2023

Education Program to Increase Nurses' Knowledge of Faith Community Nursing

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Abstract

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MS, Union University, 2009

BS, Baptist University, 2008

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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February 2023

Abstract

The practice problem was a group of nurses practicing as faith community nurses (FCNs) who had no training in FCN practice, a specialty recognized by the American Nurses Association. This problem was important to address within the context of nursing practice because the nurses could have acted outside of their scope of practice and caused harm. The practice-focused question addressed whether a staff education program for FCNs would increase their knowledge of their role in a church setting with the goal of developing independent FCNs. The model guiding the project was the health promotion model. Eleven registered nurses were recruited to participate. A five-member panel of experts evaluated the test and the educational component using a Likert scale. The results indicated a change needed in three questions in the educational component. The panelists explained that the PowerPoint presentation did not fully answer those three questions. The PowerPoint was changed to answer those questions. Following a pretest survey, participants experienced an educational intervention geared toward the roles and responsibilities of an FCN. The posttest results indicated that nurses demonstrated an 84.5% increase in knowledge. This project addressed an identified gap in the knowledge of FCNs concerning their scope of practice. Results may allow the FCNs to function with an understanding of their scope of practice, which may lead to social change through better care of patients in the congregation.

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Dedication

This work is dedicated to my family for their continued support and encouragement, especially Kobie, Kayla, and James. Pastor Thembekila Smart and Pastor Kenneth T. Whalum Jr. were my spiritual support. My spouse, James, was/is a never-ending source of support. I must especially point out the support, encouragement, and push given to me by my daughter, Adisa. Hard to believe it is coming to an end.

Acknowledgments

I thank and acknowledge two individuals in particular: Dr. Genia Wetsel for pulling and pushing me to the finish line and Dr. Robert McWhirt for giving me the much needed kick in the pants that motivated me to finish.

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Section 1: Nature of the Project

Faith community nursing (FCN) began in the United States in the late 1970s and has been established in 29 countries (Vaughn, 2018). FCN is not as common in African American churches because it is in primarily White or Latino Catholic churches. The scriptures encourage Christians to practice prayer, worship, and care for others and the earth. The spiritual care FCNs might offer includes prayer, presence, encouragement through scripture, and the support of the broader faith community (Westberg Institute, 2019).

An FCN works within a faith community providing education and support for health-related needs. FCNs do not provide hands-on care (Smothers, 2016). The FCN practice standards are specific to this specialty but build on the scope of care expected of all registered nurses (American Nurses Association, 2010). The spiritual dimension is the core of FCN practice. FCN is described as the need for meaning, purpose, and fulfillment in life; the hope or will to live; and belief and faith (Westberg Institute, 2019).

FCNs must interact and share their professional practice stories (Swistak, 2016). It is common for FCNs to practice independently. The congregation in the current study had several professional nurses and others in the health care profession. None of them were trained as FCNs.

In parish nursing, health is perceived to be a sense of harmony among body, mind, and spirit within individuals who are members of a particular faith community and within the faith community as a whole (Otterness, 2007). Each faith community is unique. What works in one community may not work in another. There are differences in

socioeconomic standings within a particular faith community. There is no one size fits all, and each faith community must be approached with the end in mind. The emphasis is on what members want to accomplish. The experienced nurse will recognize that a reliable force of volunteers possessing the same purpose and whose beliefs and behaviors are consistent with the values and beliefs of the congregation are priceless in facilitating a program of helping services (Royer, 2019). The volunteers may not all be nurses.

At the project site, there is an existing health ministry that a registered nurse member of the congregation coordinates. The congregation is primarily African American and is in the inner city of Los Angeles. The group has focused on blood pressure screenings monthly outdoors in the community where the church is located. The site also hosts community health fairs and participates in numerous community events. The site is ready to take the next step. Fueled by a good economy and higher level education, more FCNs are practicing and writing articles addressing the central issues in nursing (transitional care, economics, community-based nursing, and chronic disease management; Ziebarth, 2016). The group of nurses at this church lacks-basic information about what an FCN can and should do. However, they are willing to learn. Many FCNs are paid, and these nurses volunteer their time, talents, and resources. There are no policies or procedures for them to follow.

