THE ADVANCED PRACTICE PARISH NURSE IN THE RURAL COMMUNITY: A MODEL POSITION DESCRIPTION

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By

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ABSTRACT

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As a result of health care reform, health promotion in the rural faith community calls for strategies which are reflective and focused towards a variety of health needs across the lifespan. The Advanced Practice Nurse, working within the domain of the rural faith community, is in a prime position to promote healthy behaviors by placing an emphasis on health promotion and disease prevention in the rural community. Currently, Advanced Practice Parish Nurses are rarely utilized in the faith community. This scholarly project describes the need for Advanced Practice Parish Nurses in rural communities and a position description is developed. The areas of education, health promotion, research and practice are identified and can be modified to adapt to the needs of any rural faith community.

This project is dedicated to my wonderful and caring parents, Charles & Geraldine Hagadon and my loving children Jessica and J.C. Without their love, support and patience, this project would remain unfinished. I would like to thank my sister Denise who stood beside me during the course of my graduate work and motivated me through each step of my last year. Without the support of my parents, my sister and my children, I would not have come as far as I have today.

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Introduction

Community based strategies offer the greatest potential for effectively meeting the needs of rural communities (Krout, 1994). Rural residents have fewer available health care services, reside or work far distances from available health care providers, and usually do not have access to public transportation (Magilvy & Brown, 1997). A critical factor in the health status of rural communities is that they suffer from a lack of health care providers and have access to a smaller number of health care services (Coward, Bull, Kukulka, & Galliher, 1994). Lack of funds can be a major deterrent to obtaining professional care (Krout, 1994). The wide variety of health care concerns indicate a need for health promotion and disease prevention programs in rural communities.

Opportunities to creatively meet the health care needs of rural families and individuals resides in the localness and diversity of the rural community. Rural communities traditionally have very strong ties to their churches, tend to be very family centered and hold traditional spiritual values as an integral part of their lifestyle (Halverson, 1996). The church has the opportunity to be the true community center for more than worship. In many rural communities, the church functions as the education and informational center for the area (Westberg, 1988). Congregation based health care is a creative approach to increasing access to health care within the rural community.

Churches have been involved in the delivery of health care for more than 2000 years and the healing ministry of the church is now being reclaimed through parish nursing (Shank, Wiess, & Matheus, 1996). Advanced Practice Nurses (APNs) are particularly well prepared to identify community health care needs (American Nurses

Association, 1997). With the diversity of practice settings, advanced knowledge and skills, and the congregation as their base, APNs are in a position to offer expertise in the health care arena of rural communities. Congruent with the principles of primary health care, the faith community is an innovative site for APN practice and an emerging area gaining increasing recognition.

Primary health care is an approach that focuses on the promotion of wellness and the prevention of disease across the continuum of care (Institute of Medicine, 1994). Health problems may be attributed to lack of knowledge, limited access to health care and the decreased availability of health promotion programs. Primary health care strategies encourage self care and self management through education and empowerment of individuals and families. These strategies enable individuals to use their skills and attitudes to improve their health and the health of their community. Health care reform calls for communities to share in the responsibility for health care. However, the coordination, management, and delivery of supportive and restorative care for rural communities has fallen victim to geographic and demographic forces (Lee, 1993).

Changes in the nature of the delivery of health care, resulting from the health care reform movement, have led to a shift in emphasis from high tech care to community based care (Magilvy & Brown, 1997). To achieve effective community based health care, interdisciplinary approaches are needed that combine the skills and experience of a wide range of health care providers. Many physicians who could provide primary care do not locate in rural areas. It is costly for health care providers to deliver health care and social services to rural areas because of population disbursement, low population

densities, great distances, financial constraints and lack of public transportation (Evans, 1996). The limited number and distribution of health care professionals result in a break in the continuity of follow up care for individuals and families. These factors impede healthcare, especially long term chronic care. Rural populations have high rates of chronic illness, such as hypertension and cardiovascular disease, and many rural residents experience terminal or life threatening illness as well (Coward, Duncan, & Freudenberger, 1994). Individuals living in rural areas continue to work regardless of illness or injury and they are less likely to take part in preventive behaviors, due in part to the limited access to health care providers (Hassinger, Hicks, & Godino, 1993).

The need for health care services in rural communities remains an issue, and creative approaches to provide these services are needed. Health services that are community based are more likely to be accepted and last longer because of the involvement of the community members (Miskelly, 1995). With community involvement, programs and services are more likely to meet local needs and reflect the local cultures (Miskelly).

Background

Faith communities have long been identified as effective sites for community based programs because they are accessible and provide a comfortable environment for people to learn and discuss their health care concerns (Magilvy & Brown, 1997). Basic to the mission of the faith community is the commitment to the whole person, addressing not only the spiritual component, but physical, emotional and social aspects as well (Miskelly,1995). Thus, the faith community is a logical partner for primary health care

because of its historical concern for the whole person, health, and quality of life (Magilvy & Brown, 1997). The partnership formed between the professional and faith communities are congruent with the principles of primary health care. The focus of this scholarly project was to introduce the role of the Advanced Practice Parish Nurse in a rural community setting.

Purpose

The goal of this scholarly project was to introduce the concept of the Advanced Practice Parish Nurse (APPN) in a rural community setting through the development and marketing of a model position description. It is postulated that the APPN role, and the introduction of a position description, will promote the dignity and wholeness of each person, integrate the healing ministry of the faith community with values-based advocacy, and encourage personal and social responsibility for individual and rural community health. A position description includes responsibilities, qualifications, work experience, and personal characteristics of the Advanced Practice Nurse in the parish (Pell, 1995).

Conceptual Framework

The Health Promotion Model (HPM) was selected for this project because it involves the individual, family, and community's perceived understanding of health. The HPM also takes into consideration the influencing factors that play a role in deciding whether an individual will engage in health promoting behaviors (Pender, 1996; see figure 1). The HPM has three major concepts: (1) cognitive-perceptual factors, (2) modifying factors, and (3) participation in health promoting behaviors.

