FINDINGS FROM

A STUDY OF PARISH NURSES/FAITH COMMUNITY NURSES (FCNs)

IN THE UNITED STATES

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Introduction

Parish nurses/FCNs are registered nurses (RNs) who provide services, often on a volunteer basis, to members of religious congregations. Parish nurses/FCNs may work in programs coordinated and supported by health care systems or in independent programs supported by individual congregations. They focus on a "wholistic" approach to health care, with attention paid to issues of mind, body, and spirit to produce and maintain optimal health. Their work is focused on prevention and support rather than the provision of hands-on clinical services to congregants, and they may work with lay health advocates, community health workers, or other non-RNs who serve as workers or volunteers.

The services provided by parish nurse/FCNs include health education, personal health counseling, referrals, and advocacy -- services that are increasingly important because of their limited availability in the commercial health care system. Despite the potential importance of this role, especially since nursing shortages loom in the U.S. health care system, few statistics are available about parish nurse/FCNs. Indeed, there are currently no national counts available of active parish nurse/FCNs.

The current study, funded in part by Ascension Health (one of the largest sponsors of parish nurse/FCN programs nationwide), represents a pilot effort at nationwide systematic data collection on parish nurse/FCNs. Data collected included information on background characteristics of parish nurse/FCNs (e.g., demographics and education), parish nursing/FCN practice (e.g., congregation characteristics), services provided to congregations, and workplace issues (e.g., satisfaction and future plans).

Methods. Data were collected using a four-page scannable survey form. Approximately 1,960 surveys were distributed to parish nurse/FCN in databases held by parish nurse/FCN coordinators within Ascension Health. Some coordinators provided the Center with mailing lists, other coordinators mailed surveys directly to their nurses, and still others distributed surveys to their nurses in person at monthly or quarterly meetings. Survey packets included a cover letter explaining the purpose of the survey, the survey instrument itself, and a postage-paid, self-addressed envelope that nurses used to return the surveys directly to the Center. Data collection commenced in April 2006, and is still underway as of June 2006.

The decision was made to target the distribution of the survey more broadly, to any names in coordinator databases, rather than limiting the survey to those known to be active parish nurses. Databases commonly included persons who had taken parish nurse/FCN training provided by the coordinator who may or may not be active parish nurses. It was understood that this approach would send many surveys to recipients who were not eligible to respond, but would also reach FCNs who would not otherwise be contacted.

Data and findings. This report is based on the responses gathered as of July 7, 2006. Although surveys were received and scanned from 542 respondents, only 517 of these appear to be active parish nurses. These findings are based on these 517 respondents, although this includes 31 people reporting activity as a parish nurse who did not report a nursing degree (although in some cases they may just have skipped that question).

These responses were generated from a distribution of approximately 1825 surveys. Of these, approximately 30 were returned as undeliverable by the U.S. Postal Service, and 31 were returned blank by respondents who indicated that they were not active parish nurses. This resulted in an overall response rate of 31%, but does not take into account the unknown number of survey recipients not eligible to return the survey because they were not active parish nurses. The true response rate could be as high as 74%, based on the number of known programs in Ascension Health[1].

[1] As noted above, we are aware that many surveys were distributed to persons other than active parish nurses, most of whom would not have responded. A closer examination of Ascension Health parish nurse programs indicates that there were approximately 737 known Ascension Health programs in the mailings (including programs associated with the Ascension Health affiliate Sacred Heart Hospital). This would give an associated response rate of 74% if the assumption were made that responses came only from these 737 programs. The true response rate is probably somewhere between the 30% and 74%, because it is almost certain that some FCNs in the 737 known Ascension Health programs did not respond while some FCNs in programs not affiliated with Ascension Health did respond. A precise response rate is impossible to produce because the loose sampling criteria make a true sample size difficult to pinpoint.

Executive Summary

Introduction. Parish nurses/FCNs are registered nurses (RNs) who provide services, often on a volunteer basis, to members of religious congregations. Their work is focused on prevention and support rather than the provision of hands-on clinical services to congregants. The services provided by parish nurse/FCNs include health education, personal health counseling, referrals, and advocacy.

The current study, funded in part by Ascension Health (one of the largest sponsors of parish nurse/FCN programs nationwide), represents a pilot effort at nationwide systematic data collection on parish nurse/FCNs. Data were collected using a four-page scannable survey form. Approximately 1,960 surveys were distributed to parish nurse/FCNs in databases held by parish nurse/FCN coordinators within Ascension Health. Surveys were received and scanned from 542 respondents, but only 517 of these appeared to be active parish nurses.

Demographics and Educational Background

- **Nearly one-third of parish nurse/FCNs (32%) were age 65 and older (versus 3% of active RNs overall), and approximately another third (35%) were ages 55-64 (versus 17% of all active RNs).**

- **Fifty-three percent of nurses reported that their highest degree (either nursing or non-nursing) was a bachelor's or higher.**

- Sixty-nine percent reported having completed the Basic Parish Nurse Preparation Curriculum; 31% did not.

- Forty-one percent of parish nurse/FCNs reported they had many choices of continuing education programs in parish nursing, but another 20% reported few choices.

- The top areas in which parish nurse/FCNs reported a need for further knowledge were health education (30%), coordination of volunteers (28%), program development and marketing (28%), disaster/trauma preparation (27%), and elder care (24%).

Employment Background

- **The parish nurse/FCNs reported a median of 32 years practicing as an RN.**

- Fifty-eight percent of parish nurse/FCNs reported working a job other than parish nursing/FCN. Many respondents indicated their other jobs were volunteer positions as well.

- Parish nurse/FCNs reported a median of 3 hours per week doing parish nursing.

- Parish nurse/FCNs most commonly reported having served as an parish nurse/FCN for 1-5 years (52%), although 8% have served for more than 10 years.

Parish Nursing Practice

- **Ninety percent indicated that their parish nurse/FCN work was a volunteer job, while only 10% reported being paid.**

- Of those who received a salary/stipend, 51% reported that it came from the congregation, and 33% reported it came from their affiliated hospital. Sixteen percent reported some other source.

- Very few parish nurse/FCNs reported receiving benefits of any kind. Of the nine benefits asked on the survey, 78% reported receiving none. Seventy-five percent of parish nurse/FCNs reported they do not receive any program allowance.

- Ninety-four percent of parish nurse/FCNs served only one congregation.

- Fifty-eight percent served a Roman Catholic congregation, and 31% served a Protestant congregation. The remainders were Episcopal (5%), nondenominational (3%), or "other" (4%).

- Forty percent of parish nurse/FCNs served congregations in either large or small cities (including 9% serving congregations in an inner-city area). Parish nurse/FCNs were also likely to report serving suburban congregations (38%), and a number served small town or rural congregations (23%).

- Although the sampling frame was drawn from Ascension Health program coordinators, only 47% of the respondents reported that their ministry was affiliated with an Ascension Health hospital. Thirty-eight percent said that it was not, and 16% reported not knowing.

The Congregations

- The parish nurse/FCNs served very large congregations, with 40% serving primary congregations of more than 1,000. Twenty-one percent served congregations of more than 2,500, but 36% served congregations of fewer than 500.

- The congregations served were overwhelmingly female (70% of parish nurse/FCNs said their congregations were more than 50% female), and also overwhelmingly older adult (45% of parish nurse/FCNs said their congregations were more than 50% persons older than age of 55).

- **The most common health issue for the congregations served was chronic medical conditions, reported by 67% of parish nurse/FCNs to affect "many" members of their congregations. This was followed by stress issues (34%) and nutrition/obesity issues (29%).**

Workplace Issues

- **Eighty-seven percent of parish nurse/FCNs reported spending some time doing screenings, while 82% spent some time doing information/referral, and 78% spent time**

doing individual health counseling. One out of five (20%) did not report participating in any functions other than these three.

- **The majority of parish nurse/FCNs (60%) reported coordinating volunteers.**

- Many FCNs reported an increase in congregation size (40%), an increase in clergy support (39%), and increases in communication with community agencies and in coordination with community agencies (both 34%).

- Parish nurse/FCNs reported the most difficulty connecting their clients with transportation services and mental health/substance abuse care. Health services and social/community services appeared to be the most readily available services.

- **Parish nurse/FCNs were most likely to agree that they improved the quality of life for their congregations (59%), that community resources were readily available for their congregation (56%), and that they helped congregants navigate through the health care system (53%).**

- Paid FCNs were more satisfied on average with outcomes, skills and support than volunteer FCNs.

- **The majority of parish nurse/FCNs reported that they planned to remain in their current parish nurse/FCN position for the next 2 years (72%), and 24% hoped to increase their hours working as a parish nurse/FCN.**

- Eleven percent of FCNs report plans to leave FCN work in the next two years, either through retirement, through opting for nursing work other than FCN, or through leaving the field of nursing altogether.

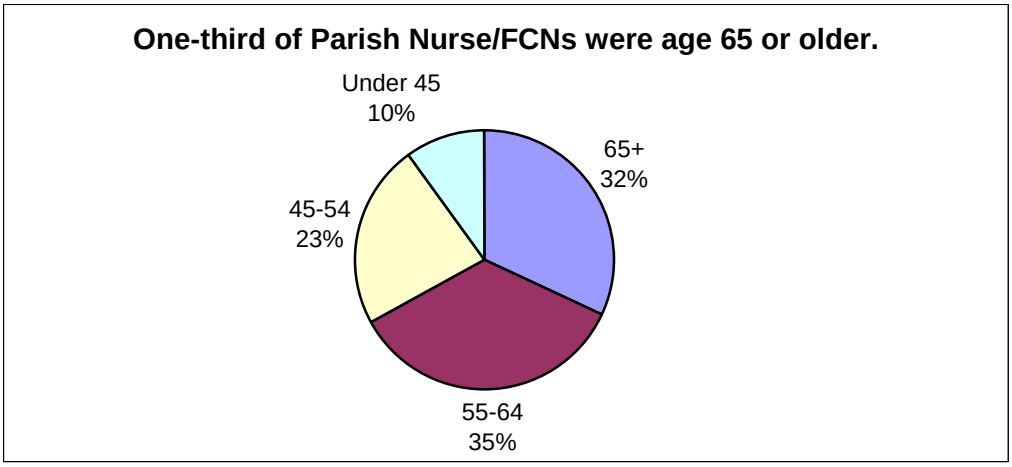
- The top factors that would influence a decision to leave the current parish nurse/FCN position were personal reasons (63%), lifestyle/family concerns (59%), increased stress (38%), increased responsibilities (26%), location/travel (25%), and congregational support (25%).

