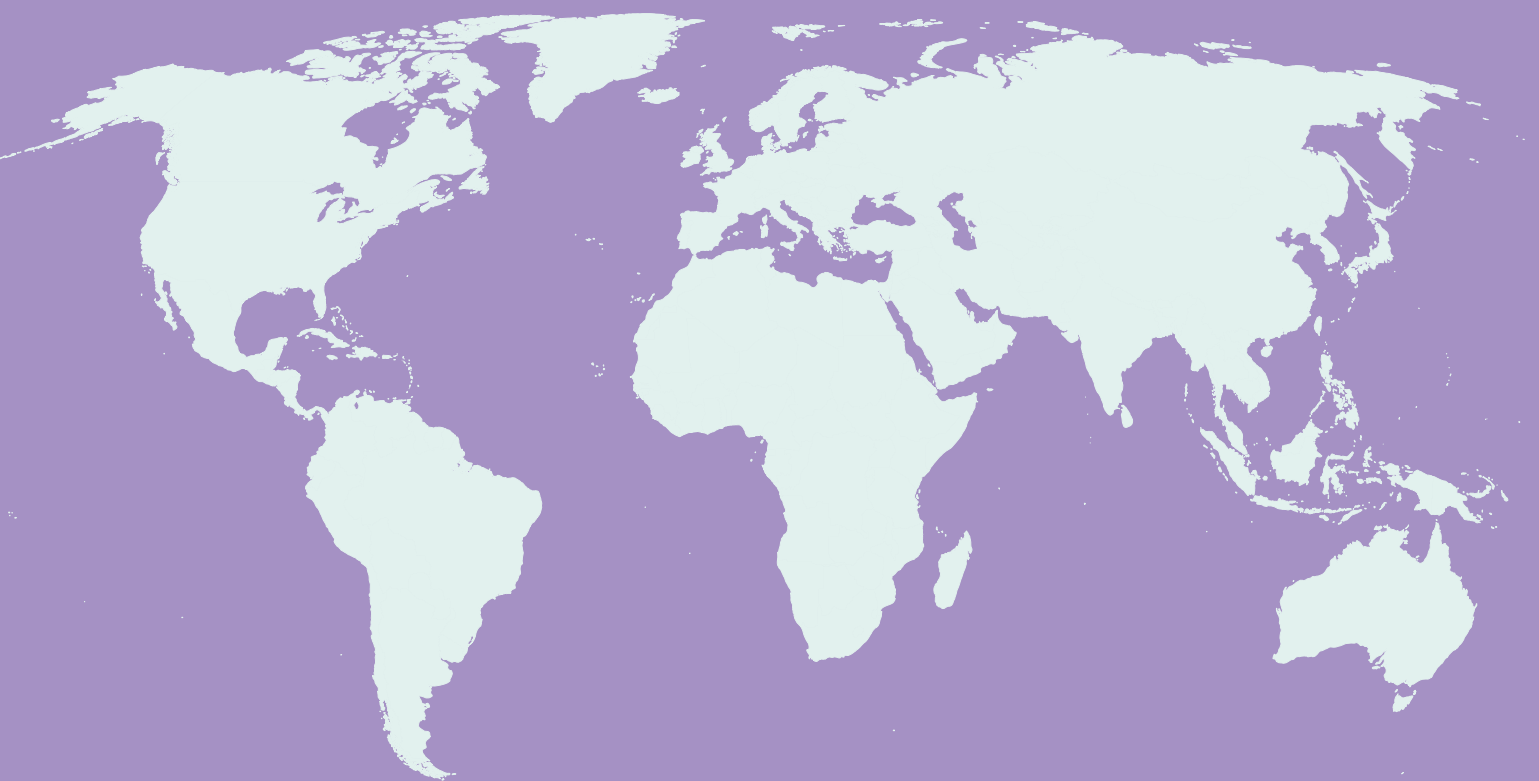




Nurses
Christian Fellowship
International

Christian Nurse International

A Christ-Centered Response



Issue 14 2021

Contents

IICN Director's message	02
Self-care in challenging: A Christian perspective	04
Cuidado personal en tiempos difíciles: un cristiano Perspective	08
Sustained caring	12
Cuidado sostenido	14
Spiritual care in a secular setting	17
The need for changes in health systems	20
La necesidad de cambios en los sistemas sanitarios	22
CARES II: Reflections of nurses CARES II: Reflexiones de enfermeras	24
Experiencing God's love during COVID-19	26
Experimentar el amor de Dios durante COVID-19	29
Opportunities and challenges in today's infirmity: A Christ-centered response	32
Oportunidades y desafíos en la enfermería de hoy: Una respuesta centrada en Cristo	34
Spiritual care in nursing	36
NCFI Virtual World Congress 2021	39
One man in the gap	40
Opportunities and challenges for Christian Faith Community Nurses	42
Oportunidades y desafíos para las enfermeras comunitarias de fe cristiana	44
About NCFI	46
Writing for CNI: author guidelines	47

How can I help NCFI?

We would like to thank everyone who has given so generously to the work of NCFI. Without your gifts we could not continue to do God's amongst nurses and midwives. If you wish to make a donation please contact us or make a donation using Pay Pal by going onto our web site www.ncfi.org. Every donation which NCFI receives is acknowledged. The majority of funds received are used to help others, in line with our strategic plans. **Thank you!**

If you are thinking of updating or making a new Last Will and Testament please remember NCFI! Thank you!

Nurses Christian Fellowship
International
2321 S. Juniper Circle,
LAKEWOOD, CO 80228 USA

NCFI Communications
Coordinator
Email: information@ncfi.org
Website: www.ncfi.org
John D White CPA, MBA,
Finance Director.

ICIN Director's message

Be strong and courageous: A Christ-centered response to our opportunities and challenges

The most recent edition of *Christian Nurse International* was dedicated to the faith-integration experiences of global Christian nurses to patient and self-care during the COVID-19 pandemic. As we anticipate our July 2021 Virtual World Congress with the theme of "Opportunities and Challenges: A Christ-centered Response", we know that the impact of the virus will be with us for years to come. The virus lingers like a tumour embedded in blood vessels. It continues to want to cut off life lines of care, freedom, and hope.

The virus remains a critical challenge as well as the opportunity to minister to those who have had the virus, those who gave and give their hearts to care for persons with the virus, those who lost loved ones to the virus, and those who will forever feel the impact adverse childhood experiences (ACEs) and/or post-traumatic stress disorder (PTSD) because of the life-changes brought on by the virus. This lingering shadow continues to impact the marked decrease in health promotion, wellness education and care, and the diagnosis and management of acute and chronic diseases. While these critical components of global nursing care were too often left behind due to lack of staffing, accessibility to healthcare facilities, and to the phrase we have come to hate, social distancing, we lost much in care of:

- Maternal child health, including protection of the unborn
- Mental and emotional health, dementia, addiction, suicide prevention (including within our nursing ranks)
- Med-resistant infections, other deadly infections (HIV/AIDS, malaria, tuberculosis, influenza, Ebola)
- Chronic hypertension, diabetes, other diseases which attack body systems
- Wounded warriors, violence, trauma, domestic violence, natural and man-made disasters
- Malnutrition (starvation and obesity), homelessness, poverty, disability, widows and orphans
- Global nursing shortage (qualified faculty and care leaders, academic programs, clinical sites for learning)
- Direct patient care, nurses as equals in healthcare)
- Biblical gender equality
- Promotion of spiritual care as a professional nursing responsibility

If we allow heaviness of heart and mind over these challenges to limit our hope, then Satan wins. We would miss the God-given opportunity to bring Christ as the living response to those God has ordained for us to care for in our nursing practice, education, leadership, and research/evidence-based projects.

A personal Christian worldview is the critical answer to being able to live out a Christ-centered response to the opportunities and challenges before us. To have a Christian worldview, each of us must maintain a dynamic personal relationship with God through the redeeming blood of Jesus Christ, and an indwelling of the Holy Spirit, the source of the power to be strong and courageous. Such is not my opinion but is that found in God's Word.

**Acts 1:8 "You will receive power
when the Holy Spirit comes
upon you and be my witnesses."**



Susan Elliott
Director ICIN

Acts 1:8 “You will receive power when the Holy Spirit comes upon you and be my witnesses.”

Romans 8:5 “...those who live in accordance with the Spirit have their minds set on what the Spirit desires. The mind of the sinful person is death, but the mind controlled by the Spirit is life and peace.”

Romans 8:15 “For you did not receive a spirit that makes you a slave again to fear, but you received the Spirit of sonship.”

Romans 8:26–28 “In the same way the Spirit helps us in our weakness. We do not know what we ought to pray for, but the Spirit himself intercedes for us with groans that words cannot express. And he who searches our hearts knows the mind of the Spirit, because the Spirit intercedes for the saints in accordance with God’s will. And we know that in all things God works for the good of those who love him, who have been called according to his purpose.”

Therefore,

II Chronicles 20:15b “Do not be afraid or discouraged because of this vast army for the battle is not yours, but God’s.

Joshua 1:9 “Be strong and courageous. Do not be terrified; do not be discouraged, for the Lord your God will be with you wherever you go”.

Matthew 14:27 “Jesus immediately said to them, ‘Take courage! It is I. Don’t be afraid’.”

I Corinthians 16:13 “Be on your guard; stand firm in the faith; be people of courage; be strong. Do everything in love.”

And,

Proverbs 18:10 “The name of the Lord is a strong tower; the righteous run to it and are safe.”

Psalms 142:5 “I cry to you O Lord, I say ‘You are my refuge, my portion in the land of the living’.”

Psalms 5:11–12 “Let all who take refuge in you be glad; let them ever sing for joy. Spread your protection over them, that those who love your name may rejoice in you. For surely, O Lord, you bless the righteous; you surround them with your favour as a shield.”

Hebrews 3:6 “Christ is faithful as a son over God’s house. And we are his house, if we hold on to our courage and the hope of which we boast.”

Mark 12:27 “Jesus looked at them and said, ‘With people this is impossible, but not with God; all things are possible with God’.”

May our God give you strength and courage.

Dr. Susan Elliott

*PhD, RNC, APRN-BC, PHN, Professor
Director, International Institute of Christian
Nursing, the Professional Division of Nurses
Christian Fellowship International*

Self-care in challenging: A Christian perspective

Anne Biro RN, MN, PhD-c, NCFI Vice President, President July 2021

2020 was supposed to be a celebratory year – The Year of the Nurse and the Midwife. Instead, 2020 became a year of increased stress for many nurses around the world. The pandemic caused by the SARS-CoV-2 virus resulting in the COVID-19 disease has brought about significant changes to nursing work as well as to everyday life. Nursing work has intensified in places where there are high numbers of acutely ill patients. Many nurses are having to shift from specialties such as medical and surgical wards to the ICU (Danielis et al, 2021, Ford 2021) or from paediatrics to adult care (Kerr-Elliott & Bichard, 2020). Other nurses lost their jobs as regular services were cancelled (Bannow, 2020).

There were times when the public showed genuine appreciation for the work of nurses and other healthcare workers (Hurst 2020), but the day-to-day stresses of nursing, combined with the intensity caused by the COVID-19 pandemic has resulted in many nurses being overwhelmed (American Nurses Foundation, 2020), burnt out (Andrew, 2021), and wanting to quit because of demoralization (Magsumbol 2020), exhaustion (Ford 2021), or pressure from family to quit because of infection risks (Business Insider India 2020, Kyodo News 2020).

Recognizing and responding to the challenge of stress in the workplace

Nurses know that stress is needed to sustain life and that it can contribute to productivity and positive emotions. Yet nurses also know that too much stress can have the opposite effect. Too much stress has been linked to numerous negative outcomes including fatigue, difficulty sleeping, weight gain or loss, emotional swings, poor concentration and attention to details, lack of empathy, depression, physical aches and pains, headaches, digestive problems, and a weakened immune system (Cleveland Clinic, 2021; Vivian et al., 2019; Nahm et al, 2012). As part of nursing and midwifery education, most programs teach nurses and midwives the theory and practice for how to manage stress. Health promotion

is an integral part of the work of nurses (ICN 2002) and advising patients or clients on how to manage stress is one of the strategies used to promote health.

