**Position Statement: Faith Community Nursing (FCN): Hands-On, Direct Care, and Specialized Care**

## Introduction

FCNs mainly focus on prevention. They spearhead healthy living initiatives, such as smoking cessation campaigns. They focus on health education to individuals and to groups. They conduct health screenings and may administer immunizations. The FCN performs the same **hands-on** or **direct care** as any nurse. They assess, plan, implement and coordinate a plan of care for individuals with chronic disease. They take vitals, do physical assessments, medication management, assist with personal hygiene, help with mobility or activities of daily living, provide specific health education and counseling.

The FCN works with or in faith communities, understanding the unique culture that exists (American Nurses Association & Health Ministries Association, 2017). The FCN provides **specialized care** that integrates health and faith. Ziebarth & Campbell (2016) stated that the use of an FCN to deliver care brings two benefits: 1) a wholistic health care approach to caring, and 2) the additional support of a faith community. The essence of wholistic care is to help a person attain or maintain whole health (Wolf, 2008). Wholistic health is defined as "…the human experience of optimal harmony, balance and function of the interconnected and interdependent unity of the spiritual, physical, mental, and social dimensions" (Ziebarth, 2016, p. 22). Supporting patients' spiritual needs may help them to cope with their illnesses. The FCN may ask questions like, "What sustains you during difficult times?" "Do your religious or spiritual beliefs influence the way you look at your disease and the way you think about your health?" (Ziebarth, 2017). In this position statement, the hands-on care role of the FCN is explored in providing wholistic health care.

## The Hands-on Role of the FCN from Legal and Guiding Documents Perspectives

### Legal

All nursing practices fall under the legal authority of each State's Nurse Practice Acts and State Board of Nursing Policies. It is up to the nurse who is practicing as an FCN to assess one's skills, knowledge, competency, and comfort in following any medical orders or performing any procedure. Additionally, an FCN's employer, contract, or setting may prescribe and limit the scope of practice. It is recommended that every FCN have malpractice insurance. The FCN Foundation's Course (Professionalism: Legal and Documentation modules) offers information and recommendations regarding practice responsibilities.

### Nursing: Scope and Standards of Practice

Scope and Standards of Practice documents reflect the thinking of the nursing profession and provide guidance for nurses in the application of their professional skills and responsibilities. All nursing practice is guided by the Nursing: Scope and Standards of Practice. Nursing: Scope and Standards of Practice (American Nurses Association, 2010). Available at http://www.nursesbooks.org/Main-Menu/Standards/Nursing-Scope-and-Standards-of-Practice.aspx

### Faith Community Nursing Scope and Standards of Practice

The FCN is guided by the nurse specialty scope and standards of practice. Faith Community Nursing Scope and Standards of Practice (American Nurses Association & Health Ministry Association, 2017). Available at http://www.nursesbooks.org/Main-

Menu/Standards/A--G/Faith-Community-Nursing.aspx. In fact, the FCN Certification (Registered Nurse-Board Certified) by portfolio facilitated by the American Nurses Credentialing Center was based upon the Faith Community Nursing Scope and Standards of Practice (ANA & HMA, 2017). Currently, the FCN certification by portfolio is only available through renewal.

**Examples of FCN Hands-on Skills**

**Physical Examination/Assessment**

A thorough physical examination/assessment requires "hands-on" to auscultate breath sounds, assess lymph nodes, palpate pulses, and assess skin turgor …etc., especially if the patient was recently discharged from a hospital or has a chronic disease. A guide for a head-to-toe physical assessment is available at https://nightingale.edu/blog/head-to-toe-assessment.html

**Glucose Testing**

Diabetes management can be facilitated by FCN who has received specialized training. Performing glucose testing may be considered part of diabetes management for reasons of demonstration and education. Our goal in demonstration should always be self-management and self-efficacy. It is preferred to have the patient demonstrate glucose testing to the FCN than the other way around.

The FCN needs to possess knowledge of:

- Why and when to do glucose testing (the science behind it)
- How to use the blood glucose meter, continuous glucose monitoring (CGM), or insulin pump devices
- How and where to purchase lancets and dispose of them properly
- What to do with the results (interpretation)
- What education does the client need (resources and diary)
- When and where to refer the client to (physician-clinic)
- Documentation
- Follow-up and follow through for the client.

It is recommended that the FCN:

- Have additional education regarding diabetes management or seek guidance from other health care team members, such as diabetic educator, nutritionist, and/or physician.
- Be familiar with state laws and professional guidelines regarding practice issues.
- Use the most recent standards of care and develop a policy for consistent practice. Available at https://diabetes.org/about-diabetes/devices-technology


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Here are three studies regarding the use of glucose testing and FCNs.