Findings

Demographics

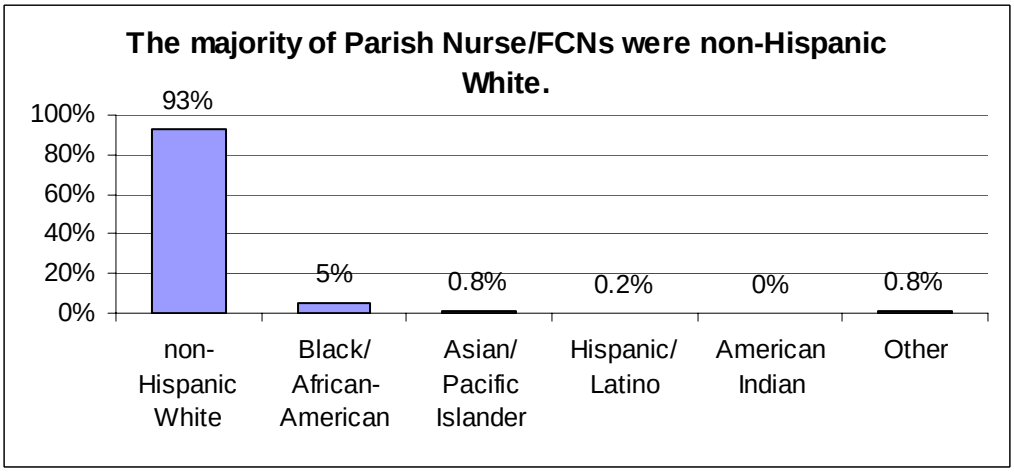
Nearly one-third of parish nurse/FCNs (32%) were age 65 and older (versus 3% of active RNs overall), and approximately another third (35%) were ages 55-64 (versus 17% of all active RNs). Only 10% of parish nurse/FCNs were under the age of 45 (versus 44% of active RNs). Ninety-nine percent of parish nurse/FCNs were female compared to 94% of active RNs overall.

Figure 1. Age Distribution of Active Parish Nurse/FCNs, 2006



The majority of parish nurse/FCNs (93%) were non-Hispanic white, compared to 88% among RNs overall. Five percent of parish nurse/FCNs were Black/African-American (versus 5% of all RNs), and 0.8% were Asian/Pacific Islander (versus 4% of all RNs). Only 0.2% were Hispanic/Latino (versus 2% of all RNs), and 0.8% reported "other." There were no American Indian respondents.

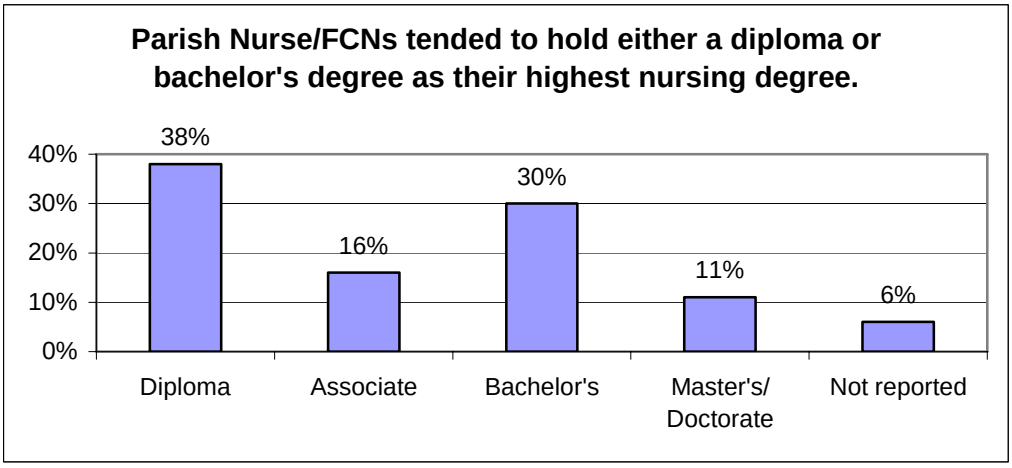
Figure 2. Racial/ethnic Distribution of Active Parish Nurse/FCNs, 2006



Educational Background

Thirty-eight percent of the nurses reported a diploma as their highest nursing degree (more than among active RNs overall, 16%), while another one-third (30%) reported a bachelor's degree (comparable to 35% of RNs overall). Seventeen percent had an associate degree (versus 36% of all RNs), and 11% reported having either a master's degree or doctorate in nursing (versus 13% of all RNs). As noted above, 6% did not report a degree in nursing.

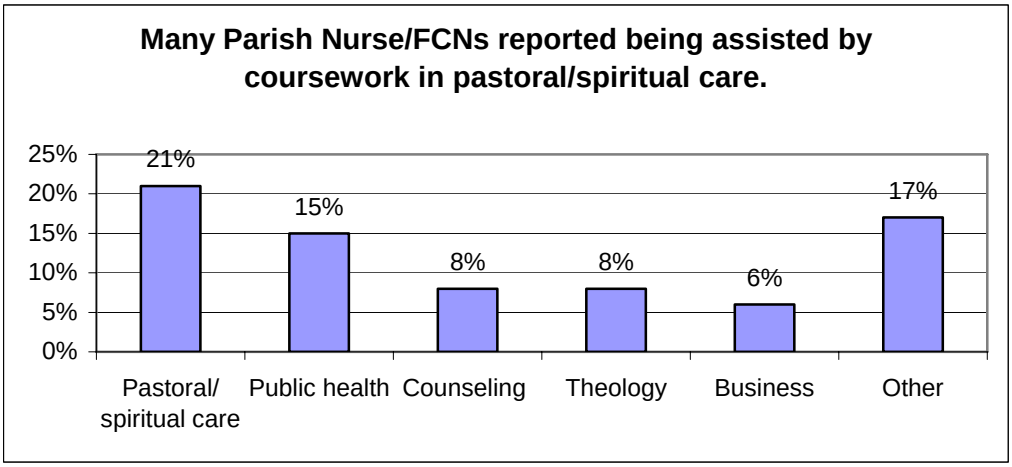
Figure 3. Highest Nursing Degree, Active Parish Nurse/FCNs, 2006



Thirty-three percent of parish nurse/FCNs reported a non-nursing degree in addition to their nursing training. Of these, 35% reported a non-nursing bachelor's degree and 32% reported a non-nursing master's degree or doctorate. Fifty-three percent of nurses reported that their highest degree (either nursing or non-nursing) was a bachelor's or higher.

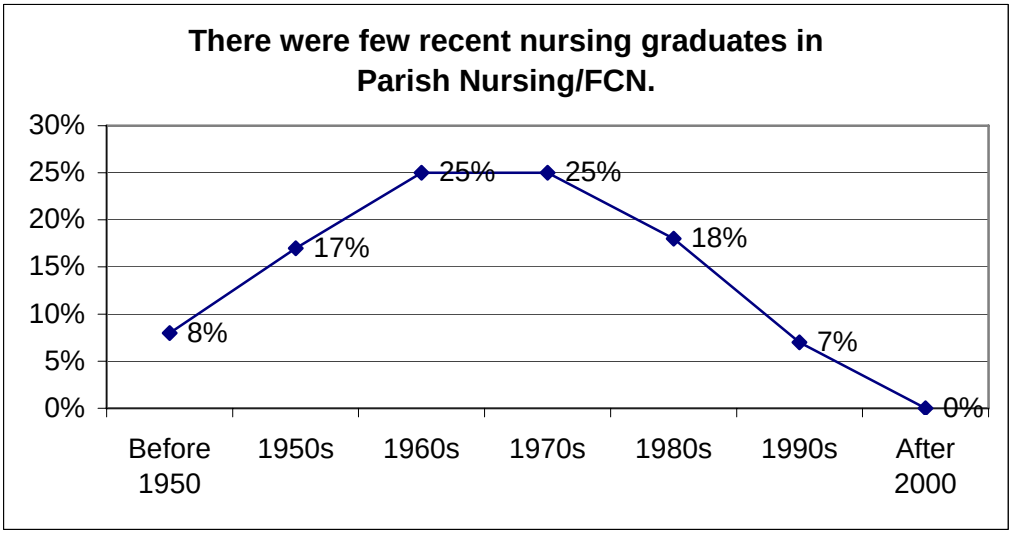
The most common field of additional courses that has assisted those in parish nursing/FCN work is pastoral or spiritual care (21%), followed by public health (15%). Fewer nurses reported courses in counseling (8%), theology (8%), or business (6%). Seventeen percent of nurses, however, reported courses in other areas that have assisted them in their parish nursing/FCN work.

Figure 4. Percent of Active Parish Nurse/FCNs Reporting Additional Coursework in Any Other Field That Has Assisted with Parish Nursing/FCN Work



Eight percent of parish nurse/FCNs reported that their graduation from their basic nursing program occurred before 1950, 17% graduated in the 1950s, 25% graduated in the 1960s, 25% graduated in the 1970s, and 18% graduated in the 1980s. Only 7% of parish nurse/FCNs graduated in 1990 or later, and none graduated in 2000 or later.

Figure 5. Year of Graduation from Basic Nursing Program, Active Parish Nurse/FCNs, 2006



Special Topics in FCN: Completion of the Basic Parish Nurse Curriculum.

Sixty-nine percent reported having completed the Basic Parish Nurse Preparation Curriculum; 31% did not. There was a slight tendency for FCNs over the age of 65 to be more likely to have completed the Basic Parish Nurse Curriculum than those under 65 (73% compared to 70% of those 55-64 and 66% of those under 55). Full-time FCNs were more likely to have completed the Basic Curriculum than part-time FCNs (94% versus 77%), and paid FCNs were more likely than volunteer (91% versus 70%).

FCNs serving nondenominational congregations were far more likely to have completed the Basic Curriculum than others (93%), although they were a very small group. Those serving Protestant congregations were more likely than those serving Episcopal congregations (75% versus 71%), while those serving Roman Catholic congregations were least likely (65%). Those serving inner-city congregations were the most likely to have completed this training (86%), while those serving suburban churches were least likely (61%). Longer experience as an FCN was related to a higher likelihood of completing the Curriculum.