Increasing these nurses' knowledge may help them serve their congregation better. They may know what their full scope of practice is. Increased knowledge may guide them to do only the things they should be doing. When nurses have not been given clear instructions, they may act outside of their scope of practice and cause harm. An

alliance among hospitals, FCNs, and other nursing agencies in the community can enhance patient outcomes by improving patient understanding and adherence to treatment plans following hospital discharge (Schroepfer, 2016). The current project may effect positive social change by increasing the knowledge base of patients and nurses.

Problem Statement

The problem that was addressed was the lack of knowledge and basic information about FCN. Nurses at the project site did not know the scope and standards of practice of FCN. They had no information about FCN as a specialty within nursing. The significance to nursing practice would be the addition of information related to the knowledge and skills needed to function in the position of FCN. Nursing is both a profession (skilled practice) and a discipline (area of science). In a profession, the scope and standards guide practice (Ziebarth, 2016). The project site group had nothing guiding them.

Parish nursing services are flexible and can be provided in the home, church, or another setting. Services can be adapted around the nurse's competencies and the community's needs (Wordsworth et al., 2016). If the nurses do not know what the competencies are, they cannot make sure that they are abiding by them. The congregation chosen had a variety of professionals in their health ministry including nurses, medical assistants, a social worker, and health advocates. Only the nurses and medical assistants did the blood pressure screenings.

The nurses at the location have been called on to do things they are not sure they should be doing; therefore, they have appropriately erred on the side of safety. They have not been sure what, if anything, they can do in the homes of church members other than

pray. They have not been a part of the hospital visitation team to coordinate services for those being released from the hospital. They have taken blood pressure, and if someone gets sick at church, they have been seeing what help they can provide until an ambulance arrives. There is a rich history of the Black Church being associated with public health agencies and medical institutions for community health interventions (Brewer, 2019).

Historically, nurses have been advocates for patients. Nurses are expected to tell patients when circumstances are not what they should be. The relationship between the patient and the nurse is based on the patient believing the nurse. If different nurses in the congregation have different ideas of what they can and cannot do, it could confuse patients and may make nurses ineffective as a group. The people in the congregation had no clear idea of what to expect from those known to them as FCNs.

Purpose Statement

The purpose of this project was to transition the nurses in the health ministry from volunteers who take blood pressure and participate in community fairs into fully functioning FCNs. This was done by providing them with the necessary education in the form of a PowerPoint presentation to expand their knowledge of their role. The practice-focused question for this staff education project was the following: Will a staff education program for FCNs increase their knowledge of their role in a church setting with the goal of developing independent FCNs? The nurses were given a pretest to test their knowledge base, an in-service education program to enhance their knowledge base, and a posttest to determine how effective the in-service program was. The in-service program focused on the skills and behaviors needed for a nurse to transition from an institutional setting, such

as a hospital, to a church setting. The nurses were made aware of the scope of practice of FCNs.

The standards of practice for FCN include assessment, diagnosis, outcomes identification, planning, implementation, coordination of care, health teaching, and health promotion and evaluation (American Nurses Association, 2010). The FCN is a member of the staff and works with the clergy and congregation to provide opportunities for the ongoing transformation of the faith community and to sources of health and healing (Westberg Institute, 2019). The faith community provides an important access point for practice focused on population health at a time when health issues such as obesity and hypertension are affecting many Americans (Gotwals, 2018). A Christian nurse demonstrates an appreciation for the needs of vulnerable people in their present state while maintaining a futuristic worldview of what they can become through health care interventions and the power of God (Royer, 2019).

