

Westberg Institute
for Faith Community Nursing

Research and Scholarship Position Statement

Research and scholarship are important aspects of Faith Community Nursing (FCN) that require clarification and actualization. In 2012, a conference dedicated to establishing research priorities for FCN was hosted by Loyola University Chicago. The research priorities for FCN were reviewed, modified, and disseminated. In 2018, the research priorities for FCN were reviewed considering the four research priorities established for the profession of nursing by *The Council for the Advancement of Nursing Science* (CANS). These priorities are: 1) Precision Science, 2) Big Data and Data Analytics, 3) Determinants of Health and 4) Global Health (Eckardt, Culley, Corwin, Richmond, Dougherty, Pickler, et al, 2017). FCN research and scholarship encompasses global discovery (new knowledge research), integration, teaching, and practice/service/ministry. The purpose of developing research priorities for the FCN specialty practice is to 1) Demonstrate the Faith Community Nurse's (FCN's) contribution to healthcare outcomes, 2) Identify cost effect strategies for prevention and ongoing care across the continuum of care, 3) Identify the faith community as a strategic partner in fostering health and wholeness, and 4) Advance FCN as a specialty nursing practice. To meet these objectives, research and scholarship are essential (Dyess, Chase & Newlin, 2010).

Faith Community Nurses Engagement in Research and Scholarship

All nursing professionals that enhance patient and family outcomes by reflection, critical thinking, continuous learning, and engagement in practice, based on evidence, are in essence researchers and scholars (Carter, Mastro, Vose, Rivera, & Larson, 2017). Carter et al (2017), also simplified and defined the terms of evidence-based practice (EBP), quality improvement (QI), and research to be:

- EBP is the combination of scientific evidence, patient preferences, and clinician expertise when making decisions for patient care (p. 266).
- QI as data-driven efforts that improve processes specific to an organization; and research as activities aimed at contributing to generalizable knowledge (p. 266).

FCNs as professionals interested in providing excellent care are required to be continuous learners through 1) ongoing reading of literature, 2) collaborating with those that can advance FCN practice through research, and 3) challenge themselves to be engaged in the larger mission of FCN as part of *Health Care Reform*.

At a Westberg Institute Research workshop 2018, several FCN experts came together to determine the following four priorities for research and scholarship:

1. Engage in research & scholarship in accordance with skillset (from Associate Degree to Doctoral prepared FCNs - all levels of education and practice)
2. Conduct outcomes research through intentional collaboration between FCN and institutions such as Churches, Health Care Systems and Universities.
3. Utilize and disseminate EBP that sustain practice and influence policy.
4. Align global FCN research & scholarship with current national and international nursing science priorities.

