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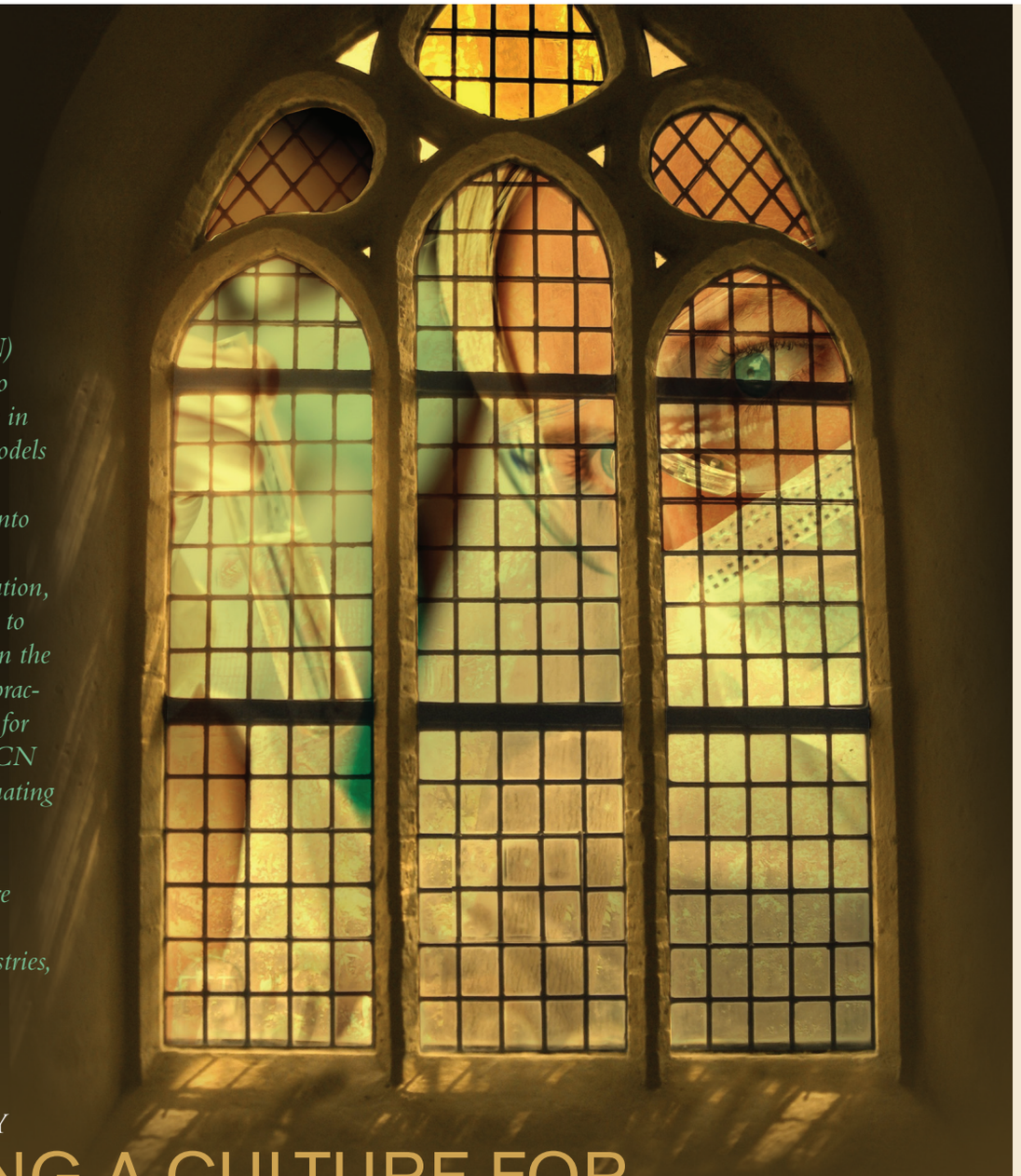
ABSTRACT: *Faith community nurses (FCN) are in an ideal position to lead the faith community in creating structures and models to integrate research and evidence-based practices into faith-based ministries. In transforming an organization, the FCN considers ways to educate the community on the value of research. By embracing research as a method for informing practice, the FCN plays a vital role in evaluating faith-based interventions.*

KEY WORDS: *culture change, evidence-based practice, faith-based ministries, faith community nursing, research*



BY MARY LASHLEY

CREATING A CULTURE FOR EVIDENCE-BASED PRACTICE IN THE FAITH COMMUNITY

SACRED SCIENCE?