Reimbursement for CE as a benefit of FCN was strongly related to completion of the Curriculum – 92% of nurses who received CE reimbursement had completed the Curriculum, compared to 66% of those who did not receive this benefit.

Reports of being supported by the congregation, clergy, health care organization, and larger religious organization were not related to taking the Basic Curriculum; nor was being associated with an Ascension Health hospital compared to not being associated with an Ascension Health hospital (although FCNs who did not know if they were associated with an Ascension Health hospital were less likely to have taken the Curriculum than those who knew that they were or were not).

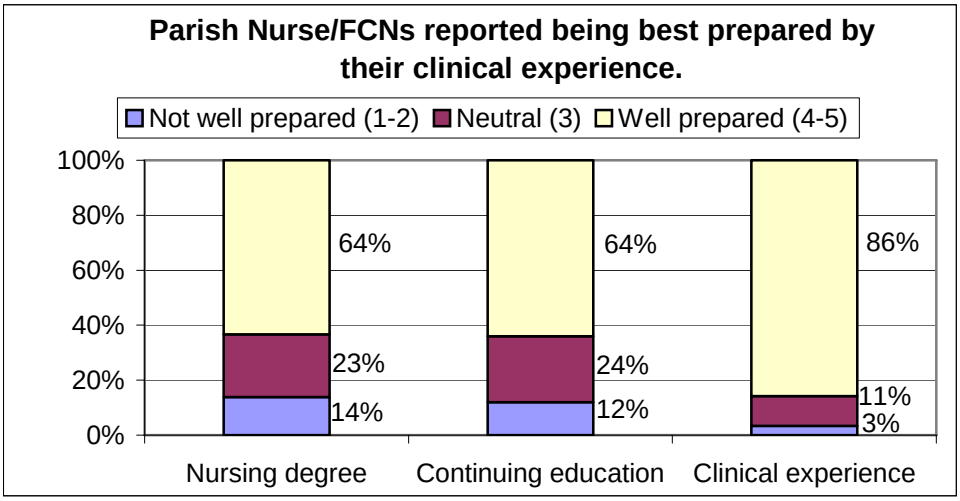
The most common source of continuing parish nurse/FCN education was short courses/workshops (56%), followed by conferences (55%), and self-study (33%). Certificate programs were also relatively common (25%). Fewer nurses reported having used academic courses (15%), health system training (14%), professional association programs (12%), or distance learning (4%).

Table 1. Percent Participating in Parish Nurse/FCN Education from Various Sources

Short courses/ workshops	56%
Conferences	55%
Self-study	33%
Certificate programs	25%
Academic courses	15%
Health system training	14%
Professional association programs	12%
Distance learning	4%
Other	4%

The majority of parish nurse/FCNs felt they were well-prepared for their roles as FCNs by their nursing degree program (64%) and by their post-degree continuing education (64%), although they were most likely to feel well-prepared by their clinical experience (86%). At the same time, however, 14% felt their degree program had not prepared them well, and 12% felt their continuing education had not prepared them well. Only 3% felt unprepared by their clinical experience.

Figure 6. Feelings About Preparation for Roles Performed as a Parish Nurse/FCN



Special Topics in FCN: Availability of Continuing Education

Forty-one percent of parish nurse/FCNs reported they had many choices of continuing education programs in parish nursing, but another 20% reported few choices. The oldest FCNs were the most positive about the availability of CE, while the youngest were the most negative. FCNs who had completed the Basic Curriculum reported greater availability of CE. Full-time FCNs reported greater availability than part-time FCNs, although differences between volunteer and paid FCNs were slight.

FCNs serving nondenominational and Protestant churches were more positive about the availability of CE than those serving Roman Catholic and Episcopal congregations. Differences by location of primary congregation were moderate. Not surprisingly, those who received reimbursement for CE reported that it was more widely available. Those affiliated with Ascension Health hospitals reported a greater availability of CE than those who were not.

FCNs who strongly agreed that they were supported by their congregation, their health care organization, and the larger religious organization reported greater availability of CE. There was only a slight relationship with feeling supported by the clergy.

The top areas in which parish nurse/FCNs reported a need for further knowledge were health education (30%), coordination of volunteers (28%), program development and marketing (28%), disaster/trauma preparation (27%), and elder care (24%).

Table 2. Percent of Parish Nurse/FCNs Reporting a Need For Further Knowledge in the Following Areas

Health education	30%
Coordination of volunteers	28%
Program development and marketing	28%
Disaster/trauma preparation	27%
Elder care	24%
Ethics and liability	22%
Personal health counseling	19%
Behavioral health	19%
Violence/abuse	17%
Adolescents	17%
Advocacy	15%
Nutrition	15%
Case management	14%
Substance abuse	13%
Cultural/language competency	12%
Rural health services	9%
Telehealth	8%
Maternal-child health	6%
Other	5%

Employment Background

The parish nurse/FCNs reported a median of 32 years practicing as an RN.

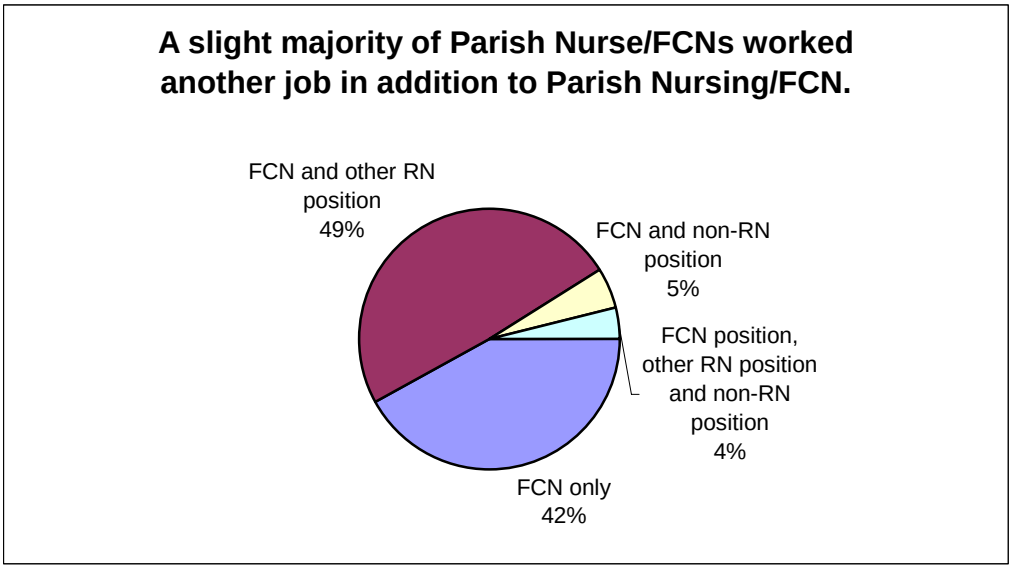
The most commonly reported nursing background for parish nurse/FCNs was general medical-surgical (49%), followed by acute/critical care (24%), home health (23%), geriatrics (22%), and community health (21%). Nurses were asked to mark all that apply, however, and 73% indicated a background in more than one area of nursing. Among those indicating a background in general medical-surgical, 89% also indicated a background in at least one other area. Only 5% of the parish nurse/FCNs reported a background *only* in general medical-surgical.

Table 3. Percent of Parish Nurse/FCNs with Nursing Experience Focused on the Following

General medical-surgical	49%
Other	28%
Acute/critical care	24%
Home health	23%
Geriatrics	22%
Community health	21%
Obstetrics/gynecology	18%
Pediatrics	17%
School health	14%
Ambulatory care	13%
Emergency care	13%
Public health	12%
OR/recovery	11%
Mental health/substance abuse	11%
Hospice	11%
Women's health	6%

Fifty-eight percent of parish nurse/FCNs reported working a job other than parish nursing/FCN (49% worked another RN job, 5% worked at a non-RN job, and 4% worked both an RN job and a non-RN job). Forty-nine percent of those working an additional job as an RN and 75% of those working an additional non-RN job reported working part-time in their other job.

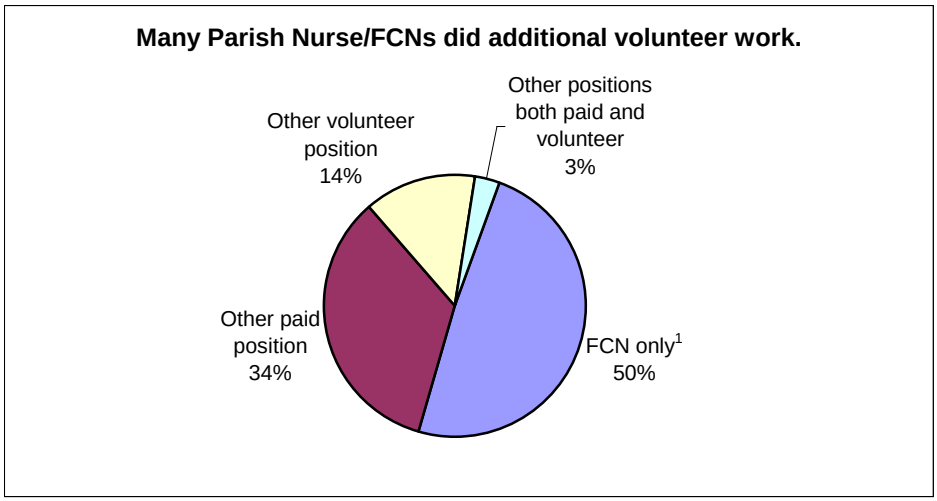
Figure 7. Employment Status of Active Parish Nurse/FCNs, 2006



Ninety percent indicated that their parish nurse/FCN work was a volunteer job, while only 10% reported being paid. Many respondents indicated their other jobs were volunteer positions as

well. Fourteen percent of those indicating an additional RN job noted that their other RN position was a volunteer job, and 71% of those who indicated an additional non-RN job noted that they were volunteers at their non-RN position.

Figure 8. Volunteer/Paid Status of Non-FCN Position



[1] This is 49% in this chart compared to 42% in the chart above due to missing values on paid/volunteer.

Special Topics in FCN: Paid Versus Volunteer Status

Younger FCNs were much more likely to be paid than older FCNs (11% of those ages 35-44 and 18% of those 45-54, compared to 8% of those 55-64 and 5% of those over age 65). FCNs were also more likely to be paid if they had completed the Basic Parish Nurse Curriculum (12% versus 3%).

