



Faith Community Nursing Compared to Other Nursing Specialties Position Statement

Faith community nursing is similar and different when compared to other nursing specialties.

How is faith community nursing similar to other nursing specialties?

There are more than 100 specialty practices in nursing. About one-third of these are community-based, multifaceted, independent, and patient facing (relational). Of these, several are similar and require generalized knowledge to practice. Examples include:

- Camp nurse
- Community health nurse
- Domestic violence nurse
- Environmental health nurse
- **Faith community nurse**
- Holistic nurse
- Home health care nurse
- Hospice and palliative nursing
- Independent nurse contractor
- Missionary nurse
- Health coach nurse
- Occupational health nurse
- Public health nurse
- Rural nurse
- School nurse
- Transcultural nurse

All nursing practice is under the legal authority of each state's nurse regulatory body such as a Nurse Practice Act. In addition, all are guided by the *Nursing: Scope and Standards of Practice* (American Nurses Association, 2021). They are also guided by individualized specialty scope and standards of practice.

For a list of nurse specialty practice certifications, see <https://www.nursingworld.org/certification/> ; <https://nursejournal.org/resources/nursing-specialties-guide/>

For a list of ANA approved nurse specialty practices and their affiliated organizations, see <http://nursingworld.org/FunctionalMenuCategories/AboutANA/WhoWeAre/AffiliatedOrganizations>

• *Nursing: Scope and Standards of Practice* (American Nurses Association, 2021) available at <https://www.nursingworld.org/nurses-books/nursing-scope-and-standards-of-practice-4th-ed/>

• *Faith Community Nursing Scope and Standards of Practice* (American Nurses Association & Health Ministry Association, 2005, 2012, 2017,) available at <https://www.nursingworld.org/nurses-books/faith-community-nursing-scope-and-standards-of-practice-3rd-edition/>

“The roles of faith community, home health, and public health nurses overlap in several functions and there are important distinctions. These specialties promote health and wellness through assessment of health status, planning, intervention, and evaluation of the outcome of care. Public health nurses, home health nurses, and faith community nurses provide education, refer to other healthcare providers, provide coordination of care, and advocacy for the healthcare consumer.” Health Ministries Association, & American Nurses Association. (2017). *Faith community nursing: Scope and standards of practice*. American Nurses Association. (p 34).

The Faith Community Nurse is able to provide care beyond the definition of insurance or Medicare reimbursable need to perform the independent functions of through scope per nursing licensure. *Nursing: Scope and Standards of Practice* (American Nurses Association, 2021) available at <https://www.nursingworld.org/nurses-books/nursing-scope-and-standards-of-practice-4th-ed/>

How is faith community nursing practice different?

There are four noted definitions of Faith Community Nursing

“... specialized practice of professional nursing that focuses on the intentional care of the spirit as part of the process of promoting wholistic health and preventing or minimizing illness in a faith community” (ANA & HMA, 2017).

“... a method of health care delivery that is centered in a relationship between the nurse and client (client as person, family, group, or community). The relationship occurs in an iterative motion over time when the client seeks or is targeted for wholistic health care with the goal of optimal wholistic health functioning. Faith integrating is a continuous occurring attribute. Health promoting, disease managing, coordinating, empowering and accessing health care are other essential attributes. All essential attributes occur with intentionality in a faith community, home, health institution and other community settings with fluidity as part of a community, national, or global health initiative” (Ziebarth, 2014).

Faith community nurses (FCNs) are registered nurses positioned within a faith community or working in a health care system and serving as a liaison to congregations. FCNs focus largely on health promotion, managing chronic disease, and injury prevention, but also often function as health counselors, patient navigators, and advocates. FCNs support the physical, psychological, and spiritual well-being of their patients⁴. FCNs, also known as parish or congregational nurses, are usually members of the faith communities they serve; FCNs may also provide care to patients from the boarder community. Faith community nursing is common in Christian denominations, though FCNs also support temples, synagogues, mosques, and faith-based community agencies.

County Health Rankings & Roadmaps (CHR&R), a program of the University of Wisconsin Population Health Institute (2023).

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/faith-community-nursing>

“... care that supports and facilitates: physical functioning; psychological functioning and lifestyle change, with particular emphasis on coping assistance and spiritual care; protection against harm; the family unit; effective use of the health system; and health of the congregation and community” (Twadell and Hackbarth, 2010).

How can faith community nursing be summarized?

Based on a literature review of 124 faith community nursing articles (Ziebarth, 2014), faith community nurses (FCNs):

1. Routinely performs intentional spiritual care, spiritual leadership practices, and integration of health and faith.
2. Practices with or in a faith community, home, health institution, or other community setting with fluidity and consistency.
3. Is a multidisciplinary and interdisciplinary team member, advocating and providing resources from many different sources.
4. Coordinates, implements, and sustains ongoing activities.
5. Routinely utilizes and applies results from surveys.
6. Is familiar with and able to implement community and public nursing concepts and practices.
7. Is familiar with motivational and empowering techniques to encourage lifestyle change.
8. Routinely trains and utilizes volunteers.
9. Practices with the knowledge and skills as a generalist (assessment, prevention, disease processes, procedures, treatments, and end-of-life issues).

10. Is accessible (long-term), approachable, professional, culturally sensitive, and communicates well.
11. Understands the concept of “wholistic health” functioning.

To summarize, uniquely Faith Community Nursing interventions include:

1. Routine and intentional spiritual care, spiritual leadership/practices, and integration of health and faith
2. Partnership with a faith community
3. Multidisciplinary and interdisciplinary resourcing and referring
4. Coordination, implementation, and sustention of ongoing activities
5. Utilization and application of results from surveys
6. Training and utilization of volunteers
7. Interventions occur over time when the client seeks or is targeted for wholistic health care and the goal of interventions is wholistic health functioning

This delineation is important because the Joint Commission (2022) states that patients or clients have specific characteristics and nonclinical needs that can affect the way they view, receive, and participate in health care. In addition, supporting patients’ spiritual needs may help them to cope with their illnesses. Patients who have services rendered by an FCN may experience a range of assessments and interventions that promote an adaptive process of attaining or maintaining wholistic health functioning (Cavan, 2000; Wolf, 2008; Solari-Twadell & Hackbarth, 2010; Ziebarth 2014).

*Wholistic health is defined as the human experience of optimal harmony, balance and function of the interconnected and interdependent unity of the spiritual, physical, mental, and social dimensions. The quality of wholistic health is influenced by human development at a given age and an individual’s genetic endowments, which operate in and through one’s environments, experiences, and relationships (Ziebarth, 2016).

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