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 concept and lifelong problem-solving approach to clinical critical thinking and decision making that involves the judicious application of the best available evidence. This includes a systematic search for and critical appraisal of the most relevant evidence to answer a clinical question. This improves outcomes for individuals, groups, communities, and systems when combined with one's own clinical expertise and patient values and preferences (Bissett et al., 2025; Melnyk & Fineout-Overholt, 2023).

The scope of the definition infers 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 (external evidence) to answer a clinical question;
- The practitioner's own clinical expertise, derived from practice, quality improvement projects, systematic patient assessment, program evaluation (internal evidence), and use of key available resources to result in preferred patient outcomes;
- Patient preferences, beliefs, and values.

Healthcare and health decisions can be made about programs, practices, or policies based on the integration of best research evidence with clinician expertise in the field and other experiences and cultural context (Bissett et al., 2025; Melnyk & Fineout-Overholt, 2023).

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

Research has established a relationship between faith, spiritual practices, and health, which expands information available to the health care consumer and grounds the evidence base for the specialty of faith community nursing. FCNs are uniquely positioned to educate about health promotion and disease prevention or mitigation. Standard 14 of the Faith Community Nursing Scope and Standards of Practice states that the "FCN integrates scholarship, evidence and research findings into practice" (ANA & HMA, 2025, p.106). Faith community nursing, as a specialty nursing practice, encompasses the art and science of nursing and spiritual care. The practicing FCN may look to these disciplines 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 competencies regarding scholarly inquiry (ANA & HMA (2025, p. 106):

- Identifies questions in the health care or practice setting, as well as the spirituality, theology, and health intersection that can be answered by scholarly inquiry.
- Uses current evidence-based knowledge, combined with clinical expertise and healthcare consumer values and preferences to guide practice in all settings.
- Uses evidence to expand knowledge, skills, abilities and judgement; to enhance role performance; and to increase knowledge of professional issues for themselves and others.
- Participates in research that promotes the formulation of evidence-based practice.

- Shares peer-reviewed, evidence-based findings with colleagues to integrate knowledge into faith community nursing practice.
- Incorporates evidence and nursing research when initiating changes and improving quality in faith community nursing practice
- Articulates the value of research and scholarly inquiry and their application to one's practice and the health care setting
- Promotes ethical principles of research in practice and the health care setting.
- Reviews nursing research for application in practice in both the faith-based and health care setting.

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 (2023), 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 and synthesis 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.

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 problem or issue to be addressed, drives the evidence search, and facilitates identifying the right solution(s) and best evidence-based practices. An example of a PICOT question is: *Do congregants who participate in a blood pressure (BP) clinic conducted by an FCN in their faith community over six months have better hypertension management than congregants who only measure their BP at home or at their physician's office?*

A newer approach to writing the clinical question, recommended by the Johns Hopkins authors, involves writing a broad EBP question, such as*: For congregants in a faith community who are older adults, what are the best practices for hypertension screening and management?* Once the literature search is conducted, and the best research or EBP and best outcomes are identified, then the clinical question can be re-written to include the intervention. This avoids the consequence of including the solution which can bias the evidence search and "cherry-pick" the intervention you want vs. identifying the best practice with the best outcome(s). (Bissett et al., 2025)

When appraising the evidence strength and quality, the FCN should look for similarities and differences across the body of evidence and use tools to evaluate the strength and quality of evidence. Evidence appraisal may be conducted using any validated appraisal process, including, but not limited to:

- The *Johns Hopkins Evidence-Based Practice Appraisal Tools* provide an excellent framework to evaluate **pre-appraised evidence**, such as clinical practice guidelines and systematic reviews; **single research studies**, like quantitative studies with or without control and randomization, qualitative studies, and mixed methods research; and **anecdotal evidence** (derived from personal, professional, or clinical experience—not research).

- The *Advancing Research and Clinical Practice through Close Collaboration* (ARCC) model *Rapid Critical Appraisal* has specific forms for various study designs.
- The *Joanna Briggs Institute* warehouses the *JBI Critical Appraisal Tools* for every type of study. The tools apply individually to specific study designs.