FCNs serving Protestant and Episcopal congregations were more likely to be paid than those serving Roman Catholic congregations (12% and 14% compared to 7%). Nurses describing the location of their primary congregation as "inner city" were the most likely to be paid (21%), followed by other large urban areas (11%), large town (10%), and suburban (9%). Nurses serving rural/small town locations were least likely to be paid (6%). Size of congregation and Ascension Health affiliation were not consistently related to paid versus volunteer status.

Paid FCNs are much more likely to work full-time than volunteer FCNs (43% versus 4%), and work an average of 25 hours per week compared to 5 for volunteer FCNs. They are also more likely to serve multiple congregations (32% compared to 4%). They are more likely to coordinate volunteers (91% versus 58% of volunteer FCNs), and fully one-quarter (25%) report coordinating more than 20 volunteers. One-third (33%) report that they supervise workers (compared to 18% of volunteer FCNs), and almost one in ten (9%) supervise more than 20 workers.

They are much more likely than volunteer FCNs to receive a program allowance (70% compared to 21%), and are much more likely to receive benefits. While no volunteer FCNs report receiving health insurance, dental insurance, life insurance, retirement, or paid time off, 41% of paid FCNs report health insurance, 41% report dental insurance, 39% report life insurance, 43% report retirement, and 57% report paid time off. They are also more likely to receive CE reimbursement (59% versus 7%), flexible working hours (82% versus 6%), nursing liability premiums (39% versus 5%), and mileage reimbursement (59% versus 5%).

Paid FCNs are more likely than their volunteer counterparts to spend at least some time on any given task. Table X, below, shows the top five roles performed as a FCN, with the percentage of nurses who report spending any time in this role. As can be seen, the most common tasks for paid FCNs are not largely different than the most common tasks for volunteer FCNs, but a higher percentage of paid FCNs perform the tasks.

Top five roles performed as parish nurse, paid and volunteer

Paid FCN		Volunteer FCN	
Individual counseling	100%	Screenings	79%
Information/referral	98%	Information/referral	70%
Program management	98%	Individual counseling	67%
Program development	95%	Program development	55%
Screenings	91%	Program management	49%

Paid FCNs are more likely than volunteer FCNs to report agreement with a number of positive statements about their FCN practice, as shown in Table X below.

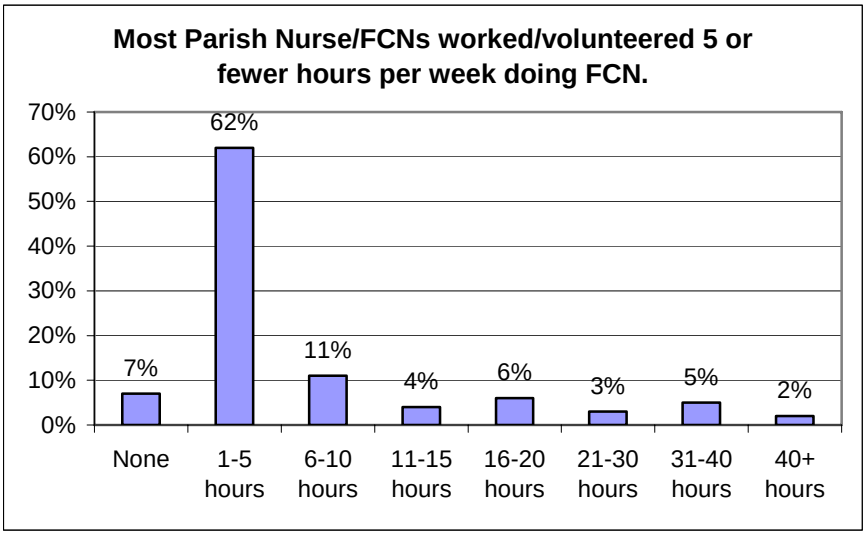
	Volunteer	Paid
Help congregants address a range of problems	45%	91%
Help navigate health care system	49%	88%
Improve the quality of life	58%	86%
Help congregants meet their objectives	41%	81%
Help families respond to need	35%	74%
Work with community organizations	47%	70%
Help resolve crisis situations	30%	69%
Respond to number of requests	46%	65%
Satisfied ability to design services	41%	56%
Satisfied address complex/chronic care problems	37%	50%

Furthermore, paid FCNs are more likely than volunteers to agree that they are respected and support by their congregation (88% versus 64%) and their clergy (84% versus 62%).

Finally, paid FCNs are much more likely to report plans to remain in their position in the next two years (93% versus 71%), and report different reasons for potentially leaving their position. They are more likely than volunteers to say they would consider leaving due to different clergy/leadership (39% versus 20%), increased stress (55% versus 37%), congregational support (41% versus 24%), and lifestyle/family (82% versus 57%).

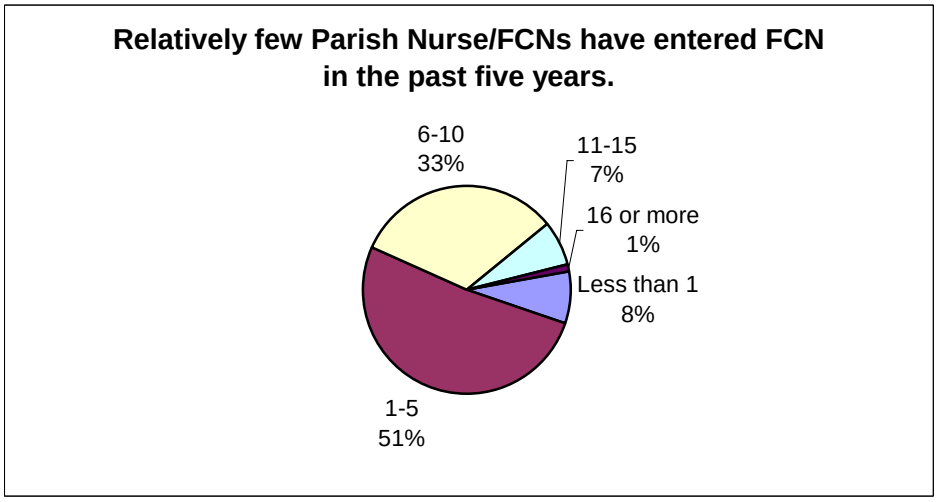
Parish nurse/FCNs reported a median of 3 hours per week doing parish nursing, and a median of 3 hours a week at all other jobs. The majority of parish nurse/FCNs (62%) reported working 1-5 hours per week, while nearly three-quarters (74%) worked less than 10 hours per week. Nine percent did, however, report working more than 20 hours per week as a parish nurse/FCN.

Figure 9. Total Hours Per Week Spent in Parish Nursing/FCN



Parish nurse/FCNs most commonly reported having served as an parish nurse/FCN for 1-5 years (52%), although 8% have served for more than 10 years.

Figure 10. Years Served as a Parish Nurse/FCN



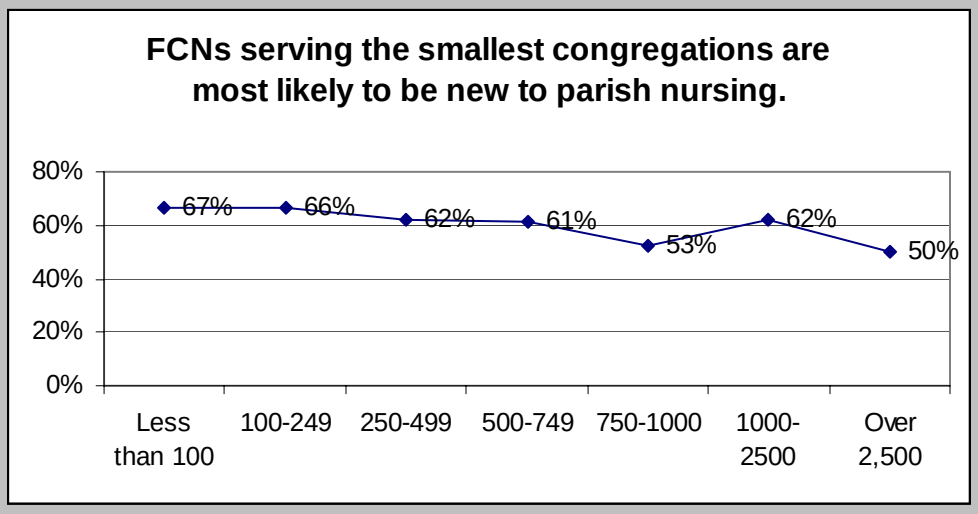
Special Topics in FCN: New Entrants to FCN

Background. There were relatively small differences between those who entered FCN in the past five years and other FCNs in terms of age and highest nursing degree. FCNs who had done this work for more than five years were more likely to be over the age of 65 (38% versus 27%) and slightly more likely to hold a diploma as their highest nursing credential (43% versus 38%). New entrants were less likely than others to have taken the Basic Parish Nurse Curriculum (64% versus 78%), which implies that this may be a credential in which nurses become more interested as their investment in FCN grows.

Differences were also minor in terms of the continuing education FCNs reported that they needed. New FCNs were less likely to report needing more education in advocacy and domestic violence than their more experienced peers (12% versus 20% and 14% versus 21%, respectively), but did not differ in their interest in most topic areas.

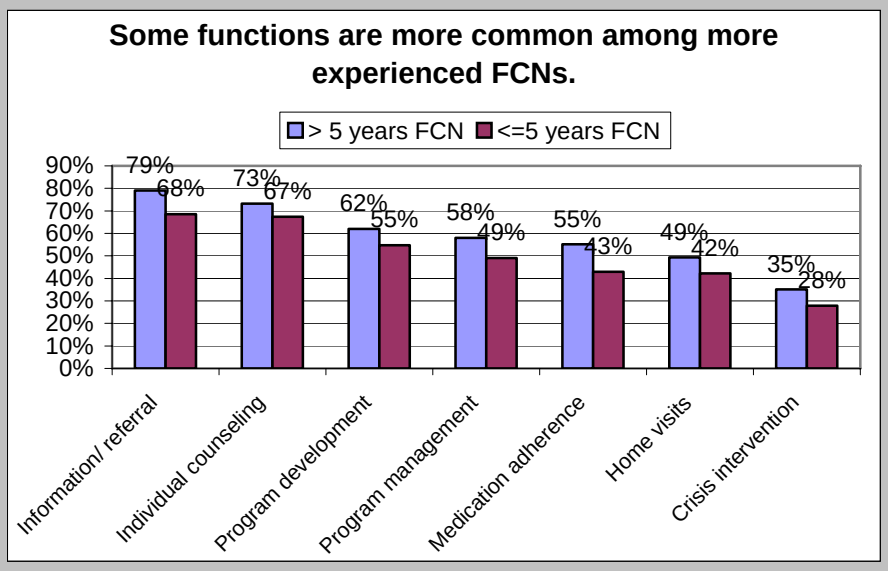
Employment. New FCNs were more likely than their peers to report working another RN job (59% versus 46%), but were not more or less likely to work a non-RN job. They were not more or less likely to report that they were paid as an FCN rather than volunteer. New entrants worked fewer hours on average as FCNs than others (6.6 versus 8.9), but worked more hours per week in another (non-FCN) job (14.7 versus 10.4).

