FAITH COMMUNITY NURSING: SCOPE AND STANDARDS OF PRACTICE, THIRD EDITION
2016

Draft Document

Health Ministries Association
July 15, 2016
CONTENTS:

Contributors – TO BE ADDED LATER

Preface: Line 83, p. 4

INTRODUCTION: L. 106, p. 5

Function of the Scope of Practice Statement of Faith Community Nursing: L 131, p.5
Function of the Standards of Faith Community Nursing Practice: L 143, p.6
Application of the Scope and Standards: L 161, p. 6
Summary: L 181, p. 7

SCOPE OF FAITH COMMUNITY NURSING PRACTICE: L 201, p. 8

Description of the Scope of Faith Community Nursing Practice: L 203, p. 8
Definition of Faith Community Nursing: L 220, p. 8
The Specialty of Faith Community Nursing: L 244, p. 9
Distinguishing Tenets of Faith Community Nursing: L 264, p. 10
Foundations of practice: L 281, p. 10
Settings: L 303, p. 10
FCN Roles: L 335, p. 12
Clinical expert: L 350, p. 13
Consultant: L 361, p. 13
Coordinator: L 366, p. 13
Researcher: L 378, p. 14
Educator: L 384, p. 14
Administrator: L 392, p. 14
Evolution of Faith Community Nursing: L 397, p. 14
Focus on Spiritual Care in Nursing: L 472, p. 17
Ethics in Faith Community Nursing: L 547, p. 19
Culturally Congruent Care: L 588, p. 21
Educational preparation for faith community nursing: L 609, p. 21

Faith Community Nurse: L 611, p. 21

Graduate-level prepared registered nurse: L 636, p. 22

Advanced Practice Registered Nurse: L 642, p. 22

Additional Faith-related Designations: L 664, p. 23

Educational Approaches: L 680, p. 24

Mentoring: L 719, p. 25

Certification Process by Portfolio: L 751, p. 26

HMA Recognition of Excellence: L 782, p. 27

Ongoing Education and Competency: L 805, p. 28

Continued Commitment to the Profession: L 837, p. 29

Research and Faith Community Nursing: L 852, p. 29

Professional Trends and Issues in Faith Community Nursing: L 905, p. 31

Care Delivery and Transitional Care Coordination: L 916, p. 31

Behavioral Health/Mental Health Care: L 965, p. 33

Technology: L 982, p. 34

Compensation: L 1018, p. 35

Workplace Safety: L 1040, p. 36

Health Promotion and Self-care: L 1066, p. 36

Influence of Spiritual and Secular Values: L 1101, p. 38

Nursing Response: L 1130, p. 39

Standards of Faith Community Nursing Practice: L 1154, p. 39

Standards of Practice

Standard 1. Assessment: L 1160, p. 40

Standard 2. Diagnosis: L 1212, p. 42
Standard 3. Outcomes Identification: L 1247, p. 43
Standard 4. Planning: L 1287, p. 45
Standard 5. Implementation: L 1345, p. 47
Standard 5A. Coordination of Care: L 1413, p. 49
Standard 5B. Health Teaching and Health Promotion: L 1457, p. 51

Standards of Professional Performance: L 1544, p. 55
Standard 7. Ethics: L 1546, p. 55
Standard 8. Culturally Congruent Practice: L 1599, p. 57
Standard 9. Communication: L 1654, p. 59
Standard 10. Collaboration: L 1687, p. 60
Standard 11. Leadership: L 1732, p. 62
Standard 12. Education: L 1775, p. 64
Standard 13. Evidence-based Practice and Research: L 1806, p. 65
Standard 14. Quality of Practice: L 1862, p. 67
Standard 15. Professional Practice Evaluation: L 1918, p. 69
Standard 17. Environmental Health: L 1985, p. 72

Glossary – TO BE ADDED LATER
References and Bibliography – TO BE ADDED LATER
Appendix A. Faith Community Nursing: Scope and Standards of Practice (2012) – TO BE ADDED LATER
Index – TO BE ADDED LATER
Faith community nursing acknowledges spiritual care as an essential component of a specialized body of nursing knowledge and competencies. Faith community nurses (hereafter, referred to as FCN) provide care to individuals, families, groups, and communities with emphasis on promoting whole person health.

Faith community nurses hold themselves accountable to the scope and standards of practice; state, commonwealth, or territory laws, statutes, and regulations related to nursing practice; and federal regulations.

Changes in healthcare and nursing practice may result in new context for this nursing specialty. The competencies related to the standards reflect current practice and provide details for application of the standards. The listing is not meant to be exhaustive.

Recognition of the Specialty
The American Nurses Association recognizes faith community nursing as a nursing specialty.

Approval of the Scope of Practice
Content to follow

Acknowledgement of the Standards of Practice
Content to follow
INTRODUCTION

The American Nurses Association (ANA) published the first Scope and Standards of Parish Nursing Practice in 1998. As the practice of parish nursing evolved and included multiple faiths, the title of the specialty practice was changed to faith community nursing with the publication of Faith Community Nursing: Scope and Standards of Practice in 2005. Since the second revision in 2012, there have been dramatic changes in healthcare as well as the nursing profession. Faith Community Nursing: Scope and Standards of Practice, Third Edition, describes the specialty practice of faith community nursing for the nursing profession, faith community nurses, other healthcare providers, spiritual leaders, employers, insurers, healthcare consumers, families, and members of faith communities. The scope of practice statement presents the framework and context of faith community nursing practice and accompanies the standards of practice and professional performance and their associated competencies. The scope and standards included in this document define the responsibilities of the FCN and guide professional practice and performance.

The standards of Practice encompass significant actions taken by registered nurses and forms the foundation of the nurse’s decision-making. The Standards of Professional Performance describe a competent level of behavior in the professional role, including activities related to ethics, culturally congruent practice, communication, collaboration, leadership, education, evidence-based practice and research, quality of practice, professional practice evaluation, resource utilization, and environmental health. Registered nurses are accountable for their professional actions to themselves, their healthcare consumers, their peers, and ultimately to society (ANA 2015b). In the application of standards to practice, the influence of context must be considered. “Whether a particular standard or competency applies depends on the circumstances” (ANA, 2015b).

Function of the Scope of Practice Statement of Faith Community Nursing

The scope of practice statement describes the who, what, where, when, why, and how of the practice of faith community nursing. The answers to these questions provide a comprehensive picture of the practice, its boundaries, and its membership. Nursing: Scope and Standards of
Practice, Third Edition (ANA, 2015) applies to all professional registered nurses engaged in practice, regardless of specialty, practice setting, or educational preparation. With the Code of Ethics for Nurses with Interpretive Statements (ANA, 2015) and Nursing’s Social Policy Statement: The Essence of the Profession (ANA, 2010), it forms the foundation of practice for all registered nurses. The scope of faith community nursing practice is specific to this specialty but builds on the scope of competent practice and professional performance expected of all registered nurses.

Function of the Standards of Faith Community Nursing Practice

Standards are “authoritative statements of the duties that all registered nurses, regardless of role, population, or specialty, are expected to perform competently” (ANA 2015). Standards reflect the values and priorities of the profession and provide direction for professional nursing practice and a framework for evaluation of this practice. The ANA (2015b) outlines six standards of professional nursing practice and 11 standards of professional performance. Competencies are included for each standard, which provide evidence (measurement criteria) of compliance with that particular standard.

The scope and standards included in this document define the responsibilities of the FCN and guide professional practice and performance. The Standards of Practice encompass significant actions taken by registered nurses and forms the foundation of the nurse’s decision-making. The Standards of Professional Performance describe a competent level of behavior in the professional role, including activities related to ethics, culturally congruent practice, communication, collaboration, leadership, education, evidence-based practice and research, quality of practice, professional practice evaluation, resource utilization, and environmental health.

Application of the Scope and Standards

This third edition of the Faith Community Nursing Scope and Standards of Practice provides a valuable resource for FCN to use in decision making and when expanding, validating or
analyzing their professional practice. The document can be used to guide the development and evaluation of many aspects of faith community nursing practice including the following (ANA, 2015b, p145):

- Initial preparation and ongoing educational programs
- Role description and performance evaluations
- Policies and procedures
- Quality improvement programs
- Processes for certification

Registered nurses are accountable for their professional actions to themselves, their healthcare consumers, their peers, and ultimately to society (ANA 2015b). In the application of standards to practice, the influence of context must be considered. “Whether a particular standard or competency applies depends on the circumstances” (ANA, 2015b).

**Development of Faith Community Nursing: Scope and Standards of Practice, Third Edition**

(Content to Follow)

**Summary**

The scope and standards of practice for faith community nursing reflect the commitment of the Health Ministries Association to partner with the American Nurses Association to promote an understanding of faith community nursing as a specialized practice in the interprofessional practice of diverse faith communities. HMA is the national professional organization representing faith community nurses and others working in the expanding faith and health movement.

As the diversity of participating faith communities expands in rural areas, towns, and cities, the difficulty in finding all-inclusive terminology to describe the beliefs and practices that have evolved from the variety of traditions becomes more apparent. Terms used in this document
indicate an effort to include many faith traditions and not to promote any one particular faith tradition.

Faith Community Nursing: Scope and Standards of Practice, Third Edition, reflects current faith community nursing practice from a national perspective, the professional and ethical standards of the nursing profession, and the legal scope and standards of professional nursing practice. The standards are dynamic and subject to testing and change.
SCOPE OF FAITH COMMUNITY NURSING PRACTICE

Description of the Scope of Faith Community Nursing Practice

Faith Community nursing practice is guided by and congruent with the ANA’s Code of Ethics for Nurses with Interpretive Statements (ANA, 2015a), Nursing’s Social Policy Statement: The Essence of the Profession, 3rd Edition (ANA, 2010), and Nursing: Scope and Standards of Practice, 3rd Edition (ANA, 2015b). The intentional care of the spirit as well as the promotion of whole person health and prevention or minimization of illness within the context of a faith community are areas of specialty practice within the framework of nursing, in which faith community nurses strive to advance the health care and quality of life of all affected individuals (HMA, 2012). Faith community nursing is dynamic and evolves with changes in knowledge, the healthcare environment, and society. Faith community nurses include diploma, associate degree, baccalaureate prepared registered nurses, graduate-level prepared registered nurses, and advanced practice registered nurses (APRN). The depth and breadth of an individual specialty nurse’s scope of practice is determined by the nurse’s education, experience, practice setting, role, and the specific population cared for by the nurse. Advanced practice nurses function within the full scope of their licensure incorporating the specialty focus in their practice.

Definition of Faith Community Nursing

Faith community nursing is a specialized practice of professional nursing that focuses on the intentional care of the spirit as well as on the promotion of holistic health and prevention or minimization of illness within the context of a faith community. The term faith community nurse (FCN) is used to represent a registered nurse specializing in faith community nursing.

The FCN promotes whole person care across the lifespan using the skills as a professional nurse and provider of spiritual care. The FCN provides spiritual care in the faith community as well as in the broader community. The goals of a FCN are the protection, promotion, and optimization of health and abilities; the prevention of illness and injury, facilitation of healing; and the
alleviation of suffering through the diagnosis and treatment of human response, and advocacy
in the context of the values, beliefs, and practices of a faith community, such as a church,
congregation, parish, synagogue, temple, mosque, or faith-based community agency.

Healthcare consumer is the term used by the American Nurses Association to define a person,
client, family, group, community, or population that is the focus of attention and to which the
registered nurse is providing services as sanctioned by the state regulatory bodies. This more
global term is intended to reflect a proactive focus on health and wellness care, rather than a
reactive perspective to disease and illness. In narratives within the specialty of faith community
nursing, other terms such as parishioner, congregant, or faith community member may also be
included as descriptive terms. The term healthcare consumer may refer to the faith community
or broader community as a whole, or to groups, families, and individuals in the faith
community.

