



**CE** 2.5 contact hours

**ABSTRACT:** Research is critical to the growth of professional nursing in every practice area. Faith community nursing research evolved slowly in the years following publication of the first research in 1989. A faith community nursing research agenda was developed in 2008 and research priorities have been reviewed every 2 years since 2012 at a forum held in conjunction with the annual Westberg Symposium. This article reviews the progression and ongoing development of a research agenda for the specialty practice of faith community nursing. Recommendations for the development of future research for faith community nursing are discussed.

**KEY WORDS:** Delphi technique, faith community nursing, nursing, parish nursing, research agenda, Westberg Symposium

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## THE PROGRESSION *and* ONGOING DEVELOPMENT *of a* **RESEARCH AGENDA** *for*



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The authors declare no conflict of interest.

Accepted by peer review 12/20/2019.

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DOI:10.1097/CNJ.0000000000000714

After several members of her suburban congregation received diagnoses of hypertension, Sally\*, a faith community nurse (FCN) for 3 years, decided she needed to do more to inform the congregation about this significant disease risk factor. She wanted church members to understand the importance of monitoring blood pressure (BP) and that hypertension must be treated. However, she wasn't sure about the most current and pertinent information to share with the church. Had other FCNs set up BP screening programs? Furthermore, how could she accurately and reliably assess BPs when she checked readings after church services? What were the latest recommendations on hypertension? She decided to reach out for guidance to the Faith Community Network Administrator for her region. What Sally discovered changed her thinking about her practice, nursing research, and what she needed to do to help advance faith community nursing research.

If you are a practicing FCN, faith community nursing research may seem irrelevant to you. But all nursing practice is influenced by research that answers questions such as what does, or what should, the nurse do? This definitely is the case for faith community nursing, where research with parish nurses (previous nomenclature for faith community nursing) helped define and establish the specialty in 1997 by the American Nurses Association (ANA & Health Ministries Association [HMA], 2017).

What has faith community nursing research uncovered? What more is needed to support the continued development of best practices and conceptual knowledge? In essence, where have we been and where do we need to go from here? The purpose of this article,

written by leaders of the Faith Community Nurses International (FCNI) Research Committee, is to review the progression and ongoing development of a research agenda for faith community nursing. The goal is to continue the growth of FCN practice and provide what is needed to help FCNs like Sally, whose story we'll return to, as they serve in faith communities. Knowing the research priorities for this specialty is important for all nurses interested in faith community nursing. Discovering where FCN research has been and needs to go will help continue development of this nursing specialty.

### EARLY PARISH NURSING DEVELOPMENT & RESEARCH

The 1980s saw the emergence of modern faith community nursing with

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*As a practicing FCN, faith community nursing research may seem distant to you and your practice.*

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the Reverend Granger Westberg partnering with the Lutheran General Health System, Park Ridge, Illinois, in 1985 to pilot a parish nurse program in six churches. In 1986, the Parish Nurse Resource Center (later known as the International Parish Nurse Resource Center or IPNRC) was established. The Center conducted the first *Westberg Symposium* in September 1987.

The first parish nursing research occurred in 1989 and has evolved slowly as FCNs and researchers alike have identified the need for more evidence to support practice. Early

parish nursing research was most often published in non-research-oriented publications using convenience sampling. The first published study of parish nursing used a convenience sample of 37 nurses working in various churches (McDermott & Mullins, 1989). Interestingly, most nurses worked part time, were paid, and do what FCNs do now—health counseling, teaching, screening, and making referrals. Like FCNs today, parish nurses who offered whole person care over long periods of time and prized working independently.

