A Faith Community Nursing Initiative

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Abstract
Faith community nursing is introduced to students in third year of the BScN curriculum as one of the roles that nurses may have in community health. The plan to develop a faith community nursing placement was initiated when a local parish contacted the nursing professor to have student nurses assist with blood pressure screening and the organization of a health fair. This request created a unique opportunity to have three students placed with a nursing professor to address the health needs of the parish members. Partnerships with educational institutions have been found to enhance faith community health care, and provide learners such as nursing students with an opportunity to practice in a faith-based learning environment (Maitlen, Bockstahler, & Belcher, 2012; Otterness, Gehrke, & Sener, 2007). The main objectives of this initiative were to review the literature on faith community nursing, identify a model to guide the assessment and work that would occur within the setting, and to complete a needs assessment of the faith community. The assessment of the faith community was guided by the socio-ecological model (Campbell et al., 2007) which further informed the planning and delivery of the most appropriate health promotion activities within this setting.

Key words: Parish nursing, Community faith nursing, Community nursing

Résumé
Les soins infirmiers communautaires sont présentés aux étudiants de troisième année du programme de baccalauréat en sciences infirmières comme l’un des rôles qu’ils peuvent être appelés à jouer en santé communautaire. Le désir de placer des étudiants en soins infirmiers communautaires a pris naissance suite à la demande d’une paroisse auprès du professeur de sciences infirmières pour que certains étudiants puissent fournir de l’aide lors du dépistage de l’hypertension et pour l’organisation d’un salon de la santé. Cette demande permit à trois étudiants de travailler de concert avec un professeur de sciences infirmières dans le but de répondre aux besoins des membres de la paroisse en matière de santé. Il a été démontré que les partenariats avec des établissements d’enseignement contribuent à l’amélioration des soins infirmiers communautaires et permettent aux apprenants, comme des étudiants en soins infirmiers, de pratiquer dans un environnement d’apprentissage fondé sur la foi (Maitlen, Bockstahler, & Belcher, 2012; Otterness, Gehrke, & Sener, 2007). Les principaux objectifs d’une telle initiative étaient d’effectuer une revue de la littérature sur les soins infirmiers communautaires, d’identifier un modèle pouvant servir de guide pour l’évaluation et le travail qui auront lieu dans cet environnement et de réaliser une évaluation des besoins de la communauté confessionnelle. Aux fins de l’évaluation de la communauté confessionnelle, un modèle socio-écologique (Campbell et al., 2007) fut utilisé, ce qui permit d’obtenir plus d’information quant à la planification et la mise en place des activités de promotion de la santé les plus appropriées dans ce contexte.

Mots clés : Soins infirmiers communautaires, Infirmiers communautaires
Introduction

Over the years, faith communities have become important health promotion venues, providing its participants with health promotion programs and activities, often led by a registered nurse. Faith communities are described as “distinct groups of people who acknowledge specific faith traditions and gather in churches, cathedrals, synagogues, or mosques” (Stanhope, Lancaster, Jakubec, & Pike-Macdonald, 2017, p. 88). Faith community nursing has been reported to have evolved from Egypt, when during holy wars nurses ministered to the ill in faith communities such as convents (Anaebere & DeLilly, 2012). Parish nursing emerged more recently in North America, first taking root in the United States in the 1980s and then in the early 1990s in Canada (Canadian Association for Parish Nursing Ministries, 2017). A parish nurse is a “Registered Nurse with specialized knowledge, who is called to ministry and affirmed by a faith community to promote health, healing and wholeness” (Canadian Association for Parish Nursing Ministries, 2017). Parish nurses have additional education in social sciences and pastoral care and follow the tradition of the faith community as a centre for healing, integrating spirituality and health in parish programs and activities (InterChurch Health Ministries Canada, 2017). Parish nursing, like other types of community health nursing, addresses health education, counselling, advocacy, needs assessment, screening, and health interventions, with the distinct difference being the integration of faith and spiritual practice (Otterness, Gehrke, & Sener, 2007).