The Health Promotion Model (Pender, 1996) can serve as a foundation for the

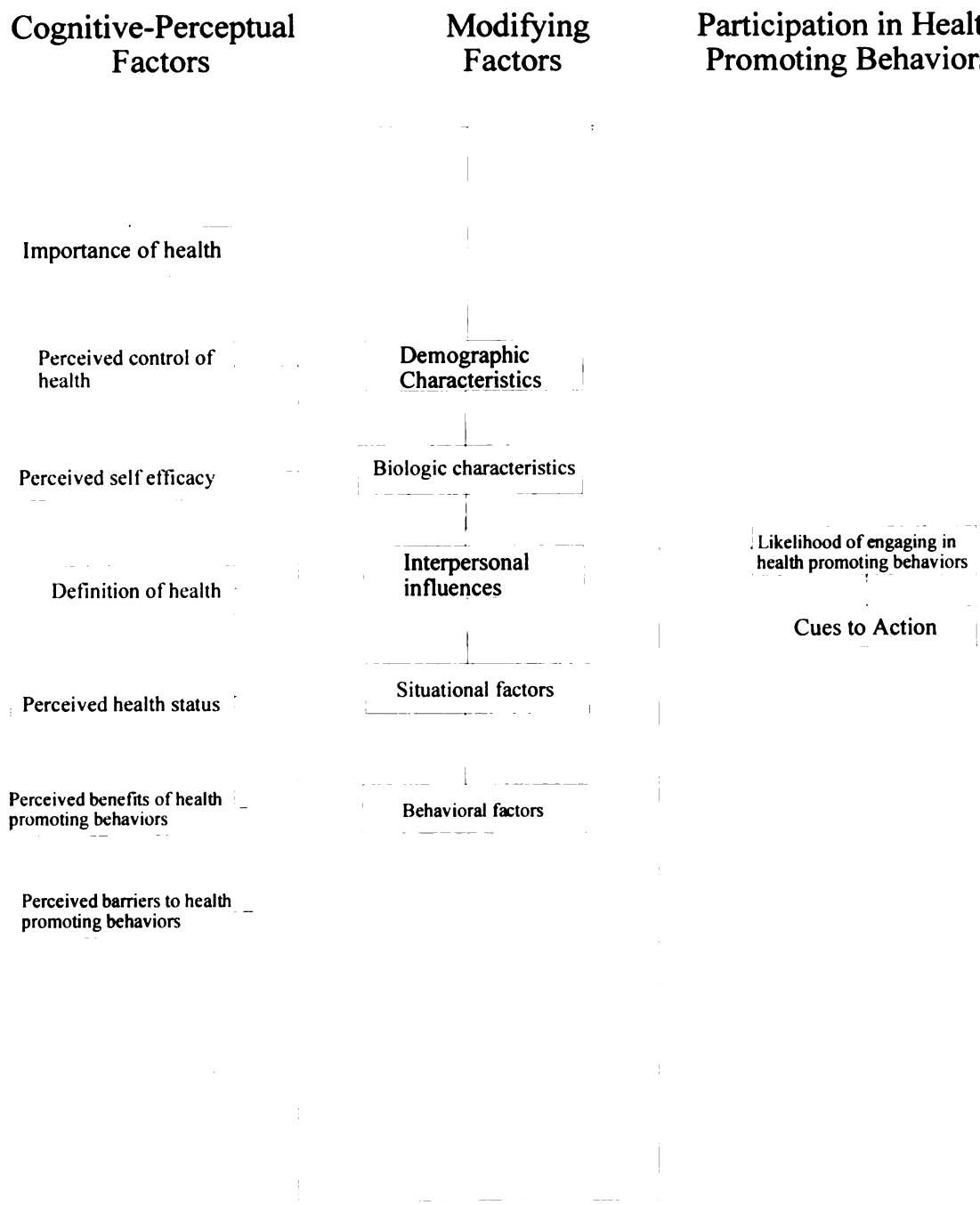

Figure 1. Health Promotion Model (Pender,1996)

development of an APPN position description. The HPM is based on the assumptions that emphasize the active role of the client in shaping, maintaining and modifying health behaviors (Pender, 1996).

Cognitive-Perceptual Factors

The importance of health influences how individuals seek to create living conditions where they are able to demonstrate individual health potential (Pender, 1996). Perceived control of health is the awareness of one's actions in promoting health, while perceived self efficacy is an individual's decision to engage in behavior that may or may not promote health (Pender, 1996). Through self efficacy and control of health, an individual ascertains a definition of health and structures their lifestyle around that interpretation. Self efficacy gives the individual the accountability to make every day choices and thus enhance wellness through health promoting behaviors.

Definition of health directly influences the daily behaviors that an individual develops. Individuals seek to regulate their own behavior based on the understanding of the health concept.

Perceived health status is how an individual understands their level of well being. It is how individuals envision themselves in relation to health wellness. Health is more than being sick or well, it is an ongoing journey of wellness. This awareness can aid in determining the benefit of health promoting activities because healthy aging is dependent on initiating and maintaining healthy lifestyles (Pender, 1996).

Perceived benefits of health promoting behaviors are intrinsic and extrinsic beliefs about the effectiveness of the recommended health promoting behaviors (Pender,1996).

Individuals tend to invest time and energy in activities that have positive outcomes, such as increased alertness and decreased feelings of fatigue (Pender, 1996).

Perceived barriers to health promoting behaviors are parallel to perceived benefits; they exhibit a direct influence on whether or not to participate in health seeking behaviors (Pender, 1996). Barriers such as, limited access to health care and health promoting activities, unavailability of educational programs, cost of attending programs and the distance traveled to receive the informative offerings, are viewed as blocks, hurdles and personal costs of undertaking a given behavior (Pender, 1996). Loss of satisfaction from giving up health damaging behaviors such as smoking or eating high fat foods to develop a healthier lifestyle can also be a barrier (Pender, 1996).

Modifying Factors

The assumptions of the theory focus on the active role of the individual, family, and/or community, in shaping and maintaining healthy behaviors (Pender, 1996). The modifying factors of the HPM are those factors which influence the decision making process of health promotion.