# FAITH COMMUNITY NURSING



**Table 1.** Main Content Areas Found in Faith Community Nursing Literature (Dyess et al., 2010)

1.	Development and implementation of faith community nursing practices
2.	Roles and activities of faith community nurses
3.	Faith community nursing evaluation and documentation
4.	Congregational perceptions of faith community nursing

**Table 2.** Faith Community Nursing Research Articles Published 2014–2017

JOURNALS	NUMBER OF ARTICLES
<i>Journal of Christian Nursing</i>	12
<i>International Journal of Faith Community Nursing</i>	11
<i>Journal of Religion and Health</i>	3
<i>Public Health Nursing</i>	2
<i>Health &amp; Social Care in the Community</i>	1
<i>Wisconsin Medical Society Journal</i>	1
<i>Journal of Obstetric, Gynecologic &amp; Neonatal Nursing</i>	1
<i>Journal of Holistic Nursing</i>	1
<i>Journal of Health Disparities Research and Practice</i>	1
<i>Surgery for Obesity and Related Diseases</i>	1
<i>Qualitative Health Research</i>	1
<i>Journal of Primary Care &amp; Community Health</i>	1
<i>Clinical Journal of Oncology Nursing</i>	1
<i>Health Promotion Practice</i>	1
<i>Christian Journal for Global Health</i>	1
<i>Journal of Nursing Education and Practice</i>	1
<i>Journal of Health Care for the Poor and Underserved</i>	1
<i>Journal of Evaluation and Program Planning</i>	1
RESEARCH METHODOLOGIES USED	NUMBER OF ARTICLES
Quantitative Descriptive	12
Literature Reviews (Systematic, Evolutionary)	9
Qualitative Descriptive	5
Mixed Methods (Descriptive)	4
Correlational	2
Quasi-Experimental	2
Randomized Experimental	1

Note. Adapted from Ziebarth (2018).

A few years later, Djupe and Lloyd (1992) interviewed 32 nurses working in 40 congregations to identify what activities the nurses were including in the parish nurse role. In 1993, McDermott and Burke studied a convenience sample of 109 parish nurses and reported on who they were, what they did, and in which religious denominations they functioned. In 1993, the *Journal of Christian Nursing (JCN)* dedicated an issue to parish nursing, including six articles pertaining to growth of the movement and two research articles discussing the growth and development of parish nursing in Iowa (Scott & Sumner, 1993; Striepe et al., 1993). A year later, Lloyd et al. (1994) provided a more in-depth evaluation of a large network of parish nurses. These early research publications were generated in the Midwest through the work of Loyola University Chicago nursing faculty and Lutheran General Hospital, with the Kellogg Foundation's support and interest in the early development of parish nursing.

More structured evaluation of parish nursing began in the 1990s by the newly established Parish Nurse Resource Center. The center undertook research that addressed the organizational framework for parish nursing (Lloyd & Solari-Twadell, 1994), building on the early work of McDermott and Mullins (1989). In the mid-1990s, models discussing different infrastructures, time, educational preparation, salaries, and geographic locations of parish nursing were published (Rydholm, 1997; Schank et al., 1996). Rydholm (1997) studied the interventions and outcomes of 40 parish nurses employing DIARY (Date, Interpretation, Action, Response, and Yield) documentation that included 1,800 contacts with seniors. With *JCN* dedicating another issue to parish nursing in 1997, parish nurse publications increased substantially ( $n = 27$ ) that year. The *JCN* research articles were published by Kuhn (1997) along with two theoretical models of parish nursing (Miller, 1997; Wilson, 1997). At the 11th annual Westberg Symposium that year, Ludwig-Beymer et al. (1997) introduced findings from a study to determine core parish nurse interventions. Their research was funded by a grant from the Kellogg Foundation on the use of the Nursing Interventions Classification (NIC) system.

Doctoral students began studying parish nursing for their dissertations in the 1990s, a significant development for parish nursing research and growth of qualitative and quantitative studies. Deliganis' dissertation (1994) was





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aimed at evaluating the early orientation program for parish nursing offered through the Parish Nurse Resource Center. Ann van Loon (1998), the first faith community nurse researcher from Australia, worked with early pioneer MaryAnn McDermott on her doctoral dissertation. Chase-Ziolek (1999) explored the meaning of health ministry in a church with a parish nurse. Later that year, Chase-Ziolek and Striepe (1999) reported on a comparison between urban and rural parish nurse programs. In 2000, Chase-Ziolek and Gruca presented results from a qualitative study in two Roman Catholic parishes. Myers (2000), from Canada, conducted a qualitative dissertation involving 22 parish nurses and 19 others describing what they believed parish nursing to be, while DeRossett (2000) produced a quantitative study that explored the need for a parish nurse program in her rural faith community.

