion. The following chapter describes how this particular research study took place through the use of the phenomenological method to explore the lived experience of health promotion practice in parish nursing.

CHAPTER THREE

METHODOLOGY

Introduction

The following chapter provides a detailed description and explanation of how this research was carried out using the qualitative research method of phenomenology. It begins by examining the use of this method as a mode of inquiry and detailing the methodological approach of Streubert (1991) used in this study. Next, the aspects of the research process pertaining to sampling, source of data and data collection are detailed. To follow, reliability and validity issues are discussed along with confidentiality and ethical considerations. To conclude, the phenomenological method as a theoretical framework in this study is discussed, followed by a section detailing how data analysis was conducted leading to a description of themes portraying findings.

Research design

A qualitative research method of phenomenology that lies within the interpretive paradigm was used in this study, guided by Streubert's (1991) research methodology. The purpose of this study was to explore, identify and describe the experience of promoting health and wellness in Australian Christian church communities as it is lived from the parish nurses' perspective. As such, phenomenology was chosen as a suitable method as it "brings language to perceptions

of human experience" (Streubert & Carpenter, 1999, p. 43). Phenomenology is also useful as it allows for in-depth descriptions of particular phenomena as lived experiences to be collected in new and unexplored areas. As parish nursing remains an emerging practice in Australia it was deemed an appropriate method in which to study this contemporary mode of health care practice (Polit & Hungler, 1999).

Phenomenology "is the study of phenomena, the appearance of things" (Cohen, 1987, p. 31). It has its roots in philosophy and philosophy's' approach to ways of thinking about things within the world. As a philosophy and a science, phenomenology has developed through various phases, firstly dominated by European thinkers in the 20th century such as Husserl, Heidegger and in later years by Merleau-Ponty and Spiegelberg (Streubert & Carpenter, 1999). Each of these philosophers interpreted phenomenology differently and offered a range of ways to approach this method of inquiry, but most importantly all contributed to its use as a valid way of thinking about phenomena. Streubert & Carpenter (1999, p. 43) describe phenomenology as "a science whose purpose is to describe particular phenomena, or the appearance of things, as lived experience." Husserl (1965, p. 102 cited in Streubert 1991, p.119) "challenged individuals to go 'back to the things themselves' in order to investigate human perception of experience." By being free of preconceived ideas about something, all parts that make up a phenomenon can be described comprehensively.

Of the various methodologies within phenomenological research Streubert's (1991) was chosen in this study for its established use in nursing research. The work of Streubert also draws on others, including van Manens' (1997) whose hermeneutic phenomenological approach enables understanding of the lived experience, or the study of experience as it is lived. Van Manens' (1997) work provides useful insights into hermeneutic phenomenology

which Omery (1983, p. 53) states looks to interpret "the concealed meanings in the phenomena that are not immediately revealed to direct investigation, analysis and description." According to van Manen (1997, p. 97), "phenomenology attempts to systematically develop a certain narrative that explicates themes while remaining true to the universal reality or essence of a certain type of experience." Its aim, therefore, is to give language and meaning to each individual's perceptions of their lived experience of a particular phenomenon and is related to all that affects a person, internally and externally (Streubert & Carpenter, 1999). Phenomenology therefore allows for holistic reflection and understanding of a person's experience, a view in which nurses are acquainted within their profession.

Streubert's (1991) approach to the methodological interpretation of phenomenology was used as a guide to the research approach in this study, which included the following steps:

1. Spelling out the phenomenon of interest.
2. Bracketing any suppositions.
3. Interviewing the participants in settings unfamiliar to the researcher.
4. Transcribing and reading interview transcripts to obtain a general sense of the lived experiences being described.
5. Reviewing transcripts to uncover essences of phenomenon.
6. Capturing central relationships.
7. Formalizing descriptions of the phenomenon.
8. Validating descriptions by referring back to participants.
9. Reviewing relevant literature.
10. Disseminating the findings of the study.

Source of data

Original data regarding the phenomenon of interest was collected from parish nurses through open ended interviews. Eight females and one male living in metropolitan and rural areas of South Australia and Victoria contributed to the study. Demographic data of interest was also collected at the time of interviews to provide an overview of the participant's roles in parish nursing and descriptions of their church communities.

Sample

Study participants were selected using a purposeful sampling technique, as is customary with phenomenological research (Streubert & Carpenter, 1999, p.58). This meant that they were included due to their involvement with and knowledge of the topic under investigation. In this study they were registered nurses working or volunteering in the field of parish nursing within Australia and recruited through the Australian Faith Community Nurses Association. An invitation for participants was placed in the association's newsletter and emailed to members throughout Australia. Written invitations were also mailed to all parish nurses in New South Wales, Victoria and South Australia, areas that were later deemed logistically possible for the researcher to reach. From this process nine parish nurses were selected to be interviewed, after which saturation of data was seen to be attained as common themes were found to be consistently reoccurring and confirmed during interview sessions (Streubert & Carpenter, 1999).

Data collection method

The primary method of data collection in this study was through the use of an open-ended interview. Interviews took place over three weeks during the month of June, 2003 in eight participant's homes and one church office. The length of interviews ranged from twenty five minutes to one and a half hours. Interviews were audio taped and followed a guide to ensure that consistency was maintained between participants (see Appendix I). Demographic data of interest was also collected from participants through the use of personal information questionnaires at the time of interviews (see Appendix II).

The primary interview question used to explore the phenomenon of interest was as follows:

> *In your own words, could you please share with me your personal thoughts, feelings and perceptions relating to your experience of promoting health and wellness in your church as a parish nurse.*
>
> *That is:*
> - *Tell me of your thoughts on promoting health and wellness as a parish nurse in the church community.*
> - *Tell me how you perceive the success or otherwise of the promotion of health and wellness in your church community through your work.*
> - *Describe your feelings on the uniqueness of your role as a parish nurse in your local church community in promoting health and wellness, in comparison with nursing in other settings.*
>
> *Please take as much time as you wish to discuss these topics, sharing all the perceptions, thoughts and feelings that you can recall.*

Further data for reflection included written notes in the researcher's personal journal following interviews and throughout the data analysis process. During the final stage of data collection, a full description of the analysed data was referred back to participants in order that they may review the findings to ascertain whether it had been presented as a valid reflection of their experience. This process allowed for clarification, modification and inclusion of any new data that participants felt important to add. Replies received from all but one parish nurse

acknowledged that the findings reflected a true picture of their reported experience, with additional comments included in a section detailing retrospective comments.

Reliability and validity

A possible limitation with this study was that because there was only one researcher collecting data and conducting analysis there was a risk of misinterpreting or misunderstanding phenomena. Trustworthiness and authenticity of the data collected by qualitative research is a valid issue. To ensure validity of results, several measures were undertaken. Firstly, when analysing the data, Streubert's (1991) method was used consistently throughout the study. A written guide was used during interviews to ensure consistency. As the transcripts provided the basis for analysis audiotapes they were personally transcribed by the researcher (Byrne, 2001). Descriptions of experiences were returned to participants for analysis and validation prior to the finalisation of study findings (Streubert & Carpenter, 1999).

Bracketing, as described by Streubert & Carpenter (1999) was employed as a technique to enable the researcher to identify any assumptions, knowledge and preconceptions in relation to the phenomena being researched so that they could be put aside during the process of gathering and examining data. This was employed throughout the data collection process, beginning with the spelling out of the phenomenon of interest and continuing during interviews and data analysis. This was aided by the use of a journal in which personal suppositions were acknowledged and put aside. Some of the assumptions documented were:

- Christians understand wellness to mean complete health of body, mind and spirit.

- Parish nurses are actively involved in health promotion through health education of groups in the church according to their needs, liaising with other community health groups or service providers and doing individual consultations.
- Christian churches have a comprehensive understanding of holistic health practice and are active in promoting this to their congregations.
- Health promotion understanding is based on principles of the Ottawa Charter for Health Promotion

Confidentiality and ethical considerations

Ethics approval for conducting research using human subjects was granted from the Avondale College Human Research Ethics Committee prior to commencing the study. Each participant in the study was fully informed of the research via information letters relating to the purpose of the study, confidentiality issues and their personal rights as participants (see Appendix III). Confidentiality of participants' identities was ensured through the use of an alias and care taken when writing up findings to ensure that participant's identities were not revealed in any way. To engage in the research all participants were required to sign a consent form indicating that they understood the method and reasons for the research and their rights as participants (see Appendix IV). All data collected was secured and stored in a locked cabinet at the researcher's home and not shared with anyone other than the individual participants. All transcripts will be shredded and tapes erased or destroyed five years after the completion of the study.

Theoretical background

As a phenomenological study, this research was not based on a particular theoretical or conceptual framework as its goal was to explore health promotion in this unique setting. Omery (1983, p. 50) states that when employing the phenomenological method, "the researcher is not seeking to validate any preselected theoretical framework. A phenomenological researcher has no preconceived operational definitions. The subject to be studied is approached naively, all data accepted as given." In this way "the researcher using this method strives to understand all data in the experience…from the perspective of the participants in the experience." Study findings which help to explain and define health promotion in this setting were seen as an initial step in contributing to discussion which pertains to theoretical frameworks of health promotion practice within such community settings (Polit & Hungler, 1999). Through this phenomenological approach, therefore, findings could illuminate health promotion frameworks, rather than being based on them.

