

## Evidence-Based Practice

### Position Statement

**T**he faith community nurse (FCN) supports, applies, and engages in Evidence-Based Practice.

#### What is Evidence-Based Practice?

Evidence-Based Practice (EBP) is a problem-solving approach to delivering health care that incorporates the best evidence from research, non-research studies, quality improvement, and opinions from content experts with patient care data, clinician expertise, and patient preferences, beliefs, and values. When delivered in the context of a caring and supportive practice situation, the highest quality and best patient and family outcomes can be achieved.

As cited in Melnyk and Fineout-Overholt (2015), Sackett, Straus, Richardson, Rosenberg, and Haynes in 2000, defined EBP as the contentious use of current best practice in making decisions about patient care—a definition that is still relevant today. Subsequently, the scope of the definition has broadened to infer a reliable and enduring problem-solving approach that integrates:

- A systematic search for, critical appraisal of, and synthesis of the best and most relevant research to answer an urgent or crucial clinical question; may be referred to as “external evidence”;
- The practitioner’s own clinical expertise, which includes “internal evidence” derived from practice, quality improvement projects, systematic patient assessment, evaluation, and use of key available resources to result in preferred patient outcomes;
- Patient preferences, beliefs, and values (Melnyk & Fineout-Overholt, 2015).

#### What is the role of the competent FCN in Evidence-Based Practice?

Research conducted at the National Institutes of Health (NIH) and academic institutions has established a relationship between spiritual practices and health, which expands the knowledge base for the specialty

of faith community nursing (ANA & HMA, 2012). Standard 13 of the Faith Community Nursing Scope and Standards of Practice states that the FCN integrates evidence and research into practice (ANA & HMA, 2017, p.74). EBP is infused in most, if not all, of the practice provisions. Faith community nursing, as a specialty nursing practice, encompasses the art and science of nursing and spiritual care. The practicing FCN may look to the disciplines of theology, pastoral care or chaplaincy for sources of evidence to guide EBP. Different from ordained or lay ministry, FCNs bring to their role all of the meaning and competencies of their licensed nursing heritage.

The FCN demonstrates the following basic competencies in regards to EBP:

- Verbalizes how research is applied in a relevant manner in the healthcare setting and practice;
- poses questions in the practice and care delivery setting and identifies the intersections of health, spirituality, and spiritual care where research may be applied or replicated;
- uses current and relevant evidence-based knowledge to guide professional practice, including research and outcomes from practice;
- utilizes evidence when implementing nursing practice, process, or behavior changes;
- participates, as appropriate, to formulate evidence-based practice through research and quality improvement projects to expand the body of knowledge on a topic or practice area;
- upholds ethical and moral principles of research in their personal professional practice and the faith community nursing practice setting (see also Code of Ethics, Provision 7, ANA & HMA, 2017 pg. 21);
- reviews and evaluates research and evidence-based knowledge, data, and

outcomes to apply it in the best possible way; and

- shares peer-reviewed evidence with colleagues to promote growth and the integration of new knowledge into faith community nursing practice (ANA & HMA, 2017).

The FCN uses EBP interventions such as health counseling, prayer, presence, active listening, advocacy, referrals, and a wide variety of other resources available to the faith community (ANA & HMA, 2017, p.2). Advance Practice Registered Nurses (APRNs) and nurses prepared at the graduate level have advanced knowledge, skills, abilities, critical thinking, and judgment; and as such, have additional advanced FCN competencies.

As FCNs begin evidence-based practice, it is important to understand the process and implement the steps one at a time. According to Melnyk and Fineout-Overholt (2015), there are seven essential and sequential steps of EBP:

Step 0 cultivates a spirit of inquiry within an evidence-based culture and environment

Step 1 asks a crucial practice question (see description of PICOT format below)

Step 2 requires searching for the best and most relevant practice

Step 3 involves critical evaluation and appraisal of the evidence quality and strength

Step 4 facilitates integration of the best evidence with the practitioner’s clinical expertise and patient preferences/values when making a change in practice or care decisions

Step 5 evaluates outcomes following the application of the evidence and subsequent practice changes or care decisions

Step 6 involves dissemination of the results and outcomes of the EBP change (Melnyk & Fineout-Overholt, 2015, p.10).

The FCN, in cultivating a spirit of inquiry, should be curious and develop a questioning approach toward practice. This creates excitement and passion about challenging the status quo, making positive practice change, and improving care. PICOT is an acronym

that describes the elements of a good clinical question; it stands for: P-Patient/Problem, I-Intervention, C-Comparison, O-Outcome, and T-Time. Writing a good PICOT question clarifies the issue to be addressed, drives the evidence search, and facilitates identifying the right solution(s). An example of a PICOT question is: “Do congregants who participate in a blood pressure (BP) clinic conducted by a FCN in their faith community over a six month period have better hypertension management than congregants who only measure their BP at home or at their physician’s office?”

