

August 2017

Broadening Practice Perspective by Engaging in Academic-Practice Collaboration: A Faith Community Nursing Exemplar.

Andra Opalinski
Florida Atlantic University

Susan M. Dyess
Florida Atlantic University

Nancy Stein
Florida Atlantic University

Kim Saiswick
Holy Cross Hospital

Valerie Fox
Holy Cross Hospital

Follow this and additional works at: <http://digitalcommons.wku.edu/ijfcn>

 Part of the [Nursing Commons](#)

Recommended Citation

Opalinski, Andra; Dyess, Susan M.; Stein, Nancy; Saiswick, Kim; and Fox, Valerie (2017) "Broadening Practice Perspective by Engaging in Academic-Practice Collaboration: A Faith Community Nursing Exemplar," *International Journal of Faith Community Nursing*: Vol. 3 : Iss. 1 , Article 1.

Available at: <http://digitalcommons.wku.edu/ijfcn/vol3/iss1/1>

This Article is brought to you for free and open access by TopSCHOLAR®. It has been accepted for inclusion in International Journal of Faith Community Nursing by an authorized administrator of TopSCHOLAR®. For more information, please contact topscholar@wku.edu.

Broadening Practice Perspective by Engaging in Academic-Practice Collaboration: A Faith Community Nursing Exemplar.

Cover Page Footnote

Acknowledgements-The authors would like to thank the following for their contribution to this project: The individuals experiencing homelessness; Community Outreach Department of Holy Cross Hospital; The pastors, members, and volunteers of Christ Church United Methodist; Broward Sheriff's Office Homeless Outreach; Florida Atlantic University Christine E. Lynn College of Nursing and Anthropology Department and Dr. Patricia Liehr.

Introduction

The practice of Faith Community Nursing (FCN) is multifaceted and often is responsive to the numerous calls for nursing that exist in any given community or congregation. At times the opportunities to provide care is done from individual encounters and other times from population or group encounters. Still the essence of FCN practice focuses on caring for the whole person to support health and healing for person(s) represented by diverse socioeconomic statuses, cultures and across the lifespan. The emphasis of caring for the whole person is essential, and those who practice FCN acknowledge the incorporation of and fostering of spiritual practices in the provision of care (American Nurses Association and Health Ministry Association, 2012). While certain nursing practice is plausible, it would be confounding to predict or predetermine how FCN is actualized in multiple countries, states, cities and congregations by professional nurses engaged in the specialty. FCN practice contributions are occurring regularly that can enhance care delivery, contribute to research generating knowledge and advance the evidence base in unique and varied settings and ways. These deserve attention. Therefore the purpose of this paper is to share a creative exemplar of a FCN contribution that stems from academic–practice collaboration for persons experiencing homelessness and who are recognized as extended members of the congregation. The creative solution to a health challenge, although not original to our efforts, provides an example of academic–practice collaboration that can serve as a model for excellence in care delivery, research and generation of evidence for FCN practices.