Is healthcare practice in a sacred, spiritual setting, encroached upon or compromised by scientific inquiry? Does it diminish faith to rigorously measure health interventions and outcomes in a faith setting? As healthcare professionals, how might faith community nurses (FCN) use the tools of science and research in their practice?

Faith community or parish nurses are professionals with knowledge and expertise in nursing and spiritual care. The American Nurses Association (ANA) and Health Ministry Association (HMA) define faith community nursing as "a specialized practice of professional nursing that focuses on the intentional care of the spirit as well as on the promotion of wholistic health and prevention or minimization of illness within the context of a faith community" (2012, p. 5). In their practice, FCNs utilize teaching, counseling, referral, advocacy, resources of the faith and broader community, along with spiritual interventions such as presence, active listening, and prayer.

As a professional practice, the ANA and HMA have called for FCNs to apply evidence-based knowledge in their practice and participate in or conduct research to evaluate the benefits of this nursing specialty (2012, p. 16). Standard 9 under "Standards of Professional Performance in Faith Community Nursing" specifically states, "The faith community nurse integrates evidence and research findings into practice" (p. 39). An additional competency for graduate level and/or advanced practice FCNs is that he or she conducts or synthesizes research and "cultivates a climate of research and clinical inquiry" (p. 39).

However, strict standardized processes and research protocols may not be embraced within heterogeneous faith communities (Asomugha, Derose, & Lurie, 2011). Some critics contend that, by adopting a scientific approach to evaluating the effectiveness of one's ministry, faith is in some way compromised. Conflict between faith-based value systems and public health approaches to addressing pressing health issues has produced tension between research and faith-based program partners (i.e., disagreements regarding reproductive health issues, management of high-risk sexual behaviors, etc.) (Asomugha et al., 2011). Researchers and faith-based community partners also may differ on their understanding of the role of faith within a program and how faith impacts program outcomes. Faith may be viewed by researchers and outsiders as contextual rather than a specific program factor that directly impacts the client (Joshi, Hawkins, & Novey, 2008).

Historically, a philosophical division exists between sacred and secular knowledge—with sacred truth being viewed as personal and subjective whereas secular truth is viewed as universal, generalizable, and objective. This dichotomy may be traced in part to a modernistic worldview, which rejects nonempirical ways of knowing (Kim, McCalman, & Fisher, 2012). Others have argued that it is inappropriate to "test" God (Ahlmed & Hall, 2008; Gaudia, 2007) or have suggested that benefits of spiritual interventions like prayer may be due to relaxation responses, placebo effects, positive emotions, as well as supernatural intervention (Jantos & Kiat, 2007).

As a result of the tension between secular and sacred ways of knowing, persons within faith communities may approach research with a skeptical view, questioning whether their faith-based interventions can be accurately captured and represented through a scientific, naturalistic approach to inquiry. For some faith communities, the idea of scrutinizing or "measuring" faith or their work may be misunderstood or even offensive.

This article discusses an approach used in one faith community to incorporate evidence and research into the ministry of the community. The experience demonstrates the value of creating structures for integrating research into a faith-based ministry, and of using research and evidence-based practice (EBP) to improve outcomes. It validates the role FCNs can play in connecting the sacred and science, faith and evidence.

EXPANDING MINISTRY

In the small congregation where I serve, my FCN role is referred to as parish nursing. As the parish nurse, I have had the privilege of learning about new community outreaches and ministries locally. Ten years ago, at a church service I was introduced to representatives from a local faith-based homeless provider organization. I felt compelled to visit the organization after hearing the testimonies of men whose lives were powerfully transformed by the program. As a result, I expanded my scope of parish practice to extend outside the walls of my church and embraced a new type of faith community—*Helping Up Mission*.

Helping Up Mission is a "nondenominational, Christian organization offering permanent solutions to homelessness and addiction. All are welcome, including members of other faiths (belief is never a prerequisite for help)" (Helping Up Mission, Inc., 2012). Established in 1885, the Mission offers comprehensive services based on biblical beliefs and principles for the poor, addicted, and homeless. On a daily basis more than 900 meals are served, over 500 homeless men are housed, and myriad health and wellness services are provided. Helping Up Mission is as large as many midsized hospitals in our area, providing emergency overnight shelter and services; educational courses; a 1-year residential, faith-based addiction recovery program; transitional housing; postgraduate programs; and other specialized programs. The Mission has numerous church and community partners.