The Specialty of Faith Community Nursing
The FCN uses the nursing process to assess and address the spiritual, physical, mental, and
social health of the healthcare consumer. With an intentional focus on spiritual health, the FCN
primarily uses evidence-based practice interventions such as health education, counseling,
prayer, presence, active listening, advocacy, referral, and a wide variety of resources available
to the faith community. The FCN may also train and supervise volunteers from the faith
community. As an actively licensed registered nurse, the FCN provides nursing care based on
standards and professional experience, legal expectations, and education. The FCN focuses on
the needs of the healthcare consumer population and the position as defined by the faith
community. The FCN collaborates with the interprofessional team including primary care,
community health, hospice, rehabilitation, home health, acute care, critical care, integrative
health, mental health, and long-term care, as well as clergy and chaplains, to enhance nursing
care and promote quality outcomes.
FCNs advocate for public policy that addresses health disparities and promotes health and wellness (ANA/HMA, 2012). In faith community settings, the FCN advocates for appropriate levels of care, and access to care for vulnerable populations. FCNs advocate for healthcare consumers by initiating referrals for community services, promoting health literacy, and providing health education to empower individuals to manage their health concerns.

**Distinguishing Tenets of Faith Community Nursing**

The specialty practice of faith community nursing includes the application of nursing science and practice to individuals of all ages within a faith community setting and the surrounding community. The differentiating factor from general nursing practice is the specific attention that is given to the intentional care of the spirit. This specialty practice holds that all persons are sacred and must be treated with dignity and respect. The foundations of the specialty practice are in accordance with the ANA’s statements about nursing, social practice and the essence of the practice. (ANA, 2010, 2015b).

Essential to the practice of faith community nursing is a caring relationship that promotes trust and the understanding of health as a dynamic process that embodies the spiritual, physical, mental, and social dimensions of the person. Faith community nursing practice is influenced by the theoretical principles of effective caring to promote health and individual or family growth (Watson, 2008). Every human experience has mind-body-spirit components. Attention to human responses of concern identified is accomplished by practicing a holistic approach to health promotion recognizing the mind, body and spirit are intertwined. Particular emphasis is placed on the spiritual component, particularly as it relates to whole person health.

**Foundations of practice**

The practice of faith community nursing is based on the assumptions that health and illness are human experiences. Health is the integration of the spiritual, physical, psychological, and social aspects of the person promoting a sense of harmony with self, others, the environment, and a higher power; health may be experienced in the presence of disease or injury; the presence of illness does not preclude health nor does optimal health preclude illness; healing is the process
of integrating the body, mind, and spirit to create wholeness, health, and a sense of well-being, even when the healthcare consumer’s illness is not cured (ANA & HMA, 2012). This specialized practice is a continually evolving practice requiring integration of new knowledge and awareness of ever changing resources to achieve desired outcomes. Data from research are acquired from peer reviewed professional journals and other relevant professional publications. The core values of faith community nursing embrace four major concepts:

- Spiritual formation: an ongoing, essential component of practice that includes both self-care and hospitality, through opening the heart to self and others as well as an intentional process of fostering spiritual growth
- Professionalism: practicing under the Scope and Standards for Faith Community Nursing and the ANA Code of Ethics
- Shalom: an understanding of health to be a dynamic process that embodies the spiritual, physical, mental, and social dimensions of the person,
- Community: fostering new and creative responses to health and wellness in partnership with other community health resources.

Settings

Faith community nurse practice is nursing care that focuses on intentional care of the spirit, and is practiced within the embrace of a faith community. A community of faith may be composed of people of all ages. The FCN provides holistic nursing care to pediatric, adolescent, adult, and geriatric members of the faith community who represent a diverse range of cognitive and functional abilities. When an individual, family, group, or the faith community as a whole experiences or desires a change in their level of spiritual, physical, mental, social, or environmental well-being, or when maintaining their current level of well-being requires nursing action, a FCN collaborates with them to develop a plan of care that incorporates communal and individual spiritual beliefs and practices.

The needs and desires of individual members of the faith community provide direction for the FCN interaction and often requires that the FCN visit members in a hospital or hospice, private
home, or residential facility, or accompany healthcare consumers as they navigate health services within the community and beyond. During these encounters the FCN may also intervene with spiritual care and provide a supportive, healing presence for both the healthcare consumer and loved ones.

The setting for faith community nursing continues to expand as the needs of populations grow and change. While the traditional setting is often a community of faith - a church or congregation, a synagogue, temple or mosque - nontraditional settings may also include faith based health clinics, day shelters, food pantries, senior centers and long term care facilities. Faith-based community sites for under-served populations that provide food, housing, and resources may also incorporate faith community nurses for chronic disease management, screenings, health education and ongoing whole person care (Balint & George, 2015).

The size, concerns, assets, and expectations of the faith community will guide the development of the expected role of a FCN. As a staff member, the paid or unpaid FCN is most often supported and guided by a committee of faith community leaders and assisted by lay volunteers. With education and supervision provided by the FCN, these volunteers may assume tasks that family members would do for each other if they were available.

FCN Roles
Within the work of faith community nursing, multiple roles have been identified both within the practice setting and within the structure of the specialty. The FCN serves the specialty in a variety of roles including clinical expert, consultant, coordinator, researcher, educator, and administrator. With faith community nursing practice there are identified roles of integrator of faith and health, personal health counselor, health educator, health advocate, referral agent, coordinator of volunteers, and developer of support groups (Hickman, 2006, p 29).

It is important to note that in the specialty of faith community nursing, faith community nurses may work and function in an unpaid position. Many faith communities lack the financial means
to pay a nursing salary and may offer other compensations to provide support to the FCN position. The lack of salary in no way diminishes the importance of their work, nor does it negate the professional obligation to continue to follow all applicable laws and regulations for registered nurses.

Clinical expert
As a clinical expert, the FCN may provide direct care to individuals, families, groups, the faith community, and local communities served through the faith community. The multiple practice settings of a FCN include the faith community, the home of the healthcare consumer, or alternate settings where community members may seek care. To achieve optimal outcomes, the FCN uses the nursing process to address the spiritual, physical, mental, and social health of the healthcare consumer. Each plan of care is individualized to address the healthcare consumers’ strengths and needs in order to achieve the best outcomes. As a clinical expert, the FCN is a resource on issues of health for all groups of healthcare consumers and a champion of health for the community as a whole.

Consultant
FCN’s provide consultation services to healthcare consumers within their practice setting. The FCN works with denominations, foundations, and hospital systems to develop care plans and programs based on the needs of the population to be served.

Coordinator
Faith community nurses participate in care coordination and serve as a “link” between resources within the congregation, community, and healthcare systems. The FCN assists healthcare consumers in navigating their healthcare access when care is shared among multiple healthcare providers and sites.

Some healthcare systems have formal models of care continuity that include faith community nurses. These institutions employ a coordinator to provide orientation, training, supervision,
and evaluation of faith community nurses. This administrative role includes oversight of practice, documentation, professional development, and outcome measurements for FCNs in their network.

Researcher
Faith community nurses integrate research findings into their practice and participate in research at a level appropriate to their education and position. This may include sharing research findings with colleagues, cultivating a climate of clinical inquiry, and disseminating research findings through presentations, publications, and consultations.

Educator
The FCN provides education to healthcare consumers, family systems, other healthcare providers, and the community at large. Health education is one of the main roles of the FCN. Many healthcare consumers are more open to health education from a FCN in a trusted relationship defined in the context of their faith. Faith community nurses promote an atmosphere where individuals of all ages, through a variety of educational activities and one-to-one interactions, explore the relationship between values, attitudes, lifestyle, faith, and health.

Administrator
The FCN assumes the role of an administrator within the faith community. In this role, FCN duties and responsibilities include program oversight, budgetary development/management, evaluation of practice, and efforts to assure quality outcomes.
Evolution of Faith Community Nursing:

Nursing has its historical foundation deeply rooted in faith and health, as well as in the ancient and recent traditions of many religions. Faith traditions established rules for public health, including care of persons with infectious diseases. These communities also included visiting the sick and caring for infants and the elderly as religious duty. This sense of duty to care for a community’s members expanded to include “care for the stranger” and was the basis for early diakonas—houses for strangers—which became the first charity hospitals.

The faith and health link evolved over time and has been influenced by cultural, political, social, and economic events. Religious groups founded hospitals to provide care to vulnerable populations, such as the poor, immigrant, and homeless. In the 12th, 13th, and 14th centuries, religious orders provided care for persons with physical and mental illnesses. During the 16th century, more than 100 female religious orders were founded specifically to provide care to the sick, wounded and mentally ill. These were precursors to nursing practice. In the late 1800s churches began to reclaim their role in healing. Diaconal ministries that developed in Europe migrated to the United States, and immigrant churches imported the work of deaconesses and other religious orders to provide health care to those in their communities. These religious affiliations were instrumental in developing schools of nursing during the 20th century.

Florence Nightingale, trained through the Deaconess Institution in Kaiserswerth, Germany, felt called to the service of the sick. In addition to her nursing education, she was a theological scholar and writer. Her religious philosophy and belief in a higher power was the foundation for her work to promote nursing as a trained profession, establish a public healthcare system that included health promotion and preventive medicine, and advocate for health issues as a social activist. The rich history of nursing’s evolution is exquisitely collected in Patricia Donahue’s (1996) Nursing, The Finest Art: An Illustrated History.

In the late 1950s, Halbert Dunn, a physician, developed a public health concept that he called high-level wellness. His writings were a catalyst for wellness centers that began in the 1970s.
growing public interest in complementary and alternative medicine influenced Western conventional medical care to incorporate aspects of these models into integrated care. This growing interest and focus on health promotion and wellness influenced the development of faith community nursing.

In 1977, Rev. Dr. Granger Westberg in conjunction with W.K. Kellogg Foundation and the Department of Preventive Medicine and Community Health of the University of Illinois College of Medicine began a dozen medical clinics in neighborhood churches located in marginalized communities. The intent was to bring about whole person health care in faith settings by having spiritually oriented doctors, nurses, social workers and clergy working together. The nurses in these “wholistic health centers” were referred to as “parish nurses.”

In 1986, the Parish Nurse Resource Center was created through the sponsorship of Lutheran General Health System (now Advocate Health Care) in Chicago. The center provided a national focal point for the development of parish nursing through its educational resources. With the expansion of the practice to other countries, the name was changed to the International Parish Nurse Resource Center (IPNRC). The IPNRC was relocated in 2002 to St. Louis under the management of the Deaconess Foundation until 2011 when it was moved to the Church Health Center in Memphis. In 2016 the name of the center was changed to the Westberg Institute for Faith Community Nursing.

In 1989, a three year Kellogg Foundation Grant supported the development of the Health Ministries Association (HMA). The HMA was incorporated as a non-profit organization in Iowa to provide communication and networking among faith community nurses. In 1997 the HMA’s formal request to the American Nurses Association (ANA) was approved and ANA recognized Parish Nursing as a professional nursing specialty and ANA recognized the HMA as the professional membership organization for parish nurses. In 1998 ANA accepted and published HMA’s *Scope and Standards of Parish Nursing Practice*. In 2005 revision of the text resulted in a title change to *Faith Community Nursing Scope and Standards of Practice* to be inclusive of
nurses in all faith traditions. Today the HMA continues to provide education and practice support for faith community nurses and others in healing ministries through their national conference, publications, and membership services.

The standards of faith community nursing practice and professional practice were incorporated into curricula, position descriptions, and performance evaluation processes. This intentional focus on professional nursing practice provided the foundational work for advancement of the specialty. In 2007, the HMA began work with the American Nurses Credentialing Center (ANCC) to develop certification in faith community nursing. This work culminated in 2014 with ANCC offering Certification by Portfolio in Faith Community Nursing.

Nurse-led programs within faith communities continue to grow and evolve. Faith community nurses impact the health and wellness of individuals, families, and communities. The common expectation across faith traditions is that the professional registered nurse functioning as a FCN possesses a depth of understanding of the faith community’s traditions, as well as continuing competence as a registered nurse.

