

# EXPLORATION AND IMPLEMENTATION PACKET

## **Titles of Information Sheets in Packet**

Welcome to Faith Community Nursing  
What is Faith Community Nursing?  
Activities of the Faith Community Nurse  
What is the Church Health Center?  
A Profile of Faith Community Nursing and the Church Health Center  
Resources about Faith Community Nursing  
Parish Nurse or Faith Community Nurse?  
Benefits of a Faith Community Nursing Program  
FAQ about Faith Community Nursing  
Program Implementation  
Faith Community Assessment  
How Clergy Can Work with a Faith Community Nurse  
Liability Issues



## WELCOME TO FAITH COMMUNITY NURSING

Dear Faith Community,

We support your efforts to grow your healing ministry as you consider parish nursing/faith community nursing. History has shown us that healing is a large part of most faith traditions. Today that healing work can be aided through the expertise and caring of a registered nurse who functions as a parish nurse.

Communities interested in faith community nursing often have questions on how to initiate and formulate a program. Those questions range from “What tasks should the nurse fulfill?” to “What are the liability issues?” Clergy and faith community nurse supporters also ask how to educate their community on the benefits and advantages of a faith community nurse. As an introduction, we hope these materials will answer some of those questions and guide you as you embrace this specialty of nursing practice.

These sheets are meant to be duplicated for use in your church. Use these materials in your discussions with your task force and other committees. They can help provide direction in designing a program that specifically meets your community’s needs and in outlining some of the tasks of your faith community nurse.

It is important to remember that this information is just a guide for implementation. Each faith community nurse program is tailored to fit individual characteristics so your community must assess its mission for health ministry and the particular needs of your membership. It is also critical that your registered nurse complete a preparation course to prepare him or her for this health ministry role. These handouts only scratch the surface of this professional nursing specialty and will only partially prepare the nurse for this role.

We offer you God’s blessings as you explore faith community nursing and initiate a program that fits your community’s faith and needs. May your members find better health, peace, and spirit through this ministry.

Sincerely,

The Staff of Faith Community Outreach  
Church Health Center

“The mission of faith community nursing is the intentional integration of the practice of faith with the practice of nursing so that people can achieve wholeness in, with, and through the community of faith in which faith community nurses serve.”

*The Fourteenth Annual Westberg Parish Nurse Symposium, September 2000*

A faith community nurse:

- Is a registered nurse who practices wholistic health for self, individuals and the community using his/her nursing knowledge and professionalism, all while centered in the spiritual dimension of caring.
- Is a licensed professional with knowledge of the medical world and personal practices of a faith tradition.
- Must practice according to the *Faith Community: Scope and Standards of Practice*, the *Nursing: Scope and Standards of Practice*, *Code of Ethics for Nurses with Interpretive Statements*, and comply with all state and professional guidelines.
- Can go by different titles. The faith community under which the nurse serves can use the name most suitable for that faith’s tradition, language, culture, or structure.
- Is a member of the ministry team and regularly collaborates with other church leaders and ministries.

The requirements for a nurse in this specialty practice include the following:

- Must be a registered nurse with an active license in the state in which he/she practices.
- Must have graduated from an accredited school of nursing.
- Is preferred to have a baccalaureate degree in nursing with academic preparation in community nursing.
- Should complete a faith community nurse course to prepare for this specialty and to understand the constraints of the faith community nurse role.
- Should have several years experience as a registered nurse prior to becoming a faith community nurse.
- Should have specialized knowledge of the spiritual beliefs and practices of the faith community.
- Should reflect personal spirituality maturity in her practice.
- Should be an organized, flexible, self-starter and a good communicator.



## ACTIVITIES OF THE FAITH COMMUNITY NURSE

Below are some suggested tasks for your faith community nurse and your faith community's health ministry. As your program is developed you may select items from this list or find others that better suit your mission and faith tradition.

### Health Promotion:

- Informational classes—parenting, lifestyle change, weight, nutrition, life's choices for adolescents, visitation team training, advanced care planning, etc.
- Immunization programs—children, flu, pneumonia, etc.
- Safety classes—bicycles, sports, home, etc.
- Education on a wide variety of topics through newsletter articles, bulletin boards, and websites

### Individual Care:

- Blood pressure monitoring
- Client advocacy for health care, end of life issues, spiritual concerns, etc.
- Client surveillance of health issues such as diabetes, cardiac issues, caregiving concerns, etc.
- Personal health counseling for chronic or crisis health concerns
- Visitation with members for physical and spiritual needs in their homes, nursing home, or hospital

### Spiritual Care:

- Support for church members as a partner of the ministerial team
- Support through prayer, spiritual rituals, presence, utilization of support services, etc.
- Socialization activities such as support groups or activity groups
- Grief care through individual attention or use of support groups

### Collaboration:

- Referrals to clergy, social services, health care professionals, community services, and other services of the faith community (meals, transportation, visitation, etc.)
- Screening sites for the health activities of community agencies or coalitions
- Assessments of member/community needs
- Development of new services/resources for members (respite or grief care, meals, visitation) or the neighboring community (grandparent/grandchild programs, tutor programs, health talks for schools, etc.)



## WHAT IS THE CHURCH HEALTH CENTER?

**The mission of the Church Health Center is to reclaim the Church's biblical commitment to care for our bodies and spirits. Our programs provide healthcare for the working uninsured and promote healthy bodies and spirits for all.**

In 1978, Rev. Dr. Scott Morris was in the chaplain's office of the Yale School of Medicine and saw a pamphlet titled *How to Start a Church-based Health Clinic* written by Rev. Granger Westberg, the founder of the parish nursing movement. The next summer, he spent several weeks with Rev. Westberg learning about his ideas for faith-based clinics and his new passion for parish nursing. Due in large part to Rev. Westberg's inspiration, Dr. Morris founded the Church Health Center in Memphis, Tennessee in 1987 to provide quality, affordable healthcare for working, uninsured people and their families.

