Applying Research to Cannabis Nursing Practice: 
Confessions of an Integrative Nurse Coach Using 
the Evidence-Based Practice Process

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Effectively applying research to nursing practice is a cornerstone of our profession. It advances our level of professional care and helps to validate our work. Core value 5 (Holistic Education and Research) in holistic nursing and nurse coaching takes a closer look for nurses to be able to participate and apply research into practice. “Holistic nurses engage in praxis or reflection in action, understanding that knowledge, theory, research, evidence, and practice each inform the others” (ANA & AHNA, 2019, p. 38). Combining qualitative, quantitative, and mixed methods can support holistic nurses and nurse coaches in evidence-based and evidence-informed practice. Research has shown that when the conceptual components of evidence-based practice (i.e., research evidence, clinical expertise, patient preferences and values) are integrated within a context of caring (in harmony with the art and science of holistic nursing), “they lead to best clinical decision making, and best outcomes in patients, families, communities, and populations” (Baldwin, Schultz, Melnyk, & Rycroft-Malone, 2013, p. 798).

Challenges and limitations discussed in holistic nursing and professional nurse coaching research include: lack of research searching skills, abilities to critically appraise studies,
Nurse coaching has become a popular role in nursing and even more as a holistic nurse entrepreneur. “Professional nurse coaching is a skilled, purposeful, results-oriented, and structured relationship-centered interaction with clients provided by registered nurses for the purpose of promoting achievement of client goals” (Hess et al., 2013, p. 1). The nurse coaching core values, scope of practice, competencies, and role are linked to ANAs scope of practice and professional standards (Hess et al., 2013). “The professional nurse coach is a registered nurse who integrates coaching competencies into any setting or specialty area of practice to facilitate a process of change or development that assists individuals or groups to realize their potential” (Hess et al., 2013, p. 1).

There have been previous trials of nurse coaching demonstrating improved pain management and chronic disease outcomes for patients (Dossey et al., 2015). Motivational interviewing and appreciative inquiry are two types of communication styles in coaching that can be put into daily practice for benefiting various patient populations, in this case, the cannabis patient.

Nurse Coaching & Cannabis Nursing

Nurse coaching for the cannabis population is quite innovative and becoming more of a need when guiding and supporting patients in their pain management goals. Chronic pain, chronic illness, and disabilities are just a few of the qualifying conditions for cannabis patients in various legalized states. Twenty percent of U.S. adults reported having chronic pain and eight percent had high-impact pain that limited at least one major life activity in 2016 (NCCIH, 2018). It is known that chronic pain has been correlated to limited mobility, opioid dependency, reduced quality of life, anxiety, depression, and costs estimated around 560 billion dollars in medical expenditures, disability programs, and lost productivity in the United States (NCCIH, 2018). Several research studies suggest effectiveness of cannabis as a safer alternative to opioid use for managing pain, enhancing safety, avoiding opioid addiction, and reducing the need for escalating doses of opioids (Clark, 2017). With the vast amounts of research on pain management, medical cannabis, chronic diseases, and disabilities, nurse coaches hold a special position in supporting these patient populations in our individual communities.