Treatment and analysis of data

Quantitative demographic data pertaining to the parish nurses' was analysed using descriptive statistics. Streubert's (1991) method of phenomenological research was utilised as the basis for analysing all interview data. Interviews were fully transcribed by the researcher to computer files and read in depth to gain an overall picture of the phenomena being described. Through total immersion of data, significant statements were then highlighted. These highlighted phrases were then copied and pasted in a separate computer file for each participant. These statements were then given a code pertaining to the experience being described and like coded phrases from all participants were placed together in categorised files. Later, these categories

were combined under seven thematic headings with further sub-themes and branches used to represent the lived experience of the parish nurses.

Data immersion facilitated themes, relationships and essences surrounding the phenomenon to be formulated contextually in order to discover their meanings within the lived experience of the participants (Streubert, 1991; Streubert & Carpenter, 1999). Themes were then described through a written description of the phenomenon as presented in the following chapter of this thesis. The written description was then given to participants to read and verify, in order to determine whether a reasonable account of experiences had been recorded. A further comment received from one participant was included as a retrospective finding. In keeping with the phenomenological methodology as outlined by Streubert (1991) a detailed literature review then followed data analysis in order to gain a contextual understanding of the described experience, as presented in chapter five, forming a discussion of the findings.

Summary

The design of this study was based on a phenomenological approach to uncover the lived experience of the parish nurses' promoting health and wellbeing in the church community setting. Streubert's' (1991) methodology was followed in gathering data through open-ended interviews of participants and in data analysis. Data analysis revealed categories within the experience that were later collated into seven themes to describe to the experience of health promotion for the parish nurses which is presented in the following chapter.

CHAPTER FOUR

RESEARCH FINDINGS

Introduction

This chapter presents the findings revealed through analysis of data gained through interviews of nine parish nurses in this phenomenological study into the lived experience of promoting health and wellness in Australian church communities. Actual words of the parish nurses are presented in italics. Despite being placed within separate themes in this presentation it must be pointed out that findings intrinsically are linked with one another. Themes should be viewed as interlinking parts within the total picture of the experience being described. Demographic data of interest is also presented as part of these findings. A section of retrospective comments regarding the findings received from one parish nurse in the validation process is also presented in this chapter, followed by a phenomenological description of the health promoting experience.

Presentation of findings

Table 1 details the demographic characteristics of the parish nurses who participated in this study. One parish nurse was male, eight female with an average age of 53 years (range = 35-65 years) and had been parish nursing for an average of 4 years (range = 1-7 years). The majority were coordinators (89%) who were working as part time volunteers. One parish nurse

Table 1 Demographic characteristics of the parish nurse (N = 9)

	Frequency	Percent
Gender:		
Male	1	11
Female	8	89
Age:		
35-45	1	11
46-55	3	33.5
56-65	4	44.5
No information	1	11
Years of practice as a parish nurse:		
1-2	3	33.5
3-4	2	22
5-6	4	44.5
Position:		
Co-ordinator	8	89
No information	1	11
Status:		
Paid, full-time	0	0
Paid, part-time	1	11
Volunteer, full-time	0	0
Volunteer, part time	8	89

Table 2 Demographic characteristics of church congregations serviced by the parish nurse

	Frequency	Percent
Church/denomination:		
Anglican	2	22.2
Baptist	2	22.2
Roman Catholic	1	11.1
Church of Christ	2	22.2
Lutheran	1	11.1
Uniting Church	1	11.1
Size of congregation:		
50-150	1	11
151-300	5	56
301-450	0	0
451-600	1	11
601-750	1	11
751+	1	11
Number of people individually using parish nursing service per week:		
0-5	5	56
6-10	1	11
11-15	2	22
16-20	1	11

was paid and working part-time. The parish nurses were servicing a broad range of Christian denominations including Anglican, Baptist, Roman Catholic, Church of Christ, Lutheran and Uniting Church as shown in Table 2. The majority (67%) of the parish nurses were managing congregations with a fairly small membership. The remaining nurses (33%) were servicing medium to large congregations. All of the parish nurses were providing services to members of their parishes on a weekly basis. The mean number of church members being assisted was 7

people (range = 1-20 members per week), indicating some parish nurses had a heavy caseload.

Analysis of the data produced seven major theme headings describing the parish nurses' lived experience of promoting health and wellness in the church community setting. These included: realising the unique identity of parish nursing; valuing a holistic approach to health promotion; recognising the church setting as shaping health promotion; accomplishing health promotion; experiencing personal fulfilment; recognising challenges; and looking toward the future. From these major themes various sub-themes and branches were described, as represented in Table 3.

Theme I: Realising the unique identity of parish nursing

In promoting health and wellness in the church setting, the descriptions of the parish nurses revealed an experience of realising and cherishing the unique attributes and identity of their role. This was observed as they reflected on the concept of the nurse as a parish nurse and by defining what they believed they were able to achieve in health promotion, through their role.

A. Reflecting on the concept of the nurse as a parish nurse

Parish nursing as a role was seen as unique, providing an identity through which distinctive values within nursing care and health promotion could take place. These reflections were exhibited by the participants in the sub-themes of: d*iscovering it is not like other nursing;* and *valuing the opportunity, the privilege.*

Table 3: Themes representing parish nurses' lived experience of promoting health and wellness in church settings

Theme I: Realising the unique identity of parish nursing

A. Reflecting on the concept of the nurse as a parish nurse
1. Discovering it is not like other nursing
2. Valuing the opportunity, the privilege

B. Seeing parish nursing as more than "hands on"
1. Enabling true caring
2. Having time to be there
3. Being able to really listen

Theme II: Valuing a holistic approach to health promotion

1. Having a holistic view of health
2. Believing in and promoting the spiritual dimension of health and healing
3. Appreciating the God factor in health promotion

Theme III: Recognising the church setting as shaping health promotion

1. A sense of predestination
2. Seeing church as a unique community setting for health promotion

Theme IV: Accomplishing health promotion

A. Reflecting on the dynamics of promoting health and wellness in the church setting

1. Health promotion: a growing process
2. Realising and addressing health determinants within church community
3. Recognising health promotion resources
    a. Valuing teamwork and networking

B. Perceiving the shape of successful health promotion in the church setting
1. Looking back at successes
    a. Empowering people for health
    b. Enabling changes for health
    c. Creating a caring congregation

2. Reflecting on foundations for success
    a. Already having a connection
    b. Understanding how people react

Theme V: Experiencing personal fulfilment

1. Fulfilling a calling, fulfilling dreams
2. Feeling satisfaction in using personal talents

Theme VI: Recognising challenges

A. Reflecting on difficulties
1. Facing misconceptions on the role of the parish nurse
2. Identifying misconceptions on the role of the church in promoting health.
3. Meeting limitations/failures

B. Responding to challenges
1. Handling church community perceptions of health and health promotion
2. Dealing with church community perceptions of parish nursing

Theme VII: Looking toward the future

1. Dreaming
2. Planning

1. Discovering it is not like other nursing

The parish nurses expressed that discovering this unique style of nursing and how it allowed them to care for people in a holistic Christian way as being a something of refreshing realisation. Like a light going on in a dark room, this moment of awareness was described by Mary as *"uh hah moment."* As part of this discovery they also contrasted parish nursing to their experiences of nursing in other settings and eras. In parish nursing there was a sense of more time being available to do what was really needed and the opportunity to use more initiative in health care decisions. Naomi commented, *"it's so totally unlike hospital nursing…[and] so different to district nursing…where the district nurse comes in and sort of does things…the parish nurse goes and doesn't do things.*" Ruth stated that in parish nursing *"there's a lot of capacity…to do just simple little things that you don't have the opportunity to do in the main nursing role.*"

When defining nursing beyond its traditional role, Kate reflected that parish nursing is "*not so much of a hands on, treatment type of service.*" Mary also commented that it was a "*role apart"* from other nursing. On reflection she commented that "*the role is health counselling, health promotion, which is…education…co-ordinating of care giving volunteers in the congregation, [and] being a liaison advocate for other people…these roles overlap in so many ways.*" Diane saw that parish nursing had "*three prongs…health education/health promotion, support/counselling/advocacy, and referral.*" She also felt that parish nursing was essentially unique as it helped those "*falling through the gaps*" and picked up anyone who didn't fit into the mainstream health care system.

2. Valuing the opportunity, the privilege

The unique opportunity of parish nursing to meet health care needs was valued as a special privilege by the participants. This was reflected by Naomi who said, "*You're meeting the person really, soul to soul…and that is a very special point…you can hardly identify it, but it's there."* Edleigh also commented that parish nursing offered an experience that *"was unique; you were invited into areas of peoples lives that…you didn't think you'd ever get into…that was…very unique and you count it as a privilege."*

B. Seeing parish nursing as more than "hands on"

In describing their roles as being more than "hands on" nursing, the parish nurses reflected that they could achieve health promotional work more successfully through the sub-themes of: *enabling true caring; having time to be there;* and *being able to really listen.*

1. Enabling true caring

Care in parish nursing was connected with the concept of providing holistic health care where the spiritual aspects of health were incorporated into the process of promoting health and wellness. Naomi reflected that promoting health in parish nursing was not always about accomplishing things, saying, "*In not doing things, you really broaden the base from where you come and so…you do bring the spiritual and…the gentle care."* In this setting caring was a practical expression of Mary's religious beliefs who felt "*a parish nurse is an extension of the caring aspect of the congregation."* Caring was experienced as meeting basic human needs of friendship, support and being able to listen.

