



Evidence-Based Practice Position Statement

The 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, and opinions from leaders with patient care data, clinician expertise, patient preferences, beliefs, and values. When delivered in the context of a caring and supportive environment, the best patient and family outcomes can be achieved.

In 2000, Sackett, Straus, Richardson, Rosenberg, and Haynes defined EBP as the current best practice in making decisions about patient care. Subsequently, the scope of the definition has broadened to infer a reliable and enduring problem-solving approach that integrates:

- A systematic search for the best and most relevant research to answer a 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.

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

The faith community nurse demonstrates the following basic competencies in regards to EBP:

- Poses questions in the practice and identifies the intersections of health and spirituality where research may be 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;
- 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 primarily 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 is to cultivate a spirit of inquiry within an evidence-based culture and environment

Step 1 is to ask a crucial question in (PICOT format - see description below)

Step 2 requires searching for the best and most relevant practice

Step 3 involves critical 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 outcomes are evaluated following the application of the evidence and subsequent practice change or care decision

Step 6 involves dissemination of the results and outcomes of the EBP change (Melnik & 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 months experience, 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?

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).

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 & MA, 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-based sources for the provision of spiritual care.

References

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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, 2020. Edited by D. Ziebarth. PhD, MSN, RN-BC

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