Dr. Morris and one nurse saw 12 patients on September 1, 1987. Thanks to a broad base of financial support from the faith community, and the volunteer help of doctors, nurses, dentists and others, the Church Health Center Clinic grown to become the largest faith-based clinic of its type in the country. Currently, we care for over 54,000 patients of record without relying on government funding. Fees are charged on a sliding scale based on income. The average visit costs about \$25.

But healthcare is about more than just prescribing pills. The Church Health Center believes we have a responsibility to take care of the bodies God gave us, so we have been committed from our beginning to health education and prevention. Our Wellness ministry now offers everything from personalized exercise plans and cooking classes to group exercise classes and activities for children and teens. CHC Wellness is open to the entire community with fees charged on a sliding scale based on family size and income. More than 115,000 visits are recorded annually.

The ministry of Faith Community Outreach cultivates relationships with individuals and congregations to encourage, educate and equip people to build and sustain healing ministries. Since 1988, more than 800 Congregational Health Promoters have been trained to be health leaders within their congregations. Faith Community Outreach also develops faith-health curriculum for congregations and collaborates with faith communities in other ways as well.

In 2011, the Church Health Center joined in ministry with the International Parish Nurse Resource Center. We provide comprehensive resources for faith community nurses and others engaged in health ministry. Our reflections, Bible studies, manuals and devotional activities offer innovative programming and health ministry ideas for congregations of all kinds. We publish *Church Health Reader*, a health ministry magazine, and *Perspectives: A Newsletter for Faith Community Nurses*. We also offer academic curricula to train and equip nurses for work in faith communities, specifically *Foundations of Faith Community Nursing (2009)*, which is taught by educational partners throughout the world.



## A PROFILE OF FAITH COMMUNITY NURSING AND THE CHURCH HEALTH CENTER

<b>History</b>	<p>1986—Advocate Health Care establishes the National Parish Nurse Resource Center (NPNRC) to share information about parish nursing and health ministry.</p> <p>1987—The first Westberg Symposium is held; Westberg writes <i>The Parish Nurse</i> with Jill Westberg McNamara.</p> <p>1991—Rosemarie Matheus offers an eight day program called the Wisconsin Model, the forerunner to the <i>Foundations of Faith Community Nursing</i> curriculum.</p> <p>1996—NPNRC changed to “International” Parish Nurse Resource Center. 1997—The American Nursing Association recognizes parish nursing as a specialty practice focusing on spiritual care.</p> <p>2002—IPNRC transferred from Advocate Health Systems in Chicago, IL to the Deaconess Foundation, St. Louis, MO.</p> <p>2004—The World Forum begins with 22 members ; first revision of the curriculum is published.</p> <p>2009—Second revision of the curriculum is published.</p> <p>2011—25th Annual Westberg Parish Nurse Symposium is held; second printing of the 2009 curriculum is completed; IPNRC transferred from Deaconess to the Church Health Center in Memphis, TN.</p>
<b>Professional Acknowledgement</b>	<p>1997—the American Nurses Association (ANA) designated Parish Nursing as a specialty practice</p> <p>1998—the <i>Scope and Standards of Parish Nursing Practice</i> were published by the ANA in partnership with the HMA (revised in 2005, 2011)</p>
<b>Faith Community Nurse Partnerships</b>	<p>Over 12,000 parish nurses in the United States</p> <p>Over 21 countries in the world have parish nurse programs</p> <p>Over 125 Educational Partners of the Church Health Center teach faith community nursing around the globe</p>
<b>Faith Community Nurse Requirements</b>	<p>Must be a registered nurse</p> <p>Have an active license in the state in which he/she is practicing</p> <p>Preferably hold a baccalaureate degree in nursing</p> <p>Have experience as a registered nurse</p> <p>Completed a faith community nursing course</p> <p>Have specialized knowledge of spiritual beliefs and practices</p>
<b>Faith Community Nursing Curriculum</b>	<p>1997—Basic Prep Curriculum for Parish Nursing developed</p> <p>2000, 2004, 2009—Revisions of Basic Prep Curriculum</p> <p>2005, 2007—Supplemental Modules created for continuing education</p>
<b>CHC Educational Partners</b>	<p>Faculty trained by the CHC to provide the FCN curriculum to nurses at agencies, hospitals, and institutes of higher learning across the country</p>

<p><b>Program Structure</b></p>	<ul style="list-style-type: none"> <li>• Institutional/Paid—The FCN is compensated for his/her services by either an agency or a faith community. The nurse may be an employee of the agency and contracted to the faith community for parish nurse services through a covenant or contract which will state the specific roles, responsibilities and contributions of both parties. The agency can be a: health care system, school of nursing, community coalition, home care agency, long-term care facility, or other incorporated entity.</li> <li>• Institution/Unpaid—The FCN is not compensated for his/her services. A covenant or contract is in place between the agency and faith community to stipulate items such as continuing education, documentation of services, and maintenance of client health records.</li> <li>• Congregational/Paid—The FCN is paid by the faith community. There is no relationship with any agency so the guidelines for the job description, FCN services, maintenance of records, and continuing education must be developed and written by the faith community. Local salary ranges should be researched and utilized in determining an appropriate FCN compensation.</li> <li>• Congregational/Unpaid—The FCN is not paid or compensated for his/her time by the faith community. The guidelines for the job description, FCN services, maintenance of records, and continuing education must be developed and written by the faith community.</li> </ul>
<p><b>Program Support</b></p>	<ul style="list-style-type: none"> <li>• When possible, connect to a network for personnel assistance, program troubleshooting, references, and general program assistance.</li> <li>• Connect your FCN to a network to provide peer support, continuing education, theological reflection, and networking with other FCN programs.</li> </ul>
<p><b>Benefits to the Faith Community</b></p>	<ul style="list-style-type: none"> <li>• A health care advocate can assist families to reconcile issues of faith and health.</li> <li>• A FCN embraces the spiritual as a strong component of health care through the wholistic philosophy of health.</li> <li>• A FCN becomes a trusted “family” member who can offer guidance through health issues and difficult times with an understanding of the importance of faith.</li> <li>• FCN services of health education, health monitoring, and surveillance have demonstrated improvements in the health status of their clients.</li> </ul>



