

# Bringing Caring to the Synagogue with Jewish Congregational Nursing



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Funding for the initial printing of this resource was provided by the Nathan Cummings Foundation as part of their support for SeRaF (Senior Resource Faculty), a joint project of the National Center for Jewish Healing (JBFCS) and its partner, The Kalsman Institute on Judaism and Health (HUC-JIR).

This project was designed to support the development of a leadership cadre for the National Jewish Healing Movement and support the development and publication of resources and materials for the field of Jewish healing.



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*A man I'll call Raymond lived a quiet life with his wife. He was not well; he suffered from diabetes and had difficulty walking. His wife cared for him, shopping, cooking, and helping him bathe his swollen and painful legs. Suddenly his wife became ill and died, leaving Raymond with no relatives and few friends. Her funeral was attended by only a handful of mourners.*

*Raymond began to go to daily minyan to say Kaddish for his wife and became a regular at the shul where I am a nurse. Referred to me, he admitted that he could use assistance in taking care of his legs and was having difficulty preparing meals. I made a home visit, and together with the Caring Committee, set up a regular schedule where volunteers would visit, bathe his legs, examine his feet for complications of diabetes, and bring food left after the Shabbat Kiddush. The volunteers began to take their children to visit, and often invited him to their Shabbat and holiday meals. Soon his refrigerator was full of food, and the door was festooned with pictures of the volunteers' children, many of whom called him "Grandpa Ray". He began to take part in senior activities at the synagogue and volunteered to drive others through the Caring Committee. He also began volunteering in the synagogue office. I continued to make weekly visits to assess his legs, blood glucose, and vital signs. We discussed the remarkable changes taking place in his life, healthy diets, how to control diabetes, and his belief in God. He continued to avail himself of the Caring Committee as well as to volunteer as he was able.*

*When Raymond finally died, the synagogue was packed. His Caring Committee friends, their children, the daily minyan group, the seniors, the office staff, and the many people he had helped drive were all in attendance at his funeral. And although the synagogue had assumed him to be of few financial means, Raymond left the synagogue's Caring Committee a large enough sum to pay for their activities and the nurse's salary for some time to come.*

This is Jewish Congregational Nursing. A nurse, representing the synagogue, armed with nurse's bag and Jewish texts, the Jewish tradition of *bikkur holim*, (visiting the sick), integrating physical and spiritual health.

Congregational nursing, or "parish nursing" as it is called in Christian circles, is the field of "promoting health within a faith community". Health promotion in this setting includes physical, psychological and spiritual wellness. It acknowledges the relationship between body, mind and spirit and the need to address each for healing to take place.

Congregational nurses assess not only the body--the interrelationships of systems-- but the whole person within a spiritual context. We don't speak of a mind-body connection but of a mind-body-spirit unit. Congregational nursing is a real integration of western medicine, eastern medicine, and spirituality.

*Hilda came to my office to have her blood pressure checked. She is on medication and is knowledgeable about limiting her salt intake. Though usually within normal parameters, this time the reading was high. Using the open-ended question of a congregational nurse, I asked, "What do you think is happening here?" She immediately answered with, "I have not slept for several nights. I have been having nightmares about my experiences in the concentration camps. Even though it happened 60 years ago and I thought I had put it all behind me, for some reason now it seems to be haunting me. I think about it all the time, when I am awake and when I am asleep. It is as if it just happened to me". As she described her night terrors and her experience of reliving past atrocities, she realized what was really going on. She feared that the vividness of the recollections meant something was wrong, that she might be losing her mind. I spoke about memory and how it might be affecting the present. I was able to reassure her that she was not*

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*crazy, and that I thought possibly she might be helped by meditation visualizations which promote a sense of safety and calm. We practiced the technique and she agreed to try it at night when feeling haunted. We also spoke about her beliefs about God and how she reconciles her feelings with what happened to her. And just to be sure we covered all possible contributing factors; we reviewed the role of salt and medication in controlling her blood pressure. We continued to meet for a few sessions until she was comfortable with the techniques and felt reassured that she wasn't on the brink of madness.*

Jewish tradition is rich in philosophy and teaching about health and healing. Maimonides, the 12<sup>th</sup> century physician and rabbi, acknowledged the role of God, natural substances and doctors in healing when he wrote, "Almighty God, Thou hast created the human body with infinite wisdom...Thou hast blest Thine earth, Thy rivers and Thy mountains with healing substances; they enable Thy creatures to alleviate their sufferings and to heal their illnesses. Thou hast endowed man with the wisdom to relieve the sufferings of his brother." Judaism teaches that while God is the Ultimate Healer, we partner with God through health care professionals and medication to promote healing. Congregational nursing uses the tools of all disciplines as an integrative field.

