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Faith Community Nurse Education: A Conceptual Model

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Introduction

Faith community nursing is recognized by the American Nurses Association and Health Ministries Association (2012) as a specialty practice in nursing. As a specialty practice, faith community nursing embodies knowledge that is unique to the practice and requires both generic and specialty training (Maguire, 2013). The basic curriculum now known as *Foundations of Faith Community Nursing Curriculum* was first offered in 1991 by the National Parish Nurse Resource Center, currently known as the International Parish Nurse Resource Center (IPNRC) (Church Health Center, 2014b). The number of faith community nurses (FCNs) attending the IPNRC's basic curriculum continues to escalate in correlation with the number of practicing FCNs internationally (American Nurses Association & Health Ministries Association, 2012; Church Health Center, 2014b). Approximately 17,000 FCNs have now completed *Foundations of Faith Community Nursing Curriculum* in the United States (D. Brinkman, personal communication, September 29, 2014). The *2014 Edition of Foundations for Faith Community Nursing Curriculum* has been released and includes two new modules: spiritual care and behavioral health (Church Health Center, 2014a). In addition to the curriculum that is developed and implemented by IPNRC, other faith community nurse (FCN) curricula are offered in an array of settings across the United States (Ziebarth & Miller, 2010). The definition of FCN education also extends to the offering of continuing education events that occur after the completion of the basic curriculum and the subject matter therein.

Scarce research has been conducted on the effectiveness of basic FCN curricula including FCN perceptions, effectiveness of training for role transition, and continuing education needs. Ziebarth and Miller (2010) found that FCNs feel inadequate in spirituality and community health knowledge as a result of lack of practice hours and role models. Tormoehlen (2009) identified that FCNs believe that some topics presented in the basic curriculum are redundant or unimportant for practice. Daffron (2012) found that FCNs desire additional training in preventative health initiatives and spirituality interventions after completing the basic curriculum.

The introduction of FCN certification through portfolio in 2014 highlights the importance of education in the FCN specialty practice (Health Ministries Association, 2014). As the landscape of education continues to be refined in faith community nursing, coupled with limited available research for the evaluation of effectiveness, a conceptual model for FCN education is needed. *Faith Community Nurse Education Conceptual Model (FCNECM)* (see Figure 1) incorporates both the internal and external factors that impact learning needs of

FCNs and acknowledges God as the author and finisher of our faith (Hebrews 12:2 King James Version).

Applied Theories

Several theories intertwine to create the environment in which FCN education occurs:

General Systems Theory proposes that systems are composed of subsystems, each possessing a specific function. Communication between subsystems is necessary for optimal system functioning. Open systems continually exchange information with the environment. Information is (a) received from the environment, (b) incorporated and transformed by the system, and (c) released back into the environment. System and subsystem boundaries regulate the amount and type of information that is exchanged. A system is considered "greater than the sum of its parts" (Bielkiewicz, 2014, p. 283). An interactive process between subsystems occurs within the FCN that is inspired by God and impacted by life experiences, community, and culture. Interpersonal, intrapersonal, and transpersonal communication mediates the transfer of communication between subsystems and awakens the personal calling into faith community nursing.

Holistic Health Model recognizes that health is holistic in nature and encompasses the body, mind, and spirit interacting within the environment. Human beings are viewed as systems of energy that are continually recharging. Health is subjectively defined and individuals are integrally involved in identifying personal health maintenance and healing practices (Edelman, Kudzma, & Mandle, 2013). Spirituality is the central component of holism; thus, holistic health can occur in the absence of physical wellness (Westberg & McNamara, 1987). The practice of faith community nursing is built on the *Holistic Health Model* and embraces holistic health practices such as (a) prayer, (b) presence, and (c) therapeutic touch. FCNs are instruments of healing who are healed themselves through therapeutic interactions with others. Holism embraces a healing environment where fulfillment is achieved through (a) self-care, (b) personal responsibility, (c) spirituality, and (d) life reflection (Gustafson, 2008).

Humanistic Learning Theory is focused on student responsibility and self-motivation. Learning is a lifelong venture and is accomplished through reflecting upon life experiences. Nonthreatening environments nurture the learning process. Teachers are guides for students as they interact holistically with the environment to develop a new sense of understanding (Wills & McEwen, 2014). Rogers (1983) believed that being educated only occurs when an individual (a) understands how to learn, (b) adapts to change, and (c) seeks knowledge continually. FCNs, like all nurses, are lifetime learners. The core of the FCN

practice is therapeutic experiences with others; reflection on these experiences produces growth. Education should incorporate a holistic approach that sparks new understandings and promotes holism in both FCNs and those that they serve.

FCNECM incorporates the concepts and supporting theories that are foundational for FCN education. This conceptual model represents the context, or environment, in which FCN education occurs. *FCNECM* depicts that faith community nursing revolves around a holistic system that is open and interactive. Reflection on life experiences, the quest for holism, and a personal calling into faith community nursing are motivators for engaging in education. FCNs refine practice by (a) engaging in life experiences, (b) reflecting on life experiences, and (c) transforming through life experiences. FCN education should incorporate the key factors that inspire and influence FCNs to serve others and strive to empower the FCN to achieve exceptional practice.