When appraising the evidence, the FCN should look for similarities and differences across the body of evidence and use tools to evaluate the strength and quality of evidence. Although there are several tools, the Johns Hopkins Evidence-Based Practice Rating Scales provide an excellent framework to evaluate research and non-research evidence. Once the best evidence is identified, the practicing FCN can integrate this with the needs of the client (patient, congregation, community) to implement a change in care delivery and/or practice. Goals, objectives, and aims of the EBP implementation are defined and the outcomes are evaluated. It is important for the results to be disseminated through publication, presentation, and even informal sharing with colleagues in order to contribute to growth of the body of evidence.

#### **What are the sources of evidence that are relevant to the FCN**

Faith Community Nursing draws from nursing evidence. Additionally, other disciplines are potential sources of evidence from which EBP may be derived. For example, nursing has a long history of focusing on whole-person health and spirituality to alleviate suffering and achieve healing, if not cure. However, nurses may express inadequacy about providing spiritual care, struggle to articulate a functional or actionable definition of spirituality, and may be uncertain about what constitutes spiritual care (Hughes, B.P, et al, 2017). The FCN may find appropriate resources to help them in Chaplaincy.

Two prominent organizations offer chaplaincy resources that can be used by the FCN. First, the HealthCare Chaplaincy

Network™ (HCCN) strives to advance the integration of spiritual care in health care through clinical practice, research, and education. Their mission aims to improve patient experience and help people facing illness and grief find comfort and meaning—meeting them where they are. Second, the Spiritual Care Association (SCA) is the first multidisciplinary international professional membership association for spiritual care providers that offers a comprehensive evidence-based model that defines, delivers, trains, and tests for the provision of high-quality spiritual care (Hughes, B.P, et al, 2017). In 2019, the Spiritual Care Association created a nursing division to serve FCNs and all nurses striving to provide spiritual care in their nursing practice, regardless of practice setting.

The primary role of the FCN is to provide intentional care of the spirit and address the needs of their patients—body, mind, and spirit—while promoting health and preventing (or minimizing) disease in the context of faith beliefs and traditions and the larger community (ANA & HMA, 2017). This differentiates the specialty practice from that of general registered nursing practice. As such, faith community nursing practice is strengthened by the use of multiple evidence-

---

## Faith community nursing, as a specialty nursing practice, encompasses the art and science of nursing and spiritual care.

---

based sources for the provision of spiritual care.

#### **Resources**

Arizona State University College of Nursing and Health Innovation’s Center for the Advancement of Evidence-Based

Practice. <https://journals.lww.com/ajnonline/pages/collectiondetails.aspx?TopicalCollectionId=10> (last updated 2016). A collection of articles was authored by faculty to assist nurses in the step-by-step implementation of EBP. Also identifies resources for continuing education regarding EBP.

Church Health Center (2019 revision). Foundations of Faith Community Nursing Curriculum: Faculty. Church Health Center: Memphis, TN.

Curators of the University of Missouri (2018). Evidence-based nursing practice: Using PICO to define clinical questions. <https://libraryguides.missouri.edu/c>.

*CONTINUED ON PAGE 11*



php?g=28271&p=174073

Dearholt, S., & Dang, D. (2017). Johns Hopkins Nursing Evidence-based Practice: Models and Guidelines. Sigma Theta Tau, International: Indianapolis, IN. A comprehensive resource book to guide nurses when implementing EBP.

Health Ministries Association, Inc <https://hmassoc.org/>

Sonoma State University Library. (January 19, 2019). Evidence-based practice: Nursing <http://libguides.sonoma.edu/c.php?g=202651&p=1336400> Website defines EBP, describes how to compose a PICOT question, identifies search engine resources and scholarly databases to find evidence, and offers tips to appraise evidence strength and quality.

HealthCare Chaplaincy Network™ [www.healthcarechaplains.org](http://www.healthcarechaplains.org)

Spiritual Care Association ([www.spiritualcareassociation.org](http://www.spiritualcareassociation.org))

The Westberg Institute for Faith Community Nursing (<https://westberginstitute.org/>)

#### References

American Nurses Association & Health Ministries Association, Inc (2012). Faith community nursing: Scope and standards of practice, 2nd Edition. Silver Spring, MD: NurseBooks.org.

American Nurses Association & Health Ministries Association, Inc (2017). Faith community nursing: Scope and standards of practice, 3rd Edition. Silver Spring, MD: NurseBooks.org.

Hughes, B. P., DeGregory, C., Elk, R., Graham, D., Hall, E. J., & Ressallat, J. (March 2017). Spiritual Care and Nursing: A Nurse's Contribution and Practice. White Paper. HealthCare Chaplaincy Network.

Melnyk, B. M. & Fineout-Overholt, E. (2015). Evidence-based practice in nursing and healthcare: A guide to best practice, 3rd Edition. Philadelphia: Lippincott Williams & Wilkins.

*Written by Mary Lynne Knighten, DNP, RN, NEA-BC with contributions from Deborah Ringen, MSN, RN-BC Faith Community Nurse; Marcia Potter, RN, MS Arts; and the staff of the Westberg Institute for Faith Community Nursing, Church Health (Memphis, TN), August 22, 2019.*