FCNs serving Protestant congregations were slightly more likely to be new than those serving Roman Catholic congregations (63% versus 57%), while those serving Episcopal congregations were most likely to be new (67%). Those serving rural/small town congregations were much more likely to be new than those serving other areas (71% versus 56%). Those affiliated with Ascension Health hospitals were slightly less likely to be new than those who were not or did not know (56% versus 63%). As shown below, FCNs serving small congregations were more likely to be recent entrants to faith community nursing than those who serve larger congregations.



Functions. New FCNs were less likely than more experienced ones to report that they coordinate volunteers (55% versus 67%), and were also less likely to coordinate more than ten (11% versus 20%).

There were no differences in whether FCNs did screening, group counseling, family counseling, treatment planning, discharge planning, community organizing, case management, or development of support groups. They were, however, less likely to do program development or program management, individual counseling, crisis intervention, home visits, medication adherence, or information/referral, as shown below. These may be skills that FCNs develop only with more years experience working with congregations.



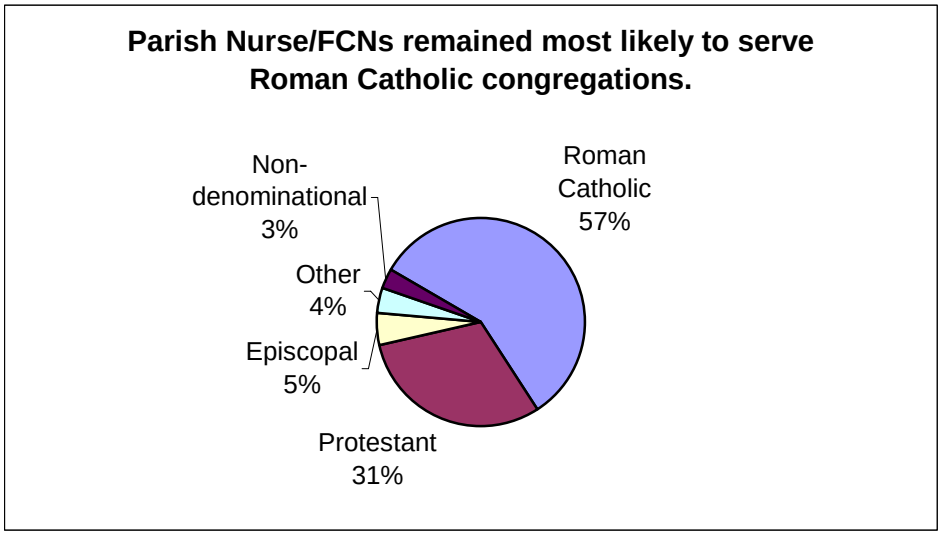
Satisfaction and Future Plans. The data indicate some areas where new entrants into FCN might need additional support relative to more experienced FCNs. They are more likely than more experienced FCNs to feel that paperwork has increased, and rate health services as being less accessible to members of their congregation. They are less likely to agree that they help congregants meet their objectives, that they resolve crisis situations, or that they help families respond to congregant needs. Nonetheless, new FCNs are as likely to plan to say in their position as experienced FCNs, and are about twice as likely to report wanting to increase their FCN hours within the two years (30% versus 15%).

Parish Nursing Practice

Ninety-four percent of parish nurse/FCNs served only one congregation. Only 2% of FCNs served more than two congregations.

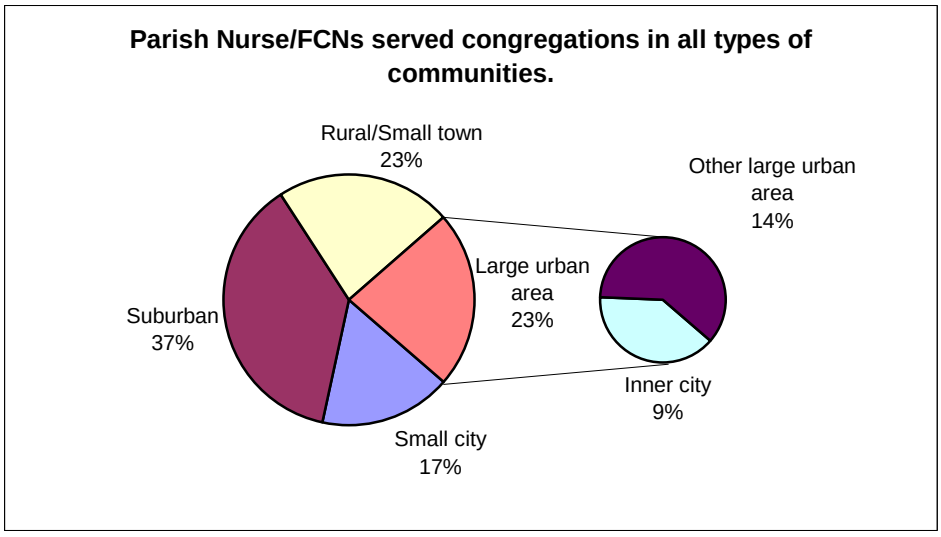
Fifty-eight percent served a Roman Catholic congregation, and 31% served a Protestant congregation. The remainder were Episcopal (5%), nondenominational (3%), or "other" (4%). None reported serving a Jewish, Muslim, Hindu, or Buddhist congregation.

Figure 11. Affiliation of Primary Congregation, Active Parish Nurse/FCNs, 2006



Forty percent of parish nurse/FCNs served congregations in either large or small cities (including 9% serving congregations in an inner-city area). Parish nurse/FCNs were also likely to report serving suburban congregations (38%), and a number served small town or rural congregations (23%).

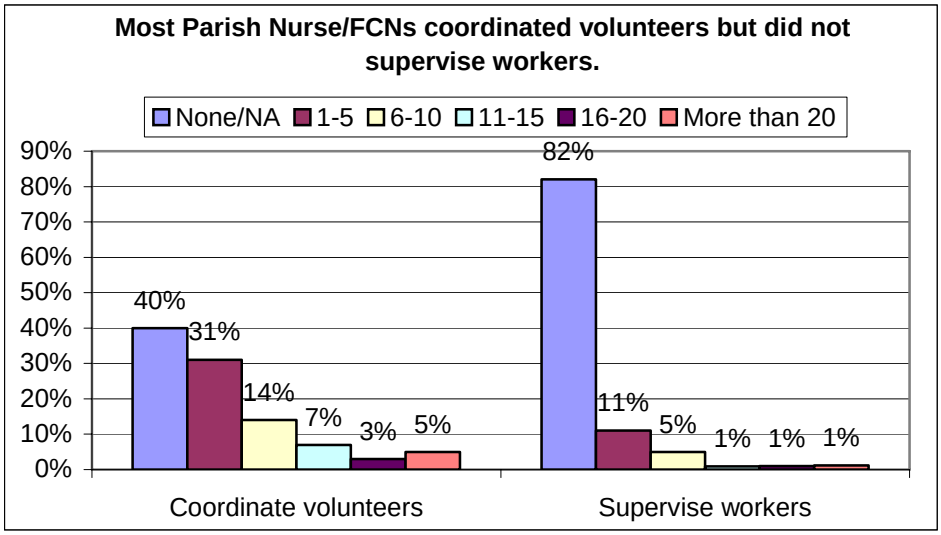
Figure 12. Location of Primary Congregation, Active Parish Nurse/FCNs, 2006



Note: Large urban area defined as population over 50,000; small city defined as population 25,000-50,000.

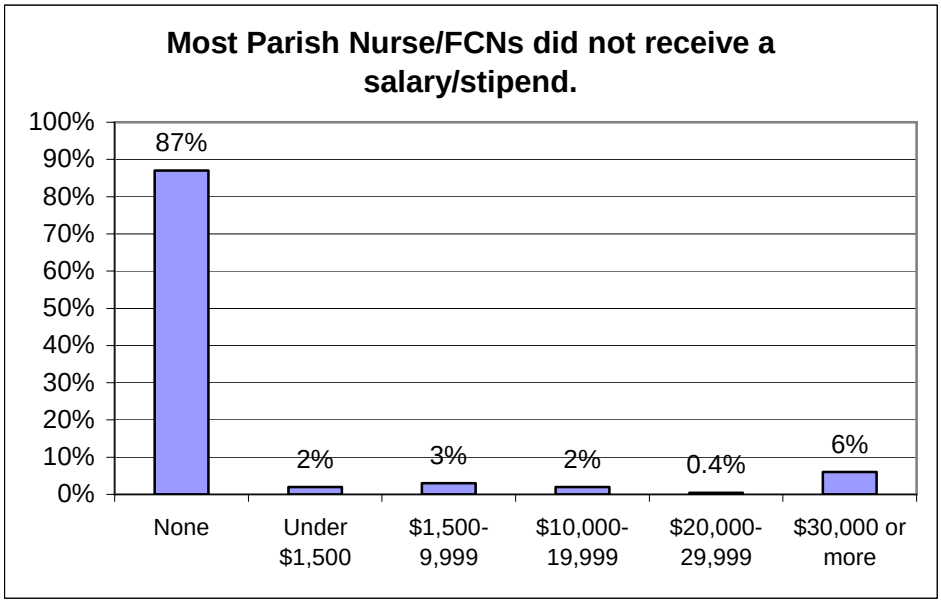
The majority of parish nurse/FCNs (60%) reported coordinating volunteers. Nearly one-third (31%) of parish nurse/FCNs coordinated 1-5 volunteers, while 14% coordinated 6-10 and 15% coordinated more than 10 volunteers. Fewer parish nurse/FCNs (18%) reported supervising workers (16% supervised 10 or fewer workers and 3% supervised more than 10).