The Omnipresent God

FCNECM recognizes God as the author and finisher of our faith (Hebrews 12:2 King James Version). God is not limited; He is omnipresent and capable of interacting with any and all systems and subsystems. God crosses all boundaries and influences our relationships, life experiences, quest for holism, and definition of health. Because God has no boundaries, He is embedded in both the internal and external subsystems in which FCN education occurs. His presence impacts and enhances the receiving, incorporation, transformation, and release of information that transpire on multiple levels. God's omnipresence connects the dots between seemingly unrelated life experiences and inspires a larger sense of purpose. An awakening of the personal calling into faith community nursing prompts an increased awareness of God's presence in all of life's experiences; thus, preconceived barriers fall and God is invited to more fully participate in the quest for holism.

Internal Factors Influencing FCN Education

Internal factors influencing education include (a) body, mind, spirit; (b) spirituality; (c) holism; (d) personal calling into faith community nursing; (e) reflection on life experiences; and (f) transformation related to reflection on life experiences. Holism embraces a broader definition of health, one that is individually defined and encompasses the body, mind, and spirit. The central component of holism is spirituality. Spirituality can be defined as "a fundamental, everyday life process involving a joy of living, sacrifice and love for others, and a connection to self, others, nature, and to a larger meaning or purpose" (Lodewyk, Lu, & Kentel, 1990, p. 170). Spirituality is ever-present and

provides a framework for understanding both life and death. It is universal, occurs along a continuum, and contains infinite degrees of spiritual well-being. To be alive is to experience spirituality; thus, the question is not if spirituality is occurring, but to what degree.

Spirituality and holism are imperative for the awakening of the personal calling into faith community nursing. Once awakened, the personal calling into faith community nursing is molded and refined internally and externally, both mediated by the omnipresent God. The personal calling into faith community nursing inspires strength and empowers FCNSs to be "greater than the sum of its parts" (Bielkiewicz, 2014, p. 283). The awakening of this calling sparks a keen awareness of spirituality and holism both in self and in others. Thus, life experiences are visualized through spiritual lenses, providing at times a paradoxical point of view of life experiences. The personal calling into faith community nursing instills a meaning and purpose that is unique, specific, and sparks an increased desire to engage holistically with others through patterns of communication that acknowledge the omnipresent God.

The personal calling into faith community nursing instills the desire to develop a new sense of understanding that will provide the knowledge and skills necessary to fulfill the role. Reflection on life experiences generates new ideas that transform worldview through the incorporation of new realizations. Education should inspire reflection and transformation; however, the responsibility for adapting to change and seeking continual knowledge resides within the FCN. Reflection and transformation cannot occur in isolation but must cross the boundaries of (a) personal calling into faith community nursing; (b) holism; (c) spirituality; and (d) body, mind, and spirit in order for personal growth to occur. Reflection and transformation impact each of these subsystems and produces an understanding that is critical for engaging in therapeutic relationships with others.

External Factors Influencing FCN Education

External factors influencing education include community and culture and the relationships that occur therein. Community and culture have common threads but are uniquely and individually defined. Relationships that occur within community and are impacted by culture include (a) personal, (b) familial, (c) professional, and (d) congregational. These relationships do not occur in isolation; they are intertwined and often overlap. Interactions with others are mediated by the omnipresent God and are influenced by internal factors. The personal calling into faith community nursing shifts the significance and meaning of relationships from outward and material to inward and spiritual. Holism and spiritual well-being are imperative for developing relationships that are

therapeutic, insightful, and productive in nature. The product of reflection on life experiences and subsequent transformation is evident in the quality of relationships and the acknowledgment of the omnipresent God within those relationships.

Implications for Practice

FCN education must begin with the acknowledgement that God is the source of all knowledge including any revelations that occur during educational events. FCN education is a partnership between instructor and participant that deepens the understanding of how to learn specifically related to the specialty practice of faith community nursing. Reflection on life experiences should be a common thread that is intertwined into all activities and subject matter. A holistic style of instruction is valuable for encouraging participants to view all life experiences, even the difficult ones, as meaningful for the development and implementation of the FCN role. A non-threatening environment will encourage participants to share life experiences; thus, the stage is set for a dialogue between diverse communities and cultures. Group discussion and story-telling inspire participants to converse about the personal calling into faith community nursing which can be both enlightening and therapeutic. Curricula should encourage FCNs to embrace the personal calling into faith community nursing as uniquely their own yet ordained and guided by the omnipresent God. Educational events should incorporate interactional activities and opportunities for participants to invite God to be more fully present in all areas of life. The central overarching theme of educational events should be holism and spirituality that inspire therapeutic interactions with others and are mediated by the omnipresent God. Participants should feel empowered with the knowledge and skills necessary to practice exceptional faith community nursing after educational events though the refinement and enrichment that occurred during the learning process.

