



INTERNATIONAL PARISH NURSE RESOURCE CENTER POSITION STATEMENT

How Is Faith Community Nursing the Same or Different than Other Nursing Specialties?

There are 104 specialty practices in nursing. More than one-third of these (34), are considered to be community-based, multifaceted, independent, and patient facing (relational). Of these, 19 are seen to be very similar and require a generalized knowledge to practice. They include: ambulatory care nurse, camp nurse, community health nurse, domestic violence nurse, environmental health nurse, faith community nurse, holistic nurse, home health care nurse, hospice and palliative nurse, independent nurse contractor, international nurse, missionary nurse, health coach nurse, occupational health nurse, public health nurse, rural nurse, school nurse, supplemental nurse, and transcultural nurse (<https://www.discovernursing.com/explore-specialties#characteristics=independent>).

For a list of nurse specialty practice certifications: <http://www.nursecredentialing.org/certification.aspx>.
For a list of ANA approved nurse specialty practices and their affiliated organizations: <http://nursingworld.org/FunctionalMenuCategories/AboutANA/WhoWeAre/AffiliatedOrganizations>

All nursing practices fall under the legal authority of each state's Nurse Practice Acts and policies. In addition, all are guided by the *Nursing: Scope and Standards of Practice* (American Nurses Association, 2010). They are also guided by individualized specialty scope and standards of practice.

1. *Nursing: Scope and Standards of Practice* (American Nurses Association, 2010) is available at <http://www.nursesbooks.org/Main-Menu/Standards/Nursing-Scope-and-Standards-of-Practice.aspx>
2. *Faith Community Nursing Scope and Standards of Practice* (American Nurses Association & Health Ministry Association, 2005, 2012) is available at <http://www.nursesbooks.org/Main-Menu/Standards/A--G/Faith-Community-Nursing.aspx>

So how is the faith community nursing practice different?

There are three noted definitions of faith community nursing.

1. "... 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, 2012).
2. "... 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).
3. "... 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).

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

1. Routinely performs intentional spiritual care, spiritual leadership/practices, and integration of health and faith.
2. Practices with and in the 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 on many different levels.
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, a good communicator, and culturally sensitive.
11. Understands the concept of “wholistic health” functioning.

To summarize, uniquely faith community nursing interventions:

1. Include routine and intentional spiritual care, spiritual leadership/practices, and integration of health and faith.
2. Are performed in partnership or in a faith community.
3. Are both multidisciplinary and interdisciplinary in resourcing and referring.
4. Involve routine coordination, implementation, and sustentation of ongoing activities.
5. Include routine utilization and application of results from surveys.
6. Involve routine training and utilization of volunteers.
7. Maintain that the goal of intervention is wholistic health functioning.
8. Occur over time when the client seeks or is targeted for wholistic health care.

This delineation is important because the Joint Commission (2010) 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 a faith community nurse 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, 2015).

This position statement was prepared 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.

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