Nurse coaches working with cannabis patients need a solid holistic nursing foundation for supporting their practice. The Theory of Integrative Nurse Coaching provides a framework for practicing from a whole-person perspective. The five components in this theory (Self-development; Integral perspectives and change; Integrative lifestyle health and wellbeing; Awareness and choice; and Listening with HEART) overlap each other with healing at the center (Dossey et al., 2015). Entering a meaningful and trusting relationship with the patient allows for a transformational shift in their journey, goals, and healing (Dossey et al., 2015). Professional nurse coaching is not about fixing patients and telling them what to do. Instead, nurse coaches are facilitators of change towards the patient’s goals for positive outcomes. Building the foundation for therapeutic care plans and interventions begins first by creating intentional relationships with our clients. Bringing awareness towards the integrity of the partnership will help minimize any power inequalities. When we attune fully to the patient in a respectful manner through active listening and effective communication, the facilitation of hope, trust, and faith can develop within the relationship (Dossey et al., 2015). As the trust blossoms into tangible relationship-centered care, the nurse can continue to support the client through the nursing process. Integrative nurse coaches create a safe healing environment allowing the patient to become open to change. Research in the nurse coaching setting for the cannabis patient is important for identifying factors that contribute to self-efficacy and abilities to achieve change that improves quality of life and health.
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Linking nurse coaching with cannabis nursing has yet to emerge in research to validate thorough effectiveness; however, taking the path towards one’s passion is every part of the art and science of nursing. For this very reason, following and adhering to the scope and standards of practice for the registered nurse or advanced practice nurse who plans to incorporate cannabis therapeutics into their holistic nursing is a wise tip indeed. Adhering to cannabis state laws, medical marijuana programs, and one’s state nurse practice act are all ways to facilitate evidence-based and evidenced-informed practice in a nurse coach and cannabis nursing practice. Another way to integrate research into nursing practice is by using the Evidence-Based Practice (EBP) Process (Baldwin et al., 2013; Melnyk & Fineout-Overholt, 2011).

Applying the EBP Process
The cannabis nurse is educated on the use of cannabis as medicine and current cannabis scientific findings “to educate and coach the patient, his or her caregivers or support systems, and other healthcare providers about the most effective and safe uses of cannabis for specific health, healing, and illness concerns,” all while upholding ethical standards for advocating for this patient population (ACNA, 2019, p. 22). When combining nurse coaching in the cannabis industry, the nurse may question how to apply research in patients, what to document, what is best practice in online private nurse coaching, or how to measure anecdotal responses in their patient population when utilizing cannabis as medicine. All of these are valid clinical questions in facilitating change and best practice in professional nurse coaching.

Balancing empirical knowing, aesthetic knowing, and not knowing can support the nurse with resources, strengths, and openness in solutions for effective change and outcomes when working with a specific patient population (Dossey et al., 2015). Consider all of the anecdotal responses in cannabis research and from individuals with chronic pain and/or illnesses. How should the nurse balance the anecdotal phenomena and evidence-based research in cannabis nurse coaching within an online setting? How can we apply evidenced-based and evidence-informed research in nurse coaching practice? Using the EBP Process (see box above at right) can help guide us in applying evidence-based research for supporting nurse coaching or cannabis nurse coaching practice.

STEP 0: CULTIVATING A SPIRIT OF INQUIRY. Intuition and clinical judgment can lead us to ask if there are more nonpharmacological holistic approaches, such as progressive muscle relaxation, guided imagery, or other mindfulness-based stress reduction techniques, that can be used in combination with cannabis and conventional pain management and/or medication. The holistic cannabis nurse coach can use EBP to assist in finding answers for best practice in providing holistic care (Baldwin et al., 2013).

Applying Evidence-Based Practice (EBP) to The Holistic Caring Process Step by Step

The EBP Process
0. Cultivate a spirit of inquiry
1. Ask the clinical question (PICOT)
2. Collect the most relevant and best evidence
3. Critically appraise and synthesize the evidence
4. Integrate all evidence based on the holistic nurse’s clinical expertise and the patient’s preferences and values in making a practice decision or change
5. Evaluate the practice decision or change
6. Disseminate the outcomes of the evidence-based practice decision or practice change

Source: Holistic Nursing A Handbook for Practice, Table 35-1 (Baldwin et al., 2013, p. 804; Melnyk & Fineout-Overholt, 2011)

STEP 1: ASKING THE CLINICAL QUESTION. Nurse coaches can apply research to their holistic practice by first asking a question to help solve a problem or care for a patient. I enjoy using the PICOT format as a template for research guidance in my professional nurse coaching practice (Baldwin et al., 2013; Dossey, 2015; Melnyk & Fineout-Overholt, 2011):

(P) the population of interest,
(I) the issue of interest or intervention,
(C) the comparison intervention or issue of interest,
(O) the outcome, and
(T) the timeframe.

For example, when working with patients who have chronic pain, a nurse coach might ask a clinical question such as:

How does progressive muscle relaxation with cannabis compare to opioids to reduce pain and affect the quality of life before and after partnering with a cannabis nurse coach for an eight-week mindfulness practice intervention?

