



H I G H L I G H T S

from a Report on the Impact & Future of the

NATIONAL FUND FOR CHRISTIAN SCIENCE NURSING

The Principle Foundation

October 2023

Executive Summary

The National Fund for Christian Science Nursing (NFCSN) was conceived by funders of Christian Science nursing, in consultation with The Mother Church. Since 2017, NFCSN has been administered by The Principle Foundation (TPF). Over the past six-plus years, the program has granted roughly \$86 million to more than one thousand grantees. In 2023, TPF undertook an impact study of NFCSN in consultation with The Mother Church and an anonymous donor to the program.

Positive Impacts

Data gathered from more than 500 anonymous surveys and nearly 100 telephone interviews revealed:

- **Overall Satisfaction:** Widespread gratitude for NFCSN, including high marks on the ease of working with the grantmaking process and program staff.
- **Grantees:** A profound impact on grantees, many of whom are finding Christian Science nursing easier to afford, experiencing healing, and developing a heightened awareness of the Christian Science nurse's (CSN's) ministry.
- **Personal Representatives:** A significant but less extensive impact on the grantees' personal representatives (PRs), including greater awareness of the CSNs' ministry.
- **Christian Science Nurses:** A strong impact on CSNs, who on average are more financially secure and more likely to plan for and/or expect *Journal*-listing.
- **Christian Science Practitioners:** A lesser impact on Christian Science practitioners (CSPs), who on average are seeing little effect on their own finances, but who see their patients gaining greater access to CSN care.
- **Christian Science Facilities:** A strong impact on Christian Science facilities (CSFs), which on average are more financially secure.

Challenges

At the same time, NFCSN is facing significant challenges:

- **Reduced Funding:** The funding landscape for NFCSN has shifted, requiring a significant reduction in total grants for 2024 and beyond.
- **Long-Term Care:** NFCSN grantees do not all experience quick healing. Many are in long-term care, a service that some CSFs prefer not to provide on a large scale.

Also, the high incidence of long-term care among our grantees may be reducing access to CSN care for short-term, emergency cases.

- **Ethics Issues:** Survey and interview participants voiced many concerns related to the ethics of people they encountered through an NFCSN grant. For grantees and PRs, these concerns often involve late payment, underpayment, or nonpayment of care providers. For CSNs, they involve concerns about overcharging and quality of care. For CSFs, the primary concern is quality of care.
- **Process & Communication Issues:** Surveys and interviews also reveal issues with NFCSN's grantmaking processes and communication systems that may contribute to some of the challenges described above.

Assessment of Objectives

Despite these challenges, this report concludes that NFCSN has done an outstanding job achieving three of its original objectives: making CSN care more *affordable*, increasing the *awareness* of the CSN's ministry, and enhancing the *appeal* of the ministry as a lifework.

As for NFCSN's other objectives, the program has done a reasonably good job promoting *Christ-healing*, and has partially achieved the goal of promoting professional *development* for CSNs and CSFs. It is difficult to determine whether NFCSN has met its sixth objective, which is increasing access to CSN care.

The Way Forward

NFCSN will address every issue revealed by this study that can be ameliorated by our actions. We can restructure grants to conserve funds and emphasize quick and whole healing. We can clarify communications, increase efficiency and transparency, and support grantee/PR payments to care providers. We can also support quality of care by limiting payment to CSNs with certain qualifications.

Other issues revealed by this study can be addressed only by the whole Christian Science community. These range from providing long-term care for Christian Scientists who need this assistance; to supporting a culture that values expressions of concern about ethical issues; to providing a simplified way for patients to seek financial help from various sources for Christian Science nursing.

Program Objectives

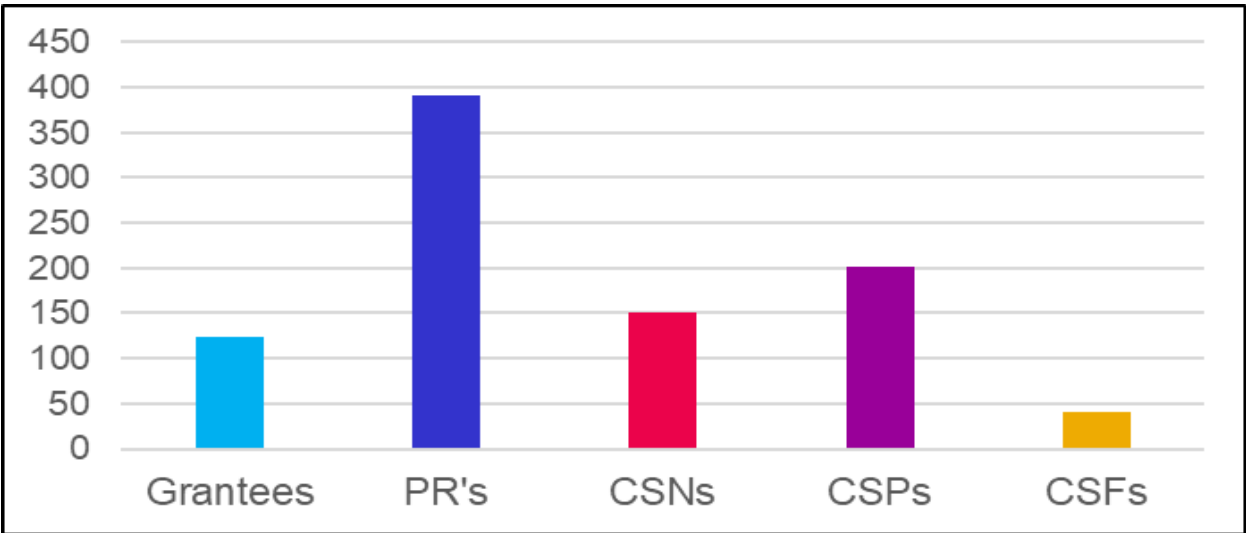
NFCSN’s original objectives are still its objectives today. NFCSN was established to:

- **Affordability:** Reduce instances of Christian Scientists going without Christian Science nursing due to lack of funds.
- **Healing:** Promote Christ-healing without resorting to a societal model of healthcare or its financing.
- **Awareness:** Promote the awareness of the healing ministry of the Christian Science nurse.
- **Access:** To Increase the potential for greater availability, accessibility, and activity of Christian Science nurses.
- **Development:** Support professional development and consulting services for Christian Science nurses and nursing organizations.
- **Appeal:** Enhance the appeal of Christian Science nursing as a lifework.

