

Parish Nursing: Standards for Practice



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Canadian Association for Parish Nursing Ministry (CAPNM)

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(Approved 2023)

Preface

“Parish Nurse” and “Parish Nursing” are the terms introduced by Rev. Dr. Granger Westberg in the mid-1980s. Since that time, a variety of titles have been used, including “Faith Community Nurse”, “Congregational Nurse”, and “Church Nurse”, to name a few. As well, while its origins are within Christianity, the idea of having a registered nurse promoting health in a faith community has broader appeal. Thus there are “Jewish Congregational Nurses” and “Muslim Crescent Nurses” carrying forward the essential work of this community nursing subspecialty.

As an ancient concept, the word "parish" was used to describe both a geographical territory and the faith community that dwelled in that territory. It has been used in the long-established Christian denominations of Catholicism, the Anglican Communion, the Eastern Orthodox Church, and Lutheran churches, and in some Methodist, Congregationalist and Presbyterian bodies. That said, not all Christian denominations want to be known as parishes. So, what can be learned from looking more deeply into the ancient concept?

In its etymological roots, “parish” derives from the Greek word *paroikia*, meaning “sojourning in a foreign land”. It carries nuances of both dwelling alongside and being a stranger to those with whom life, health and a variety of resources are shared. Today, specially prepared registered nurses sojourn with others in support of health promotion, which includes health education, health counselling, health advocacy and navigation of health care systems, and leads to an improved quality of life. This ultimately attends to the whole person in the provision of health and wellness of the body, mind and spirit. It lives out the meaning of *paroikia*. Thus, “Parish Nurse” and “Parish Nursing” are the terms chosen by CAPNM members to capture the essence of their community nursing subspecialty. At the same time, nurses using any of the titles previously described for their professional practice are considered respected colleagues in carrying forward these Standards for Practice.

Introduction

These **Parish Nursing Standards for Practice** are intended for use along with all other standards that apply to registered nurses engaged in Parish Nursing. To practice safely and competently, nurses comply with professional standards, base their practice on relevant evidence, adhere to the Canadian Nurses Association (CNA) Code of Ethics for Registered Nurses, and continually acquire new competencies in their area of practice.

Standards for Practice set out the level of desired and achievable performance for Parish Nursing. The

Parish Nurse’s actual practice can then be measured against these written standards.

The indicators, which further describe each standard, provide markers for *best practice*. They identify elements of practice performance for which there is evidence or consensus that can be used to assess and produce a change in the quality of care provided. Indicators describe what you would expect to see in place.

Please note that words and phrases defined in the Glossary are presented in italics throughout the document.

These Standards for the Practice of Parish Nursing were approved by the CAPNM membership at the CAPNM AGM in May 2022, and final revisions were approved by the CAPNM Board in March and October 2023.

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Standard # 1: Professional Practice & Accountability

The Parish Nurse commits to a responsible and accountable parish nursing practice in accordance with these and other Professional Practice Standards.

Indicators:

The Parish Nurse:

- Maintains current registration that meets national and provincial regulatory requirements.
- Upholds ethical standards and values as stated in the Canadian Nurses Association Code of Ethics for Registered Nurses 2017 edition).
- Assumes primary responsibility for maintaining *fitness to practice*.
- Maintains appropriate professional and therapeutic boundaries in nurse / client relationships.
- Maintains the security and confidentiality of personal and health information.
- Demonstrates and evaluates ongoing competence through life-long learning, reflective practice and integrating new knowledge into parish nursing practice .
- Maintains active participation in nursing organizations and parish nursing networks.
- Documents nursing assessments, interventions and the plan of care.

Standard # 2: Wholistic Nursing Care & Health Promotion

The parish nurse recognizes that faith and health are clearly linked in the promotion of wholistic wellness. Psychosocial and spiritual care are integral and central to the practice of parish nursing.

Indicators:

The Parish Nurse:

- Provides nursing care, health education, health promotion and health maintenance with a focus on wholistic health and well-being.
- Collaborates with spiritual / pastoral care leaders and other professionals to achieve wholistic assessment and care.
- Plans and implements programs and interventions that address identified needs within the faith community.
- Considers the determinants of health and their implications on health and well-being.
- Provides culturally sensitive care.
- Addresses the primary causes and symptoms of illness, suffering and spiritual distress.
- Collaborates with individuals, groups, families and the faith community to identify health concerns and to take responsibility for health and well-being.

