Practice of faith community nursing in diverse congregations in the upper midwest

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Background of Faith Community Nursing

- Faith Community Nursing (FCN) is also known as Parish Nursing.
- FCN began in the 1980s with Granger Westberg, a Lutheran clergyman from Chicago.
- The practice of FCN has grown rapidly in the last 10 years.
- Minnesota lists over 350 FCNs in 13 metro counties; many others practice in greater MN.
- FCNs are found in many Christian denominations and major religious groups including Buddhist, Jewish, and Muslim.

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Functions/Role of FCN

- Health educator
- Health advocate
- Personal health counselor
- Community resource/referral
- Volunteer coordinator/trainer
- Support group developer/trainer
- Integrator of faith and health

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American Nurses Association's Scope of Practice Statement

Faith Community Nursing: Scope and Standards of Practice (2005)

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Project Sponsor

- Hennepin County Human Resources and Public Health Department
- Hennepin County has extensive list of FCNs in 13 county metro area
- Hennepin County and FCNN provides continuing education on quarterly basis for FCNs
- Hennepin County established a library for FCNs located in Brooklyn Center MN–dedicated in 2006

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Purpose of Present Study

To identify:

- the educational/professional employment backgrounds of practicing FCN;
- demographic information of FCN;
- the scope of FCN role and practices;
- where FCNs practice;
- barriers and enhancers in their FCN practice.

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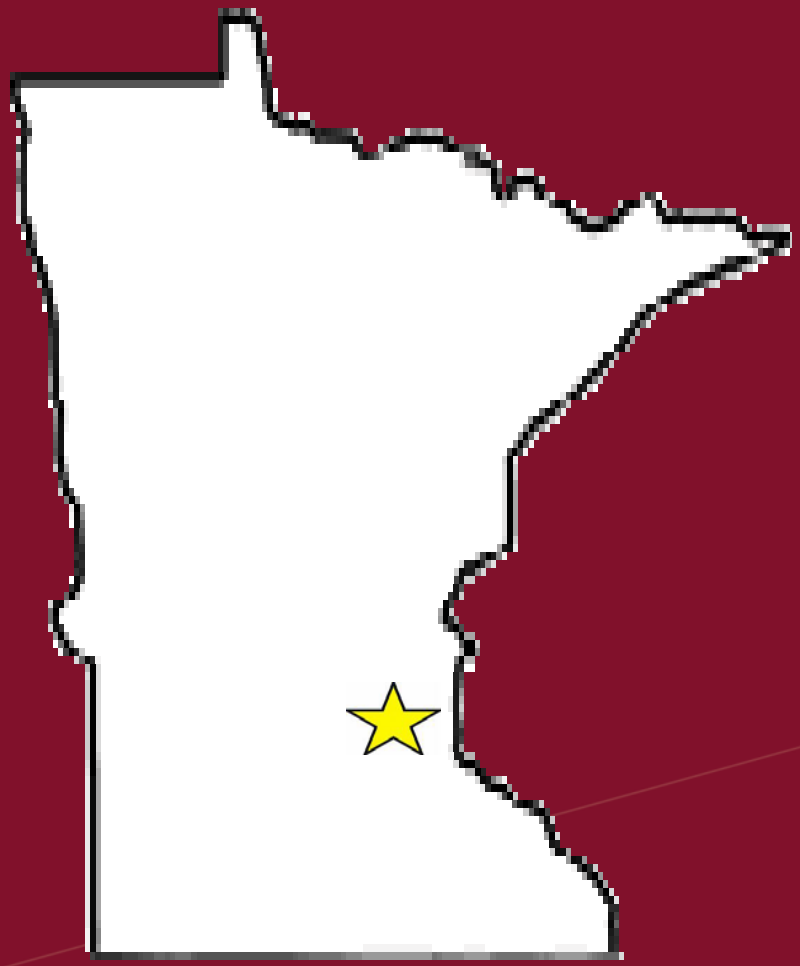

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Methods

- Survey created in consultation with Faith Community Nursing Network
- IRB approval obtained from UMN
- Monetary incentive offered for survey completion
- Surveys sent by Hennepin County staff to 237 FCNs in January 2007
- 176 surveys returned with 144 suitable for analysis-20 former FCNs, 12 were either incomplete or the responder was not an FCN
- Return rate for total is 74%

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Gender and Race/Ethnicity

Gender: There was one male FCN, the remainder were female

Race/ethnicity: The majority was Caucasian (96%), 2 African Americans, 1 Native and 1 Asian American

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Age

- Mean age = 57.3 years, range 31 to 82 years
- 66% of sample was between 50 and 69 years of age

Age (yrs)	Number
31-39	7
40-49	26
50-59	42
60-69	54
70-79	12
80 plus	2
Total	143

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Educational Background

- 62% had a bachelor's degree (15% also had a master's degree)
- 37% had a diploma or associate degree in nursing

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Preparation for FCN practice

- 97% of sample had formal preparation for FCN
- Majority (72%)received their preparation from the Concordia College program
- 41% reported having additional FCN training
- 8% had clinical pastoral education (CPE) training

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Years of Professional Nursing Experience and Years of Experience as an FCN

Years of Professional Experience:

mean = 29.9, sd =11.3, range = 2-52

Years of experience as an FCN:

mean = 5.6, sd = 4 years, range = 0-29

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The FCN professional nursing experience was varied.

