

## **Canadian Association of Parish Nursing Ministries (CAPNM) Position Paper: the Parish Nurse is a Registered Nurse**

### **CAPNM Position**

The Parish Nurse – is a registered nurse with specialized knowledge, who is called to ministry and affirmed by a faith community to promote health, healing and wholeness (Identity Committee, 1999, 2000).

### **Principles**

#### **1. Core Competencies for Parish Nurses and Basic Parish Nurse Education Programs as defined by CAPNM Education Committee include:**

**Current standing as a Registered Nurse (Baccalaureate Degree in Nursing Preferred).** Generally, the elements covered in a baccalaureate program that would be required for parish nursing would include:

- Ability to assess and intervene with individuals, families, groups and communities.
- Ability to carry out nursing care in a holistic way with skills in assessment and intervention in physical, emotional, mental, social and spiritual dimensions of people's health.
- A focus on health promotion knowledge and skills with opportunities to practice health promotion within various acute care and community settings.
- Broad basis for nursing practice which has generally come from the study of non-nursing courses which have enhanced the understanding of people and the complexity of health and health promotion (sociology, psychology, the sciences, the humanities, etc.).
- Ability to carry forward a community assessment and to conceptualize a parish community within a broader community context.
- Knowledge and skills in leadership, critical reflective thinking, and the utilization of research findings in clinical nursing practice.
- Legal issues, standards of practice, code of ethics, knowledge about boundary/sexual abuse issues.

#### **2. Standards of Practice for Parish Nursing Ministry as developed by the CAPNM Standards Committee state:**

- Standard 1: Facilitation of Spiritual Care
- Standard 2: Health Promotion
- Standard 3: Collaboration
- Standard 4: Advocacy
- Standard 5: Professional Accountability.

The Professional Accountability standard is of particular interest in this discussion. Included in its statements are the following:

*The Parish Nurse is accountable to the individuals and community she/he serves. The Parish Nurse may or may not practice independently of a health care agency and may be the only health professional in the practice environment. (Standards of Practice and Core Competencies, page 5)*

## **Background: The Question of Credentials**

The requirement that the parish nurse be a registered nurse (RN) has been raised for discussion over the years. The need for this credential has been questioned by other health care providers in Canada such as the Licensed Practical Nurse (LPN) the Registered Practical Nurse (RPN) and the Registered Psychiatric Nurse (RPN).

Consistently, the organization has re-iterated the need for the Parish Nurse to be a registered nurse because of the scope of practice required to perform the role. The Parish Nurse must function as a nurse in independent practice due to the nature of the practice setting. In the faith community, the Parish Nurse works within an inter-disciplinary ministry team in which s/he is the sole health care professional. Without the institutional infrastructure of a hospital or other health care facility, the Parish Nurse must be prepared to work autonomously with individuals whose conditions may be very complex and unpredictable.

In Ontario, the question is frequently raised as to whether an Registered Practical Nurse has the qualifications to be a Parish Nurse. The College of Nurses of Ontario regulates two categories of nurses: Registered Nurses (RNs) and Registered Practical Nurses (RPNs). In the document *Practice Guideline: Utilization of RNs and RPNs, College of Nurses of Ontario, 2009*, the two categories of nurse are described as follows:

*The foundational knowledge base of RNs and RPNs is different as a result of differences in basic nursing education. Both categories study from the same body of nursing knowledge. RNs study for a longer period of time allowing for greater depth and breadth of foundational knowledge in the areas of clinical practice, decision-making, critical thinking, leadership, research utilization and resource management. RPNs study for a shorter period of time, resulting in a more focussed body of foundational knowledge in the areas identified above. (page 3).*

On page 4, the document states: *Effective decisions that match the nursing category with client needs are made with deliberation and focus on three factors of equal importance – the client, the nurse and the environment.*

*The technical and cognitive aspects of nursing practice are integrally related and cannot be separated. RN/RPN utilization decisions are made after considering client care requirements and the nurse's cognitive and technical expertise in a given environment.*

The document continues: *All nurses can autonomously care for clients who have less complex care needs, predictable responses and outcomes, and are at a low risk of negative outcomes. RNs, because of their greater depth and breadth of foundational knowledge, are prepared to care for clients with more complex overall care needs. The more complex the care requirements, the greater the need is for more in-depth nursing competencies and skills. (page 4).*

In consultation with experienced parish nurses, it is clear that the role requires the knowledge and skill of a registered nurse who is competent to work with clients described as “*highly complex, unpredictable and (at) high risk for negative outcome(s)*” (CNO Practice Guideline, page 5).