Academic Practice Collaboration for FCN

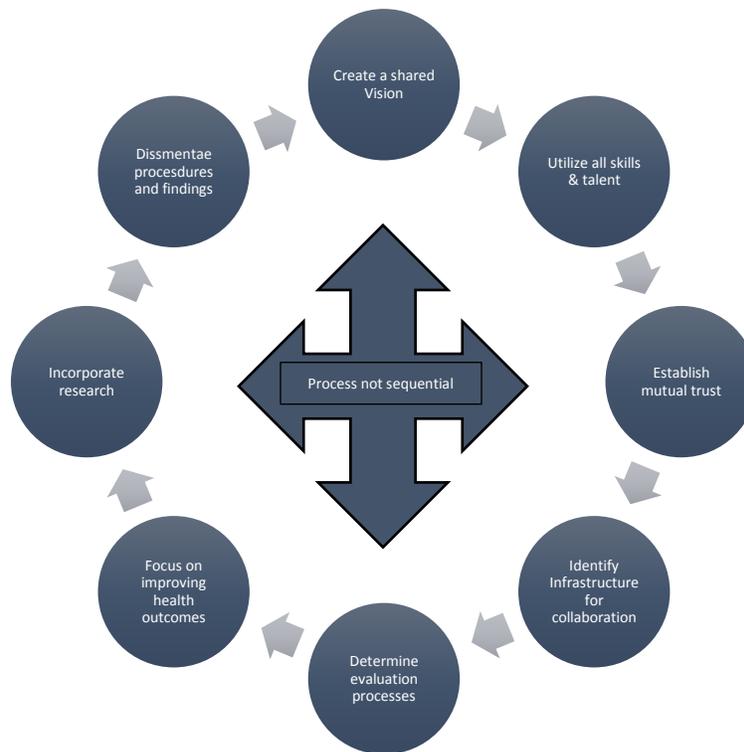
Academic-practice collaboration (APC) is an excellent technique for FCN leaders to consider for joining resources in a given community. Through APC, professional relationships are intentionally formed that synergistically create positive action. These formalized connections advance the attainment of all collaborative partners' goals as efforts are shared and expertise highlighted. Generally APC links academicians, students and practicing professionals. Two major professional nursing groups, the American Organization for Nurse Executives (AONE) and the American Association for Colleges of Nursing (AACN), united to create principles that guide APC. The principles developed by the task force are housed within the AONE and AACN websites and emphasize the importance of APC to “strengthen nursing practice and help nurses become well positioned to lead change and advance health” (American Organization for Nurse Executives, 2012; para1). Leaders of FCN can broaden their practice perspective by engaging in APC through the following eight adapted steps: 1)

Create a shared vision; 2) Utilize all skills and talent; 3) Establish mutual trust; 4) Identify infrastructure for collaboration; 5) Determine evaluation processes; 6) Focus on improving health outcomes; 7) Incorporate research; and 8) Disseminate procedures, learned lessons and findings. As the reader will realize in our exemplar, these steps may not necessarily occur in a sequential or linear order. (Figure 1).

Academic Practice Collaboration within Faith Community Nursing:
Broadening Practice Perspective

Figure 1

Adaptation of AONE & AACN Task Force Recommendations (2012).



Exemplar Background

Using the aforementioned APC eight steps, nurse academicians and nurses working within a community outreach department of a hospital engaged in FCN with a United Methodist congregation in South Florida that serves a double-campus and over 915 congregants attending weekly. The healthcare practice partner provided the infrastructure of clinical care as part of the organizational mission as they actively invest in programs to improve healthcare access. The congregational partner provided building space and administrative volunteers who organize weekly engagement of a meal program with a targeted group of persons experiencing homelessness. The academic partner provided ongoing education support by offering a nationally recognized FCN foundations course from the Westberg Institute (Church Health Center, 2014) and secured interested nursing students to participate in outreach as appropriate. Additionally the academic partner developed the research proposal and engaged a visual anthropologist to be part of the research team to collect photographic data. Together the partners created a shared vision of providing effective care for a population of persons experiencing homelessness as well as raising awareness of the health challenges of a group of persons (step 1).

Photographic data is not typically collected within FCN research, but our APC team believed there would be informative images generated from our event illuminating compassion, justice and human rights perspectives. An added aim to our research study was to capture the process of engaging a community of people as they responded to persons experiencing homelessness and to share the images of humanity that depicted living faith, caring connection and responding to health challenges. While capturing the images of the event was not the primary objective, the images became an avenue to augment meaning and drive future efforts. The photographs provided our opportunity to tell a story of human connection and health challenges that exist for people experiencing homelessness in South Florida. To be sure, the photographic images created a heightened awareness among academics, health providers, community workers and community members. The images and analyses are reported elsewhere (Opalinski, Dyess & Stein, 2017). This heightened awareness is the foundation for future FCN practice responses and research. The expertise to provide care and the expertise of a team of researchers allowed the opportunity to utilize all skills and talents of multiple partners (Step 2). The ongoing collaborative meetings to plan activities and research allowed for the establishment of mutual trust and identification of infrastructure for collaboration (Steps 3, 4, 6 and 7). These meetings occurred over several months as the details were finalized for a large health initiative from our APC team.