Methodology

During the summer of 2023, NFCSN emailed more than 900 anonymous surveys to five groups involved with the program (see the graph below):

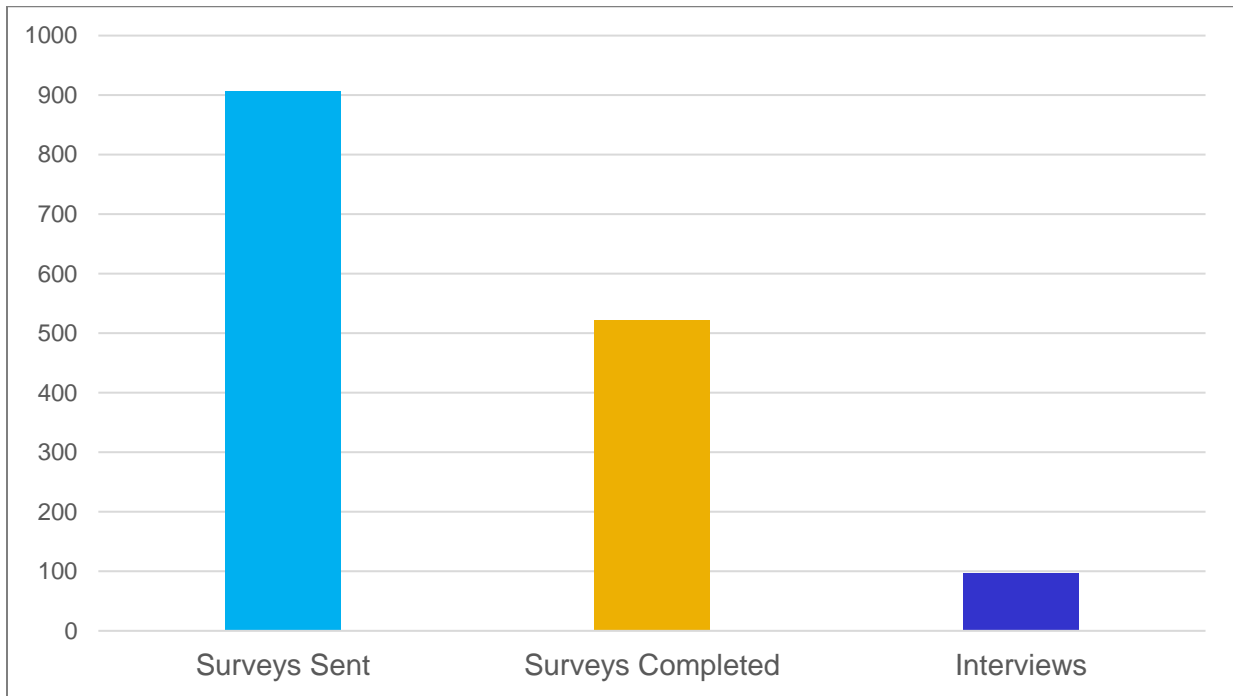
- 124 surveys were sent to grantees;
- 392 were sent to PRs of these and other grantees;
- 150 went to CSNs;
- 201 went to CSPs; and
- 40 went to CSF administrators.



We sent these anonymous surveys to everyone involved with NFCSN over the past six years — except those whose contact information was unavailable, and those who had just a very brief interaction with the program.

With more than 900 surveys sent, 522 people participated. That’s nearly a 60 percent response to the surveys, which is extraordinary. The response rate from the 40 facility administrators was particularly high: nearly 75 percent of them responded.

The 522 completed surveys included 2,280 anonymous written comments. We read them all, then pulled out 280 particularly important comments to code and categorize.



The turquoise and gold bars in the graph above represent surveys sent and surveys completed. The small darker blue bar to the right represents the roughly 100 people we interviewed from all five groups: grantees, PRs, CSNs, CSPs, and CSF administrators.

Interview questions were tested in advance with 25 people from the five groups, then refined. Phone conversations with each of the roughly 100 interviewees ranged from 10 minutes to one hour.

Positive Impacts

In addressing the positive impacts of NFCSN, we will focus on overall satisfaction with the program, then on the three groups that have experienced the most significant effects: grantees, CSNs, and CSFs.

Overall Satisfaction

Hundreds of comments from both surveys and phone interviews express profound gratitude for NFCSN. Since 2017, more than a thousand grantees have benefited, many in astonishing ways, from this program. Below, for example, is a heartfelt comment from a CSN:

"I heard your staff speak at a conference. I went up to tell them how grateful I was, but I couldn't get a word out. I just started crying. Now people can truly see that God is taking care of them."

And an equally heartfelt comment from a PR:

"Nothing I can say would do justice to what this program has done for my mother and our family. The love and gratitude I have for NFCSN, [facility], and staff — this is what I understand to be the immortal love Mary Baker Eddy talks about. This is the nature of God."

Moreover, NFCSN is widely acknowledged to have a healing impact. Here is a representative comment from a CSF administrator:

"The grant removes the fear and anxiety of so many people who might not come to a facility otherwise. It gives patients a profound freedom, and frees us to accept any patient whose motives are right. The freedom from anxious thought is amazing. It's part of the healing, and makes healing so much easier."