Thus, in Ontario, the qualification of Registered Nurse is a requirement for the role of the Parish Nurse because of the unpredictability of client contact and client condition as well as the nature of the working environment. On any given day, individuals may enter a church building seeking help for a variety of needs. When a Parish Nurse is part of the ministry team, the opportunity to work with the whole person, the body, mind and spirit of the individual, is unique. However, the variety and severity of physical, mental, emotional and spiritual needs that randomly present themselves require the assessment skills and decision making capabilities consistent with the education of the Registered Nurse.

Registered Practical Nurses, on the other hand, are prepared to work autonomously with clients described as “*less complex, predictable, (and at) low risk for negative outcomes*”. (CNO Practice Guideline, page 5).

In the western provinces of Alberta, British Columbia, Manitoba and Saskatchewan, there is a category of nurse called the Registered Psychiatric Nurse (RPN). In 2007 – 2008, Dr. Joanne Olson and her research assistant, Lori Pollard reviewed the qualifications of the Registered Psychiatric Nurse for the Parish Nurse role and presented their findings to the Standards of Practice Committee.

Their conclusion: *While Registered Psychiatric Nurses (RPNs) in Alberta, British Columbia, Manitoba and Saskatchewan may contribute something very valuable to the parish nursing team ministry, their education does not prepare them for the independent, broad based, holistic, health promotion practice that is required for Parish Nursing practice in Canada as described by the CAPNM Standards of Practice (2007). This was evident both in the matching of CAPNM Standards of Practice to each set of RPN Standards of Practice for AB, BC, MB and SK and from a review of two years of course work that is required to move an RPN through a program that prepares them for a BScN and approval to write the CNAT exam to become a Registered Professional Nurse. RPNs are prepared to work with individuals who are experiencing mental health/psychiatric*

*conditions in psychiatric settings. While some individuals within a faith community may experience mental health issues from time to time, faith community nursing is not equivalent to psychiatric nursing nor is a faith community a psychiatric setting.*

## **Conclusion:**

In Canada, established National Competencies for Registered Nurses ensure that the knowledge, skills and accountabilities of the Registered Nurse are clearly identified and understood. In each province, regulatory licensing bodies ensure public safety through legislation, education and professional standards for the Registered Nurse.

As the ministry/practice of Parish Nursing grows and develops in this country, the Canadian Association for Parish Nursing Ministry continues to maintain its position that the skills of the Registered Nurse are consistent with and fundamentally essential to the role of the Parish Nurse and the community the Parish Nurse serves. Therefore, the Parish Nurse is a Registered Nurse.

## **History:**

The development of Parish Nursing Ministry in Canada is a relatively recent phenomenon having its beginnings during the last decade of the twentieth century. In August, 1998, an Invitational National Symposium on Parish Nursing now recognized as the founding meeting of the national organization later incorporated as the Canadian Association for Parish Nursing Ministry, was held in Toronto, Ontario.

From that first meeting, attended by parish nurses, nurse educators, theological educators, faith communities and other interested organizations from across the country, topics and issues related to this emerging ministry practice were identified. Also identified was an interest and commitment in guiding the practice to ensure that its future development be supported by education and practice standards that would ensure its professional integrity and accountability.

Throughout this early period in the history of the organization, the goal has been to foster the growth of parish nursing ministry in Canada through broad consultation, discussion and development of standards. At the inaugural meeting, committees were established to address issues such as Identity (definitions of the Parish Nurse and Role of the Parish Nurse), Education and Standards of Practice for Parish Nursing Ministry.

In 1999, at the Second Canadian Parish Nurse Ministry Forum held in Calgary, Alberta, proposed definitions of the Parish Nurse and the Role of a Parish Nurse were discussed and agreed upon the following year. By 2001, an Education Committee had identified and presented Core Learning Competencies for Parish Nurses. By 2003, the Standards of Practice Committee had developed Standards of Practice for Parish Nursing.

## Appendix: Case Studies

**References** will be provided including but not exclusive to the following:

CAPNM Standards of Practice and Core Competencies

CAPNM Standards of Practice Self Assessment Tool

National Competencies – entry level Registered Nurse Practice

Practice Guideline – Utilization of RNs and RPNs – College of Nurses of Ontario

Research Study: Registered Psychiatric Nurses – Joanne Olson, Lori Pollard

Please add others to the list above.

Canadian Nurses Association Position Paper: Scopes of Practice (2003)

[http://www.cna-nurses.ca/CNA/documents/pdf/publications/PS66\\_Scopes\\_of\\_practice\\_June\\_2003\\_e.pdf](http://www.cna-nurses.ca/CNA/documents/pdf/publications/PS66_Scopes_of_practice_June_2003_e.pdf)