Faith community nursing is a more recently used term which encompasses the role a nurse may take within the many denominations that are included as faith communities (Anaebere & DeLilly, 2012). Interest in faith community nursing has reached international levels, as the literature spans from North America to Africa, and the United Kingdom. Globally, many programs and initiatives exist within faith communities, each tailored to the needs of the specific community. Partnerships with educational institutions have also been found to enhance faith community health care, which also provide learners such as nursing students with an opportunity to practice in a faith-based learning environment (Herman & Sassatelli, 2002; Maitlen Bockstahler, & Belcher, 2012; Otterness et al., 2007). Several benefits are demonstrated in faith communities once health promotion plans are implemented by a parish nurse. Integrating health promotion activities with spiritual care strengthens the faith community in fulfilling its role as a venue for healing, improves the community members’ individual overall health, and improves the spiritual health of the entire congregation (Myers, 2002).

The purpose of this article is to describe the partnership between the school of nursing and a local faith community, and the initial work completed by three nursing students in collaboration with the parish nurse. Faith community nursing is introduced to students in third year of the Laurentian BScN curriculum as one of the roles nurses may have in community health. The plan to develop a faith community nursing placement was initiated when a local parish contacted the nursing professor to have student nurses assist with blood pressure screening and the organization of a health fair. This request created a unique opportunity to have three students placed with the
professor to learn about and address the health needs of this faith community. The main objectives of this initiative were to review the literature on faith community nursing, identify a model to guide the assessment and work that would occur within the setting, and complete a needs assessment of the faith community. A key objective in beginning this work was to establish a trusting relationship with the parish health nurse and faith community. The establishment of a trusting relationship by nurses in any community occurs through engagement and participation in established groups and activities over a period of time which could span up to a year or more (Vollman, Anderson, & McFarlane, 2017). Therefore, this placement occurred over two semesters, allowing the students to get to know the faith community by attending specific events during which they could interact with its members.

**Literature Review**

A variety of research articles were reviewed which demonstrate the many roles of the faith community nurse and the benefits of faith community nursing in providing a range of health promotion services and activities. Models of faith community nursing were also explored. Search terms for the literature review included: parish nursing, faith-based nursing, faith community nursing, nursing students in parish nursing, partnerships with faith communities, and nursing students in faith communities. These terms were used again with the additional term *Northern Ontario*. A search was conducted in Academic Search Complete, Cumulative Index of Nursing and Allied Health Literature (CINAHL), OVID, and ProQuest Nursing and Allied Health Source. Although a search was conducted, there were no articles, to the authors’ knowledge, that described parish or faith community nursing in Northern Ontario.

**Roles of the Faith Community Nurse**

According to the literature, faith community nursing care has provided faith communities with resources and tools that benefit overall health and well-being. Pappas-Rogich and King (2014) found faith-based health programs to be beneficial as these play a role in creating strong leadership and trust within their communities, and demonstrate a strong commitment and devotion to helping those in need. One of the most valuable roles of the faith community nurse is to facilitate and support change in an individual’s lifestyle habits through education on diminishing health risks and increasing health promotion activities (Pappas-Rogich & King, 2014). Further, many individuals put their trust and faith in ministers and pastors, and being encouraged by a pastor to create a lifestyle change may increase its acceptability (Cook, 1997). For example, faith communities can affect a wide range of behaviors and reduce some of the risk factors associated with problems like heart disease by providing education and regular screening.

King and Tessaro (2009) described faith community nursing as a health-promotion and disease prevention career based on holistic care, with spirituality at its core of practice. King (2011) used a qualitative survey to investigate clients’ perceptions about the holistic care they
received from parish nurses. Some of the various types of care the clients received included: blood pressure screenings, counselling, prayer, exercise programs, educational groups, and healing services. Thus, the clients described the care they received as holistic. Parish nurses place an emphasis on spiritual care that may not be fully evident in other nursing roles. Laming and Stewart (2016) found that the main barriers to spiritual care included: difficulty in defining spirituality, a lack of clear guidelines for the nurse’s role in providing spiritual care, insufficient time for nurses, and lack of training and education about spirituality for pre- and post-registration nurses. Faith community nursing allows the nurse to integrate spiritual care into practice within the faith community. In addition to spiritual care, health promotion was found to be a vital part of the work of the parish nurse, which often includes providing information on physical health, reducing the risk of falls, maintaining a healthy diet, and developing coping strategies and emotional resilience (Laming & Stewart, 2016).