## RESOURCES ABOUT FAITH COMMUNITY NURSING

**Websites:** *These sites plus the denominational websites have basic information on faith community nursing and health ministries as well as links to specific health topics*

[www.parishnurses.org/](http://www.parishnurses.org/)—the joint website of the Church Health Center and International Parish Nurse Resource Center (IPNRC)

[www.parishnurses.org/coordinatorinformation.aspx](http://www.parishnurses.org/coordinatorinformation.aspx)—the FCN coordinator list by location

[www.hmassoc.org/](http://www.hmassoc.org/)—Health Ministries Association, membership organization for faith community nurses

[www.parishnurseministry.org](http://www.parishnurseministry.org)—Northwest Parish Nurse Ministries – has many links and information for faith community nurses and health ministers

[www.health-ministries.org/](http://www.health-ministries.org/)—National Council of Churches Health Task Force

### **DVDs:**

“Called to Care through Faith Community Nursing”—A 10 minute video introducing faith community nurse practice to registered nurses with a passion to help others. Helpful for nurses to understand this nursing specialty and its practice.\*

“A Look at Parish Nursing”—A 10 minute video for churches considering faith community nursing. Features clergy, congregational members, and faith community nurses who answer questions about this ministry. Designed for use with church councils, health cabinets and other church groups to help understand the impact of a faith community nurse program. \*

### **Magazines/Newsletters:**

*Church Health Reader*, the health ministry magazine of the Church Health Center. Available online at [www.chreader.org](http://www.chreader.org) and in print form quarterly. Each issue includes interviews with leaders and thinkers, tips and advice on running healthy, effective ministries, faith reflections on living with disease, reviews of relevant resources, and healthy recipes for church suppers.\*

*Perspectives: A Newsletter for Faith Community Nurses*, published by the Church Health Center. A quarterly publication for news and information specifically for faith community nurses.\*

### **Books:**

*The Essential Parish Nurse: ABCs for Congregational Health Ministry*, by Rev. Deborah L. Patterson, Cleveland, OH: Pilgrim Press, 2003. As a basic how-to on implementing a program, it discusses the need for the ministry along with specifics for getting a program started—job description, surveys, resources, etc.\*

\* indicates resources available from the Church Health Center. See the included order form or visit [www.parishnurses.org](http://www.parishnurses.org) to learn more.



*Faith Community Nursing*, by Janet S. Hickman, Philadelphia, PA: Lippincott Williams & Wilkins, 2006. This book is a good overview of faith community nursing and could almost be a textbook for the specialty. Lots of samples, case studies, discussion questions.

*Faith Community Nursing: Developing a Quality Practice*, by Carol J. Smucker, Silver Spring, MD: American Nurses Association, 2009. It provides an overview of the practice by a past faith community nurse and program coordinator by blending her experience with important professional components and practical advice for the ministry.

*Faith Community Nursing: Scope & Standards of Practice*, Silver Spring, MD: American Nurses Association, 2005. Describes the specialty practice of faith community nursing and outlines the specific knowledge and understanding that a faith community nurse requires to function in this professional role.

*Health, Healing and Wholeness: Engaging Congregations in Ministries of Health*, by Mary Chase-Ziolek, Cleveland, OH: Pilgrim Press, 2005. Describes the ministry of healing for churches.

*Health Ministries: A Primer for Clergy and Congregations*, by Rev. Deborah L. Patterson, Cleveland, OH: Pilgrim Press, 2008. Discusses questions about starting and maintaining a health ministry. Contains stories and experiences of faith community nurses across the US and world. \*

*Health and Wellness: What Your Faith Community Can Do*, by Jill Westberg-McNamara, Cleveland, OH: Pilgrim Press, 2006. Speaks to the history of medicine and faith and outlines an interfaith approach to health and wellness programming. \*

*How to Start a Wellness Committee in Your Church*, by Jill Westberg-McNamara, St. Louis, MO: IPNRC, 2002. This book is the gold standard for starting a health cabinet in your congregation to support and direct a faith community nursing ministry.\*

*The Parish Nurse*, by Rev. Dr. Granger Westberg, Minneapolis, MN: Augsburg Fortress, 1990. Outlines the background and structure of faith community nurse programs

*Parish Nursing: Promoting Whole Person Health Within Faith Communities*, Phyllis Ann Solari-Twadell and Mary Ann McDermott, ed., Thousand Oaks, CA: Sage, 1999. Describes many different settings of faith community nursing.

*Parish Nursing: Stories of Service and Care*, by Verna Benner Carson & Harold G. Koenig, Radnor, PA: Templeton Foundation Press, 2002. Discusses faith community nursing and spiritual care. Provides information and advice for beginning churches and nurses.

\* indicates resources available from the Church Health Center. See the included order form or visit [www.parishnurses.org](http://www.parishnurses.org) to learn more.



## PARISH NURSE OR FAITH COMMUNITY NURSE?

An excerpt from “Ask Deborah” by Deborah Patterson for *Church Health Reader*

### **QUESTION: I am confused about names—is it “Parish Nursing” or “Faith Community Nursing?”**

**ANSWER:** As long as you are doing what you are called to do, namely, serving your congregation and reaching out into the community through this form of health ministry, then you are right on track. The title you use should help explain what you do. Therefore, either title is correct. The title, “Faith Community Nurse” is the generic term used to describe this community-based nursing practice, which can be done in the context of any form of faith community, including Christian and other faiths. It is the term used in the title of the Scope and Standards of Practice developed by the HMA and approved by the American Nurses Association for this specialty, but not the only title allowed by the Scope and Standards.