Figure 13. Number of Volunteers Coordinated and Workers Supervised, Active Parish Nurse/FCNs, 2006



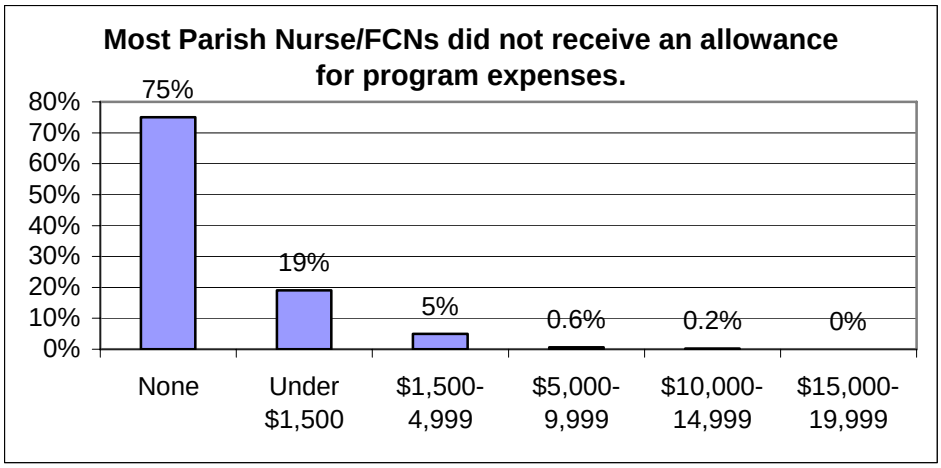
Eighty-seven percent of parish nurse/FCNs reported receiving no stipend for their work. Six percent, however (nearly half [46%] of those who received a salary/stipend) report salaries of $30,000 or more. Of those who received a salary/stipend, 51% reported that it came from the congregation, and 33% reported it came from their affiliated hospital. Sixteen percent reported some other source.

Figure 14. Total Annual Gross Salary/Stipend Received from Parish Nursing/FCN



Seventy-five percent of parish nurse/FCNs reported they do not receive any program allowance. Nineteen percent (the majority of those receiving a program allowance) reported receiving less than $1,500 for program expenses.

Figure 15. Total Annual Allowance for Program Expenses



Very few parish nurse/FCNs reported receiving benefits of any kind. Of the nine benefits asked on the survey, 78% reported receiving none. The most common benefit received was flexible working hours, but only 14% of parish/nurse FCNs reported this was available. Twelve percent reported reimbursement for continuing education, and 10% reported reimbursement for mileage. Eight percent said their nursing liability premiums were included as a benefit.

Table 4. Benefits Included in Parish Nurse/FCN Compensation Package

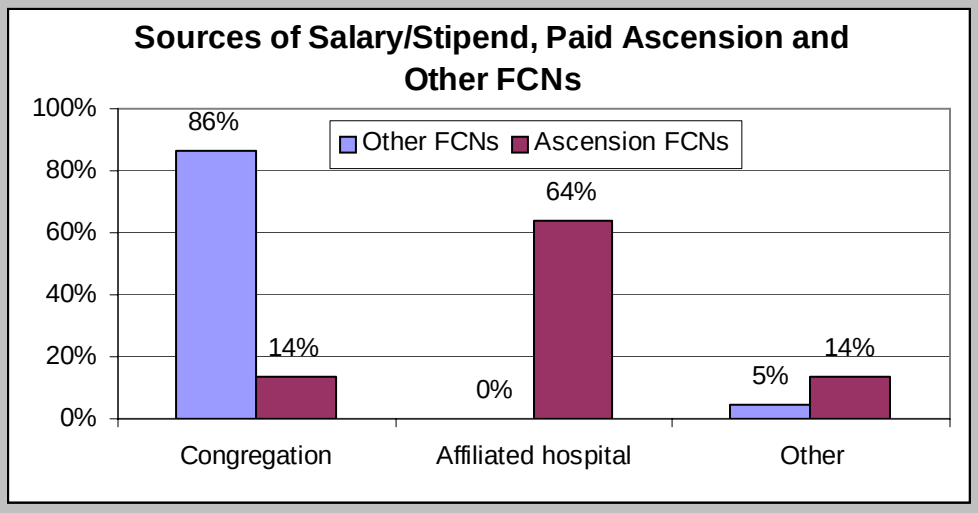
Flexible working hours	14%
CE reimbursement	12%
Mileage reimbursement	10%
Nursing liability premiums	8%
Paid time off	6%
Health insurance	5%
Dental insurance	5%
Retirement	5%
Life insurance	4%
None of above	78%

Special Topics in FCN: Ascension Health

Although the sampling frame was drawn from Ascension Health program coordinators, only 47% of the respondents reported that their ministry was affiliated with an Ascension Health hospital. Thirty-eight percent said that it was not, and 16% reported not knowing. All data presented below classifies "Other FCNs" as both those who said they were not Ascension Health affiliated and those who did not know, unless otherwise specified.

Background. Ascension Health FCNs are older than others, with only 74% ages 55 and older (versus 61% of other FCNs), although they do not differ much in highest nursing degree or nursing background. They are no more likely to have completed the Basic Parish Nurse Curriculum, but they are more likely to perceive many choices for continuing education (45% versus 37%).

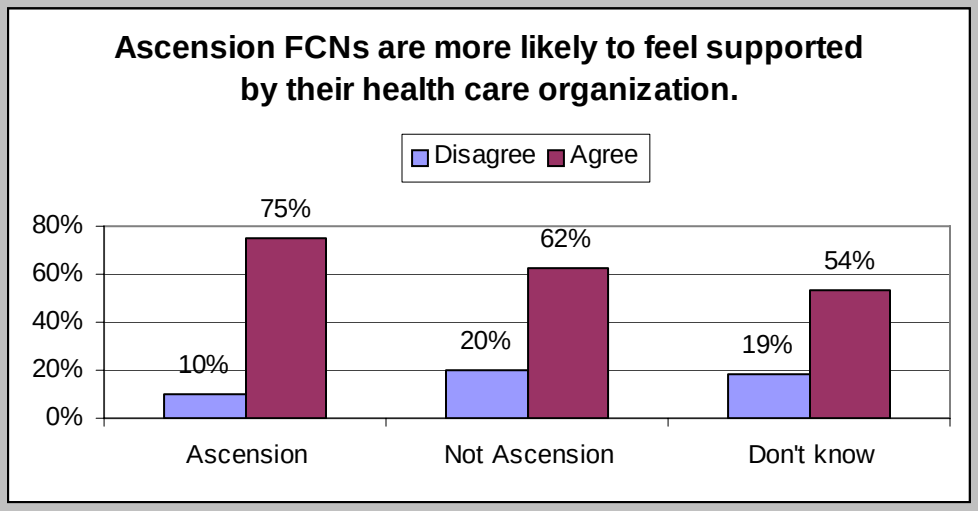
Employment. Although Ascension Health FCNs are more likely to have served as FCNs for more than five years (44% versus 36%), they are also very slightly more likely to have served for less than one year, indicating a solid influx of new FCNs into Ascension Health programs. Ascension Health FCNs are more likely to be full-time than other FCNs (16% versus 9%), and although they are no more likely to be paid than other FCNs they are more likely to receive some important benefits, as shown below in Figure X. Among the 13% of FCNs who report a salary/stipend, those affiliated with Ascension Health were more likely than others who to report that their salary/stipend is paid by their hospital (64% versus 0%), and less likely to say that they were paid by their congregation (14% versus 86%).



Ascension Health FCNs are more likely than others to serve Roman Catholic congregations (64% versus 53%), but one-third serve other denominations. Ascension Health FCNs are also somewhat more likely to serve suburban congregations (43% versus 33%). Ascension Health FCNs perform more prevention and advocacy functions, on average, than other FCNs. They also

spend a greater percentage of their time on advocacy and individual health counseling than other FCNs[2].

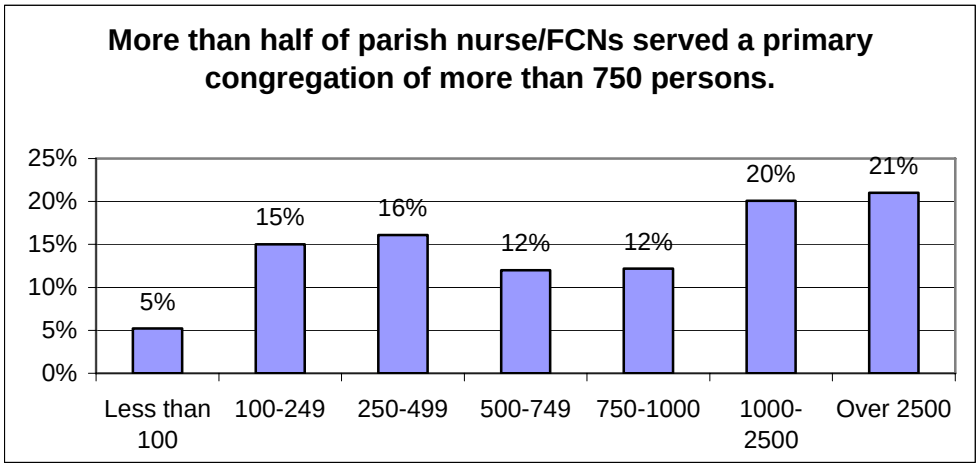
Satisfaction and plans. Seventy-five percent of nurses who reported that their ministry was affiliated with an Ascension Health hospital agreed they were supported by their health care organization, compared to 62% of those not affiliated with Ascension Health, and 54% of those who did not know whether they were affiliated with Ascension Health.



The Congregation

The parish nurse/FCNs served very large congregations, with 40% serving primary congregations of more than 1,000. Twenty-one percent served congregations of more than 2,500, but 36% served congregations of fewer than 500.

Figure 17. Size of Primary Congregation in Individuals



[2] See pg. 25 for explanation of categorization of functions.

The congregations served were overwhelmingly female (70% of parish nurse/FCNs said their congregations were more than 50% female), and also overwhelmingly older adult (45% of parish nurse/FCNs said their congregations were more than 50% persons older than age of 55). Most congregations were also more than 50% non-Hispanic White (88%), although 7% served congregations that were more than 50% Black/African-American, and 2% served congregations that were more than 50% American Indian.

