The Roots of Faith Community Nursing

INTRODUCTION

Does the thought of working with a faith community appeal to you? Does the idea of working with people holistically, body and spirit, call to you in a way that a career in nursing does?

"Faith community nursing is the specialized practice of professional nursing that focuses on the intentional care of the spirit as part of the process of promoting holistic health and preventing or minimizing illness in a faith community" (American Nurses Association & Health Ministries Association [ANA–HMA], 2005, p. 1). A faith community nurse (FCN) is a licensed registered nurse who serves as a member of the faith community ministry staff. The FCN promotes health as wholeness to the members of the faith community in the context of the values, beliefs, and practices of the religious tradition. Faith community nursing is practiced in a wide variety of religious traditions in at least 15 countries.

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In this chapter you will learn:

1. The practice of faith community nursing.
2. A brief history of faith community/parish nursing in the United States.
3. The philosophical basis for faith community nursing practice.
4. The importance of nursing theories in faith community nursing.

THE PRACTICE OF FAITH COMMUNITY NURSING

Faith community nursing is considered to be one of the newer specialties in nursing practice, yet the concepts underlying faith community nursing go back to the very roots of the nursing profession. Faith community nursing values the concepts of *caring, holism, health,* and *healing.* While *caring* has many definitions, it can be thought of as intentional attention to meeting the needs of another person. A *holistic* perspective views the person as a unified being with total integration of mind, body, and spirit. *Shalom*, God's intent for harmony and wholeness, serves as the foundation for understanding health (International Parish Nurse Resource Center [INPNRC], 2010). *Health* is "the integration of the physical, psychological, and social aspects of the patient to create a sense of harmony with self, others, the environment, and a higher power. Health may be experienced in the presence or absence of disease or injury" (ANA–HMA, 2005, pp. 2–3). *Healing* is "the process of integrating the mind, body, and spirit to bring about wholeness, health, and a sense of spiritual well-being, although the patient's disease may not be cured" (ANA–HMA, 2005, p. 3). In the language of this specialty, the patient is the recipient of nursing practice and may be an individual, family, or congregational community. *Congregational nurse* and *parish nurse* are earlier titles for this specialty, but all can be used interchangeably.

Elements for a Successful Faith Community Nursing Program

- The support and endorsement—not just the permission—of the faith community leader and the ministry team.
- The ability of the structure to provide reliable long-term financial support for resources.
- The congregation's embracing of health and healing within its mission and organizational strategic planning. This includes program and personnel evaluation, and identifying and measuring program outcomes.
- The educational preparation of the FCN. The ANA–HMA recommends a bachelor of science in nursing (BSN) or higher degree, with academic preparation in community health nursing.

Educational expectations of the FCN differ from the IPNRC requirement of a registered nursing license and completion of the basic parish nurse course. This does not suggest that non-BSN-prepared parish nurses cannot be successful, but rather stresses the importance of preparation in community health nursing.

BRIEF HISTORICAL PERSPECTIVE

Nelson (1997) presents an excellent argument that "modern professional" nursing should be credited to the religious nursing sisters who practiced professional nursing before the Crimean War and the American Civil War. She states that the modern professional nurse cannot be seen as a product of secularization, but is an extension of a religious form of life. As Florence Nightingale viewed nursing as a spiritual enterprise within the context of a transcendent God, she would certainly agree with Nelson.

A professional strategy emphasizing efficiency, standardization, and scientific management characterized the development of nursing in the United States as early as the 19th century. The division of labor between care for the body and care for the soul, with care for the soul delegated to the clergy, became prevalent by the early 1920s.

The introduction of district nursing in the United States evolved into a distinctly American approach to home-based care characterized by both individualism and pluralism. Initially, public health nursing care was directed to sick, poor people in their homes and was funded by voluntary agencies such as visiting nurses associations, hospitals, and church groups. The mission emphasized health promotion and disease prevention rather than curative care. As local and state governments began to take responsibility for the health and welfare of their citizens, public health nursing services became part of local health departments. Delivery of services was directed to a wide spectrum of people defined by geographic boundaries (e.g., cities and counties), special populations (e.g., maternal-child, adult health, and school health), and specific health problems, such as tuberculosis, venereal disease, and communicable diseases. As public secular structures replaced voluntary, church-related structures, the concept of holism in health care was lost.

In the first three decades of the 20th century, nursing-school graduates functioned as private duty nurses, instructors, and public health nurses, as the care of the sick occurred in the home setting. American hospitals were staffed by student nurses who were supervised by a few graduate nurses. Their patients could not afford to be cared for at home (Baer, 1999). In the 1930s, the advances of science and technology moved the delivery of acute care from the home setting to the hospital. The need for nurses increased as hospitals grew and expanded their services. The delivery of nursing care became highly regimented and task-oriented, with attention to physical needs taking priority.

Barnum (2003) states that as nursing matured as an aspiring profession, it adopted the scientific paradigm. As a result, the focus of care moved from the holistic view of a person as

a mind-body-spirit to that of a person as a biopsychosocial being. Nursing had to model itself after medicine and to accept the scientific paradigm to enter the turf of academia. Donley (1991) writes with concern about the loss of the art of nursing in response to technology and profit making: "As some of the art and most of the mystery of healing were lost, it became clear to nurses and others who worked in hospitals, that they were part of a technical money making system, not a sacred system" (p. 178). The focus of nursing had become curing, not caring.