Yet while nurses are often good in teaching health promotion to others, research suggests that nurses often don't take their own advice (Ross et al., 2019; Ross et al, 2017; Vivian et al., 2019; Nahm et al., 2012). A survey by the American Nurses Association (ANA) found that 70% of nurse respondents put the health of their patients/clients above their own (ANA 2020). While some aspects of this self-sacrifice are laudable, the lack of self-care is also a concern. To begin to address this problem, the ANA (2020) developed a health promotion project aimed to improve the health of nurses by encouraging lifestyle changes with the belief that nurses who are in good health will be better able to care for their patients. A healthy lifestyle not only results in health benefits to the nurse, but the nurse becomes a role model in health promoting behaviours (ANA 2020).

Self-care: A Christian perspective

Self-care is something that Christian nurses and midwives need to value and put into practice. From a professional standpoint, self-care, including self-compassion, improved professional quality of life (Sansó et al., 2020) and better-quality nursing care (Salyers et al., 2017) are positive outcomes of self-care. From a Christian standpoint, self-care is a practice that is promoted in the Bible. We are reminded that our bodies are temples of the Holy Spirit and that we need to honour God with our bodies (1 Corinthians 6:19–20, NIV 2010). That means that we need to care for our physical bodies in the same way we would care for a treasured gift. Caring for our physical bodies includes obtaining adequate rest, regular exercise, and proper nutrition.

Getting sufficient rest is a challenge for nurses. Many nurses work shifts and find it difficult to establish a regular pattern of rest. When not

scheduled to work, nurses often have family and other demands to fulfil. In addition, the accessibility of mobile phones means that we can be online anywhere and for long periods of time, which can be energy depleting (Reinke 2017). Yet Scripture reminds us that a regular pattern for rest is important. One of the ten commandments was to take a Sabbath break each week (Exodus 34:20, Leviticus 23:3). The importance of the Sabbath is explained in the Old Testament both in terms of a day of worship and a day of rest. Taking a Sabbath rest is helpful for us physically in resting from our work and spiritually by giving us the space to focus on worshipping God. Scheduling a day of rest and honouring it to the same degree as you would a workday may be a helpful strategy for ensuring a day of rest, especially for nurses who work shifts or weekends.

Emotional health is also important for nurses and midwives to be able to function well in the workplace. Emotional stress can result in increased irritability and anger or depression and tears. Sansó et al (2020) noted that compassion fatigue was a common problem among nurses and midwives and contributed to emotional apathy and a decreased ability to respond to others in need. Followers of Jesus are exhorted to be people of compassion, kindness, gentleness, and patience (Colossians 3:12). This requires the nurse or midwife to be in an emotionally healthy state. For Christians, the source of emotional well-being is God who “comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God” (2 Corinthians 1:3–4).

Emotional health is also important for nurses and midwives to be able to function well in the workplace.

There are usually times in everyone’s lives when they become overwhelmed. Christians are not immune. The Bible records accounts of people who reached a point of fatigue that impacted them emotionally. Sometimes it was exhaustion from the intensity of a difficult situation. One example in the Bible was the prophet, Elijah. Just after witnessing a miracle of God, he became overwhelmed to the point of wanting to die (1 Kings 19:4). At first, God sent an angel to care

for him physically, providing food and water and time to sleep. Once Elijah had physically rested, God met with him and promised him a co-worker and successor (1 Kings 19:15–16). The difficult situation didn’t improve (see 1 Kings 19:17–18), but meeting with God gave Elijah the strength and hope to carry on.

Communicating with God in prayer is also essential for spiritual health.

How can Christians today meet with God?

Communicating with God in prayer is the most common way. It can be simply calling out to God and giving expression to one’s feelings. Using Bible verses to pray is another way to communicate with God. Many of the psalms are prayers that contain expressions of emotional anger and fatigue, but also give a broader perspective of hope and assurance. Claiming the promises such as in 2 Corinthians 1:3–4, is another way to pray and receive comfort and restoration.

Communicating with God in prayer is also essential for spiritual health. To be spiritually healthy takes initiative. In the New Testament, Christians are reminded of the importance of studying the Scriptures (Hebrews 5:1–13, 2 Timothy 3:14–17; Romans 15:4) and of putting one’s faith into action (James 2:14–17; Hebrews 11:1–13). This is best cultivated through developing habits of study, prayer, worship, and fellowship. Although some of this can be done during work and other activities, there is also encouragement to intentionally make space for spiritual strengthening. It takes time to study. It takes time to meet with other believers (online or in-person). It takes time to worship and pray.

For nurses and midwives who feel they have no time, a prayerful review and possibly consultation with a mature Christian will help in identifying areas where space can be made – even if it is very small. For some nurses, they will also need to overcome the guilt often felt when taking time off from work (Andrew, 2021). The knowledge that one leaves behind others who are working or in need can be an emotionally heavy burden. This is where a Biblical perspective can help. In the Bible, we read that Jesus also faced pressures from people who were in need (Mark 1:37). While Jesus may have felt compassion or

a desire to help in this situation, having a clear idea of what his purpose was resulted in Jesus making decisions that didn't please everyone, but instead fulfilled God's purposes for Him. Thus, it is important for Christian nurses and midwives to know God's purposes for service to others, and for their own physical, emotional, and spiritual well-being. Gaining this knowledge comes through healthy habits that nurture emotional, spiritual, and physical health.

These days are challenging for nurses. We need to encourage and support one another in our places of work and in our healthy habits. When we develop and nurture healthy lifestyles, this has a positive impact on patient outcomes and our own satisfaction with our work. Self-care results in best care!

References

1. (2020, May 16). 185 Manipuri nurses quit pvt hospital jobs, leave COVID-hit Kolkata for home. Business Insider-India, Retrieved from <https://www.businessinsider.in/india/news/185-manipuri-nurses-quit-pvt-hospital-jobs-leave-covid-hitkolkata-for-home/articleshow/75767285.cms>
2. American Nurses Foundation. (2020). Pulse on the nations' nurses COVID-19 survey series: Mental health and wellness. Retrieved April 19, 2021, from <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/mental-health-and-wellbeing-survey/>
3. Andrew, S. (2021, February 25). Traumatized and tired, nurses are quitting due to the pandemic. Retrieved from <https://edition.cnn.com/2021/02/25/us/nurses-quit-hospitals-covid-pandemic-trnd/index.html>
4. Bannow, T. (2020, May 8). Healthcare loses 1.4 million jobs in April as unemployment rate hits 14.7%. Modern Healthcare, Retrieved from <https://www.modernhealthcare.com/finance/healthcare-loses-14-million-jobs-april-unemployment-rate-hits-147>
5. Cleveland Clinic. (2021). Stress: Signs, symptoms, management, and prevention. Retrieved April 19, 2021, from <https://my.clevelandclinic.org/health/articles/11874-stress>
6. Danielis, M., Peressoni, L., Piani, T., Colaetta, T., Mesaglio, M., Mattiussi, E., et al. (2021). Nurses' experiences of being recruited and transferred to a new sub-intensive care unit devoted to COVID-19 patients. *Journal of Nursing Management*, n/a doi:<https://doi-org.ezproxy.staffs.ac.uk/10.1111/jonm.13253>
7. Ford, M. (2021, January 7). Nurses 'chronically exhausted' amid latest surge of covid-19. *Nursing Times*,
8. Hurst, L. (2020, March 24). Coronavirus: Health workers clapped across the world for battling on the COVID-19 frontline. Retrieved from <https://www.euronews.com/2020/03/24/coronavirus-health-workers-clapped-across-the-world-for-battling-on-the-covid-19-frontline>
9. International Council of Nurses. (2002). Nursing definitions. Retrieved September 22, 2020, from <https://www.icn.ch/nursing-policy/nursing-definitions>
10. Kerr-Elliott, T., & Bichard, E. (2020). 62 'But I'm just a children's nurse...' Reflections on redeployment during the Covid 19 pandemic. *Archives of Disease in Childhood*, 105(Suppl 2), A21-A22.
11. Kyodo News. (2020, December 23). 15% of hospitals have seen nurses quit due to COVID-19 concerns. *The Japan Times*, Retrieved from <https://www.japantimes.co.jp/news/2020/12/23/national/nurses-quit-hospitals-survey/>
12. Magsumbol, C. N. (2020, July 7). Cebu nurses want to quit. *Philstar Global*, Retrieved from <https://www.philstar.com/the-freeman/cebu-news/2020/07/07/2026250/cebu-nurses-want-quit>
13. NIV Bible (2010). Olive Tree Bible Software.
14. Reinke, T. (2017). 12 ways your phone is changing you. Wheaton, Illinois: Crossway.
15. Ross, A., Bevans, M., Brooks, A. T., Gibbons, S., & Wallen, G. R. (2017). Nurses and health-promoting behaviors: Knowledge may not translate into self-care. *AORN Journal*, 105(3), 267–275. doi:<http://dx.doi.org.ezproxy.staffs.ac.uk/10.1016/j.aorn.2016.12.018>
16. Ross, A., Yang, L., Wehrle, L., Perez, A., Farmer, N., & Bevans, M. (2019). Nurses and health-promoting self-care: Do we practice what we preach? *Journal of Nursing Management*, 27(3), 599–608. doi:10.1111/jonm.12718

17. Sansó, N., Galiana, L., Oliver, A., Tomás-Salvá, M., & Vidal-Blanco, G. (2020). Predicting professional quality of life and life satisfaction in spanish nurses: A cross-sectional study. *International Journal of Environmental Research and Public Health*, 17(12), 4366. doi:10.3390/ijerph17124366
18. Vivian, E., Oduor, H., Arceneaux, S. R., Flores, J. A., Vo, A., & Madson Madden, B. (2019). A cross-sectional study of perceived stress, mindfulness, emotional self-regulation, and self-care habits in registered nurses at a tertiary care medical center. *SAGE Open Nursing*, 5, 1–15. doi:10.1177/2377960819827472

Cuidado personal en tiempos difíciles: un cristiano Perspective

Anne Biro RN, MN, PhDc

Se suponía que 2020 iba a ser un año de celebración: el Año de la Enfermera y la Partera. En cambio, 2020 se convirtió en un año de mayor estrés para muchas enfermeras de todo el mundo. La pandemia causada por el virus SARS-CoV-2 que resulta en la enfermedad COVID-19 ha provocado cambios significativos en el trabajo de enfermería, así como en la vida cotidiana. El trabajo de enfermería se ha intensificado en lugares donde hay un alto número de pacientes gravemente enfermos. Muchas enfermeras están teniendo que pasar de especialidades como salas médicas y quirúrgicas a la UCI (Danielis et al, 2021, Ford 2021) o de pediatría a atención para adultos (Kerr-Elliott & Bichard, 2020). Otras enfermeras perdieron su trabajo a medida que se cancelaban los servicios regulares (Bannow, 2020).

Hubo momentos en que el público mostró un verdadero aprecio por el trabajo de las enfermeras y otros trabajadores de la salud (Hurst 2020), pero el estrés cotidiano de la enfermería, Combinado con la intensidad causada por la pandemia COVID-19 ha dado lugar a que muchas enfermeras se vean desbordadas (American Nurses Foundation, 2020), quemadas (Andrew, 2021) y queriendo dejar de fumar debido a la desmoralización (Magsumbol 2020), el agotamiento (Ford 2021) o la presión de la familia para que renuncie debido a los riesgos de infección (Business Insider India 2020, Kyodo News 2020).