Table 5. Composition of Congregations by Gender and Age

	Female	Children (Under 13)	Adolescents (13-21)	Adults (under 54)	Older adults (55+)
None	0%	11%	9%	0.2%	0%
1-10%	2%	43%	49%	7%	6%
11-25%	1%	41%	38%	37%	18%
26-50%	27%	4%	5%	50%	31%
50+%	70%	1%	0.2%	6%	45%

The most common health issues for the congregations served appeared to be chronic medical conditions, reported by 67% of parish nurse/FCNs to affect "many" members of their congregations. This was followed by stress issues (34%) and nutrition/obesity issues (29%). A number of parish nurse/FCNs also reported that many members of their congregations were affected by grief issues (15%) and caregiver issues (15%).

Table 6. How Many Members of the Congregations You Serve Have the Following Conditions?

	None	Few	Some	Many
Chronic medical conditions	0.4%	5%	28%	67%
Stress issues	2%	19%	45%	34%
Nutrition/obesity issues	3%	18%	51%	29%
Grief issues	4%	36%	45%	15%
Caregiver issues	4%	35%	46%	15%
Acute medical conditions	3%	35%	49%	13%
End-of-life issues	11%	41%	39%	10%
Physical disabilities	4%	51%	37%	8%
Behavioral health conditions	12%	52%	33%	4%
Developmental disabilities	23%	65%	11%	1%
Alzheimer's/dementia	11%	56%	31%	2%
Substance abuse conditions	24%	55%	19%	1%
Family violence issues	39%	51%	9%	1%

Eighty-seven percent of parish nurse/FCNs reported spending some time doing screenings, while 82% spent some time doing information/referral, and 78% spent time doing individual health

counseling. Seventy-one percent did program development, and 67% did program management. Very few reported any time spent doing family/marriage health counseling (8%).

Table 7. What Percent of Your Time as a Parish Nurse/FCN Per Month Is Spent on The Following Activities

	1-19%	20-39%	40-59%	60-79%	80-100%	Any activity
Screenings	37%	12%	5%	7%	26%	87%
Information/referral	40%	14%	11%	8%	9%	82%
Individual counseling	40%	15%	8%	7%	9%	78%
Program development	39%	21%	9%	2%	1%	71%
Program management	33%	15%	11%	5%	3%	67%
Medication adherence	37%	9%	5%	3%	2%	57%
Coordination of volunteers	35%	9%	6%	3%	3%	56%
Home visits	30%	14%	5%	3%	3%	54%
Community organizing	29%	7%	5%	3%	1%	45%
Crisis intervention	31%	5%	2%	1%	0%	39%
Development of support groups	23%	9%	3%	1%	1%	36%
Group counseling	19%	9%	3%	1%	1%	33%
Treatment planning	26%	4%	2%	1%	1%	34%
Case management	21%	4%	3%	2%	1%	31%
Discharge planning	16%	2%	1%	1%	0%	20%
Family/marriage counseling	7%	1%	0%	0%	0%	8%

Special topics in FCN: Correlates of What Parish Nurses Do

Of the 16 functions included in the survey in which FCNs might participate, 6% reported participating in none of these functions, and another 7% reported participating in only one of these functions. Thirty-one percent reported participating in three or fewer functions (usually screening, information/referral, and/or individual counseling). Two-thirds (67%) of those reporting three or fewer functions and one out of five (20%) of all FCNs did not report participating in any functions other than these three.

FCN functions are divided into four categories that can be examined in more detail. One of the primary roles of the FCN is community case management, which includes the functions of case management, treatment planning, crisis intervention, home visits, and discharge planning. Another primary role is prevention, which includes health screenings and development of support groups. FCNs also serve as health advocates (doing program development, program management, and community organizing), and as personal health counselors (providing personal health counseling to individuals, groups, or families/couples). Involvement in these functions can be measured both in terms of breadth (how many of the tasks FCNs participate in) and depth (what percent of their time per month is spent on this group of tasks).

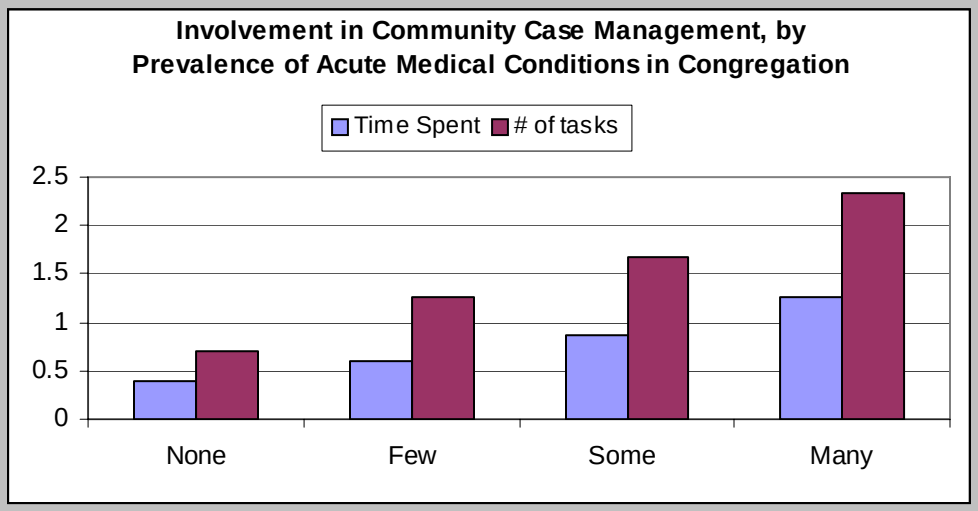
Background. Involvement in the various functions does not vary by FCN age, highest nursing degree, or location of primary congregation. FCNs who have completed the Basic Parish Nurse Preparation do significantly more community case management, health advocacy, and personal health counseling than those who have not completed the program (in terms of both number of tasks and time spent), but do not differ in terms of their involvement in prevention activities.

FCNs who report a background in community health are more involved in all four of these types of functions than their counterparts without a community health background. Those with a background in public health and home health do significantly more individual health counseling.

Employment. Full-time FCNs do more than part-time FCNs in terms of the number of tasks that they do in each category of function, but only spent a greater percentage of their time in community case management and advocacy, while paid FCNs do more of almost everything than volunteer FCNs (the exception being that they do not spend a greater percent of their time on prevention, although they engage in more prevention tasks). FCNs who serve Protestant congregations do significantly more community case management, advocacy, and individual health counseling than those who serve Catholic congregations. Those serving smaller congregations spend a greater percentage of their time doing individual health counseling than those who serve larger congregations.

A greater percentage of women in the congregation is associated with more involvement in individual health counseling, while a greater percentage of children or of adolescents is associated with more involvement in advocacy. Serving a congregation that is a greater percentage Black/African-American is associated with greater involvement in advocacy.

Involvement in community case management is greater when a higher percentage of the congregation suffers from acute medical problems or from developmental disabilities, and involvement in advocacy is greater when more of the congregation suffers from grief issues. Both community case management and advocacy increase when a higher percentage of the congregation suffers from behavioral health conditions or from caregiver issues.



Workplace Issues

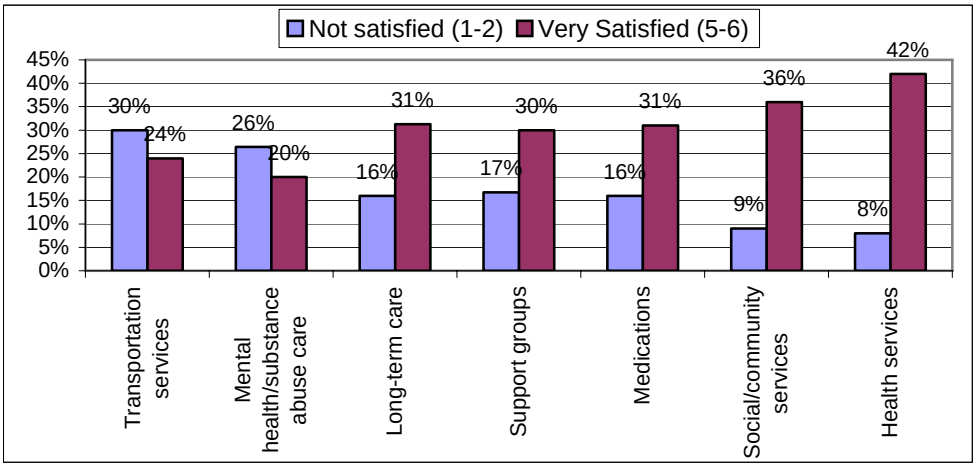
Changes in Parish Nurse/FCN practice. The most frequently reported change in parish nurse/FCN practice in the past two years was increase in congregation size, reported by 40% of parish nurse/FCNs. This was followed by an increase in clergy support (39%), an increase in communication with community agencies and in coordination with community agencies (both 34%).

Table 8. Percent of Parish Nurse/FCNs Reporting Changes in the Following Areas

	Decrease	No Change	Increase
Congregation size	18%	42%	40%
Severity of client problems	3%	70%	28%
Communication with community agencies	8%	60%	34%
Coordination with community agencies	7%	59%	34%
Clergy support	13%	48%	39%
Paperwork	6%	70%	25%

Accessibility of services. Parish nurse/FCNs reported the most difficulty connecting their clients with transportation services and mental health/substance abuse care. Health services and social/community services appeared to be the most readily available services.

Figure 18. Percent of Parish Nurse/FCNs Who Reported Satisfaction/Dissatisfaction with Accessibility of Services for Their Congregation



Perspectives about parish nursing/FCN. Parish nurse/FCNs were most likely to agree that they improved the quality of life for their congregations (59%), that community resources were readily available for their congregation (56%), and that they helped congregants navigate through the health care system (53%). They were much less likely to agree that they helped resolve crisis situations (33%), were satisfied with their ability to address complex and chronic care problems of congregants (40%), were satisfied with their ability to design programs to better meet their congregations needs (42%), and helped families respond to congregant needs (40%).

