Effectiveness of Faith Community Nursing compared to Acute Care Nursing

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QUESTION:

In considering patients who are not particularly religious, is faith community nursing potentially more effective than acute care nursing?
OBJECTIVES:

- Faith community nursing [FCN] will be analyzed in relation to two separate theories. Through this analysis, viewers will develop an awareness of the effectiveness of faith community nursing versus acute care nursing.
- A review of potential patient types will be offered. Viewers will be able to describe the different ways in which FCN is more effective than acute care nursing for those particular groups.
OBJECTIVES (cont.):

Viewers will be able to describe three major areas which faith community nursing encompasses and describe how these areas contribute to the effectiveness of faith community nursing care.
What does faith community nursing include?

According to an article found in Nursing 2011, faith community nursing is a term which includes "parish, congregational, health ministry, and health and wellness nurses" (Harris, 2011, p. 47). This specialty focuses on "the intentional care of the spirit as part of the process of promoting holistic health and preventing or minimizing illness in a faith community" (Harris, 2011, p. 47).
How did this specialty area of nursing develop?

In the mid 1980's the Reverend Dr. Granger Westberg began a parish nursing program in Chicago. This was an attempt at a reincarnation of the faith community nursing outreach done by previous religious orders in Europe and America in the 1800's. During those times some parish nurses were referred to as "Parish Deaconesses".

Who is impacted by this type of nursing care?

In the beginning, parish nursing focused on patient groups such as "orphans, unmarried mothers, the elderly, persons with disabilities, and persons who were ill, homeless, or lacked resources" (DeKraai, Bulling, Shank, & Tomkins, 2011, p. 255). Today, parish nursing reaches much farther than that. Funding and delivering services has been more widely controlled by government entities, non-profit and for-profit organizations.
Today's services include supporting community services such as "cash assistance, food assistance, hospital/nursing facilities, counseling/hotlines, elderly housing and other senior services, services in prison, child care, substance abuse services, tutoring, health education, or employment services" (DeKraai, Bulling, Shank, & Tomkins, 2011, p. 255). In doing so, a "national, personal network of human services extending to virtually every community" is created (DeKraai, Bulling, Shank, & Tomkins, 2011, p. 255).
Social Cognitive Theory in relation to faith community nursing

In a study conducted by White, Wojcicki, & McAuly, (2011) it was hypothesized that self-efficacy influenced physical activity both directly and indirectly through goals and outcome expectations. The faith community nurse uses "spiritual interventions such as listening, prayer, scripture, presence, and touch to promote a sense of harmony with oneself and a higher power" (Harris, 2011). This harmony which is created promotes one's self efficacy toward maintaining wellness.
Health as Expanding Consciousness (HEC) Theory

This is a "theoretical basis for nursing that defined it as a science and life as a process of expanding consciousness" (Dyess, 2011). This theory views nursing as "an opportunity to be part of transforming encounters" (Dyess, 2011). Nursing is viewed as "appreciating the wholeness and enabling transformation" while individuals are viewed as "irreducible" (Dyess, 2011).
"Pattern recognition, finding meaning and understanding, not only accelerate the evolution of the consciousness, but are also crucial to life survival" (Dyess, 2011). According to Newman (2008), contextual knowing, interrelating and connecting fully to the individual in moments of nursing practice enable a pattern to be identified, and meaning understood.
A conceptual gap was created because the understanding of meaning from pattern was not defined. "This gap invited exploration that begins with the nurse understanding the ultimate meaning for individuals as faith" (Dyess, 2011).
Assessment: Who Benefits?

In an article written for the October 12, 2011 edition of Nursing Standard, it was suggested that individuals who may benefit from parish nursing services as opposed to the acute care setting would include such patients as those who do not speak English as their primary language, homeless people or asylum seekers. These are patient groups who may not have the means by which to obtain services in an acute care setting or who may be intimidated by the level of communication which may be expected upon their examination.
Other patient groups to consider...

In considering the parish or congregational setting, other patients who may benefit from these services include shut ins. Furthermore, busy corporate type clients who may take time to stop into a quick clinic visit to have their blood pressure or cholesterol checked but who would not make time to schedule a physician's office visit could also benefit.
These are just a few considerations which the author has reflected on as possible beneficiaries of a faith community nursing program. There are likely countless other patient types who for one reason or another would fit nicely into the category of possible beneficiaries of such a program.
Interventions to improve quality/safety according to QSEN competencies

Quality improvement is suggested to be the use of data "to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems" (American Association of Colleges of Nursing [AACN], 2012).
Quality Improvement

Parish nurses evaluate each of the clinic services that they provide to the community and evaluate the effectiveness of their efforts through callbacks and survey feedback. This allows them to target certain patient populations and to direct their services to areas which are most in need.
Safety

Safety "minimizes risk of harm to patients and providers through both system effectiveness and individual performance" (AACN, 2012). Faith community nursing services are provided by licensed nurses who are practicing within a very specific skill set which is appropriate for the clinic level which is being provided. If ever there is a need for more in depth services, patients are referred to the appropriate areas of care.
Teamwork and Collaboration

This competency allows for effective functioning "within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care" (AACN, 2012). As previously stated, faith community nurses are ever mindful of their limited scope of practice and are inclined to refer patients to the appropriate areas when required services reach beyond their level of care. This promotes a professional level of respect and communication between the parish nurse and those care providers to which clients are referred.
Patient-Centered Care

Patient-centered care is the act of recognizing "the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs" (AACN, 2012). The faith community nurse is careful to provide compassionate care based on the individual needs of each client while respecting values and preferences.
Evidence-Based Practice

This practice "integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care" (AACN, 2012). Each of the clinics which are offered by faith community nursing staff originates as a result of careful review of need for specific services within a given geographical area.
Evidence-Based Practice (cont.)

For example, in a lower socioeconomic class where perhaps the best nutrition choices are not available, the faith community nurse may choose to design a nutritional outreach program to discuss which of the choices available are the most sound choices in promoting and maintaining overall good health.
Informatics

This pertains to using "information and technology to communicate, manage knowledge, mitigate error, and support decision making" (AACN, 2012). Faith community nurses recognize the need to provide the most up to date services available and are careful to consider the latest information when educating the community about the promotion of good health practices.
ANA Standards and the Faith Community Nurse

While all standards of professional performance are upheld by the faith community nurse, only some of the standards of practice are upheld. For example, when considering the implementation standard which is divided into four subparts, both consultation and prescriptive authority and treatment fall outside of the scope of care for a faith community nurse. Therefore, the author makes the statement that all standards which are necessary for acute care nurses to uphold are also upheld where appropriate by the faith community nurse.
Considerations/Summary

While faith community nursing may seem insignificant to some, the author is hopeful that the previous presentation has shed some light onto why this little piece of community service can create such a huge impact for patient groups who may otherwise not seek services within an acute care setting. Be it a lack of time due to societal demands or a lack of education and a fear of medical staff expectations upon assessment, there is a common need for the services which the faith community nurse provides.
These two patient categories are on completely different ends of the spectrum in regard to levels of education. However, the author believes it feasible to think that they are so very similar in regard to a need for health maintenance and educational support.
References