Focus on Spiritual Care

Nurses have long observed that when illness or brokenness occurs, health care consumers, whether individually or with family or friends often turn to their source of spiritual strength for reassurance, support and healing. Nursing Scope and Standards second edition (ANA, 2015a) reaffirms that spiritual care is integral in all nursing practice. In the 2008 revision of the Essentials of Baccalaureate Education for Professional Nursing Practice, the presence of spiritual care and spiritual assessment in nursing curriculum were expanded to ensure the basic education of nurses prepared them to conduct spiritual assessments and provide spiritual care. The nursing specialty of faith community nursing emphasizes spiritual care or intentional care of the spirit as an essential domain requiring education and skill beyond spiritual care provided in the general practice of a registered nurse.
The faith community nurse uses the nursing process for assessment, diagnosis, planning and evaluation of nursing care for individuals, families and communities. Diagnosis terminology is applied across the general nursing profession through the use of standardized terminology as in the North American Nursing Diagnosis Association’s (NANDA) comprehensive list of nursing diagnoses including diagnoses on spiritual, physical and emotional health. Nursing diagnoses related to spirituality include Spiritual Distress, Risk for Spiritual Distress, and Readiness for Enhanced Spiritual Well-being. Other nursing diagnoses accepted by NANDA International that are related specifically to spirituality include Powerlessness, Hopelessness, Ineffective Coping, and Complicated Grieving (NANDA, 2014).

Faith Community Nurses may also use other nursing classification systems such as the OMAHA System. The Nursing Interventions Classifications (NIC) and Nursing Outcomes Classifications (NOC) represent the most common standardized systems for nursing interventions and evaluating the effects of the interventions (i.e. outcomes) used across nursing, including faith community nursing. Examples applicable to faith community nursing’s focus on spiritual care giving include: Hope Instillation, Spiritual Support, Religious Ritual Enhancement, and Spiritual Growth Facilitation.

Faith community nurses draw on professional skills that integrate spiritual care and nursing care, as well as the resources of individuals and groups both within and beyond the faith community, to provide whole person care. Faith community nurses may also incorporate Wellness Diagnoses for Health Promotion that accentuate strengths and assets rather than illness or deficits and incorporate a person’s positive aspects of life and health into their nursing care (Stolte, 1996). Stolte cites several examples of wellness nursing diagnoses related to spirituality:

- Progressive religious faith
- Maintaining strong spiritual foundation
- Maintaining hope and trust
- Progressive ability to forgive self and/or others
• Continued belief in meaning and purpose of life
• At peace with self and/or health status

Treatment may or may not cure an affliction. However, it is still possible through care of the spirit for a person to be healed even if a cure—physical restoration—does not occur. A person may be dying from cancer, but if a broken relationship between family members has been reconciled or the person is at peace with the circumstances, this may be considered healing. This broader viewpoint of healing is embraced by FCNs.

Assault, betrayal, accident, or death of a member of the community are examples of situations that can affect an entire faith community. Members of all ages may manifest anger, grief, depression, anxiety, fear, and spiritual or physical pain in varying degrees. A FCN’s response to such an event is complex. Beyond identifying and meeting the needs of individuals and families, the FCN treats the whole faith community as a healthcare consumer. Assessment focuses on identifying the educational and supportive needs of the whole faith community. Interventions occur at three different levels: community, family or group, and individual.

The FCN addresses a variety of issues that threaten the holistic health of persons in the faith community, including:

- Individuals or families may lack food, shelter, transportation, income, or health care.
- Victims of violence, abuse, or exploitation in a variety of settings, including domestic settings, may seek solace or sanctuary.
- Adult children of aging parents may seek guidance in talking with or determining the appropriate living situation for a parent, and ongoing assistance from the faith community.
- Victims of natural disasters and other life-altering emergencies may require various forms of assistance.
Some healthcare consumers will require support of basic needs so that they have the time and space to reflect on spiritual issues; for others, spiritual care will be the direct response. The form of spiritual care will depend on the beliefs and practices of the faith community; the desire of the faith community, the group, or the individual; the skills of the FCN; and the collaboration of other staff members and volunteers.

ETHICS IN FAITH COMMUNITY NURSING

The Code of Ethics with Interpretive Statements (the Code) (2015) is foundational to nursing theory and serves as a guide to the art and science of nursing. The values in the Code apply to nurses in all roles, forms of practice, and settings. “The nine provisions in the Code are an expression of the values, virtues, and obligations that shape, guide, and inform nursing as a profession.” (2015, p. vii). The provisions reflect three relationships: nurse-to-patient, nurse-to-profession, and nurse-to-society. The interpretive statements of each provision provide guidance for ethical nursing practice and behavior.

Nurses practice with compassion and respect for the inherent dignity, worth, and unique attributes of every person. Faith Community Nurses promote whole person health with intentional inclusion of religious or spiritual well-being and supportive care. Ethical healthcare issues require nonjudgmental therapeutic nurse-patient relationships. Faith community nurses may:

- guide conversations about care decisions arising at the intersection of faith beliefs and medically prescribed care.
- serve as a person’s healthcare advocate by accompanying them to medical appointments, defining medical terms, and interpreting medical therapies that are not understood.
- guide discussions on advance care planning, minimizing unwarranted or unnecessary medical treatment, and compassionate end-of-life care.
All nurses participate in the advancement of the profession through knowledge development, evaluation, dissemination, and application to practice. Approaches to advancing the nursing profession include research and scholarly inquiry; contributions to development, maintenance, and implementation of professional practice standards; and participation in nursing and health policy development. (the Code, 2015 p. 28). Faith community nurses contribute to advancement of their nursing specialty by development of practice standards, application of standards in specialty education and practice, and serving as representatives on institutional, professional, and civic agency committees and boards.

Individual nurses have a collective voice through their professional organizations and associations. Active participation in nursing’s organizations maintains the integrity of the profession and provides mechanisms for nurses to address healthcare inequality, access to care, and social justice. Faith community nurses advocate for appropriate levels of care for vulnerable populations and those with limited access to healthcare resources. This advocacy may include initiating referrals for treatment, obtaining home care resources, and promoting community awareness of significant health problems. Faith community nurses may partner with faith-based and service organizations to promote supportive public policy for social justice that promotes health, prevents illness, and reduces environmental detriments to health.

**Culturally Congruent Care**

In establishing a caring relationship with a person, when possible, all aspects of a person’s nature must be acknowledged. Culture refers to the learned, shared, and transmitted values, beliefs, norms, and life practices of a particular group that guides thinking, decisions, and actions in patterned ways. (Leininger, 1978). Culture must be understood through cultural knowledge, cultural awareness, cultural encounters, and cultural skill (Campinha-Bacote, 2007). Nurses integrate cultural knowledge into practice when assessing, communicating with, and providing care for members of a racial, ethnic or social group. This cultural expertise requires that the nurse has self-awareness of personal cultural identity, heritage, and values as well as engagement in life-long learning to understand the culture of others. (ANA 3E, Standard 8).
Through these stages of relationship building and interaction, the nurse must recognize and eliminate barriers to care that have been created by cultural differences. Faith community nurses advocate for appropriate levels of care for culturally diverse and vulnerable populations with limited access to healthcare resources. This may include refugee communities and other culturally-linked communities. The faith community nurse advocates for culturally congruent care that improves access to healthcare, promotes positive outcomes, and reduces disparities. Faith community nurses, aware of the impact of discrimination within and among vulnerable cultural groups, advocate for culturally-sensitive care which may include the use of medical interpreters and translators. Faith community nurses foster environments of civility, kindness, and respect for these members of society.

EDUCATIONAL PREPARATION FOR FAITH COMMUNITY NURSING

Faith Community Nurse
The faith community nurse bridges two domains and therefore must be prepared in and responsible for both professional nursing practice and spiritual care. Some faith traditions may require additional educational stipulations and requirements.

The preferred minimum preparation for a registered nurse or advanced practice registered nurse entering the specialty of faith community nursing includes:

- A baccalaureate or higher degree in nursing with academic preparation in community- or population-focused nursing
- Current experience as a registered nurse using the nursing process
- Knowledge of the healthcare assets and resources of the community
- Specialized knowledge of the spiritual beliefs and practices of the faith community
- Specialized knowledge and skills to enable implementation of Faith Community Nursing: Scope and Standards of Practice, Second Edition.

With many faith community nurses practicing in autonomous settings, it is essential for this nursing specialty to support the 2010 Institute of Medicine’s Future of Nursing Report
recommendation that the proportion of nurses with baccalaureate degrees be increased to 80 percent by 2020.

Appropriate and effective practice as a FCN requires the ability to integrate current nursing, behavioral, environmental, and spiritual knowledge with the unique spiritual beliefs and religious practices of the faith community into a program of holistic nursing care. Such integrative practice is required within all levels of the academic education of the nurse. With education, mentoring, and a collaborative practice site, a faith community nurse may progress in expertise from novice to expert in this specialty practice.

**Graduate-level prepared registered nurse**

*Graduate-level prepared registered nurses* are registered nurses prepared at the master’s or doctoral educational level; have advanced knowledge, skills, abilities, and judgment; function in an advanced level as designated by elements of the nurse’s position; and are not required to have additional regulatory oversight.

**Advanced Practice Registered Nurse**

By definition, an *advanced practice registered nurse* (APRN) is a nurse who has completed an accredited graduate-level education program preparing her or him for the role of certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), or clinical nurse specialist (CNS) who has passed a national certification examination that measures the APRN role and population-focused competencies; maintains continued competence as evidenced by recertification; and is licensed to practice as an APRN. APRN is a regulatory title and includes the four roles (CNP, CRNA, CNM, and CNS). The core competencies for education and the scope of practice are defined by the professional associations. State law and regulation further define criteria for licensure for the designated scopes of practice.

An emerging role in healthcare delivery models is that of an APRN and other graduate-level prepared nurses who have also acquired the additional specialized education for practice as a faith community nurse. These nurses integrate theoretical and evidence-based knowledge from
graduate nursing education with the specialized education of a FCN regarding the structure, spiritual beliefs, and practices of the faith group. Examples that illustrate this role include a nurse practitioner in a faith-based healthcare site, an oncology CNS, a palliative care CNS; and a mental health CNS practicing in a faith-based community clinic. Besides providing nursing care, these APRNs influence nursing care outcomes by serving as an advocate, consultant, or researcher in the specialty area, by providing expert consultation for spiritual leaders and other healthcare providers, and by identifying and facilitating improvements in holistic health care.

**Additional Faith-related Designations**

National leaders of faith groups that recognize the importance of integrating this specialty nursing practice into faith communities have developed mechanisms for mentoring and providing informal and formal education in concepts of spiritual beliefs, practices, and rituals. When such mechanisms are available within the faith group, the FCN may work with the leadership of the faith community to meet the educational and practice requirements to earn formal designation as a spiritual leader in the particular faith group.

Faith groups have different ways of designating or titling individuals who have attained an advanced level of preparation and often undergone examination to determine fitness for providing spiritual care. FCNs who achieve the requirements defined by the faith group in which they are practicing may then be given a title by the faith community indicating their achievement, such as *deacon, minister of health, or pastoral associate*. Titles such as these have a specialized meaning within the faith community served and acknowledge the additional education and training received by the FCN specific to the faith tradition.

**Educational Approaches**

Currently, the education of all nursing students preparing for the national examination for RN licensure includes basic content on spiritual care. However, because of the intentional focus on spiritual care by the faith community nurse, this educational exposure is not adequate preparation for assuming the specialty role of a FCN. Faith community nursing requires an
extensive global knowledge base, which has led to the development of its own body of knowledge beyond that established for general professional nursing practice. This body of knowledge is continuously evolving; education beyond that required for licensure is therefore necessary to ensure safe faith community nursing practice.

FCN nursing is unique in that there are various educational entries into the specialty practice. Preparation may occur through accredited continuing education programs, baccalaureate courses, or graduate nursing courses, or related content in counseling, public health, and pastoral care.