Comments like the ones above were submitted by the hundreds. Moreover, when survey participants were asked anonymously how easy NFCSN is to work with, the program got an average rating of 4.7 out of 5. Here, from a CSF administrator, is one of many comments about the support people receive from program staff:

"Beyond the financial support, and even more important, the NFCSN is lifting and strengthening all of us in the field. Patients aren't so isolated now. They have a partner. To hear some of the truths your staff has shared with patients is amazing. I've also seen patients just light up after responding to the NFCSN's request for a two-month progress report. The accountability and the

expectation of healing are wonderful. You require us to meet the standard that is the light of healing.”

Based on this data, we are very proud of NFCSN staff for maintaining a high standard of compassion, convenience, inspiration, and metaphysical accuracy.

Grantees

Affordability: Focusing now on grantees, NFCSN has made these individuals much more able to afford Christian Science nursing care. With roughly \$86M in NFCSN grants for this care over the last six-plus years, the program objective of affordability has clearly been met.

In fact, we estimate that 75 to 80 percent of NFCSN grantees (about 800 individuals) could not have afforded the Christian Science nursing care they received without this grant or some other benevolence.

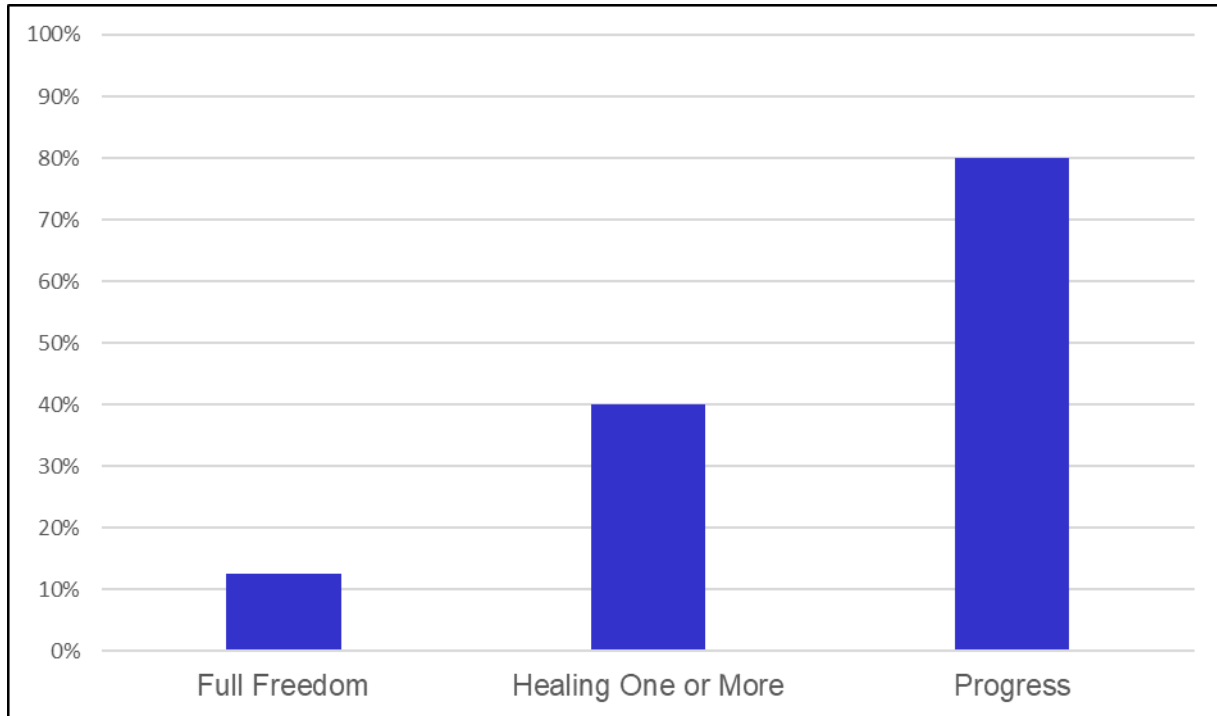
Awareness: Further, we asked three survey questions which helped us determine that 70 to 85 percent of grantees increased their awareness of the healing ministry of Christian Science nurses during the grant period. We include comments below from just two grantees, but many others spoke in similar terms:

“We estimate that 75 to 80 percent of grantees could not have afforded the CSN care they received without the grant or some other benevolence.”

“You can feel the presence of the Christian Science nurses even before they knock on the door of our home. The power of their prayer makes the volume of the material limitation go down, decibel by decibel. And when the material isn't blaring constantly, I can finally hear the still, small voice. I can finally see the face of God. These women offer a blend of love and practical care that's the epitome of the 'human and divine coincidence.'”

"I'll never forget the constant beauty of the Christian Science nurses' thought. ... Three or four of them would come in together to move me. Once they had to lift my leg, and one woman used two fingers from each hand to support my ankle. I could see the leg was weightless to her. I looked at her and thought, 'She gets immortality.'”

Healing: Finally, we saw significant healing outcomes among grantees. Survey responses indicate that roughly 10 to 15 percent of grantees are freed from the need for Christian Science nursing during the grant period; roughly 40 percent completely heal one or more claims during the grant period; and roughly 80 percent make progress toward healing.



Digging into the details of grantee healings, we found many kinds of transformation, from dramatic remission of disease to the complete restoration of family relationships. Here are two examples, both from PRs:

“My mother has seen a nearly complete healing of skin cancer on her face and other locations. She can care for herself 90% of the time now. [Before], she relied on me 24/7 for food, laundry, bathroom, assistance, bandage, changing, teeth, cleaning, cooking and cleanup, and all banking and correspondence.”

“This grant reconnected our loved one to us. ... Because we could make regular visits at a nursing facility, those regular visits have continued into our daily life. ... Now we have regular brother-sister time and even get to hug and tell each other we love each other. I feel as if my brother has been returned to me.”

Our research uncovered more inspiring stories of healing among NFCSN grantees than we could possibly fit into these pages. All told, these various impacts on grantees

fulfill three of the program's objectives: the affordability of CSN care, an increasing awareness of the CSN's ministry, and the promotion of Christ-healing.