Population

The APC FCN health initiative focused on persons experiencing homelessness who are recognized as extended members of the faith community congregation. The persons experiencing homelessness are part of the community population identified by an annual “Point in Time Count” (PIC) that revealed 2032 individuals were experiencing homelessness in the County. The PIC represents all individuals and families experiencing homelessness within a 24-hour period (thus “Point in Time”), and the count represents those living in shelters and transitional housing as well as unsheltered homeless (Count, 2016). The PIC is considered a statistically reliable number. For the 2302 people, it is noted that many suffer from significant health challenges. These health challenges include serious mental illness (22.8%), substance use disorder (19.5%), HIV/AIDS (10%) and domestic violence (7.3%) (Count, 2016).

While men and women who find themselves homeless suffer numerous health conditions, the outdoor environment creates other health problems and/or aggravates existing health problems. The hot and humid Florida climate particularly exacerbates the condition of their feet. In one 2015 survey of persons who were experiencing homelessness, 5 of the top 10 health complaints related directly or indirectly to issues of the feet: 1) unintentional injuries (burns, cuts, bruises, blisters), 2) musculoskeletal disorders-including foot disorders, 3) skin issues related to the feet, 4) infectious diseases, 5) chronic diseases that may carry foot health implications such as diabetes (Hub 2015). Given these challenges of feet, it is not surprising that “socks are the number one most requested clothing item at homeless shelters” (Bombas, 2016).

Likewise, an informal assessment of health challenges for participants attending the weekly meal program confirmed the challenge of caring for one’s feet dominated all conversations. Although the societal issue of homelessness resists easy solutions, our academic practice collaboration partners believed determination and faith together can implement creative solutions to address the foot care health challenge. An academic-practice FCN foot care event was planned that offered the washing of feet, podiatric assessment and care and provision of clean socks and shoes. A process to capture demographic information as well as a FCN Documentation Form was developed. This allowed a process to evaluate the procedures of care as well as the individual health status of individuals presenting for nursing care (Step 5) Research and the generation of evidence occurred throughout the provision of nursing care for these individuals.

Unique FCN Collaborative Procedure and Findings

The FCN foot care event occurred with excellent collaboration. Careful planning included grounding the event in best practices and prayer, securing equipment and supplies, obtaining appropriate number of professionals and volunteers, observing another foot washing event and trusting God. All members of the academic-practice collaboration were blessed by the recognition of the God-sized undertaking. To address human and ethical rights, University Institutional Review Board approval was obtained for this initiative. Informed consent for each participant was also obtained. The four-hour event occurred on Palm Sunday which created poignant symbolism. More than 400 persons were involved in the event:

- 260 people received a meal (of those, 175 persons chose to receive foot care, clean socks and shoes);
- 125 congregation members and community volunteers engaged in activities of foot washing, filling buckets of water, emptying water, sanitizing basins, distributing shoes and socks, greeting people, serving food;
- 10 nurses supervised activities of students and supported level of care decisions;
- 2 nurse researchers and one anthropologist supervised data collection;
- 24 nursing students performed basic health assessment and foot care;
- 1 podiatrist, 2 physicians, and one physician's assistant provided higher level podiatric care and
- 3 social service professional referred persons as appropriate to community resources.

The FCN foot care event was steeped in APC principles and positive outcomes were numerous: care delivery goals were exceeded, persons experiencing homelessness were provided with holistic support, data was collected and ideas for future research emerged.