2. Having time to be there

Connected with the experience of being able to truly care the parish nurses expressed that this role gave them the unique opportunity of being able to spend more time with people. Enhancing the therapeutic relationship, just being there meant having time to sit and listen and gave opportunity for the discovery of people's real needs. Naomi described this experience as being an opportunity "*to just be with the person and meet their needs whatever they are… [and] walk their journey with them*." Edleigh found that for men in particular, being there with people meant "*you sort of had to make time to actually…just hang out there with them,*" being around until the real issues came out.

Having time to be there also emerged as one way in which the parish nurses compared this style of nursing with working in other settings. Ruth observed, "*I can never sit with people in the hospital for long…and talk to them…I feel like when I work in the hospital I'm much more of a doer to people…and a doer for people, but when I work in this role, I'm much more of a being, I'm actually with them."* For Louise this nursing experience also meant there was no time limit on caring as she said, *"potentially I could spend as much time as needed. I can use my own instinct to go back to do a follow up call, whereas in some other sorts of jobs you can't do that*." For Mary having time to be there meant being a comforting presence, saying *"they don't necessarily have to use you all the time, but the fact that you were there…is a reassurance*."

3. Being able to really listen

Having time to listen was also part of the role that the parish nurses valued. Diane reflected, *"What these people need is just, somebody, a friend, and somebody who will listen to them, somebody who will care for and support them."* Listening was all about doing nothing else, blocking out all the peripherals, being open to hear what people were saying, an experience of understanding, communicating, responding and even just being there in silence. Naomi related one experience that highlighted this aspect of promoting health and wellness for her with one particular gentleman where she "*used to sort of look around at his little flat and think 'should I be doing all this cleaning up and reorganising?'…and I thought 'no I shouldn't, I should just be sitting here…listening to him'…the listening is really such an important part of it."* For her listening was a fulfilling experience that followed Jesus' example of caring, saying, "*Jesus promoted health and he listened to people where they were…in the way that he set…a way of being with people…to help them to be healthy; body, mind and spirit."*

Theme II: Valuing a holistic approach to health promotion

As part of their experience of promoting health and wellness in the church community the parish nurses descriptions reflected their values of the holistic dimensions of health. These experiences reflected the parish nurses' renewed sense of discovering what health care was all about and excitement that they were in a unique position to address people's holistic health needs through this role when exhibited in the following themes: *having a holistic view of health*; *believing in and promoting the spiritual dimension of health and healing;* and *appreciating the God factor in health promotion*.

1. Having a holistic view of health

The parish nurses' experiences reflected personal beliefs in the nature of holistic health and the desire for their congregations to also realise the full potential of health's holistic nature. Holistic health care for Mary was associated with actively "*caring for the whole person,*" while for Alison promoting health holistically included "*making sure that people are emotionally intact*." For Ruth, holistic wellbeing included connectedness in community where *"body, mind and spirit [were] connected as a whole…not just an individual whole, but as a relational whole*." Diane summarised that parish nurses were in a unique position to promote health from a holistic perspective when saying:

> *Health promotion…is body, mind and spirit all working together…and all balanced, as part of a whole. This is what I think is wonderful about parish nursing because it helps us to…see that more of a whole. We are integrated people…and health is linked up with all of them…if our mind is functioning right and if our spirit is functioning right, well then our body has more of a chance of functioning right…so it is important that we have the three of them working together*.

2. Believing in and promoting the spiritual dimension of health and healing

For the parish nurses, having a spiritual perspective and being able to promote the spiritual dimension of health made this role especially distinctive in comparison to promoting health in other settings. What set the parish nursing apart for Mary was "*the fact that it is a role that encompasses the role of health and wellness…side by side with…the fact that you're coming from a spiritual background and the spiritual dimension."* Parish nursing, according to Louise gave a unique opportunity to help people "*have their spiritual needs attended to*." She felt that "*at all stages of their life there is usually a spiritual dimension that…the parish nurse is in a unique position to address."*

Being a Christian health promoter for Alison meant that she felt free to use "*scripturally based*" initiatives in health care programs, like applying bible texts to concepts of healthy living. Kate described how she felt health care and health promotion within the church meant "*there's that spiritual aspect too"* which was *"the vital difference between…a more secular approach*" in health care. Naomi valued this type of health care as she could draw on her "*spiritual insights*" in her work. As opposed to health care in other settings, Edleigh found that there was more of a chance to "*talk to [people]...about spiritual things*." He also felt that integrating the spiritual side of health in health promotion "*was an interesting exercise, because in a sense a lot of them…hadn't combined the spiritual side to see how the spiritual side affects their health and vice versa*."

3. Appreciating the God factor in health promotion

Being able to bring God into the therapeutic relationship was a significant factor that made this type of health promotion unique for the parish nurses. Ruth valued being *"free to bring God into your meeting with somebody else."* It was a unique knowing that there was something "*real*" to offer in heath care and having something that "*worked."* Within this context of caring Ruth felt that she was *"working with an empowerment of the Holy Spirit."*

Appreciating being able to bring God into health care through prayer was valued by Kate who related, *"in my other work, during the week…I've felt that... it would be really good to be able to say, 'Well let's have a prayer about that', but it's not really the done thing…so I feel that this position is fulfilling that role."* Edleigh also reflected on this special aspect of being able to bring God into health promotion saying, "*just the whole opportunity of asking God to come into that situation in relation to their health is very significant."*

Theme III: Recognising the church setting as shaping health promotion

As the parish nurses related their experiences of promoting health and wellness in the church setting their descriptions revealed that church was a special setting for health promotion to take place. The nurses described the context of promoting health in the church setting within the following themes: *a sense of predestination;* and *seeing church as a unique community setting for health promotion.*

1. A sense of predestination

In their descriptions, the parish nurses revealed that from their beginnings churches were given a role to care for the health of people. Alison expressed how *"church…was originally a healing, caring"* place and *"a great way of actually caring for people. It's community, it's society as it should be…it's what we were meant to be doing right from the word go."* Church was seen as an institution in society historically being called to provide health care and still having a role to play today with nurses as an integral part of that calling. Louise saw *"parish nursing in a contemporary setting as really completing that cycle."* Ruth reflected that church was at "*the beginning of nursings' roots."* She felt that *"nursing belongs to the church…this is exactly where God intended us to be…looking after the health and healing of…[the] community and the extended community."*

2. Seeing church as a unique community setting for health promotion

Church was recognised by the parish nurses as being a special community setting for health promotion through both its' physical attributes as a building and its social structure as a

community. Ruth valued the uniqueness of the church as a community where health and holism could be promoted and nurtured saying, *"the church is…a perfect place for people to understand…what community health is all about and to promote health…relationships and…integrated well being of body, mind and spirit*." She also added that church "*is really the only place where a…community meets together on a regular basis, across the lifespan, voluntarily, on a long term basis."* Margaret expressed how she felt that the *"opportunities there…within the church to promote health…[were] absolutely phenomenal."*

Mary reflected that promoting health and wellness in the church was like *"the old fashioned way where…hundreds of years ago they cared for each other in the community…the congregation becomes your extended family."* This sense of family gave people security "*knowing there is somebody*" else that cares for and watches out for them "*not just on a Sunday*" but every day of the week.

In reflecting on health promotional activities Kate's experience was that the social atmosphere of the church community helped attract people to programmes, saying, *"I find that people are more comfortable in their own environment and a lot of these people have been coming to this church…for a very long time…and have their friends…[so] they're more inclined to turn up…[and] it's a friendly occasion."*

Theme IV: Accomplishing health promotion

Success in promoting health and wellness was expressed through the parish nurses reflections on the dynamics of how health promotion functions in the church and their perceptions on the shape of their accomplishments within this environment.

A. Reflecting on the dynamics of promoting health and wellness in the church setting

The process of health promotion in the church was an experience exhibited through the expressions of the themes: *health promotion: a growing process; realising and addressing health determinants within church community;* and *recognising health promotion resources,* exhibiting the further sub-theme of: *valuing teamwork and networking.*

1. Health promotion: a growing process

Promoting health and wellness in this setting successfully as a parish nurse was viewed as a gradual, developing process. Mary reflected on health promotion within her church, *"it's grown…slowly, but it is growing."* As a developing process Alison reflected that it wasn't always easy, "*health promotion in general within the church…[is] a tough one…it's a very slow process."* She contributed part of this difficulty to the lack of *"resources and the finance of the church."* To her, the gradual growth and success of promoting health as a parish nurse was an "*ongoing process*" like *"a droplet feeding;…it takes a while for it to absorb and get through the surface and it goes from that crusty little possibility of something happening…[to being] germinated."* Ruth also saw this role and the successes of parish nurses promoting health in the church "*as only growing"* over time.