A continuing education foundational curriculum was developed in 1996 as a pilot project of Advocate Health Care and the International Parish Nurse Resource Center (IPNRC) with collaboration among representatives from the existing leaders and educators of the emerging parish nursing community. A continuing education curriculum was developed for both the entry level faith community nurse and faith community nurse program coordinator. That curriculum continues to be offered under the leadership of the Westberg Institute for Faith Community Nursing (formerly IPNRC) and Church Health Center and through their relationship with numerous educational partners as classroom and online models.

In addition to the IPNRC curriculum, university-based continuing education and graduate degree curricula and certificate programs were developed at universities across the nation including Marquette University, Georgetown University, Duke University, and Concordia College. Faith denominations have also developed educational content specific to their faith practices and beliefs. These foundational courses provide a solid entry level educational preparation into the specialty. The Health Ministries Association supports curricula development through active participation of content experts.

Some faith community nurses have also completed graduate-level and doctoral-level preparation in clinical nursing specialties, complementary care, palliative care, and holistic
Others have completed graduate level course work in seminaries and schools of theology and religion, and formal Clinical Pastoral Education. These interdisciplinary approaches to education and skill development expand faith community nurses’ expertise and enhance their incorporation of spiritual care into their faith community nursing practice.

**Mentoring**

The American Association of Colleges of Nursing (AANC) position statement, The Baccalaureate Degree in Nursing as Minimal Preparation for Professional Practice notes that healthcare is shifting from hospital-centered inpatient care to more primary and preventive care in communities. This requires nurses to function with more independence in clinical decision-making, case management, guiding patients through the maze of healthcare resources, and educating patients on treatment regimens and adoption of healthy lifestyles. (American Association of Colleges of Nursing, 2000, p.1)

Nurses moving from acute, inpatient settings into community-based faith community nursing practice require reflective self-assessment to identify individual learning needs and goals for gaining this greater degree of independence in a broader clinical setting. Mentoring during orientation can enhance faith community nursing practice.

HMA recognizes that many Faith Community Nurses begin their role as a lone practitioner without benefit of a health system or network to provide a nurturing environment for growth and development both spiritually and professionally. The novice FCN needs guidance and support in order to establish and sustain a successful professional practice. The Health Ministries Association has developed a mentoring program to assist faith community nurses in competency development after completing foundational education.

The HMA FCN Mentor Program has been established to link the novice FCN with an experienced HMA FCN leader in order to facilitate the sharing of knowledge, experiences, and wisdom and to encourage growth and achievement by providing an open and supportive learning environment.
Some educational institutions that specialize in religious education also offer relevant courses or programs of study focusing on spiritual support and care. Innovative, interprofessional collaboration provides other opportunities to increase knowledge and skills particularly related to spiritual care and population health. Faith communities understand, support, and often fund continuing education and spiritual development for FCNs to enhance their ability to provide spiritual care.

Certification Process by Portfolio
Certification is a voluntary process for FCN nurses who meet the eligibility requirements and provides an opportunity for FCN to document their achievement within their specialty practice. The American Nurses Credentialing Center (ANCC) now offers Certification by Portfolio in Faith Community Nursing. The Health Ministries Association has supported professional nursing practice in faith community nursing through its development of standards of practice and an ongoing goal of developing formal recognition of competency through certification. Faith community nurses are encouraged to achieve certification.

In July 2013, HMA posted a call for those interested in participating in the ANCC Certification process to apply to the ANCC invitation. A Content Expert Panel met in Silver Springs, MD that autumn. These candidates were selected by ANCC from the pool of applicants who responded to the ANCC invitation to serve in the certification process. In December 2013, an External Validation Committee was selected from the pool of applicants to review FCN material compiled by the Content Expert Panel. This committee completed an in-depth survey. A Standard Setting Panel and Appraisers were selected by ANCC. In August 2014, ANCC and HMA launched the Portfolio Process for Certification for the Specialty Practice of Faith Community Nursing.

The designated credential for ANCC certification in faith community nursing is RN-BC. FCN is an abbreviation for faith community nurse and is not meant to indicate a credential. The abbreviation FCN should not be written following a nurse’s name in a signature line. When
certified, the faith community nurse places RN-BC behind his or her name and then spells out faith community nursing to indicate the specialty.

Maintenance of certification beyond the initial certification examination is required every five years. While specific details of the portfolio re-certification process have not been finalized by ANCC, re-certification will likely be a combination of professional practice and activities such as: continuing education (CE) credits/contact hours, program development, project implementation, publication, research, teaching (e.g., clinical precepting, CE presentations), academic education, and participation in professional organizations.

**HMA Recognition of Excellence**

The HMA established the Granger Westberg Leadership in Faith Community Nursing Award. This award recognizes an outstanding Faith Community Nurse who exemplifies faith community nursing and has achieved success in implementing a practice that is faith centered, spiritually integrated, community driven, and holistic in its approach toward health promotion and disease prevention. Criteria for selection include promoting a positive image of faith community nursing, proactive response to health care needs of faith communities, resourcefulness and creative leadership skills, effective use of practice, innovative teaching skills, professional competency, and evidenced based practice.

The HMA has also established a Faith Community Nursing Society to recognize nurses who have achieved certification. The FCN Society was formed to:

- Recognize superior achievement in the specialty practice of faith community nursing for faith community nurse members of HMA.

- Strengthen commitment to the ideals and purposes of the profession and the organization that supports the work of faith community nursing.

- Encourage ongoing leadership and involvement {present and future} in the evolving practice of faith community nursing through efforts led by HMA.
• Share best practices, attend educational seminars, discuss research, promote professional publication, and engage in peer-to-peer networking.

• Support and assist with improvement of the related specialty through identification and development of new skills.

**Ongoing Education and Competency**

The American Nurses Association identifies that in the practice of nursing, “competence is definable, measurable and can be evaluated. Competence is situational, dynamic, and is both an outcome and an ongoing process. Competency is an expected level of performance that integrates knowledge, skills, abilities, and judgment in formal, informal, and reflective learning experiences. Knowledge encompasses thinking, understanding of science and humanities, professional standards of practice, and insights gained from practical experiences, personal capabilities, and leadership performance. Context determines what competencies are necessary” (ANA, 2010a, p. 12). “Formal learning most often occurs in structured, academic, and professional development environments, while informal learning can be described as experiential insights gained in work, community, home, and other settings. Reflective learning represents the recurrent thoughtful personal self-assessment, analysis, and synthesis of strengths and opportunities for improvement” (ANA, 2010a, p. 13).

A key requirement of faith community nurses is ongoing education and developing and maintaining competencies. Faith community nurses practice in the role of independent and collaborative direct care provider, educator, administrator, healthcare consultant, resource person, supervisor of support personnel, public relations representative, leader and advocate. Faith community nurses integrate cognitive, psychomotor, communication, interpersonal, and diagnostic skills. Their ability to act effectively involves active listening, integrity, knowledge of one’s strengths and weaknesses, positive self-regard, emotional intelligence, spiritual formation, and openness to feedback.
Faith community nurses must continually reassess their competencies and identify needs for additional knowledge, skills, personal growth, and integrative learning experiences. Competence in faith community nursing practice must be evaluated by the individual nurse, peers, mentors, and faith community leaders. No single evaluation method or tool can guarantee competence. The “registered nurse, regardless of specialty, role, or setting remains accountable” for the nursing care provided in their practice and addressing their own learning needs. (ANA, 2015, p.32). This is of particular importance for all FCNs who generally work independently in the community setting.

CONTINUED COMMITMENT TO THE PROFESSION

Because the specialty practice of faith community nursing is relatively small in numbers, each FCN is called upon to educate nurses, other healthcare providers, faith community leaders, and the general public about this nursing specialty. The FCN commits to lifelong learning in nursing, spiritual growth, and the beliefs and practices of the faith community. There are numerous opportunities for personal and professional growth both in and beyond the community. Major denominations support both programs and professional development. The professional organization for faith community nurses, the Health Ministries Association, provides opportunities for networking and ongoing education in the practice specialty as well as with other disciplines. While the FCN may be the only healthcare provider in the faith community, the best practice cannot be provided in isolation. Personal and professional support, education opportunities, and resources are available. Accessing these will improve both the care provided to the faith community and the continued progress of the specialty.

RESEARCH AND FAITH COMMUNITY NURSING

Faith community nurses incorporate research on the spiritual dimensions of diagnosis, interventions, and outcomes to improve whole person health for individuals, families, and communities. Research reports may be found in the nursing literature and publications of other health professionals, as well as the professional literature focused on health ministry,
chaplaincy, theology, spirituality, and spiritual care. Findings from a variety of non-nursing disciplines provide understanding of the strong connection between spiritual well-being, participation in religious practices, and holistic health. Research conducted at the National Institutes of Health and academic institutions has established a relationship between spiritual practices and health, thereby expanding the knowledge base for the specialty of faith community nursing. Involvement in a faith community provides health benefits through social support, a social identity, and a sense of power beyond one’s self. Religious and spiritual practices, such as meditation, prayer, and touch, are reported to lengthen life, improve the quality of life, and improve health outcomes by enhancing psychological, physical, and spiritual well-being.

Faith community nurses may incorporate nursing theory as rationale for nursing practice and interventions. Nursing theoretical frameworks for nursing evolved in the mid and late twentieth century and care of the spirit has been an integral aspect of many nursing theories, including:

- Florence Nightingale identified the importance of spiritual care and that the needs of the spirit were as critical to health as those individual organs which make up the body.
- Callista Roy’s adaptation model (1976) discusses the adaptation of individuals and families to health and illness that includes psychological and spiritual aspects. She addresses the moral-ethical-spiritual self and religion or religious practice as dimensions that influence a persons’ adaptation, particularly the person’s view of life, functional capacity, and attitudes and behaviors related to health and illness.
- Paterson and Zderad (1976) describe the person as “an incarnate being, always becoming, in relation with men and things in a world of time and space” (p.19).
- Parse (1981) describes the transcendent quality of human beings, “nursing is unfolding in simultaneous mutual interchange with the world transcending with greater diversity and complexity” (p.172).
Jean Watson (1985, p.45) explains the person by emphasizing the existence of the “human soul” that is greater than the physical, mental and emotional existence of a person at any given point in time.

Betty Neuman (1995) views the person as a “whole” with physiological, psychological, sociocultural, developmental, and spiritual variables in dynamic interaction.

Madeleine Leininger (2002) defines cultural care as the “subjectively and objectively learned and transmitted values, beliefs, and patterned lifeways that assist, support, facilitate, or enable another individual or group to maintain health and well-being, improve their human condition and lifeways, or deal with illnesses, handicaps, or death.” (189).

Research by faith community nurses to describe the scope of practice and evaluate the benefits of faith community nursing specialty practice is increasing. Studies include investigations of the measurement of clinical outcomes, cost–benefits of faith community nursing interventions, and descriptive studies of FCN models of practice. More recently, faith community nurses enrolled in Doctor of Nursing Practice (DNP) degree programs are developing research on spiritual aspects of nursing care. Faith community nurses may participate in discovery of research questions and formulation of research related to the intersection of spirituality, theology, and health. Faith community nurses share peer reviewed findings with colleagues and integrate evidence-based research in their practice.

PROFESSIONAL TRENDS AND ISSUES IN FAITH COMMUNITY NURSING

In the coming years, all nurses will experience the impact of emerging trends and challenges related to nursing practice and healthcare delivery. Faith community nurses have a professional responsibility to participate in examining potential and real impacts of change, developing positive productive responses, and evaluating outcomes. The ANA 2013 Membership Assembly conducted an electronic environmental scan completed by the nurses in attendance which envisioned future change impacting nursing and healthcare. (ANA, 2013).

The most frequently cited areas of future change included societal/external trends that will
Impact nursing, ways in which nurses are working differently, and ways in which patients are acting in new or different ways related to health.