Standard # 3: Facilitation of Spiritual Care

Each parish nurse associates spiritual beliefs and practices with all aspects of an individual's life and

health using specific nursing interventions to provide spiritual care.

Indicators:

The Parish Nurse:

- Engages in personal spiritual growth and development.
- Conducts *spiritual assessments* assisting individuals to clarify and express their spiritual needs, beliefs, fears and hopes.
- Provides spiritual care that reflects the faith community's theological beliefs, values and traditions.
- Is sensitive and respectful of the *diversity* of faith traditions, understandings of spirituality, and religious and cultural beliefs.
- Integrates and nurtures spiritual and healing practices which support health and wholeness, and from which strength and hope may be derived.
- Consciously upholds hopefulness, vision, meaning and purpose in the lives of individuals, families, and the faith community.
- Facilitates the therapeutic relationship through *presence*, active listening skills, empathy and trust.
- Supports the *community of care* through *life transitions* and challenges.

Standard # 4: Communication & Collaboration

Parish nurses create collaborative relationships and partnerships within the structure and administration

of the faith community to strengthen the capacity for health, healing and wholeness.

Indicators:

The Parish Nurse:

- Identifies the strengths and resources of the *community of care*.
- Implements appropriate *networks of communication*.
- Works within the policy, structure and values of the faith community to identify needs, perspectives, and expectations for accomplishing individual and community goals.
- Collaborates with clergy, pastoral care teams, and others to determine effective and appropriate ways to meet individual needs and, when consent is obtained, make appropriate referrals.
- Establishes networks within the community which enhance access to health resources and agencies.
- Incorporates group facilitation, effective communication and leadership skills in consultation, assessment, planning and evaluation.
- Recognizes and validates the contributions, gifts and roles of all staff and volunteers of the faith community.

Standard # 5: Advocacy & Ethics

The Parish Nurse supports and assists clients with access to relevant information and health system resources and services.

The Parish Nurse treats all persons with respect and dignity including respect for *diversity*.

The Parish Nurse identifies vulnerable persons and / or populations and advocates for appropriate systemic and social change.

Indicators:

The Parish Nurse:

- Identifies health issues, assets, strengths, limitations, and resources for clients.
- Maintains knowledge of health system and community resources and refers clients appropriately.
- Supports people to identify their health needs and develop skills in self-advocacy.
- Collaborates with the community / community agencies to address health and social justice issues and to advocate for appropriate resource allocation.
- Supports and promotes a safe, healthy and healing environment within the faith community and with the ministry team / staff.
- Partners with others in the faith community to increase their capacity to care for each other.
- Advocates for Parish Nursing (Faith Community Nursing) and Parish Nursing / Faith Community Nursing Education.
- Becomes involved in issues that affect changes in health policy.
- Communicates effectively to resolve ethical issues in a timely and professional manner.

Standard # 6: Research & Evidence-Informed Practice:

The Parish Nurse participates in and / or supports research activities that will strengthen and validate parish nursing practice. Within the context and preferences of the faith community, the Parish Nurse will integrate *evidence-informed* knowledge into their practice.

Indicators:

The Parish Nurse:

- Identifies knowledge gaps in parish nursing practice and generates researchable questions.
- Participates in and / or conducts research within the scope of practice.
- Promotes the use of evidence-informed parish nursing knowledge.
- Evaluates and incorporates relevant research findings and best practice guidelines into parish nursing practice.

Glossary of Terms

The Canadian Association for Parish Nursing Ministry uses the following definitions for select terms used in relationship with the CAPNM Standards for Practice. Note that not all terms in the Glossary will be found in the text of the Standards.

Advocacy: The act of supporting or recommending a cause or course of action, undertaken on behalf of persons or issues. It is related to the need to improve

systems and societal structures to create greater equity and better health for all. Nurses endeavor, individually and collectively, to advocate for and work toward eliminating social inequities. (CNA, 2017).

Best Practice Guidelines/Clinical Practice

Guidelines: Statements that include recommendations “intended to optimize patient (client) care ... and ... informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options” (Guerra-Farfan et al, 2023). These guidelines are developed to improve the consistency of nursing care and empower clients in the promotion of positive health outcomes.

Client: The person who is the beneficiary of care from an RN may be an individual, but the client may also be a family, group, community, or population.

Collaboration: Building consensus and working together on common goals, processes, and outcomes.

Community of Care: Whomever the nurse is working with whether individual, family, group, community, congregation/faith community, etc. This term is intended to reflect the diverse nature of the work and settings for parish nurses.