During the 1950s and early 1960s, the "biopsychosocial era," nursing curricula were divested of spiritual content, which was replaced with content about the major world religions. Religious rituals and dietary practices were discussed in relation to nursing care, but the spiritual needs of the patient were referred to the appropriate clergy (Barnum, 2003).

Dr. Granger Westberg (1913–1999), a Lutheran minister, is considered the founder of parish nursing in the United States, or, as Kreutzer (2010) would argue, Westburg revived the practice of parish nursing. Westberg participated in a Kellogg Foundation–sponsored project that established medical clinics in Chicago churches staffed by physicians, nurses, and pastors in the 1970s. Evaluative data demonstrated that nursing could speak both the languages of science and religion. Westberg identified nursing as the "glue" that binds medicine and religion together for the patient. When funding for the clinics ended, Westberg suggested placing nurses in congregations as an alternative. Ultimately, the Lutheran General Hospital in Park Ridge, Illinois, subsidized the initial 6 pilot parish-nurse programs for a 3-year period (Westburg, 1999). Late in 1986, the IPNRC was established at the Lutheran General Health System (a predecessor of Advocate Health Care). Under the leadership of Ann Solari-Twadell, it became the lead organization for parish nurse education, research, and resource development. In 2001, Advocate Health Care closed the IPNRC and transferred its programs to Deaconess Parish Nurse Ministries in St. Louis, Missouri.

International Parish Nurse Resource Center

- Serves parish nurses worldwide and offers the annual Westberg Symposium as well as parish nurse preparation courses and resources for FCN practice.
- Provides a wealth of information on its website, (http://ipnrc.parishnurses.org/).
- Publishes a quarterly newsletter, *Parish Nurse Perspectives* (available by paid subscription) and periodic electronic IPNRC *eNotes*.

In 1989, the HMA was formed as an interfaith, multidisciplinary organization. The parish nurse section of HMA, in conjunction with the ANA, published the first edition of the *Scope and Standards of Parish Nursing Practice* in 1998. The second edition, entitled *Faith Community Nursing: Scope and Standards of Practice,* was published in 2005.

PHILOSOPHICAL BASIS FOR FAITH COMMUNITY NURSING PRACTICE

A philosophy is a set of beliefs about the nature, meaning, and important elements of something. A philosophy can be individual as well as organizational. The IPNRC's philosophy statement about parish nursing is presented in Figure 1.1.

Figure 1.1 IPNRC Philosophy of Parish Nursing

Parish nursing is a recognized specialty practice that combines professional nursing and health ministry. Parish nursing emphasizes health and healing within a faith community. The philosophy of

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Figure 1.1 *Continued*

parish nursing embraces four major concepts: spiritual formation; professionalism; *shalom* as health and wholeness; and community, incorporating culture and diversity.

- **Spirit.** The spiritual dimension is central to parish nursing practice. Personal spiritual formation is an ongoing, essential component of practice for the parish nurse and includes both self-care and hospitality, through opening the heart to self and others. Spiritual formation is an intentional process of intimacy with God to foster spiritual growth.
- **Roots.** The parish nurse role reclaims the historic roots of professional nursing. Aspects of health and healing found in many faith traditions are embodied in the role of the parish nurse. The parish nurse practices under the scope and standards of practice and the ethical code of nursing as set forth in his or her country.
- ***Shalom.*** The parish nurse understands health to be a dynamic process that embodies the spiritual, psychological, physical, and social dimensions of the person. *Shalom*, God's intent for harmony and wholeness, serves as a foundation for understanding health. A sense of well-being can exist in the presence of imbalance, and healing can exist in the absence of cure.
- **Community.** The practice of parish nursing focuses on a faith community. The parish nurse, in collaboration with the pastoral staff and congregants, participates in the ongoing transformation of the

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Figure 1.1 *Continued*

faith community into sources of health and healing. Through partnership with other community health resources, parish nursing fosters new and creative responses to health and wellness concerns. Parish nurses appreciate that all persons are sacred and must be treated with respect and dignity. The parish nurse serves the faith community, creates safe and sacred places for healing, and advocates with compassion, mercy, and dignity.

Source: http://www.parishnurses.org/Fundamentalsofpn.aspx#Philosophy of Parish Nursing

FAITH COMMUNITY NURSING AND NURSING THEORY

At its simplest, a theory provides direction in which to view facts and events. Polit and Beck (2008) define a theory as a systematic, abstract explanation of some aspect of reality. They state that in a theory, concepts are knitted together into a coherent system to describe or explain some aspect of the world. For example, Nightingale proposed a beneficial relationship between fresh air and health. Theories are based on assumptions that are presented as givens and must be viewed as "truths" because they cannot be empirically tested, as, for example, a value statement or an ethic. Theories can be presented as models in the form of a diagram or a map of the content (Hickman, 2011).

Why are nursing theories important to faith community nursing? The clear answer is that theories direct the acts and events that occur in nursing practice. In an applied discipline such as nursing, practice is based on theories that are validated by research, which in turn informs evidence-based practice.

Shelly and Miller (1999) strongly advocate for an explicitly Christian theology of nursing. They state that a Christian worldview cannot be superimposed on any other worldview. They define Christian nursing as "a ministry of compassionate care for the whole person, in response to God's grace toward a sinful world, which aims to foster optimum health (*shalom*) and bring comfort in suffering and death to anyone in need" (p. 18).