

## **Executive Summary: Faith Community Nurses November, 2007**

### **Background Information:**

Faith Community Nursing (FCN) has been growing rapidly in Minnesota over the last decade. It was apparent to Hennepin County Human Services and Public Health Department (HSPHD) and the Faith Community Nurse Network that a study to document who practiced as FCNs in what congregations and the nature of their work in those congregations was necessary. Two faculty members from the University of Minnesota, School of Nursing contracted to conduct the research in collaboration with HSPHD. The survey was developed in collaboration with the latter and the Faith Community Nurse Network. It was sent to a list of FCNs practicing in the thirteen county metropolitan area of the Twin Cities by HSPHD staff. FCNs were reimbursed for their time by Faith Community Nurse Network when the survey was returned. Data were coded by the research staff at the School of Nursing. There was no identifying information on the surveys to ensure respondent confidentiality.

This report is based on 144 currently practicing faith community nurse (FCN) surveys. There were 237 surveys mailed, 176 returned. Of those returned 20 were former FCNs and the remainder were incomplete or came from individuals who were not FCNs. The responses from the former FCNs are not included in this summary. The response rate for the entire survey was 74% and for the 144 currently practicing FCNs 61%.

### **Demographic Information:**

Almost 100% were female with a mean age of 57.3 years and a standard deviation of 10.1 years. The oldest nurse was 82 and the youngest, 31. Ninety-six percent were Caucasian; two were African American, one Native American and one Asian American.

### **Background:**

*Education:* 62% had a bachelor's or higher degree in nursing and 37% had either an associate degree or a diploma in nursing.

*Professional work experience:* 56% reported having medical surgical experience. The next highest endorsements in descending order were for public health (33%), education (32%), gerontology (29%), critical care (27%), and administration (26%).

*Educational Preparation for FCN:* 97% said they had preparation for FCN; 72% reported attending the Concordia course.

*Additional training in spiritual or pastoral care:* 41% reported having additional training and 58% reported having no additional training. Only 8% had clinical pastoral education training.

*Denomination Served as FCN:* The Lutheran, ELCA synod (38%) and the Roman Catholic (19%) denominations accounted for the majority of FCNs. The next highest percentages were (7%) from the Evangelical Free Church and (6%) from the Evangelical Covenant churches. Methodist churches represented 5% of the 144 FCNs.

*FCN's Denomination:* Thirty-three percent of FCNs were Lutherans (ELCA) and 24% were Roman Catholic. Eighty-one percent were serving congregations in which they were members.

*Size of Congregation Served:* The majority of FCNs were serving congregations of 2,465 members on average. However, the range was from congregations of 30 to 10,500 individuals.

### **Salary and Benefits:**

*Payment for FCN Services:* Fifty-six percent were paid and 44% were not paid.

*Mean Salary:* The mean hourly salary was \$20.50 with a minimum of \$12.00 and a maximum of \$30.00.

*Hours Worked:* Thirty-nine percent (n=56) worked 0-9 hours per week, 34% (n=49) worked 10-19 hours per week, 15% (n=22) worked 20-29 hours per week, and 6.3% (n=9) FCNs worked 30-39 hours per week.

*Fringe Benefits:* Overall 52% of FCNs reported receiving some benefits and 48% said they did not receive benefits of any kind. Of those who reported receiving benefits, the highest endorsed benefit was mileage (40%) continuing education (31%) and 17% for each health insurance and liability insurance.

*Other Employment:* Almost 50% of the FCNs reported working in another nursing position.

### **Description of the Faith Community Served:**

*Funding source that started the FCN program:* Congregations (60%) was the response most frequently endorsed by FCNs followed by hospitals or health care organizations (31%) and foundations and self (6%). 29% of the FCNs mentioned a wide variety of sources.

*Supervision/FCN Accountability:* Sixty-seven percent report to the congregation for whom they work and 33% to another organization. Of those who report to their faith community, 77% report to the clergy, 8% report to a faith community administrator, not clergy, 10% report to a council or board and 21% report to a diverse range of individuals including a health care organization or hospital 8% and 6% to another nurse.

*Background of Supervisors:* There was a wide-range of professional backgrounds of supervisors reported by FCNs. Their educational background was diverse as well.

*Health Council or Health Team:* Ninety-nine (69%) of FCNs reported having a health council/team in the congregation served. Forty-five (31%) said there was not a health council or team.

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For those FCNs with a health team 52% said clergy were members, 91% had members from the laity and 86% had other nurses on the team. Team members with diverse backgrounds were endorsed by 34% of FCNs.

The functions of the health team included, in descending order, the following: 83% identify program needs, 53% approve new programs, 52% provide volunteers, 41% market FCN programs, 39% guide the FCN, 33% conduct surveys, 28% set policies, and 21% develop budgets. Other diverse functions were reported by 23% of the FCNs.

*Funding of the FCN Program:* The congregation (67%) was the most frequently endorsed source of funding by the FCNs. Grant support was the next most frequent at 12%. Other sources of funding were under 10%. These included individual donors, (6%) health care institutions, (3%), endowments (2%), and 1% from fees. Seven percent gave a listing from diverse sources.

**Program and Practice:**

*Needs Assessments:* 68% of respondents said they had conducted a needs assessment within the past two years in their congregations: 32% had not.