Care Delivery and Transitional Care Coordination

New models for healthcare delivery and reimbursement are being developed. In the next two to five years, reimbursement will shift from volume-driven fee-for-service to value-based models using metrics such as quality and patient satisfaction. Medicare’s value-based modifier for large medical practices treating Medicare patients went into effect in 2015 with full implementation scheduled for 2017. One component of growing importance to patient satisfaction scores includes meeting emotional needs through spiritual assessment and care (Williams et al, 2011; Balboni, 2014). Patients whose spiritual needs are not being met are reporting lower ratings of quality and satisfaction with their care (Sharma et al, 2012). Nurses who address and support patient’s spiritual needs can have a significant impact on patient satisfaction scores. This provides opportunity for faith community nurses, as experts in providing spiritual care, to collaborate with nursing education colleagues in providing spiritual care education to nurses in other specialties.

The role of the faith community nurse in transitional care embodies the practice and ministry of integrated whole person care. This nursing intervention begins with the promotion of well-being and the goal of preventing disease and chronic conditions in order to sustain a balance and quality of the life experience. The FCN provides guidance through the recognition of health status, awareness of brokenness, and the potential for return to the optimum level of contribution to overall quality of community health. It is identified in the hospitalized population, but includes anyone experiencing health challenges: the woman preparing for the birth of her child; the person newly diagnosed with a chronic or untreatable condition; chronically-ill older adults; the adolescent struggling for personal identity; or the person seeking employment in order to keep his/her family together. All are in transition and each from time to time may seek support or resources from the FCN.
Post-hospital transitional care includes a range of *time-limited* services and environments that *complement primary care* and are designed to ensure health care continuity and avoid preventable poor outcomes among *at risk* populations as they move from one level of care to another, among multiple providers and across settings (Naylor, 2011). The faith community nurse may decrease or prevent readmission by providing comprehensive nursing interventions:

- Review of the written discharge plan
- Assessment of patient and/or caregiver understanding
- Medication reconciliation
- Post-discharge services: Follow-up appointments, outstanding tests
- Patient education: care procedures, safety, signals for contacting provider, what to do if problems arise
- Telephone reinforcement
- Access to community resources and services

Examples of healthcare system-based models partnering with faith community nurses are emerging. Independent FCNs also provide transitional care to persons at increased risk of complications and readmission which may include those with chronic illnesses, isolated elderly persons, persons with limited healthcare literacy, and individuals or families who have limited economic resources. New payment policies have been enacted to encourage improved transitions by healthcare systems (AHRQ 2015). Shared reimbursement to faith community nurses is an area for ongoing inquiry and delineation when healthcare systems collaborate with faith community nurses to provide transitional care.

### Behavioral Health/Mental Health Care

One in five adults in the United States is affected by mental illness in any given year. Mental illnesses occur across all ages, races, and income levels (NAMI, 2016). The American Psychiatric Association (APA) recognizes that religion and spirituality play a significant role in healing. Often those experiencing mental illnesses seek assistance from their faith leaders. Faith community nurses promote health of mind, body and spirit and are in a unique position to
support the mental health of individuals. The FCN provides interventions during times of stress and life transitions such as social support, health education, advocacy and spiritual care to promote behavioral health (Annebere & Delilly, 2012). The National Alliance on Mental Illness (NAMI) and the APA along with faith leaders including faith community nurses are advocating for welcoming and inclusive faith communities free of the stigma of mental illness. Many faith traditions are developing resources to assist faith communities in providing compassionate care for those with mental health concerns. Faith community nurses will assume leadership roles for the development of community-based mental health educational programs, advocate for increased funding and access to treatment centers, and promote supportive care for individuals and families living with mental illnesses.

**Technology**

Technology presents many benefits and challenges to every area of professional nursing practice, and must be used with forethought and intention. As we move into an increasingly technology-driven world, it is essential that faith community nursing is able to incorporate technical aspects into practice as well.

Electronic health records (EHR) facilitate data capture and sharing, tracking quality measures, and patient access/control of their personal health data. ANA’s two position statements “Electronic Health Record” and “Standardization and Interoperability of Health Information Technology: Supporting Nursing and the National Quality Strategy for Better Patient Outcomes” call for standardization and interoperability of health information technology. Efforts to simplify and standardize documentation have produced templates in automated charting systems. It has been noted that the removal and/or restricted use of free text in these models excludes the patient’s personal narrative from the standardized content of the EHR (The American Nurse, May/June 2016). Faith community nurses are encouraged to participate in modifications in EHR design which will include increased free text space and enhance qualitative research and affirm
the significant contribution of personal narrative.

Faith community nurses who practice in formal partnerships with healthcare systems contribute to EHR documentation. However, a significant number of faith community nurses practice independently in their faith communities. This results in gaps of essential data collection related to FCN practice which limits analysis of collective data and outcomes. It is essential to collect and analyze patient demographics and assessment information, nursing diagnoses, interventions, and outcome measurements in order to reflect the impact of the nursing care provided. Professional nursing organizations and networks are invited to participate with the specialty of faith community nursing in developing methods for collection of bundled data that will enable research and analysis while maintaining patient confidentiality.

Technological advances in social media allow FCNs to connect on formal and informal platforms which allow for the sharing of ideas, connecting to peers, discussion of trends and concerns and questions related to FCN practice. Because of the porous nature of social media, faith community nurses must be vigilant regarding “postings, images, recordings, or commentary which breaches their obligation to maintain and protect patient’s rights to privacy and confidentiality”. (the Code, p.9).

Compensation

The original model for faith community nursing was a grant-funded institutional model with nurses employed through a hospital organization and congregations sharing a portion of the costs associated with the nurses’ services. Other structures evolved to meet the unique needs of communities and included the paid consortium model, the paid institutional model, the paid congregational model and the unpaid congregational model. Over the years, these models continue to be most commonly used.

Today increasing numbers of faith community nurses are paid employees in their faith community nursing roles. Other faith community nurses are unpaid professionals in their faith
community nursing roles. Whether paid or unpaid, a FCN is obligated to comply with the rules and regulations of professional nursing licensure and the standards of faith community nursing. It is common in faith communities to use the term volunteer for many non-professional roles such as lay health promoters and other care team members. The term volunteer is not preferred as a term to describe FCNs in an attempt to recognize the professional role of the nurse, even if unpaid. Therefore, the term, unpaid professional, is the preferred description for the role. Faith communities are engaged in establishing methods for financially supporting the work of FCNs. The compensation of a faith community nurse may take on a variety of payment methods: from a salary in the most traditional sense to other forms of compensation including continuing education conference fees, professional liability coverage, professional licensure and association fees, publication subscriptions, and other supportive resources.

**Workplace Safety**

The faith community nurse routinely engages in holistic assessment of individuals, families, faith communities and the broader community for the purpose of prioritizing health related needs. The faith community nurse is an advocate for the protection of health and safety within culturally diverse and underserved, vulnerable populations. Identification of risk factors in the environment of the faith community location and structure are within the scope of faith community nurse practice (ANA, HMA, 2012). The geographical and geopolitical community influences the health and safety of the FCN and the healthcare consumer. The FCN uses evidence-based practices to develop policy and procedures that address issues of safe access to facilities and personal and public safety in the event of an emergency. Emergency actions may include but are not limited to initiating first aid; using an AED or CPR; activating the local EMS; and contacting local authorities, family, friends, faith community resources, and social service agencies as mandated by law.

Workplace safety also applies to the environment in which the faith community practice occurs. This may include but is not limited to an individual’s home, the faith community, and the community at large. Research has identified factors that may increase the risk of violence for
some workers in certain worksites. Such factors include, working alone or in isolated areas, providing services and care for those with behavioral health issues and working in areas with high crime rates. By assessing their worksites, faith community nurses can reduce the likelihood of a safety-related incident. Well-written and implemented workplace safety policies and procedures combined with training can reduce the incidence of workplace violence in both the private sector and community. Maintenance of a safe work environment includes personal safety education for the FCN, with the awareness that both individual and healthcare consumers’ safety is paramount.

**Health Promotion and Self-care**

A growing trend is for people to assume active roles in preventive health. These may include self-care activities related to nutrition, exercise, and modifying environmental health risks. Self-care is not limited to those who are well. Persons with health problems are also taking a greater degree of responsibility in their care. Individuals are more knowledgeable about their health and their healthcare options. Health consumers are requesting more second opinions, demanding clear explanations, and reserving final decisions about diagnosis and treatment for themselves.

An internet survey asked internet users to whom did they turn for help, either online or offline, the last time they had a serious health issue (Pew, 2012). Responses indicated:

- 70% of U.S. adults got information, care, or support from a doctor or other health care professional
- 60% of adults got information or support from friends and family
- 24% of adults got information or support from others who have the same health condition (Pew Research Center, 2012).

Accuracy of health information is essential. The faith community nurse can assist the healthcare consumer to identify reliable printed and internet sources of health and medical information, develop questions for healthcare provider appointments, and maintaining a
personal health history record. The FCN may oversee faith community-based support groups and health promotion by laity health promotorers to assure appropriate educational processes suitable for various learning styles.

The professional Nurse Coach is a registered nurse who integrates coaching competencies into any setting or specialty area of practice to facilitate a process of change or development that assists individuals or groups to realize their potential (ANA, 2013). Faith community nurses are nurse coaches who guide health-promotion initiatives for individuals, families, groups, and communities. Faith community nurses are participating in the Healthy People 2020 Initiative and the National Preventive Strategy. These programs empower individuals to make healthy choices and eliminate health disparities and also enable faith community nurses to contribute to data collection, research, and evaluation. In these coaching roles, faith community nurses will model the same health maintenance and health promotion measures they teach to promote their own well-being and health.

Influence of Spiritual and Secular Values
A nurse has a primary commitment to the recipients of nursing and healthcare services. Faith community nurses use the nursing process, the patient’s perspective, and the spiritual beliefs of a faith community as the basis for assessing a patient’s experience. Nurses assure interventions are appropriate to optimize the health and well-being of those receiving care.

In 1984, Andrew Jameton (1984) defined “moral distress” as a phenomenon in which one knows the right action to take, but is constrained from taking it. Moral distress occurs when the internal environment of nurses -- their values and perceived obligations -- are incompatible with the needs and prevailing views of the external work environment (Nursing World, OJIN, 2016). The Code of Ethics for Nurses defines moral distress as the “condition of knowing the morally right thing to do, but institutional, procedural, or social constraints make doing the right thing nearly impossible. This condition threatens core values and moral integrity” (The Code, p. 44).

In the context of faith community nursing, the tenets, beliefs, and practices of a faith group add another layer to the complexity of moral healthcare decision making. Potential conflict may arise
when there are differences between the faith community’s religious view, the nurse’s personal moral view, and the values and free will of the healthcare consumer. These decisional conflicts may arise in circumstances across the lifespan, treatment participation, socio-economic challenges, and lifestyle choices.

The Code of Ethics provision 1 states that the nurse “practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person” (The Code, p. 1). Faith community nurses have a moral obligation to seek guidance when the rights of the individual person, public health doctrines, and religious views are in conflict. As moral agents, faith community nurses have a responsibility to express moral perspectives and provide information and resources that facilitate discernment and decision-making by the patient and family. “When nurses care for those whose health condition, attributes, lifestyle, or situations are stigmatized, or encounter a conflict with their personal beliefs, nurses must render compassionate, respectful, and competent care” (The Code p. 20). Faith community nurses, as moral agents and professional nurses, advocate for the best interests of patients, families, or communities.

**Nursing Response**

The Health Ministries Association strives to promote excellence in faith community nursing. HMA advances faith community nursing through collaboration with not-for-profit national associations that promote community health such as the American Heart Association, American Diabetes Association, and the American Red Cross. HMA also partners with national governmental agencies promoting public health including the Center for Disease Control Office of Smoking and Health, The Center for Faith-based and Neighborhood Partnerships, Centers for Medicare and Medicaid Services, and the Department of Health and Human Services Office on Women’s Health. HMA maintains active collaboration with healthcare systems, regional health ministry networks, seminaries, denominational associations, the Westberg Institute for Faith Community Nursing, and other educational resource centers.

The ongoing partnership between HMA and ANA has expanded the professional practice in this nursing specialty. This shared work defines the scope of practice, defines standards of practice and associated competencies, develops relevant position statements related to concerns in
practice, and promotes recognition of individual expertise through ANCC certification by portfolio in faith community nursing.