2. Realising and addressing health determinants within church community

Most of the parish nurses identified that they conducted introductory health surveys to ascertain the perceived needs of the congregation before conducting specific health promoting activities. This meant that health promotion could be an "*individualised service…varying…to the needs of*

the place" (Kate). Louise reflected that for many church members, health needs as indicated in surveys were "*related to their age and stage in life."* By identifying various determinants that had an impact on health, specific programmes were able to be developed by the parish nurses. Many started with health educational programmes in the church that were "*manageable*" and "*practical*" (Naomi) such as CPR or First Aid courses. As time went on and their parish nursing developed, health promotion programmes were specifically aimed at addressing the needs identified by the church community and the parish nurses themselves.

Health risks identified by the parish nurses included loneliness, depression, obesity and inactivity and occupational health and safety hazards within the church community. Some of the programmes developed covered safer driving for the elderly, falls prevention, managing diabetes, and medication safety, living with depression, men's health, healthy eating, and youth focus issues such as self-esteem. Projects aimed at addressing these issues ranged from simple things such as a paragraph on health issues in the church newsletter addressing "*very basic things*" for Diane, to linking larger health programmes as Mary did "*with whatever [health] promotion is happening in the media…so…they [were] getting a multimedia approach*."

3. Recognising health promotion resources

As expressed by Alison, the parish nurses experienced that "*health promotion is…using the resources that we've got out there*," drawing on available resources both from within the church and the outside community. This experience of promoting health was seen to largely grow from the parish nurses own personal knowledge base and resources. Personal knowledge and experience also played an important part in being able to promote health in this unique setting

for Alison, as she reflected, "*I could build on what I already knew on health promotion and I could input it here into the church*."

Many of the parish nurses valued promoting health issues in the local church bulletin or newsletter. This resource enabled small health tips to full length articles on health issues be distributed amongst the church population. Ruth found that putting health news in the church bulletin also helped *"maintain the profile of the health ministry"* in the church. Several parish nurses maintained or promoted the use of the church library that contained health related books or other materials, such as music or videos, while many provided health leaflets on a tract rack within the church complex.

Using outside resources for health promotion was also valuable in contributing to programmes within the church. As Mary mentioned, *"all the health promotion…organisations that are…are out there…are more than willing to send posters and brochures."* Alison also reflected how she *"built on things from"* these other health promotion organisations in her programmes.

a. Valuing teamwork and networking

Other people in the church community and beyond were recognised as valuable resources in the parish nurses efforts at health promotion. Alison described herself as a catalyst in the role of health promotion that involved using other peoples knowledge and talents within the church, *"I see my role as also using the skills, the gifts of other people…I don't do the whole role, I facilitate…but we're using the gifts that everybody else has within the church."* This was also echoed by Ruth who saw that through health promotion activities, people with different backgrounds could "*use their gifts…use their talents and their life experiences*." Mary

described the concept of "*promoting a community health promotion programme in the church"* as being *"very much a team thing."* Edleigh, on what he perceived as being health promotion within the church setting said, *"it's diverse, it's…tapping into your own resources but being comfortable with getting other people involved…because…so many people have got their experiences to use…we just didn't feel that we…[had] to do it all."*

Teamwork was also seen as valuable in community health promotion and involved the parish nurses liaising with other health workers to prepare or run programmes, such as counsellors or community nurses from the local council. Some parish nurses served on health committees outside of the church. Being involved with health professionals in the outside community helped expand the local parish programme for Diane, who pointed out that serving on a community health committee was *"wonderful for the networking…[and] that's how I've come to get so many clients from outside in the community."*

Networking with the local minister, pastor or priest who gave support to parish nursing programmes was also expressed as important. Programmes were perceived as working successfully when the minister *"had the same type of dream" (Alison)* and when he understood the parish nurses "*role quite clearly" (Louise).* Edleigh described this type of networking as having the ministers "*on side*" and saw it as a necessary part of having the programme work successfully in the church.

B. Perceiving the shape of successful health promotion in the church setting

For the parish nurses successful health promotion was perceived as being more than just conducting specific programmes aimed as various health issues, it was about enabling greater

social health and wellness in church communities, empowering people for health and increasing health potential in the congregation by helping build relationships and fostering a caring congregation. Success in health promotional work was expressed in relation to change within the church community as a whole or through significant individual successes. The essence of success in promoting health in the church community setting for the parish nurses was described through the following themes: *looking back at successes*; and *reflecting on foundations for success*.

1. Looking back at successes

Within the experience of reflecting back on success in promoting health and wellness the parish nurses described results in the following sub-themes; *empowering people for health; enabling changes for health;* and *creating a caring congregation.*

a. Empowering people for health

For the parish nurses, the essence of empowerment in this health promotional role was about helping people deal with disappointments and negatives to create positive outcomes. Alison saw her health promotional efforts in running seminars "*for people with emotional problems"* as an enabling those who participated to *"cope when life gives…disappointment…[and] turn things from being disappointing into a positive outcome."* The parish nurses also related how people may have access to health care and health information but not necessarily understand it all. Success was felt by Naomi in helping "*empower people in their knowledge"* in this situation, people that just needed *"somebody else who they can trust…who they can go [to]…and sort of…ask those silly questions."*

b. Enabling changes for health

The parish nurses related different experiences of how their efforts with individuals were successful in producing positive changes for health. These changes ranged from helping young people quit their drug habits, healing of emotional baggage, to helping a group of ladies lose weight. For some people this work had a huge impact on people's lives, not just physically but also socially and spiritually. Edleigh reflected on one particular incident of "*such a dramatic change…to see the spiritual life in that woman now…it's incredible, it's really quite exciting*." Other parish nurses on seeing these types of changes described them as "*a really big buzz*" *(Ruth)* and "*very satisfying*" *(Diane).*

c. Creating a caring congregation

Ruth described her successes in the health of the church community in terms of "*reconnecting people*" and helping them "*build...[and] maintain healthy relationships."* She commented on seeing "*a big change in…the way people look after one another…developing a much more compassionate perspective towards"* each other. They had *"become more caring and…more loving…[all] part of being a healthy congregation."* Mary also reflected that her efforts in health promotion made congregation members *"much more aware of other peoples' needs…they automatically now care for each other."*

2. Reflecting on foundations for success

Thoughts on the reasons for their success in promoting health and wellness were expressed by the parish nurses in the sub-themes including: *already having a connection;* and *understanding how people react.*

a. Already having a connection

Successfully promoting health and wellness in the church setting was seen to be enhanced through the unique relationships the parish nurses already had with church members; whether knowing them personally or merely on a visual basis in the church community. As she was "*known to a lot of people, if not personally…by sight"* within the congregation, Louise felt they were more comfortable in coming to talk with her regarding health issues. Margaret also reflected how she "*could link in much more easily to people and they felt comfortable to come to us because of knowing us, trusting us within the church environment."* This meant that in regards to health promotion *"on an individual level"* there was *"that link immediately with them because of your connections*." Edleigh related an experience that showed him how promoting health in this setting could be successful because of these connections: *"I think the relationship had already been established…so it bought down the guard or the shutters. It was an eye opener…people that you didn't think would open up to you [did]."*

b. Understanding how people react

"I've been around in this parish for…years…[so] I feel that I have a good understanding, of it …I know a little bit about how people react to things" (Louise). Knowing congregants

individually through the church setting was an important step in building the therapeutic relationship towards health promotion making it easier for the parish nurses to gauge personal reactions to problems and know how to approach issues affecting their health and wellbeing. Mary described this unique relationship with congregation members as "*the fact that you know the person…before they have a problem…not just the…anatomy, you know them holistically…how they react."*

Theme V: Experiencing personal fulfilment

A strong sense of personal satisfaction and fulfilment was revealed by the parish nurses in regards to their role of promoting health and wellness in the church setting as exhibited in the sub-themes: *fulfilling a calling, fulfilling dreams*; and *feeling satisfaction in using personal talents*.

1. Fulfilling a calling, fulfilling dreams

The parish nurses described their experiences of promoting health in the church as fulfilling a lifelong desire and dream to practice nursing within a Christian framework or a natural progression of their nursing work back to what they always felt nursing and health care should be about. They sensed they had been called by God to use their personal talents in this work and fulfil a gospel mandate of caring for and healing people. As Diane said, *"I found the whole thing satisfying because having had a whole lifetime of nursing…in varying roles over the years…to be able to come back and…work from a Christian perspective within…the church community to me was very exciting."*

Alison described this type of nursing as always being part of "*a vision*" or "*a dream*" starting with a personal calling by God to be a nurse, "*I think that's where it all came about, from my dream, knowing that I was called to be a nurse,*" knowing this is *"what God wants me to do… so that's why I'm here to do it."* As a Christian, Mary saw her efforts in promoting health within the church community and beyond as a personal opportunity to "*fulfil the mandate of Christ"* to care for people "*in a very practical way.*""

2. Feeling satisfaction in using personal talents

Satisfaction and personal fulfilment was expressed by the parish nurses in that they were able to use their personal talents and past life experiences in their health work. Ruth expressed happiness that, "*I'm just able to be myself and use God's gifts and talents he's given me and the knowledge I have…I really see that as a powerful thing."* Alison described how it was rewarding *"when you know that you've sown in someone's life and you've had an impact and they've really valued it."* Seeing the positive results of her parish nursing work, Kate commented, *"a few times I've felt spiritually uplifted because of what has happened in some way there."* Naomi described her satisfaction in this role as stemming from the fact that "*you're drawing on your own experiences; you're drawing on what you've learnt…you're drawing on your spiritual insights*." By being able to use his own personal skills and having something to offer his church community, Edleigh found that seeing success in his health promotional activities became a "*very rewarding experience.*" In describing her personal satisfaction in this role Naomi exclaimed, "*I've taken to this like a duck to water…I have just loved this work!*"

Theme VI: Recognising challenges

The experience for the parish nurses in promoting health and wellness in the church setting was not without its challenges. Their thoughts revealed a process of reflecting on challenges revolving around misconceptions in the church community, realising limitations and responding.