The first national study on the differentiation of parish nursing practice using the NIC system to measure the most frequently used and essential nursing interventions employed by

## *The first parish nursing research occurred in 1989 and has slowly evolved.*

parish nurses was completed by Solari-Twadell for her dissertation in 2002. Of significance, the response rate was 54% ( $n = 1,161$ ), representing respondents from all 50 states except Alaska, Rhode Island, and Vermont.

### **SUMMARIZING FCN LITERATURE**

Researchers began evaluating and synthesizing faith community nursing literature in the later 2000s. Dyess et al. (2010) reported findings from a 2009 exploration of faith community nursing literature ( $n = 25$  articles) that revealed four main content areas (Table 1). Important conclusions were drawn from this review:

1. Numerous studies spoke to the role and activities of the FCN.
2. Research efforts informed the development of the International Parish Nurse Resource Center curriculum for training FCNs.

3. FCN research was published in a variety of peer-reviewed journals.
4. The relationship of FCN practice to outcomes was not adequately addressed.
5. More FCN research was likely completed, but not published in retrievable formats.
6. Faith community nursing is absent from cited faith-based health literature.
7. Faith community nursing is not linked to a specific theoretical framework.
8. A dearth existed of research on faith, religion, or spirituality within faith community professional practice.

In 2014, Ziebarth completed a literature review of 124 articles for an *evolutionary* (Rodgers, 1989) conceptual analysis of faith community nursing with development of a theoretical



## How has the research agenda for faith community nursing been developed?

definition and FCN model. Essential conceptual *attributes* of faith community nursing were identified as faith integrating, health promoting, disease managing, coordinating, empowering, and accessing healthcare.

Between 2014 and 2017, faith community nursing research publications have been found in a more diverse set of journals. Table 2 lists the journals and number of articles published between 2014 and 2017 and

the types of research methodologies employed (Ziebarth, 2018). A greater diversification of topics also was noted in these more recent research studies.

This brief background and history of research reflects an early interest in parish nursing research and an ever-growing academic preparation of researchers interested in faith community nursing practice. These factors have resulted in an increasing number of research publications focused on describing this evolving specialty nursing role. More recently, faith community nursing research publications contain more complex study designs and methods with publications in diverse nursing publications.

This evidence has supported the

development of best practices and new conceptual knowledge.

## DEVELOPING AND MAINTAINING A RESEARCH AGENDA

Faith community nurses should and must follow professional standards of practice. Standard 13 in the 2017 ANA & HMA *Faith Community Nursing: Scope and Standards of Practice* states, “The faith community nurse integrates evidence and research into practice” (p. 74). Elaborating further, the development of a research agenda for faith community nursing is important to

- provide evidence for practice
- expand the knowledge of faith community nursing
- stimulate research in faith community nursing
- support collaborative research that addresses faith community nursing practice and outcomes
- encourage translation of research into practice
- guide the development of research in faith community nursing
- encourage FCNs to engage in research according to educational preparation.

**Table 3.** 2012 Research Priorities for Faith Community Nursing

### PRIORITY #1: Assess outcomes of faith community nursing

Suggested topics:

1. Hospital readmission, emergency room visits, falls
2. Spirituality, the hallmark of FCN practice, as a key element of research
3. Cost-effective FCN interventions
4. Health policy development
5. Chronic illness
6. Health promotion

### PRIORITY #2: Develop a sustainable infrastructure for a faith community nursing national research program

1. Identify and connect with key stakeholders.
2. Develop a national clearinghouse of information on foundation funding that will allow for seed grants for FCN research.