Nature of the Doctoral Project

The purpose of this project was to educate congregational nurses on the role and scope of an FCN. The project was conducted at a local religious organization. The nurses at the site were not guided by the Faith Community Nursing Scope and Standards of Practice (see American Nurses Association, 2010). There was nothing in place to lead, guide, or direct this group.

In the project, the current level of knowledge of the scope of practice for FCNs and the use of screening tools was determined by having participants complete a 20-question pretest, an in-service education program, and a 21-question posttest. Analysis of

test results would indicate improved knowledge of this group of nurses on their scope of practice as functioning FCNs. The additional question in the posttest was included to determine whether participants believed they were better prepared to perform their role. The American Nurses Association recognizes FCN as a specialty in community nursing. With rising demand and costs, nursing resources will increasingly focus on people with the most complex needs, leaving a gap in the provision of timely, preventive nursing care that reduces isolation and maintains health and well-being (Wordsworth et al., 2016).

Significance

The stakeholders included the congregation, church leadership, and the FCNs. The congregation would be impacted by getting better health care services from the FCNs. The FCNs would be affected by an increase in knowledge of their role. The contribution of this project to nursing practice included increasing and improving the understanding of the FCNs who would then be able to practice according to the scope and standards of FCN. Contributions to nursing practice also included a tool for educational purposes and a test to assess the knowledge level of FCN.

For an initiative such as faith-based community nursing to succeed, the support of the spiritual leader/pastor is imperative. In the current project, there were two leaders: a husband-and-wife team of copastors. The pastors had been a part of the congregation since its inception and were knowledgeable about the congregation. The pastors were not only important allies but also the individuals who would obtain support for the program from others in the assembly. Church politics was vital to understand. There are official

and unofficial leaders in any given organization, and there are official and unofficial leaders in a church.

The staff education program in this project could impact stakeholders (nurses, congregation members) by addressing nurses' knowledge deficits, skill deficits, clinical outcomes, and awareness of the scope of practice of FCNs. FCN interventions include routine and intentional spiritual care, spiritual practices, and integration of health and faith. FCN involves regular coordination, implementation, and sustentation of ongoing activities. FCN involves routine training and the use of volunteers (Ziebarth, 2015).

Educational components were addressed to make the nurses aware of their scope of practice. The project provided a nurse-driven change that may lead to a more focused group of FCNs through education of the nurses involved. This project could be replicated in similar congregations and could initiate a trend that could lead to partnerships with the medical community and nursing schools. It is not unusual for what happens in one congregation in this geographic area to spread to other congregations.

Summary

Many parish nurses work with older people in their communities. Other nurses help groups such as students living away from home, people who are homeless, or young families, and others visit hospitals (Wordsworth, 2016). The project site congregation is positioned to fulfill all of these roles. The educational component was intended to lead this group of nurses into a new dimension in which they are in sync with the scope and standards of practice of FCN. For this to be accomplished, the first requirement was for

the nurses at the project site to want to make the change. In Section 2, relevance to nursing practice and roles that would facilitate this project are explored.

Section 2: Background and Context

The practice-focused question for this staff education project was the following: Will a staff education program for FCNs increase their knowledge of their role in a church setting with the goal of developing independent FCNs? Knowledge change was assessed via the use of a pretest and posttest. A group of congregational nurses did not know the scope or standards of FCN. The purpose of this project was to enhance the knowledge of the nurses at the project site regarding their scope of practice and standards as it relates to FCN.

Concepts, Models, and Theories

The theory chosen for this project was the health promotion model. The model assists nurses in understanding the major determinants of health behaviors as a basis for counseling to promote healthy lifestyles (Pender, 1982). The model focuses on individual characteristics and experiences, behavior-specific cognitions and affects, and behavioral outcomes. The current project was intended to identify ways to change behavior by counseling to promote a healthier lifestyle (see Pender, 2019). The FCNs were instructed to focus their counseling on not telling congregation members what they are doing wrong but on things they can do to improve their health. Encouraging individuals to participate in their health assumes that they have the desire and the resources to be actively involved and make rational decisions to gain knowledge about conditions that influence health (Pender, 2019).