Advancement of this nursing specialty will be shaped through the commitment of individual faith community nurses actively participating in professional associations, maintaining competency in evolving nursing practice, documenting the impact of interventions and outcomes, conducting self-reflection, and pursuing life-long learning. Faith community nurses are well poised to respond to the evolving needs of individuals, families, and communities in their pursuit of health and wellness.
STANDARDS OF FAITH COMMUNITY NURSING PRACTICE

The term faith community nurse (FCN) is used to represent a licensed registered nurse specializing in faith community nursing.

STANDARDS OF PRACTICE FOR FAITH COMMUNITY NURSING

Standard 1. Assessment

The faith community nurse collects pertinent data and information relative to the healthcare consumer’s health or the situation.

Competencies

The faith community nurse:

- Collects pertinent data, including but not limited to demographics, social determinants of health, health disparities, and physical, functional, psychosocial, emotional, cognitive, sexual, cultural, age-related, environmental, spiritual/transpersonal, and economic assessments in a systematic, ongoing process with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

- Recognizes the importance of the assessment parameters identified by WHO (World Health Organization), Healthy People 2020, or other organizations that influence nursing practice.

- Integrates knowledge from global and environmental factors into the assessment process.

- Elicits the healthcare consumer’s values, preferences, expressed and unexpressed needs, and knowledge of the healthcare situation.

- Recognizes the impact of one’s own personal attitudes, values, and beliefs on the assessment process.

- Identifies barriers to effective communication based on psychosocial, literacy, financial, spiritual, religious, and cultural considerations.
Assesses the impact of family dynamics on healthcare consumer health and wellness.

Engages the healthcare consumer and other interprofessional team members in holistic, culturally sensitive data collection.

Prioritizes data collection based on the healthcare consumer’s immediate condition or the anticipated needs of the healthcare consumer or situation.

Uses evidence-based assessment techniques, instruments, tools, available data, information, and knowledge relevant to the situation to identify patterns and variances.

Applies ethical, legal, and privacy guidelines and policies to the collection, maintenance, use, and dissemination of data and information.

Recognizes the healthcare consumer as the authority on their own health by honoring their care preferences.

Documents relevant data accurately and in a confidential manner and accessible to the interprofessional team when applicable.

In addition to the faith community nurse competencies, the graduate-level prepared faith community nurse and the advanced practice faith community nurse:

Assesses the effect of interactions among individuals, family, community, and social systems on health and illness.

Synthesizes the results and information leading to clinical understanding.

In addition to the competencies of the faith community nurse and the graduate-level prepared faith community nurse, the advanced practice faith community nurse:

Initiates diagnostic tests and procedures relevant to the healthcare consumer’s current status.

Uses advanced assessment, knowledge, and skills to maintain, enhance, or improve health conditions.
Standard 2. Diagnosis
The faith community nurse analyzes assessment data to determine actual or potential diagnoses, problems, and issues.

Competencies
The faith community nurse:

- Identifies actual, perceived, or potential risks to the healthcare consumer’s health and safety or barriers to holistic health, which may include but are not limited to interpersonal, systematic, cultural, or environmental circumstances.

- Uses assessment data, standardized classification systems when available, technology, and clinical decision support tools to articulate actual or potential diagnoses, problems, and issues.

- Verifies the diagnoses, problems, and issues with the individual, family, group, spiritual leader, community, population, and interprofessional colleagues when possible and appropriate.

- Prioritizes diagnoses, problems, and issues based on mutually established goals to meet the needs of the healthcare consumer across the health-illness continuum.

- Documents diagnoses, problems, and issues in a manner that facilitates the determination of the expected outcomes and plan.

- Identifies strengths that enhance health and spiritual well-being.

Additional competencies for the graduate-level prepared faith community nurse
In addition to the competencies of the faith community nurse, the graduate-level prepared faith community nurse:

- Uses information and communication technologies to analyze diagnostic practice patterns of nurses and other members of the interprofessional healthcare team.

- Employs aggregate-level data to articulate diagnoses, problems, and issues of healthcare consumers and organizational systems.
Additional competencies for the advanced practice faith community nurse

In addition to the competencies of the faith community nurse and the graduate-level prepared faith community nurse, the advanced practice faith community nurse:

- Formulates a differential diagnosis based on the assessment, history, physical examination, and diagnostic test results.
Standard 3. Outcomes Identification

The faith community nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.

Competencies

- Engages the healthcare consumer, interprofessional team, family, spiritual leaders, and others in partnership to identify expected outcomes.
- Formulates culturally sensitive expected outcomes derived from assessments and diagnoses.
- Uses clinical expertise and current evidence-based practice to identify health risks, benefits, costs, and/or expected trajectory of the condition.
- Collaborates with and supports decision-making shared between the healthcare consumer and healthcare providers to define expected outcomes, integrating the individual’s culture, spiritual and faith beliefs and practices, values, ethical considerations, environment, and current evidence-based practice.
- Generates a time frame for the attainment of expected outcomes.
- Develops expected outcomes that facilitate coordination of care.
- Develops expected outcomes that facilitate attaining, maintaining, or regaining health, healing, and hope.
- Modifies expected outcomes based on the evaluation of the status of the healthcare consumer and situation.
- Documents expected outcomes as measurable goals.
- Evaluates the actual outcomes in relation to expected outcomes, safety, and quality standards.
Additional competencies for the graduate-level prepared faith community nurse, including the APRN

In addition to the competencies of the faith community nurse, the graduate-level prepared faith community nurse or advanced practice faith community nurse:

- Defines expected outcomes that incorporate cost, clinical effectiveness, and are aligned with the outcomes identified by members of the interprofessional team.
- Differentiates outcomes that require care process interventions from those that require system-level actions.
- Integrates scientific evidence and best practices to achieve expected outcomes.
- Advocates for outcomes that reflect the healthcare consumer’s culture, values, and ethical concerns.
**Standard 4. Planning**

The faith community nurse develops a plan that prescribes strategies to attain expected, measurable outcomes.

**Competencies**

The faith community nurse:

- Develops a person-centered, holistic, evidence-based plan in partnership with the healthcare consumer, family, and interprofessional team that considers the person’s characteristics or situation, but not limited to values, spiritual beliefs and practices, health practices, preferences, choices, developmental level, coping style, culture, religious rites, environment, and available technology.

- Establishes the plan priorities with the healthcare consumer, family, interprofessional team, and others, as appropriate.

- Advocates for responsible and appropriate use of interventions to minimize unwarranted or unwanted treatment and/or suffering of the individual.

- Prioritizes elements of the plan based on the assessment of the healthcare consumer’s level of risk and safety needs.

- Includes evidence-based strategies in the plan to address each of the identified diagnoses, issues, and strengths. These strategies may include but are not limited to:
  - Promotion and restoration of health,
  - Spiritual enhancement
  - Prevention of illness, injury, and disease,
  - Facilitation of healing,
  - Alleviation of suffering, and
  - Provision of supportive care

- Incorporates an implementation pathway that describes steps and milestones.

- Identifies cost and economic implications of the plan for healthcare consumer, family, caregivers, or other affected parties and how faith community resources and local community resources may be of assistance.
Develops a plan that reflects compliance with current statutes, rules and regulations, and standards. Includes the synthesis of healthcare consumers' values and spiritual beliefs regarding nursing and medical therapies in the plan.

Modifies the plan according to the ongoing assessment of the healthcare consumer's response and other outcome indicators.

Documents the plan using standardized language or recognized terminology.

Includes strategies for whole person health, with a focus on spirituality and growth across the life span.

Additional competencies for the graduate-level prepared registered nurse

In addition to the competencies of the registered nurse, the graduate-level prepared registered nurse:

- Incorporates assessment strategies, diagnostic strategies, and therapeutic interventions that reflect current evidence-based knowledge and practice for population health, as well as the health of individuals and families.

- Designs strategies and tactics to meet the multifaceted and complex needs of healthcare consumers or others.

- Leads the design and development of interprofessional processes to address the identified diagnoses, problems, or issues.

- Designs innovative nursing practices.

- Actively participates in the development and continuous improvement of systems that support the planning process.

Additional competencies for the advanced practice registered nurse

In addition to the competencies of the registered nurse and graduate-level prepared registered nurse, the advanced practice registered nurse:

- Integrates assessment strategies, diagnostic strategies, and therapeutic interventions that reflect current evidence-based knowledge and practice.
Standard 5. Implementation

The faith community nurse implements the identified plan.

Competencies

The faith community nurse:

- Partners with the healthcare consumer, family, and significant others to implement the plan in a safe, effective, efficient, timely, patient-centered, and equitable manner (IOM, 2010).
- Integrates interprofessional team partners including spiritual leaders, caregivers, and volunteers from diverse backgrounds in implementation of the plan through collaboration and communication across the continuum of care.
- Demonstrates caring behaviors toward healthcare consumers, significant others, and groups of people receiving care to develop therapeutic relationships necessary for health and healing.
- Provides culturally congruent, whole person care that focuses on the healthcare consumer and addresses and advocates for the needs of diverse and vulnerable populations across the lifespan with particular emphasis on spiritual needs.
- Uses evidence-based interventions and strategies to achieve the mutually identified goals and outcomes specific to the problem or needs.
- Integrates critical thinking and technology solutions to implement the nursing process to collect, measure, record, retrieve, trend, and analyze data and information to enhance nursing practice and healthcare consumer, family, or population group outcomes.
- Delegates according to the health, safety, and welfare of the healthcare consumer and considering the circumstance, person, task, direction or communication, supervision, evaluation, as well as the state nurse practice act regulations, institution, and regulatory entities while maintaining accountability for the care.
- Uses community and faith community resources and systems to implement the plan.
- Documents implementation and any modifications, including changes or
omissions, of the identified plan.

Additional competencies for the graduate-level prepared faith community nurse

In addition to the competencies of the faith community nurse, the graduate-level prepared faith community nurse:

- Uses systems in the faith community, organizations, and community resources to lead effective change and implement the plan.
- Applies quality principles while articulating methods, tools, performance measures, and standards as they relate to implementation of the plan.
- Translates evidence into practice to initiate change in faith community nursing care practices if desired outcomes are not achieved.
- Leads interprofessional teams to communicate, collaborate, and consult effectively.
- Demonstrates leadership skills that emphasize ethical and critical decision-making, effective working relationships, and a systems perspective.
- Serves as a consultant to provide additional insight and potential solutions.
- Uses theory driven approaches in the development and continuous improvement of systems that support implementation of the plan.

Additional competencies for the advanced practice faith community nurse

In addition to the competencies of the faith community nurse and graduate-level prepared faith community nurse, the advanced practice faith community nurse:

- Uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.
- Prescribes traditional and integrative evidence-based treatments, therapies, and procedures that are compatible with the healthcare consumer’s cultural preferences and norms.
Prescribes therapies, including those that strengthen the body – mind-spirit connection such as meditation, prayer, guided imagery, and various rituals of worship.

Prescribes evidence-based pharmacological agents and treatments according to clinical indicators and results of diagnostic and laboratory tests.

Provides clinical consultation for healthcare consumers and professionals related to complex clinical cases to improve care and outcomes.
**Standard 5A. Coordination of Care**

The faith community nurse coordinates care delivery.

**Competencies**

The faith community nurse:

- Organizes the components of the plan.
- Collaborates with the consumer to help manage health care based on mutually agreed upon outcomes.
- Coordinates implementation of a whole person centered plan of care with particular emphasis on the spiritual needs of diverse populations.
- Manages a healthcare consumer’s care in order to maximize independence and quality of life in accordance with mutually agreed upon outcomes.
- Engages healthcare consumers in self-care to achieve preferred goals for quality of life with attention to mind, body, and spirit.
- Assists the healthcare consumer to identify options for care.
- Communicates with the healthcare consumer, family, interprofessional team, and community-based resources to effect safe transitions in continuity of care.
- Advocates for the delivery of dignified and whole person humane care by the interprofessional team.
- Documents the coordination of care.