Christian Science Nurses

As for NFCSN's impact on CSNs, the study quantified many specific improvements in their financial wellbeing. (Note: In this section, CSNs means people who work primarily or exclusively in private-duty nursing. The impact on CSNs working in facilities is addressed below under "Christian Science Facilities.")

Improved Finances: The survey asked CSNs to quantify whether NFCSN has resulted in more cases, increased rates, increased income, less need to provide individual benevolence for patients, and greater sustainability for their overall financial situation. Based on the answers to these questions, we conclude that NFCSN has had a noticeable impact on the finances of the average CSN.

We also received a large number of comments about CSN finances in surveys and interviews. Below are three comments that represent many others:

"NFCSN has taken much of the burden off individual nurses to help people with little or no compensation."

"Before this fund, I granted large amounts of benevolence, which made it very difficult to sustain myself."

"The fund has enabled me to receive fair pay in good conscience. I no longer have to work for free or cut my rates so low. I'm finally blessed financially after decades of serving on benevolence."

Another CSN summed up the impact of NFCSN on many in the profession:

"The National Fund has enabled me to afford to be a Christian Science nurse."

This improved financial picture for Christian Science nurses relates to two of the program's objectives. It makes the CSN ministry more appealing as a lifework, which will likely draw new recruits into the profession. In time, this will potentially make Christian Science nursing more accessible.

Professional Development: In addition, 36 percent of the non-*Journal*-listed Christian Science nurses who completed our survey say that working with NFCSN grantees has affected their plans for and/or expectation of *Journal* listing.

This figure is impressive. But we need to qualify it by saying that the non-*Journal*-listed Christian Science nurses who completed the survey were outnumbered by those who are listed in the *Journal*. As a result, 36 percent represents a fairly small number of CSNs. Still, the figure shows that NFCSN is contributing to professional development for some — and professional development for CSNs is another program objective.

“Of the non-*Journal*-listed CSNs who completed the survey, 36 percent say that working with NFCSN has affected their plans for or expectation of *Journal* listing.”

Moreover, there is a possibility that NFCSN is having an impact on standards for the profession. One senior CSN, who trains other CSNs, called the program’s protocols and mentoring requirements “a fantastic blessing for the field.” Specifically:

“NFCSN is raising standards for the CSN practice. Some patients say, ‘I don't want to.’ To keep the peace, the CSN might bend. Now we can say, ‘It's required.’ Your protocols make our interaction with patients smoother, less stressful, less personal. It’s the same with the requirement that non-*Journal*-listed nurses are now supervised by *Journal*-listed nurses. This, too, becomes impersonal. Really, we should adopt NFCSN procedures for all private-duty patients.”

This comment is additional evidence that NFCSN is contributing to professional development, at least for some CSNs.

Christian Science Facilities

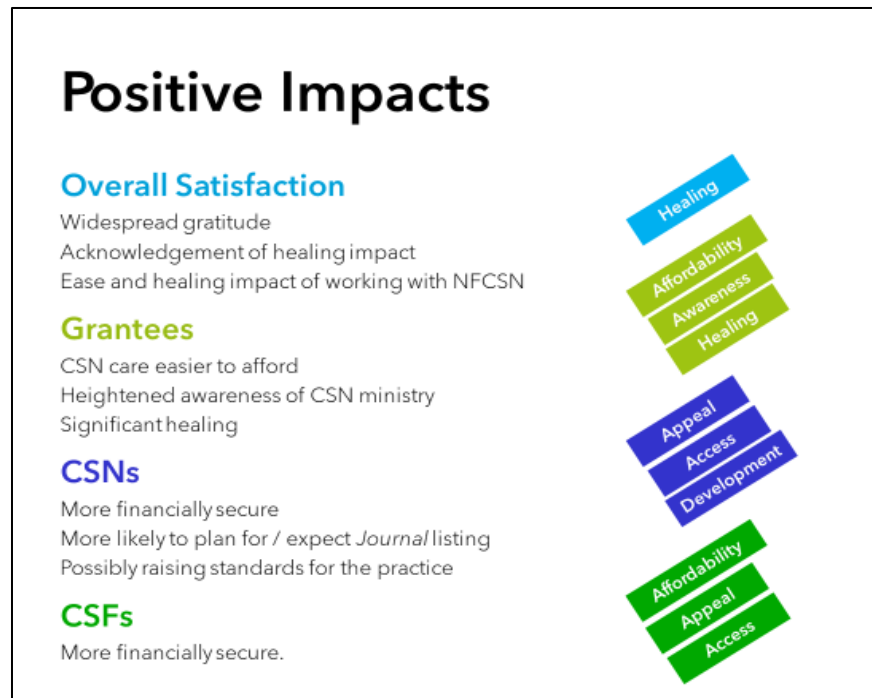
As for NFCSN’s positive impact on CSFs, we gathered quantitative data showing an even more significant positive effect on their finances than we saw with Christian Science nurses. We asked CSF administrators about the effect of NFCSN grants on seven different financial variables:

- Higher occupancy or serving more patients;
- Raising rates for patient care;
- Increased overall income generated by nursing;
- Less need for benevolence from the facility;
- Greater sustainability in the facilities’ overall financial situation;
- Increases in employee compensation; and

- Having more funds to employ more CS nurses.

With every variable, CSFs averaged above the midpoint on the scale measuring improvement. Particularly high averages were measured for decreases in the need for benevolence from CSFs and increases in the overall financial sustainability of CSFs.

In interviews, CSF administrators elaborated on financial gains attributed to NFCSN. One CSF has used NFCSN funds to increase CSN compensation, triple the number of CSNs employed, and reduce their patient waiting list to zero. A second CSF now relies less on its investment income; a third upgraded essential equipment; and a fourth made much-needed repairs to its roof. In addition, nearly half of CSFs in the US have opted out of Medicare since NFCSN was established.



Further, one CSF administrator commented on shifts in the attitudes of board and staff members that have resulted from working with NFCSN:

“It feels like we can literally ‘give of our heart’s rich overflow’ — work from the basis of love and not according to how much money the facility or the patient has. ... Your help has literally changed our lives. It has felt like a new era without the constant fear of lack we used to deal with.”