Demographic characteristics are variables such as environment, age, and health status which directly affect an individual's health seeking behavior. Biological characteristics are those factors that an individual cannot control. These consist of birth defects, genetic make up, gender, and disabilities.

Interpersonal influences are those expectations of significant others, social support, and modeling learned through observations (Pender, 1996). Values, attitudes, beliefs and behaviors of families and peers influence an individuals's lifestyle

(Pender, 1996). The likelihood of engaging in health promoting behaviors can be enhanced through family activities and community programs (Helvie, 1998).

Situational factors are perceptions of available options, demand characteristics and aesthetic features (Pender, 1996). Individuals across the lifespan are concerned with health promotion and serve as sources of support for one another. Behavioral factors are those self initiated behaviors which restructure an individuals environment and influences the capability and willingness of launching behavior change (Pender, 1996).

Participation in Health Promoting Behavior

Likelihood of engaging in health promoting behaviors is the outcome of health behavior modification. The sources of behavior motivation for any given individual have unique combinational properties from health promotion or approach oriented motives (Pender, 1996). Cues to action are activities that directly or indirectly influence health promoting behaviors through an interest and willingness to participate in self - directed change (Pender, 1996). These may be items such as illness, hospitalization, education programs, or counseling sessions, all of which may impact an individual or community in seeking healthy behaviors.

Adaptation of the Health Promotion Model

The HPM has been modified to reflect the applicability to this scholarly project (see figure 2). The power to change health behaviors or modify health related lifestyles are within the domain of the individual (Pender, 1996). The expertise to provide educative developmental programs supportive of healthy behaviors are within the domain of the professional nurse (Pender, 1996).

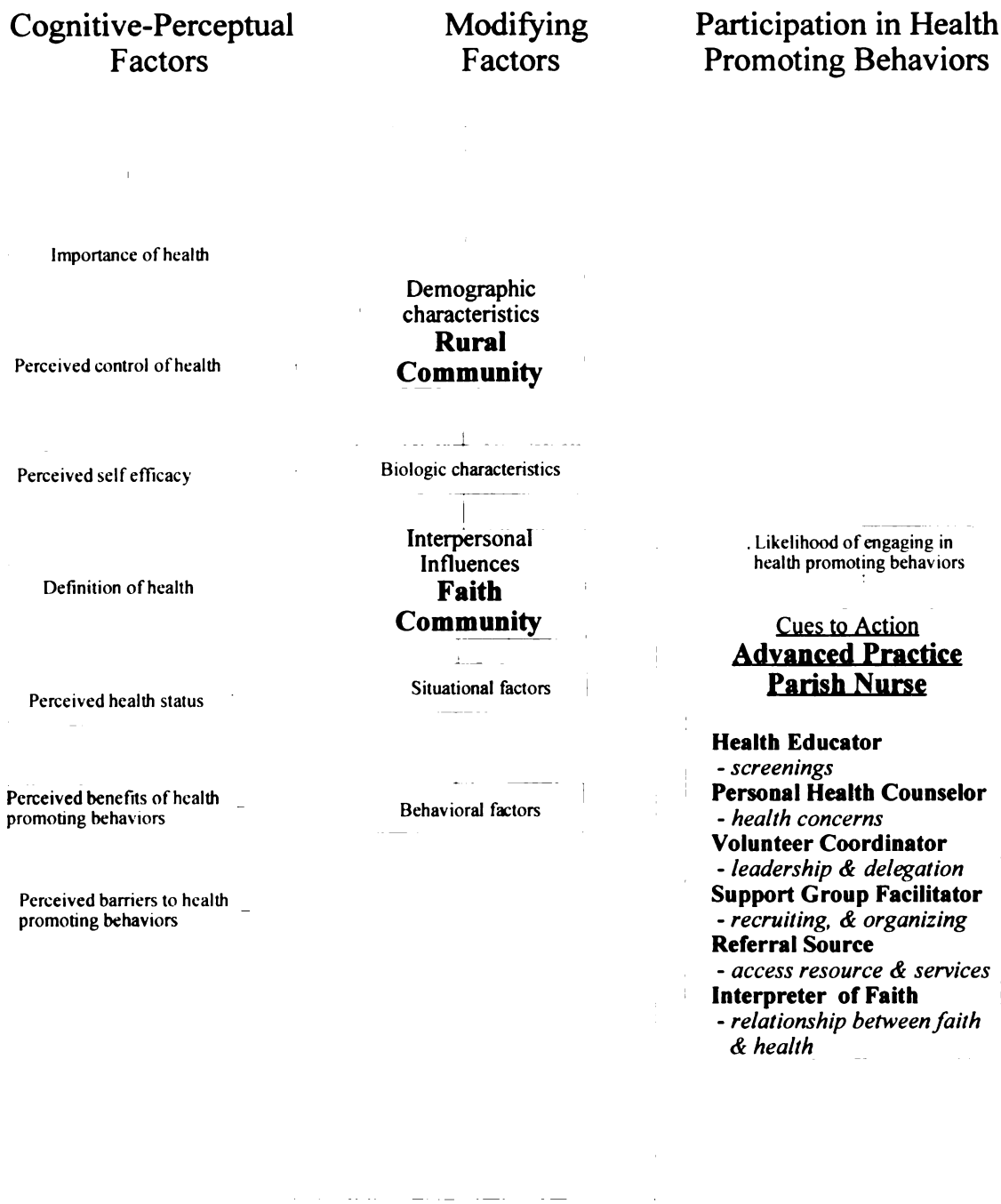

Figure 2. Adaptation to Pender's Health Promotion Model (1996)

Modifying Factors

The rural and faith communities are specific variables which can inspire healthy behaviors. These variables are the essence for intervention because they can be tailored to develop and maintain healthy lifestyles. Decisions are made daily by individuals which shape their lifestyles and social and physical environments (Pender, 1996). Through nursing interventions such as, educational programs, decisions can have a positive outcome in health promotion.