**Additional competencies for the graduate-level prepared faith community nurse**

In addition to the competencies of the faith community nurse, the graduate-level prepared faith community nurse:

- Provides leadership in the coordination of interprofessional health care for integrated delivery of healthcare consumer services to achieve safe, effective, efficient, timely, patient-centered, and equitable care (IOM, 2010).
- Provides leadership in advocating for the delivery of dignified and humane care.
Coordinates system and community resources that enhance delivery of care across continuums.

Additional competencies for the advanced practice faith community nurse

In addition to the competencies of the faith community nurse and graduate-level prepared faith community nurse, the advanced practice faith community nurse:

- Manages identified consumer panels or populations.
- Serves as the healthcare consumer’s primary care provider and coordinator of healthcare services in accordance with state and federal laws and regulations.
- Synthesizes data and information to diagnose, prescribe and provide necessary system and community support measures, including modifications of environments.
Standard 5B. Health Teaching and Health Promotion

The faith community nurse employs strategies to promote health and a safe environment.

Competencies

The faith community nurse:

- Provides opportunities for the healthcare consumer to identify needed healthcare promotion, disease prevention, and self-management topics.
- Uses health promotion and health teaching methods in collaboration with the healthcare consumer’s values, beliefs, health practices, developmental level, learning needs, readiness and ability to learn, language preference, spirituality, culture, and socioeconomic status.
- Uses feedback and evaluations from the healthcare consumer to determine the effectiveness of the employed strategies.
- Uses information technologies to communicate health promotion and disease prevention information to the healthcare consumer.
- Provides healthcare consumers with information about intended effects and potential adverse effects of the plan of care and proposed therapies.
- Engages consumer alliance and advocacy groups in health teaching and health promotion activities for healthcare consumers.
- Provides anticipatory guidance to healthcare consumers to promote health and prevent or reduce the risk of negative health outcomes.
- Teaches activities that strengthen the body-mind-spirit connection, such as meditation, prayer, and guided imagery.
- Evaluates health information resources for use in health community nursing for accuracy, readability, and comprehensibility by healthcare consumers, and compatibility with the healthcare consumers’ spiritual beliefs and practices.
Additional competencies for the graduate-level prepared faith community nurse, including the APRN

In addition to the competencies of the faith community nurse, the graduate-level prepared faith community nurse or advanced practice faith community nurse:

- Synthesizes empirical evidence on risk behaviors, gender roles, learning theories, behavioral change theories, motivational theories, translational theories for evidence-based practice, epidemiology, and other related theories and frameworks when designing health education information and programs.

- Evaluates health information resources for applicability, accuracy, readability, and comprehensibility to help healthcare consumers access quality health information that is compatible with their spiritual beliefs and practices.

- Engages faith-based organizations, consumer alliances, and advocacy groups, as appropriate, in health teaching and health promotion activities that are restorative, supportive, and promotive in nature.

- Provides anticipatory guidance to individuals, families, and groups in the faith community to promote health and prevent or reduce the risk of health problems.
The faith community nurse evaluates progress toward attainment of goals and outcomes.

**Competencies**

The faith community nurse:

- Conducts a holistic, systematic, ongoing, and criterion-based evaluation of the goals and outcomes in relation to the structure, processes, and timeline prescribed in the plan.
- Collaborates with the healthcare consumer and others involved in the care or situation in the evaluation process.
- Determines, in partnership with the healthcare consumer and other stakeholders, the patient-centeredness, effectiveness, efficiency, safety, timeliness, and equitability (IOM, 2001) of the strategies in relation to the responses to the plan and attainment of outcomes. Other defined criteria (e.g., Quality and Safety Education for Nurses) may be used as well.
- Demonstrates sensitivity to the complex dynamics of faith community settings.
- Uses ongoing assessment data to revise the diagnoses, outcomes, plan, and implementation strategies.
- Shares evaluation data and conclusions with the healthcare consumer and other stakeholders in accordance with federal and state regulations.
- Documents the results of the evaluation including results from the faith and spiritual realms.

**Additional competencies for the graduate-level prepared faith community nurse, including the APRN**

In addition to the competencies of the faith community nurse, the graduate-level prepared faith community nurse or the advanced practice faith community nurse:

- Uses spiritual assessment tools to identify the influence of the healthcare consumer’s
and family’s view of health and healing on the attainment of outcomes.

- Synthesizes evaluation data from the healthcare consumer, community, population and/or institution to determine the effectiveness of the plan.

- Engages in a systematic evaluation process to revise the plan to enhance its effectiveness.

- Uses results of the evaluation to make or recommend process, policy, procedure, or protocol revisions when warranted.

- Uses the results of the evaluation analyses to increase awareness beyond the individual faith community of the holistic health benefits and spiritual care provided.
Standards of Professional Performance

Standard 7. Ethics

The faith community nurse practices ethically.

Competencies

The faith community nurse:

- Integrates the Code of Ethics for Nurses with Interpretive Statements (ANA, 2015) to guide nursing practice and articulate the moral foundation of nursing.
- Practices with compassion and respect for the inherent dignity, worth, tenets of faith and spiritual beliefs, and unique attributes of all people.
- Advocates for healthcare consumers’ rights to informed decision-making and self-determination.
- Seeks guidance in situations where the rights of the individual conflict with public health guidelines.
- Endorses the understanding that the primary commitment is to the healthcare consumer regardless of setting or situation.
- Maintains therapeutic relationships and professional boundaries.
- Recognizes the centrality of the healthcare consumer and family as core members of the healthcare team.
- Acknowledges and respects tenets of the faith and spiritual belief system of a healthcare consumer.
- Delivers care in a manner that preserves and protects the healthcare consumer’s autonomy, dignity, rights, and spiritual beliefs and practices.
- Advocates for the rights, health, and safety of the healthcare consumer and others.
- Safeguards the privacy and confidentiality of healthcare consumers, others, and their data and information within ethical, legal, religious, and regulatory parameters.
- Demonstrates professional accountability and responsibility for nursing
Maintains competence through continued personal and professional development.

Demonstrates commitment to self-reflection and self-care.

Contributes to the establishment and maintenance of an ethical environment that is conducive to safe, quality healthcare.

Advances the profession through scholarly inquiry, professional standards development, and the generation of policy.

Collaborates with other health professionals and the public to protect human rights, promote health diplomacy, enhance cultural sensitivity and congruence, and reduce health disparities.

Articulates nursing values to maintain personal integrity and the integrity of the profession.

Integrates principles of social justice into nursing and policy.

Additional competencies for the graduate-level prepared faith community nurse, including the APRN:

In addition to the competencies of the registered nurse, the graduate-level prepared faith community nurse:

Participates in interprofessional teams that address ethical risks, benefits, and outcomes of programs and decisions that affect health and healthcare delivery.

Mentors interprofessional teams in processes of ethical decision-making.

Advocates for equitable healthcare consumer care.
Standard 8. Culturally Congruent Practice

The faith community nurse practices in a manner that is congruent with cultural diversity and inclusion principles.

Competencies

The faith community nurse:

- Demonstrates respect, equity, and empathy in actions and interactions with all healthcare consumers.
- Participates in life-long learning to understand cultural preferences, worldview, choices, and decision-making processes of diverse consumers.
- Creates an inventory of one’s own values, beliefs, and cultural heritage.
- Applies knowledge of variations in health beliefs, practices, and communication patterns in all nursing practice activities.
- Identifies the stage of the consumer’s acculturation and accompanying patterns of needs and engagement.
- Considers the effects and impact of discrimination and oppression on practice within and among vulnerable cultural groups.
- Uses skills and tools that are appropriately vetted for the culture, literacy, and language of the population served.
- Communicates with appropriate language and behaviors, including the use of medical interpreters and translators in accordance with consumer preferences.
- Identifies the cultural-specific meaning of interactions, terms, and content.
- Respects consumer decisions based on age, tradition, belief and family influence, and stage of acculturation.
- Advocates for policies that promote health and prevent harm among culturally diverse, under-served, or under-represented consumers.
- Promotes equal access to services, tests, interventions, health promotion programs,
enrollment in research, education, and other opportunities.

- Educates nurse colleagues and other professionals about cultural similarities and differences of healthcare consumers, families, groups, communities, and populations.

Additional competencies for the graduate-level prepared faith community nurse

In addition to the competencies of the faith community nurse, the graduate-level prepared faith community nurse:

- Evaluates tools, instruments, and services provided to culturally diverse populations.
- Advances organizational policies, programs, services, and practice that reflect respect, equity, and values for diversity and inclusion.
- Engages consumers, key stakeholders, and others in designing and establishing internal and external cross-cultural partnerships.
- Conducts research to improve health care and healthcare outcomes for culturally diverse consumers.
- Develops recruitment and retention strategies to achieve a multicultural workforce.

Additional competencies for the advanced practice faith community nurse

In addition to the competencies of the faith community nurse and graduate-level prepared faith community nurse, the advanced practice faith community nurse:

- Promotes shared decision-making solutions in planning, prescribing, and evaluating processes when the healthcare consumer’s cultural preferences and norms may create incompatibility with evidence-based practice.
- Leads interprofessional teams to identify the cultural and language needs of the consumer.
Standard 9. Communication

The faith community nurse communicates effectively in all areas of practice.

Competencies

The faith community nurse:

- Assesses one’s own communication skills and effectiveness.
- Demonstrates cultural empathy when communicating.
- Assesses communication ability, health literacy, resources, and preferences of healthcare consumers to inform the interprofessional team and others.
- Uses language translation resources to ensure effective communication.
- Incorporates appropriate alternative strategies to communicate effectively with healthcare consumers who have visual, speech, language, or communication difficulties.
- Uses communication styles and methods that demonstrate caring, respect, deep listening, authenticity, and trust.
- Conveys accurate information.
- Maintains communication with interprofessional team and others to facilitate safe transitions and continuity in care delivery.
- Contributes nursing and spiritual perspectives in interactions with others and discussions with the interprofessional team.
- Exposes care processes and decisions when they do not appear to be in the best interest of the healthcare consumer.
- Discloses concerns related to potential or actual hazards and errors in care or the practice environment to the appropriate level.
- Demonstrates continuous improvement of communication skills.
Additional competencies for the graduate-level prepared faith community nurse, including the APRN

In addition to the competencies of the faith community nurse, the graduate-level prepared faith community nurse or advanced practice faith community nurse:

- Assumes a leadership role in shaping or fashioning environments that promote healthy communication.
Standard 10. Collaboration

The faith community nurse collaborates with the healthcare consumer and other key stakeholders in the conduct of nursing practice.

Competencies

The faith community nurse:

- Identifies the areas of expertise and contribution of other professionals and key stakeholders.
- Clearly articulates the nurse’s role and responsibilities within the team.
- Uses the unique and complementary abilities of all members of the team to optimize attainment of desired outcomes.
- Partners with the healthcare consumer and key stakeholders to advocate for and effect change, leading to positive outcomes and quality care.
- Communicates with the healthcare consumer, family, groups, spiritual leaders, hospital and hospice chaplains, and other healthcare providers regarding healthcare consumer care and the faith community nurse’s role in the provision of that care.
- Uses appropriate tools and techniques, including information systems and technologies, to facilitate discussion and team functions, in a manner that protects dignity, respect, privacy, and confidentiality.
- Promotes engagement through consensus building and conflict management.
- Uses effective group dynamics and strategies to enhance team performance.
- Exhibits dignity and respect when interacting with others and giving and receiving feedback.
- Partners with all stakeholders to create, implement, evaluate, and document a comprehensive plan.
Additional competencies for the graduate-level prepared faith community nurse, including the APRN

In addition to the competencies of the faith community nurse, the graduate-level prepared faith community nurse, or advanced practice faith community nurse:

- Participates in interprofessional activities, including but not limited to education, consultation, management, technological development, or research to enhance outcomes.
- Invites the contribution of the healthcare consumer, family, and team members in order to achieve optimal outcomes.
- Provides leadership for establishing, improving, and sustaining collaborative relationships to achieve safe, quality care for healthcare consumers.
- Advances interprofessional plan-of-care documentation and communications, rationales for plan-of-care changes, and collaborative discussions to improve healthcare consumer outcomes.
- Participates on interprofessional teams that contribute to role development and, directly or indirectly, advance nursing practice and health services.
Standard 11. Leadership
The faith community nurse leads within the professional practice setting and the profession.