Reconocer y responder al desafío del estrés en el lugar de trabajo

Las enfermeras saben que el estrés es necesario para mantener la vida y que puede contribuir a la productividad y las emociones positivas. Sin embargo, las enfermeras también saben que demasiado estrés puede tener el efecto contrario. Demasiado estrés se ha relacionado con numerosos resultados negativos incluyendo fatiga, dificultad para dormir, aumento de peso o pérdida, oscilaciones emocionales, mala concentración y atención a los detalles, falta de empatía, depresión,

dolores físicos y dolores, dolores de cabeza, problemas digestivos, y un sistema inmune debilitado (Clínica Cleveland, 2021; Vivian et al., 2019; Nahm et al, 2012). Como parte de la educación de enfermería y partería, la mayoría de los programas enseñan a las enfermeras y parteras la teoría y la práctica sobre cómo manejar el estrés. La promoción de la salud es una parte integral del trabajo de las enfermeras (ICN 2002) y asesorar a los pacientes o clientes sobre cómo manejar el estrés es una de las estrategias utilizadas para promover la salud.

Sin embargo, aunque las enfermeras a menudo son buenas enseñando promoción de la salud a otros, las investigaciones sugieren que las enfermeras a menudo no toman sus propios consejos (Ross et al., 2019; Ross et al, 2017; Vivian et al., 2019; Nahm et al., 2012). Una encuesta de la Asociación Americana de Enfermeras (ANA) encontró que el 70% de los encuestados por enfermeras ponen la salud de sus pacientes/clientes por encima de la suya propia (ANA 2020). Si bien algunos aspectos de este sacrificio son loables, la falta de autocuidado también es una preocupación. Para comenzar a abordar este problema, la ANA (2020) desarrolló un proyecto de promoción de la salud destinado a mejorar la salud de las enfermeras fomentando los cambios en el estilo de vida con la creencia de que las enfermeras que se encuentran en buen estado de salud podrán atender mejor a sus pacientes. Un estilo de vida saludable no sólo resulta en beneficios para la salud de la enfermera, sino que la enfermera se convierte en un modelo a seguir en los comportamientos de promoción de la salud (ANA 2020).

Cuidado personal: Una perspectiva cristiana

El autocuidado es algo que las enfermeras y parteras cristianas necesitan valorar y poner en práctica. Desde el punto de vista profesional, el autocuidado, incluyendo la autocompasión, la mejora de la calidad de vida profesional (Sansó et al., 2020) y la atención de enfermería de mejor calidad (Salyers et al., 2017) son resultados

positivos del autocuidado. Desde el punto de vista cristiano, el autocuidado es una práctica que se promueve en la Biblia. Se nos recuerda que nuestros cuerpos son templos del Espíritu Santo y que debemos honrar a Dios con nuestro cuerpo (1 Corintios 6:19–20, NIV 2010). Eso significa que tenemos que cuidar nuestros cuerpos físicos de la misma manera que nos importaría un regalo preciado. El cuidado de nuestros cuerpos físicos incluye la obtención de un descanso adecuado, ejercicio regular y nutrición adecuada.

Descansar lo suficiente es un desafío para las enfermeras. Muchas enfermeras trabajan turnos y les resulta difícil establecer un patrón regular de descanso. Cuando no están programadas para trabajar, las enfermeras a menudo tienen demandas familiares y de otro lado que cumplir. Además, la accesibilidad de los teléfonos móviles significa que podemos estar en línea en cualquier lugar y durante largos períodos de tiempo, lo que puede estar agotando la energía (Reinke 2017). Sin embargo, las Escrituras nos recuerdan que un patrón regular para el descanso es importante. Uno de los diez mandamientos era tomar un descanso de reposo cada semana (Éxodo 34:20, Levítico 23:3). La importancia del día de reposo se explica en el Antiguo Testamento, tanto en términos de un día de adoración como de un día de descanso. Tomar un descanso de reposo es útil para nosotros físicamente al descansar de nuestra obra y espiritualmente al darnos el espacio para centrarnos en adorar a Dios. Programar un día de descanso y honrarlo en el mismo grado que lo haría un día de trabajo puede ser una estrategia útil para asegurar un día de descanso, especialmente para las enfermeras que trabajan turnos o fines de semana.

La salud emocional también es importante para que las enfermeras y parteras puedan funcionar bien en el lugar de trabajo.

La salud emocional también es importante para que las enfermeras y parteras puedan funcionar bien en el lugar de trabajo. El estrés emocional puede resultar en un aumento de la irritabilidad y la ira o la depresión y las lágrimas. Sansó et al (2020) señaló que la fatiga por compasión era un problema común entre enfermeras y parteras

y contribuyó a la apatía emocional y a una disminución de la capacidad de responder a los demás necesitados. Se exhorta a los seguidores de Jesús a ser personas de compasión, bondad, gentileza y paciencia (Colosenses 3:12). Esto requiere que la enfermera o partera esté en un estado emocionalmente saludable. Para los cristianos, la fuente de bienestar emocional es Dios que “nos consuela en todos nuestros problemas, para que podamos consolar a los que están en cualquier problema con el consuelo que nosotros mismos recibimos de Dios” (2 Corintios 1:3–4).

Comunicarse con Dios en oración también es esencial para la salud espiritual.

Por lo general, hay momentos en la vida de todos cuando se sienten abrumados. Los cristianos no son inmunes. La Biblia registra relatos de personas que llegaron a un punto de fatiga que los impactó emocionalmente. A veces era el agotamiento por la intensidad de una situación difícil. Un ejemplo en la Biblia fue el profeta Elías. Justo después de presenciar un milagro de Dios, se sintió abrumado hasta el punto de querer morir (1 Reyes 19:4). Al principio, Dios envió a un ángel a cuidarlo físicamente, proporcionando comida, agua y tiempo para dormir. Una vez que Elías había descansado físicamente, Dios se reunió con él y le prometió un compañero de trabajo y sucesor (1 Reyes 19:15–16). La difícil situación no mejoró (véase 1 Reyes 19:17–18), pero el encuentro con Dios le dio a Elías la fuerza y la esperanza para continuar.

¿Cómo pueden los cristianos de hoy reunirse con Dios? Comunicarse con Dios en oración es el camino más común. Puede ser simplemente llamar a Dios y expresar sus sentimientos. Usar versículos bíblicos para orar es otra manera de comunicarse con Dios. Muchos de los salmos son oraciones que contienen expresiones de ira emocional y fatiga, pero también dan una perspectiva más amplia de esperanza y seguridad. Reclamar las promesas como en 2 Corintios 1:3–4, es otra manera de orar y recibir consuelo y restauración.

Comunicarse con Dios en oración también es esencial para la salud espiritual. Ser espiritualmente sano toma iniciativa. En el Nuevo

Testamento, se recuerda a los cristianos la importancia de estudiar las Escrituras (Hebreos 5:1-13, 2 Timoteo 3:14-17; Romanos 15:4) y de poner en acción la fe de uno (Santiago 2:14-17; Hebreos 11:1-13). Esto se cultiva mejor mediante el desarrollo de hábitos de estudio, oración, adoración y comunión. Apesar de que parte de esto se puede hacer durante el trabajo y otras actividades, también hay aliento para hacer espacio intencionalmente para el fortalecimiento espiritual. Se necesita tiempo para estudiar. Se necesita tiempo para reunirse con otros creyentes (en línea o en persona). Se necesita tiempo para adorar y orar.

Para las enfermeras y parteras que sienten que no tienen tiempo, una revisión orante y posiblemente consulta con un cristiano maduro ayudará a identificar áreas donde se puede hacer espacio, incluso si es muy pequeño. Para algunas enfermeras, también tendrán que superar la culpa que a menudo se siente al tomarse un tiempo libre del trabajo (Andrew, 2021). El conocimiento de que uno deja atrás a otros que están trabajando o necesitados puede ser una carga emocionalmente pesada.

Aquí es donde una perspectiva bíblica puede ayudar. En la Biblia, leemos que Jesús también enfrentó presiones de personas necesitadas (Marcos 1:37). Si bien Jesús pudo haber sentido compasión o deseo de ayudar en esta situación, tener una idea clara de cuál era su propósito resultó en que Jesús tomara decisiones que no agradan a todos, sino que cumplieron los propósitos de Dios para Él. Por lo tanto, es importante que las enfermeras y parteras cristianas conozcan los propósitos de Dios para el servicio a los demás, y para su propio bienestar físico, emocional y espiritual. Obtener este conocimiento proviene de hábitos saludables que nutren la salud emocional, espiritual y física.

Hoy en día son difíciles para las enfermeras. Tenemos que animarnos y apoyarnos mutuamente en nuestros lugares de trabajo y en nuestros hábitos saludables. Cuando desarrollamos y alimentamos estilos de vida saludables, esto tiene un impacto positivo en los resultados de los pacientes y nuestra propia satisfacción con nuestro trabajo. ¡El cuidado personal resulta en el mejor cuidado!

Referencias

1. (2020, 16 de mayo de 185 Manipuri nurses dejó los trabajos del hospital pvt, deja Kolkata golpeado por COVID para ir a casa. *Business Insider-India*, recuperado de <https://www.businessinsider.in/india/news/185-manipuri-nurses-quit-pvt-hospital-jobs-leave-covid-hit-kolkata-for-home/articleshow/75767285.cms>
2. Fundación Americana de Enfermeras. (2020). *Pulse sobre las enfermeras de las naciones COVID-19 serie de encuestas: Salud mental y bienestar*. Consultado el 19 de abril de 2021 de <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/mental-health-and-wellbeing-survey/>
3. Andrew, S. (2021, February 25). Traumatizadas y cansadas, las enfermeras están renunciando debido a la pandemia. Obtenido de <https://edition.cnn.com/2021/02/25/us/nurses-quit-hospitals-covid-pandemic-trnd/index.html>
4. Bannow, T. (2020, 8 de mayo). Sanidad pierde 1,4 millones de empleos en April mientras la tasa de paro alcanza el 14,7%. *Atención sanitaria moderna*, recuperada de <https://www.modernhealthcare.com/finance/healthcare-loses-14-million-jobs-april-unemployment-rate-hits-147>
5. Clínica Cleveland. (2021). *Estrés: Signos, síntomas, manejo y prevención*. Consultado el 19 de abril de 2021 de <https://my.clevelandclinic.org/health/articles/11874-stress>
6. Danielis, M., Peressoni, L., Piani, T., Colaetta, T., Mesaglio, M., Mattiussi, E., et al. (2021). Experiencias de enfermeras de ser reclutadas y transferidas a una nueva unidad de cuidados subacuales dedicada a pacientes con COVID-19. *Revista de Gestión de Enfermería*, n/a doi:<https://doi-org.ezproxy.staffs.ac.uk/10.1111/jonm.13253>
7. Ford, M. (2021, 7 de enero). Enfermeras "crónicamente agotadas" en medio de la última oleada de covid-19. *Tiempos de enfermería*,
8. Hurst, L. (2020, 24 de marzo). Coronavirus: Los trabajadores de la salud aplaudieron en todo el mundo por luchar en la primera línea covid-19. Obtenido de <https://www.euronews.com/2020/03/24/coronavirus-health-workers-clapped-across-the-world-for-battling-on-the-covid-19-frontline>

