International Journal of Faith Community Nursing

Volume 4 | Issue 2 Article 2

November 2018

Faith Community Nursing in Community/Public Health Education: A Positive Student Nursing Experience

Pamela Preston
Saint Anselm College

Follow this and additional works at: https://digitalcommons.wku.edu/ijfcn

 Part of the Other Nursing Commons, and the Public Health and Community Nursing Commons

Recommended Citation
Preston, Pamela (2018) "Faith Community Nursing in Community/Public Health Education: A Positive Student Nursing Experience," *International Journal of Faith Community Nursing*: Vol. 4 : Iss. 2 , Article 2.
Available at: https://digitalcommons.wku.edu/ijfcn/vol4/iss2/2

This Article is brought to you for free and open access by TopSCHOLAR®. It has been accepted for inclusion in International Journal of Faith Community Nursing by an authorized administrator of TopSCHOLAR®. For more information, please contact topscholar@wku.edu.

Faith Community Nursing in Community/Public Health Education: A Positive Student Nursing Experience

Current trends in healthcare emphasize a shift from acute care to community based settings. It is challenging to provide appropriate community clinical learning experiences as nursing programs compete for placements. Parish Nursing or Faith Community Nursing (FCN) is a specialized practice that has historically focused on disease prevention, health promotion and providing care within a faith community. Parish Nursing was initially recognized by the American Nurses Association (ANA) in 1998 with the publication of the first Scope and Standards of Parish Nursing Practice. Over time as the practice evolved to encompass different faith traditions, the title was changed to Faith Community Nursing (FCN) and the Scope and Standards was revised in 2005 and again in 2012 (American Nurses Association [ANA], 2017).

FCN provides holistic care through health screenings, physical care, advocacy, education, personal counseling, and referrals, and addresses the spiritual dimension of health. Examples of spiritual care may include prayer, healing services, and the addition of religion to programs (King, 2011). FCN has proven itself to be a valuable community nursing resource. King (2011) performed a qualitative study that examined why clients choose to utilize parish nursing services The participants discussed the use of the parish nurse services for health care services, education, personal counseling, health screenings, referrals, spiritual support, and advocacy. Balint & George (2015) discussed the role of the FCN in an urban outreach program and concluded that it provides a vital community resource and a safety net for clients who may be isolated. Many working-poor do not have primary care providers and utilize FCNs to manage not only spiritual and psychosocial needs, but also health problems, thus improving access to care and reducing long-term complications and hospitalizations (Trofino, Hughes, O'Brien, Mack, Marrinan, & Hay, 2000) As patients are returning home sicker, FCNs can facilitate the difficult and often complicated transitional care from the hospital to the home (Schroepfer, 2016). In the United Kingdom (UK), Parish Nurses are fairly new and have proven to be a positive addition to the National Health Service (NHS) and use of community nurses. In the UK, Parish nurses provide health promotion such as fall risk reduction, nutrition, and coping strategies as well as spiritual support for individuals and small communities (Laming & Stewart, 2016). Wordsworth, Moore, & Woodhouse (2016) also researched the role of the Parish nurse in the UK and found the services to be a cost containment approach to care for diverse communities. Wordsworth et al. (2016) recommended the services would be strengthened by collaboration with community nurses and providers.

FCN programs have been shown to provide alternative opportunities for community health nursing students at all levels of the curriculum (Lashley, 2006). The use of FCN sites also correlates well with the community health course content on health promotion, levels of prevention, culture, social justice, communication, vulnerable populations, and the Healthy People 2020 goals. As a result, FCN sites were incorporated into the Community/Public Health Nursing clinical rotation at a traditional baccalaureate college in New England. This study is part of a larger research study examining student perceptions of community nursing clinical experiences and the impact on learning outcomes.

Initially students were skeptical of the value of the experience as it did not focus on the achievement of new nursing skills and medication administration. Leh (2011) found that nursing students held varied preconceptions about community health nursing. Community nursing is viewed by some students to be less important than other clinical experiences because they assume they may not be acquiring new skills or practicing the technical skills used in other clinical rotations. The purpose of this study was to evaluate the students' perception of the value of the experience to determine if FCN is a viable clinical option for the course.

Methods

The sample consisted of 12 traditional baccalaureate students, 11 female and one male ranging in age from 20-21 years. Second semester junior and first semester senior level students were randomly assigned to spend 10 clinical days (two days per week for five weeks) at an assigned faith community nursing site. Initially two different FCN programs were used. However, a decrease in staff availability at one site did not fulfill the course clinical requirements. The primary faith community nursing site is affiliated with a local hospital and serves 18 multidenominational faith communities in the surrounding urban area.

The students participated in traditional Faith Community Nursing activities consisting of blood pressure and health screening at churches, soup kitchens and subsidized housing; support groups, exercise classes, and individual support for parishioners. In addition, the students developed, coordinated, and presented a variety of health promotional and educational programs to diverse populations. Several faith-based schools allowed the students to develop and present educational programs to their students. The students served were in grades ranging from preschool through eighth grade. The nursing students were responsible for coordinating with the classroom teachers, researching the topic, creating the presentation and handouts, and presenting. Topics included bullying, nutrition, dental care, sun protection, the cardiac system, and preventing infection. The schools consisted of parish subsidized preschools for low socioeconomic children and parochial elementary and middle schools. Student presentations were also solicited from community agencies that serviced the elderly, impoverished and immigrant populations. The students also organized and participated in health fairs in collaboration with community members and the nurses that served those parishes. Additional students from the class volunteered to work at the health fair. The health fairs generally had four different stations that included diabetes education regarding warning signs and interventions, winter weather safety, heart rate, and blood pressure screenings and nutrition or germ prevention.