Certainly, the title, “Parish Nurse” is the historical moniker for this specialty practice chosen by Rev. Dr. Granger Westberg to make clear that this type of nursing practice should serve *both* the faith community and the wider neighborhood. For example, the concept of *parish* is used in various settings, such as Catholic parishes, or in a secular example, as counties in Louisiana.

Dr. Westberg, with Jill Westberg McNamara in *The Parish Nurse: Providing a Minister of Health for Your Congregation* (1990) said this: “Parish nurses serve first of all as health educators, planning and organizing seminars, workshops, and classes on a wide range of health and wellness topics” (p. 10). As Mary Slutz, BS, RN, MHCA, and I wrote in an article for the *Journal of Christian Nursing* (“Faith Community Nursing/Parish Nursing: What’s in a Name?” Vol. 28, No. 1, January—March 2011, 31-33):

This ‘first of all’ work would be open to the community, in order to reach out to the entire neighborhood, the parish’ in its broadest definition. [Westberg] writes as an observation about those early health ministries, ‘A growing number of churches are intentionally becoming centers to which people can turn for healthcare with a spiritual dimension. (Westberg, op. cit., p. 11)

It is important that the title you choose be one which is comfortable for you and your setting. Just as clergy is a generic term for leaders of congregations, in an individual setting, the faith community may call their leader/s, “Pastor,” “Priest,” “Rabbi,” “Reverend,” etc. They wouldn’t necessarily say, “This is our ‘Faith Community Clergy person.’”

So how does this work in practice? Jewish faith community nurses have used the title of “Congregational Nurse.” Muslims have used “Crescent Nurse.” Some Christian faith community nurses have been known as “Church Nurses,” “Wesley Nurses,” “Congregational Community Care Nurses” and of course, “Parish Nurses.”

Please think about it for the context of your faith community and use the term that best fits your setting and faith tradition, and your intent for this ministry. Finally, be sure to read the updated Scope and Standards of Practice which is available through the HMA and the ANA.



## BENEFITS OF A FAITH COMMUNITY NURSING PROGRAM

*“Every nurse is in a sense a minister. Therefore she will include in her nursing care the care of the whole man. She will be as sensitive to spiritual pain as to organic pain. She will not walk away from spiritual suffering, because she knows that there are ways she can help to relieve it and assist in turning suffering into a growth experience.” Rev. Dr. Granger Westberg, Nurse, Pastor, and Patient: A Hospital Chaplain Talks with Nurses: Augustana Press, 1956, page 36.*

### **How a Faith Community Benefits from a FCN Ministry:**

**All faith traditions have a mission to care for and heal the sick**—A faith community nurse is an extension of that mission and works with the ministerial team to help those hurting with not only spiritual pain but with physical pain as well.

- *Healing ministry, if we're honest and intentional about it, includes body, mind, spirit and relationship. Most pastors—and by default, their churches—are pretty good at the "mind, spirit and relationship" stuff, but not so good with interpreting and practicing how physical health is part of the wholistic approach to faith. This is where parish nursing shines, for the parish nurse, when seen by the pastor as part of the "pastoral ministry team," can delve into areas where most pastors fear to tread and so minister in ways that are crucial to 'big picture' Christian discipleship.—Rev. Glen BocoX, Mahomet United Methodist Church, Mahomet, IL*

**The mission of the church is to care for every person who enters its doors**—The nurse will assess the client to see what ministries of the church (meals, transportation, support, respite, etc) and/or community may be helpful to the mental, physical, and spiritual concerns of the member and his entire family. The goal is to achieve better health and better coping with life's challenges.

- *Our parish nurse ministry program is one of the most utilized and spiritually rewarding programs in our parish. Through our parish nurse program so many people who want to take good care of their health are finding a safe, trusting, and spiritual resource through our parish nurses. Our parish nurses also help meet the spiritual needs of our people, both young and old. They assist the elderly with medical visits, they take Holy Communion to our homebound. They make sure our elderly parishioners' medications are in order and they publish health news in our bulletin applicable to everyone in the parish. They are a great resource and source of support for all parishioners. They are a joy to have in our parish and they minister with Christ-like love and compassion. I don't know what I would do without them.—Monsignor Mark Merdian, St. Matthew Parish, Champaign, IL*

**The church is a “safe” place**—Members may feel uncomfortable going to the doctor or uncertain that their complaint is worthy of sharing, but a faith community encourages its members to care for and help each other. A health ministry gives structure to the faith community's caring and concern which ultimately helps members to stay connected and healthy.

- *Parish Nursing Program makes the difference. Arriving at church one Sunday morning, my son-in-law was feeling a bit down. It was the day that the Parish Nurses were taking blood pressures. His was taken and he was sent immediately to the hospital. It may have saved him from a stroke. While he knew that his blood pressure was extremely high, he was not taking his medication.—Dr. Ouida Lee, Church of the Disciple, DeSoto, TX.*

**Much of the pastor's ministry is health related**—Many conversations with homebound, hospitalized or institutionalized congregants include physical issues or components. Because of this the pastor is frequently included in the health issues of his/her members. A faith community nurse, with his/her medical expertise and spiritual grounding, can assist the pastor in care for these members.

- *Parish Nurses are partners with clergy and congregations in wholistic ministry and mission. Our parish nurses have been partners with me in care of and outreach to those facing health challenges—be they the elderly facing the issues related to aging or the young facing the task of caring for a new baby. Their informative, compassionate and caring promotion of health and wellness provide a model of ministry that reveals glimpses of God's Kingdom among us!* —Rev. Donna Hacker-Smith, Good Shepherd Lutheran Church, Champaign, IL

**Faith communities are asked to fill in the blanks**—Health care services are changing and there are gaps in care so faith communities are being asked to help support those who fall through the cracks. A faith community nurse can coordinate the services of the church with those of the community to meet the needs of the faith community and its surrounding neighborhood.