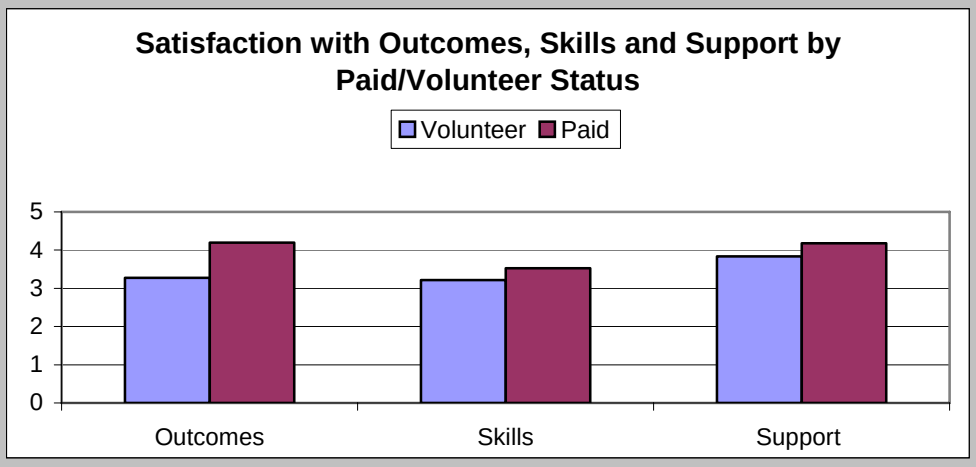
Table 9. Percent Parish Nurse/FCNs Indicating Agreement/Disagreement with Following Statements About Their Parish Nursing/FCN Experience

	Disagree	Agree
Improve the quality of life	11%	59%
Resources readily available	11%	56%
Help navigate health care system	21%	53%
Help congregants address a range of problems	24%	50%
Work with community organizations	26%	49%
Satisfied respond cultural differences	24%	48%
Respond to number of requests	26%	47%
Help congregants meet their objectives	20%	45%
Satisfied ability to design services	30%	42%
Help families respond to need	28%	40%
Satisfied address complex/chronic care problems	32%	40%
Help resolve crisis situations	40%	33%

Special Topics in FCN: Parish Nurse Satisfaction

There were four general types of satisfaction assessed by the "Workplace Issues" questions in the survey: satisfaction with outcomes[3]; satisfaction with skills[4], satisfaction with resources[5]; and satisfaction with support[6].

None of these varied by FCN age or by highest nursing degree. Full-time FCNs, paid FCNs, and those only working as an FCN were more satisfied on average with outcomes, skills, and support than part-time FCNs, volunteer FCNs, and those working another RN job.



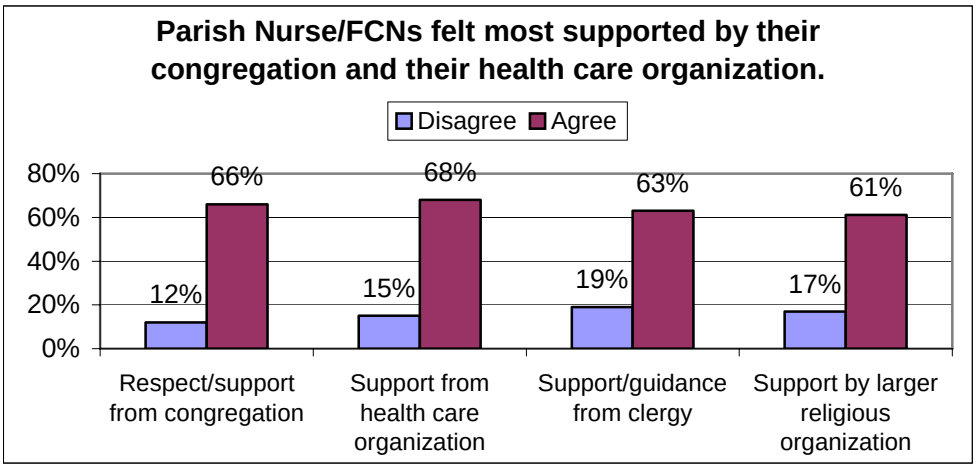
FCNs reporting many choices in continuing education were more satisfied with outcomes, skills, and support; and those reporting that they had been well-prepared for FCN by their continuing education were more satisfied than others with their skills and resources. Those who have completed the Basic Parish Nurse Preparation are more satisfied with outcomes than those who have not.

FCNs serving Protestant congregations are more satisfied with outcomes and support than those serving Roman Catholic congregations, and FCNs affiliated with Ascension Health hospitals are more satisfied with support than those not affiliated with Ascension Health hospitals. Differences by size and location of primary congregation are not substantial.

[3] Agreement that "I improve the quality of life for my congregants"; "I help congregants meet their objectives"; "I help congregants address a range of problems"; "I help congregants resolve crisis situations"; "I help families respond to congregant needs"; and "I help congregants navigate the health care system."
[4] Agreement that "I can effectively respond to the number of requests for help"; "I am satisfied with my ability to address complex/chronic care problems"; "I am satisfied with my ability to respond to cultural differences"; "I am satisfied with my ability to design services."
[5] Rating of availability of health services, medications, long-term care, mental health/substance abuse care, social/community services, transportation services, and support groups for congregants.
[6] Rating of respect/support/guidance from congregation, clergy, health care organization, and larger religious organization.

Support for FCN/parish nursing. Sixty-six percent agreed there was respect/support for parish nursing services within their congregation, compared to 12% who disagreed. Sixty-three percent agreed they received support and guidance from their clergy, although 19% disagreed. Sixty-eight percent agreed that parish nursing/FCN services were supported within their health care organization, while 15% disagreed. Sixty-one percent agreed that parish nurse/FCN services were supported by the larger religious organization (e.g., diocese or synod), while 17% disagreed.

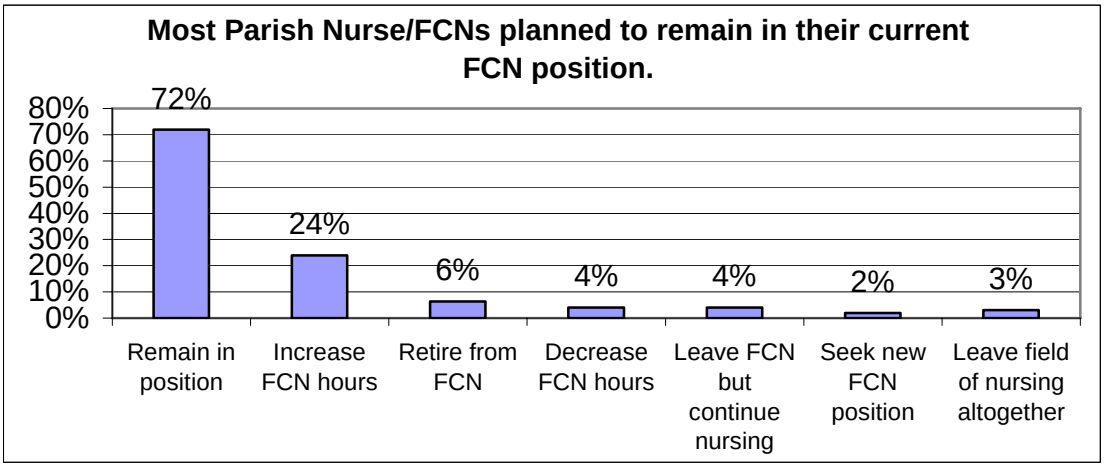
Figure 19. Assessments of Support for Parish Nursing/FCN Services



Only 18% said their practice has been adversely affected by turnover of clergy, while 73% disagreed and 9% were neutral.

Future plans. The majority of parish nurse/FCNs reported that they planned to remain in their current parish nurse/FCN position for the next 2 years (72%), and 24% hoped to increase their hours working as a parish nurse/FCN, compared to only 4% who planned to reduce their hours working as a parish nurse/FCN. Another 2% planned to seek a new parish nurse/FCN position, while 4% planned to continue working in nursing but discontinue working as a parish nurse/FCN. Six percent planned to retire from parish nursing/FCN work, and 3% planned to leave the field of nursing altogether. Seven percent reported that they have other plans.

Figure 20. Plans as a Parish Nurse/FCN in the Next Two Years



The top factor that parish nurses/FCNs reported would influence a decision to leave their current parish nurse/FCN position was personal reasons (63%), followed by lifestyle/family concerns (59%). Increased stress (38%), increased responsibilities (26%), location/travel (25%), and congregational support (25%) also ranked highly.

Table 10. Most Important Factors That Would Influence a Decision to Leave Your Current Parish Nurse/FCN Position

Personal reasons	63%
Lifestyle/family concerns	59%
Increased stress	38%
Increased responsibilities	26%
Location/travel	25%
Congregational support	25%
Different clergy/leadership	22%
Program mission/goals	12%
Other	11%
Ethical issues	9%
Better compensation	9%
Health system mission/goals	8%
More interesting work	6%

Note: Respondents were asked to choose 5 most important.

Special Topics in FCN: Retention

Eleven percent of FCNs report plans to leave FCN work in the next two years, either through retirement, through opting for nursing work other than FCN, or through leaving the field of nursing altogether.

Relatively few want to seek a new position within FCN. This may indicate that nurses are generally happy in their particular position and would only want to leave if they had leave FCN work completely, or it could indicate that FCNs who are dissatisfied tend to leave FCN work completely rather than trying a different position with a different congregation. Either way, this very small number is too few to analyze.

Background. Those who plan to leave FCN completely are older than other FCNs, with 49% age 65 and older, and fully half hold diplomas as their highest degree. They work slightly fewer hours at FCN on average than those who do not plan to leave (5.8 versus 7.7), but slightly more hours in another job (14.3 versus 12.6).

Employment. FCNs who report that their congregation is in what they define as an "inner city" area are much more likely to report plans to leave than other FCNs (19% versus 9%-12% of those in other areas). FCNs affiliated with Ascension Health are half as likely to plan to leave as those who are not affiliated with Ascension Health (8% versus 16%), although those who do not know whether they are affiliated with Ascension Health are also unlikely to plan leave (6%). Interestingly, FCNs who serve mid-sized congregations are more likely to plan to leave than those who serve either small or large congregations.

Satisfaction. It is somewhat surprising that FCNs who plan to leave are not very different in their satisfaction than those who do not, but this may be because most of the planned leavers intend to retire and are not leaving because they are dissatisfied. FCNs who plan to leave are more likely to report that clergy support has decreased in the past two years, and that health services are not accessible to their congregants. They report less respect and support from the congregation, less support and guidance from clergy, and were more likely to say that clergy turnover has affected their practice. Still, FCNs who plan to leave do not report different factors that would influence a decision to leave compared to those who do not have such plans.

Community health needs assessment. Thirty-five percent of the parish nurse/FCNs who responded to the optional faith community information box reported that a community health needs assessment was in use in their ministry, while 34% said no, and 31% did not know.