### PRIORITY #3: Describe best practices that address the sustainability of FCN research

1. Prepare FCNs to function in the research process according to their skill level.
2. Identify strategies to encourage FCNs to be involved in the research process—monthly meetings, journal clubs, etc.
3. FCNs serving as data collectors must view themselves as a part of the research team.
4. Address sustainability of a program within a faith community—the infrastructure and key stakeholders needed.
5. Educate FCNs about the value of research and the research process.
6. Prepare faith community members to engage in the research process.

Note. Adapted from Solari-Twadell & Ziebarth (2020).

How has the research agenda for faith community nursing been developed? Faith community nursing research was formally addressed in 2008 through a dedicated workshop held with 35 FCNs as part of the Westberg Symposium in St. Louis, Missouri. Outcomes from the workshop included a research-focused e-newsletter, creation of a list of 180 FCNs with advanced degrees interested in research, and the intention of continuing to have dedicated research sessions at future Westberg Symposiums (Solari-Twadell & Ziebarth, 2020).

In 2012, in Park Ridge, Illinois, where the International Parish Nurse Resource Center (IPNRC) began, a meeting was hosted and underwritten by the Westberg family and dedicated to the development of the first research agenda in faith community nursing. Through use of the Delphi technique, focus groups, and nominal group process, participants identified three

**Table 4.** Recommendations for Future Faith Community Nursing Research

1.	Engage in research and scholarship in accordance with skill set—from associate degree frontline FCN to doctorally prepared FCN; include all levels of education and practice.
2.	Conduct outcomes research through intentional collaboration (of FCNs) with institutions such as churches, healthcare systems, and universities.
3.	Utilize and disseminate evidence-based practices that sustain practice and influence policy.
4.	Align global FCN research and scholarship with current national and international science priorities.

*Note.* Adapted from Solari-Twadell & Ziebarth (2020).

research priorities. The Delphi technique involves repeated reviews by experts with the goal of developing a consensus around a topic of interest (Schoenly, 2015) and has been used to establish research priorities in several nursing specialty practices over the past few decades (Bäck-Pettersson et al., 2008; Goossens et al., 2013; McIlpatrick & Keeney, 2003; Wilson et al., 2010). The research priorities center around identifying outcomes of faith community nursing, creating an infrastructure to sustain a national FCN research program, and describing best practices to sustain FCN practice. More detailed information regarding the 2012 research priorities can be found in Table 3.

An additional outcome from the 2012 conference was the commitment to review and amend the research priorities for faith community nursing every 2 years. A 5-hour preconference workshop, “Working Together to Advance Research in Faith Community Nursing: Collaboration Foundational to Community Based Research,” was held as part of the Westberg Symposium in 2014. The workshop brought together FCNs to report on submission of a National Institutes of Health (NIH) grant, identify future research projects that would integrate FCN work, and discuss potential sources of funding FCN research projects. Priorities for research were identified and a panel reported on the NIH grant in hopes of encouraging future collaboration

and grant submissions. The grant proposed use of an intervention focused on children whose parents were diagnosed with cancer, to be facilitated by Loyola University of Chicago in Dallas, Texas, and Madison, Wisconsin. Unfortunately, the research grant was not funded; however, the grant demonstrated national initiative and collaboration.

The 2014 update to the research priorities for faith community nursing identified the need to engage in outcomes research by or in conjunction with an FCN and a multidisciplinary team. Other priorities were to create a sustainable infrastructure for continuing to develop and monitor a national faith community nursing research agenda and identify and describe best practices that address the sustainability of FCN practice.

In 2016, a half-day preconference workshop took place as part of the annual Westberg Symposium. Attendees reviewed research priorities and minor changes were made in the FCN research priorities at this meeting.

