

# IMPLEMENTATION OF THE “FAITH COMMUNITY NURSING” PROGRAM: EXPERIENCE REPORT

*Implantação do programa “enfermagem na comunidade de fé”: relato de experiência*

*Implantación del programa “Enfermeras Parroquiales: relato de experiencia”*

Description or Evaluation of Experiences

## ABSTRACT

**Objective:** To describe the implementation process of Faith Community Nursing (FCN) program in Brazil. **Data Synthesis:** This is an experience report conducted in 2011 on the implementation of the “Faith Community Nursing” program in Brazil. Initially, a partnership between The Adventist University of São Paulo and the Church Health Center in Memphis was established. The Church Health Center curriculum was translated, revised and implemented in four modules: spirituality, holistic health, professionalism and community. Two courses were conducted. The first, in 2013, counted with the participation of 34 nurses in full-time. The second, offered in 2016, in blended form, had 20 participants. The implementation of the program has been effective as it enabled the nurses to be equipped to practice care for the whole person in a reflective way in their places of origin, whether in hospitals, clinics or in faith communities, as multipliers of a humanitarian practice that values all the dimensions of the human being. **Conclusion:** The program has been consolidated in Brazil and can be a bridge to better cope with the health problems encountered in communities.

**Descriptors:** Parish Nursing; Spirituality; Health Education.

## RESUMO

**Objetivo:** Descrever o processo de implantação do programa “Enfermagem na Comunidade Fé” no Brasil. **Síntese dos dados:** Trata-se de um relato de experiência, realizada em 2011, sobre a implantação do programa “Enfermagem na Comunidade Fé” no Brasil. Inicialmente, estabeleceu-se uma parceria entre o Centro Universitário Adventista de São Paulo e o Church Health Center em Memphis. O currículo do Church Health Center foi traduzido, revisado e implementado em quatro módulos: espiritualidade, saúde holística, profissionalismo e comunidade. Foram realizados dois cursos. O primeiro, em 2013, contou com a participação de 34 enfermeiros em período integral. O segundo, oferecido em 2016, na modalidade semipresencial, teve 20 participantes. A implantação do programa foi efetiva, uma vez que possibilitou instrumentalizar enfermeiros com uma visão holística e capacidade reflexiva para atuarem em seus locais de origem, seja em hospitais e clínicas, seja nas comunidades de fé, como multiplicadores de uma prática humanitária que valoriza todas as dimensões do ser humano. **Conclusão:** O programa vem se consolidando no Brasil e poderá ser uma ponte para um melhor enfrentamento das dificuldades de saúde encontradas nas comunidades.

**Descritores:** Enfermagem na Comunidade de Fé; Espiritualidade; Educação em Saúde.

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## RESUMEN

**Objetivo:** Describir el proceso de implantación del programa “Enfermeras Parroquiales” en Brasil. **Síntesis de los datos:** Se trata de un relato de experiencia realizado en 2011 sobre la implementación del programa “Enfermeras Parroquiales” en Brasil. En principio se estableció una sociedad entre el Centro Universitario Adventista de São Paulo y el Church Health Center en Memphis. El currículo del Church Health Center fue traducido, revisado e implementado en cuatro módulos: la espiritualidad, la salud holística, el profesionalismo y la comunidad. Se realizaron dos cursos. El primero fue en 2013 y tuvo la participación de 34 enfermeros en período integral. El segundo ha sido en 2016 en la modalidad semipresencial y tuvo 20 participantes. La implantación del programa fue efectiva ya que permitió la orientación de los enfermeros para una visión más holística y capacidad reflexiva para la actuación en sus sitios de origen, sean los hospitales y clínicas o en las comunidades de fe como multiplicadores de una práctica humana que valora todas las dimensiones del ser humano. **Conclusión:** El programa se ha consolidado en Brasil y podrá ser un puente para un mejor afrontamiento de las dificultades de salud encontradas en las comunidades.