Protocol

The study received exempt status from the Institutional Review Board (IRB). At the end of the rotation, the students completed an anonymous seven item questionnaire rating the experience on a Likert scale of 1 – 5 (strongly disagree to strongly agree) and open-ended questions. Clinical placement evaluations are completed by every student in the course. Student responses are shown in Table 1.

Table 1
Student Evaluations

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Staff members are supportive of student's educational goals and are receptive to students' questions, comments, and suggestions.		1		2	9
Staff members work with faculty to facilitate patient care and student learning.				6	6
Staff members are positive role models.			1	2	9
Adequate number and variety of patients/clients for student learning experiences.		5	1	3	3
Adequate supplies and equipment to provide patient care.			2	7	3
Sufficient space for student chart review, charting and conferencing.			2	5	5
Current reference sources available for student use.				4	8

Analysis

The evaluation data demonstrated that the majority of the students had positive clinical experiences in FCN sites. One aspect that contributed to the positive experiences may have been the Faith Community Nurses themselves. Students may feel awkward or unwanted at clinical sites if the nurses are not inclusive. However, all of the students, with the exception of one who was undecided, agreed (n=2) or strongly agreed (n=9) that the staff were helpful and positive role models. This may be related to the distinguishing principals of the practice of FCN itself and the attention given to the care of the spirit which may be transferred to the relationship with students as well.

The one area that had the most negative responses (N=5) was the adequacy of the number and variety of patients, *"…*there were lulls in the flow and I felt that time was not used effectively*."*, although the majority of students responded positively (n=6). One student commented, *"*I had a wide range of people from children to the elderly and from immigrants to US citizens and from poor to wealthy. Each group was different and I had to tailor my message to each group so they were receptive*."* And another wrote, *"*There was a great diversity in the patient population".

What was interesting was there were no comments about the lack of acquisition of new or use of learned technical nursing skills that are the focus of other clinical rotations. However, one theme that did emerge in the qualitative data was that of the value of relationships, trust, and faith. As one student indicated, *"*It taught me the importance of patient-nurse relationships and the role of trust as well as faith, all of which you don't get a good sense of in the hospital.*"* The clinical experience was described as holistic. *"*Parish nursing…taught me that nursing goes beyond the hospital and into the community ...".

Additional negative comments included student aspirations to rotate through clinical sites. *"*I wish I could have seen multiple sites such as visiting nurse and prison nursing instead of just staying at parish nursing the entire clinical experience*"*. This is not isolated to the FCN experiences; this request has been made often by students in different clinical placements. Another negative comment was regarding time management. *"*The presentation at St. Anthony's school took me a lot of time to prepare and I would have like to use the time where there were no patients more effectively.*"*

Discussion

FCN sites can be positive and valuable learning experiences for nursing students in community/public health courses. The FCN rotation facilitated the students to develop a deeper appreciation for nurse-patient relationships that involved faith. The clinical experience was described as holistic, supporting the findings of other studies (Trofino et al., 2000 & King, 2011). The diverse activities including support, health promotion, screening, and education in addition to the spiritual dimension allowed the students to participate in true holistic nursing and meet course objectives. The results illustrated the need for faculty to collaborate with FCNs to place students in faith communities that have sufficient patients and diversity. Additional research is needed to determine the impact of the FCN experience on the students' future practice.

References

American Nurses Association & Health Ministries Association, Inc. (2017). *Faith community nursing: Scope and standards of practice, 3rd Edition.* Silver Spring, MD: Nursesbooks.org.

Balint, K.A. & George, N. (2015). Faith community nursing scope of practice: Extending access to healthcare. *Journal of Christian Nursing, 32*(1), 34-40.

King, M. (2011). Parish nursing: Nursing care in faith communities. *Holistic Nursing Practice, 25*(6), 309–315.

Laming, E. & Stewart, A. (2016). Parish nursing: An innovative community nursing service. *Nursing Standard, 30*(46), 46-51.

Lashley, M. (2006). Teaching community based nursing in a parish nurse faculty practice. *Nurse Education in Practice, 6*(4), 232-236.

Leh, S. K. (2011). Nursing students' preconceptions of the community health clinical experience: Implications for nursing education. *Journal of Nursing Education, 50*, 620-627.

Schroepfer, E. (2016). A renewed look at faith community nursing. *Medsurg Nursing, 25*(1), 62-66.

Trofino, J., Hughes, C.B., O'Brien, B.L., Mack, J., Marrinan, M.A., & Hay, K.M. (2000). Primary care parish nursing: Academic, service, and parish partnership. *Nursing Administration Quarterly, 25*(1), 59-71.

Wordsworth, H., Moore, R. & Woodhouse, D. (2016). Parish nursing: a unique resource for community and district nurses. *British Journal of Community Nursing, 2*(2), 66-71. doi:10.12968/bcjn.2016.21.2.66