Continuing to track the objectives of NFCSN, this increase in the financial strength of facilities is related to the affordability of care. It is also related to promoting the appeal of Christian Science nursing as a lifework, since stable facilities provide stable employment. This appeal will likely draw new recruits, and potentially increase access.

The summary image above shows the interaction between NFCSN’s positive impacts, on the left, and the program’s original objectives, on the right.

Challenges

From the surveys and interviews, we also learned about three challenges for NFCSN — in addition to significantly reduced funding for 2024 and beyond. Each of these is explained below.

Long-Term Christian Science Nursing Care

The first challenge is increasing use of long-term CSN care, which surveys and interviews tell us is facilitated by NFCSN grants.

Original Purpose: As many readers may know, NFCSN was not established to provide long-term care. The intent was to support relatively quick healing in most cases. Yet today, roughly half of NFCSN grantees have received funding for more than two years.

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Interviewees tell us that it is exceedingly rare for a grantee to become lax about healing, or try to take advantage of NFCSN. The vast majority of grantees are genuinely trying to heal. For most grantees, the resort to long-term care is innocent and unconscious, and rooted in confusion about the purpose of the grant.

This confusion seems to be widespread. The first quote below is from a CSP, and the second from a CSF administrator:

“I don't understand the current structure and programming of NFCSN. It used to be about meeting temporary needs, but apparently that's no longer true.”

“It's not unusual for us to have 100-year-old patients who have served TMC or their branch church well. Is an NFCSN grant unlimited? Should there be a time limit? Or is it intended as eldercare too?”

Relationship Between Funding and Healing: Digging still deeper through interviews, we learned about a phenomenon that is apparently common in CSFs — and speaks volumes about time and healing and the antics of mortal mind. An interviewee who once ran a facility says the following:

"We noticed that Medicare's limit, 60 days, resulted in many 'Medicare healings' at just that time. So many people went home when the payment ran out."

The frequency of "Medicare healings" in facilities was confirmed by other interviewees. So, without criticizing grantees for failing to work hard on healing or trying to take advantage of the program, we did find evidence of a relationship between the availability of funding and the timing of healing.

Facility Missions Differ: Moreover, we learned that having NFCSN grants available for long-term care either delights or dismays CSFs, depending on how they define their missions. Facilities that include long-term care in their purpose are, of course, thrilled to have support for it. One CSF administrator says:

"NFCSN is a gamechanger. Medicare wasn't working for us. It's not in line with long-term nursing, which is what we're doing. Medicare ends. NFCSN is so freeing. [It] allows any Christian Science facility to take long-term patients."

This administrator may be pleased about grants for long-term care, but other administrators are concerned. Their CSFs focus on quick healing, a rapidly revolving door, and empty beds available at all times for emergency cases. One says:

"Our facility is now thinking we need to ask, 'Do you have a place to go home to?' Because we're supposed to be about healing, yet we're providing long-term care. We want to avoid having every bed filled with someone who intends to pass away here. We're learning the hard way that this is what people really want."

Below is a comment from an administrator at another facility that increasingly emphasizes long-term care — not because it fits perfectly with their mission, but because NFCSN funds it. This administrator says:

"To have every facility filled 100% with long-term cases isn't sustainable. [Even if we could hire enough Christian Science nurses] to fill our rooms ... we'd still have lists and lists of patients we couldn't admit. I'm talking about skilled-care emergency cases. ... That's the group that's being excluded from Christian Science facilities. And they'll continue to be excluded unless we make different choices."

An administrator at third CSF adds this:

"The future trend needs to head toward shorter stays for people laser-focused on healing. Christian Science facilities aren't a place you can drop mom off forever, for free. That's the confusion that needs to be addressed."

We conclude from these and other comments that NFCSN is having a significant impact on the mix of cases in some CSFs, driving them to focus on long-term care whether or not it fully aligns with their mission.

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Delayed Healing: These comments lead to a more sensitive question: is there a trend within the movement that appears to be delaying healing among an increasing number of Christian Scientists? A CSF administrator says:

“In our experience, few patients are really hot-to-trot for healing. We celebrate when we get someone like that. Most patients just study. Most are afraid to confront mortal mind. They don't want to examine their fears. They don't know how to treat themselves, and they aren't consistent in their treatments.”

This administrator goes on to say:

“The real need in our facilities is Christ healing. If a person needs long-term care, please take them to a non-CS facility. If they have memory issues, please take them to a non-CS facility that's designed for their safety. We know Christian Scientists who become beacons of light in long-term non-CS facilities.”

An administrator at another CSF added:

“What are we doing about the ratio of Christian Science people needing eldercare versus the opportunities to receive it? I'd love to hear more conversation around this. So often, we tiptoe in Christian Science because we don't want to make something a reality. I'd prefer to discuss these things frankly.”

With deepest appreciation to the CSF administrators quoted above, and many others who answered our questions clearly and honestly, we close this section by expressing our hope that this report inspires a more open discussion of these issues.

Ethics Issues

The second major challenge revealed by the study is ethics issues. One-quarter of the professionals we interviewed (CSNs, CSPs, and CSF administrators) raised questions

about the ethics of people they encountered through an NFCSN grant. We also received nearly 100 written survey comments on this topic, significantly more than on any other topic. Here's what we learned:

- **Grantees & PRs:** Ethics issues involving grantees or PRs most often involve late payment, underpayment, or nonpayment for CSN care. Those who experience problems with payment are most often CSNs, and less often CSPs and CSFs.
- **CSNs:** Ethics issues with CSNs often relate to quality of care. Sometimes they involve an objection to the "Wild West" marketplace that allows CSNs to charge "unconscionable rates" in a time of shortage.
- **CSFs:** Ethics issues with CSFs all involve quality of care.

"One-quarter of the CSNs, CSPs, and CSF administrators we interviewed discussed challenges related to the ethics of people they encountered through an NFCSN grant."