Interpersonal Influences consist of social support, friends, neighbors, family, clergy, and community, referred to as the faith community. Through the various interpersonal influences there is enhanced opportunity for information exchange (Pender, 1996). The potential is present for widespread change in social norms regarding health and health behavior related to the rapid circulation of health informatio (Pender, 1996). If an individual has the capacity and interest for self directed change, then an obligation to one's self to promote a healthy lifestyle can be established and assumed. Health promoting behavior is directed toward attaining positive outcomes for the individual, family, and community, which results in positive health experience throughout the lifespan (Pender, 1996).

Cues to Action focus on the role of the APN in the rural faith community. Presently there is not a defined role, responsibilities or position description clearly identifying an APN role in a faith community. The development and introduction of such a position description should enhance health promotion within the rural community. The APN has highly developed specialized skills and expertise to conduct health risk

assessments, answer questions concerning disease process, medications and health related problems. The APN can develop health promotion activities which may include immunization clinics, health screening, educational programs tailored to the community's needs, counseling sessions, and newsletters with a different health topic each month. Through the implementation of modifying factors, the perception of positive health can be promoted. The process of empowering individuals, families and communities to improve their own health and to increase control over their own actions, is reflective of the concept of health promotion. Through the adaptation of healthy behaviors, increasing access and awareness of health promotion programs, and social, congregational and community involvement, healthy lifestyles can be achieved.

Literature Review

The review of literature includes the following categories: the rural community and health, the faith community, the parish nurse, the role of the APN and the details of a position description for an Advanced Practice Parish Nurse in a rural community. The definitions of key terms, rural community, parish nurse, Advanced Practice Nurse, and position description are included in this review.

The Rural Community and Health

Rural populations, in comparison with urban populations, experience greater morbidity and have higher crude rates of mortality, along with higher rates of chronic illness (Yawn, Bushy, & Yawn, 1994). Specific data demonstrate that when compared to older adults (65 years and older) living in all other residential categories, rural non-farm elders report a higher number of medical conditions, more functional limitations,

and difficulty performing activities of daily living (Yawn, Bushy, &Yawn, 1994). As with other population groups, the incidence of chronic illness increases with age, making elderly persons who reside in rural areas particularly vulnerable (Krout, 1994). Chronic illness and other health problems are exacerbated by rural populations higher rates of poverty, low education levels, and their access to fewer health care services and programs (Shreffler, 1996). To further complicate the picture, rural individual continue to work regardless of illness or injury and they are less likely to take part in preventive behaviors because of limited access to health care services, which in turn increases their risk exposure (Bushy, 1992). Specific risk behaviors include, not wearing seat belts, smoking, not having regular blood pressure checkups, pap smears, or other screening tests and not performing self breast examinations (Sheffler, 1996). When compared to urban populations, individuals living in rural areas have higher rates of adolescent pregnancy, suicide, deaths, smoking and heavy drinking among adults, and serious, unintentional injuries (Randolph & Migliozzi, 1993). Areas noted as rural have higher rates of communicable diseases and lower rates of immunizations of both children and adults (Evans, 1996). Eventually, these factors can lead to an increased need for supportive and restorative care.

Forty five percent of all U.S. residents describe themselves as rural (U.S. Bureau of Census, 1995). The distinctions between urban and rural are blurring as the population migrates to rural settings in search of the mystical "country life", and the economy forces rural dwellers into more urban settings in search of employment (Redford & Severns, 1994). One of the challenges in addressing health needs of rural communities is defining

the concept of rural. It is very difficult locating an accurate and inclusive definition for rural related to the various meanings assigned to the concept by different professions.

Rural, for the purpose of this scholarly project, is defined as open country and small towns, of less than 2500 persons, which are widely dispersed and remote from large metropolitan areas (Helvie, 1998). The place of residence among urban and rural populations serves as a basis for issues such as social, cultural, and health beliefs that may be more prevalent in one setting than the other.

For the rural community, illness means not being able to do one's usual work (Weinert & Burman, 1994). Health, as viewed from a rural community view, can be defined as the ability to do work and to do what needs to be done (Bushy, 1992). Beliefs that govern one's behavior are shared within a culture, and knowledge of these beliefs are learned through verbal or nonverbal interactions within the family and community (Helvie, 1998). All aspects of the culture, including health beliefs, are instilled through the family and within the community as part of the socialization process (Helvie, 1998). Through the socialization process, rural families place special importance on neighbors as sources of informal help and neighbors are relied on for support in dealing with health problems more often than formal health care agencies or providers (Hassinger, Hicks, & Godino, 1993). Self help is a significant strategy used to cope with illness by rural individuals and it is a critical factor in decisions regarding the use of health care services (Hassinger, Hicks, & Godino, 1993). Rural individuals often delay seeking health care until they are seriously ill or incapacitated (Weinert & Burman, 1994). This delay in

seeking health care is consistent with the rural populations' function based definition of health.

Access to health care is problematic for the poor and the elderly because many are uninsured (Helvie, 1998). Health care services are not as likely to be found in rural areas but if they do exist, they result in higher provision costs in terms of time and money (Helvie, 1998). A characteristic of rural environments is the dependency on small family enterprises (Helvie, 1998). Small businesses do not always provide employee benefits, particularly health insurance (Evans, 1996). If insured, these groups are covered by Medicare or Medicaid and fees for service may be pre-determined (U.S. Bureau of Census, 1995). Because these fees may be limited in amount, more and more physicians do not accept these clients. Medicare reduction of fees for physicians office visits has led to an eight percent reduction in Medicare patients seen by physicians in 1990 and 12% in 1993 (U.S. Bureau of Census, 1995). Furthermore, patients with predetermined fees are 43% more likely to be discharged from the hospital in an unstable condition with a higher risk of dying (U.S. Bureau of Census, 1995).

In the dispersed populations, rural communities are viewed as difficult and costly settings in which to deliver health care services (Shreffler, 1996). Services that are available may be incomplete or of poor quality to meet the level of diversity of need (Shreffler, 1996). Rural elderly persons may have a low awareness of the services or programs that are available in their areas, the services may be too costly or may not be the services needed (Schank, Weis, & Matheus, 1996). When combined with the locality of

their residence, the individuals of rural communities have poor health outcomes.