- *Clergy persons are usually the firefighters running from one pastoral care crisis and hospital to the next. Our parish nurse comes behind to do the follow-up care helping parishioners navigate through rehab centers, nursing homes or entry into hospice. She is the critical link between crisis and solid long term care.*—Pastor Ruth Ann Loughry, Associate Pastor, Bethany Lutheran Church, Denver, CO

**Faith communities flourish under well-structured teams**—A faith community nurse is a professional who can work with the clergy and staff to provide assistance in the areas of health issues with which the pastor/staff is not familiar. Likewise, the staff can assist the nurse according to their strengths.

- *I am convinced our Parish Nurse is the second pastor on our staff. I cannot imagine my ministry without her as a colleague. Her compassion, knowledge, and spiritual life are a gift to us all. She deepens the ministry and care our church provides; she is a resource person for so many of us. She models Christ's healing care in many ways. I am so thankful for the Parish Nurse ministry and our Parish Nurse in particular. It is great to have this partnership in ministry.*—Rev. Becky Sherwood, First Presbyterian Church, East Moline, IL

**Volunteers have become harder to find and more tasks fall to the pastor**—A faith community nurse can assist with visitation, training volunteers, coordinating lay ministry, and assessing members' needs.

- *Because our parish nurses do so much hands on ministry in addition to training, advocating and educating, they enjoy an extraordinary degree of trust in our congregation. Not only is this highly useful in our ongoing ministry but it proved to be essential during a recent time of difficult decision making. Banked trust is a silent part of this ministry that grows slowly as people share their hurts and hearts with our parish nurses. This church loves and supports our parish nurses because we never know when we will need them. I consider them faithful, core partners in my ministry.*—Pastor Marty Dasler, Amazing Grace Lutheran Anchorage, AK

**Clergy need advocates too**—A faith community nurse often monitors the health and stress of the clergy which keeps them healthier and better able to serve the faith community.

- *Having a parish nurse is like having an intentional, compassionate person asking the question, 'got health?' And then what's even better than asking the questions is the good news that the parish nurse has the time, energy, expertise, and desires to help the faith community's journey to health and wellness.*—Pastor Ron Glusenkamp, Senior Pastor, Bethany Lutheran Church, Denver, CO



## FAQ ABOUT FAITH COMMUNITY NURSING

1. **How many faith community nurses are there?** Currently there are between 13,000 and 15,000 faith community nurses around the United States and abroad.
2. **How did faith community nursing start?** The Rev. Dr. Granger Westberg began parish nursing in the mid-1980's in Chicago, as a reincarnation of the faith community nursing outreach done by religious orders, such as the "Parish Deaconesses" in Europe and America in the 1800's.

Earlier, Westberg had helped to launch several "Wholistic Health Centers" in local congregations to provide a team approach to wellness as well as illness care in local congregations, using clergy, physicians, nurses, and social workers. Rev. Westberg observed that nurses provided a vital link between health systems and congregations. He urged his hospital to launch a program in area congregations to provide "parish nurses" who would reach out into the community to build bridges of healing and hope.

3. **What does a faith community nurse do?** A faith community nurse seeks to foster physical, emotional, spiritual, and social harmony leading to healthy and healing relationships with God, family, faith communities, culture and creation. They have several roles:

**H** – Health advisor

**E** – Educator on health issues

**A** – Advocate/resource person

**L** – Liaison to faith & community resources

**T** – Teacher of volunteers & developer of support groups

**H** – Healer of body, mind, spirit, and community

(Canadian Association for Parish Nursing Ministry, 2005)

4. **Is this only available to Christian congregations?** No, there are Jewish Congregational Nurses, Muslim Crescent Nurses, and registered nurses serving in similar capacities within other faith traditions as well. Faith community nursing can be tailored to any faith tradition as it utilizes the faith beliefs and traditions of the community in which it functions.
5. **Who can be a faith community nurse?** A registered nurse, generally with several years' experience, who has gone through a faith community nurse basic preparation course for this specialty practice, which is recognized by the American Nurses Association.
6. **What is the history between the IPNRC and the Church Health Center?** In 1978, Rev. Dr. Scott Morris was in the chaplain's office of the Yale School of Medicine and saw a pamphlet titled How to Start a Church-based Health Clinic written by Rev. Granger Westberg, the founder of the parish nursing movement. The next summer, he spent several weeks with Rev. Westberg learning about his ideas for faith-based clinics and his new passion for parish nursing. Due in large part to Rev. Westberg's inspiration, Dr. Morris founded the Church Health Center in Memphis, Tennessee in 1987. More than 30 years after Dr. Morris met Rev. Westberg, the Church Health Center became the new home for The International Parish Nurse Resource Center.

7. **What is the training for a faith community nurse?** There are several curricula, but most faith community nurses have used the curriculum developed by a panel of nursing faculty which is offered in partnership with the Church Health Center at more than 130 nursing schools around the US and abroad.
8. **Are there faith community nurses in other states?** There are faith community nurses in all 50 states.
9. **Are there faith community nurses in other countries?** Faith community nursing is growing rapidly around the world. In 2010, there were faith community nurses in Australia, Bahamas, Canada, England, Ghana, Kenya, South Korea, Madagascar, Malawi, Malaysia, New Zealand, Nigeria, Pakistan, Palestine, Scotland, Singapore, South Africa, Swaziland, Ukraine, Wales, Zambia, and Zimbabwe. Faith community nurse educators have been invited to several other countries in the near future.
10. **How can one connect with other faith community nurses?** The Church Health Center connects with several hundred faith community nurse faculty and coordinators, who work with thousands of faith community nurses worldwide through a number of avenues.
  - *eNotes*—This free electronic newsletter is published monthly and is distributed to anyone with an interest in faith community nursing. It shares upcoming educational opportunities and new resources for the faith community and faith community nurse. To receive, sign-up on the IPNRC home page: [www.parishnurses.org](http://www.parishnurses.org)
  - *Perspectives: A Newsletter for Faith Community Nurses*—This is a quarterly publication is dedicated to current news, programs, resources, and research in faith community nursing. Subscribe at [www.parishnurses.org](http://www.parishnurses.org) under “Join Us.”
  - Monthly Emails—The Church Health Center distributes monthly newsletters with information that is focused on networking, current projects, research, and information. Go to the website [www.parishnurses.org](http://www.parishnurses.org) under “About Parish Nursing/Educators” and “About Parish Nursing/Coordinators” for information on how to make those connections.
  - *Westberg Symposium*—The annual professional meeting for faith community nurses is held each year. For information on the next Symposium visit the website at [www.parishnurses.org](http://www.parishnurses.org) under “Events.”
11. **How can I learn more?** Visit the website of the Church Health Center at [www.churchhealthcenter.org](http://www.churchhealthcenter.org) and [www.parishnurses.org](http://www.parishnurses.org) or call (901) 261-8833. The Church Health Center has a number of print, CD, and DVD resources available for nurses or churches that are in the stages of learning, implementation, and practice.