Note: We did not hear any comments about ethics issues involving a CSP, nor any comments about ethics issues involving NFCSN staff.

Payment Issues: At the risk of oversimplifying important data, we are including just a few representative comments on payment issues. Our goal is to show how widespread and challenging these issues seem to be, without overwhelming the reader with unnecessary detail. Here are three private-duty CSNs:

"The fund pays me directly. That portion is easy to collect. But the portion that comes from the patients can turn into benevolence. I've had to write it off in multiple cases. About 30 percent of NFCSN cases present collection problems."

"I have found that patients expect to pay nothing. They feel NFCSN is paying enough and they shouldn't have to pay more. ... So then the CSN is left trying to get the funds paid. And yes, this is when the patient has agreed to the contract before the CSN comes on the case."

"Patients and families have no incentive to turn in invoices, and no incentive to pay on time. Before NFCSN, I received prompt payments always. With NFCSN, sometimes we wait months for payment. ... I wish I could charge for all the time I spend trying to get paid."

Here is a similar comment from a CSN who works at a referral service:

“We see many patients not paying more than the NFCSN cap of \$440 per day. They just refuse, even after signing the CSN’s contract. I’d guess that in about 75 percent of cases, the patient and family don’t pay fully what TPF expects them to pay.”

Moreover, some CSFs apparently face the same issue as private-duty CSNs. Here is a CSF administrator:

“We have many NFCSN patients with significant resources in retirement accounts and investments. NFCSN pays \$12,000 per month, but the real cost is \$20,000 per month, so they're supposed to pay the remaining \$8,000. Rarely does anyone pay that much. ... In general, our wealthy patients want to save their money for their children. ... In this context, how do I tell them that the laborer is worthy of his hire? And that they might heal faster if they'd pay their practitioner?”

This last quote verges on the issue of entitlement, which many CSF administrators addressed directly in our interviews. One says:

“Our biggest challenge now is the widespread belief that Christian Scientists are entitled to free Christian Science nursing care for the rest of their lives. There's no understanding of what care really costs. And there’s a sense that they're entitled to it — whether or not they're interested to work out their demonstration — because they've always supported their branch church and the Christian Science movement.”

Another CSF administrator adds:

“People think a Christian Science nurse's time is somehow an extension of church fellowship. Recently, we sent a Christian Science nurse who lives in another area on two visits to assess someone who wanted to come to our facility. The woman refused to pay, so we had to cover the bill.”

The quotes above oversimplify the issues described in the nearly 60 comments we received on the issue of late payment, underpayment, and nonpayment for CSN care. Nonetheless, they do give a sense of the frustration and dismay experienced by many NFCSN care providers.

Other Ethics Issues: People who commented on ethics issues also expressed concern about grantees using NFCSN funds to pay for unnecessary care; a CSN who cooperated with a grantee to prolong unnecessary care; and a PR who used a grant to facilitate removing a parent from her home, then selling the home and keeping the money. This is in addition to the nearly 30 comments we received about quality-of-

care issues with CSNs and CSFs, and additional comments about CSNs overcharging. A number of CSN interviewees suggested that NFCSN should require more training and/or more supervision and mentoring for any non-*Journal*-listed CSNs paid by the program.

Two Observations: We'd like to make two final observations about the unexpected number of survey and interview comments on unethical behavior.

First, comments about late payment, underpayment, and nonpayment came as a surprise. Before seeing this data, NFCSN staff thought that incidents of this sort were almost nonexistent. The fact that our staff was so unaware of these payment issues, and to some extent other ethics issues as well, reveals the discomfort most people involved with NFCSN apparently feel about raising these concerns.

Second, NFCSN plans to address ethics issues not just in practical ways, with changes to processes and communications (see below); staff also intends to address these issues metaphysically. This is because challenges related to unethical behavior might, in some cases, be intertwined with challenges related to delayed healing. As the CSF administrator quoted above says of some of the wealthy patients she works with: **"They might heal faster if they'd pay their practitioner."**

"In some cases, challenges related to unethical behavior could be intertwined with challenges related to delayed healing."

We close this section with deepest appreciation for the survey respondents and interviewees who alerted us to these ethics issues. Our thanks to you for providing enough detail for NFCSN to meet these challenges both materially and metaphysically.

Process & Communications Issues

Finally, the surveys and interviews revealed ways in which NFCSN processes and communications may contribute to some of the challenges described above. Below is a list of the most important issues raised about NFCSN itself, paired with the commitments program staff is making to address them.

Transparency in Invoicing: CSNs, CSPs, and CSFs seeking payment from NFCSN currently have to rely on the grantee or PR to pursue payment on their behalf.

However, it is never easy for CSNs, CSPs, and CSFs to figure out whether the grantee or PR has submitted their invoices. This exacerbates the difficulties care providers already face with late payment, underpayment, and nonpayment. So NFCSN commits to investigating ways to make the system more transparent so that CSNs, CSPs, and CSFs can understand where their invoices are in the payment process.

Efficiency in Invoicing: Surveys and interviews revealed, too, that our invoicing process might be more efficient if CSNs, CSPs, and CSFs were responsible for submitting their own invoices, perhaps with an electronic approval from the grantee/PR. This would solve the issue raised by the CSF administrator quoted below, who describes how difficult it is to get grantees and PRs to submit invoices:

“We've got our business manager running down PRs or sitting side by side with people helping them use a computer. Untrained volunteers basically drive NFCSN's system for payment, and there's not a strong incentive for them to meet deadlines.”

Even where grantees and PRs are responsible and efficient about submitting invoices, NFCSN's system can still pose problems. The comment below, from a PR, represents other comments expressed by multiple people:

“CSNs live paycheck to paycheck. [Having me in the middle] is very stressful for them and for me. It's an added layer of administration.”

There are good reasons that NFCSN's invoicing process was designed so that the grantee/PR is our primary contact. Still, the surveys and interviews make it clear that this needs to be reexamined, and we commit to doing that.