From my initial contact with the Mission, I felt a call to serve and embrace this organization as one of my "faith communities." I became involved as a volunteer parish nurse, devoting countless hours as a consultant on health-related matters and providing spiritual care, health education and counseling, and health promotion services. I was honored, several years later, to be elected to the 11-member Board of Directors. As a board member, I encountered exciting and challenging new leadership responsibilities. As a parish nurse, an advanced practice nurse, and a researcher, I saw great possibilities for enhancing the ministry of the Mission through research and EBP. Together, we embarked on a journey to transform the organizational culture to value and embrace research and to use the knowledge gained from scientific inquiry to inform our practice and programs.

PROGRAM EFFECTIVENESS

Helping Up Mission's executive leadership is committed to advancing excellence and assessing the effectiveness of its programs. Program data are

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gathered and tracked systematically through sophisticated database software. Process and outcome data are analyzed and compared against benchmarks to measure program success. However, when I joined the board no organized research effort was in place.

In line with the Mission's commitment to excellence, we established a research committee. When I was appointed to chair, create, and develop this first ever "Research Committee," I accepted with excitement and trepidation. The Mission Research Committee was charged with developing and promoting a research agenda to enhance program effectiveness through scientific evidence. This call to develop a "culture of research" was a groundbreaking prospect. To our knowledge, no peer organization at the local, state, or national level had sought to adopt a research-intensive, best-practice model to guide its structure and programs. As we considered how to advance such an agenda, I realized our organization needed an approach that empowered our community and gave us an equal voice in all facets of the research process.

Helping Up Mission leadership first sought to identify the priority need in its population—the need for long-term addiction recovery. We then sought research opportunities that would measure the impact of our clinical interventions on long-term recovery. I suggested community-based participatory research (CBPR) and EBP models for their value in empowering the community (see Sidebar "What Is CBPR & EBP?"). Through collaboration with expert community research partners, Mission leadership hoped to validate the quality and effectiveness of its programs while furthering the knowledge base in the field of addiction recovery. We believed that, through this dissemination of new knowledge and best practices, community capacity could be strengthened and the standard of care for persons seeking recovery from addiction greatly enhanced.

Because we deal with vulnerable populations, the term "research," for some, held a negative connotation. People who have historically been marginalized tend to view research with suspicion, seeing it as an opportunity for treating disempowered and marginalized groups as "guinea pigs." Minority suspicion of medical research is partly due to the notorious United States Public Health Service 1932–1972 Tuskegee Syphilis Study in which poor African Americans were recruited to study the disease progression of syphilis. These individuals were denied access to penicillin even after it was discovered to be a cure for the disease (Kanny, 2010).

Much attention has been given to the role of faith-based organizations in promoting the health of vulnerable populations. Even so, there are few rigorous research studies that address the impact of faith-based programs on healthcare outcomes. Although few faith-based organizations have as their primary objective the advancement of research and the generation of new knowledge, such objectives do, in fact, advance the mission of an organization that seeks to promote the health of its members (Asomugha et al., 2011).

Due to concerns regarding research within our population, it was important we educate our community on the meaning and value of research and how research findings can serve to inform

What Is CBPR & EBP?

The CBPR approach has emerged as an alternative paradigm for conducting research in communities, especially for public health. Community-based participatory research or CBPR is a collaborative approach to conducting research that involves the community as an active partner. Although researchers have the most research knowledge and expertise, instead of trained experts from the "outside" running research studies and programs, the community is a full partner with equal power in planning and decision making. The National Institutes of Health (NIH) suggests numerous advantages to CBPR, including:

- Joining partners with diverse expertise to address complex public health problems
- Improving intervention design and implementation by facilitating participant recruitment and retention
- Increasing the quality and validity of research
- Enhancing the relevance and use of data
- Increasing trust and bridging cultural gaps between partners
- Providing resources for the communities involved
- Benefiting the community and researchers alike through the knowledge gained and actions taken
- The potential to translate research findings to guide the development of further interventions and policy change. (NIH, n.d.)

Related terms in the literature to describe CBPR include "participatory action" or "collaborative action" research (Pavlish & Pharrish, 2012). In summary, CBPR offers the best of experience in the practice setting with the best of research expertise from academic resources.

A number of different models have been developed for evidence-based practice or EBP. Haynes et al. (2002) introduced a three-circle EBP model to demonstrate how research can be integrated into medical practice (Haynes et al., 2002). This model has been adopted widely by other disciplines including nursing, social work, and public health. Evidence in this model is defined as research expertise, clinical expertise, and patient preferences (Satterfield et al., 2009). Although all knowledge and information that is used to make clinical judgments may be considered evidence, nurses must take into account the quality and validity of the evidence and be able to introduce, develop, and evaluate evidence in practice (Doody & Doody, 2011).