9. Consejo Internacional de Enfermeras. (2002). *Definiciones de enfermería*. Consultado el 22 de septiembre de 2020 de <https://www.icn.ch/nursing-policy/nursing-definitions>
10. Kerr-Elliott, T., & Bichard, E. (2020). 62 'Pero sólo soy enfermera infantil...' Reflections en la redistribución durante la pandemia Covid 19. *Archivos de enfermedades en la infancia*, 105(Suppl 2), A21-A22.
11. Noticias Kyodo. (2020, 23 de diciembre). El 15% de los hospitales han visto a las enfermeras dejar de fumar debido a problemas de COVID-19. *The Japan Times*, recuperado de <https://www.japantimes.co.jp/news/2020/12/23/national/nurses-quit-hospitals-survey/>
12. Magsumbol, C. N. (2020, 7 de julio). Las enfermeras de Cebú quieren dejar de fumar. *Philstar Global*, recuperado de <https://www.philstar.com/the-freeman/cebu-news/2020/07/07/2026250/cebu-nurses-want-quit>
13. NIV B(2010). Software bíblico olive tree.
14. Reinke, T. (2017). *12 maneras en que tu teléfono te está cambiando*. Wheaton, Illinois: Crossway.
15. Ross, A., Bevans, M., Brooks, A. T., Gibbons, S., & Wallen, G. R. (2017). Enfermeras y comportamientos que promueven la salud: El conocimiento puede no traducirse en cuidado personal. *AORN Journal*, 105(3), 267–275. doi:<http://dx.doi.org.ezproxy.staffs.ac.uk/10.1016/j.aorn.2016.12.018>
16. Ross, A., Yang, L., Wehrlen, L., Perez, A., Farmer, N., & Bevans, M. (2019). Enfermeras y autocuidado promotor de la salud: ¿Practicamos lo que predicamos? *Revista de Gestión de Enfermería*, 27(3), 599–608. doi:10.1111/jonm.12718
17. Sansó, N., Galiana, L., Oliver, A., Tomás-Salvá, M., & Vidal-Blanco, G. (2020). Predecir la calidad de vida profesional y la satisfacción de la vida en las enfermeras españolas: Un estudio transversal. *Revista Internacional de Investigación Ambiental y Salud Pública*, 17(12), 4366. doi:10.3390/ijerph17124366
18. Vivian, E., Oduor, H., Arceneaux, S. R., Flores, J. A., Vo, A., & Madson Madden, B. (2019). Un estudio transversal del estrés percibido, la atención plena, la autorregulación emocional y los hábitos de autocuidado en enfermeras registradas en un centro médico de atención terciaria. *SAGE Enfermería Abierta*, 5, 1–15. doi:10.1177/2377960819827472

Sustained caring

Diane Stegmeir USA

“Nursing is not just evaluating patient symptoms, dressing wounds, lab work, and value-based care—nursing impacts the soul in each of us. In our weakest places, in our most vulnerable areas of life, nursing has literally opened the door to the most painful, but most rewarding moments in the lives of others. The dying, the hurt, the raw, emotional places of life: nurses have the privilege to walk in these spaces and provide a comforting hand, a compassionate touch, and a life-changing presence.”¹

Nurses work every day knowing that there are risks in providing care for their patients: back and muscle strains, needle-stick injuries, verbal and physical abuse, contact with blood and body fluid and fumes from noxious chemicals and disinfectants. Nurses put on personal protective equipment (PPE) when caring for patients with HIV, Ebola, tuberculosis and other infectious diseases. These are all an “acceptable risk” for the overall benefit of the patient.

Covid-19 with its highly contagious nature has dramatically changed traditional nursing care. The medical system was certainly not prepared for such an onslaught of Covid cases. Nurses, often without adequate PPE, are trying to cope with this huge influx of seriously ill patients. A study by John Hopkins University in September 2020 stated “Nursing care has been stretched to its limits... The demand for nursing care has rarely been this high and the consequences of providing it never more severe.”² In 2020, the Center for Disease Control (CDC) “estimates that at least 156,000 US Health care workers had become infected with Covid-19 by early September, recognizing that this is an underestimate.”³ Health professionals are trained to provide compassionate quality care, but they are also human and fear contracting Covid and spreading it to family members and friends despite the scientific evidence and hospital safe guards.

As Christian nurses, we have a connection to a God who is with us in all of this, and our prayers do not go unanswered. “The eyes of the Lord watch over those who do right; his ears are open to their cries for help...The Lord hears his people when they call to him for help. He rescues them from all their troubles. The Lord is close to the broken-hearted, he rescues those whose spirits are crushed.” (Psalm 34:15, 17-18)⁴ Nurses Christian Fellowship in the United States has and continues to be a source of comfort and safety. Nurses can be themselves and feel understood when others around us have no idea of what we are going through. Their complaint is the isolation, restrictions and wearing masks. Nurses are putting their lives on the line every day, and they need the prayer and conversations to help them provide the care that is so hard to give with the barriers faced in the hospital and medical clinics. Christian nurses experience a faith which “is the confidence that what we hope for will actually happen; it gives us assurance about things we cannot see.” (Hebrews 11:1)

As Christian nurses, we have a connection to a God who is with us in all of this.

In the beginning of the pandemic, nurses faced inadequate PPE and still struggle with inadequate staffing and supplies of what they need in addition to adjusting to constant changes in policies by administration. “Nurse staffing is also a critical concern during a pandemic...there is very little guidance regarding optimal or minimum staffing levels for preparation phases, for the initiation of triage, or for adequate provision of crisis care. This creates further uncertainty for nurses, who must be able to meet the needs of patients even if redeployed into unfamiliar area and roles and even when facilities are

¹ Love, R, Hanrahan, N, Ackerman, M.L. Lawlor, F.A., Toner, R. (2021) *The Rebel Nurse Handbook: Inspiring Stories by Shift Disruptor*. New York, NY Springer Publishing Company

² Johns Hopkins University & Medicine Coronavirus Resource Center (2020). <https://coronavirus.jhu.edu>

³ Centers for Disease Control and Prevention. (2020) <https://covid.cdc.gov/covid-data-tracker/?>

⁴ All scriptural references are taken from the New Living Translation except 2 Corinthians 1:3–4 is from the New International Version.

understaffed...Our concern is whether nurses are at a significantly higher risk...In situations such as the Covid crisis, nurses should be encouraged to remember that the circumstances are not in their control and to accept that some patients will not survive, even as nurses work to ease their suffering and to save as many as possible.”⁵

One of the greatest tragedies of this pandemic is the isolation of patients dying without their family members present to hold their hands in the last moments of their lives. Nurses and other health care workers become the bridge for patients and families, and they try their best to connect them electronically through face time, phone calls and other forms of technology. It is often the nurse that holds the hands of the patients as they take their last breath. This unexpected role by nurses takes its toll as they see patient after patient never make it back through the doors of the ICU. This adds extra stress on nurses, as they struggle with the moral distress of wanting to do what is best for the patient and balancing it with the need to protect themselves and their loved one. This altruism and self-sacrifice can lead to compassion fatigue, psychological distress and post-traumatic stress disorder.

Recent surveys of physicians report that “44% feel “burned out” regularly and nurses, including other health care professionals, have high rates of burnout and depression. “Burnout is a kind of victim shaming” explains Dr Zubin Damania. “It’s saying, you’re not resourceful enough, you’re not strong enough, to adapt to a system.”⁶ A better term to use is moral injury coined by Dr Simon Talbot and Dr Wendy Dean to describe what happens to health care workers who follow a calling to care for their patients, but they confront a system that only cares about profits. The system needs to change to enable health care workers to treat all patients regardless of their ability to pay. This alleviates the financial pressure put on health care professionals. Tools should be developed to help staff facilitate personal and caring clinician/nurse relationship with their patients without overworking them. Moral injury discussions need to start, and Covid may provide the opportunity for

the struggles of health care workers to come out into the open.

Compassion fatigue “is the physical, emotional, and spiritual result of chronic self-sacrifice and/or prolonged exposure to difficult situations that renders a person a person unable to love, nurture, care for, or empathize with another’s suffering”⁷ It is important to acknowledge compassion fatigue and find ways to rest and build up resilience. Journalling, NCF groups, spending time in nature and learning new hobbies or rediscovering old ones can help to rejuvenate and prepare nurses for another difficult shift. It is important to take time to connect with God in prayer and conversations with other Christians to find your strength in Him. “The Father of compassion and the God of all comfort who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God”. (2 Corinthians: 1:3-4).

With the vaccines comes the hope of a day without new Covid cases.

Nurses and health care providers were the first people to receive the Covid vaccine. Frontline workers are obviously at a higher risk of exposure. As more of the population receives the Covid vaccine, we are seeing a drop in cases and deaths between surges brought on by several Covid variants, students returning to classrooms and businesses opening up their doors again to customers. With the vaccines comes the hope of a day without new Covid cases and a safer workplace. But the scars and post-traumatic stress experienced by nurses will continue long after the last case is diagnosed and discharged. Health care and other frontline workers will need counselling and support much as service men and women coming back from battle and conflict. This is sustained care for our patients against a relentless virus that has shaken us to our core, but it has strengthened rather than weakened our faith in an all-powerful God who is with us even when all hope seems gone.

⁵ Morley, G, Grady, C and Ulrich, C.M. (2020) *Covid-19: Ethical Challenges for Nurses*. Hastings Center Report, May, 14, 2020.

⁶ Garber, J. (2019) *Moral Injury: A systemic issue in Medicine, Newsroom Previous Next, Human Connection*. March 13, 2019, <https://lowninstitute.org/moral-injury-a-systemic-issue-in-medicine/>

⁷ Griffin, M.T and Harris, C. (2015) Nursing on Empty: Compassion Fatigue Signs, Symptoms, and System Intervention. Downers Grove, IL. *Journal of Christian Nursing*, April–June issue, pp 82–86.

Cuidado sostenido

Diane Stegmeir EE.UU.

“La enfermería no solo está evaluando los síntomas del paciente, las heridas de vendaje, el trabajo de laboratorio y la atención basada en el valor: la enfermería afecta el alma en cada uno de nosotros. En nuestros lugares más débiles, en nuestras áreas más vulnerables de la vida, la enfermería literalmente ha abierto la puerta a los momentos más dolorosos, pero más gratificantes en la vida de los demás. Los moribundos, el dolor, los lugares de vida crudos y emocionales: las enfermeras tienen el privilegio de caminar en estos espacios y proporcionar una mano reconfortante, un toque compasivo y una presencia que cambia la vida”.¹

Las enfermeras trabajan todos los días sabiendo que hay riesgos en la atención a sus pacientes: cepas de espalda y músculos, lesiones con pinchazos, abuso verbal y físico, contacto con la sangre y el líquido corporal y humos de sustancias químicas y desinfectantes nocivos. Las enfermeras se ponen equipo de protección personal (EPI) cuando atienden a pacientes con VIH, ébola, tuberculosis y otras enfermedades infecciosas. Todos ellos son un “riesgo aceptable” para el beneficio general del paciente.