The majority, however, reported having clinical hospital nursing.

50% of FCNs were working in another area of nursing.

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Faith Communities Served by FCN

- 38% served Lutheran congregations
- 19% served Catholic congregations
- 2 FCN served Jewish congregations, one a Muslim and one a Buddhist congregation.
- The remainder served a variety of Protestant denominations.

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Size of Congregations Served

- Size of congregation ranged from 70 to 10,500 individuals
- Mean congregation size served = 2532 individuals
- Mode = 1200; median = 1650
- 46% of the sample served congregations of 1000-5000 members
- 62% of congregations were served by 1 FCN; 19% had more than 1 FCN

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Membership in Congregation Served as FCN

81 % were members of the congregation served

18 % were not members of the congregation served

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Number of hours worked per week by FCNs

- up to 9 hours 39%
- 10-19 hours 34%
- 20-29 hours 15%
- 30-40 hours 6.3%

56% were paid; mean salary $20.50/hour, range $12 t
$30/hour

44% were unpaid

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Fringe Benefits

52% reported some fringe benefits

48% reported no fringe benefits

Of those with benefits, 40% got mileage reimbursement, 31% received support for continuing education and 17% received health and liability insurance

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Initial Funding Sources for FNC in a Congregation*

60% congregation

31% hospitals or health care organizations

29% other (wide variety of sources)

6% self

*respondents could check all that applied

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Sources of Financial Support for FCN Program

67% congregation

12% grants

7% diverse

6% individual donors

3%health institutions

2% endowments

1% fees

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Health Council or Health Team

69% had a health council or health team

31% did not have a health council or health team

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FCN Supervision/Accountability

67% report to the congregation served

33% report to another organization

For those reporting to the congregation:

77% report to clergy, 10% to council or board, 8% to an administrator, 6% to a nurse and 21% report to a diverse range of individuals

FCNs reported a wide range of professional backgrounds for their supervisors and were sometimes uncertain about the exact education credential held by the supervisor.

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Percent of effort toward the FCN functions based on 100% total time

FCN Function	Time
Personal counseling	30%
Health educator	22%
Integration of faith and health	21%
Community resource/referral	9%
Volunteer coordinator/trainer	8%
Health advocate	6%
Support group development/training	4%
Total	100%

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Majority of FCN Services by Age Groups

59% seniors

32% adults

10% children/youth

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FCN Practices and Programs

68% conducted a needs assessment of their congregations within last two years

50% of FCNs were involved in denominational groups, i.e., Catholic Parish Nurses Association

89% of FCN time was of their time was working with the community at large

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Faith Practices Integrated into the Program

79% personal counseling

65% prayer shawl

60% reading scripture

59% grief counseling

54% healing services

39% other—very diverse

32% funeral planning

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All Programs offered within past two years

94% blood pressure screening

89% home/hospital visits

80% education classes

65% prayer shawl

62% nutrition information

61% medication information

60% health newsletter

57% Medicare information

51% CPR/EAD

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All Programs offered within the past two years (continued)

45% support groups

44% blood donor drives

42% exercise programs

38% flu clinics

35% equipment loans

33% health fairs

25% emergency preparedness

24% meditation practices

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Motivation to Serve as an FCN

- 97% felt a call
- 96% compatible with professional strengths
- 95% desire to integrate nursing and faith
- 83% saw potential for public health intervention
- 77% professional development opportunity
- 55% role model
- 51% were asked to apply for a FCN position

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Factors that Drew Nurse to FCN Role

98% enjoy working with people

96% opportunity to integrate faith and nursing practice

95% opportunity to work one on one

89% characteristics of the congregation

88% flexible work hours

87% freedom to practice

67% role rewards a self starter

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Skills Necessary to Carry Out FCN Role

The following skills were selected as necessary or most necessary:

98% interpersonal relationship skills

89% spiritual maturity

72% time management

60% knowing faith and doctrine

53% clinical expertise

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Barriers to practice as FCN

- Time constraints 86%
- Financial constraints 72%
- Lack of communication/marketing 58%
- Misconceptions re: FCN role 54%
- Lack of community resources 33%
- Confidentiality issues 28%
- Differences with clergy 17%

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Discussion

- FCNs are a mature group of women with extensive nursing experience and formal preparation for FCN.
- The majority are prepared at the bachelor's level in nursing with specific preparation for FCN.
- They earn far less money then they could in other nursing practices. 44% are volunteers and do not receive financial compensation.
- The majority (73%) work part-time as an FCN– under 20 hours/week
- 40% of FCNs worked in Lutheran congregations and just under 20% worked in Roman Catholic congregations.
- The majority are the only FCN in their congregation.

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Discussion *(continued)*

- The FCNs endorse the ANA scope of standards functions.
- Most express high motivation to serve based upon a “call”--the desire to integrate spirituality and health and compatibility with their professional values.
- Time and financial constraints were the most often identified barriers to practice as an FCN.

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Conclusions

- This is a dedicated group of nurses committed to carrying out nursing in faith based congregations quite independently with identified time and financial constraints.
- Their extensive experience in professional nursing and their preparation for FCN seem to enable them to function well within this setting.
- Faith community nurses might want to consider documenting their impact on the health of congregations including satisfaction with their services.

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