Relevance to Nursing Practice

A brief history of FCN associated with this project included the lack of oversight of this form of nursing. Other areas of nursing have regulatory bodies that come in and survey nurses to ensure they meet standards. There are standards for FCN, but no one has enforced or regulated them. Standards of practice were defined for parish nursing in 1998 and later revised to become FCN by the American Nurses Association in 2005 (Van Dover, 2012). The nurses involved in this project were able to assess their knowledge of FCN and an educational component to increase their knowledge. These standards of practice are essential in setting quality thresholds. FCN presents an opportunity for nursing and religious communities to bridge gaps in care due to a failing health care system. A movement emphasizing health and healing in Christian churches has been underway since the mid-1980s. The current project may advance nursing practice and fill one gap in practice by providing education that had not been required.

Local Background and Context

The project site is a nondenominational, primarily African American church. It is not affiliated with any larger denomination, conference, or convention. It is self-sustaining and does not receive financial contributions from anyone or any entity other than its members. In the context of the COVID-19 pandemic, the church has had many virtual services. The monthly blood pressure screenings outdoors for the community members had continued. The congregation is primarily African American, although all are welcome. The congregation has members of all age groups, and men comprise the majority group. The church's mission is social justice. This congregation is involved with

human and civil rights. There is an emphasis on youths and higher education, and the pastors govern this emphasis. This mission aligns with Walden University's vision of social change. Addressing challenges where a person lives intersects with Walden's vision.

Role of the DNP Student

I have been aware of this faith community since 2016 and volunteered with several community projects in this ministry. Since 2012, I have lived in California and worked with an organization called Queen's Care as a parish nurse. There, I learned that being a nurse did not give a person the correct information to function as a parish nurse. I discovered that FCN and parish nursing were equal in scope and practice.

I was eager to bring this information to the African American community. I conducted research and found little information about FCN in the African American community. I decided that I would make it my mission to change that situation. During this time, I belonged to a small Baptist church with a primarily older membership. I began to put some of the things I learned into practice. I changed jobs and cities and found myself in the San Francisco Bay Area. My church in the Bay Area had an active health ministry group that laypeople led. After joining and becoming an active member, I wanted to share what I had learned. However, I had to relocate to another city. I spoke with the head of the health ministry at a local church ministry (a nurse) and obtained her permission to move forward.

As part of my doctor of nursing practice (DNP) project, I created a PowerPoint for educational purposes and a pre- and posttest to measure nurses's increased knowledge

and preparedness to function in the health ministry. I secured an expert team of registered nurses with experience working in community-based organizations. The expert team approved the pre- and posttest and the PowerPoint presentation before the nurses at the site were given the education program.

Role of the Project Team

I secured an expert team of registered nurses with experience working in community-based organizations. The expert team approve the pre- and posttest and the PowerPoint presentation before the nurses at the site were given the education program. The expert team provided input on the questions and the PowerPoint educational presentation.

This project would not have been possible without the project team. The project team made sure the test was thorough and captured the essence of an FCN. The project team ensured that the educational component would increase the knowledge base of the nurses. This team was responsible for ensuring the test not only measured the knowledge base but also was fair and impartial. The team verified that all education provided was factual and necessary.

Summary

The project faith community did not provide education about what the health ministry volunteers can and cannot do. Although they were all professionally trained, they had no special training in FCN. I embraced the challenge of introducing volunteers to this area of nursing. There was a gap in knowledge that needed to be addressed. In

Section 3, I restate the practice-focused question, identify the sources used, and describe the data collection and analysis of evidence included in this project.