*Percentage of time in FCN Functions:* In descending order of total time spent on FCN functions follows: 30% in personal health counseling, 22% in health education, 21% as integrator of faith and health, 9% as community resource/referral activities, 8% as coordinator of volunteers, 6% as health advocate and 4% in support groups as developer and trainer.

*Practices integrated into FCN's Program:* In descending order the following practices were endorsed as part of the FCN's practice: 79% personal counseling, 65% prayer shawl, 60% scripture reading, 59% in grief counseling, 54% in healing services, 39% in a diverse grouping of other activities and 32% in funeral planning with congregants.

*FCN Networks:* 50% of FCNs were involved in a denominational group such as the Catholic Parish Nurses Association, 54% were in a support group and 35% listed other diverse groups.

*Estimates of the percentage of time with various groups:* On average, 89% of the FCNs spent time with members of the congregation served, 11% with community at large. They spent the majority of their time with seniors (59%), 32% with adults and 10% with children/youth.

*Integration of personal practices as FCN:* The percent of FCNs who reported that they practiced each of the following activities *regularly* is presented in descending order. Only those items endorsed by two-thirds of the FCNs are included here: personal prayer or meditation 88%, attend to overall personal health 78%, read scripture or sacred texts 77%, participate in worship services 72%, pray with individuals 71%, take vacation/reflection time 67% and witness to their faith 67%.

*Program Activities Conducted within the Past Two Years by FCNs:* The responses are presented in descending order: blood pressure screening 94%, home/hospital visits 89%, educational classes 80%, prayer shawl 65% nutritional information 62% medication information, 61% health

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newsletter 60%, Medicare information 57%, CPR/AED training 51%, support groups 45%, exercise programs 42%, flu clinics 38%, equipment loans 35%, health fairs 33%, needs assessments 33%, emergency preparedness 25%, and meditation practices 24%.

*Skills very necessary or most necessary to carry out the FCN role well:* FCNs reporting that the skill was either very necessary or most necessary to the FCN role are included and presented in descending order: interpersonal relationship skills 98%, spiritual maturity 89%, time management skills 72%, and knowing faith and doctrine 60% and clinical expertise 53%.

*Barriers that interfered with carrying out the FCN program in the congregation:* The responses for sometimes, frequently and almost always were grouped. They are reporting in descending order: time constraints 86%, financial constraints 72%, lack of communication and marketing of FNC role 58%, misconceptions regarding the FCN role 54%, lack of services for referrals 33%, confidentiality within faith community 28%, differences with clergy 17%.

*Effectiveness of activities to engage congregation in FCN program:* The following activities are those that were endorsed as effective or very effective. In descending order these are: personal relationship, 95%, community contacts 91%, volunteer support, 83%, other FCN 74%, other health care providers, 59%, county contacts 42%, internet 31%, state contacts, 21%.

*Promotion of the FCN program:* The following activities were endorsed by the following percentages of FCNs: The activities are presented in descending order: bulletins 82%, educational classes 64%, brochures 58%, newsletter 56%, volunteers 54%, service announcements 54%, healing services 35%, annual meeting 35%, targeted letters 23 %, and study groups 6%.

*FCN motivation to serve as FCN:* Those that agreed or strongly agreed with the following influences to serve are presented in descending order: felt a call 97%, compatible with professional strengths 96%, desire to integrate nursing and faith 95%, saw potential for public health intervention 83%, professional development opportunity 77%, role model 55%, asked to apply for FCN position 51%.

*Factors Drawing FCN to practice in FCN Role:* Those that endorsed the following items as agree or strongly agree are reported in descending order: Enjoy working with people 98%, opportunity to integrate faith and nursing practice 96%, opportunity to work one on one with people 95%, characteristics of the congregation 89%, flexible work hours 88%, freedom to practice 87%, role rewards self-starters 67%.

***Summary:***

The results of this survey suggest that FCNs are a mature, well-educated group of nurses with a significant hospital-based professional experience background. Almost all have advanced FCN preparation. They are working for far less financial remuneration and benefits than they would receive in other nursing employment settings. Over 50% are working in another nursing position. Only 56% of the FCN reported receiving a salary and 52% reported receiving some benefits with mileage reimbursement as the most frequently reported benefit. The majority of FCNs are

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serving in Lutheran or Catholic congregations with a mean number of 2465 congregants. Over 80% are members of the congregations they serve as FCNs. While much of the funding for FCN comes from the congregation, 60%, other sources include hospitals, 31%, foundations, 19% and other diverse sources, 29%, including self, 6%. Most of the FCNs report having a health council or health team comprised of clergy and laity with health and other backgrounds. Time and financial constraints are endorsed as the most frequent barriers to carrying out their FCN roles within their congregations. The FCNs describe their programs and practices within the American Nurses Association's document on faith community nursing, *Faith community nursing; scope and standards of practice*. \* On average, they reported spending the majority of their time with three of these functions: personal counseling, health education and as an integrator of faith and health. Less than 10% of their time was spent in health advocacy, resources and referral activities, coordinator of volunteers and as a support group trainer. These nurses reported being drawn to the FCN role to integrate nursing practice and their faith and because they like working directly with individuals.

\* American Nurses Association & Health Ministries Association (2005). *Faith community nursing; scope and standards of practice*. Silver Spring, MD: American Nurses Association.