Covid-19 con su naturaleza altamente contagiosa ha cambiado drásticamente la atención tradicional de enfermería. El sistema médico ciertamente no estaba preparado para tal avalancha de casos de Covid. Las enfermeras, a menudo sin un EBP adecuado, están tratando de hacer frente a esta enorme afluencia de pacientes gravemente enfermos. Un estudio de la Universidad John Hopkins en septiembre de 2020 declaró: “La atención de enfermería se ha extendido hasta sus límites... La demanda de atención de enfermería rara vez ha sido tan alta y las consecuencias de proporcionarla nunca más severa”. En 2020, el Centro para el Control de Enfermedades (CDC, por sus días)

“estima que al menos 156,000 trabajadores de la salud estadounidense se habían infectado con Covid-19 a principios de septiembre, reconociendo que esto es una subestimación”. Los profesionales de la salud están capacitados para proporcionar atención compasiva de calidad, pero también son humanos y temen contraer Covid y difundirla a familiares y amigos a pesar de la evidencia científica y los guardias seguros del hospital.^{2,3}

Como enfermeras cristianas, tenemos una conexión con un Dios que está con nosotros en todo esto, y nuestras oraciones no quedan sin respuesta. “Los ojos del Señor velan por los que hacen lo correcto; sus oídos están abiertos a sus gritos de ayuda... El Señor escucha a su pueblo cuando le piden ayuda. Los rescata de todos sus problemas. El Señor está cerca de los desconsolados, rescata a aquellos cuyos espíritus son aplastados.” (Salmos 34:15, 17-18) Enfermeras Christian Fellowship en los Estados Unidos tiene y sigue siendo una fuente de

Como enfermeras cristianas, tenemos una conexión con un Dios que está con nosotros en todo esto.

comodidad y seguridad. Las enfermeras pueden ser ellas mismas y sentirse comprendidas cuando otros a nuestro alrededor no tienen idea de lo que estamos pasando. Su queja es el aislamiento, las restricciones y el uso de máscaras. Las enfermeras están poniendo sus vidas en juego todos los días, y necesitan la oración y las conversaciones para ayudarles a proporcionar la atención que es tan difícil de dar con las barreras que enfrentan en el hospital y las clínicas médicas. Las enfermeras cristianas

¹ Amor, R, Hanrahan, N, Ackerman, M.L. Lawlor, F.A., Tóner, R. (2021) *El manual de la enfermera rebelde: Historias inspiradoras por disruptor de turnos*. Nueva York Editorial Springer

² Johns Hopkins University & Medicine Coronavirus Resource Center (2020). <https://coronavirus.jhu.edu>

³ Centros para el Control y la Prevención de Enfermedades. (2020) <https://covid.cdc.gov/covid-data-tracker/>

⁴ Todas las referencias de las Escrituras se toman de la Nueva Traducción Viviente excepto 2 Corintios 1:3–4 es de la Nueva Versión Internacional.

experimentan una fe que “es la confianza de que lo que esperamos realmente sucederá; nos da garantías sobre cosas que no podemos ver”. (Hebreos 11:1)⁴

Al comienzo de la pandemia, las enfermeras se enfrentaron a un EBP inadecuado y aún luchan con una dotación de personal y suministros inadecuados de lo que necesitan, además de adaptarse a los constantes cambios en las políticas por parte de la administración. “El personal de enfermería también es una preocupación crítica durante una pandemia... hay muy poca orientación con respecto a los niveles óptimos o mínimos de personal para las fases de preparación, para el inicio del triaje o para una adecuada prestación de atención en crisis. Esto crea más incertidumbre para las enfermeras, que deben ser capaces de satisfacer las necesidades de los pacientes, incluso si se vuelven a desplegar en áreas y roles desconocidos e incluso cuando las instalaciones no tienen personal... Nuestra preocupación es si las enfermeras están en un riesgo significativamente mayor... En situaciones como la crisis de Covid, se debe alentar a las enfermeras a recordar que las circunstancias no están bajo su control y a aceptar que algunos pacientes no sobrevivirán, incluso mientras las enfermeras trabajan para aliviar su sufrimiento y para salvar a tantos como sea posible”.⁵

Una de las mayores tragedias de esta pandemia es el aislamiento de pacientes que mueren sin que sus familiares se presenten para tomar sus manos en los últimos momentos de sus vidas. Las enfermeras y otros trabajadores de la salud se convierten en el puente para los pacientes y las familias, y hacen todo lo posible para conectarlos electrónicamente a través del tiempo de la cara, las llamadas telefónicas y otras formas de tecnología. A menudo es la enfermera la que toma las manos de los pacientes mientras respiran por última vez. Este inesperado papel de las enfermeras pasa factura al ver que el paciente tras paciente nunca vuelve a pasar por las puertas de la UCI. Esto añade un estrés adicional a las enfermeras,

ya que luchan con la angustia moral de querer hacer lo mejor para el paciente y equilibrarlo con la necesidad de protegerse a sí mismos y a su ser querido. Este altruismo y sacrificio propio pueden conducir a fatiga por compasión, angustia psicológica y trastorno de estrés postraumático.

Encuestas recientes de médicos informan que “el 44% se siente “quemado” regularmente y las enfermeras, incluyendo otros profesionales de la salud, tienen altas tasas de agotamiento y depresión. “El agotamiento es una especie de vergüenza de las víctimas”, explica el Dr. Zubin Damania. “Está diciendo, no eres lo suficientemente ingenioso, no eres lo suficientemente fuerte, para adaptarte a un sistema.” Un mejor término para usar es una lesión moral acuñada por el Dr. Simon Talbot y la Dra. Wendy Dean para describir lo que sucede con los trabajadores de la salud que siguen un llamamiento para cuidar a sus pacientes, pero se enfrentan a un sistema que sólo se preocupa por las ganancias. El sistema necesita cambiar para permitir que los trabajadores de la salud traten a todos los pacientes independientemente de su capacidad de pago. Esto alivia la presión financiera ejercida sobre los profesionales de la salud. Se deben desarrollar herramientas para ayudar al personal a facilitar la relación personal y de cuidado médico/enfermera con sus pacientes sin sobrecargarlos. Las discusiones sobre lesiones morales deben comenzar, y Covid puede proporcionar la oportunidad de que las luchas de los trabajadores de la salud salgan a la luz pública.”⁶

La fatiga por compasión “es el resultado físico, emocional y espiritual del sacrificio crónico y/o la exposición prolongada a situaciones difíciles que hacen que una persona sea incapaz de amar, nutrir, cuidar o empatizar con el sufrimiento de otro” Es importante reconocer la fatiga por compasión y encontrar maneras de descansar y desarrollar resiliencia. El diario, los grupos ncf, pasar tiempo en la naturaleza y aprender nuevas aficiones o redescubrir a los viejos pueden ayudar a rejuvenecer y preparar a las enfermeras

⁵ Morley, G, Grady, C y Ulrich, C.M. (2020) *Covid-19: Desafíos éticos para las enfermeras*. Informe del Centro Hastings, 14 de mayo de 2020.

⁶ Garber, J. (2019) *Daño moral: Un problema sistémico en Medicina, Sala de redacción Anterior Siguiente, Conexión Humana*. 13 de marzo de 2019, <https://lowinstitute.org/moral-injury-a-systemic-issue-in-medicine/>

para otro cambio difícil. Es importante tomarse el tiempo para conectar con Dios en la oración y las conversaciones con otros cristianos para encontrar su fuerza en Él. “El Padre de la compasión y el Dios de todo consuelo que nos consuela en todos nuestros problemas, para que podamos consolar a aquellos en cualquier problema con el consuelo que nosotros mismos hemos recibido de Dios”. (2 Corintios: 1:3-4).⁷

Las enfermeras y los proveedores de atención médica fueron las primeras personas en recibir la vacuna Covid. Los trabajadores de primera línea obviamente tienen un mayor riesgo de exposición. A medida que más de la población recibe la vacuna Covid, estamos viendo una disminución en los casos y muertes entre aumentos provocados por varias variantes de Covid, estudiantes que regresan a las aulas y negocios abriendo sus puertas de nuevo a los clientes. Con las vacunas llega la esperanza de un día sin nuevos casos de

Covid y un lugar de trabajo más seguro. Pero las cicatrices y el estrés postraumático experimentado por las enfermeras continuarán mucho después de que el último caso sea diagnosticado y dado de

Con las vacunas llega la esperanza de un día sin nuevos casos de Covid.

alta. La atención médica y otros trabajadores de primera línea necesitarán asesoramiento y apoyo, así como el servicio que los hombres y mujeres que regresan de la batalla y el conflicto. Esta es la atención sostenida a nuestros pacientes contra un virus implacable que nos ha sacudido hasta el fondo, pero se ha fortalecido en lugar de debilitar nuestra fe en un Dios todopoderoso que está con nosotros incluso cuando toda esperanza parece desaparecida.

⁷ Griffin, M.T y Harris, C. (2015) Enfermería en vacío: signos de fatiga por compasión, síntomas y sistema intervención. Downers Grove, IL. *Revista de Enfermería Cristiana*, Abri–Junio problema, pp 82–86.

Spiritual care in a secular setting

Annette Langdahl, RN, MEVO (Master in Ethics and Values in Organizations), Denmark

Spirituality is a fundamental aspect of each individual human being and therefore, it should be an integral aspect of healthcare. Connection between faith and health within the health care sector has lately been more recognized, both in making attention to patients' faith resources as a part of the holistic care and also by putting attention to the health professional's role in making it possible for the patients daring to come forward with religious and spiritual issues. Nevertheless, studies still show that spiritual and existential aspects of life are neglected in health care and are the most underdeveloped and difficult aspect of patient-centered, holistic healthcare. Both patients and healthcare professionals find it difficult to address spiritual needs. (Hvidt, 2020) (Viftrup, POV. International, 2021)

Some of the challenges are related to lack of knowledge, lack of time, personal barriers, insecurity, lack of religious/spiritual language. This has an effect on what signals the healthcare professional sends out with his or her attitude. Does she invite, stop, slow down or inhibit the patient from expressing thoughts and feelings. (Viftrup & Langdahl, Mødet med patient og pårørende, 2019) (Schärfe, 1988)

To meet some of these challenges Nurses Christian Fellowship-Denmark developed a 3-module course called 'Spiritual care in practice.'

Spiritual care in practice

The course is for all health professionals with interest in spiritual care and we believe that spiritual care can be given by everyone regardless of their own beliefs. The purpose of the course is to strengthen the competencies of health professionals to provide spiritual care in practice. The course has now been run as two online courses and one ordinary course with physical attendance. One of the courses has been interprofessional.

The thoughts behind the course

The course is an opportunity to embed Christian values and thus articulate it into a secular context

and contribute to meet some of the challenges of spiritual care. Both patients and health professionals can be met as whole persons and be more aware of, and experience, compassion and spiritual care in everyday nursing practice.

Studies also show that spiritual care involves the individual spirituality of the health care professional (Hvidt, 2020); "that the health professionals succeed in relieving the patient's existential disorder when the 'health professional' steps a little into the background and the 'fellow human being' instead appears in the relationship." (Viftrup, POV. International, 2021)

The sounding board throughout the course is the participants' own experiences. On the course they therefore:

- reflect together and individually on meaning, suffering, own spiritual, existential or religious view, and how to be a fellow human being and health professional in the encounter with suffering.
- work with current thoughts and theories within spiritual care, like: 'the traffic light model', 'existential communication', 'compassionate care', 'existence laboratory' and 'the philosophical conversation' and put it into own practice in between the modules. (Nielsen, 2015) (Steenfeldt, Viftrup, & Hvidt, Åndelig omsorg, 2019) (Jørgensen & Nielsen, 2018) (Clarke, 2013) (Giske & Cone, 2019) (Hansen, 2016) (Martinsen K., 2018)

Definition of spiritual care used at the course:

(based on a summary of different definitions)

Spiritual care is a natural part of compassionate care of the whole person. It is relational and concerns the way of doing things whether it is in conversation or silence - in action and being or sensing and to be affected. It deals with both religious and existential challenges and is based on the individual's view of life.