Every faith community has a connection to health and healing through its belief system. For centuries this connection has led those communities to establish hospitals, hospices, community agencies, and social welfare programs as a response to their mission to “heal the sick.” Faith community nursing is a modern form of this mission as it pairs the scientific health knowledge of a nurse and the spiritual support of a church, with the individual care received from family, friends, and agencies. These three facets of care are used to address the needs of the body, mind, and spirit of those within the reach of your church. To start a program in your church, the following steps can be helpful to the design of your program by blending new and existing ministries to the needs of your members.

### **Step 1—Learning about the Ministry**

Learn about faith community nursing. Read material describing the philosophy of this nursing specialty and the types of programming a faith community nurse program supports. Talk with other churches that support faith community nursing. Discuss with their clergy and faith community nurses how this ministry can blend with existing ministries, enhance what is already offered, and create new avenues of assistance for church members. Watch “A Look at Parish Nursing,” a 10 minute DVD from the IPNRC.

### **Step 2—Forming a Task Force**

Create a task force to explore the possibility of implementing a faith community nurse program. Educate this group with materials you found helpful in Step 1 such as the DVDs listed on pages 7-8. Brainstorm ways a program might benefit your community. Explore the characteristics and needs of your congregation by using the “Faith Community Assessment.” Discuss financial resources, proposed wages or compensation, program budget, office space, and equipment.

### **Step 3—Assessing your Community**

Using the results from the “Faith Community Assessment” think about the following questions:

- Who are the members of our community and how should we address their needs?
- What does our mission say about health ? Are we doing enough for our members’ health?
- What groups are we not helping? What could we be doing better?

### **Step 4—Analyzing your Needs**

Compile your findings from Steps 2 and 3 to determine what current services you might want to add to or enhance.

- What tasks does your church want the faith community nurse to fulfill?
- Determine the number of hours necessary to accomplish those tasks. Include time for office hours besides the potential tasks of hospital/home visitation, coordinating volunteers, preparing for health classes, and a presence on a maximum of two Sundays a month.
- Write a job description that describes the requirements for the nurse and the kind of position that has been developed from your needs.

### **Step 5—Advertising and Selecting the FCN**

Once the specifics of the role/position have been determined, either the task force or personnel committee should advertise for and select a nurse.

- Advertise in the church newsletter and if desired, the newspaper, denominational publications, online, or any other avenue that is available and desirable.
- Sort through the applicants for those that meet the position requirements (active RN license, nursing education, nursing experience, completion/intent to complete a faith community nurse course).
- Interview at least two or three applicants that appear to match your needs. Use the usual questions then add some that are specific to faith community nursing such as:
  - Why do you want to be a faith community nurse? How would your experience transition to a faith community?
  - Define “health.”
  - In faith communities, the practice includes all ages. How would you address the needs of different age groups? (examples)
  - When working with clients, how comfortable are you with silence? How would you respond to requests for prayer or discussions about faith, spirit, and God?
  - What are your thoughts/beliefs about illness, pain, and suffering?
- Review all interview results with the necessary people (clergy, task force, interview team) to make the final decision.

### **Step 6—Offering a Position**

After a nurse is selected, a position can be offered. If your faith community is part of a network or institutional program, their staff may need to be the one to make the offer. Consider what screening your network or denomination requires. The offer may be contingent on the results of a background check, fingerprint/criminal check, driver record check, or other hiring requirement.

### **Step 7—Equipping the Position**

The task force should have already discussed program details such as financial support, wages, physical space, and potential supply needs in Step 2. Finalize the following details before the FCN begins work.

- Office space—Find a place where confidential conversations can take place. The space can be shared if staff schedules do not overlap. It should also be easily accessible for clients with mobility issues.
- Computer / File cabinets—Faith community nurses must document their interactions with clients so a password protected computer or locked storage for health records is necessary.
- Equipment—Purchase blood pressure equipment, file cabinets for storage, and several reference books or health newsletters for monitoring clients and for health education.
- Annual Expenses—Funding for computer equipment, mileage for client visitation and meetings, teaching materials, reference material for health consultations, money for professional continuing education, and general office supplies.



### **Step 8—Addressing Liability Concerns**

Faith community nurses must function within the nurse practice act for the state in which they work as well as the Scope and Standards for both registered nurses and faith community nurses. These documents dictate the expectations and responsibilities for the nurse, but the nurse and faith community will be responsible for any action of the faith community nurse. For this reason, notify your insurance carrier that you have a faith community nurse on staff and secure appropriate coverage to protect your faith community and your staff. If the nurse transports any clients it is important to review any and all church or vehicle policies to determine that the appropriate liability coverage is in place.

### **Step 9—Educating the FCN**

If your FCN has not completed a faith community nurse course, make arrangements for that education. Select the type of course that best suits the situation for you and the nurse—local course, weekend sessions, week-long retreat in another location, or online. A course is very important as it prepares the registered nurse for working in a non-medical nursing field and focuses on the spiritual care that is central to this specialty. A class also aids the nurse in working with faith communities, church culture, and community resources.