Importance of Research and Scholarship

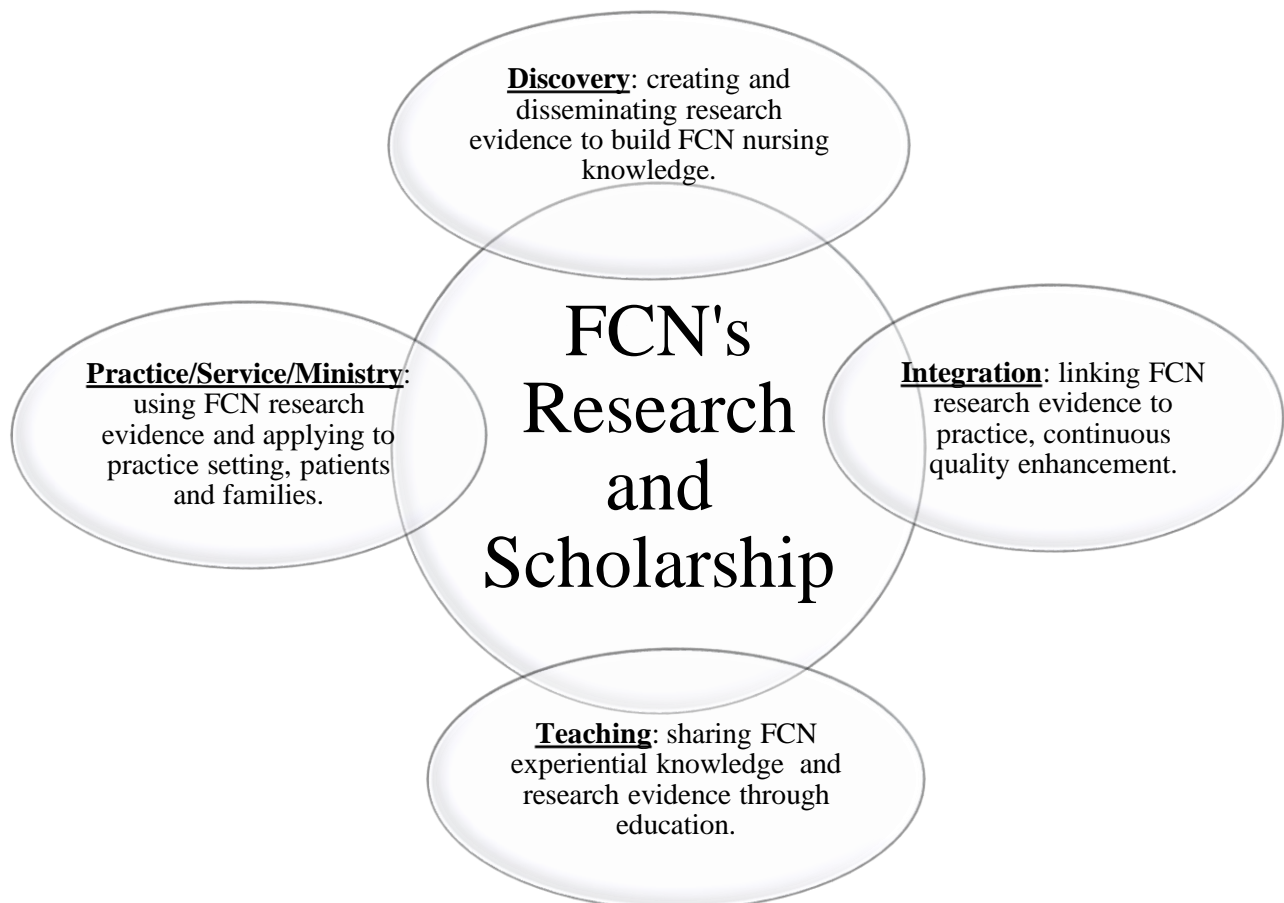
Standard Thirteen of the *Faith Community Nursing Scope and Standards* states “The faith community nurse integrates evidence and research findings into practice” (American Nurses Association & Health Ministry

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Association, 2017). This Standard continues by describing eight competencies for FCN's and fourteen competencies for those FCN's prepared at the graduate level. For the FCN to successfully address the quadruple aim mandate and achieve cost-effective, safe, quality patient and family outcomes, knowledge of the latest EBP and research initiatives is important. Community health outreach initiatives from formalized health care systems, and academic settings present options for achievable collaborative research and scholarship approaches for FCNs. The FCNs collaborative options can address population health challenges, determinants of health, spiritual distress and other dominant chronic illnesses. Linkages to before, during and after acute care health encounters impact altruistic and economic concerns as well as long-term patient quality of life (Dyess, Opalinski, Saiswick & Fox, 2016; Ziebarth, 2016).

FCN Responsibility in Research and Scholarship

All FCNs can engage in the continuum of clinical research and scholarship. The practice of research and scholarship can be guided by the Faith Community Nursing Scope and Standards of Practice (AMA & HMA, 2017). More specifically, all aspects of the nursing process need to be accounted for within any encounter. All FCNs are responsible for assessment, nursing diagnoses, planning, implementation, and evaluation with documentation capturing the encounter (Campbell, 2014; Solari-Twadell & Hackbarth, 2010). Wilkes, Mannix and Jackson, (2013) suggest that research and scholarship must be made public through dissemination networks, available for peer review, and be further developed. They offer a framework for conceptualizing research and scholarship; the image below is adapted for FCNs.



Wilkes, Mannix and Jackson, (2013)

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What actions can be taken and what are process issues for FCN research and scholarship?

Action Steps:

1. Learn the trilingual nature of FCN practice: Nursing, Theology and Healthcare systems.
2. Document in a consistent and thorough format using universal documentation practices.
3. Develop a culture of practice-based inquiry and life-long learning.
4. Articulate common language by adopting the 4 CANS national research priorities with international adaptation.
5. Identify appropriate research and EBP activities associated with educational preparation and skillset.
6. Collaborate with others to foster scholarship.

Process Issues:

1. Preparing FCNs, health care systems and faith communities need to collaborate in the research and scholarship process.
2. Engaging all FCNs and colleagues to be involved in interdisciplinary research and scholarship that includes multi-disciplinary initiatives.
3. Encouraging FCNs and system partners to value the importance of common language and thorough documentation.
4. Maintain a global perspective for FCN research and scholarship.

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