A. Reflecting on difficulties

Difficulties for the parish nurse arose for various reasons and impacted on their ability to successfully promote health within their churches. These experiences were related through the sub-themes of: *facing misconceptions on the role of the parish nurse; identifying misconceptions on the role of the church in promoting health;* and *meeting limitations/failures.*

1. Facing misconceptions on the role of the parish nurse

A major challenge that the parish nurses related revolved around misconceptions within the congregation on "*what the role of the nurse and the parish nurse was*" (Mary). Sometimes these misconceptions limited what they felt they could do in terms of promoting health within the congregation. Margaret noted that in her experience there were *"a lot of negatives…tied up in the perception of nursing"* as well as misunderstanding on *"the role that nurses play in the community*" and problems with church leadership not supporting her role. In her experience she also *"found that there were limitations to what we were doing...because…there were a lot of people in that church…who knew nursing in very much an old fashioned way."* She reflected that she *"almost had to promote what nursing was…what the role of the nurse and the parish nurse was."*

For some there was a misconception amongst the church congregation that they had to be sick in order for the parish nurse to visit them. Ruth reflected, *"They see nursing as something connected to sick people, so…they don't see a nursing role as a health promotion role for starters, so you're really battling public perceptions."* In her experience she *"had a big battle to try and get people to understand that I'm not actually a district nurse, I'm not a home nurse, [and] that you don't actually have to be sick*" to find health benefits in the parish nursing program.

2. Identifying misconceptions on the role of the church on promoting health

Another misconception that the nurses related was connected with the role of the church in promoting health. Ruth saw promoting health as "*hard work in the church, because they don't see themselves as a health promoting organisation or community*." Diane commented that promoting health in the church setting was "*a slow process*." Reflecting on how difficult this process was Alison commented, *"my perception as a nurse trying to do it is that it's hard…people don't think about health when they come to church on Sunday."* She saw it as a challenge to get the significance of the health promotional potential of parish nursing out to the church saying, "*the hardest part is still getting the message out there into your church community and then those outside…people find that coming to church to see a nurse is one of those strange things…to re-educate our society and bring them back…that's the hard thing."* The process of promoting health and wellbeing in the church setting as a parish nurse was difficult to start off with for Mary who related*, "It's very hard to get people initially to understand it until they've experienced it, because their understanding is…determined by [other] experiences…[such as] community health."*

3. Meeting limitations/failures

The challenges and difficulties faced by the parish nurse in setting up the parish nursing programme and attempting to promote health in the church setting also affected the way the nurses felt both mentally and physically. Ruth commented, "*I feel like sometimes the problems actually drown out all the success stories*." She felt frustration and guilt "*for not being able to see the number of people I know need to be seen."* She related how *"you feel that it all lands on you,…[a] feeling of responsibility to all…pressure from church members to do all,…those sorts of pressures I find quite difficult at times*." Despite her efforts, Margaret described how the strain of working hard to develop the role in her church affected her physical health so that she "*burned out in the process"* and ended up being sick.

B. Responding to challenges

Challenges to misconceptions about health and nursing in the church community were revealed as largely being addressed through efforts of education and seen to produce some successes. Sub-themes of this experience were: *handling church community perceptions of health and health promotion;* and *dealing with church community perceptions of parish nursing.*

1. Handling church community perceptions of health and health promotion

The process of facing church members' misconceptions about health and health promotion was viewed as an educative process. Ruth found it a matter of doing some "*quiet engineering…to change peoples' perspective"* before she could *"do really major health promotional activities."* Expanding people's perceptions on the wholeness of health was part of Margaret's experience

who found that in her church "*there was a whole role in promoting their health that was a much healthier concept than just physical health*." This involved:

> *Encouraging, developing, working towards health at a holistic level which includes spiritual, physical, social, mental…it wasn't just physically healthy bodies that were fit and sporty… it's much beyond that… at a community level it would have included and integrated people who were different or had disabilities…it would have included, integrated people.*

2. Dealing with church community perceptions of parish nursing

In addressing the profile of the parish nurse in the church community some parish nurses felt that their congregations accepted their role, while some found that an understanding of their role was gradually increasing. Louise reflected how, "*I had a couple of people say to me, 'oh, I think that's great…[but] I don't understand how it works'…[and] I come back to this thing about the vision and I think that some people just get hold of the vision and they seem to be able to break through all of that resistance*."

Ruth's response to misconceptions was to keep "*the profile up"* and continue *"quietly plugging away"* even if it didn't always go to plan. She related an experience of how perceptions of the parish nursing programme changed for the better with one particular gentleman, *"quite a hardened critic initially…patted me on the back…and he said, 'you know, you're doing an outstanding job and I'm ever so grateful you came to visit'…so that was kind of…a buzz for me because I think they realised that it wasn't such as intimidating thing."*

For some, there were people within congregations who were very negative about their role as parish nurses, such as other nurses or health professionals. Sometimes however these perceptions changed, as in Mary's case where *"now the community nurse is one of my best*

friends!" Mary also found that eventually parish nursing gained a reputation for promoting health in the wider community around her church. This was bought about by involving other public health professionals in health promotional activities and attracting local media coverage in the newspaper, which *"gave parish nursing really good, high profile in the community*."

Theme VII: Looking towards the future

Growing and expanding the health promoting capacity of the parish nursing program involved dreaming and planning for greater involvement of others in the church community, having better facilities or more support from others. These reflections were expressed in the themes: *dreaming*; and *planning*.

1. Dreaming

When dreaming about what might happen in the future, the parish nurses had visions of what promoting health and wellness in the community could be like given the right circumstances. Alison's plans involved dreaming of financial assistance in the parish nursing programme, saying *"it would be fantastic if we could have funding…part of me would love to be paid and be here every day."* Regarding her future, Diane had a vision of seeing *"various…parish nurses in the area…getting together"* and mobilising resources for health promotional programmes.

2. Planning

The parish nurses descriptions revealed a sense of determination to continue on with their work in the future and ideas on various changes they would like to see take place. Some of the

parish nurses mentioned they had clear-cut plans for further health promotional activities while for others they were less specific. For Kate, any future plans were not yet definite as she commented, *"I haven't made a lot at this stage…I've had a few interests…[but] I just feel that it'll be revealed…as I ask God*." Part of her ideas for the future was that she could *"be more of a team with the minister"* saying, *"I think that will develop as time goes on."* For Ruth, future plans involved *"extending…into the broader community…[and] moving into a…new facility"* as she hoped to *"set up a permanent presence"* in the church building.

Retrospective findings

Despite the study aiming to investigate the health promoting role of the parish nurse, it became apparent that this role could not be separated from the others that the parish nurse fulfils. This was reflected in the retrospective comments received from one parish nurse on reviewing the findings. The parish nurse felt that the findings didn't capture the "*holistic dimension across the [health education, health counselling, liaison/advocate and co-ordinator of volunteer] roles of the parish nurse.*" A further comment was that,

> *Many people working in the community fulfil the above roles, but usually in a singular way. The parish nurse encompasses all these roles, but what sets the parish nurse ministry apart is the spiritual dimension of caring for the client in a holistic way.*

Phenomenological description of the experience

As this study was centred on a phenomenological framework of inquiry, it is possible to propose a phenomenological description of the parish nurses' lived experience of promoting health and wellness in the church community setting, as portrayed by the following personal narrative:

Promoting health in parish nursing is a product of personal calling, vision and spiritual leading. The action of promoting health is more than just conducting health information workshops but delving into the roots of what health really means, understanding what affects health and wellbeing and knowing that through this role just that little bit of extra time and care can make a difference in someone's life and health. Believing in God's power and promoting the holistic dimension of healing is an important part of this experience. Promoting health as a parish nurse cannot be separated from the total sphere of uniqueness that makes up this specialty, it revolves around being part of community and as a parish nurse being part of a connection for these people as they uncover the potential health and healing that they can attain. The role is continually growing, at times challenging, while sometimes being rewarding in surprising ways. It is exciting to discover, be fulfilled and evolve within the role and look toward the future with dreams and plans for further promotion of health and wellness in church communities.