Investigating relevant clinical questions for evidence-based nurse coaching practice is pivotal for advancing research in professional nurse coaching. This can allow us to work from a place of holism and compassion. Using research findings effectively can support meaningful experiences and safe interventions in the individualized nurse coaching practice. Attuning to the unseen and unmeasurable phenomena will be just as important when asking the clinical question.

STEP 2: SEARCHING FOR THE BEST EVIDENCE TO ANSWER THE QUESTION. As the innovative nurse coach adheres to the scope, standards, and competencies of this unique profession, we want to find what matters most for our nurse coaching practice
and for our patient populations. This might include topics on lived experiences, nurse coaching, virtual consultations in tele-health, chronic pain and cannabis, and more, depending on one’s individualized uniqueness as a holistic nurse. Refer to textbooks, protocols, guidelines, and research reports as relatable resources. If unable to find a solution, move into the role as a nurse researcher to find relevant research at a local library, university, or hospital. Creating a thorough search in nursing research takes time, skill, and great diligence. Using databases such as the Systematic Reviews, Medline, PsychINFO, and CINAHL databases are helpful for the nurse coach to gather relevant evidence. Incorporating qualitative, quantitative, and mixed methods research is helpful in gathering the strongest level of evidence to guide practice (Baldwin et al., 2013).

**STEP 3: CRITICAL APPRAISAL OF EVIDENCE.** Once the evidence is gathered for an intervention that could potentially answer your clinical question in nurse coaching, conduct a critical appraisal check for the research gathered. Some classic questions typically used for critically appraising evidence include (Baldwin et al., 2013, p.806):

*Are the study findings valid? What are the results of the study and are they important? Will the results help in caring for patients?*

When looking at study results in quantitative research, consider appraising diagrams, descriptive statistics, and the relationships and differences, as well as interviews with patients from study trials. Review the effectiveness of the intervention and the comments from patients receiving the treatment when implementing the evidence into your nursing practice. For example, the nurse coach might ask:

*What is it like to experience cannabis as medicine in combination with mindfulness meditation techniques as a nurse coaching intervention for chronic pain?*

Encompassing both validation and reliability is necessary to move forward in the research process and apply it into holistic practice. When posing the above question, based on the body of evidence in a systematic review with mindfulness meditation techniques and chronic disease (Chan & Larson, 2015), the nurse coach may consider the techniques promising for significant improvements of physical symptoms of chronic diseases. Incorporating mindfulness with cannabis patients for compassionate pain management can support them in openness to what is going on, reflecting on personal values, and accepting the unknown, thus achieving improved quality of life and sense of wellbeing (Gustin, 2018). More than two million people in the United States currently suffer chronic and debilitating neuropathic pain from trauma or disease affecting the central nervous system (NetCE, 2017). According to many cannabis analgesia studies, quality of life is often improved by reaching a 30 percent or more decrease in pain intensity, thus this percentage has become the benchmark for what the needed reduction in pain should be (NetCE, 2017). The results of the study showed modest benefits given the limited treatment options available for these types of patients. Through randomized clinical trials, researchers found that the effective dose given to neuropathic pain patients to treat and achieve a 30 percent pain reduction was a 3.5 percent dose¹ of THC in double-blind studies and placebo-controlled studies (NetCE, 2017). Becoming aware that this particular pain population may still have pain while using cannabis as medicine, a nurse coach can integrate other holistic modalities like mindfulness meditation for enhancing quality of life and maximizing patient outcomes in chronic pain or chronic illnesses.

Collecting and analyzing data for assessing the effectiveness of client interventions requires skill and tools to measure results and outcomes. The Integrative Health and Wellness Assessment (IHWA) tool is an example of a nursing theory tool that supports research in the field of nurse coaching. The validity and reliability of the IHWA was constructed through a factor analysis study using the Kaiser-Meyer-Olkin (KMO) Test, Bartlett’s Test of Sphericity, and Cronbach’s Alpha. Results of the analysis were statistically significant, indicating that the model and tool is a good fit for assessing health and wellness (Dossey et al., 2015). Other research tools such as the perceived stress scale, the mindfulness attention awareness scale, and the numeric pain scale are all tools to consider when measuring effective research outcomes and clinical questions.

