

Issue Analysis: Faith Community Nursing

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Faith Community Nursing was originally deemed Parish Nursing by Granger Westburg in the 1980's. Faith Community Nursing is analyzed including how Margaret Newman's theory of Health as Expanding Consciousness is related to what Faith Community Nurses do for the patient on a spiritual level. Barriers to care are analyzed regarding the Faith Community Nurse. The American Nurse Association Scope and Standards of Practice for Nursing is discussed and related to the care provided by Faith Community Nurses. Quality & Safety Education for Nurses is also analyzed and recommendations are given regarding what should be taught to Faith Community Nurses involving patient care and safety. Each section discusses and analyzes how Faith Community Nurses impact care and how their role relates to the patient's care.

Faith Community Nursing (FCN) has been present in the community since the 1980s. The investigated here is whether or not it is beneficial to the community. Investigation of this issue is warranted to promote FCN. In the segments to follow nursing theory, American Nurse Association Standards of Care for nurses, and quality and safety issues are analyzed regarding FCN. First we must examine the definition and history of FCN to fully understand the concept.

## **History**

What exactly is FCN? FCN was originally keyed as Parish Nursing. Granger E. Westburg (1911-1999) pioneered the revolution of Parish Nursing. He was a Lutheran Pastor, a physician, professor to medical student, hospital chaplain, among many other roles. Westburg believed in whole person care in the context of their community. Westburg assisted in the Parish Nurse movement that started in 1984 (IPNRC, 2013).

The American Nurse Association defined Standards of Care for Parish Nurses in 1997 and this type of nursing was recognized as a specialty. Parish Nursing became Faith Community Nursing in 2005. This was done so that different types of faith communities could be included.

Faith Community Nurses are responsible for assessing, planning, implementing and evaluating nursing care (Calvin College, 2013). It does not usually involve hands on care like bathing, medication sorting or changing wounds (Calvin College, 2013). FCN care for the patient by caring for them physically and spiritually. FCN pray with patients and listen, but also provide teaching when needed.

## **Theory Base**

The concept of faith in nursing is fairly new. Caring for a patient spiritually has been in practice for centuries, but the action of acting as a nurse with a specialty regarding faith is innovative. Westburg's theory for involving nurses in spiritual care of a patient was that each patient is not only a physical being that needs to be cared for, but a whole person: mind, body and spirit. He keyed the term "wholistic care" which reflects his theory of nursing care as stated above.

When researching nursing theory, it is impossible to find one nursing theory specific to Faith Community Nursing. Margaret Newman's theory of Health as Expanding Consciousness (HEC) best involved caring for the patient as a whole entity: mind, body and spirit as reflected in the original basis of faith based nursing care. Each of her four main concepts (Health, Pattern, Consciousness, and Movement-Space-Time) can be related or used within the realm of Faith Community Nursing.

### **Health**

Newman describes health not as a state of one's health, but as a constant shift.

"It is regarded as the evolving pattern of the person and the environment and is viewed as an increasing ability to perceive alternatives and respond in a variety of ways" (Alligood & Tomey, 2010, p. 484).

As a nurse who practices her skills with the assistance of her faith, I can see where this is used in the FCN realm. Educating patients on the existence of the evolution of the Pattern, while linking faith in God or whatever higher power they worship as a source of reliance is

important. The perception may be influenced by the Faith Community Nurse as an alternative response to the evolution is prayer: fully relying on God to stay the course. The realization that Newman speaks of can be overwhelming to a patient. The FCN is present to guide the patient as they cope with this realization.

### **Pattern**

Pattern can be described as a person's genetic pattern or the experiences that happen in their lives. This term used within Newman's theory explains the individual as a whole. The FCN helps people recognize the portion of Pattern that is faith and spirituality. So that when faced with disease, a patient who has a strong sense of faith can help offset the degree of destructiveness of the disease.

“By interacting with the event (disease process, illness), no matter how destructive the force might seem to be, its energy augments the person's own energy and enhances his or her own power in the situation (Alligood & Toomey, p. 485).

So even if a disease process is very destructive physically, a strong mental, emotional and spiritual background helps to lessen the effects of the life event. Encouragement and spiritual support is the FCN's place in this journey for the patient.

### **Consciousness & Movement-space-time**

“Consciousness is both the informational capacity of the system and the ability of the system to interact with its environment” (Alligood & Toomey, p. 485). Balance happens in this phase of the theory. FCN is present to help by guiding patients with faith and spirituality that everything is equal. Christians believe that Jesus was crucified on the Cross

so that our sins thereafter would be forgiven. This is a point of higher consciousness as Newman describes is the life process (Alligood & Toomey, p. 485).

Movement-space-time: three concepts that are integrated. They weave around each other. The Faith Community Nurse encourages and teaches this by guiding patients spiritually. For example, believing in the timing of a higher power (God) versus your own timing is a big point to make to a patient. Recognizing the meaning for being on a particular journey of health as related to a patient's individual Pattern is a large part of the FCN. Movement-space-time interlaces into those concepts as well.

### **Healthcare Environment**

The healthcare environment in a literal sense is community based. Faith Community Nurses act as community nurses in a specialized are: care based on faith/religion/belief system the nurse and patient represent. With this being said there are no requirements for a FCN to have certain licensure to practice as a FCN.

### **Accreditation?**

Within the Grand Rapids area, Calvin College provides a 36 contact hour course that was developed by the International Parish Nurse Resource Center. The continued education units are accepted by the State of Michigan as CEU's towards a nurse's license. The course provides for education on integration of faith and health but doesn't give the FCN a specific special license for the work they do.