**Descriptor:** Enfermeras Parroquiales; Espiritualidad; Educación en Salud.

## INTRODUCTION

Faith Community Nursing (FCN), formerly known as Parish Nursing (PN), is a program focused on holistic health promotion in congregations and/or communities that incorporates a diversity of traditions of faith<sup>(1)</sup>. The program was first conceived by Granger E. Westberg in 1979 in the city of Chicago as an educational action that sought to fill the gaps in Public Health and that was aimed at the provision of care in the spiritual context of patients assisted by the FCN<sup>(2)</sup>.

The development of the FCN program by Westberg was a revival of faith-based community nursing done by religious orders, such as the “parish deaconesses” in Europe and America in 1800. He collaborated in creating Holistic Health Centers in local corporations to provide a team to promote wellness and disease care within these corporations. The team was composed of clergymen, physicians, nurses, and social workers. The mentor, noting that nurses could act as a link between health and the congregational system, encouraged the hospital where he served to develop the “parish nurses” program, in which nurses would work with the community providing spaces of healing and hope<sup>(2)</sup>.

The FCN program is intended to integrate physical, emotional, spiritual and social health with a focus on the

relationship with God, family, community, culture and the whole divine creation. A Faith Community Nurse has several roles: counselor, health educator, intercessor/mediator, motivator of the faith-community binomial, coordinator of volunteers, developer of support groups, and holistic health provider, integrating the mind and the spirit of the individuals in the community<sup>(3,4)</sup>.

The philosophy of FCN focuses on whole-person treatment – mind, body, and spirit – through partnership with professionals of all areas, particularly pastors, clergymen, psychologists, priests, religious advisors and related professions. The nursing profession was chosen because nurses are – during college years – prepared to act in both the scientific and behavioral fields. In this context, the nurse should not be seen as a primary care provider, but as a facilitator of the use of the sources available in the church and community<sup>(5)</sup>. The role of the nurse is to provide physical and emotional support and to teach ways to take an active role in promoting and preserving health<sup>(6,7)</sup>.

Given the difficulties in accessing health services in Brazil, where only 26.3% of the population has private health insurance plans<sup>(8)</sup>, the FCN program is also a bridge of hope to help solve the problem or to try to provide better coping strategies through spirituality for the difficulties in accessing health care presented by this group of people.

Thus, partnerships between the public sector and faith-based groups should be strengthened<sup>(9,10)</sup>. The effectiveness of such a program, which focus on the spiritual dimension, has been reported in several studies that analyzed different scenarios and all age groups. For example, religious involvement served as a protective factor for mental health among survivors of early trauma<sup>(11)</sup>. In the health care context, nursing professionals have been found to suffer spiritual stress, which highlighted the urgent need for identifying the spiritual needs of these caregivers as the comprehensive care provided to patients depended on them<sup>(12)</sup>.

Religiosity works as a relevant stimulus for a change in lifestyle in faith-based intervention groups, reinforcing the need to deepen the discussion on issues related to healthy behaviors and habits<sup>(13)</sup>. In a study of 911 older people, regular attendance at religious services and recognition of the importance of religiosity were positively associated with the health-related quality of life of these older people<sup>(14)</sup>. High importance of religiosity/spirituality confers resilience to the development of depressive illness in individuals at high familial risk for depression<sup>(15)</sup>.

Higher religious involvement has also been associated with positive emotions, which may influence depression over time<sup>(16)</sup>. It has also been associated with the lifestyle adopted by people<sup>(17)</sup>.

The FCN program should not only be restricted to people who do not have a health insurance plan; it should include all the people who need to satisfy the spiritual needs sometimes forgotten in human life, considering that many professionals are not prepared to meet them<sup>(18)</sup>.