Compassion: The ability to recognize and be aware of the suffering and vulnerability of another, coupled with a commitment to respond with competence, knowledge, and skill.

Competency: The integrated knowledge, skills, judgment, and attributes required of a nurse to practice safely and ethically in a designated role and setting. (Attributes include, but are not limited to, attitudes, values, and beliefs.)

Confidentiality: The ethical obligation to keep personal health information secure and safeguarded from unauthorized disclosure.

Diversity: Variations among people in terms of a range of factors; the quality or state of having many different forms, such as national origin, race, ethnicity, culture, religion, socioeconomic status, gender, sexual orientation, etc.

Evidence-informed nursing practice: The habit of incorporating evidence from research, clinical expertise, client preferences and other available resources to make nursing decisions about clients. Optimizing decisions in one's nursing practice that are influenced by evidence and by individual values, client choice, theories, clinical judgment, ethics, legislation, regulation, health-care resources and practice environments.

Fitness to Practice: All the qualities and capabilities of an individual relevant to their capacity to practice as a registered nurse, including, but not limited to, freedom from any cognitive, physical, psychological, or emotional condition and dependence on alcohol or drugs that impairs their ability to practice nursing. [See specific documents for each Province's College of Registered Nurses.]

Health: The World Health Organization defines health as a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity. While not formally included in this definition, spiritual health is considered integral to a state of complete well being. Spiritual health includes

having a sense of purpose, hope, and meaning in one's life.

Health-care providers: All those who are involved in providing care; they may include professionals, personal care attendance, home support workers and others.

Health Promotion: A continuing process of enabling people to increase their control over and improve their health and well- being.

Informed Consent: The process of giving permission or making choices about care. It is based on both a legal doctrine and an ethical principle of respect for an individual's right to sufficient information to make decisions about care, treatment, and involvement in research.

Life Transitions: Includes the full spectrum and variety of human experiences that may result in change, coping and adjustment – some of these experiences include life stage adjustments, grief, loss, changes in mobility or health status, acute or chronic illness, life-changing diagnosis, death, suffering, crisis, etc.

Networks of Communication: The role of the parish nurse encompasses establishing networks of communication within the structure of the faith community, including with clergy, pastoral care teams, health cabinet / health committee, health professionals and volunteers to name a few; networks of communication are not limited to the faith community and may include establishing communication with the healthcare system and social services and with community agencies.

Nursing Interventions in Parish Nursing: Nursing care / specific strategies or programs designed to meet the identified needs of an individual, a family, a group, or the community; some examples include referral, advocacy, health promotion and illness prevention, health education, support group facilitation and support of self-care activities, monitoring of health status, spiritual care, facilitation of spiritual practices, and spiritual or health counselling.

Presence: Bringing one's whole self to engagement with the client and being fully in the moment with another on a multitude of levels, physically, emotionally, cognitively, and spiritually. In Parish Nursing this may include active listening, silence, compassionate responses, empathy, walking alongside another, being witness to and / or participating in their life journey and transitions.

Self reflection: The ability to evaluate one's own thoughts, plans and actions in relation to responsibilities, standards, and guidelines.

Social determinants of health: These are the conditions in which people are born, grow, live, work and age, including the health system. Determinants include income and social status, social support, education and literacy, employment and working conditions, physical and social environments, biology, genetic endowment, personal health practices and coping skills, healthy child development, health services, gender, and culture. Circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices.

Spiritual Assessment: The process of gathering and organizing spiritually based data / information (such as beliefs, values, traditions, resources, spiritual practices, and spiritual needs) to provide the basis for interventions and spiritual care.

Spiritual Practices: Actions & activities undertaken for the purpose of cultivating spiritual growth & development and / or supporting the person or community in worship and at times of crisis or transition; practices from which strength, hope and meaning may be derived.

Spiritual Distress: A recognized nursing diagnosis, according to the North American Nursing Diagnosis Association (NANDA). It involves a state of suffering related to the impaired ability to experience meaning in life through healthy connections with self, others, the world or a transcendent other. Related factors include the separation of religious and cultural ties and the challenge of beliefs and value systems. Spiritual distress may be seen in such behavior as anger at God, search for spiritual help, self incrimination, considering disease as a punishment, expressions of concern about the meaning of life, etc.

Wholistic: Refers to the whole, a whole item or whole body of a person or thing; considers the entire structure or makeup, which includes body, mind, and spirit. Wholistic nursing focuses on the mind, body and spirit working together as a whole and how spiritual awareness in nursing can help heal illness.

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