The FCN is encouraged to have personal liability insurance. If the FCN is working with a church/parish/congregation, it is beneficial for this nurse to know the coverage of

the church's liability insurance regarding volunteers. If the FCN is a paid employee, they should be covered under the liability insurance of their employer.

The FCN practices under the American Nurse Association's (ANA) Scope and Standards of practice for Faith Community Nurses. These are the guidelines accepted by the ANA as how a FCN should practice.

### **Challenges**

One challenge that Faith Community Nurses face is resistance of their practice by clergyman. P. Thompson (2010) studied the knowledge base and acceptance of nurses acting as Parish Nurses. The study showed that while clergymen support the FCN, they don't acknowledge the depth of spiritual support that the FCN provides. Reasoning behind this could be misinformation regarding the FCN role, no education provided about the FNC role or lack of interactivity with the FCN.

Another challenge for the FCN is that this type of nursing is specific to Christians. While the idea of Parish Nursing, what is now called Faith Community Nursing, started from a Lutheran background, all religions and belief systems have the capability to apply this type of nursing practice to their spiritual beliefs. The ANA has specified the Scope and Standards for Faith Community Nursing to act as a guideline for the different religions to use as a basis for their nursing care.

### **Inference, Implications and Consequences**

Keeping safety and liability in mind, it may be a good idea to require Faith Community Nurses to test for their specialty like Critical Care Nurses (CCRN) or

Medical/Surgical Nurses do. I do not disagree with the courses that are offered because they offer great educational opportunities. I do however feel that some type of testing needs to take place to cover liabilities for the FCN. Maybe the test doesn't have to be as intense as say the CCRN exam is, but requiring this could serve as a guide to see just how qualified the FCN is.

Community education regarding FCN practice would be beneficial. The FCN could educate on a congregation or on a community wide level. Educating the public the FCN would serve could open up avenues for the FCN to practice. Providing knowledge about the FCN role to the community would be beneficial to not only the FCN, but also the church and/or the community the FCN is involved in.

## **Recommendations for Quality and Safety Improvements**

### **American Nurse Association Standards**

In 2005 the American Nurse Association (ANA) deemed the Faith Community Nurse as worthy of their own set of Standards of Care to follow for their nursing practice. The book specific to the Faith Community Nurse is very similar to the Scope and Standards of Practice for Nursing.

Quality of nursing care depends partly on education. "The registered nurse attains knowledge and competence that reflects current nursing practice" (ANA, p. 49). The FCN should be required to complete a certain amount of continued education units (CEU's) regarding their position as a FCN. Seeking these educational opportunities would allow the

FCN to maintain their knowledge of current nursing practice thus meeting the Professional Nursing Practice Standard 8 which is that of Education (ANA, 2010).

Professional Nursing Practice Standard 13 is that of Collaboration (ANA, 2010). It is important for the FCN to collaborate with the patient, family and other resources available to help provide the most positive spiritual outcome for the patient. Collaborating with the Pastor/Priest for prayer and encouragement for the patient is a key point. The FCN must always analyze the situation to collaborate for the patients benefit. The quality of the care given will improve tenfold if collaborated correctly.

Resource utilization, Professional Nursing Practice Standard number 15, is an important Standard for the FCN to apply. Planning is a key point of FCN. The Standard definition states: “the registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible” (ANA, p. 60). The patient would benefit from the FCN that knows the community resources available to the patients in their community. For example, knowing when a prayer group is scheduled for cancer survivors and relaying that information to the patient would be very beneficial to the patient. The FCN that is up to date on other resources such as food banks, exercise groups, and health fairs would also be beneficial to the community members.

### **Quality & Safety Education for Nurses**

While I do not know the full curriculum of the Parish Nurse courses offered in each state, I can say that recommending that Quality & Safety Education for Nurses (QSEN) be included in that education would be beneficial to the curriculum, the nurses learning it, and

mostly to the patient. I believe that two particular portions of QSEN should be included in education: Teamwork and Collaboration and Patient-Centered Care education.

Having Teamwork and Collaboration involved in QSEN would benefit the FCN by allowing them to learn about working with other nurses in the community. The particular portion of the QSEN section would involve learning the FCN's place in the patient care as well as when to collaborate with other nurses. These skills would come in handy if say, for instance, a FCN is seeing a patient that has a home care aide and home care nurse involved. The FCN would be able to establish their particular role in this patient's care. This would allow for safe patient care.

QSEN also educates on Patient-Centered Care. This portion of QSEN education focuses on the patient. One point that is taught is how to analyze multiple different dimensions of the patient: this reflects back to the FCN idea of wholistic care. This skill is imminent for a FCN to maintain. This portion of QSEN is "based on active listening to patients, elicit values, preferences, and expressed needs...as well as coordination and evaluation of care" (QSEN, 2012). This definition could be used to describe what FCN do so it is imperative that this be taught to them.

The history of Faith Community Nursing is one of only 29 years but has evolved immensely. FCN now involve many different belief systems and not just Christianity. The ANA hold FCN accountable by their Standards of Care and QSEN initiatives can be involved in the education of the FCN. Even though there are barriers that FCN face, their care still reaches the community. FCN impact patients on such a level that is difficult to explain. After analyzing different aspects of general nursing care including Standards and Scope of

Practice and QSEN initiatives, I learned that there are certain aspects of Faith based care that can be taught. I also believe that connecting with a patient on a spiritual level is not always a teachable skill. While there are no requirements for FCN to be licensed as such, I have faith that those who choose to take the classes and tag themselves with that description do right by what they believe and take care of their patients on a spiritual level that can match no other. Here's to all our Faith Community Nurses!

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