### **Step 10—Orienting the FCN**

Besides being educated to the faith community nurse specialty, the nurse should also be oriented to the new working environment. If the nurse is not a member of the denomination, it is important for the nurse to attend classes or informational sessions to learn about the faith community. The nurse must become familiar with what is spiritually important to the members as he/she helps them through a variety of health issues. The nurse will also need to know the structure, governance, and demographics of the community in order to understand how to access other ministries and communicate with staff and members of the faith community.

### **Step 11—Supervising the FCN**

Designate a specific committee or group to oversee the health ministry. The faith community nurse program is a program/ministry of the church and needs to have member participation to aid in the promotion of faith community nurse activities, development of ideas/projects, gathering feedback for the FCN, and evaluation of its impact on the membership. These duties can be added to an existing group such as Social Justice, Family Life, Congregation Support, or other committee with a compatible focus. If preferred, a new Health and Wellness Committee can be formed to supervise the program. Since a FCN works with all age groups, a committee with representatives from all age groups can be beneficial for sharing insight into member needs and interests.

### **Step 12—Introducing the New FCN**

Introduce the new faith community nurse to the faith community. The membership will want to know the newest staff member and the nurse will need to establish a trusting relationship. Make the announcement in the newsletter, on the website, during worship, and any other avenue that is available. A welcome reception is another way to introduce the newest member of the ministerial team.

### **Step 13—Supporting the FCN**

To assist the FCN in the new independent role it will be important to connect with him/her throughout the year. These tips can encourage communication and provide support :

- Meetings—Have a church representative or supervisor meet with the FCN at one month, three months, and six months to help with assimilation into the role and to answer questions or concerns that either party has about the role/program.
- Mentor—Assist the FCN to connect with another FCN in the community or network and encourage a supportive relationship between the new and experienced FCN. It is helpful for your FCN to have a colleague to help him/her question the process, brainstorm projects, troubleshoot issues, and debrief.
- Teamwork—Create a team mentality with clergy, staff, and church ministries all working together. More can be accomplished together than separately.
- Continuing Education—Provide the hours and financial support for your FCN to attend classes, workshops, and conferences for professional continuing education in nursing, faith community nursing, theology, and/or spiritual development. Acknowledgement—Remember your nurse on Nurses' Day (May) and the anniversary of his/her hire date. Faith community nurses continually give to their clients without looking for recognition. Acknowledgement will go a long way toward position retention.

### **Step 14—Evaluating the Nurse and the Program**

To maintain a viable, effective program it is important to evaluate the work of the FCN. Gather information on accomplishments, strengths, weaknesses, and goals of the nurse from members, staff members, and others who connect with the FCN. Annually discuss whether the FCN's work is meeting the mission and goal of the faith community. The same process needs to be followed for an evaluation of the faith community nurse program. Is it functioning as expected? Are activities being duplicated by other church ministries? Does the focus need to change? If changes are indicated, determine what they are and establish a timeline to implement the changes.



**FAITH COMMUNITY ASSESSMENT**

<b>What might your health ministry look like?</b>	
1. What size is your faith community	Individual members _____ Families _____ Average weekly attendance _____
2. Demographics of your faith community:	
Age ranges in your membership (percentages)	0-12 yrs _____ 13-17 _____ 18-30 _____ 31-50 _____ 51-65 _____ 66-80 _____ Over 80 _____
Ethnicities in your membership (percentages)	White _____ African-American _____ Other: American Indian _____ Spanish/Mexican/Latino _____ Asian _____ Indian _____
3. What are the specific needs of your ethnic population?	
4. What ministries or services do you currently offer your members that are designed to assist with life situations?	Family support (ex. new moms, elderly, etc.) Home communion Meals Prayer chains Preschool/day care Respite care Shawl ministry Support groups (parenting, disease related, single ministry, Bible study) Transportation Visitation Other: <b>List current services:</b>

**Consider the work of your faith community. Explore your mission, vision, goals, and focus both in and out of the four walls of your congregation.**

5. What is the mission of your faith community?	
6. Who do you want/need to serve?	<i>(age groups, individual members, community members, specific neighborhoods as outreach, specific organizations or church groups?)</i>
7. What are your greatest needs in the: Elderly Sandwich generation Youth New parents Other:	<p>Socialization—for older population and new moms          Advocacy—disease processes, end of life issues, etc.          Nutrition          Health care—daily living, disease related, assistive services          Referrals—agency, church, visitation, illness, financial          Parenting issues—new babies, youth, aging parents          Individual assistance—health, daily living, grief, etc.          Intergenerational activities          Health education          Spiritual support—life changes, visitation, mental illness</p>
8. What member groups do you feel have gaps in care, have too few services, or needs an enhancement in connection?	<p>Potential groups to assist:</p> <p>Potential services to add to church ministry:</p> <p>Potential services that can be strengthened:</p>
<b>Suggestions for programs:</b>	
<p>Less than 300 members:              5-8 hours/week for taking referrals and visiting members with critical health &amp; grief situations              10-20 hr/wk for coordinating volunteers, visitation of members with prioritized health issues, teaching /organizing 1-2 health classes, client advocacy</p> <p>300—1000 members:              10-30 hr/wk for coordinating volunteers, hospital/nursing home visitation, organizing health classes for all ages, individual support for members with grief or health concerns</p> <p>1000+ members:              20-40 hr/wk for all of the above plus more intense surveillance of health issues and member support, and health promotion activities for all ages &amp; the broader community</p>	



## HOW CLERGY CAN WORK WITH A FAITH COMMUNITY NURSE

The pastor/faith community nurse team is a great example of God's calling to go two by two to preach the Word. As the one responsible for the congregation and its spiritual health, the pastor is seen as the spiritual leader of the members and the one who provides support for the other ministries and care of the church. In most cases, pastors do not have nursing degrees and nurses do not have theology or pastoral degrees, so working together would provide a more wholistic care for members of the congregation.