Processing Time: Currently, the time it takes for NFCSN to process invoices from care providers can be as long as two weeks. Surveys and interviews revealed that this is a problem for many private-duty CSNs. We already prioritize payment of private-duty CSNs. We have also significantly shortened the time it takes to process their invoices — which can now be just two to four days. Nonetheless, we will consider all possible ways to make NFCSN's invoicing process quicker and more efficient.

Communications Shortfalls: Surveys and interviews reveal that all five groups surveyed (grantees, PRs, CSNs, CSPs, and CSF) are often hazy about the most basic functions of NFCSN, and not sure where to go for clarification. We commit to examining the many comments we received about inadequate communication, then clarifying key issues via website updates, FAQ updates, and staff training.

Grantee's Expected Payment: Typically, NFCSN expects the grantee or PR to pay a portion of the fee owed to the CSN, CSP, or CSF. Yet surveys and interviews reveal that many care providers remain unaware of this fact, which makes it more difficult for them to collect this portion of their fee.

For example, NFCSN may determine that a grantee is able to pay \$3,000 a month for private-duty care, and that NFCSN will pay the rest of their CSN's bill. The grantee may then tell the CSN that he can't afford to pay any more than NFCSN is paying.

Currently, the CSN has no way of knowing that NFCSN thinks the grantee can afford \$3,000 per month, so is at a disadvantage in requesting payment.

Moreover, the grantee's responsibility to make complete and timely payments probably also needs to be made even clearer to the grantee and/or the PR.

We commit to reviewing ways to clarify the grantee's financial responsibility, both to the grantee and/or PR, and to the care providers who work with them. More broadly, the cost of Christian Science nursing care remains a mystery to most Christian Scientists. This is an issue that NFCSN communications can help clarify.

Avenue for Concerns About Ethics Issues: In addition, there should be an obvious avenue for anyone working with NFCSN to voice their concerns about ethics issues. We assume there is a pathway: the NFCSN phone number. But given how many ethics issues have silently accumulated over the years, we need to find a better way.

Further, NFCSN needs to clarify our expectation that everyone involved with the program must uphold the highest standards of ethics. In the past, we've urged grantees and PRs to direct concerns about CSNs and CSFs to the appropriate accrediting institution (The Mother Church for CSNs, and the Association of Organizations of Christian Science Nursing for CSFs). At times, we've contacted an accrediting institution ourselves.

Going forward, we need to emphasize that raising such concerns is honorable. It can save others from having to endure a similar experience. NFCSN should make this clear through, for example, website updates, FAQ updates, and staff training.

It may also help if the Christian Science nursing community agreed on a protocol for how and when to share these concerns. With such a protocol in place, perhaps CSNs would not hesitate to reveal when grantees and/or PRs are acting unethically. (Note: Patient confidentiality rules associated with the federal Health Insurance Portability and

Accountability Act (HIPAA), which would ordinarily constrain CSNs, are waived by all NFCSN grantees.)

Purpose of NFCSN: Lastly, all NFCSN communications need to convey more clearly the original purpose of the program — which was not to support unlimited long-term care. As one CSP says:

“I'd appreciate it if the Fund consistently communicated the joy of the expectation of healing. Emphasize it through words on the forms, and through every conversation with practitioners and nurses. Remind them that getting the grant is like a crutch or a wheelchair. It's a temporary means.”

We commit to identify website updates, new procedures, and staff training as needed to address this and other communications shortfalls revealed in surveys and interviews.

NFCSN Process/Communication Commitments: In sum, NFCSN staff commits to doing the following on a reasonable schedule:

Challenge	Commitment
Concerns re Payment	Make invoicing process more transparent to caregivers.
Concerns re Payment	Reconsider whether grantee/PR should remain the primary contact in invoicing.
Concerns re Payment	Consider other ways to make payment even quicker and more efficient.
Concerns re Payment	Redraft grantee/PR communications to stress financial responsibility
Concerns re Payment	Disclose grantee's financial responsibility to all care providers involved.
Concerns re Payment	Adjust other processes to make sure care providers receive fair compensation.
Grantee/PR Integrity	Create/publicize a way to address other integrity issues/enforce standards.
CSN / CSF Integrity	Encourage people to take their concerns to the right accrediting institution.
Confusion re Processes	Review concerns expressed, update website/FAQ and do staff training.
Confusion re Purpose	Update website/FAQ and do staff training.

Assessment of Objectives

Before launching into a discussion of NFCSN’s future, we will review the program’s objectives and assess the degree to which each one is being accomplished:

- **Affordability:** Reduce instances of Christian Scientists going without Christian Science nursing due to lack of funds.

NFCSN has done an outstanding job achieving this objective. As mentioned above, roughly 75 to 80 percent of grantees, or about 800 individuals, could not have

afforded the CSN care they received without this grant or some other source of benevolence.

- **Healing:** Promote Christ-healing without resorting to a societal model of healthcare or its financing.

NFCSN has done a reasonably good job achieving this objective. As mentioned above, we estimate that roughly 10 to 15 percent of grantees are freed from the need for CSN care; roughly 40 percent of grantees completely heal one or more claims; and roughly 80 percent of grantees make progress toward healing. This study does raise questions about delayed healing across the movement. It also makes it clear that NFCSN is, indeed, successfully promoting Christ-healing.

- **Awareness:** Promote the awareness of the healing ministry of the Christian Science nurse.

NFCSN has done an outstanding job achieving this objective.

As mentioned above, 70 to 85 percent of grantees responded “yes” when asked three questions to determine growing awareness of the healing ministry of CSNs. The same percent of PRs answered “yes.”

Many comments from the surveys and interviews also suggest that awareness of the CSN’s ministry is blossoming.

- **Access:** Increase the potential for greater availability, accessibility, and activity of CS nurses.

