



Purpose

>The purpose of this poster presentation is to share a grounded theory study and the findings that describe the theoretical processes of nursing within the context of communities of faith, and the implications for global health. Specific focus is on chronic illness.

Objectives

 \checkmark The participants will be able to summarize a grounded theory study and findings contributing to the emergence of a middle range theory for global nursing practice in communities of faith.

 \checkmark The participants will be able to explore application of the practice of nursing through communities of faith within the context of chronic illness, a global health concern.

Background

>Chronic illness poses a challenge for traditional global health care models. Health care systems in countries of varying sizes and resources are all struggling to develop efficient care delivery models responsive to communities and individuals. Persons and families living with chronic illness desire not only symptom management but also whole-person approaches that address coping strategies for emotional, physical and spiritual needs.

>Nursing through communities of faith provides one pathway for global health policy makers to incorporate a desired continuum of caring extending beyond the boundaries of the acute or long-term practice environments. A synthesis of research on faith community nursing identified four key findings as important to extending the boundaries of care: nurse competencies, development of programming, perceptions of the practice, and quality documentation (Dyess, Chase, & Newlin, 2010) but failed to capture the process associated with experience-based aspects of the practice.



An Emerging Middle Range Theory for Global Nursing Practice in Communities of Faith Susan M. Dyess, PhD, RN [FAU] & Susan K. Chase, EdD, RN [UCF]

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>In the late1990's, a non-profit hospital in the southeastern United States initiated a project with philanthropic support to serve the community through nursing practice outreach to three communities of faith: Roman Catholic, Southern Baptist and Protestant Christian congregations.

> As part of documentation, nursing practice stories that reproduced selected nursing situations were submitted. A nursing situation can be described as "...a construct held by the nurse, any interpersonal experience contains the potential to become a nursing situation" (Boykin & Schoenhofer, 2001, p 17). The written nursing stories provided the data for this research.

✓ Stories reviewed many times by two separate researchers to develop generalized coding.

interpreted (Charmaz, 2006).

Entering

Private World

✓ Congruent with literature (Dyess & Chase, 2010). ✓The four categories were shared with three practicing faith community nurses who affirmed the processes.

This research extends the seminal description of the practice to reveal the process for professional nursing in the context of a faith community. Four main categories emerged through grounded theory method and analysis:

Method

Study Design and Recruitment

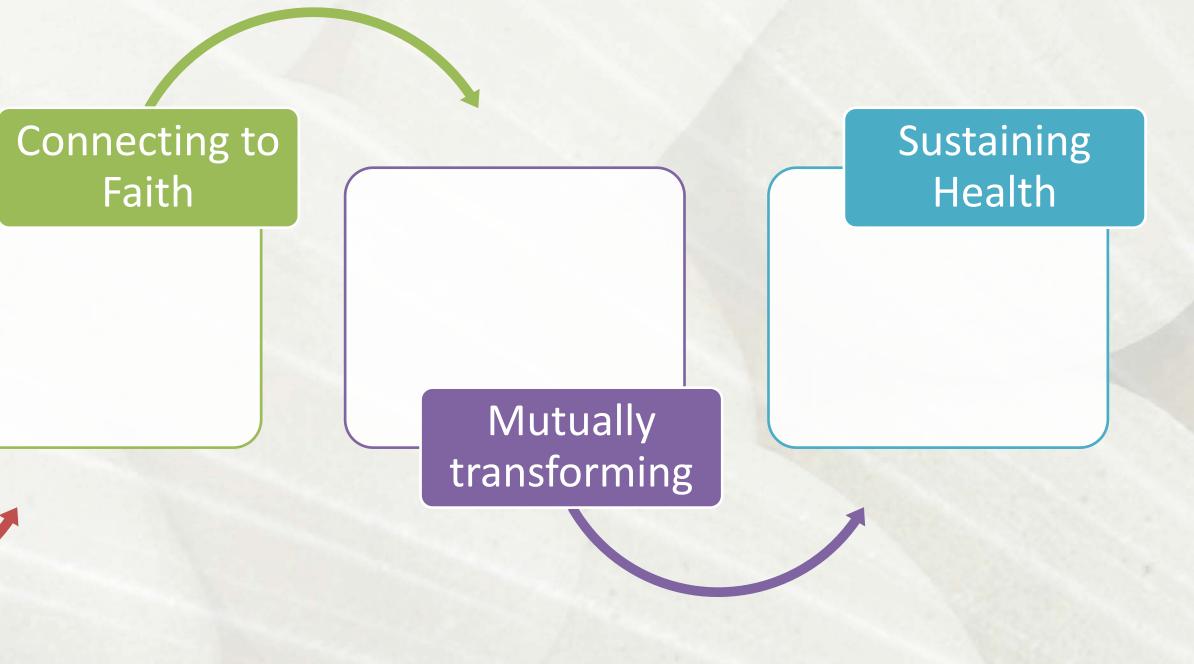
Data Collection

Data Analysis

Memos were then generated to summarize the knowledge emerging from the data. Constant comparison and memo writing allowed meaning in stories to be described and

Data Validation

Findings & Model



- chronic illness.
- outcomes.

Boykin, A., & Schoenhofer, S. (2001). Nursing as caring: A model for transforming practice. Sudbury, MA: Harper Perennial.

Charmaz, K. (2006) Constructing grounded theory: A practical guide through qualitative analysis. London: Sage.

Dyess, S.M. (2011). Faith: A concept analysis. Journal of Advanced Nursing, doi: 10.1111/j.1365-2648.2011.05734.x

Dyess, S. M., & Chase, S.K. (2010). Caring for adults living with a chronic illness through communities of faith. International Journal for Human Caring, 14 (4), 38-44.

Dyess, S. M., Chase, S.K., Newlin, K. (2010). State of research for faith community nursing 2009. Journal of Religion and Health, 49(2), 188-199.



Implications

>Categories provide a theoretical base for faith community nurses.

>Model can serve as a guide for strategic development of nursing responses in communities of faith.

Practice holds promise to enhance current global models of health care to support individual and families living with chronic illness.

>In this study, the faith community was associated with traditional Judeo-Christian denomination, but for others, faith community could be more broadly defined, (Dyess, 2011) and could extend the capacity of nursing to influence and substantially contribute to the global care of those living with

>Future research efforts can be directed at evaluation of this approach and

References