Summary

This chapter presented the findings of the parish nurses' perspectives on promoting health and wellness in the church community setting as revealed through various themes on the topic. A retrospective comment from one parish nurse following validation of the data was then presented, before presenting a phenomenological description of the lived experience. The next chapter of this thesis discusses the findings in light of current parish nursing and health promotion literature.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter is based on a discussion of the research findings supported by a review of the literature in which evidence was found to support and clarify themes identified in a phenomenological study of nine parish nurses' lived experience of promoting health and wellness in Australian church communities. Central themes that emerged from this study pertained to aspects of the parish nurses' role and identity in parish nursing, having a holistic view of health, the context of the church as a setting for health promotion, thoughts how health promotion can and has been achieved, thinking about challenges as much as successes, and looking towards the future. By conducting a literature review following the analysis and validation of the research findings as suggested by Streubert (1991), the research findings are able to be placed within the context of what is known about parish nursing and health promotion. This investigation leads to further discussion about the phenomenon, as well as supplementing details of the parish nurses experiences of health promotion. The findings of the study are also examined in the light of related health promotion literature, theories and concepts which leads to conclusions and recommendations for the future in the next chapter of this thesis.

Realising the unique identity of parish nursing

Literature supports the findings of this study that the parish nursing role affords unique opportunities to fulfil a personal calling and promote health through caring, being with the client and listening. In the literature these experiences were often related to comparing parish nursing with other, more conventional forms of nursing. Bay & Graham (2001, p. 48) reported that parish nurses viewed "traditional health care as oppressive, frustrating, and driven by economics…[which did] not allow time to assist with…[the emotional and spiritual support] aspects of care." Other research has suggested that church members have appreciated parish nurses "being available" and that they provide something more than what the "traditional health system" does, offering holistic care that attends to the "medical side, the personal side" and "the spiritual side" (Wallace et al. 2002, pp. 130-132).

Tuck & Wallace's (2000, p. 295) taxonomy of parish nurse actions included "being available", "being" , "sitting with", "listening", and "supporting." In another study describing parish nurses practice the "most frequently occurring nursing interventions included active listening, spiritual support…individual teaching, [and] presence" (Coenen et al., 1999, p. 414). Similarly, Chase-Ziolek & Gruca (2000, pp. 171-183) reported that church members saw the parish nurse as "more than a nurse" valuing their caring attributes, knowledge and that they had "more time" to talk with them.

Valuing a holistic approach to health promotion

The Ottawa Charter for Health Promotion (WHO, 1986, p. 1) acknowledges that health promotion aims to help people "reach a state of complete physical, mental and social

wellbeing." Within the Charter holism is considered an essential issue in "developing strategies for health promotion" (p. 3). Achieving holism was revealed as an important part of the parish nurses' experience in health promotion in the church setting through this study, where promoting the total health needs of congregations meant meeting needs of body, mind and spirit. Within the literature, other parish nurses have reflected that, "this is truly nursing at its finest" as parish nursing "fulfils the ideal of integrating body, mind and spirit in care." Through practice they were seen to apply both "scientific and faith-based knowledge in their health promotion and disease-prevention interventions," for example using stress reduction tips "linked with scriptural passages" (Brudenell, 2003, pp. 85-94).

Parish nurse co-ordinators in Schwitzer, Norberg & Larson's study (2002, pp. 212-231) appreciated parish nursings emphasis on "the holistic approach to health and wellness" and its expression of "spirituality…the opportunity for spiritual values and beliefs to exist in synchrony with other nursing values and beliefs." The wish to practice holistic care has been reported as both an attraction and a satisfying aspect of the parish nursing role (McDermott & Burke, 1993; Tuck & Wallace, 2000). Parish nurses in Bay & Graham's (2001, p. 47) related that parish nursing "really allows me the fullest expression of who I am as a nurse" and that churches "offer an ideal setting to address health concerns on a mind, body, and spirit level."

Recognising the church setting as shaping health promotion

Reflected through their stories and experiences the parish nurses in this study felt they could facilitate certain activities pertaining to health promotion within the context and characteristics of the church setting. The Ottawa Charter for Health Promotion acknowledges that settings of everyday life influence the creation of health and advocates "creating supportive environments"

as a part of health promotion action (WHO, 1986, p. 2). While settings of worship are not acknowledged by the charter as discussed in Chapter 2, there is sufficient evidence to show that the church can play an important role in improving the health of those who chose to be part of its community (Lasater et al., 1991; Peterson et al., 2002; Randsdell & Rehling, 1996).

Bujis & Olson (2001, p. 15) state that church communities are generally seen as being receptive to health promotional activities initiated by parish nurses who address the determinants of health by "influencing personality development, moderating unhealthy behaviours… influencing perceptions of pain and disability, conveying hope and motivation, assisting to cope with stress, encouraging altruistic behaviours, [and] providing a framework that gives meaning and purpose to life." Parish nurses in Bay and Graham's study (2001, p. 47) reflected that within the church setting, "the environment of trust and caring relationships enhances wholeness and encourages and supports changes in lifestyles."

In appreciating the church setting as a facility for health promotion meetings or consultations, Chase-Ziolek & Gruca (2000, p. 179) found that church members identified the health promotional activities provided by the parish nurse within the church building as being "convenient" and easy to get to. They also commented that the church building itself elicited feelings of peace and comfort. This reflects Peterson et al.'s suggestions that churches can successfully promote health through their provision of accessible facilities (Peterson et al., 2002).

Accomplishing health promotion

Within this study the experience of accomplishing health promotion in the church was one of 'reflecting on the dynamics of promoting health and wellness in the church setting' and 'perceiving the shape of success.' In reviewing the literature it can be seen that these themes have also been part of the parish nurses' experience of health promotion in other churches.

Reflecting on the dynamics of promoting health and wellness in the church setting

The findings of this study suggest that the dynamics of promoting health in the church for the parish nurses involved a process of realising and addressing health determinants within the community in the progression towards successful practice. This concept is supported by Nutbeam & Harris (1999, p. 6) who comment that health promotion programmes are more likely to be a success "when the determinants of a health problem or issue are well understood, where the needs and motivations of the target population are addressed, and the context in which the program is being implemented has been taken into account." In this way, health promotional programmes 'fit' the specific needs of the audience.

As with this study, parish nursing literature suggests that determining the needs of the congregation has been an important part of beginning various health promotion programmes with churches. "Starting where people are at" and "creating a consciousness among a community" are among important precepts in community development theory as steps towards sustainable health promotion activities (Nutbeam & Harris, 1999, p. 37). Van Loon (1999, p. 152) reported that the use of needs surveys helped parish nurses in beginning stages of practice to "target a documented and quantifiable need in the early stage of the program, which

became the focus for health education and health promotion programs in the future." The parish nurses commenced health promotion "with simple informing activities…around issues of maximum impact and minimum confrontation."

In regards to resources for health promotion, studies report the use of bulletin inserts, notice boards and pamphlet racks to distribute informative materials in the church community and beyond (Brudenell, 2003; Van Loon, 1999). The parish nurses' experience in this study also reflected valuing assets beyond the material to human resources accessible through networking and a teamwork approach. In valuing partnerships or networking, research illustrates that parish nurses have been able to form partnerships by collaborating with other health care related professionals and organisations such as pharmacists, fire authorities, local hospitals, universities and medical centres (Brudenell, 2003; Tuck & Wallace, 2000; Trofino, Hughes, O'Brien, Mack, Marrinan & Hay, 2000; Weis et al., 1997).

Perceiving the shape of successful health promotion in the church setting

As illustrated in this study, success in health promotion was largely perceived by parish nurses as empowerment of church members to make changes for their health, followed by social changes within the church community supporting health and wellbeing. This concept is reflected in other parish nursing research. Weis et al.'s (1997) study indicates that parish nurses from six different denominations were able to implement the goals of the World Health Organisation's health promotion strategy of "Healthy People 2000" by building partnerships and empowering individuals and communities to enhance health. The parish nurses' work led to empowerment for health and implementation of various health changing behaviours, such as involvement in breast cancer screening reflecting Peterson et al.'s (2002) suggestion that an

important part of successful health promotional programmes is their ability to show positive influences on health behaviours.

Church members reported participating in a wide variety of health programs directly resulting from the health promotional activities conducted by the parish nurse, including weight loss and exercise programs in Wallace et al.'s (2002) study, indicated through self-reports of healthier eating, weight loss and increased mobility by participants. Parish nursing practice was also seen as valuable in addressing the social and spiritual supports needed in elderly populations to enable sustained health promoting behaviours (Boland, 1998). Little research gives evidence of long term positive changes for health in parish nursing, as illustrated by Gustafson's (1998) programme by parish nurses to instil healthy sexual attitudes and behaviours in parents and teens. These programmes were viewed as successful by the parish nurses in the study, yet as mentioned in Chapter 2 evidence of long term, sustainable behaviour change and health benefits were not demonstrated.