The Health of the Community

The health of a community is characterized by norms, roles and established methods of health promotion (Reese, 1998). A strong point of rural communities is the ability and willingness to enter into joint activities at times of need and family crisis (Helvie, 1998). The concept of cohesiveness has long been known under the heading of friendship, community togetherness, caring, or unconditioned positive regard for one another (Weinert & Burman, 1994). The level of trust between community members is high and there is a large degree of similarity in the needs of rural populations (Weinert & Burman). The need for accessible health care services, level of trust in providers, sensitivity to the issues and the need for privacy are concerns of rural communities (Helvie, 1998). Health care services, tailored to fit the needs of a rural population, provide the foundation for community involvement. Individuals and families are more likely to participate in the development of programs that would enhance their community when they are integrally involved in the design, organization and provision of services (Helvie, 1998).

The Faith Community

As part of their healing mission, churches are involved in activities that promote individual, as well as family, wholeness. The church is viewed as a strong community support system with a high level of trust instilled by the members of the congregation. Currently more than 60% of Americans are members of a church or synagogue, while 40% say they attend some sort of worship service at least weekly (Ryan, 1995).

Congregations have long been identified as effective locations for implementing community based programs (Magilvy & Brown, 1997). Many active congregation members search for ways to make the message of Christian faith more relevant to present culture (Westberg, 1988). These dedicated members are disturbed that the present health care system does not approach an individual as a whole person, incorporating the spiritual dimensions of illness along with the physiological and emotional aspect (Westberg,1988). With the involvement of a congregation, the whole - person emphasis can be addressed within the context of community health care services.

The Parish Nurse

The **Parish Nurse** (PN) is defined as a registered professional nurse who serves as a member of the ministry staff of a faith community to promote health as a "wholeness" of the faith community, its family and individual members and the community it serves (ANA & Health Ministries Association, 1998). Parish nursing first emerged in 1984 through the efforts of Granger Westberg, a retired Lutheran Minister at Lutheran General Hospital, Parkridge, Illinois (King, Lakin, & Striepe, 1993). Westberg developed holistic health centers which provided holistic health through the services of spiritually oriented physicians, nurses and clergy (Westberg, 1988). Holistic health is a philosophy, which views the person as a whole and recognizes the interrelationships between, the physical, mental, emotional and spiritual aspects of the individual within the context of their world (Micozzi, 1995). The goal is to achieve maximum well being (Micozzi). With holistic health, people accept responsibility for their own level of well being and everyday choices are used to take charge of one's own life (Micozzi, 1995).

The interest of holistic concepts declined in the Western societies during the 20th century when scientific medical advances had created a dramatic shift in the concept of health (Collinge, 1996). Germs were identified as outside sources causing disease, therefore gaining health became a process of killing microscopic invaders with drugs (Micozzi, 1995). People developed the belief that they could get away with unhealthy lifestyle behaviors and modern medicine would fix the problems as they developed. For some conditions, medical cures have proven more harmful than the disease (Micozzi, 1995). Many chronic conditions do not respond to scientific medical treatments (Evans, 1996). In looking for other options, individuals are turning back to the holistic approach to health and healing.

The conceptual role of parish nursing was initially established as an alternative to the medical model. Based on the effectiveness of the nurse in the health centers, and Westberg's leadership skills, the first parish nurse program was developed in 1984 (King, Lakin, & Striepe, 1993). Since that time, parish nurse services have been developed across the nation in rural, suburban and urban communities (Shank, Weiss, & Matheus, 1996).

In 1994, an estimated 2,000 nurses were practicing in parish nursing roles, serving in both paid and voluntary positions (Magilvy & Brown, 1997). Parish nurses are prepared at a variety of educational levels from diploma to doctoral degrees. Parish nursing consultation is provided by nurses prepared at the master's and doctoral levels of education. For example, university-based nursing programs consult or form partnerships with local churches or synagogues to assist with parish nurse program development,

implementation, and evaluation (Magilvy & Brown, 1997). While a position description which clearly describes the responsibilities of a parish nurse has been developed (ANA, 1998), there is no current position description for an APN in the parish setting. The role of an APN as a parish nurse should compliment the relationships of the faith communities, ministry, and parish nurse; a position description is essential to the development of this role. Master's preparation is essential because of the independent nature of the role within the context of a community based setting, community needs assessment, and program planning and evaluation aspects essential to this practice (Magilvy & Brown, 1997).

Parish nursing is described in the Scope and Standards of Practice set forth by the American Nurses Association (ANA) and the Health Ministries Association (HMA), (1998, see Appendix A). The Standards of Practice provide parish nurses, the nursing profession, health care providers, insurers and their clients with the professional expectations of a parish nurse (ANA&HMA, 1998). The development of the Standards of Practice for Parish Nurses reflects the commitment of the HMA in promoting parish nursing as a specialized practice of nursing and health ministry (ANA & HMA, 1998). The Standards of Practice address the independent practice of professional nursing as defined by the Nurse Practice Act in health promotion within the context of the client's values, beliefs, and health practices (ANA, 1997). Similar to the independent practice of nursing, parish nursing promotes health and healing through the empowerment of the faith community, family and individual, by incorporating health and healing practices from its faith perspective with the goal of achieving mutually desired outcomes.

The Standards of Care of Parish Nursing are reflective of the nursing process, including assessment, diagnosis, outcome identification, planning, implementation, and evaluation (ANA, 1998).

While parish nurses provide health education programs, screening and assessments, counseling, referrals and support to members of the congregation, they also provide services to the community as well (educational programs and health fairs) (Magilvy & Brown, 1997). These services combined with everyday choices and actions, give rise to an understanding that achieving health is an ongoing personal journey toward a goal of functioning at the highest level possible. Parish nursing, in summary, has the ability to directly impact the cost and quality of health care by emphasizing health promotion, disease prevention, and increasing the access to health care through services provided in the faith community (Shreffler, 1996).