*When Barry came to see me in the hopes I would tell him it was ok to "get off his blood pressure" medication, he was disappointed when I disagreed. He protested saying, "But I thought you were a spiritual nurse!" I explained that control of blood pressure included many facets. He could exercise more, change his diet, meditate, all of which would surely affect his blood pressure. In time, he could possibly wean off his medication.*

Our tradition teaches *pikuah nefesh*, the essential responsibility to preserve life. This mitzvah is so primary that it supersedes even the keeping of Shabbat and fasting on Yom Kippur saying, in effect, that protecting a person's health is our principal obligation. Further, we learn that our body belongs not to ourselves, but to God, and it is our obligation to care for this body, as God would have us do. Midrash suggests that not only is God the ultimate healer, but breathes life into us with each breath we take. We are also taught to be God's partner in healing through *bikkur cholim*, visiting the sick, a mitzvah in which we imitate God—as when God visited Abraham who was recovering from his circumcision. Talmud teaches that when we visit a person who is ill, we take 1/60 of the person's pain. Congregational nursing takes the tradition of *bikkur cholim* to a professional level. We visit not only as a loving presence, but with the eyes of a professional nurse.

Clearly, the integration of health and Judaism is not a modern innovation. What is new is the way in which the Congregational Nurse brings health care right into the fabric of synagogue life. As one elderly homebound patient said upon receiving a home visit from me, "It's about time the Temple realized they have to come to me when I can no longer go to them".

*B'tzelem elohim*, the teaching that each individual is valuable because each of us is made in God's image, instructs us to value the young, the healthy, the aged, and the ill. But often our aging population is increasingly marginalized as they become less productive and able to participate. We are faced with the challenge of connecting the

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senior with the greater community and providing him or her with possible experiences to “give back” and feel productive.

*Mildred cannot drive but needs to go to physical therapy three times a week. A cab would be expensive. She relies on the caring committee members to drive her. Once a week, she volunteers in the synagogue religious school and is thus able to repay the community as well as continue to receive appreciation and gratitude from the synagogue staff. This inter-relationship between giving and receiving is a valuable part of being in a community and congregational nursing helps to make this connection.*

When a person has an acute illness and is hospitalized, many community resources are initiated upon his discharge. A total hip replacement earns a patient visiting nurses, home physical therapists, and home health aides--all covered by Medicare. However, when a patient slowly becomes more frail and debilitated, leaves the house less often, has little energy to cook, and finds that going upstairs to shower has become an ordeal; such changes are often not witnessed and community help not initiated. These are the patients most helped by Congregational Nursing. These weakening older adults are the ones I see when referred by the clergy, their friends or families often through a phone call that begins “I am worried about . . . . She just sounds so tired when I call. Could you go and see her?” What I often find on these home visits is a person who has rather desperately tried to keep increasing weakness hidden from friends and family. I often find an elderly person who has difficulty shopping, cooking, and sometimes bathing. And although there are community resources available, there is often unawareness of how to initiate Meals on Wheels or senior transportation. Receiving a visit by a nurse sent by the congregation who can evaluate the situation and make connections to available resources is invaluable. And the fact that the Rabbi may have suggested the nurse’s visit is particularly meaningful.

### **A Description of Project SHIN (Spiritual Healing Integrating Nursing)**

Project SHIN is a unique project of the JCC MetroWest in New Jersey. It was started in 1999 with generous funding by the Healthcare Foundation of NJ. Project SHIN is a congregational nurse program but is actually housed in a Jewish Community Center. The nurses serve the older adult communities of the JCC’s senior programs and the educational, recreational and cultural programs held at the synagogues as satellite centers. Increasingly, we serve as congregational nurses to the synagogues themselves.

My congregational nurse program includes five distinct components: the office visit, the educational program, the home visit, the hospital visit, and counseling. While this is the description of this particular project, obviously other congregational nursing programs will have different emphases.

### **Office visits**

Most synagogues have regularly scheduled activities for older adults. During these activities, I set up my “office” off to the side of the room, within visual contact but far enough away for a modicum of privacy. There I will see people individually who come to me with questions about their health, request for blood pressure monitoring, or a

desire to discuss something that is bothering them. These short visits sometimes lead to my recommendation that we schedule a longer visit at their home or at the synagogue at a later time. To these office hours, I carry my phone book, drug book, nursing bag, and computer with charts for all patients. I take brief notes, entering all data in the computer so that I have a basis of comparison and means of documenting my findings. At times, I will consult with the patient's medical doctor and document all such communication. The office visit is the driving force of the program as it is through these contacts that the nurse becomes known and trusted in the older adult community.

### **Home visits**

Congregational nursing is an important response to the needs of increasingly isolated older adults. As geographically-scattered families have become the norm and more families have two full-time employed adults, neighborhoods are increasingly places where families come home mainly to sleep. Older adults often feel they live in a ghost town. Many of their own friends have died or are also homebound and their children are busy or far away. They are often alone, unable to drive, trying to stay independent, hiding their anxieties and frailty. They frequently want to stay involved and in their homes, but are unable to do so safely.

A congregational nurse is able to visit, check that medication is being correctly taken and that food needs are met. She can see if the house has been kept up or if extra help is required. She asks questions about how the congregant gets to appointments, whether visitors come, and what is done for enjoyment.