Faith-based care may be the only source of care for some people with mental health disorders. Dossett, Fuentes, Klap, and Wells (2005) conducted a survey with 42 organizations focusing on faith-based organizations providing mental health services. They found that mental health services offered within religious communities benefit high-risk populations such as recent immigrants, as they are often highly active within their church. Many faith communities have access to resources, meeting space, and staff members who are in the health field. Some of the faith communities have health screening and education programs that could be extended to include mental health services. This study further concluded that providing mental health services was beneficial because many members viewed mental illness as more of a spiritual issue. Providing mental health teaching within the church was thought to remove false ideas about mental illness, help educate the members on treatment and how they could receive medical care, and encourage participation in group meetings to help them cope with the illness (Dossett, Fuentes, Klap, & Wells, 2005). In addition, Anaebere and DeLilly (2012) proposed that the faith community nurse can support mental health during the parishioners’ many life transitions such as birth, death, marriage, divorce and illness. Thus, addressing mental health needs of faith communities is important in integrating mental health with spiritual health, culminating in a holistic approach by the faith community nurse.

According to Schroepfer (2016), faith community nurses can help increase the use of preventive medical and social services, increase patient adherence to treatment regimens, and build a supportive network in the community. As faith community nurses are often able to reach populations that typically lack medical and spiritual support, including low-income individuals and homeless persons, they may develop a deeper understanding of specific health, culture and language differences of these populations (Schroepfer, 2016). This knowledge better assists the faith community nurse to meet the needs and improve the health of these community members.

Reducing readmission to hospital has also been a role of the faith community nurse. Faith community nurses can decrease readmissions to hospital by following-up with the individual in the faith community setting, and ensuring that discharge instructions are being carried out in the
home (Morris & Miller, 2014). This allows individuals to recover in their homes confident in knowing that care is being provided through their faith community.

**Faith Community Partnerships with Nursing Schools**

Partnerships with nursing schools facilitate the assessment, planning, and delivery of health promotion services in faith communities. Otterness et al., (2007) completed an assessment to determine how to better help a faith community with their health needs, and found that the congregation wanted more health education, health counselling, health needs assessment, health screening, and health interventions. Data collected from the community health assessment provided the parish nurses with baseline information for implementation of a parish health program. This included ways to incorporate and educate nursing students on how to provide care to the faith community. The partnering of nursing schools and faith communities can further benefit both the student nurses and the faith community, as student nurses are able to practice therapeutic communication skills and provide health promotion activities to members who may not have access to health care (Otterness et al., 2007).

Herman and Sassatelli, (2002) described a faith-based service learning partnership with an educational institution that provided collaborative community-based education for nursing students. This partnership was referred to as: **DARING to Reach the Heartland**, which stands for diversity, advocacy, respect, innovation, nursing education, growth (Herman & Sassatelli, 2002). The partnership sought to achieve four goals for the students in the program, which were to: 1) enhance critical thinking and leadership capabilities; 2) create change in health care delivery and education systems where knowledge, technology and compassion are integrated into practice; 3) serve as the founders of vast growth within communities; and 4) develop an expanded view of students as citizens of a larger, global network (Herman & Sassatelli, 2002). The combination of this student learning experience with classroom theory was said to be significant, as students learned to improve their critical thinking and reflective learning skills while at the same time experienced an expanded sense of self while engaging within the community they worked.

Maitlen et al., (2012) demonstrated the value of parish nurses and how they make large contributions to community health by implementing their knowledge and health promotion program skills in faith communities. The use of community-based participatory research provides useful tools to better assist parish nurses to create, implement, and assess community interventions, programs, and activities (Maitlen et al., 2012). Community-based participatory research was the approach taken when graduate nursing students partnered with a hospital parish nurse program to provide community assessment data which would be used to improve community health interventions (Maitlen et al., 2012). This also demonstrated how information gathered from a community assessment is the initial step to providing programs with a more tailored approach in meeting the community’s specific needs.
Health Promotion: Assessment

Religious association and church attendance have been shown to improve physical and psychological health of the members within a faith community (Campbell et al., 2007). The faith community further provides a common venue for health promotion programs which are often facilitated by parish nurses. The health needs assessment of the faith community is an integral step for the nurse in determining the most appropriate health promotion strategies. Campbell et al., (2007) described how the socio-ecological model was adapted and utilized as the process for a health needs assessment of faith communities. This model provides a guideline for the parish nurse in assessing and intervening at various levels of influence within the faith community: individual, interpersonal/social interactions, organizational, and environmental (Campbell et al., 2007).