It should be noted that approximately 64.6% of Brazilians are Roman Catholics, 22.2% are Evangelicals, 2.0% are Spiritists, 0.3 are Umbandists and practitioners of Candomblé, 2.7% follow other religions, and 0.1% do not know, that is, 91.8% profess a religion<sup>(19)</sup>. Because they are affiliated with a religion, it is presumed that most believe in God as the Creator and Sustainer of life, which can contribute to the development of the spiritual dimension latent in each human being so that they can acquire a better vision of the future and hope. However, due to the diversity of religions and the controversial points between them, it is important to have respect for the particular view of each one and for their conceptions about health care. For example, disagreements regarding family planning, childcare, types of food to be adopted, lifestyle, among others<sup>(20)</sup>.

In studies of religion and health, the concept of religiosity relies on what is sacred and on the search for meanings containing expressions of spirituality and faith, participation in constituted churches, political and social actions, and personal acts of mercy and compassion. On the other hand, spirituality is not only translated in the practices of the densely religious individuals, but also of those who are superficially religious and of those who have no religion<sup>(21, 22)</sup>.

In addition to providing benefits to physical health, religiosity is also associated with low percentages of depression, higher hope, greater number of more solid families and social support – all these factors being associated with better adherence to treatments<sup>(22)</sup>.

Brazil is a vast territory with enormous needs concerning whole-person health promotion, and many nurses in Brazil could be trained as volunteers and/or paid to assist members of their congregation and community<sup>(6)</sup>.

Other aspects to be considered are the suppressed demand and the lack of humanization of the care provided by public hospitals and health care programs. The FCN program aims to embrace the individual in these places with love, attention, and empathy. In order for the students involved in the program to be able to listen to the individual, register their complaints and try to solve them with professionalism and a sense of community love, the founders of the program designed a course that enables multipliers to provide humanized care, particularly in the end-of-life phase. Spiritual care may function as an additional resource for palliative care of terminally ill patients<sup>(23)</sup>.

Most people's problems lie in the psychosomatic recesses and can be solved through dialogue, understanding and attention provided by the professional who will serve them<sup>(24,25)</sup>. As religions in Brazil play a great and important role in social assistance, this subject is possibly of great relevance for public health.

Thus, the present study aimed to describe the implementation process of Faith Community Nursing (FCN) program in Brazil.

## DATA SYNTHESIS

This is an experience report on the implementation of a program called "Faith Community Nursing", inspired by the work of Westberg in Chicago in 1979<sup>(2)</sup>, which aims to promote holistic health in faith communities.

Prior to the implementation of the program, the coordinator took a basic distance learning course in the United States of America. In 2009, she also took the in-person education course at the International Parish Nurse Resource Center (IPNRC) in St. Louis, Missouri, which certified her to carry out training courses with nurses to practice FCN in Brazil.

Initially, a partnership was established between the Adventist University Center of São Paulo (*Centro Universitário Adventista de São Paulo – UNASP-SP*) and the Church Health Center in Memphis (USA). On June 2, 2011, a letter was signed to officialize the partnership between the two institutions. UNASP was then the first Brazilian institution to officially host "Faith Community Nursing" program.

The first in-person course was organized and taught in four days – from November 22 to 25, 2013 – and lasted 40 hours. Thirty-four nurses from different states of Brazil participated in this course.

Course lecturers were: two parish nurse educators certified by the IPNRC; one collaborating nurse with experience in the Brazilian Nursing Deontology; and the nursing coordinator of the FCN program in Brazil.

The course included 16 lectures based on the four modules of the IPNRC "Faith Community Nursing" curriculum, which was previously translated and revised by the coordinator of the program in Brazil. The four modules were divided into: I - Spirituality, which aimed to encourage religiosity/spirituality in the formation of good health habits for the prevention and cure of diseases; II - Professionalism, which aimed to know the religious and spiritual diagnoses of NANDA<sup>(26)</sup>; III – Wholistic health, which focused on seeing the human being as a whole, with physical, mental, social and spiritual needs; IV - Community, which requires

nurses to provide whole-person health services to members of their church and community.

