

Pastoral nursing takes care beyond the physical realm

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Karen Frank, left, is one of the 15,000 nurses nationwide who are involved in pastoral care. As part of her work with area synagogues, Frank spends time regularly with Renee Weinstein in her Caldwell home. (*Amanda Brown*)

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By [Debbie Galant](#)

For Inside Jersey

For a week or so every fall, Karen Frank spends a good deal of her time telling elderly Jews not to fast on Yom Kippur. Frank is a pastoral nurse who serves three synagogues in North Jersey, and the majority of people she sees in her practice are elderly and frail.

"I give direct commands: 'You may not fast,' " she says. "I go into a whole explanation of pikuach nefesh -- literally it means saving the soul. It's the most important commandment we have, which is preserve life and guard life."

Pastoral nursing began as a movement in the 1980s and there are an estimated 15,000 registered nurses who serve in churches and synagogues. They're at the forefront of a broader effort to place nurses in the community, but in addition to their nursing training, pastoral nurses are also schooled in addressing social and spiritual needs.

For Frank, who began her career as a pastoral nurse in 1999 with a grant from the Healthcare Foundation of New Jersey, it's frequently an issue of coordinating care for congregants who can no longer live on their own -- at least according to their grown children. "I go and do a full assessment. Show me your medicines. I assess the house. Does she have food in the refrigerator? Is she still keeping up with her friendships?"

Often, it requires dealing with out-of-town adult children. In one case, Frank refereed a conference between three siblings who couldn't agree about the best living arrangement for their mother. Two of the children were local and Frank sat with them. The third, who lives across the country, called in by speaker phone. The conference wasn't fractious, but it was tense. "Everybody cared deeply about the mother," Frank says. "Nobody was selfish. Everybody wanted to be kind. That's what made it poignant and difficult." In the end, with Frank's help, they did decide that a nursing home would be best.

Frank regularly sees senior groups at temple, and sometimes, the simple monthly blood pressure check can be a window into the soul. Once she noticed that a woman whose blood pressure had always been good suddenly had an elevated reading. "She was a camp survivor and she was having nightmares," Frank says. "She was dealing with recurring fears and anxieties about her experiences."

Frank began making weekly visits, counseling the woman on her intake of salt and water, but teaching her relaxation exercises, as well. "And then I listened to her tell me just as much as she wanted about her experiences."

Congregants also get a check-in after leaving the hospital, if Frank is alerted. "I visited a woman who was so sad because she had a rotator cuff injury." The woman, in her 80s, usually kept her apartment ship-shape, but after the injury, she couldn't lift her arm high enough to hang up her clothes.

Frank made a call to the temple's care committee. They came over, picked up the clothes on the floor and then lowered the bar in the congregant's closet so she could hang up her clothes herself.

And it's not just the elderly. Frank regularly visits a cancer patient in her early 40s who, while generally optimistic, is sometimes "challenged by the nausea and the treatment and the pain."

"We darken the room," Frank says. "I lead her into a series of breathing exercises. And looking at the thoughts. An exercise where she watches her own thoughts. And we talk about what's going on for her. And that way we can manage her anxiety when I'm not there."