Swinney, Anson-Wonkka, Maki, and Corneau (2001) demonstrated how a health needs assessment of a faith community was used to determine health promotion strategies. The purpose of the health needs assessment was to determine the overall health status of a faith community, and to identify perceived health needs and barriers in meeting those needs. Ages ranged from 7-90 years of age and a total of 6 questions were asked which guided the group discussions to obtain a better sense of what the church required. The health concerns were found to be: how to live a longer life in a healthy state, how to reduce health disparities within the faith community, and how to improve access to preventative care (Swinney, Anson-Wonkka, Maki, & Corneau, 2001). Needs identified for adolescent members were: low self-esteem, becoming sexually active, and experiencing peer pressure. The parish nurses were also able to address alcohol consumption which was a problem within the community by discussing the risk factors and providing education on alcohol dependence. The parish nurses provided home visits for the elderly who required assistance at home and lacked transportation to church functions, shopping, and health care follow-up. The parish nurses were able to set up a system to aid the elderly such as delivering meals to sick elderly members and visiting families who were experiencing crisis, (Swinney et al., 2001). The overall focus was to build a strong rapport between the parish nurse and church members where they felt safe to discuss any concern.

Kotecki (2002) emphasized the importance of developing effective ways to assess and provide individuals with health promotion strategies in the comfort of their faith community. A program-based initiative involving the members of African-American faith communities in an urban setting, improved their health and wellness and also created a more inclusive atmosphere. The Faith Based Health Training Program (FBHTP) was created through a steering committee comprised of nurses, nursing faculty, physicians, pastors, parish nurses, and community outreach workers (Kotecki, 2002). The five objectives of the program were to: (1) develop a partnership between, parish nurses, ministers, and health care providers, (2) provide education about major health issues experienced by the community, (3) increase knowledge about community resources, (4) improve participants’ skills in working and teaching about health, and (5) provide health care workers, nursing students and faculty with information on the individual and group needs within
the community. The program was deemed successful due to the commitment of steering committee members, nursing student participation, and faith community member participation. Faith community members indicated that they took direct health promotion action because of the education provided (Kotecki, 2002).

**Health Promotion: Strategies**

Health promotion implementation activities are occurring in various ways in faith communities. Dehaven, Hunter, Wilder, Walton, and Berry, (2004) completed a systematic literature review of faith-based health activities and found that most of the programs focussed on primary prevention, general health maintenance, cardiovascular health, and cancer. According to this literature review, faith-based health programs can increase knowledge of disease, improve disease screening behavior and readiness to change, and reduce the risk and symptoms associated with disease (Dehaven et al., 2004). Although improvement in health outcomes was demonstrated, the programs that were implemented in faith based communities require more regular evaluation and dissemination of results.

Elwell (2015) created a *weekly parish health tip*, by providing information to the faith community using health education resources. The *weekly parish health tip* addressed a variety of health concerns including healthy eating, exercise, disease prevention and spiritual health. White, Drechesel and Johnson (2006), implemented a health promotion initiative called *Faithfully Fit Forever*. The goal of this holistic program is to maintain health of the mind, body and spirit by providing health education, exercise routines, and promotion of spiritual and emotional health (White et al., 2006). Balint and George (2015) described a faith-based outreach initiative in which the faith community nurse provided basic health promotion services, screening, spiritual support, and social support for poor and homeless populations through partnerships with other not for profit community agencies. These faith community nurses provided holistic care, focussing on the mind, body, and spirit, through the development of interpersonal relationships based on respect and commitment to care for these underserved populations (Balint & George, 2015).

According to Tagai et al. (2017) health promotion activities should be an integral part of faith communities to address the health needs of the members who access and attend the church. Tagai et al. proposed that those who attended church often viewed the pastor as a gatekeeper and a trustworthy authoritative figure, especially in African-American communities. The authors further indicated that community faith members should also have the opportunity to speak to the parish nurse as a trusting resource and support, as they may wish to communicate with someone other than a family member about their health concerns (Tagai et al., 2017). Therefore, pastors, partnering with the parish nurse can work together to promote the quality of life of their members, bringing awareness and support in coping with health challenges and also in providing education to promote health (Tagai et al., 2017).
Health Assessment and Health Promotion Strategies