Role of the Advanced Practice Nurse

The **Advanced Practice Nurse** (APN) is a registered nurse who has masters or doctoral preparation in a specific area of advanced nursing practice, has had supervised clinical practice during graduate education and maintains an ongoing clinical practice (ANA, 1997). APN's perform the same interventions used in basic nursing practice, however, there is a greater depth of knowledge, a greater degree of data collection, and greater utilization of complex skills and interventions (ANA, 1997).

The APN is a skilled health care practitioner who provides comprehensive health assessments, diagnoses, and prescribes pharmaceutical agents in the care and management of both acute and chronic conditions. APN's practice in a variety of settings

for individuals, families, and communities by promoting wellness and preventing illness and injury. APN's can make a meaningful contribution to program development, implementation, and outcome evaluation. The various role characteristics of the APN include collaborator, researcher, leader, consultant, counselor, clinician, educator and change agent, all of which can be utilized when providing health promotional services to rural communities. By using these advanced skills, the APN can actively contribute to program planning for the health of a rural community (Reese, 1997).

Providing health care in the rural faith community offers the APN unique opportunities. Community based nursing practice, set in communities of faith, can promote health and prevent disease by increasing individual access to health care and educating individuals, families, and groups. Preventing illness presents a particular challenge to the rural faith community, because health promotion programs are severely lacking in many rural areas (Reese, 1997).

Health promotion is motivated by the individual's desire to increase personal well being and actualize their human health potential (Pender, 1996). The APN is in a prime position to develop and conduct health promoting programs in rural faith communities. The APN's focus on the concept of health promotion and illness prevention, including the ability to interpret the close relationship between faith and health, places her / him in an ideal position to enhance the health and well being of individuals and families in the faith community and the broader rural community. Parish nursing is a significant practice model allowing the APN the opportunity to contribute to healthier communities.

Position Description

An initial step for this project was determining if a position description for an Advanced Practice Parish Nurse had already been developed. The International Parish Nurse Resource Center (Nancy, personnel communication, March 9, 1999) denied having records indicating that a position description was in existence. Master and Doctoral prepared nurses provide consultants to various parishes, however, there are no set guidelines or descriptions of the roles and responsibilities of an APN in the rural faith community.

An insignificant amount of information was divulged during the literature review pertaining to a position description of the APN and role in parish nursing. The APPN position emphasizes population focused care by integrating physical, social, cultural, emotional, and spiritual health, thereby impacting the entire rural faith community (Magilvy & Brown, 1997).

Because many parish nurses currently practicing are educationally prepared at the baccalaureate level or below, they may not be prepared to utilize and evaluate the skills required to promote an optimal level of health promotion in the rural faith community (Magilvy &Brown, 1997). Many opportunities exist for APPN's to contribute significantly to individuals, families and groups residing in rural communities.

The development of a position description for the APPN needs to be applicable to an APPN in any faith community, yet flexible to meet the needs of that community (Yates-Lee, 1998). The target audience of the position description is the APN, however, the position description can also be used as a guide for parishes to employ an APN.

The position description which has been developed models the components of the generic position description for an APN in Home Health Care (Yates-Lee, 1998). The position description also reflects aspects of the modification of Pender's Health Promotion Model (Figure 2). The content of the position description includes a title, purpose, scope, qualifications, responsibilities, education and experience.

Title

A position description maintains a title which identifies the position of interest (Yates-Lee, 1998). For this scholarly project the title is labeled, **A Model Position Description for an Advanced Practice Parish Nurse in the Rural Community** (see Appendix B).

Scope

This section identifies the purpose and dimensions of the APPN within the rural faith community. These responsibilities are consistent with the Standards of Practice set forth by the ANA and the Health Ministries Association, Inc. (1998). The scope includes the responsibilities of the APPN. Responsibilities include: 1) providing quality of care through the overall health ministry program which is accountable to all clients, the profession and the rural community, 2) enabling the continuation of spiritual and professional education, 3) collaborating with other health professionals, 4) providing ethical decisions, 5) conducting or contributing to research within the rural faith community, 6) assessing the health needs of a community and mutually identifying health related goals, and, 7) acting as a guide and expert to other health professionals who contribute to health promotion and wellness.

Qualifications

This area of the position description lists the minimum requirements and essential responsibilities of the position (Yates-Lee, 1998). The APPN is extending health care from health related institutions into the rural community and is creating health ministries within congregations who become new partners in preventive and holistic health care. Each function is numerically identified for clarity. One proposed function, that of health educator, includes promoting an understanding of the relationship between lifestyle, attitudes, faith, and well being. A second function, personal health counselor, includes discussing health concerns with individuals and visiting them at home, in hospitals, in nursing homes and other facilities. A third function, volunteer coordinator, includes recruiting and coordinating other health care professionals and non - health care professionals, from their respective faith communities, to provide holistic, preventative services as volunteers. A fourth function, facilitator of support groups, includes organizing and recruiting groups with the same identified problems, needs or concerns. A fifth function, referral source, includes helping individuals access community resources and services. Sixth, the APPN acts as an interpreter to the faith community detailing the relationship between faith and healing.

Responsibilities

Typical duties of the APPN in the rural community include providing services which address the holistic health needs of the individual, family and faith community. This should include data collection of demographics, response to health and illness, environmental factors influencing health, health promoting and health compromising

behaviors, individual, family and community expectations, and accessible services and resources. Additional duties include: utilizing the nursing process through the formation of nursing diagnosis, intervention plans, goal establishment, outcome identification and the evaluation of goal progression; having an understanding of the sociocultural factors, health care beliefs, practices and values within the rural faith community, in order to collaborate and coordinate health education activities, programs and / or newsletters; participating in managing problems using problem solving skills with individuals or groups and focusing on the spiritual, emotional, and physical aspects of coping behaviors; and providing advice which is within the scope of practice and faith community guidelines.

The APPN should also perform ongoing self-evaluation of the Advanced Nursing Practice role in relation to the professional standards, relevant statutes, regulations and individual faith community guidelines (ANA, 1998). The APN also assists individuals, families, and/or communities in ethical decisions which respect the values and belief systems of the community or family; maintains confidentiality at all times; and collaborates with the health ministry, community, and other health care providers in designing a health promotion plan, interventions, and desired outcomes. Through collaboration, the APPN can maintain safe and effective health promotion programs based on the appropriateness, accessibility, acceptability and affordability of resources (ANA, 1998). Research should be utilized to validate health promotion interventions and participation in research to improve the parish nursing practice and health ministry (ANA, 1998).