Van Loon (1999, p. 157) argues that in early Australian parish nursing, among the activities undertaken by parish nurses "health promotion programs were viewed as riskier, because they may not be a 'success'." Success was reported as meaning various things to different nurses, ranging from "if it informed the group attending and satisfied their needs…[to] if it promoted a concept of community oneness." Here parish nurses' alluded to success being viewed differently from one church community to the next. Within this research study, evaluating health promotion actions in terms of numbers or statistical evidence was not seen as an important aspect of the parish nurses' experience; rather, success was valued in immeasurable terms of transformed attitudes, lifestyles or social changes for health.

Factors contributing to the success of parish nursing programmes displayed in the literature reflect this study's finding that the context of relationships within the church community aids positive health promotion practice. Parish nurses are shown to value the social aspects of church community as an aid to successful health promotion, reflecting Peterson et al.'s (2002, p. 407) recommendations that the "existence of social networks and social support through churches provides a context for health promotion programming." This was evidenced in Brudenell's (2003, pp. 85-94) study where parish nurses described "knowing the faith community" and "getting to know the health concerns within the congregation" as an "important piece of forming collaborative relationships" for health. A satisfying aspect of the parish nursing role was reported as being "the opportunity to establish long-term relationships with parishioners, staff" in research by Bay and Graham (2001, p. 47). Parish nurses in Chase-Ziolek & Iris' (2002, p. 177) study noted that people in the congregation were "more comfortable…because they've kind of established a relationship with you" and perceived they were seen as being "friendly and approachable."

In their interpretive study 'The phenomenology of knowing the patient', Tanner, Benner, Chelsa & Gordon (1993) interviewed 130 nurses to assess what it meant to them to know the patient and its role in everyday practice. Amongst their responses, the nurses said that knowing the patient meant understanding how patients typically responded in clinical situations, knowledge which was attributed to their ability to provide skilled care. It was seen that parish nurses in this study valued the experience of 'knowing the congregation members' as an asset to being able to promote health and wellbeing, especially in stressful situations.

Experiencing personal fulfilment

As with this research, parish nurses in various studies have emphasised the fact that parish nursing is fulfilling either a personal calling or dream and that they feel satisfaction in using their personal talents and experiences in the process of health promotion. Parish nurses in Bay & Graham's (2001, p. 46) study reflected that in this role they felt: "a sense of calling from God" or a "yearning" to fulfil this role. Chase-Ziolek (1999, pp. 51-52) found parish nurses "wanting to respond to the goodness of God experienced" in their lives and that this health ministry was viewed as "a response to a call" in which they could use their "gifts." Parish nurses in Brudenell's (2003, pp. 85-94) study commented that "this is truly nursing at its finest", saying "it's a mission."

The parish nurses in Van Loon's (1999, p. 190) study expressed a "strong sense of vocational calling to nursing, and specifically this role within the faith community. Several expressed that this type of nursing is what they had always hoped to practise." Echoing this experience the parish nurses in Bay & Graham's (2001, p.47) study who "expressed satisfaction and delight in defining their own practice…found it engendered growth and self-fulfilment…[and]…found the parish nurse role to be challenging, exciting and rewarding." The parish nurses felt they could "use their education and life experience to address health in a holistic way." Other studies have reflected that parish nurses valued "autonomy", (Chase-Ziolek & Iris, 2002, p. 182) and the ability to use "creativity and freedom" in this role (Schwitzer, et al., 2002, p. 223).

Recognising challenges

The experience of various challenges in promoting health within this setting is a theme supported by descriptions in other parish nursing studies, while evidence of how parish nurses have dealt with these issues is somewhat less apparent. Challenges faced by the parish nurse leaders in Schwitzer et al's (2002, pp. 212-231) study were "financial issues", "programme development and management", "measuring and documenting parish nursing services", and "maintaining holism and the spiritual care." The two most frustrating aspects of the parish nurse role reported by McDermott & Burke (1993, p. 182) were "unrealistic expectations in the allocated time" and "ambiguity of the role definitions/boundaries." Other problems identified included "lack of resources", "inadequate financial compensation" and "lack of adequate support systems." Parish nurses in a study by Brudenell (2003, pp. 85-94) listed limitations in their position as including, "available time", "lack of funds", "varied attitudes and beliefs about health; and the newness of having health care available through a congregation." Limitations were also seen in collaborations, such as "denominational issues", and "conflicts between the nurse, the health team, and pastor." One nurse described feeling "burned out" despite the success of the programme. Alluding to actions that can be taken in facing these challenges, parish nurses in the study emphasised that "an essential component of beginning a parish nurse program is educating the congregation, the nurses, and the pastor."

Early challenges in Australian parish nursing according to Van Loon (1999, p. 158) included the "task of gaining support for the faith community nurse role" from the governing authorities of the churches to gaining "the support of sceptics within their congregation who usually came from within the health professions." One parish nurse in Chase-Ziolek & Iris' (2002, p. 177) study described a unique challenge as being where clients' "had autonomy to accept or reject the

nurse's recommendations…(saying) when it came time for me to make recommendations they wanted no part of it." Other parish nurses in their study also reported feeling "less in control in the church than…at work" and that the programme had an affect on their own personal worship experience, as "there's always someone who needs to have a nurse's attention".

Theories such as Diffusion of Innovation theory (Rogers, 1983, cited in Nutbeam & Harris, 1999) are useful to consider within the health promotion of communities where a change agent, such as a parish nurse, is facilitating the adoption of change within a community. Change may be the introduction of parish nursing or a specific community health initiative. Rogers (1983) suggests that introducing innovations in health can be maximized for successful adoption if certain factors are taken into account. Aspects that need to be considered are ensuring compatibility with cultural values and socioeconomic values of the community adopting change; giving clarity of the relative advantages of the innovation, including cost-effectiveness and benefits; using innovations that are simple and flexible and adaptable to the new environment without changing existing structures such as those with a low perceived risk and reversibility and; gaining observability, where results of adopted change can be shown to others as having a positive impact. Such a framework could serve as a valuable tool in the attempt to initiate and maintain best practice while enabling healthy change in church communities. The benefit in using such theory may result in reducing disappointments and adverse challenges for the parish nurses but would also take greater commitment and effort to collaborate for these goals. This could include participating in planning health promotional strategies together and collaborating in practice through professional organisations such as the Australian Faith Community Nurses Association to promote best practice in health promotion initiatives.

Looking toward the future

While other parish nursing literature does not directly allude to parish nurses' experience of looking toward the future it was seen as an aspect of the lived experience in this study. Having hopes and dreams for the future highlights the determination and dedication of the parish nurses to continue their valuable work in this challenging, but rewarding setting.

Summary

A review of the literature following the compilation of research findings reveals that the Australian parish nurses' thoughts, feeling and perceptions of promoting health and wellness in the church setting has not been unlike that experienced by parish nurses in other churches and countries. The findings support that through their role within the church setting, parish nurses are in a unique position to successfully promote health to individuals and groups. Through this discussion it could be seen that central themes emerging in this phenomenological study also reflect aspects relating to health promotion theories and concepts. It has been discussed that future efforts in health promotion could utilise useful theories, such as Diffusion of Innovation theory to compliment work in an effort to improve best practice and efforts of the parish nurse. Use of such theories may help achieve greater success and fewer challenges through collaboration with other parish nurses to initiate best practice in health promotion. This suggestion leads to the final chapter of this thesis which provides a summary of the study, implications of findings and addresses further recommendations for future work in parish nursing practice and research.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

Presented in this thesis has been the report of a phenomenological study undertaken with nine parish nurses in Victoria and South Australia over three weeks in June, 2003. Chapter one began by introducing parish nursing as a specialty that includes a role in the promotion of health in church communities. The significance of this study in exploring the experience of the parish nurse in promoting health and wellness in this setting to aid understanding and best practice was discussed. The lived experience of the health promoting experience for parish nurses in the church setting as the phenomenon which makes up the focus of this study was also presented. In chapter two, a cursory review of the literature provided an overview of the need for this study and an appreciation for the applicability of phenomenology in exploring this subject. The research design was detailed in chapter three describing the use of phenomenology as the research method utilising Streubert's (1991) methodological approach. Data collection from nine parish nurses from Victoria and South Australia using open ended interviews was described, followed by a discussion of reliability and validity issues, and ethical considerations of the study. The treatment and analysis of data was then described. Chapter four presented the findings of the study, including a phenomenological description of the experience followed by a discussion in chapter five involving a further review of the literature. This validated the findings and placed them within the context of what is known in the field of

parish nursing and health promotion, leading to this chapter evaluating the study and proposing recommendations for further studies.

Conclusions

Parish nursing, through its actions is one way in which health promotion may be delivered at the community level. A phenomenological framework in approaching this research question has proved valuable in exploring the lived experience of parish nurses in promoting health, beyond actions and outcomes to that which reflects the true nature of this phenomenon. The description of promoting health and wellness revealed in this study is a unique reflection of the parish nurses' experience in Australia which contributes clarity and understanding to how health promotion is experienced in the church setting. Overall, these findings are able to contribute depth and clarity to the relatively understudied phenomenon of the health promotion experience in Australian churches, allowing their insights to be included in the discipline of parish nursing (Breeding & Turner, 2002).