After the course the participants have:

- knowledge of and tools to provide spiritual care in practice
- awareness of one's own role and personal barriers
- courage to dare to be present and be touched by the patient's suffering
- awareness of own life values, own vulnerability
- courage to be present, empathic and listening in the meeting with the patient / relatives
- strengthened awareness of patients' religious language and existential signals and the importance of faith as resource for both patient and staff

Themes and structure of the course

Module 1: What is spiritual care? An introduction 1 day	
— Why spiritual care? — What is spirit and spiritual care? — How to be a fellow human being and health professional in the encounter with suffering?	Exercises: — Spiritual and existential expressions — Personal values — The experience of suffering
Exercises in the participants' practice: Reflection with colleagues/fellow students Snapshots of spiritual care What promotes and inhibits spiritual care? 1 month	
Module 2: Spiritual care in nursing practice 1 day	
How to be a fellow human being and health professional? — charity and compassion Barriers and signals of the healthcare professional — the traffic light model	Exercises: — To see oneself through the patients' glasses — 7 ways to avoid contact
Exercises in the participants' practice: Reflection with colleagues/fellow students What are you signalling? Spiritual care in your practice: Make a pocketcard Religious aspects of spiritual care 1 month	
Module 3: Meeting the patient How to strengthen the awareness of health professionals on spiritual care 1 day	
— How to strengthen the awareness on spiritual care — Spiritual care: How? — Rituals and the religious patient — Spiritual care in your practice: What is next?	Exercises: — Existence lab: Empathy and presence — Spiritual care: Cases and role play — Future workshop

References

1. Clarke, J. (2013). *Spiritual care in everyday nursing practice. A new approach*. Palgrave Macmillan.
2. Giske, T., & Cone, P. (2019). *Å ta vare på heile mennesket. Handbok i åndeleg omsorg*. Oslo: Samlaget.
3. Hansen, F. T. (2016). *At undres ved livets afslutning*. Akademisk Forlag.
4. Hvidt, N. e. (2020, 12 28). What is spiritual care? Professional perspectives on the concept of spiritual care identified through group concept mapping. pp. 1–10.
5. Jørgensen, M., & Nielsen, M. (2018). *Eksistenslaboratorium*. Eksistensen.
6. Martinsen, K. (2018). *Bevægelig berørt*. Fagbokforlaget.
7. Martinsen, K. (2021). *Langsomme pulsslæg*. Bergen: Fagbokforlaget.
8. Nielsen, R. (2015). *At være sig selv at blive sig selv. Den åndelige dimension hos døende mennesker*. Unitas Forlag.
9. Rita, N. (2015). *At være sig selv at blive sig selv. Den åndelige dimension hos døende mennesker*. Unitas Forlag.
10. Schärfe, G. (1988). *Åndelig omsorg - sygeplejersken rolle*. Dansk Sygeplejeråd.
11. Sommer, C. (2018, 9 3). Patienter har krav på åndelig omsorg. *Fag og Forskning. Sygeplejersken*, pp. 25–37.
12. Steinfeldt, V. (2019). Åndelig omsorg - en introduktion. In V. Steinfeldt, D. Viftrup, & N. C. Hvidt, *Åndelig omsorg* (pp. 17–19). Munksgaard.
13. Steinfeldt, V., Viftrup, D., & Hvidt, N. C. (2019). *Åndelig omsorg*. Munksgaard.
14. Viftrup, D. (2021, 5 13). Retrieved from POV. International: <https://pov.international/patienter-har-brug-for-eksistentiel-og-andelig-omsorg-der-skal-vaere-plads-til-hele-mennesker-og-patienter/>
15. Viftrup, D., & Langdahl, A. (2019). Mødet med patient og pårørende. In V. Steinfeldt, D. Viftrup, & N. Hvidt, *Åndelig omsorg* (pp. 111–122). Munksgaardsd.

The need for changes in health systems

Juan Carlos Nogal, National Secretary of Christian Nurses of Spain

Voices have been raised within healthcare professionals and other sectors of our society for some years, denouncing the loss of values in our health systems. We live in a biomedical and biotechnological model that prioritizes disease/healing and separates the person from their environment and desocialises them when they get sick. A model designed exclusively for acute diseases, and focused on the organic and pathological, that involves a high specialization and compartmentalization of the human being. In this order of things we witness a medicalisation of society, with the burden of bureaucracy and the mercantilism that this entails.

The Spanish bioethics Javier Gafo in his book “ten key words in bioethics”, related this issue to depersonalization, to the loss of human attributes, to the loss of dignity, to coldness in human interaction. “... this is determined by aspects such as the cosification of the patient, the loss of his personal traits and the neglect of the emotional and valoric dimension; the absence of human warmth in the professional relationship, the feeling of helplessness in health practice and the lack of autonomy of the patient who ends up being manipulated and passive object of what is going on around him...”.

Far away is the memory of Canadian Health Minister Marc Lalonde’s 1974 report, which explained how lifestyles were the most important determinants in the health/disease process or also the 1986 Ottawa Charter urging the development of health promotion by redirecting health services to prevention, creating favourable environments and strengthening community action.

Our primary care, today, is depressed, undervalued and under-resourced and is only used as a gateway for specialized care. In addition, this system of values focused solely on the pathological, underestimates personal behaviour in the face of disease, the subjective narrative of the process and ignores its social dimension.

We welcome the development of new technologies and advances in medical sciences

that allow it to cure diseases and prolong the lives of many people. However, as we have observed in the current SARS-COV2 pandemic, they have as their counterpart an isolation of the person, a loss of quality of life (we live longer, but in worse circumstances), and death in solitude, away from our loved ones without being able to say goodbye.

Infirmary is no stranger to this trend. Although our profession has a strong holistic sense and comprehensive care of the person, it becomes difficult to develop their principles in the face of the status quo. As a button shows; if we analyse the scientific studies carried out by the nurses we will find that a very high percentage are of a quantitative type, in thematic and biomedical application. Limited are those of a qualitative type such as addressing phenomenological aspects such as the narrative of the subjective, the emotional, social aspects and the experience of the health/disease process, ailment and suffering.

Care presupposes technique and skill, but it must also go further, because there are human realities that cannot be studied by science. When a professional faces an ethical conflict in his interaction with the one, he must not only rationally apply the basic ethical principles, but when an emotional reaction occurs on both sides, it makes it essential to put himself in the place of the other, pity each other, look and listen to the other, ultimately take care of the other. Emotions influence us when making decisions and we cannot deny their influence and impact on the nurse-patient relationship.

Care presupposes technique and skill, but it must also go further, because there are human realities that cannot be studied by science.

From our perspective, as Christian nurses, this context presents us with multiform opportunities for response and to show the life of Christ. The

Gospel is full of values such as compassion, mercy, active listening, empathy, sacrificial leadership, the search for the different, love for the other, etc. fundamental to our profession. Christ did not come solely to save the souls of people, he gave himself up completely, to save the whole of man.

From our Christian perspective we can act by addressing the needs of the people we care for by presenting them with the message of

hope of the Gospel. As an illustrative case of the above, the Christian nursing group of Spain is carrying out a project with the Evangelical Hospital of Barcelona in the formation of values among health professionals and created a pilot group on spirituality and how it influences all the attention that is paid. To finish simply leave as a reflection the famous phrase “cure sometimes, relieve often, but always comfort and care”. Jesus showed us that those in need are among us and we can always take care of them.

References

1. Lalonde, M. *New perspectives on the health of Canadians. A working document*. Ottawa. Government of Canada. 1974
2. First International Conference on Health Promotion. *Ottawa letter*. 1986
3. Bermejo, JC. *Humanize health care*. Declée the Builder. 2014
4. González Miranda, B. *The medicalization of life*. Voice of the voiceless.
5. Clavé E. *In the face of pain. Reflections to face sickness and death*. Today's themes.
6. Ceballos Vasquez PA. *From the nursing fields, analyzing humanized care*. Science and the Sick to XVI(1): 35–35, 2010
7. García Cabeza ME. *Humanizing assistance in large hospitals: a challenge for the healthcare professional*. Nursing Goals 17 (1): 70–74, 2014
8. March, JC. *Humanize health to improve the quality of its services*. Rev. Quality Attend32 (5): 245–247, 2017
9. Quero García, M. Molina Fernández, N. *Humanization of Care: a reflection on our professional practice*. Teaching Nursing 92: 20–22, 2010
10. Javier Gafo. *Ten keywords in bioethics*. Ed Divine Word, 1997

La necesidad de cambios en los sistemas sanitarios

Juan Carlos Nogal, Secretario Nacional de Enfermeras Cristianas de España

Desde hace algunos años se han levantado voces dentro de los profesionales sanitarios y de otros sectores de nuestra sociedad, denunciando la pérdida de valores de nuestros sistemas de salud. Vivimos en un modelo biomédico y biotecnológico que prioriza la enfermedad/curación y separa a la persona de su entorno y la desocializa cuando se enferma. Un modelo diseñado exclusivamente para enfermedades agudas, y centrado en lo orgánico y patológico, que implica una alta especialización y compartimentación del ser humano. En este orden de cosas asistimos a una medicalización de la sociedad, con la carga de la burocracia y el mercantilismo que esto conlleva.

El bioético español Javier Gafo en su libro “diez palabras claves en bioética”, relacionaba esta cuestión con la despersonalización, con la pérdida de los atributos humanos, con la pérdida de la dignidad, con la frialdad en la interacción humana. “... esto viene determinado por aspectos como la cosificación del paciente, la pérdida de sus rasgos personales y el descuido de la dimensión emotiva y valórica; la ausencia de calor humano en la relación profesional, el sentimiento de impotencia en la praxis sanitaria y la falta de autonomía del enfermo que termina siendo manipulado y objeto pasivo de cuanto acontece en torno a él...”.

Muy lejos está el recuerdo del informe de 1974 del Ministro de Salud canadiense Marc Lalonde, que explicaba cómo los estilos de vida eran los determinantes más importantes en el proceso de salud/enfermedad o también la Carta de Ottawa de 1986 instando al desarrollo de la promoción de la salud reorientando los servicios de salud a la prevención, creando ambientes favorables y fortaleciendo la acción comunitaria.

Nuestra atención primaria, hoy en día, está deprimida, infravalorada y con pocos recursos y sólo se utiliza como puerta de entrada para la atención especializada. Además, este sistema de valores centrado únicamente en lo patológico, subestima el comportamiento personal frente a la enfermedad, la narrativa subjetiva del proceso e ignora su dimensión social.

Acogemos con beneplácito el desarrollo de nuevas tecnologías y avances en ciencias médicas que le permiten curar enfermedades y prolongar la vida de muchas personas. Sin embargo, como hemos observado en la actual pandemia SARS-COV2, tienen como contraparte un aislamiento de la persona, una pérdida de la calidad de vida (vivimos más tiempo, pero en peores circunstancias), y la muerte en soledad, lejos de nuestros seres queridos sin poder despedirnos.

La enfermería no es ajena a esta tendencia. Aunque nuestra profesión tiene un fuerte sentido holístico y un cuidado integral de la persona, se hace difícil desarrollar sus principios frente al statu quo. Como muestra un botón; si analizamos los estudios científicos realizados por las enfermeras encontraremos que un porcentaje muy alto son de tipo cuantitativo, en aplicación temática y biomédica. Limitados son los de un tipo cualitativo como abordar aspectos fenomenológicos tales como la narrativa de lo subjetivo, los aspectos emocionales, sociales y la experiencia del proceso de salud / enfermedad, dolencia y sufrimiento.

El cuidado presupone técnica y habilidad, pero también debe ir más allá, porque hay realidades del ser humano que no pueden ser estudiadas por la ciencia. Cuando un profesional se enfrenta a un conflicto ético en su interacción con el paciente, no sólo debe aplicar racionalmente los principios éticos básicos, sino que al producirse una reacción emocional por ambas partes, hace imprescindible ponerse en el lugar del otro, compadecerse del otro, mirar y

El cuidado presupone técnica y habilidad, pero también debe ir más allá, porque hay realidades del ser humano que no pueden ser estudiadas por la ciencia.

escuchar al otro, en definitiva, cuidar al otro. Las emociones nos influyen a la hora de tomar decisiones y no podemos negar su influencia y repercusión en la relación enfermera-paciente.

Desde nuestra perspectiva, como enfermeras cristianas, este contexto nos presenta oportunidades multiformes de respuesta y de mostrar la vida de Cristo. El Evangelio está lleno de valores como la compasión, la misericordia, la escucha activa, la empatía, el liderazgo sacrificial, la búsqueda de lo diferente, el amor por el otro, etc. fundamental para nuestra profesión. Cristo no vino únicamente a salvar las almas de las personas, se entregó completamente, para salvar la totalidad del hombre.

Desde nuestra perspectiva cristiana podemos actuar abordando las necesidades de las

personas que cuidamos presentándoles el mensaje de esperanza del Evangelio. Como caso ilustrativo de lo anterior, el grupo de enfermería cristiana de España esta realizando unproyecto con el Hospital Evangélico de Barcelona en la formación de valores entre los profesionales sanitarios y creado un grupo piloto sobre espiritualidad y cómo influye ésta en toda la atención que se presta. Para terminar simplemente dejar como reflejo la famosa frase “curar a veces, aliviar a menudo, pero siempre comodidad y cuidado”. Jesús nos mostró que los necesitados están entre nosotros y siempre podemos cuidar de ellos.