The 2018 review of research priorities for faith community nursing was completed in light of work by the Council for the Advancement of Nursing Science (CANS). The council’s purpose is to “to foster better health through nursing science” and serve “the nursing community and public by advancing health policy and clinical practice through synthesis, and dissemination of knowledge and research findings” (Eckardt et al.,

2017, p. 727). This council is sponsored by the American Academy of Nursing, which mandated that a blueprint be established that would clarify nursing science priorities for all of nursing to inform future collaborations, lines of nursing scientific inquiry, and resource allocation. For the first time, in 2018 faith community nursing research priorities could be aligned with national nursing research priorities. The 2018 workshop at the Westberg Symposium discussed these national nursing research priorities. In addition, a postconference research forum addressed faith community nursing research priorities in light of the 2017 CANS establishment of research priorities for the profession of nursing.

The 2018 research priorities delineated the idea of developing a research agenda with input from the international community of FCN researchers for the purpose of identifying topics that will promote global research projects. Other priorities included identifying research funding resources, affirmation of the need to evaluate research priorities every 2 years, creating short- and long-term priorities for research, ongoing discussion about the process of disseminating FCN research including doctoral programs, and promotion of topics for doctoral students to focus on for dissertation research (Solari-Twadell & Ziebarth, 2020).

At the 2021 Westberg Symposium, Faith Community Nurses International, a nursing membership organization dedicated to the global advancement of faith community nursing, plan to once again sponsor a pre-conference workshop providing a review of research priorities focused on the specialty practice of faith community nursing. Use of the Delphi technique, focus groups, and sequential biannual review of the research priorities have resulted in an increased awareness of the need for FCN research, a slight increase in FCN research publications, and inclusion of FCNs in other community-based research projects.



## FUTURE RESEARCH RECOMMENDATIONS

When Sally went to her Faith Community Nurse Network Administrator for help with intervention for hypertension in her faith community, she had little sense of how valuable FCN research could be to her practice. The administrator recommended research articles published by Cooper and Zimmerman (2016, 2017) that described a project involving practicing FCNs and a program called *Million Hearts Initiative*. Sally obtained the article through her local library and learned about current BP competency and best practices for obtaining BP readings. She knew she could give information through multiple church communiqués such as the Sunday service program flyers, bulletin boards, and regular newsletters. Sally obtained information from the Cooper and Zimmerman research to write a series of articles about hypertension, create announcements for her congregation, and improve her one-on-one communication with individual church members. She created an attractive bulletin board that educated on the definition of BP, hypertension, and the importance of knowing one's BP reading.

Sally found that seeking out current research and applying it to her own FCN practice was so helpful that she gave a presentation to her FCN peers at the regional network meeting on the value of translating current FCN research into one's own practice. Furthermore, she discovered that practicing FCNs can be excellent members of a community-based research project as demonstrated in the Cooper and Zimmerman article (2016). She concluded, ask not what FCN research could do for you, but what can you do to further faith community nursing research!

Future research recommendations for faith community nursing must bring together previous knowledge and build on past work. Future recommendations need to focus on the international community of FCNs, discovering funding, offering short- and


long-term knowledge goals, and disseminating research, especially to doctoral programs to encourage dissertation research (Table 4). Of note is that attention to the development of faith community scholars who will engage in ongoing nursing research is important to the future of faith community nursing.

Nurses committed to faith community nursing have been prepared through terminal degrees with the

*This overview demonstrates how past experiences can inform future work on prioritization of research priorities in faith community nursing.*

skills and knowledge to facilitate nursing research. Methods used to identify, refine, and continue to maintain currency of the research priorities have included use of the Delphi technique, focus groups, and sequential biannual review of the research priorities. Results from this effort have produced an increased awareness of the need for research in faith community nursing, a slight increase in publication of research in faith community nursing, and inclusion of FCNs in other community-based research projects.

Dyess et al. identified in 2010 how research in faith community nursing advances FCN practice as a specialty in nursing, supports the contribution of FCN practice to healthcare outcomes, helps identify cost-effective strategies for care, and delineates the faith community as a strategic partner in fostering health and wholeness. This overview of FCN research demonstrates how past research informs future research priorities in faith

community nursing. As research priorities are reviewed and reprioritized, more FCNs become involved, gaps are discovered, and the research priorities refined. 

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Disclosure Statement: The authors and planners have disclosed that they have no financial relationships related to this article.

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