Teaching strategies included dialogic lectures, games, and discussion in small groups to promote reflective practice. The participants showed to be engaged and motivated for the proposed activities. One of these activities was the development of a didactic-pedagogical material that could be used by the nurses in a practical way. The material was entitled “Spirituality and Health workshops for hypertensive patients”. This material was divided into two volumes: a booklet for nurses and a booklet for hypertensive patients. The booklet contained guidelines for the implementation and evaluation of an educational intervention program that encourages the adoption of a healthy lifestyle in the communities where the participants are inserted. Feedback on the development of these workshops was requested there was a positive evaluation of the effectiveness of the use of these workshops in the control of blood pressure in two faith communities. Adjustments were made after the feedback and the material was then published<sup>(27)</sup>.

A graduation ceremony was held and each participant received a “pin” symbolizing their commitment to the mission of the course: to act as a faith community nurse providing whole-person care for the formation of healthy habits and promotion of health.

Recently, on May 15, 2016, a new extension course was held. The course was linked to the Health Promotion Master’s Program of UNASP and was offered in a blended mode. This course was offered to nurses and other health professionals who were called “Friends of Faith Community Nurses”.

### Discussing the process of implementation

The “Faith Community Nursing” program will enable nurses who did not receive adequate academic training to assist patients with evident spiritual needs<sup>(28-30)</sup>.

Such unpreparedness was reported in a literature review of studies on nursing and spirituality published between 2002 to 2012. One of the topics addressed was “professional training and spirituality”, and deficiencies were identified in both training and health practices<sup>(28)</sup>. In another study conducted with 120 nursing students, only 10% of the participants considered themselves prepared to address the spiritual aspects of their patients and 83% of them recognized that this topic should be part of nursing curricula<sup>(29)</sup>.

The lack nursing professionals qualified to provide spiritual care has also been observed in a qualitative historical social study of reports, minutes, and interviews carried out with 10 religious professionals at a University

Hospital of Rio Grande do Norte<sup>(30)</sup>. In addition to assisting in the training of nurses, the “Faith Community Nursing” course will also be able to equip them for clinical practice by offering teaching strategies and suggesting creative activities that serve as guidelines on how to act in several situations, whether in hospitals and public health centers or in religious settings<sup>(31-33)</sup>.

In this sense, it is also possible to list some general principles that should guide nurses in the provision of spiritual care. These principles were described in the course and are supported in the literature: acting in an ethical way, not imposing personal beliefs on patients; and a patient-centered approach that seeks to understand their values, beliefs, spiritual experiences and religious traditions with an open mind and genuine interest<sup>(22)</sup>.

As for the religious setting, the church, along with Nursing, can promote individual and collective health through a change of attitude and the encouragement of healthy behaviors<sup>(31)</sup>. In the hospital setting, belief can greatly influence holistic care practices. In a case study of 13 patients, the common assertion was that faith was an important ally of the therapeutic resource used<sup>(32)</sup>. Patients have spiritual needs when they are hospitalized; these needs become evident when they search for spiritual causes underlying their disease and suffering<sup>(33)</sup>.

Religion is considered a dimension that can also contribute positively to the recovery of patients with mental illness, providing emotional and social balance, and strengthening healthy habits that have effects on the quality of life<sup>(34)</sup>.

### CONCLUSION

The implementation of the “Faith Community Nursing” program has been effective given its consolidation in Brazil. It is now in its second edition, enabling nurses to be equipped with a holistic view and a reflective capacity. The participants received instructions and were encouraged to work in their places of origin, whether in hospitals, clinics or in faith communities, as multipliers of a humanitarian practice that values all the dimensions of the human being.

It should be noted that this is an emerging and useful theme that will certainly bring many benefits not only to FCN members in Brazil, but also to those who will be influenced in some way by its widespread philosophy, which aims to promote an integral view of health in any professional activities carried out by nurses.

With the implementation of this program, participants are expected to internalize the integral view of the human being in their various fields of action in order to help people in facing health difficulties through spirituality.

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