Competencies
The faith community nurse:

- Serves as a nursing role model in the establishment of an environment that supports and maintains respect, trust, and dignity.
- Encourages innovation in practice and role performance to attain personal and professional plans, goals, and vision.
- Communicates to manage change and address conflict.
- Supports, encourages, and mentors colleagues for the advancement of nursing practice, the profession and the specialty of faith community nursing to enhance safe, quality health care.
- Retains accountability for delegated nursing care.
- Contributes to the evolution of the profession through participation in professional organizations, professional development, certification, and continuing education.
- Demonstrates a commitment to lifelong learning, education, and spiritual growth for self and others.
- Advocates and influences policies that promote health and improve healthcare consumer outcomes.
- Communicates and collaborates to create a compelling and inspiring vision of excellence in nursing practice within the organization and the community.
- Serves in key leadership roles in the faith community by participating on committees, councils, and health ministry administrative teams.
- Endorses nursing autonomy and accountability, and establishes an environment that motivates constructive change.
Additional competencies for the graduate-level prepared faith community nurse, including the APRN

In addition to the competencies of the faith community nurse, the graduate-level prepared faith community nurse or advanced practice faith community nurse:

- Influences decision-making bodies to improve the professional practice environment and healthcare consumer outcomes.
- Enhances the effectiveness of the interprofessional team.
- Promotes advanced practice nursing and role development by interpreting its role for healthcare consumers and policy makers.
- Models expert practice to interprofessional team members and healthcare consumers.
- Mentors colleagues in the acquisition of clinical knowledge, skills, abilities, and judgment.
Standard 12. Education

The faith community nurse seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking.

Competencies

The faith community nurse:

- Identifies learning needs based on nursing knowledge and the various roles the nurse may assume and the changing needs of the population.
- Participates in ongoing educational activities related to nursing and interprofessional knowledge bases and professional topics, and spiritual care.
- Mentors nurses new to their roles for the purpose of ensuring successful enculturation, orientation, and emotional support.
- Demonstrates a commitment to lifelong learning through self-reflection and inquiry for learning and personal growth.
- Seeks experiences that reflect current practice to maintain and advance knowledge, skills, abilities, attitudes, and judgment in clinical practice or role performance for faith community nursing.
- Acquires knowledge and skills relative to the role, population, specialty of faith community nursing, setting, and global or local health situation.
- Participates in formal consultations or informal discussions to address issues in nursing practice as an application of education and knowledge.
- Identifies modifications or accommodations needed in the delivery of education based on healthcare consumer and family members’ needs.
- Shares educational findings, experiences, and ideas with peers.
- Supports acculturation of nurses new to their roles by role modeling, encouraging, and sharing pertinent information relative to optimal care delivery.
- Facilitates a work environment supportive of ongoing education of healthcare professionals.
- Maintains a professional portfolio that provides evidence of individual
competence and lifelong learning.
Standard 13. Evidence-based Practice and Research

The faith community nurse integrates evidence and research findings into practice.

Competencies

The faith community nurse:

- Articulates the values of research and its application relative to the healthcare setting and practice.
- Identifies questions in the healthcare setting and practice as well as the spirituality, theology, and health intersection that can be answered by nursing research.
- Uses current evidence-based knowledge, including research findings, to guide practice.
- Incorporates evidence when initiating changes in nursing practice.
- Participates, as appropriate to educational level and position, in the formulation of evidence-based practice through research.
- Promotes ethical principles of research in practice and the healthcare setting.
- Appraises nursing research for optimal application in practice and the healthcare setting.
- Shares peer reviewed research findings with colleagues to integrate knowledge into nursing practice.

Additional competencies for the graduate-level prepared faith community nurse, including the APRN

In addition to the competencies of the faith community nurse, the graduate-level prepared faith community nurse or advanced practice faith community nurse:

- Integrates research-based practice in all settings.
- Uses current healthcare research findings and other evidence to expand knowledge, skills, abilities, and judgment; to enhance role performance; and to increase knowledge of professional issues.
- Uses critical thinking skills to connect theory and research to practice.
- Integrates nursing research to improve quality in nursing practice.
- Recognizes the critical need for measuring research in the spiritual dimensions of diagnosis, interventions, and outcomes that improve health and wholeness for individuals, families, and communities.
- Contributes to nursing knowledge by conducting or synthesizing research and other evidence that discovers, examines, and evaluates current practice, knowledge, theories, criteria, and creative approaches to improve healthcare outcomes and integrating spiritual care and nursing care in a faith community.
- Designs strategies and tactics to meet the multifaceted and complex needs of health care consumers as well as population health programs.
- Leads the design and development of interprofessional processes to address the identified diagnoses, problems or issues at both the individual level as well as population health level.
- Encourages other nurses to develop research skills.
- Designs innovative nursing practices to improve the health and wellbeing of individual and communities (populations).
- Performs rigorous critique of evidence derived from databases to generate meaningful evidence for nursing practice.
- Advocates for the ethical conduct of research and translational scholarship with particular attention to the protection of the healthcare consumer as a research participant.
- Promotes a climate of collaborative research and clinical inquiry.
- Disseminates research findings through activities such as presentations, publications, consultation, and journal clubs.
1862 **Standard 14. Quality of Practice**
1863 The faith community nurse contributes to quality nursing practice.

1865 **Competencies**
1866 The faith community nurse:
1867 ➢ Ensures that nursing practice is safe, effective, efficient, equitable, timely, and patient-centered (IOM, 1999; IOM, 2001).
1868 ➢ Identifies barriers and opportunities to improve healthcare safety, effectiveness, efficiency, equitability, timeliness, and patient-centeredness.
1869 ➢ Recommends strategies to improve nursing quality.
1870 ➢ Uses creativity and innovation to enhance nursing care.
1871 ➢ Participates in quality improvement initiatives.
1872 ➢ Collects data to monitor the quality of nursing practice.
1873 ➢ Contributes in efforts to improve healthcare efficiency.
1874 ➢ Provides critical review and/or evaluation of policies, procedures, and guidelines to improve the quality of health care.
1875 ➢ Engages in formal and informal peer review processes.
1876 ➢ Collaborates with the interprofessional team to implement quality improvement plans and interventions.
1877 ➢ Documents nursing practice in a manner that supports quality and performance improvement initiatives.
1878 ➢ Achieves professional certification in faith community nursing.

1885 **Additional competencies for the graduate-level prepared faith community nurse**
1886 In addition to the competencies for the faith community nurse, the graduate-level prepared faith community nurse:
1887 ➢ Analyzes trends in healthcare quality data, including examination of cultural, spiritual, and religious influences and factors.
1888 ➢ Incorporates evidence into nursing practice to improve outcomes.
➢ Designs innovations to improve outcomes.

➢ Provides leadership in the design and implementation of quality improvement initiatives.

➢ Promotes a practice environment that supports evidence-based health care.

➢ Contributes to nursing and interprofessional knowledge through scientific inquiry.

➢ Encourages professional or specialty certification.

➢ Engages in development, implementation, evaluation, and/or revision of policies, procedures, and guidelines to improve healthcare quality.

➢ Uses data and information in system-level decision-making.

➢ Influences the organizational system to improve outcomes.

Additional competencies for the advanced practice faith community nurse

In addition to the competencies for the faith community nurse and graduate-level prepared faith community nurse, the advanced practice faith community nurse:

➢ Engages in comparison evaluations of the effectiveness and efficacy of diagnostic tests, clinical procedures and therapies, and treatment plans, in partnership with healthcare consumers, to optimize health and healthcare quality.

➢ Designs quality improvement studies, research, initiatives, and programs to improve health outcomes in diverse settings.

➢ Applies knowledge obtained from advanced preparation, as well as current research and evidence-based information, to clinical decision-making at the point of care to achieve optimal health outcomes.

➢ Uses available benchmarks as a means to evaluate practice at the individual, departmental, or organizational level.
Standard 15. Professional Practice Evaluation

The faith community nurse evaluates one’s own and others’ nursing practice.

Competencies

The faith community nurse:

- Engages in self-reflection and self-evaluation of nursing practice on a regular basis, identifying areas of strength as well as areas in which professional growth would be beneficial.
- Adheres to the guidance about professional practice as specified in the *Nursing: Scope and Standards of Practice* and the *Code of Ethics for Nurses with Interpretive Statements*.
- Ensures that nursing practice is consistent with regulatory requirements pertaining to licensure, relevant statutes, rules, and regulations.
- Uses organizational policies and procedures to guide professional practice.
- Influences organizational policies and procedures to promote interprofessional evidence-based practice.
- Provides evidence for practice decisions and actions as part of the formal and informal evaluation processes.
- Seeks formal and informal feedback regarding one’s own practice from healthcare consumers, peers, colleagues, supervisors, and others.
- Provides peers and others with formal and informal constructive feedback regarding their practice or role performance.
- Takes action to achieve goals identified during the evaluation process.
FCN Standard 16. Resource Utilization

The faith community nurse utilizes appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, and fiscally responsible.

Competencies

The faith community nurse:

- Assesses healthcare consumer care needs and resources available to achieve desired outcomes.
- Assists the healthcare consumer in factoring costs, risks, and benefits in decisions about treatment and care.
- Assists the healthcare consumer in identifying and securing appropriate services to address health and spiritually related needs across the healthcare continuum.
- Delegates in accordance with applicable legal and policy parameters.
- Identifies impact of resource allocation on the potential for harm, complexity of the task, and desired outcomes.
- Advocates for resources that support and enhance nursing practice.
- Integrates telehealth and mobile health technologies into practice to promote positive interactions between healthcare consumers and care providers.
- Uses organizational and community resources to implement interprofessional plans.
- Addresses discriminatory healthcare practices and the impact on resource allocation.

Additional competencies for the graduate-level prepared faith community nurse

In addition to the competencies of the faith community nurse, the graduate-level prepared faith community nurse:

- Designs innovative solutions to use resources effectively and maintain quality.
1972 - Creates evaluation strategies that address cost effectiveness, cost benefit, and efficiency factors associated with nursing practice.
1974 - Assumes complex and advanced leadership roles to initiate and guide change.
1976 - Uses organizational and community resources to formulate interprofessional plans of care.

Additional competencies for the advanced practice faith community nurse
In addition to the competencies of the faith community nurse and graduate-level prepared faith community nurse, the advanced practice faith community nurse:
1981 - Engages organizational and community resources to formulate and implement interprofessional plans.
Standard 17. Environmental Health

The faith community nurse practices in an environmentally safe and healthy manner.

Competencies

The faith community nurse:

- Promotes a safe and healthy community professional practice environment.
- Uses environmental health concepts in practice.
- Assesses the environment to identify risk factors.
- Reduces environmental health risks to self, colleagues, and healthcare consumers, and community.
- Communicates information about environmental health risks and exposure reduction strategies.
- Advocates for the safe, judicious, and appropriate use and disposal of products in health care.
- Incorporates technologies to promote safe practice environments.
- Uses products or treatments consistent with evidence-based practice to reduce environmental threats.
- Participates in developing social, political, and economic strategies to promote healthy communities and practice environments.
- Advocates for environmental health and social justice, including a commitment to the health of vulnerable populations.

Additional competencies for the graduate-level prepared faith community nurse, including the APRN

In addition to the competencies of the faith community nurse, the graduate-level prepared faith community nurse:

- Analyzes the impact of social, political, and economic influences on the global environment and human health experience.
- Creates partnerships that promote sustainable global environmental health
policies and conditions that focus on prevention of hazards to people and the natural environment (ANA, 2007).

- Identifies patterns of comorbidities among family and community members suggesting environmental etiologies.