The IOWA Model is another widely used model for translating evidence into practice. This model includes an assessment of priority needs, the formation of a team of stakeholders, the retrieval of evidence, the grading of the strength of the evidence, the development of EBP standards, and the implementation and evaluation of EBP (Doody & Doody, 2011).

our practice and help improve our programs. We needed to develop a system for seeing that any research conducted in our organization underwent a review process to ensure we were adhering to rigorous ethical standards.

TRANSFORMING CULTURE

The transformational journey for our organizational culture began when we made the Mission Research Committee an interdisciplinary, interinstitutional group consisting of key stakeholders within and outside of the organization. Since we had established preexisting partnerships with an internationally renowned research hospital and university for the delivery of client services, we invited our clinical research partners to join the Mission Research Committee. Committee members include the Mission's executive leadership team, program staff (who also are alumni of the program), and external community partners. Community partners change depending on the research agenda but have included a physician with a specialization in addictions medicine, a biostatistician, and I serve as a nurse educator and researcher.

We established a clear charge for the Committee, that is, to promote research to enable our organization to evaluate its programs and make changes based on scientific rather than anecdotal evidence. At its first meeting, the Committee established overarching research priorities and goals. These priorities were based on the priority need, which we asked as one overriding question: "How does a long-term addict get well?" Related research questions included:

1. What is the relative impact of different aspects of the recovery program on long-term recovery?
2. What combinations of programs and services and client variables best predict long-term recovery?
3. What client or program characteristics are associated with an increased risk of termination from the program?
4. When are clients most likely to leave the program?
5. What factors predict time to leaving?

The following goals were established for the first year. Each goal enabled us to "retrieve evidence," and "form a team of stakeholders," both critical steps in the IOWA Evidence-Based Practice model (see Sidebar "What Is CBPR & EBP?"). The goals enabled us to operationalize Haynes, Devereaux, and Guyatt's (2002) three-circle model of research evidence, clinical evidence, and patient preference:

> There are few rigorous research studies that address the impact of faith-based programs on healthcare outcomes.

1. Conduct a review of literature on how best to measure success in recovery. Examine research on faith-based program variables impacting recovery success and instruments for measuring success (research evidence).
2. Investigate how residents define success in recovery through survey or focus groups (patient preference).
3. Solicit community partners to conduct research that is compatible with the organization's priorities (form a team of stakeholders).
4. Solicit feedback on how best to measure outcomes of success for specific program areas from key stakeholders in each of these programs.

Key stakeholder input was solicited to determine how to better operationalize the concept of "recovery success." A key to answering our priority research questions was "How does one define success in recovery?" In essence, success in recovery became a critical standard upon which our EBP would be judged.

GATHERING DATA

The Committee sought to answer our priority research question by surveying residents and staff regarding their definition of recovery success. Staff surveys revealed that spiritual growth, sustained sobriety, restored family relationships, and improved physical health were viewed as important factors in measuring success in recovery. Spiritual education, 12-step meetings and home groups, mental health counseling, and structure and discipline were perceived as most important in assisting men to achieve and sustain long-term recovery.

In addition to interviewing staff and board members, 200 residents were surveyed on their views of success in recovery. Residents defined success as sobriety, "getting your life together," and spirituality. Residents identified the most important factors in measuring success as spiritual growth, sustained sobriety, and employment. The elements of the program that were perceived as most helpful in assisting clients to achieve and sustain a long-lasting recovery included spiritual education, 12-step meetings/home groups, and structure and discipline.

To facilitate retrieval of data, the Mission's database system was carefully evaluated to determine whether the data needed to address the Mission's priority research questions was in fact being captured. Tools were refined and new data were gathered to better operationalize measures of success. Changes in the organization include expanded discharge codes to capture data that more accurately reflected a client's discharge status and his reasons for leaving the program, thereby determining with greater accuracy whether a client's discharge from the program ultimately constituted a program success or failure. New tools also were developed to better track client service utilization data and residents' progress throughout the

program. Graduate students enrolled in a qualitative research course at a local research university were invited to conduct research at the Mission. Their study addressed the question "What sustains an individual in recovery?" using qualitative grounded theory methods. Finally, the Committee began asking stakeholders in key program areas to provide input on how best to define and measure success in their respective areas.