1. Austin, S., Brennan-Jordan, N., Frenn, D., Kelman, G., Sheehan, A., & Scotti, D. (2013). Defy Diabetes! A Unique Partnership with Faith Community/Parish Nurses to Impact Diabetes. Journal of Christian Nursing, 30(4), 238-243.
2. Mendelson, S. G., McNeese-Smith, D., Koniak-Griffin, D., Nyamathi, A., & Lu, M. C. (2008). A Community-Based Parish Nurse Intervention Program for Mexican American Women with Gestational Diabetes. Journal of Obstetric, Gynecologic, & Neonatal Nursing, 37(4), 415-425.
3. Ziebarth, D., Healy-Haney, N., Gnadt, B., Cronin, L., Jones, B., Jensen, E., & Viscuso, M. (2012). A community-based family intervention program to improve obesity in Hispanic families. Wisconsin Medical Journal, 111(6), 261-266.

**What does FCN research say about Hands-On Care?**

- In three 2-year studies exploring FCN transitional care interventions, direct care was delivered: vital sign management, physical assessments, medication reconciliation and pain management, touch, transportation, immobility management, case management & surveillance, … etc. (Ziebarth, 2016, 2019, 2023).
- Screenings performed by FCN are routine. Several studies have explored the role of the FCN in performing BP screening and hypertension care coordination (Cooper & Zimmerman, 2017; Preston, 2018; Sailors, Saint, & Ayer, 2022; Warren, 2021).
- Foot care events facilitated by FCN provide health assessment and foot care to the homeless (Opalinski, Dyess, Stein, Saiswick & Fox, 2017).
- The conceptual model of faith community nursing describes the practice of faith community nursing as, "A method of healthcare delivery that is centered in a relationship between the nurse and client (client as person, family, group, or community). The relationship occurs in an iterative motion over time when the client seeks or is targeted for wholistic health care with the goal of optimal wholistic health functioning." Faith integrating is a continuous occurring attribute. **Health promoting, disease managing, coordinating, empowering, and accessing health care are other essential attributes.** All essential attributes occur with intentionality in a faith community, home, health institution, and other community settings with fluidity as part of a community, national, or global health initiative. (Ziebarth, 2014, p. 1829)

**Survey (N=111) Summary**

Faith Community Nursing is a long-standing and predominately independent role in faith communities with a focus on providing wholistic health services through the delivery of hands-on/direct care services. Hands-on/direct care services include health education, vitals, counseling, medication management, and physical exams and assessments and other services. Faith Community Nurses (FCN) deliver these services to a wide range of age groups, from infants to senior adults with 100% providing hands-on/direct care services to senior adults. FCNs collaborate with other healthcare professionals or organizations for referrals, consultations, and coordination of care. Safety

and quality of care are ensured through basic nursing education and clinical experiences, graduate nursing training, the Foundations of Faith Community Nursing Course, continuing education, conferences and staying updated through nursing journals. Collaboration with other healthcare professionals or organizations is common and important for comprehensive care. Time constraints, lack of resources, language barriers, liability concerns, and financial constraints are challenges faced when delivering hands-on/direct care services. When the FCN experience language barriers, the use of a language line, translator telephone app, translator, and translated resources are useful.

| **Survey for the Position Statement: Title: Faith Community Nursing (FCN): Hands-On, Direct Care, and Specialized Care (N=111)** | | |
|---|---|---|
| Q1 How long have you been working as a Faith Community Nurse? (N=111) | Less than 5 years 20.72% (23)<br>Less than 10 years 23.42% (26)<br>Greater than 10 years 55.86% (62) | |
| Q2 Is Faith Community Nursing your primary practice role? (N=111) | Yes 58.56% (65)<br>No 4144% (46) | |
| Q3 Do you have practice oversight? (N=110) | Clinical – Ex. Nurse Coordinator 9.09% (10)<br>Spiritual - Ex. Pastor, Priest, etc. 30.91% (34)<br>No oversight, independent 40.00% (44) | Other 20.00% (22)<br>Ex. Chaplin, Hospital; Organizational leadership because they finance the position. |
| Q4 What is/are your community surroundings? Select all that apply. (N=111) | Rural 29.73% (33)<br>Frontier 1.80% (2)<br>Urban 42.34% (47)<br>Suburban 46.85% (52) | Other 3.60% (4)<br>Ex. City; All the above; Varied |
| Q5 What types of hands-on/direct care services do you provide to individuals? Select all that apply. (N=111) | Vitals 71.17% (79)<br>Physical examination and assessments 36.04% (40)<br>Wound care 12.61% (14)<br>Medication management 43.24% (48)<br>Assisting with personal hygiene 9.91% (11)<br>Helping with mobility or activities of daily living 16.22% (18)<br>Health education 91.89% (102)<br>Counseling 67.57% (75) | Other 30.63% (34)<br>Ex. Spiritual care; Screenings, Glucose monitoring; Resource and referrals; Transportation; Grief support; Assist with Medical equipment; trauma care; First aid; Health care navigation; Advocacy; Accompanying people to health care appointments to translate or help them to understand medical information. |