Section 3: Collection and Analysis of Evidence

The purpose of this project was to transition the nurses in the health ministry of this body of believers into fully functioning FCNs by providing them with the necessary education. The practice-focused question for this staff education project was the following: Will a staff education program for FCNs increase their knowledge of their role in a church setting with the goal of developing independent FCNs? The focus of the project was education.

Nurses are the people who manage FCN programs. Unlike acute and postacute care in which the primary care providers are medical doctors or nurse practitioners, registered nurses are in charge of FCN. The emphasis of the current project was providing staff education from the literature for nurses at the project site.

The American Nurses Association recognizes FCN as a nursing specialty. FCN includes spiritual care as a component of a specialized body of nursing knowledge and competencies (American Nurses Association, 2010). According to the Faith Community Nursing Scope and Standards of Practice (American Nurses Association, 2010), FCN is defined as a specialized practice of professional nursing that focuses on the intentional care of the spirit as well as on the promotion of holistic health and prevention or minimization of illness within the context of a faith community.

Practice-Focused Question

The practice-focused question for this staff education project was the following: Will a staff education program for FCNs increase their knowledge of their role in a church setting with the goal of developing independent FCNs? The lack of knowledge of

the scope of practice of FCN has limited this group of nurses from functioning as they should. The current project was conducted to fill a gap in practice by implementing a staff education program that focused on the scope and practice of FCNs as described by the American Nurses Association.

The nurses functioning in this role at the project site were unaware of what they should do. They caused no harm by doing blood pressure checks, participating in local community functions, and recognizing national initiatives such as breast cancer awareness and prostate awareness. What they had neglected to do is fully engage the congregation in promoting a healthy lifestyle. The FCN is knowledgeable in professional nursing and spiritual care. The goals are the protection, promotion, and optimization of health in the context of the values, beliefs, and practices of a faith community (American Nurses Association, 2010). Nurses cannot be expected to practice what they have not been taught.

Health promotion and health education are often used interchangeably. Health education focuses on learning activities and experiences. Health education is a component of health promotion and is essential to communication between health care providers and clients (Pender, 2019). FCNs must become aware of their scope and standards of practice to function as they should be.

The community provides an important access point for practice focused on population health when health issues affect many Americans (Gotwals, 2018). Current trends in nursing education promote a movement from traditional acute care curricula to community-based settings (Otterness, 2007). American FCN Alyson Breisch developed

an FCN curriculum that addressed how to practice competencies. Nurses could work together by examining specific competencies and their application to practice development and evaluation (Vaughn, 2018).

Sources of Evidence

The sources of evidence for this project were the Cumulative Index for Nursing and Allied Health Literature, PubMed, Foundations of Faith Community Nursing Curriculum Participation Guide of the Westberg Institute for Faith Community Nursing, and Faith Community Nursing Scope and Standards of Practice by the American Nurses Association. The Faith Community Nursing Scope and Standards of Practice determined the direction of the curriculum for FCNs. The foundations of FCN were used as a primary textbook in teaching FCN. The qualified specialists were a group of experts who reviewed the questions for validity. The specialists ensured the questions' relevance and appropriateness for this project, how the study outcomes would be measured, and whether the instrument would measure outcomes as intended (see Fineout-Overholt, 2011).

A well-educated, professional nursing workforce is essential to good health care outcomes (Baker, 2021). Professional continuing education enhances the learner's ability to provide patient care. Evaluating outcomes in nursing education is challenging because of the intervening variables from learning to application (Bell, 2007). In the current project, nurses completed a pretest and posttest so I could evaluate the outcome of the education program. The increased knowledge of the FCNs could improve their practice.

Nurses practicing to their full scope of practice are essential to achieve a fully functioning cadre of FCNs.