The findings of this study suggest that the parish nurses' understanding and holistic approach to health and wellbeing, along with the unique opportunities the church setting affords, are significant factors contributing to successful holistic, health promotion outcomes in church communities. Beyond facilitating health promotion, as Van Loon (1999, p. 220) points out, the various roles of the parish nurse overlap and are moulded "into one therapeutic response to the client in need". This study has shown, through exploring experiences in just one aspect of the parish nurses' role that indeed, all the roles; health advocate, counsellor, educator, developer of support systems, referral agent and facilitator of faith and health are intrinsically linked within practice. It remains difficult to fully explore health promotion as a single entity when it is so

inexplicably linked in with these other factors; however, through this phenomenological study it was possible to draw out aspects of the health promoting experience which were common amongst the nine parish nurses interviewed.

Implications of research findings

The implications for parish nursing from this study suggest that the themes and experiences identified could be included in eduction and applied to research and practice aiming to achieve best practice in health promotion in church settings. The information gained could also be useful for parish nurses and other church workers involved in the promotion of health and wellness in church communities as they reflect on their experience and practice.

Limitations of the study

One limitation of this study was the lack of definition given to the terms of wellness and health promotion by the parish nurses. It remained difficult to meaningfully explore the process of health promotion in the church setting as there was little direct evidence to show that the parish nurses fully understood the meaning of health promotion, such as defined by the Ottawa Charter for Health Promotion (Breeding & Turner, 2002). The lack of a common understanding of the full breadth and meaning of promoting health and wellness could signal reasons why aspects of best practice in health promotion seem to be lacking in the experience of the parish nurses, while it is important not to detract from the meanings of their experience as presented in this study.

Recommendations for future studies

Although parish nurses have expressed that promoting health and wellness is a part of their practice within the parish nursing role as evidenced by this research, evidence of success including sustainability, influencing public policy and strengthening wider community action as recommended in documents such as the Ottawa Charter remains to be seen. The effectiveness of certain health interventions by parish nurses beyond anecdotal reports of success needs to be investigated in the future, a suggestion supported by other parish nursing literature (Benner Carson & Koenig, 2002). To contribute to standards of best practice in health promotion within parish nursing, future research could help develop definitions, consistency and frameworks which promote the use of best practice and allow health promotion theory in this sector of the community be developed more clearly. Such research could aid the parish nurse in enabling adequate processes of documentation and lead to greater evidence for changes in health behaviour being produced and possibly result in greater government acceptance and funding within parish nursing as sustainable health care process.

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APPENDIX I: INTERVIEW GUIDE

STUDY: Promoting health and wellness in Australian church communities:
the parish nurses' lived experience

- Introduction of researcher to participant. Thank them for their involvement in the study.
- Start by asking participant what they understand the interview is going to be about.
- Clarify the purpose of the study: "The purpose of this study is to explore and describe the lived experience of Australian parish nurses promoting health and wellness in Christian church communities".
- Ensure that the participant has completed the written consent form to participate in the audio taped interview and to fill in the questionnaire. Clarify that they may withdraw from the study and are entitled not to have to answer questions at any time without having to offer an explanation.
- Verify issues of confidentiality and the use of an alias for the study.
- Collect demographic data.
- Begin interview with a review of the principle research question:

  "In your own words, could you please share with me your personal thoughts, feelings and perceptions relating to your experience of promoting health and wellness in your church as a parish nurse.

  That is:
  - *Tell me of your thoughts on promoting health and wellness as a parish nurse in the church community.*
  - *Tell me how you perceive the success or otherwise of the promotion of health and wellness in your church community through your work.*
  - *Describe your feelings on the uniqueness of your role as a parish nurse in your local church community in promoting health and wellness, in comparison with nursing in other settings.*

  Please take as much time as you wish to discuss these topics, sharing all the perceptions, thoughts and feelings that you can recall".
- Close interview and ask participant if they have any questions.
- Thank participant for their time and for contributing to the study.

APPENDIX II: PERSONAL INFORMATION QUESTIONNAIRE

STUDY: Promoting health and wellness in Australian church communities:
the parish nurses' lived experience

1. Participant-Alias: ……..……

2. Date of interview: ……

3. Participant's age ( )

4. Years/months as a parish nurse (years / months)

5. Please tick as appropriate to your position in parish nursing

Co-ordinator	( )
Employed	( )
Volunteer	( )
Full-time	( )
Part-time	( )

6. Denomination…….

7. Congregation size (number of members) ( )

8. Approximate number of church members utilising parish nursing services per week on an individual basis. ( )

APPENDIX III: INFORMATION LETTER

STUDY: Promoting health and wellness in Australian church communities:
the parish nurses' lived experience

Dear ,

Thank-you for your expression of interest in volunteering to participate in a research project that I am undertaking as part of my studies at Avondale College, Sydney, in a Masters of Nursing (Honours) specialising in Health Promotion. As part of my research I am interested in learning more about the experiences of parish nurses in promoting health and wellness within Australian church communities.

The collection of data in this research will involve two parts, a questionnaire and interviews:

Part 1: Questionnaire.
You will be given a simple questionnaire to complete asking for demographical information and details pertaining to your role as a parish nurse. This should take about 5 minutes of your time.

Part 2: Interviews.
This part of the study will consist of an audio taped interview, during which you will be asked for your comments on the following:

"In your own words, could you please share with me your personal thoughts, feelings and perceptions relating to your experience of promoting health and wellness in your church as a parish nurse.

That is:

- *Tell me your thoughts on promoting health and wellness as a parish nurse in the church community.*
- *Tell me how you perceive the success or otherwise of the promotion of health and wellness in your church community through your work.*
- *Describe your feelings on the uniqueness of your role as a parish nurse in your local church community in promoting health and wellness, in comparison with nursing in other settings.*

Please take as much time as you wish to discuss these topics, sharing all the perceptions, thoughts and feelings that you can recall".

The interview is envisaged to take between 30-45 minutes of your time and conducted in a suitable venue chosen by you, such as your church office or home. At a later stage, I may spend approximately 15 minutes with you to discuss the analysis of your descriptions and whether they are consistent with your experiences. This may also be audio taped.

All information that you provide will be treated with the utmost confidentiality and to ensure this you will be asked to choose an alias for identity on the questionnaire and during the interviews. Any reports and publications of data will also be written in such a way as to protect your identity.

As a volunteer in the study, you are entitled to withdraw at any stage without giving any reason. This will not affect your relationship at the time or in the future with the researcher or any research outcomes. On completion of the study a summary of the research findings will be made available to you. The study may also be published in a professional journal. Although the study holds no direct benefits for you, it is hoped that the information gained will enhance models of practice within parish nursing in Australia and may be of assistance in your future work and the education of other parish nurses.

The Avondale College Human Research Ethics Committee has approved the ethical considerations of this study.

If you are willing to participate in this study, you are asked sign the "Volunteer's Consent Form: Questionnaire and Interviews" in the appropriate section, as supplied.
You will need to give me this at the interview. Until then, you are asked to supply me with your contact telephone number/s, a suggestion for a venue in which to conduct the interview and best available times/days of the week. Following this, I will be in touch with you to confirm a time, date and location for the interview.

Please do not hesitate to contact me if you would like any more information regarding this study and I look forward to your assistance in completing it.

Yours sincerely,

Tamera Gosling

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APPENDIX IV: CONSENT FORM

STUDY: Promoting health and wellness in Australian church communities:
the parish nurses' lived experience

Volunteer's Consent to Questionnaire & Interviews

In signing this consent form, I agree to take part in the study conducted by Mrs. Tamera Gosling, entitled "**The parish nurses' lived experience of promoting health and wellness within Australian church communities** ", as part of her studies in a Masters degree at Avondale College, NSW, Australia.

By signing in the allocated area below, I show that I am willing to participate in an interview and questionnaire on the research topic, as detailed in the information letter.

I understand that my responses in interviews, questionnaires and any observations recorded will be treated confidentiality and that my name will not appear on any materials. To identify me as part of the study I will use an alias. I understand that the information gathered will not be shared with anyone else.

In signing this consent I understand that my participation is completely voluntary and that I can at any time withdraw my consent and services from the study. Terminating my participation will not affect my current or future relationship with the study organiser or any events in the future.

As a participant in this study I will not receive any direct benefits, but understand that the information gathered will help the researcher gain a better understanding of the experiences of parish nurses in promoting health in congregations and help explore ways in which health promotion can be achieved successfully in this setting.

I understand the purpose of this study and have been informed by Mrs. Gosling of the possible positive or negative benefits or inconveniences that may be associated with participating in the interviews and questionnaire.

Note: This research project has been approved by the Avondale College Human Research Ethics Committee (HREC). Avondale College requires that all participants are informed that if they have any complaint concerning the manner in which a research project is conducted it may be given to the researcher, or if an independent person is preferred, to the College's HREC Secretary, Avondale College, PO Box 19, Cooranbong, NSW, 2265 or phone (02) 4980 2161 or fax (02) 4980 2190.

CONSENT FORM

STUDY: Promoting health and wellness in Australian church communities:
the parish nurses' lived experience

Consent to Interviews and Questionnaire

Full name (printed): ……

Signature: ……

Date: ……

Contact telephone number: ……..

Address: ……

……

Witness

Name (printed): ……..

Signature: ……

Date: ……