EMBRACING RESEARCH

Several ideas have been posed to further impact the organizational culture to embrace research. Suggestions currently being explored include inviting experts to speak on current research topics at staff/resident functions. The Research Committee identified several local experts in the field of addiction recovery. These experts can be invited to present their research findings to the Mission community. It is hoped that, by hosting local scholars to present on different topics, a culture of research will be promoted within the organization, as residents and staff members are educated on the importance of research and evidence-based best practices. We also plan to include hyperlinks throughout the Mission's Web site linking our programs to articles providing research evidence for program activities.

Finally, a Review Board Subcommittee was formed to develop policies and procedures for implementation of a research proposal review process at the Mission. Specific guidelines for submission of research proposals and criteria for evaluating research proposals were developed. The criteria include requirements for seeking Institutional Review Board approval at one's host institution and ensuring that researchers have the qualifications and professional background that would enable them to successfully execute the study.

Ethical safeguards must be in place to protect study participants. The researcher and his or her affiliated organization should have an understanding of the Mission community or some experience working with similar populations. The research being proposed should have the potential to break new ground or illuminate novel ideas and should address the Mission's priority research questions. The study findings should have the potential of being translated into meaningful action, and the study should be methodologically rigorous in design (Pavlish & Pharrish, 2012). These guidelines can be shared with community partners who express an interest in conducting research at the Mission.

We are in the process of implementing our ideas, excited to see what the future holds. At the same time, we realize it can be threatening to an organization to have people closely scrutinizing every aspect of one's programs, dissecting the organization, and peering into daily routines and practices. To address this issue, I found it important to periodically monitor the reactions of staff. I also took measures to ensure the process was transparent and that key stakeholders were involved in planning and decision making. For this reason, our Research Committee was large and inclusive. In the interest of full disclosure, we did not want anyone feeling they were on the outside looking in. Faith community leaders expect effective communication, cultural sensitivity and support during a project, and a commitment to give back to the community from their research partners (Ammerman et al., 2003). Table 1 summarizes the strategies we are using to incorporate research and EBP into our faith community ministry. We look forward to sharing answers to our research questions and program outcome data.

TABLE 1: Incorporating Research/EBP into Faith-Based Ministry: Strategies for Success

- Identify the priority need(s) in the community
- Develop and ask research questions related to the priority need
- Create structures to integrate research/EBP into the community (i.e., committees, meetings, communication, events)
- Educate on the meaning and value of research (i.e., validates anecdotal information, provides evidence/proof, informs practice, improves programs)
- Involve key stakeholders within the community in planning and decision making (i.e., no one "outside looking in")
- Involve as many members as possible in various aspects of research/EBP
- Bring in stakeholders and resources outside the community (experts, leaders, universities, hospitals, etc.)
- Evaluate/revise existing tools or develop new tools for collecting key data/information
- Increase the visibility and value of research/EBP throughout the community (special events/speakers, make research studies easily available [hyperlinks on Web site], publish in communiques, etc.).
- Set up systems/plans to ensure adherence to rigorous ethical standards for research
- Monitor/assess experiences of the community—seek active feedback from staff, members, active participants
- Ensure the process of research/EBP is transparent.

Web Resources

- CBPR Partnerships Curriculum (free) http://www.cbprcurriculum.info/
- Helping Up Mission http://www.helpingupmission.org/
- EBP Step by Step, *American Journal of Nursing* (free) http://journals.lww.com/ajnonline/pages/collectiondetails.aspx?TopicalCollectionId=10

CONCLUSION

FCNs engage in faith-based health ministry in their role within the faith community. Typically, this is in a church setting but increasingly FCNs are participating in a variety of

faith-based ministries. In every faith setting, it is important to validate ministry.

Recognizing there may be philosophical differences in the theoretical underpinnings of a research study or collection of evidence in a faith community—faith versus science—we strive to make these presuppositions transparent and to judge the value of the evidence in light of our assumptions and preunderstandings. Ultimately, we need to realize that critically assessing outcomes and doing things with excellence does not compromise our spirituality. Rather, it is an expression of Christian love, care, and respect for the people we have been called to serve. In fact, we have an ethical responsibility to use the best knowledge available to inform our practice.

The parish/FCN is in a unique position to educate the faith community on the value of research and EBP. Nurses in this specialty role can help create structures for integrating research into faith-based ministries. By embracing research as a method for informing practice, the parish nurse plays a vital role in evaluating the impact of faith-based interventions on health and spiritual well-being.

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