Education

The required education for the position of APPN should be in accordance with the American Nurses' Association (1997) statement that the APN is a nurse in advanced clinical practice who has a graduate degree in nursing. Additionally, the APPN should be in accordance with the ANA & Health Ministries Association (1998) statement that a parish nurse is a registered nurse who serves as a member of the ministry staff of a faith community to promote health and practices nursing within the definition of the Nurse Practice Act. These categories include the need for the APPN to maintain continuing education and clinical practice requirements for professional licensure. For the position description proposed for this project, the APPN needs to have a masters degree in nursing and an NP specialty certification license. The APPN must also maintain the required continuing education credits as outlined by the state. It is preferred that the APPN have a certificate from a parish nurse course or a minimum of one (1) year experience working with faith communities.

Experience

Preparation for the APPN role requires experience in several areas; individual and/or community needs assessment and analysis, program planning, implementation and evaluation, outcomes research, care management, and primary, secondary, and tertiary prevention strategies for families, individuals and groups (Magilvy & Brown, 1997). The APPN would require added experience in theology, spirituality and health, pastoral care and individual and family counseling, along with the course work usually found in graduate nursing programs (Magilvy & Brown, 1997). The faith community may revise

this section of the description to make it appropriate to their specific community environment and needs.

After identifying what is inclusive in each section, the description is titled a Model Position Description for the Advanced Practice Parish Nurse in a Rural Community. This position description is the product of this scholarly project.

IMPLICATIONS

There are many implications for the development of a model position description for an APPN. This section examines different avenues of applying the position description in reference to advanced practice, education and research.

Implications for Advanced Practice

The APPN as a primary health care provider is in an excellent position to increase access to health care in rural faith communities. Developing a position description for the APPN offers rural faith communities access to health promotion services. Health conscious communities are those in which individuals and families take responsibility for their health and practice health promoting behaviors (Magilvy & Brown, 1997). An APPN has the ability to educate the community regarding health practices. Through the development of educational programs, activities, and newsletters an APPN can improve the health of the entire rural faith community.

As a leader, the APPN could form a consultation group within the parish consisting of various health professionals. These individuals could work together to organize support groups, volunteers, and to act as consultants with the APPN.

The APPN acts as a counselor by assisting individuals in decisions that may be

ethical in nature using advanced decision making and critical thinking skills. For individuals who are homebound, the APPN can assess their needs and develop an intervention program that will promote optimal health and spiritual well being. The APPN may assist a family, individual or community to cope with losses, such as death of a family member, loss of crops due to environmental factors, or losses such as those experienced by families going through divorce. The APPN, using advanced assessment skills, can collaborate and consult with other health care professionals and make appropriate referrals to those providers specializing in grief and loss issues.

As a facilitator, the APPN can increase access to health care by conducting preventive health screening and providing blood pressure screening after worship services, therefore making health care more accessible for the rural community. The APPN, as a consultant, utilizes this expertise to broaden the scope of health care planning for other health care professionals by linking spirituality and health.

As a coordinator, case manager, and evaluator the APPN can implement a needs assessment to the rural faith community within the domain of the local church. The APPN can develop a health needs assessment tool or utilize any of the existing assessment tools which are applicable to the faith community. Once the assessment tool has been explained and distributed, the APPN can collect, analyze, and interpret the data, then provide feedback to the community. A tailored, health promotion plan can be developed and implemented by the APPN and the health ministry of the congregation. Once the health education plan has been implemented, the APPN may want to evaluate it's effectiveness over a one month, three month or six month time frame. The APPN

could be an innovative method of improving access to health care in rural faith communities and the position description could initiate a program which would serve as a positive impact in the movement of improved and comprehensive health care services in rural communities.

Implications for Education

Since the role of the APPN is a new concept in parish nursing, a position description would introduce the position and set the guidelines. This new area of Advanced Practice Nursing would need to be introduced to the various resources within the community. Great emphasis should be taken to explain that there is no duplication of services with the APPN. The APPN should contact the various health care providers and/or community resources in the community. For a faith community to promote the role of the APPN, the roles, responsibilities, and benefits must be understood.

Education for the APPN should be considered as part of a potential graduate program specialty. Graduate programs could offer courses in theology, pastoral care, advanced counseling and spirituality, along with providing opportunities for clinical rotation in a rural faith community. The University of Colorado School of Nursing has developed a faculty practice in parish nursing (Magilvy & Brown, 1997). This practice site provides nursing doctorate and master's level community health nursing students opportunities to work in an existing parish nurse practice or to assist in program development (Magilvy & Brown, 1997). If expanded further, the APPN could become an NP specialty certification with licensure.

Implications for Research

After developing the position description, research should be done to determine the completeness of the responsibilities and duties. To begin, an evaluation form could be attached to the description and sent out to rural faith communities; currently those with a parish nurse program and those without. The health ministry board of each would be asked to review the description. Another method of evaluating the position description would be to send the description out with an attached questionaire to various faith communities, inquiring as to whether or not they would utilize the position of an APPN. Evaluation of the position description should also be critiqued by a governing body such as the Parish Nurse Resource Center, Park Ridge Illinois and also by the governing body of the particular state in which the APN practices. Another group to evaluate or critique the position description are other APN's. The position description, in this sense, is utilized as a marketing tool for APN's because it opens up an avenue for proliferation of advanced practice into another health care arena.

There is little publication describing evaluation and outcomes of parish nursing. With the role of the APPN, this opens the gateway for program evaluations, utilization of services, and the degree to which families, individuals and groups utilize the services offered by faith communities. The APPN is in a prime domain to perform such research and eventual publication.

Summary

APPNs can play an important role in the rural faith community. This scholarly project indicates the advantage of having APPN's in the rural community and is based on

Pender's (1996) Health Promotion Model. The outcome, A Model Position Description for an APPN in the Rural Community, allows the APN to promote healthy behaviors among rural faith communities through the integration of mind, body and spirit. The position description has numerous implications for practice, education and research.