Once the best evidence is identified, the practicing FCN can integrate this with the needs of the healthcare consumer (individual, 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.

What are the sources of evidence that are relevant to the FCN?

Because faith community nursing practice may intersect with public health, mental health, case management, chaplaincy, and other practice areas, 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, et al, 2017). The FCN may find appropriate resources to help them with this in the spiritual care literature. The Westberg Institute. (2024 revision). *Foundations of Faith Community Nursing Curriculum* is an excellent evidence-based educational resource for FCNs in practice.

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, help people facing illness and grief to 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, 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 & HMA, 2025). This differentiates the FCN's specialty practice from that of general registered nursing practice. As such, faith community nursing practice is strengthened by using multiple evidence-based sources for the provision of spiritual care.

Resources

American Journal of Nursing (2025, November). Advancing Evidence-Based Practice series. *AJN 125*(11). Retrieved on March 5, 2026, from https://journals.lww.com/ajnonline/toc/2025/11000

A Guided Introduction to the Fifth Edition of the Johns Hopkins Evidence-Based Practice Model
https://journals.lww.com/ajnonline/fulltext/2025/11000/a_guided_introduction_to_the_fifth_edition_of_the.25.aspx

Navigating the Johns Hopkins EBP Model, Fifth Edition: Practice Question Phase
https://journals.lww.com/ajnonline/fulltext/2025/11000/navigating_the_johns_hopkins_ebp_model,_fifth.26.aspx

Navigating the Johns Hopkins EBP Model, Fifth Edition: Evidence Phase
https://journals.lww.com/ajnonline/fulltext/2025/11000/navigating_the_johns_hopkins_ebp_model,_fifth.27.aspx

Navigating the Johns Hopkins EBP Model, Fifth Edition: Translation Phase
https://journals.lww.com/ajnonline/fulltext/2025/11000/navigating_the_johns_hopkins_ebp_model,_fifth.28.aspx

Navigating the Johns Hopkins EBP Model, Fifth Edition: Ongoing Considerations
https://journals.lww.com/ajnonline/fulltext/2025/11000/navigating_the_johns_hopkins_ebp_model,_fifth.29.aspx

American Journal of Nursing (2019, last updated 2024, May 17). Evidence-based Practice Step-by-step. Retrieved on July 16, 2025 from, https://journals.lww.com/ajnonline/pages/collectiondetails.aspx?TopicalCollectionId=10
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.

Bissett, K., Ascenzi, J., & Whalen, M. (2025*). Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines,* (5th ed.). Sigma Theta Tau International.
A comprehensive resource book and evidence appraisal tools to guide nurses when implementing EBP.

Curators of the University of Missouri (2025, February 13). *Evidence-based nursing practice: Using PICO to define clinical questions.* https://libraryguides.missouri.edu/EBNP

Duke University (2025, July 15). EBP Tutorial: Module 1: Intro to EBP. Duke University Medical Center Library and Archives. Retrieved on July 16, 2025, from https://guides.mclibrary.duke.edu/ebptutorial
An experiential resource to understand EBP and write PICOT question. It has tabs for other EBP modules.

Faith Community Nurses International www.fcninternational.org

HealthCare Chaplaincy Network™ www.healthcarechaplaincy.org

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

Melnyk, B. M. & Fineout Overholt, E. (2023). *Evidence-based Practice in nursing and healthcare*. Wolters Kluwer

Quality and Safety Education for Nurses (QSEN) Evidence-based Bibliography retrieved on November 20, 2025 from https://www.qsen.org/evidence-based-practice-bibliography

Spiritual Care Association (www.spiritualcareassociation.org)

Westberg Institute. (2024 revision). *Foundations of Faith Community Nursing Curriculum: Faculty*. Westberg Institute, https://westberginstitute.org/.

References

American Nurses Association & Health Ministries Association, Inc (2025). *Faith community nursing: Scope and standards of practice*, (4th Ed). NurseBooks.org.

Bissett, K., Ascenzi, J., & Whalen, M. (2025*). Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines,* (5th ed.). Sigma Theta Tau International.

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. (2023). *Evidence-based Practice in Nursing and Healthcare*. Wolters Kluwer.

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