The faith community nurse practice is very similar to other community-based nursing specialties such as home health, community health, public health, and school nursing, etc. All are considered to be independent specialized practices of nursing and fall under the legal authority of each state’s Nurse Practice Acts. In addition, all of nursing practice is guided by the Nursing: Scope and Standards of Practice (American Nurses Association, 2010). They are also guided by their individualized specialized scope and standards of practice.


During a home visit, based on the assessment, the FCN can:
1. Practice with the knowledge and skills of a registered nurse based on training (assessment, prevention, education, disease processes, procedures, treatments, and end-of-life issues).
2. Perform intentional spiritual care, spiritual leadership/practices, and integrate health and faith.
3. Advocate and provide resources and referrals on many different levels.
4. Coordinate, implement, and sustain ongoing activities such as faith community volunteer training to support the client.
5. Be familiar with and able to implement community health nursing and public health nursing concepts and practices, such as safety inspections in the home and health prevention screenings.
6. Use the FCN Visitation Guidelines (Available at http://store.churchhealthcenter.org/)
7. The FCN goal for the patient is wholistic health functioning (not just improved health outcomes) (Ziebarth, 2014).

Does the FCN replace a home health care nurse?
No. When a Home Health Nurse is in the home, the FCN collaborates with them on the plan of care. The FCN is part of the health care team and does not duplicate
services provided by other members, but rather compliments them. The focus of the home health nurse is skilled services, under the direction of the physician, to assist patients with assessment, medication education, disease management, wound care, and rehabilitation services. Just as there is more than one health care team member who provides services in the hospital, the FCN is part of the interdisciplinary health care team in the community.

The FCN has the flexibility, based on their wholistic health assessment, to visit the patient as needed to optimize wholistic health functioning. The FCN may not be responding to doctor orders when making a home visit. The FCN engages the physician and medical home staff frequently based on assessed needs. Based on the assessment, the FCN may refer the client to the physician for a clinic appointment, medication change, support services, etc. The FCN may request Home Health Nursing services, if the patient meets the criteria for the referral. In addition, the FCN has the flexibility to access the faith community volunteers/services to support the patient’s needs.


---

*Written by Deborah Ziebarth, and edited by Katora Campbell, Maureen Daniels, Sharon Hinton, Susan Jacob, Georgia Oliver, and Lisa Zerull for the International Parish Nurse Resource Center, Church Health Center, Memphis, Tennessee, 2015.*

---

**POSITION STATEMENTS FOR FAITH COMMUNITY NURSES**

Faith community nurse position papers are developed by the International Parish Nurse Resource Center based on the needs of this unique nursing specialty practice. Position papers provide answers to frequently asked questions and also provide clarity for faith community nursing practice. This position paper is the third in a series published for use. Other position papers include:

1. *How Is Faith Community Nursing Similar to or Different than Other Nursing Specialties?* This paper provides clarification to the unique nursing specialty of faith community nursing. (See *Perspectives* Vol. 14, No. 2 Summer 2015.)

2. *Faith Community Nursing: Hands-on Practice and Glucose Testing.* This paper addresses two frequently asked questions: (a) Should faith community nurses be “hands on” or “hands off”? (b) Should faith community nurses do glucose testing? (See *Perspectives* Vol. 14, No. 3 Fall 2015.)