*Frieda is an elderly woman who lives alone in a two-story home. Although it has been several years since she has gone upstairs, she enjoys her life at home and refuses to consider moving to an assisted living facility. At our first meeting, we discussed her major challenges which were solved in the ensuing months utilizing community services previously unknown to her. Kosher Meals on Wheels are now delivered daily—a boon as she was unable to make a meal for herself and dozed so often during the day, she often lost track of the time of day. Each day at 11:30 a hot meal is delivered along with a cold dinner. I visit her weekly to set up her medication calendar box and check that she has been taking her medicines. I also order refills from a pharmacy which delivers. We discuss her spiritual life and concerns-- from her view of God to the values she feels shaped her life. We talk about her hopes for the future and her disappointments.*

*Because Frieda's synagogue has an active Caring Committee, I can regularly check in with them to be sure that she receives frequent visits from the community. One day I arrived to find Frieda short of breath and in some distress. I called the doctor who agreed to see her in the office. Rather than having to call a squad and transporting her to the emergency room of a hospital, I called the Caring Committee chair who was able to arrange a ride to the doctor. Within an hour, Frieda was seen, treated by her physician and sent home, avoiding an intrusive, harrowing, and expensive trip to the ER. Frieda continues to receive regular visits from both the volunteers who sing Shabbat songs and bring her challah on Fridays and the nurse who fills her medication boxes and assesses her vital signs and initiates spiritual conversation.*

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The relationship between the congregational nurse and the Caring Committee is symbiotic and a key component of the success of both programs. The nurse serves as the professional eye and the committee, in turn, does much of the follow-up for the nurse. The nurse can refer to the committee when her assessment reveals a need for follow-up visits, transportation or meals. And the committee members have the security of knowing they can contact the nurse if a problem is picked up while on a friendly visit.

Sometimes the nurse encounters a problem for which there is a simple solution and, once solved, there is no need for ongoing contact between nurse and congregant.

*I saw Laura after receiving a call from her daughter. Her daughter knew Laura wanted to stay at home but worried that the house was not appropriate for a person with limited mobility. There were stairs between the living room and both the bedroom and bathroom. I concluded that grab rails in the bathroom, a raised toilet seat, and double hand rails at the stairway were all that kept the home from being accessible and safe for Laura. The family immediately made all the modifications and Laura continues to live happily and safely in her home.*

### **Educational Programming**

The congregational nurse also serves the synagogue in helping to create a healthier, more integrated and educated community. We teach about both physical and spiritual wellness in our talks to senior groups, articles in the Temple Bulletins, and classes. We help synagogues create Caring Communities and assist in strengthening existing Caring Committees.

### **Hospital visits**

Visits to patients in the hospital are done with an eye to spiritual, psychological, and physical needs. We listen to the patient's experience, hear concerns and fears, translate confusing jargon, and help plan for the return home. Seeing the patient at the hospital, at home, and even in the synagogue is great comfort at a time when care can seem so fragmented.

### **Spiritual Counseling**

*Rhonda had been living with fibromyalgia for some years. Suddenly in the 12<sup>th</sup> year, she was feeling overwhelmed. Her illness was not physically different, but she no longer felt she could cope with it. She had her specialists, her psychologist, and her pharmacologist but came to the Congregational Nurse for spiritual guidance. She wanted to know why she suddenly felt estranged from God and to talk about God's role in her illness. We met monthly for a year, studying psalms, meditating, and looking at writings from some contemporary Jewish psalmists and poets. We discussed the meaning of suffering as well as practical ways of coping with physical illness. After a year, Rhonda felt she had come through the crisis and was able to continue to deal with her disease.*

### **Funding**

Funding for Congregational Nursing continues to be a struggle in some communities. We were fortunate to have a visionary funder in the Healthcare Foundation of NJ which gave us full funding for 2 years. After the second year, the funders wanted to

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see “buy-in” on the part of the synagogues. Two of the synagogues that had received service were willing and able to contribute substantially to the program. In return, Temple B’nai Abraham and Congregation Agudath Israel receive one full day a week of service by the nurse who serves as a part-time staff member for the congregations. The other synagogues contribute modestly and receive a few hours a month. Having the two years of full funding allowed us crucial time to develop the program and introduce it before asking the congregations for their contribution.

We also received funding from the UJC and Grotta Foundation which enabled a part-time nurse to cover three more synagogues. Ten congregations are now served plus the senior group at the JCC. At the very least, office visits are made available on a monthly basis. At most, synagogues receive 8 hours a week in a combination of office visits, teaching, counseling and home and hospital visits.

Communication between the nurse and rabbi and the nurse and Caring Committee is crucial to the success of the program. Referrals received from the clergy are followed-up by regular and ongoing emails. The nurse attends staff meetings at the synagogues where she is on staff. The confidential nature of the problems the nurse is addressing with the patient is not revealed, but patient permission is requested in order to “tell the rabbi we visited today”.

Congregational nursing brings spiritual and physical healing to individuals within the synagogue community. Arising from a tradition that values *pikuah nefesh* and *bikkur cholim*, it provides a natural and seamless continuity of care. We want our synagogues to support our members throughout their life span. Jewish Congregational Nursing is a unique tool to make that a possibility.

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