Assessment of the faith community must take place as the first step in identifying health promotion strategies. The most appropriate model for the purposes of this faith community nursing initiative is the socio-ecological adapted by Campbell et al. (2007). This model considers the health and nature of the church community and provides the context of how to address the different health concerns. This is done through an assessment of individuals, interpersonal/social interactions, organizational, and environmental levels of the community (Campbell et al., 2007). This framework assists in accessing the main components of the faith community to better understand and assess their health concerns and needs. The following demonstrates the questions within each level that were used to assess the faith based community:

Intrapersonal
- What are some of the health concerns within yourself and your family?
- When you are not feeling well, who do you usually talk to?
- What type of lifestyle change would you like to learn about to prolong your quality of life?

This information was obtained through the health needs survey and through conversations with individual faith community members.

Interpersonal/social network
- Do you attend social functions at the church where you might wish to have some health information?
- Do you know anyone in the church who may be having trouble accessing health care?

This information was obtained through attending various events and activities and group discussions with members.

Organizational
- Are there health concerns from parishioners that are already being discussed?
- How can we best partner with you and your parish to meet the needs of parishioners?
- As a health council, how can we best assist you and the parishioners, and what are the venues to doing so?

This and the following environmental information were obtained through meeting with health council, the parish priest and the parish nurse.

Environmental
- Are there other partnerships in the surrounding environments that we need to consider in our proposal? (Campbell et al., 2007)
Through application of this model, the students were better able to participate in a variety of venues and events to establish a relationship with the faith-based community, and also begin to address their health needs. These included the following:

- attended support groups and parish events to further create relationships and assess needs
- assisted with blood pressure assessment clinics after mass
- organized and took part in a heart health education session
- met and reported back to the parish health council on a regular basis to share information and to plan and evaluate activities
- provided a summary of literature review and any literature the health council was interested in.

In addition, a health needs survey used by the parish ten years ago was revised, disseminated to the congregation, and analysed by the students.

**Student Learning and Future Directions**

The three students involved in this partnership participated in a variety of learning experiences. As students completed critical reflections throughout the placement, the influence of these learning experiences on their personal and professional growth have been explored. One student identified a situation that made her think about how she approached health education:

A significant issue which seemed important to pay attention to was, when I took my time to explain and educate my patient about high blood pressure, and what health risks it can lead to and why it is important to have the blood pressure check regularly. This allowed my patient to improve on his knowledge. Throughout this experience I was trying to obtain an atmosphere which promoted comfort, open communication and an environment which allowed a therapeutic relationship to be achieved.

Another student reflected on the type of health care that was being provided in the community faith setting:

In this setting patients are seeking multiple levels of care including; emotional, physical, spiritual and mental. Many times when a member of the congregation has their blood pressure checked, they also wish to simply talk to someone. Many of the elder individuals in the church are isolated or lonely, so these blood pressure clinics address much more than just blood pressure.

A student also reflected on the importance of health promotion and illness prevention as part of the role of a parish nurse:
From my third year nursing courses, I found health promotion and prevention to be very important in the parish nurse’s role, likewise with any nursing role. For example, the parish nurse runs blood pressure clinics for the parishioners every month. By doing so, the parish nurse may be able to catch hypertensive episodes or other health concerns that the individual may not be aware of when they went to the clinic.

In summary, how to approach health education, the type of health care being provided, and the role of health promotion and prevention in this community faith setting were the main themes the students discussed in their weekly critical reflections.

The parish has asked for a continuation of the partnership for the next academic year. In continuing the partnership, plans are underway for a health fair based on the findings of the needs assessment activities and the survey results. These survey results are being further analysed and reviewed by the parish health council to better address specific needs of various age groups. Community health assessment will continue to occur when students return to the placement in the next academic year. This will provide a re-evaluation of assessment findings so that students are able to respond to the most pressing concerns of this particular faith community.

**Conclusion**

A range of articles have been reviewed to more fully understand the health care needs of the faith-based community and the responsibilities of the faith community nurse. The partnership with the faith community proved to be a positive learning experience for the nursing students and the faith community members. The evidence-based literature and initial assessment of the parish guided by the socio-ecological model informed the students about the needs of the faith community. More importantly, the nursing students established an initial relationship with the faith community which allowed them to begin to address some of the health needs of its members in partnership with the parish nurse.
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