This project was guided by Walden University's DNP Staff Education Manual, Fast Facts for the Faith Community Nurse, Health Promotion in Nursing, Faith Community Nursing Scope and Standards of Practice, Foundations Faith Community Nursing Curriculum, and Getting Your Health Ministry Up and Growing a Guide for Faith Community Nurses. These resources will remain with this group of nurses as a resource for future nurses who join their organization. The group of nurses who participated in the project were given a pretest to determine their knowledge deficits. The education provided was based on these knowledge deficits. Finally, a posttest was administered to determine the effectiveness of the in-service program. Participation was voluntary, and participants could leave at any time. There was no money or other incentives involved.

To test the validity of the questions, I used a Likert scale. The panel of experts rated each question on a scale of 1 to5 from *strongly disagree* to *agree strongly*. An average score of 4 was needed to be included in the test. The Likert response format for items featuring a stem statement and a series of simple alternatives for the respondent (e.g., *strongly agree* to *strongly disagree*) has virtues regarding the relative simplicity of item generation and the efficiency of coding responses (Wilson, 2022).

Analysis and Synthesis

The results of the Likert scale were recorded on an Excel spreadsheet. Simple descriptive statistics were used. The removal of a participant was disclosed if someone

left the program. Any of the forms turned in incomplete by the experts were eliminated. The analysis dependd on a Likert scale, and an average of 4 was needed for a question to be included in the test.

Summary

The purpose this project was to help a group of nurses understand their scope of practice as FCNs. A group of subject experts (nurses with MSNs or above) with experience in community health validated the pre- and posttest used before and after the education program. The curriculum was conveyed by way of a PowerPoint presentation. The project would be deemed successful if the posttest scores were higher than the pretest scores.

Section 4: Findings and Recommendations

The local problem was a group of nurses practicing as FCNs without the benefit of the knowledge of FCNs' scope of practice. The gap in practice was a need for education. The practice-focused question for this staff education project was the following: Will a staff education program provided to FCNs increase their knowledge of their role in a church setting with the goal of developing independent FCNs? The purpose of this project was to educate the nurses at the local church to increase their knowledge of their scope of practice. The scope of practice statement describes the who, what, where, when, why, and how of FCN. The scope of practice statement provides a complete picture of the practice, its boundaries, and its membership (American Nurses Association, 2005).

The current project addressed nurses' need for education to understand their scope of practice. The source of evidence was the results from a pretest that showed the nurses did not understand their scope or standards of practice. The pastor gave permission for this project to take place. The pastor made a referral to contact the community health and wellness director of the congregation. This person gave me the nurses' email addresses and permission to contact them.

Findings and Implications

The nurses were sent a pretest. Scores for this test verified a lack of knowledge among the nurses, who were all volunteers, regarding the scope of practice for FCNs. The nurses were sent an educational PowerPoint that explained the scope of practice of FCN after they returned the pretest. The educational PowerPoint was followed with a posttest.

The posttest was identical to the pretest except for the addition of a question addressing whether the PowerPoint made them feel more qualified for the role of FCN. The answer to the additional question was a unanimous "yes." The scores of the posttest were higher than the scores of the pretest. This showed that the educational PowerPoint was effective (see Table 1). Twelve nurses completed the pretest, and 11 nurses completed the posttest due to one person having a traumatic incident in their life.

Table 1

*Percentage Increase in Pre- and Posttest Totals (*N = 11)

Test	Total test score
Pretest	515
Posttest	950
Percentage of difference (increase)	84.5%

Based on the results of the test and the positive comments from the community health and wellness director, the project was successful. The nurses, church, and community may benefit from the education the nurses received. The nurses now know their scope of practice and can use it to effect change in the church and community.

Positive social change is the approach the nurses will take as they provide care for church members and the community. The nurses will use social learning (learning that occurs in a social context and social power) to influence others or resist the activities of others (see Cottrell et al., 2018). This should lead to nurses only doing things their scope of practice allows them to do. Before this educational component, nurses did not know what they could, should, or should not be doing.