It is difficult to assess NFCSN’s success in achieving this objective. Stabilizing the finances of CSNs and CSFs enhances the appeal of the ministry. This enhanced appeal increases the potential for more CSN recruits. Also, as mentioned above, NFCSN

Revisiting Objectives

- **Affordability:** Reduce instances of Christian Scientists going without Christian Science nursing due to lack of funds.
- **Healing:** Promote Christ-healing without resorting to a societal model of healthcare or its financing.
- **Awareness:** Promote the awareness of the healing ministry of the Christian Science nurse.
- **Access:** Increase the potential for greater availability, accessibility, and activity of CS nurses.
- **Development:** Support professional development and consulting services for Christian Science nurses and nursing organizations.
- **Appeal:** Enhance the appeal of Christian Science nursing as a lifework.

Outstanding
Reasonably Good
Outstanding
Difficult to Assess
Partial
Outstanding

provides an incentive for existing CSNs to enhance their skills. Thirty-six percent of the non-*Journal*-listed CSNs who completed the survey say that working with NFCSN grantees has affected their plans for or expectation of *Journal* listing. These factors, in time, will likely increase access to CSN care.

However, the data also indicates that NFCSN has lengthened patient stays in some CSFs, influencing some CSFs to emphasize lighter, longer-term care. As a result, short-term emergency patients may find it more difficult to access skilled CSN care.

We conclude that the overall impact of NFCSN on the availability and accessibility of CSN care is not something we can easily determine.

- **Development:** Support professional development and consulting services for Christian Science nurses and nursing organizations.

NFCSN has partially achieved this objective. As mentioned above, the grants seem to provide an incentive for CSNs to move toward *Journal* listing. Also, NFCSN protocols may be lifting professional standards for private-duty CSNs.

However, NFCSN has not supported professional development for CSFs, and has not supported consulting services for CSNs or CSFs. The truth is that there is no simple, logical way for NFCSN to undertake these activities. We might therefore consider removing this objective. (In fact, we plan to convene a working group to consider any revisions needed, in the light of this study, to any of the objectives.)

- **Appeal:** Enhance the appeal of Christian Science nursing as a lifework.

NFCSN has done an outstanding job achieving this objective. Many comments from the surveys and interviews support this conclusion. In addition, quantitative data shows that both CSNs and CSFs have seen noticeable improvement in their finances due to NFCSN. There is no question that this enhances the appeal of Christian Science nursing as a lifework.

The Way Forward

Challenges NFCSN Will Address: Finally, let us turn to NFCSN's future. Going forward, program staff can and will do the following:

- **Reduce Total Grants:** Adjust our grants and practices in accord with reduced funding.

- **Restructure Grants:** Restructure our grants to support the expectation of quick and whole healing.
- **Support Grantee Payments:** Adopt new policies and procedures that support grantees' payment of an appropriate portion of the cost of their care.
- **Increase Transparency:** Build transparency into our system so that care providers can see where payments are in the process.
- **Explore New Efficiencies:** Investigate whether our payment process can be made quicker and more efficient.
- **Support Quality of Care:** Support quality of care by paying only *Journal*-listed CSNs, or non-*Journal*-listed CSNs who are in an accredited training program or provide equivalent assurance that they offer the highest quality of care.

Challenges that Will Require Cooperation: The following challenges are beyond the scope of what NFCSN can do on its own, and would require cooperation from others in the Christian Science community:

- **Provide Care:** Provide for those in our community who need care — whether that means CSN care, room and board, companionship, or just a little help. This reflects many Bible passages that focus on helping and blessing the poor.
- **Enroll Others:** Enroll Christian Scientists in providing this care directly, as Christ Jesus urged in Matthew 25:42-45, or through financial contributions as suggested in 2 Corinthians 8:14 (KJV) (“your abundance may be a supply for their want....”).
- **Ennoble Charity:** Help to prevent Christian Scientists from accepting charity. (“The noblest charity,” Mary Baker Eddy quoted from the Talmud, “is to prevent a man from accepting charity....” Mis. ix:2.)
- **Value Expressions of Concern:** Provide protocols for, and support a culture that values, expressions of concern about unethical behavior, whether they involve quality of care, payment issues, or other problems.
- **Balance Needs:** Charge fees that meet the needs of patients, providers, and those providing benevolence.
- **Standardize Practices:** Support standardized practices where possible, including invoicing and contracts by private-duty CSNs.
- **Help with Navigation:** Help families seeking spiritual care navigate this arena and find CSNs.

- **Reinforce Proper Expectations:** Educate private-duty CSNs and their patients on holding proper expectations, as well as on their responsibilities to meet others' proper expectations.
- **Simplify Funding:** Provide a simplified way for patients to seek financial help for Christian Science nursing from various funding sources.

We considered adding something to this second list about the need to recruit and train additional CSNs, particularly those at higher levels of skill. That is because several CSF administrators discussed the need to balance the amount of funding poured into patient care through NFCSN (which increases the demand for CSNs) with the amount of funding allocated to CSN training (which increases the supply of CSNs). Here, for example, is a representative comment from a CSF administrator:

"There's so much effort to fund patient care through NFCSN, but not enough corresponding effort to increase the number of Christian Science nurses."

We chose not to address this concern in the list above because it remains to be seen whether reduced funding for NFCSN will decrease demand for CSNs enough to align it with the existing supply of CSNs. This is an issue that should be watched in 2024 and beyond, but not one that we believe needs immediate attention.

As you can see from the list above, we sincerely hope that this study sparks future collaboration among a variety of organizations to maximize the benefits for the Christian Science community.

Openness to New Ideas: Finally, we would like to state our conviction that:

This current period offers fresh opportunities to reaffirm our adherence to Article 31 of the *Manual of the Mother Church*, titled "The Christian Science Nurse."

Divine Love is leading us all to "accept what best promotes" our growth. Mary Baker Eddy, *Science and Health with Key to the Scriptures*, p. 266.

The current age is requiring us to make the individual and collective demonstration of Christian Science nursing and healing — and its affordability — to prepare us for its universal demonstration.

We will discover new and higher ways to make this demonstration as we work together as a community, including patients, families, churches and their members, Christian Science nurses and facilities, practitioners, donors, and The Mother Church.