Referencias

1. Lalonde, M. *Nuevas perspectivas sobre la salud de los canadienses. Un documento de trabajo*. Ottawa. Gobierno de Canadá. 1974
2. Primera Conferencia Internacional sobre Promoción de la Salud. *Carta de Ottawa*. 1986
3. Bermejo, JC. *Humanizar la atención médica*. Desclee el Constructor. 2014
4. González Miranda, B. *La medicalización de la vida*. Voz de los sin voz.
5. Clavé E. *Frente al dolor. Reflexiones para enfrentar la enfermedad y la muerte*. Temas de hoy.
6. Ceballos Vásquez PA. *Desde los campos de enfermería, analizando la atención humanizada*. Ciencia y Enfermos a XVI(1): 35–35, 2010
7. García Cabeza ME. *Humanizar la asistencia en grandes hospitales: un desafío para el profesional sanitario*. Gole de Enfermería 17 (1): 70–74, 2014
8. Marzo, JC. *Humanizar la salud para mejorar la calidad desus servicios*. Rev. Calidad Asistir32 (5): 245–247, 2017
9. Quero García, M. Molina Fernández, N. *Humanización del Cuidado: una reflexión sobre nuestraprácticaprofesional*. Enfermería Docente 92: 20–22, 2010
10. Javier Gafo. *Diez palabras claves en bioética*. Ed Verbo Divino, 1997

Coming soon

CARES II: Reflections of nurses

NCFI celebrates the publication of the second compilation of **NCFI Cares** devotions entitled **CARES II: Reflections of Nurses**. The Lord's timing cannot go unnoticed. For, as the world continues to grapple with the Coronavirus Pandemic, stress for nurses and midwives is at an all-time high. As the heart and hands of health care it is important that each individual nurse feels assured as vital member body of Christ and the global nursing profession. Christian nurses need encouragement, support, and prayers to persevere and stand firm in their faith.

The reflections are written by diverse authors from around the world that inspire peace, strength, and hope amidst the challenges of Christian nursing. They include practical advice on staying calm, responding to conflict, and rekindling our joy while opening our hearts to how

Jesus can guide our nursing practice. Whether you work in the hospital, clinic, university, or ministry, all Christian nurses will be encouraged professionally and personally.

Each reflection begins with a central scripture and a brief teaching or insight. Unique to **CARES II** is the inclusion of an accompanying passage of scripture, reflective question, and a simple prayer. They can be used for a personal prayer/devotional time or part of connecting a nursing fellowship group.

CARES II will be published in a bilingual English/Spanish book and an English only book. The PDF copies will be available on the NCFI resource website. Look for the free downloads!

ncfi.org/resources/general-resources

Próximamente

CARES II: Reflexiones de enfermeras

NCFI celebra la publicación de la segunda compilación de devociones de **NCFI Cares** titulada **CARES II: Reflections of Nurses**. El tiempo del Señor no puede pasar desapercibido. Porque, a medida que el mundo sigue lidiando con la Pandemia del Coronavirus, el estrés para las enfermeras y parteras está en un máximo histórico. Como corazón y manos de la atención médica es importante que cada enfermera individual se sienta asegurada como miembro vital del cuerpo de Cristo y de la profesión mundial de enfermería. Las enfermeras cristianas necesitan aliento, apoyo y oraciones para perseverar y mantenerse firmes en su fe.

Las reflexiones están escritas por diversos autores de todo el mundo que inspiran paz, fuerza y esperanza en medio de los desafíos de la lactancia cristiana. Incluyen consejos prácticos para mantener la calma, responder al conflicto y reavivar nuestro gozo mientras abrimos nuestro

corazón a cómo Jesús puede guiar nuestra práctica de enfermería. Ya sea que trabaje en el hospital, clínica, universidad o ministerio, todas las enfermeras cristianas serán alentadas profesional y personalmente.

Cada reflexión comienza con una Escritura central y una breve enseñanza o perspicacia. Único en **CARES II** es la inclusión de un pasaje que acompaña a las Escrituras, una pregunta reflexiva y una simple oración. Se pueden utilizar para una oración personal / tiempo devocional o parte de la conexión de un grupo de becas de enfermería.

CARES II se publicará en un libro bilingüe de inglés/español y un libro solo en inglés. Las copias en pdf estarán disponibles en el sitio web de recursos de NCFI. ¡Busca las descargas gratuitas!

ncfi.org/resources/general-resources

CARES II

Reflections for Nurses

Traducido al Español

Bilingual Edition

edited by Carrie M. Dameron

Contributors:

*Carrie M. Dameron
Martha Fernandez Moyano
Bulbuli Mollick
Swee Eng Goh
Ishaku Izang
Tove Giske
Steve Fouch
Gladys Altamirano Garrido*

Experiencing God's love during COVID-19

Rosa M. López Posteguillo, Spain

I am Rosa López, nurse, I have worked for many years in hospital care in Valencia, Spain. I currently work in primary care.

I want to tell the experience of a patient, friend and sister admitted urgently for acute respiratory failure, caused by COVID, into the hospital where I worked most of my professional life. I have her permission to do so even to divulge a photo. The data I have is what the patient has transmitted to me when she recovered, and from her husband and the intensivist doctor who intubated her.

M Carmen is the wife of the pastor of my Church. On 19 January she entered the hospital and was soon taken into intensive care to intubate her because of her low oxygen saturation. With the pandemic patients are not allowed to have companions, her husband was isolated at home as the whole family was exposed to COVID. Before intubating her, the intensivist allowed her to make a short call to say goodbye to her family. She was aware of gravity and that perhaps that farewell could be until they were seen in eternity.

Her husband called me to tell me about the situation, that the intensivist had explained that the situation was very serious and the various pathologies of M. Carmen augured a poor prognosis. I called one of the hospital intensivists to see if he was on call and ask how the patient was doing. She told me that she had just intubated her, and that the situation was bad. We would see how she responded.

M. Carmen was not doing well then two days later she was turned around. There was an attempt to remove the tube days later but she could not breathe on her own.

She began to improve and they removed sedation with good response from the patient. Although she could not speak, she could hear and saw a cross of light reflected in front of her. The reflection made her wonder if she was really Christian or not. Her thoughts led her to remember that Christ suffered more on the cross for her than what she was suffering and she questioned whether she was

prepared to die. She began to pray and entrusted her family, the church and herself to God and remained. In her own words "When I am intubated, I think I am addressing my death but I have peace". Her trust was placed in God. M Carmen was aware of the gravity of the situation and said to God, "If you don't take me out, I won't go out, but I'm also comfortable with the feeling of dying and being with you."

When the sedation was again reduced, she was able to receive a visit from her daughter Regina who was very excited to see her mother. The nurse had explained that she will find her intubated, but despite being prepared, when she found herself in front of her mother she could not contain the crying. She was happy to see her but there realized what her mother would have been going through. Regina began to tell her things about the family and the church. She got excited looking at the glass in front of her mother's bedside where the nurses had written the names of the closest family members. It was a touching detail, thinking about the much work the nurses were doing and yet they took time to write the names of the family so that their mother would see it when she awoke.

She told him the vision of the cross in front of her that gave her encouragement.

The next day M Carmen was able to receive a visit from her husband, who was already symptom-free and ended his isolation. It was her sixth day at ICU and she had her mechanical ventilation removed completely. She was able to talk to her husband and they rejoiced together in the recovery. She told him the vision of the cross in front of her that gave her encouragement. Her husband took photographs to have a memory of that moment and the family details that were written on the glass in front of her bed.

M. Carmen improved at times and counted the days to return home. Her recuperation was very

quick. The intensivist with whom I spoke from time to time to see how it was going told me that it was very extensive, but that the change for the better was quick and surprising. One day he said to her, “M. Carmen, do you remember what day you came in? I’m going to tell you what happened to you. It was like you were in a car at 300km an hour, you’ve bumped into someone else who was also going to 300 km an hour, and you got out alive. Now comes a process and it’s very much up to you.” When she listened to him, she received his message as if it was from God.

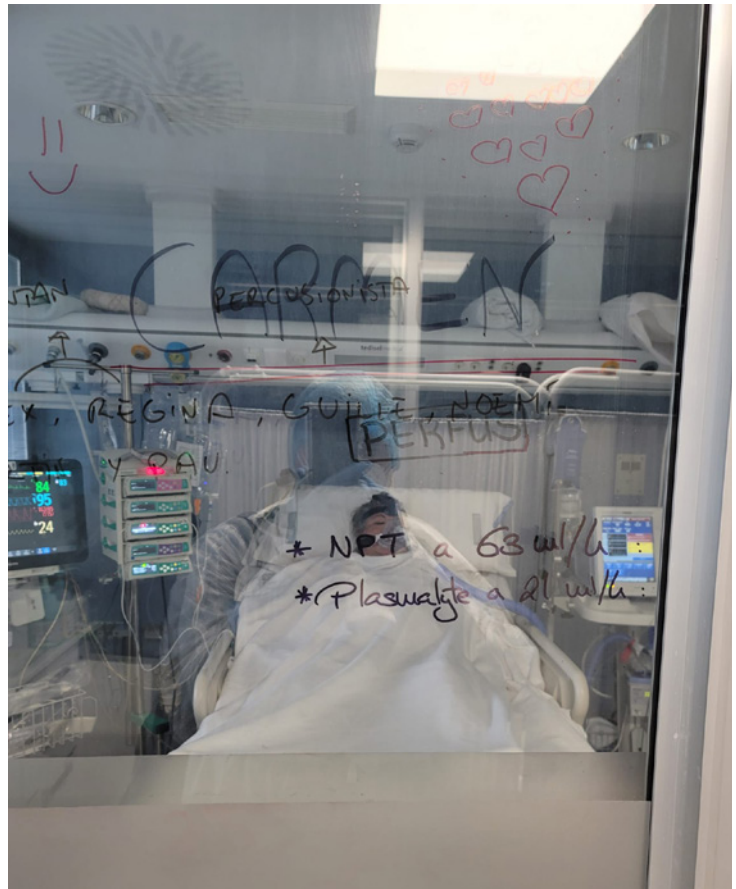
M. Carmen tells me that she has had the feeling of being in God’s arms and returning afterwards. She valued the meaning of being Christian, in the value of life. She also thought of her funeral and was saddened that because of the pandemic, it could not be done as she wanted. She wanted with a feast with paella and squid to celebrate her passage into God’s presence.

Despite the hard experience, she received the wonderful care of nurses, particularly remembers Alice, the auxiliaries, the doctors and feeling that God was taking care of her.

When she was able to speak, she told everyone the need we have for Christ and that we live in a society that has lost its Christian values. She said “I was so excited to think about the things I was going to do when I left the hospital and thanked God for life, for the recovery so quickly”.

She was away from home for 10 days. At home talking to her husband about the hospital experience and the loving care of the nurses, she looked for the photo taken by him at her bedside. There in the photo you could clearly see the reflection of the cross that Mari Carmen saw. That day when I called them to see how they were doing she told me and they sent me the photo. It’s really shocking, and I wanted to add it to the story because I think it’s timely.

“I was so excited to think about the things I was going to do when I left the hospital and thanked God for life, for the recovery so quickly.”



I waited for her to recover a little more to talk to her and tell me about her experience in the hospital without fatigue and this story has tried to transcribe the facts. During the process I was in communication with her husband and the intensivist, later with M. Carmen when she was able to speak.

M.Carmen tells me that she has been very impacted by how affectionately she was treated!

Until you have a hospital experience, it is unknown what it means to be admitted, to lose autonomy, or even to be in danger of death. How important that health professionals are aware of all the needs of our patients, not just the physical condition! In this case, they treated the emotional needs very well. Something as simple as writing down the names of her husband, children, grandchildren and other details of her family helped humanize her surroundings. Those little details and the good treatment received moved them to write a thank you note. For us

¹ “Religion, Spirituality, and Health: The Research and Clinical Implications” Harold G. Koenig

health professionals, it is very comforting to receive the thanks of the patients.