Empowered by faith, the APPN offers individuals in the rural community a basis to be hopeful and strive to maximize all available resources to meet the proliferating health care challenges of society. Overtime, the escalating quality and diminishing cost of health care could be significant in the magnetism of the APPN. It is a tremendous opportunity to educate, grow spiritually and be an advocate in the truest sense of the term.

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APPENDIX A

Role & Responsibilities of the Parish Nurse

Role:

A parish nurse promotes health and healing by empowering the client system (faith community, family, or individual) to incorporate health and healing practices from its faith perspective to achieve desired outcomes. The standards of care describe a competent level of parish nursing care as demonstrated by the nursing process: assessment, diagnosis, outcome identification, planning, implementation, and evaluation. Standards of care delineate care that is provided to all clients of parish nursing services and should take into account cultural, racial, ethnic, and world view diversity (ANA & Health Ministries Association, Inc., 1998).

Responsibilities:

The parish nurse:

1) Utilizes the nursing process through data collection, diagnosis, interventions, implementation, outcome identification, goal establishment and evaluation of goal progression.

2) Systematically participates in evaluation of the quality and effectiveness of his or her nursing practice.

3) Utilizes a systematic approach to coordinate educational activities, programs and or newsletter, enhancing health promotion.

4) Functions as a client advocate to individuals, families and groups focusing on improving individual, group and community health behaviors.

5) Participates in problem solving management with a focus on spiritual, emotional and physical aspects of problem solving, with individuals and families.

6) Provides advice within the scope of practice and within the faith community guidelines.

7) Counsels individuals, families and groups using problem solving skills and facilitates coping behaviors.

8) Performs self-evaluation of nursing practice in relation to the professional nursing standards, relevant statutes, regulations, and individual faith community guidelines.

9) Provides health promotion services to promote the desired health outcomes, based on personal, societal, and professional beliefs and values.

10) Will maintain confidentiality at all times.

11) Assists individuals, families and community in ethical decisions, in a systematic manner, which respects the individual, family, and community values and belief system.

12) Collaborates with the client system, other health ministers, health care providers, and community agencies in promoting client health.

13) Maintains safe and effective health promotion programs based on the effectiveness, appropriateness, accessibility, acceptability, and affordability of resources.

14) Is responsible for using current research findings and contributing to the improvement of his or her own current and future parish nursing practice

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APPENDIX B

POSITION DESCRIPTION FOR AN
ADVANCED PRACTICE PARISH NURSE IN THE RURAL COMMUNITY

Job Title: Advanced Practice Parish Nurse in the Rural Community

Purpose: To provide health promotion in the rural faith community

Scope: The APN is responsible for providing health promotion services that address the holistic health needs of the rural faith community consistent with the Standards of Practice set forth by the ANA and the Health Ministries Association, Inc. The APPN is an expert and serves as a guide to other health professionals to assist in promoting health, healing and wholeness to individuals, families and communities. The APPN provides quality of care through the overall health ministry program linking spirituality to health, is accountable to all clients, the profession and the rural community, maintains a continuation of professional and spiritual education, provides ethical decisions, and conducts or contributes to research to improve the Advanced Parish Nursing Practice and health ministry.

Role: Essential roles of the position include, but are not limited to:

1) **Health Educator**
   - promote an understanding of the relationship between lifestyles, attitudes, faith and well being

2) **Personal Health Counselor**
   - discuss personal health concerns, making home visits, hospital and nursing home and other facility visits

3) **Volunteer Coordinator**
   - provide leadership and guidance to individuals volunteering their time and interest in the designated parish activities
   - delegate responsibilities among the volunteers

4) **Facilitator**
   - recruiting, coordinating and organizing support groups

5) **Referral Source**
   - assisting individuals and groups in accessing community resources and services
   - working with various health care agencies, health ministries, and health care professionals to promote overall wellness

6) **Interpreter of Faith**
   - educate, discuss, and promote the detailed relationship between faith and healing

Responsibilities:

The APPN:

- Acts as a health care provider by formulating diagnoses and providing direct primary care based on sound theory and advanced clinical judgement, to promote self care abilities, maintain health, prevent complications, cope with health care problems and manage disabilities.

- Performs self-evaluation of advanced nursing practice using professional standards, relevant statutes, regulations and individual faith community guidelines, to evaluate the quantity and quality of effectiveness of programs through outcome measures.

- Applies learning theories and selected learning methods to teach and assist individuals or other appropriate groups in identifying and meeting their health educational needs.

- Collaborates with the individual, family, community, health ministry, and other health care providers, to achieve joint responsibility and accountability for planning for decisions made regarding individual, family or community outcomes.

- Uses counseling interventions with individuals and families to promote and facilitate coping behaviors through advanced problem solving techniques.

- Uses advanced decision making and critical thinking skills with individuals, families, and the community in ethical decisions, using a systematic approach, which respects local values and belief systems.

- Intervene in crisis situations taking action within the APN Scope of Practice or referring to the appropriate health care provider

- Initiate consultation activities with other health care providers and evaluates the effectiveness of the interventions.

- Uses advanced communication skills, in both speaking and writing, to formulate strategies for grant writing for funding contractural relationships with the government.

- Provides the highest quality nursing care through the utilization and/or conduction of research in nursing practice, standard setting, peer review, evaluation of care, and continuation of professional education.

Qualifications:

- A master's degree in nursing from an accredited college or university.
- A current RN license from the state wish to practice in (or eligible for one)
- Current national certification as a nurse practitioner.
- A current NP specialty certification license from the state wish to practice in.
- Certification from a parish nursing course or evidence of additional parish nurse education is highly recommended.

Additionally:

- The APPN must maintain advanced, comprehensive knowledge and skills related to nursing care across the lifespan and a general understanding of the sociocultural factors, healthcare beliefs, practices and values of a rural faith community.
- The APPN would require added experience in theology, spirituality and health, pastoral care and individual and family counseling.
- One (1) year minimum experience working with the health ministry of a faith community is preferred.