While the event was organized around foot care for persons experiencing homelessness, our awareness of other health challenges emerged. Sun exposure as a major health challenge was identified and the extent of sun exposure on certain body parts such as neck and hands was surprising. Challenges with ambulation for persons experiencing homelessness also became clear with noted walkers, crutches, canes, motorized scooter carts and both manual and motorized wheelchairs. Additionally the reality of how much time persons experiencing homelessness spend waiting surfaced. So many moments in the event depicted the story of waiting: waiting outside to enter the building, waiting in the brief rain that occurred, waiting to sign in, waiting for food, waiting for a next care station, waiting for shoes. The APC team soon realized these waiting moments captured a

hidden daily reality in the lives of persons who are homeless. When someone is dependent on others for basic life necessities, waiting becomes a part of obtaining those necessities. When someone is also experiencing challenges of ambulation, this time in waiting may further exacerbate that health challenge. Further exploration of this unexpected truth is warranted in order to explore the full impact of ‘waiting’ on mental, physical, and social wellbeing for this group of people.

Discussion

Our FCN APC foot care event consisted of a multitude of layers. Our team wanted to understand the relationship between persons experiencing homelessness and healthy feet and better grasp what their needs were through their experiences. A key finding was our recognition of the health implications created by reduced access to clean feet and shoes and socks. Moreover the reduced access was also to information, to healthcare and to being treated with compassion for persons experiencing homelessness. Linking our FCN academic practices to the non-academic world allowed for nursing and applied anthropology to engage in interdisciplinary APC for broad impact. This APC will continue by sharing the photographic images and extending our interventions and research investigating health and wellness coaching within same population. The APC predetermined assumptions were challenged. The APC generated data, verbally shared stories and communicated stories through photographic images (Opalinski, Dyess, & Stein, 2017). The visual and expressed data provided an opportunity for all participants to be a part of the collective story. The event provided the avenue to communicate the complex nature of the culture and expressed those complexities in a platform that speaks to a broad audience. It is our continued hope that our FCN APC may bring awareness to this population beyond statistics and news representations to transform lives. This unfolding process along with dissemination of information in a book chapter and articles such as this allows for dissemination of procedures, lessons learned, and findings (Step 8).

Summary

Leaders in FCN can support creative approaches that utilize APC and the broad array of professional talents from the congregations, healthcare practice and academic world. Responding to the calls of disparity for community members and harnessing unique professional talents of varied disciplines fueled innovative action. Through this APC exemplar of working with persons experiencing homelessness, our FCN team identified an initial health challenge of caring for one’s feet. By intentionally linking university nursing faculty, a group of nursing

students and FCN practice, so many more calls for nursing were discovered. Many lives were touched and motivated to do more for the target population. Photographic images and anecdotal conversations with all involved related to the foot washing/foot care event illuminated a sense of being part of something bigger than any one person could manage to direct. There was an expressed sense of how the event was divinely orchestrated as people of faith served the “least of these”.

References

- American Nurse Association and Health Ministry Association. (2012). *Faith Community Nursing: Scope and Standards of Practice*. 2nd. American Nursing Association.
- American Organization of Nurse Executives. (2012). AONE-AACN task force on academic practice partnerships. Retrieved November 16, 2016 from <http://www.aone.org/resources/academic-practice-partnerships.pdf>
- Bombas. 2016. *Our Story*. Accessed June 15, 2016. <http://www.bombas.com/our-story-bombas>.
- Church Health Center. (2014). *Faith Community Nursing Education: Foundations of Faith Community Nursing Curriculum*. International Parish Nurse Resource Center: Memphis, TN.
- Count, Broward County Point-in-time Homeless. 2016. *Facts about homelessness*. Accessed July 30, 2016. <http://www.browardpointintime.org/#!facts-about-homelessness/c1qdf>.
- Hub, Homeless. 2015. *What are the top 10 health issues homeless people face?* February 6. Accessed July 15, 2016. <http://homelesshub.ca/blog/what-are-top-10-health-issues-homeless-people-face>.
- Opalinski, A., Dyess, S.M., & Stein, N.L. (2017). An evolutionary process of capturing images of people experiencing homelessness. In Stein, N. L. & Renteln, A. *Images and Human Rights: Local and Global Perspectives* (178-199). Newcastle upon Tyne, UK: Cambridge Scholars Publishing.