



Westberg Institute
for Faith Community Nursing



Position Statement: Compensation of the Faith Community Nurse

INTRODUCTION

Faith community nursing is a professional nursing specialty with its own scope of practice, as defined in the most current edition of *Faith Community Nursing: Scope and Standards of Practice* published by the American Nurses Association (ANA) and the Health Ministries Association. The Faith Community Nurse (FCN) receives specialty education and delivers nursing care interventions within or in association with a faith community to individuals, groups, and populations. Essential attributes are faith integrating, health promoting, disease managing, coordinating, empowering, and accessing health care (Ziebarth, 2014). There are measurable outcomes and demonstratable value for the healthcare consumer, program, faith community, healthcare organization, and nurse. The FCN documents interventions and outcomes and regularly reports to stakeholders.

As a professional working within a nursing specialty, the FCN has the right to fair compensation and to negotiate the terms, wages, and work conditions of their employment. The FCN may explore external funding sources for compensation based on the specific needs of the populations whom they serve. Additionally, FCNs should be aware of reimbursement pathway efforts for community-based nurses through professional nursing organizations.

The purpose of this position statement is to discuss compensation of FCNs in a wide variety of practice settings and to provide guidance for FCNs negotiating compensation with their employers.

HISTORICAL CONTEXT AND COMPENSATION MODELS

Compensation for the FCN frequently follows different models from traditional nursing roles. The FCN as a compensated or uncompensated professional is a value-added asset which provides measurable quality nursing care based on the experience and specialty characteristics of the nurse and allocation of types of interventions, hours, and population. Historically, the majority of FCNs were uncompensated professionals working in volunteer-driven ministries within individual faith communities. In 2025, FCNs include both compensated and uncompensated roles not only within individual faith communities, but also within independent health ministry programs, hospital-based networks, and a wide variety of other practice settings.

Operationally, there are different models of compensation based on the needs of the FCN and their employing organization or faith community. In 2016, most FCNs were working in uncompensated positions with limited financial cost to a faith community (Ziebarth, 2016).

Current surveys suggest that this is still the case, and that lack of financial support remains a major barrier to FCN program success (Westberg Institute Faith Community Nursing Research Team, 2024).

The COVID-19 pandemic influenced trends in compensation for FCNs. Before the COVID-19 pandemic, FCN survey participants (N=153) indicated that 58.8% were not paid and 41.2% were paid, while compensated hours per week averaged 21.4 and uncompensated hours per week averaged 6.8 (Dyess & Callaghan, 2017). In contrast, FCN participants in a 2024 survey (N=97) indicated that 22% were compensated, uncompensated FCNs work less than 10 hours per week (75.31%), and 97% of participants reported that a lack of time and financial support were significant barriers (Westberg Institute Faith Community Nursing Research Team, 2024).

Compensation for the FCN varies and may include funding from federal grants, state Medicaid funds, and grants or other funding from a consortium, healthcare provider, non-profit organization, faith community, or other organization. Funding may also include reimbursement for continuing education, conferences, travel costs, professional licensure, association fees, publication subscriptions, other resources, and professional liability coverage.

Many FCNs are unpaid professionals. Some state nursing regulatory bodies offer special licensure categories for registered nurses in good standing who choose to leave paid employment but want to continue their nursing practice. The FCN is encouraged to educate themselves about the business of healthcare and funding streams as well as licensure regulations in their state of practice.

GUIDING DOCUMENTS

The Nurses Bill of Rights is a statement of professional rights setting forth seven premises concerning workplace expectations and environments. The *Nurses Bill of Rights* can help guide development of organizational policy or focus discussions between nurses and employers regarding employment.

Regarding compensation, the *Nurses Bill of Rights* includes:

- 6) Competitive compensation consistent with nurses' clinical knowledge, experience, and professional responsibilities and that recognizes the value and rigor of nursing practice.**
- 7) Collective and individual rights for nurses to negotiate terms, wages, and work conditions of their employment in all practice settings. (ANA, 2022a)**

Faith Community Nursing: Scope and Standards of Practice discusses compensation, reimbursement, and cost-effective care. FCNs should refer to the most current edition.