How can a clergyperson work with a faith community nurse in a helpful and collaborative manner? First, get comfortable in the tunic you are wearing—the mantle of clerical authority. Mark 6:9 says not to put on two tunics. The pastor has one tunic as the spiritual leader and the faith community nurse has another as a health minister. Together go forth and serve the congregation and the community, using some specific ideas to help that mission. The ideas listed below can also support the gifts and talents of the faith community nurse when utilized by both clergy and church members.

1. Take the new faith community nurse along on visits to the homebound and hospitalized. As a pastor, your introduction will give instant credibility to the faith community nurse as he/she makes follow-up calls. You can also reassure the member that you will continue to call on the member as his/her clergyperson.
2. Introduce the faith community nurse to every committee and brainstorm with each to find ways that health ministry can play a role in the committee's work. For example the building committee can talk about ways to make the church more accessible and green. The education committee could discuss how the faith community nurse can play a role in Sunday school, adult education, or youth groups. The women's group might think of health programming they want to pursue.
3. Ask members to share what they perceive as the health needs of the congregation. Consider using a survey such as one found in *The Essential Parish Nurse: ABCs for Congregational Health Ministry* (Pilgrim Press, 2003) or one that another church has used. Have members complete the survey during a worship service that is focused on health ministry. Tabulate the results and rank the needs in order of perceived need. Include the comments as they may stimulate additional ideas for programs, projects, or outreach.
4. Support the faith community nurse through a strong health cabinet. It can help with the health ministry of the congregation and will promote the ministry as one of the church and not just one person. The nurse will be able to work independently but his/her previous work included nearby colleagues who offered support. The cabinet will be helpful as it offers support, feedback, project assistance, and other expertise to the nurse. Jill Westberg McNamara has written a couple of books on the role of health cabinets that are available through most online booksellers.
5. Visit the homebound with the faith community nurse, especially when there are other family members that may require care or support. The faith community nurse can attend to the health issues of the parishioner while you, the clergy, care for the caregiver. When those needs have been met, the two of you can switch and you can provide the parishioner the spiritual care he/she needs while the nurse addresses the caregiver. This provides complete care to all of those involved.

6. Encourage the faith community nurse to be your eyes and ears in caring for vulnerable members. Have him/her watch for signs of neglect and/or abuse that you may not be clinically trained to observe. Working together, you can address issues that arise. In the case of abuse, be supportive of any mandated reporting that is required of the nurse.
7. Seek the help of the faith community nurse in implementing any “safe Church” procedures that your denomination or congregation has developed. The wholistic health of all people includes safety from any form of abuse.
8. Show your support for the faith community nurse by providing a physical work space for him/her that symbolizes the role of the faith community nurse as a member of the church leadership team. The space should also provide privacy for health counseling.
9. Invite the faith community nurse to say something in church on a regular basis, for example a health minute as part of the worship’s announcement time. Other options might include participation as a liturgist or writing articles for the newsletter. Suggest placing blurbs in the weekly bulletin or sending weekly emails to members on health-related issues. By increasing the visibility of the faith community nurse, you will help multiply the ministries of the congregation.
10. Listen to your faith community nurse when he or she talks to you about self-care. You might hear things like: “Go for a walk. Take a day off. Go get a check-up. Go home.” Your nurse would be right!

Clergy could change the country by preaching the importance of the body/mind/spirit connection. Just as clergy are called to the ministry, faith community nurses are also called to this particular ministry of service and can be excellent ministerial partners. Share the good news of healing and wholeness with communities and homes by preaching, teaching, and healing together.

Adapted from the article “How to Work with a Parish Nurse” by Rev. Deborah Patterson, Executive Director, Northwest Parish Nurse Ministries in the March/April 2010 issue of *The Clergy Journal*.

### **Professional Liability:**

A faith community nurse is a licensed, registered nurse in a position of an independent nature requiring specific professional expertise. As such, it is important to have malpractice insurance to protect the faith community in which he/she works. For some nurses and churches, finding insurance is a new task. Every insurance company/coverage is different so carefully discuss your parish nurse program with reputable insurance agents using the suggestions below.

- Outline the scope of practice, duties, and responsibilities of the parish nurse so the agent understands the work of the program and the faith community's needs.
- Discuss options of coverage for malpractice and explore possible plans. Will a rider on a personal policy cover any FCN responsibilities?
- Check with the denomination for church, region, synod, diocese, or national level liability coverage that may apply to parish nursing. If a policy does not exist, a rider for parish nursing may be an option.

Online resources for malpractice insurance:

- [www.npjobs.com/malpractice/index.shtml](http://www.npjobs.com/malpractice/index.shtml)—links to important insurance information
- [www.nso.com](http://www.nso.com)—personal malpractice insurance from Nurses Service Organization

To decrease the risk of professional liability issues:

- Create and maintain a strong line of communication between the parish nurse and the church, staff, client, client's family, and any other stakeholder.
- Have a well-defined job description for the position in the faith community.
- Comply with boundaries/functions of the *Faith Community: Scope and Standards of Practice*.
- Maintain a documentation system that supports the actions of a faith community nurse.

### **Automobile Coverage:**

If transporting clients, be sure the proper auto coverage is in place before using personal vehicles for faith community nurse tasks. For recommendations of appropriate liability protection, discuss the following issues with insurance agents.

- Explain who is being transported and why.
- Describe the organization and its relationship to those being transported. Is the FCN part of a non-profit organization, transporting people according to the dictates of the organization, a volunteer or paid person with the organization, being reimbursed for the service (gas mileage, salary, etc.).

If additional coverage is required, the church should be responsible for the cost as a job-related expense.

Options for auto coverage include:

- Personal coverage that includes transportation for “non-profit” or “religious” organizations.
- Additional coverage called ‘transport for hire’ in the form of a rider or an additional policy—purchased by either the church or the parish nurse.
- Blanket church coverage for anyone transporting members of the faith community.