Recommendations

The project addressed the gap in practice, as indicated by the difference in posttest scores compared to the prettest. New nurses coming into the role of FCN at the local church should be given the pretest, educational component, and posttest. This can be done by email, in person, or virtually via Zoom. It is recommended that the educational component occur regardless of test score from the pretest. If someone scores 90%–100% on the pretest, it is still advisable to do the educational component.

Contribution of the Doctoral Project Team

The project team consisted of five nurses. One had an MSN, two had a DNP, one had a PhD, and one had a BSN. The one with only a BSN had worked for several years as an FCN funded by an institution that supplies FCNs to several congregations. The project team was sent the pretest and PowerPoint. The project team used the Likert scale to indicate whether the questions were acceptable and whether the PowerPoint answered the questions thoroughly. The project team gave a 5 (*strongly agree*) to 17 of the 20 questions. Three questions were given a 1 (*strongly disagree*) by two team members (see Table 2). When asked for clarification, these team members pointed out that the PowerPoint was not clear enough to answer those three questions correctly. The PowerPoint was corrected to reflect the suggested change.

Table 2

*Project Team Content Review of Questions (*N = *5)*

Question	Member 1	Member 2	Member 3	Member 4	Member 5	*M*
1	1	1	5	5	5	3.4
2	1	1	5	5	5	3.4
3	5	5	5	5	5	5.0
4	5	5	5	5	5	5.0
5	5	5	5	5	5	5.0
6	5	5	5	5	5	5.0
7	5	5	5	5	5	5.0
8	5	5	5	5	5	5.0
9	1	1	5	5	5	3.4
10	5	5	5	5	5	5.0
11	5	5	5	5	5	5.0
12	5	5	5	5	5	5.0
13	5	5	5	5	5	5.0
14	5	5	5	5	5	5.0
15	5	5	5	5	5	5.0
16	5	5	5	5	5	5.0
17	5	5	5	5	5	5.0
18	5	5	5	5	5	5.0
19	5	5	5	5	5	5.0
20	5	5	5	5	5	5.0

The plan is to offer this educational PowerPoint to other congregations using the Zoom platform. Congregations may also choose to administer the pretest and posttest.

Strengths and Limitations of the Project

The strengths of the project were the validation by the project team members and the results of the posttest in comparison to the pretest. The limitations of the project were only 11 participants completed the posttest. Twelve completed the pretest. The project was limited to one congregation. Recommendations for future projects include addressing similar topics and using similar methods with more congregations and different faiths.

Another recommendation is to conduct the educational component in person or via Zoom.

Section 5: Dissemination Plan

The plan to disseminate the work to the church is to first meet with the community health and wellness director and review the findings. The next step is to present the information to the pastors. Finally, the results will be presented to the participants. If health education creates lasting change, then those in the priority population will be empowered because of health education (Cottrell et al., 2018). In the current project, the priority population is the nurses. Based on the nature of the project, the audiences and venues that would be appropriate for disseminating the project to reach the broader nursing profession are nursing journals, religious journals, church congregations, and church conferences.

Analysis of Self

As a practitioner, I would have benefited from a project such as this when I began working as an FCN. I approached the project with that in mind by asking what would have helped me. As a scholar, I was often not able to find the kind of articles I wanted. I hope to write some of those articles one day. As a project manager, I was challenged to keep up with everything. I needed an assistant to grade the pages, keep up with emails, and organize the results. My long-term goal is to obtain a grant to provide FCN to several congregations. This project experience should help me to provide education for the FCNs I encounter after obtaining the grant. While completing this project, I was challenged with putting the results in an understandable and scholarly format. My solution was to follow my professors' lead and use the resources available to me through Walden University. This helped me to find my academic voice.

Summary

The practice-focused question was the following: Will a staff education program provided to FCNs increase their knowledge of their role in a church setting with the goal of developing independent FCNs? The difference between the pretest and posttest scores showed this project to be successful. The nurses involved increased their knowledge of their scope of practice so they could become fully functioning FCNs.

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