CURRENT RESEARCH AND LITERATURE

A significant gap exists in FCN research and literature regarding compensation of FCNs in different practice settings. Studies of other topics, however, can shed light on some aspects of compensation. For example, Solari-Twadell & Ziebarth, 2020, recommend based on their findings on sustainable and successful FCN programs that compensation should be addressed early and consistently in program development. Dyess & Callaghan's 2017 study of FCN documentation practices and barriers included noting whether the respondents were in paid or unpaid positions as part of their survey. This has provided a useful data point for ongoing research into compensation trends among FCNs. While other studies focusing on the value generated by FCNs, such as Ahn et. al. 2025, have offered insight into the relative cost savings associated with FCNs working in a variety of practice settings. The question of relative compensation for these FCNs has not been widely discussed.

The *Nursing Human Capital Value Model* (Yakusheva et al., 2024) examines the full scope of nursing's economic contribution. The foundation of this model is the delivery of high-quality care by a nurse with specific education, experience, and expertise. The authors suggest that nursing should not continue to be viewed as an undifferentiated, uniform input; rather, nursing is a value-added, measurable capital asset. Even though the model was developed for nurses working in traditional healthcare settings, the FCN can refer to this study to aid in discussions with their employer(s) about compensation and the value of faith community nursing.

In order to narrow the gap in FCN research regarding compensation, the Westberg Institute Faith Community Nursing Research Team conducted a national survey (N=97) in 2024. This survey explored FCN roles, compensation, and perceptions regarding the need for compensated positions. Responses to this survey indicated that FCNs in the United States are a predominantly uncompensated workforce with significant challenges related to compensation and recognition of the FCN role. Respondents expressed a strong belief that compensated positions could enhance the effectiveness and sustainability of FCN programs and emphasized suggestions for improving compensation models and alleviating funding barriers, indicating a need for greater awareness and support from both faith communities and healthcare organizations.

DIRECT REIMBURSEMENT MODEL FOR FCNS

The American Nurses Foundation's Reimagining Nursing Initiative's "*Direct Reimbursement Model*" pilots are generating data to inform researchers about reimbursement pathways for registered nurses (RNs) providing nursing services in the community. This includes FCNs. Obtaining a National Provider Identifier (NPI) is one of those pathways. ANA has published a position statement specific to the NPI for RNs. It states:

RNs must be recognized for their expertise and the clinical services they provide and, therefore, ANA recommends:

1. All RNs and APRNs should obtain an NPI to elevate and recognize them as clinicians providing vital services to patients (ANA 2022b).

The ANA website has a landing page with information about the NPI and how a nurse can obtain one. FCNs are encouraged to stay informed on this important topic.

RECOMMENDATIONS

It is the consensus of the Westberg Institute Faith Community Nursing Research Team that FCNs should obtain an NPI, actively seek compensation for sustainability of their practice, and become involved in advocacy for fair compensation for nurses relative to the value they provide to organizations and healthcare consumers. As FCNs, it is important to continue educating both faith community leaders and members about the value of FCN programs and the need to fairly compensate FCNs for the services they provide to their communities. It is also clear that additional research into models and trends regarding compensation should take place in the future.

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This position statement is a product of the Westberg Institute Faith Community Nursing Research Team, a collaboration of the Westberg Institute for Faith Community Nursing, The Health Ministries Association, and Faith Community Nurses International. The Westberg Institute Faith Community Nursing Research Team at the time this position statement was written consisted of Yvonne Askew, Mary Beaman, Beverly Bateman, Deb Fell-Carlson, Linda Garner, Dylan Hendricks, Mary Lynne Knighten, Cari Moodie, Nancy Romanchek, and Deb Ziebarth. Reviewed and edited by Westberg Institute staff. ©2025

When referencing this position statement, use:

Westberg Institute, (2025). Position Statement: Compensation of the Faith Community Nurse [Position Statement]. <https://www.westberginstitute.org/>