**STEP 4: IMPLEMENTING THE EVIDENCE INTO HOLISTIC NURSING CARE.** Integrating all the evidence obtained during your critical appraisal, along with your unique clinical experience and the patient’s preferences and values, can help facilitate change in your patient population. Having awareness that the chronic pain population may have some other secondary factors such as anxiety, difficulty sleeping, or stress related to physical limitations, the holistic nurse coach may want to determine whether there are other nonpharmacological holistic approaches such as progressive muscle relaxation and medicinal cannabis that can support the patient in conjunction with any other conventional treatments. Some of the research gathered may suggest best practice requiring further advanced education and training or certifications, so choosing a readily available intervention such as music therapy or healing presence may be something to consider (Baldwin et al., 2013).

**STEP 5: EVALUATING THE DECISION OR PRACTICE CHANGE.** Taking action in your evidence-based nurse coaching practice leads to reliable and valid measurement and evaluation of outcomes from your practice change. Looking at your PICOT template, you are evaluating the outcomes designed in the question (Baldwin et al., 2013). After you have incorporated the patient-preferred intervention, such as cannabis, music therapy, mindfulness-based

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¹ 3.5 percent THC is equivalent to 35mg of THC.

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stress reduction techniques, etc., for the chronic pain or chronic disease population, continue to collect information on other secondary factors you may encounter. Holistic nurse coaches who are considering supporting patients’ use of medicinal cannabis should also consider following the applied aspects of the scope and standards of practice for cannabis nursing with the nursing process (ACNA, 2019; Clark, 2017, p. 24).

As you continue to examine the practice-based data, continue to use the PICOT format and look for the empirical evidence to further the relationship and connection amongst the intervention (e.g., cannabis, mindfulness), the comparison intervention (e.g., opioid medications), and the outcome (e.g., quality of life and other clinical outcome indicators) (Baldwin et al., 2013, p. 809). Refer back to the tools and scales used to support your practice in effective evaluation of your outcomes. Consider using effective and best practice when choosing HIPAA compliant tracking tools for documentation for the safety and confidentiality of your patients and practice. Having policies and procedures in place for an evidence-based nurse coaching practice can empower the holistic nurse coach and their professional nurse coaching career. Evaluating research studies that incorporate theories, conceptual frameworks, and a paradigm that strengthens the understanding of the whole person is essential in nurse coaching practice (Hess et al., 2013).

**STEP 6: DISSEMINATING THE OUTCOMES OF THE EVIDENCE-BASED PRACTICE CHANGE.** We know as holistic nurses that the sum total is greater than individual parts when taking care of the whole person. In holistic nursing research, this remains true as well. A critical component of this entire EBP process for nurse coaching practice is disseminating the change to colleagues, organizations, and peers nationally, culturally, and internationally (Baldwin et al., 2013). Whether outcomes are positive or negative, it is just as important to share through in-services, publishing articles in peer-reviewed journals like the Journal of Holistic Nursing, and presenting paper and poster presentations at professional conferences, such as the American Holistic Nurses Association (AHNA), American Cannabis Nurses Association (ACNA), the Honor Society of Nursing, and the Sigma Theta Tau International Nursing Research Conference (Baldwin et al., 2013). Following your research journey in holistic nurse coaching, holistic nursing, or any other specialty can be empowering for your patients and for you as the nurse researcher looking to facilitate change.

**Final Thoughts in Understanding Holistic Nursing Research**

Nursing research shows the effectiveness of nurses when increasing access to care, providing patient education, and emphasizing health promotion and disease prevention in patient populations. Nurses are leading the country toward health and healing through implementation of evidence-based knowledge to advance patient empowerment, health promotion, and disease prevention (McCaffrey, & Reinoso, 2017). Professional nurse coaching and cannabis nursing continue to gain interest. We must as a holistic nursing profession continue to seek evidence-based and evidence-informed practice to advance the level of professional care and patient satisfaction through holistic nursing research.

**REFERENCES**


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