Conclusion

Education is a critical component for both entering and practicing faith community nursing. A number of FCN curricula are offered across the United States. Attendance at *Foundations of Faith Community Nursing Curriculum* continues to escalate. The need for ongoing continuing education specific to faith community nursing and the recent introduction of FCN certification through portfolio accentuate the significance of education in the FCN specialty practice. *FCNECM* is a conceptual model that illustrates the context in which FCN education occurs and acknowledges God's presence in the educational process. Both internal and external factors that impact FCN education are identified in the

model and exceptional practice is emphasized. *FCNECM* can be utilized as a tool for the development, implementation, and evaluation of FCN curricula and as a theoretical framework for research related to the FCN specialty practice.
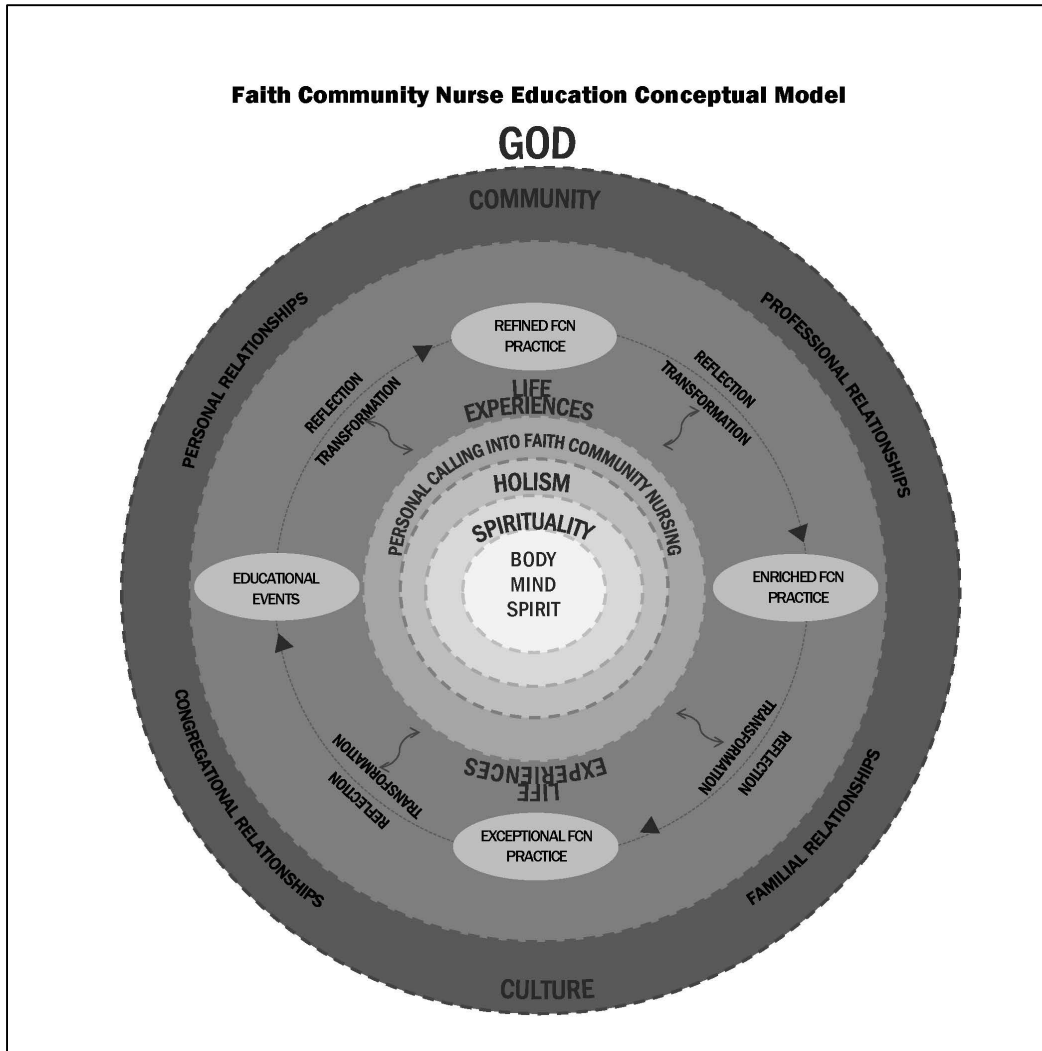
Faith Community Nurse Education Conceptual Model

GOD

COMMUNITY

PERSONAL RELATIONSHIPS

PROFESSIONAL RELATIONSHIPS

REFINED FCN
PRACTICE

REFLECTION

TRANSFORMATION

REFLECTION

TRANSFORMATION

LIFE
EXPERIENCES

PERSONAL CALLING INTO FAITH COMMUNITY NURSING

HOLISM

SPIRITUALITY

BODY
MIND
SPIRIT

EDUCATIONAL
EVENTS

ENRICHED FCN
PRACTICE

TRANSFORMATION

REFLECTION

LIFE
EXPERIENCES

REFLECTION

TRANSFORMATION

EXCEPTIONAL FCN
PRACTICE

CONGREGATIONAL RELATIONSHIPS

FAMILIAL RELATIONSHIPS

CULTURE

Figure 1. Faith Community Nurse Education Conceptual Model

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