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| Q6 What are the main goals or objectives of the hands-on/direct care services you provide? Select all that apply. (N=109) | Wholistic health (inclusive of Spiritual Health) 88.99% (97)<br>Physical health 54.13% (59)<br>Mental health 45.87%- (50)<br>Social health 37.61% (41) | Other 11.93% (13)<br>Ex. Improve knowledge so they can make informed decisions; …, incorporating their ideas into an action plan and most of all, a spiritual relationship; Community health, for the faith community; Spiritual health and salvation; Navigating the health system; Financial and advocacy; Comfort.. |
| Q7 Do you carry nursing malpractice insurance? (N=111) | yes 67.57% (75)<br>no 32.43% (36) | |
| Q8 For what age groups do you provide hands-on/direct care services? (N=107) | Check all that apply.<br>Infants 11.21% (12)<br>Preschool 14.02% (15)<br>School age 20.56% (22)<br>Adolescents 29.91% (32)<br>Young adults 48.60% (52)<br>Middle adults 78.50% (84)<br>Senior adults 100.00% (107) | |
| Q9 How do you ensure the safety and quality of the hands-on/direct care services you deliver? Check all that apply. (N=105) | Check all that apply.<br>Basic nursing education 71.56% (78)<br>Graduate nursing training 46.79% (51)<br>Foundations of Faith Community Nursing Course 88.99% (97)<br>Continuing Education 90.83% (99)<br>Nursing Journals and/or other? 72.48% (79) | Other 21.10 (23)<br>Westberg Symposium; working in a clinical setting; Consulting with their medical provider; Catholic catechesis for spiritual health direction;<br>I am advanced practice nurse provider and FCN; I am a medical student; Many years of experience as a nurse; Red Cross first aid and AED - CPR classes; The Holy Spirit and to the best of my ability. |


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|---|---|---|
| Q10 Do you collaborate with other healthcare professionals or organizations when providing hands-on/direct care services? (N=108) | Yes 61.11% (66)<br>No 12.96% (14) | Sometimes. Please Describe 25.93% (28)<br>Ex. Collaboration with the healthcare team; collaboration with other FCNs; We have a clinical psychologist on our parish health ministry team; |
| Q11 What challenges or limitations do you face when delivering hands- on/direct care services? (N=97) | Ex. Time and financial support; Limited scope of practice; Need wound care education; Keeping resource and referral information up to date; Language; Individuals to understand the role of the FCN. Once they understand there is a rapport and trust that develops; Privacy. Don't really have a place to meet/talk to people that is a separate area; Financial. | |
| Q12 How do you address cultural or language barriers when providing hands-on/direct care services to diverse populations?<br>(N=100) | Ex. Language line; Language translator app on cell phone (If the language is available) or refer to the cultural center for assistance; Have a translator present or educate self to be knowledgeable in order to meet their needs the best way I can; I speak Spanish; I do not have language or cultural barriers; No diversity in my FCN practice; education needed; handouts in Spanish. | |

In preparation for a survey, these definitions provided guidance for participants:

1. Hands-On: refers to the physical care and assistance provided directly to individuals by healthcare professionals. Hands-on care requires healthcare professionals to use their hands and physical skills to provide direct assistance and support to individuals in need. It involves direct contact and interaction with the patient's body, such as performing physical examinations, medications, providing wound care, assisting with personal hygiene, and helping with mobility or activities of daily living.
2. Direct Care: refers to the provision of healthcare services directly to individuals in need. Direct care services can include a wide range of activities, such as physical examinations, medications, wound care, health education, counseling, and assistance with activities of daily living. The goal of direct care is to address the immediate healthcare needs of individuals and promote their overall health and well-being.
3. Specialized Care: refers to healthcare services that are tailored to meet the specific needs of individuals with unique medical conditions or circumstances. It involves the expertise and knowledge of healthcare professionals who have received specialized training and experience in a particular area of healthcare. Specialized care may be provided by healthcare professionals such as specialists, subspecialists, or healthcare teams that have advanced knowledge and skills in a specific field or medical condition.

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