I have also spoken to the intensivist to complete my details and sent him the photo with the reflection of the cross. He was also surprised. The next day he told the story to the team, showed the photo, and tells me that they were shocked.

M. Carmen has had a post-COVID follow-up where she told them about her experience and her trust in God. She has been discharged for not having traumatic aftermath and has “many resources” according to the words of doctors.

That is right, scientific research refers that there is a positive relationship between faith and health, and also in the recovery of diseases and acceptance of losses in grieving processes.¹

It is a responsibility as professionals, to see our patients in a holistic way, not to limit ourselves to their physical needs. We must care about the whole person. Their physical health is related to their emotional and spiritual health. This interdependence forces us as health

professionals to see the person and attend to all their needs including spiritual ones.

In Spain, although the care and care program capture spiritual needs on paper, it has not developed the approach of these from most health professionals. At most what is usually done is to call the pastor or priest if the patient requests it. This field needs to be developed. Here we have a job ahead of us to raise awareness about spiritual care and our professional responsibility. It is a challenge for us as Christian nurses to be aware of the spiritual needs of patients, and with a developed spirituality, to deepen our formation on Spiritual Care, to practice it and to spread it among our companions.

I wanted to tell M.Carmen's experience, during her illness and how living trusting in God, makes a big difference because we have hope and security beyond death.



Experimentar el amor de Dios durante COVID-19

Rosa M. López Posteguillo

Soy Rosa López, enfermera, he trabajado durante muchos años en la atención hospitalaria en Valencia, España. Actualmente trabajo en atención primaria.

Quiero contar la experiencia de un paciente, amigo y hermana ingresados urgentemente por insuficiencia respiratoria aguda, causada por Covid, en el hospital donde trabajé la mayor parte de mi vida profesional. Tengo permiso para hacerlo incluso para divulgar una foto. Los datos que tengo es lo que la paciente me ha transmitido cuando se recuperó, y de su marido y el médico intensivista que la intubaron.

M Carmen es la esposa del pastor de mi Iglesia. El 19 de enero ingresó en el hospital y pronto fue llevada a cuidados intensivos para intubarla debido a su baja saturación de oxígeno. Con la pandemia no se permite a los pacientes tener compañeros, el marido estaba aislado en casa, ya que toda la familia estaba expuesta a Covid. Antes de intubarla, la intensivista le permitió hacer una breve llamada para despedirse de su familia. Ella era consciente de la gravedad y que tal vez esa despedida podría ser hasta que se vieran en la eternidad.

Su marido me llamó para contarme sobre la situación, que el intensivista había explicado que la situación era muy grave y las diversas patologías de M. Carmen auguraban un mal pronóstico. Llamé a uno de los intensivistas del hospital para ver si estaba de guardia y preguntarle cómo estaba el paciente. Me dijo que acababa de intubarla, y que la situación era mala. Verí cómo respondía.

A M. Carmen no le iba bien entonces dos días después le dieron la vuelta. Hubo un intento de quitar el tubo días después, pero no podía respirar por su cuenta.

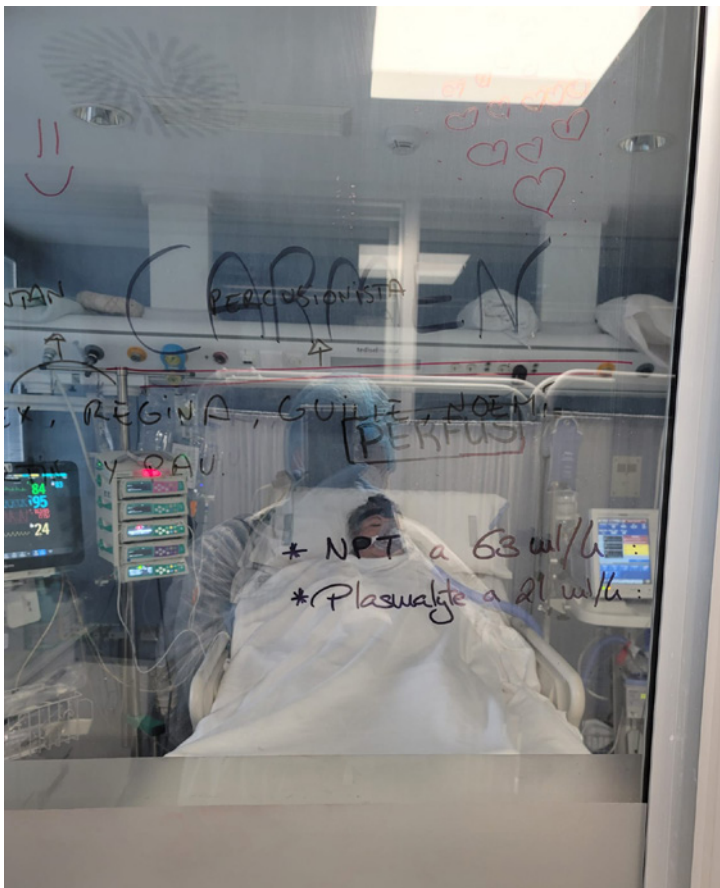
Ella comenzó a mejorar y eliminaron la sedación con una buena respuesta del paciente. Apesar de que no podía hablar, podía oír y saw una cruz de luz reflejada delante de ella. La reflexión made su pregunta si ella era realmente cristiana o no. Her pensamientos la llevaron a recordar que Christ

sufrió más en la cruz para ella que lo que estaba sufriendo y ella cuestionó si estaba preparada para morir. Comenzó a orar y confiara su familia, a la iglesia y a sí misma a Dios y a permanecer. En her propias palabras “Cuando estoy intubado, creo que estoy abordando mi muerte, pero tengo paz”. Her confianza fue colocado en Dios. M Carmen era consciente de la gravedad de la situación y le dijo a Dios: “Si no me sacas, no saldré, pero también me siento cómoda con la sensación de morir y estar contigo”.

Cuando la sedación se redujo de nuevo, pudo recibir la visita de su hija Regina, quien estaba muy emocionada de ver a su madre. La enfermera había explicado que la encontraría intubada, pero a pesar de estar preparada, cuando se encontró frente a su madre no pudo contener el llanto. Ella estaba feliz de verla, pero allí se dio cuenta de lo que su madre habría estado pasando. Regina comenzó a contarle cosas sobre la familia y la iglesia. Se emocionó mirando el vaso frente a la cama de su madre, donde las enfermeras habían escrito el nombre de los miembros más cercanos de la familia. Yo era un detalle conmovedor, pensando en el mucho trabajo que las enfermeras estaban haciendo y sin embargo se tomaron el tiempo para recoger los nombres de la familia para que su madre lo viera cuando se despertó.

Ella leenvejecida la visión de la cruz frente a ella que gavesu aliento.

Al día siguiente M Carmen pudo recibir la visita de su marido, que ya estaba libre de síntomas y terminó her aislamiento. Era el sexto día en la UCI y le quitaron por completo la ventilación mecánica. Ella fue capaz de hablar con su marido y se regocijaron juntos en la recuperación. Ella leenvejecida la visión de la cruz frente a ella que gavesu aliento. El marido tomó fotografías para tener un recuerdo de ese momento y los detalles de la familia que fueron escritos en el vidrio frente a la cama her.



M. Carmen mejoró a veces y contarnos días para volver a casa. Her recuperación como muy rápido. Té intensivista con whom hablé de vez en cuando para ver cómo iba me dijo que era muy extenso, pero que el cambio para mejor era rápido y sorprendente. Un día le dijo: “M. Carmen, ¿recuerdas qué día entraste? Te diré lo que te pasó. Yono estaba como si estuvieras en un coche a 300 km por hora, te has topado con otra persona que también iba a 300 km por hora, y saliste con vida. Ahora viene un proceso y depende mucho de ti. “Cuando ella lo escuchó, ella recibió mensaje como si fuera de Dios.

“Estabamuy emocionada de pensar en las cosas que iba a hacer cuando salí del hospital y le di gracias a Dios por la vida, por la recuperación tanrápidamente”

M. Carmen me dice que ha tenido la sensación de estar en los brazos de Dios y regresar después. Ella valoraba el significado de ser cristiana, en el valor de la vida. También pensó en su funeral y se entristeció porque debido a la pandemia, no se podía hacer como ella quería. Ella quería con una fiesta con paella y calamares para celebrar su paso a la presencia de Dios.

A pesar de la dura experiencia, recibió el maravilloso cuidado de las enfermeras, particularmente recuerda a Alice, las auxiliares, los médicos y la sensación de que Dios la estaba cuidando.

Cuando pudo hablar, le dijo a todos la necesidad que tenemos para Cristo y que vivimos en una sociedad que ha perdido sus valores cristianos. Ella dijo: “Estabamuy emocionada de pensar en las cosas que iba a hacer cuando salí del hospital y le di gracias a Dios por la vida, por la recuperación tanrápidamente”.

Estuvo fuera de casa durante 10 días. Unat casa hablando con su marido sobre la experiencia del hospital y el cuidado amoroso de las enfermeras, seveed para la foto tomada por él en su cama. Taquí en la foto se podía ver claramente el reflejo de la cruz que vio Mari Carmen. Ese día, cuando los llamé para ver cómo estaban, me dijo y me enviaron lafoto. No esrealmente impactante, y quería agregarlo a la historia porque creo que es oportuno.

Esperé a que se recuperara un poco más para hablar con ella y contarme sobre su experiencia en el hospital sin fatiga y esta historia ha tratado de transcribir los hechos. Durante el proceso estuve en comunicación con su marido y el intensivista, más tarde con M. Carmen cuando pudo hablar.

M.Carmen me dice que se ha visto muy afectada por lo cariñosamente que fue tratada!

Hasta que no tenga una experiencia hospitalaria, se desconoce lo que significa ser ingresado, perder autonomía o incluso estar en peligro de muerte. ¡Qué importante que los profesionales de la salud sean conscientes de todas las necesidades de nuestros pacientes, no sólo de la condiciónfísica! En el caso de th, trataron muy

¹ “Religión, espiritualidad y salud: la investigación y las implicaciones clínicas” Harold G. Koenig

bien las necesidades emocionales. Something tan simple como escribir los nombres de su marido, hijos, nietos y otros detalles de su familia ayudó a humanizar su entorno. Esos pequeños detalles y el buen trato recibido los conmovieron para escribir una nota de agradecimiento. Para nosotros los profesionales de la salud, es muy reconfortante recibir el agradecimiento de los pacientes.

También he hablado con el intensivista para completar mis detalles y le he enviado la foto con el reflejo de la cruz. También se sorprendió. Al día siguiente contó la historia al equipo, mostró la foto y me dijo que estaban sorprendidos.

M. Carmen ha tenido un seguimiento post-Covid donde le ha enseñado sobre su experiencia y su confianza en Dios. Ha sido dada de alta por no tener secuelas traumáticas y tiene “muchos recursos”, según las palabras de los médicos.

Así es, la investigación científica refiere que existe una relación positiva entre la fe y la salud, y también en la recuperación de enfermedades y la aceptación de pérdidas en los procesos de duelo.¹

Es una responsabilidad como profesionales, ver a nuestros pacientes de una manera holística, no limitarnos a sus necesidades físicas. We debe preocuparse por toda la persona. La salud

física está relacionada con su salud emocional y espiritual. Su interdependencia nos obliga como profesionales de la salud a ver a la persona y atender todas sus necesidades, incluidas las espirituales.

En España, aunque el programa de atención y cuidado recoge las necesidades espirituales sobre el papel, no ha desarrollado el enfoque de éstos de la mayoría de los profesionales de la salud. Unat más lo que se hace normalmente es llamar al pastor o sacerdote si el paciente lo solicita. Este campo debe desarrollarse. Tenemos un trabajo por delante para crear conciencia sobre el cuidado espiritual y nuestra responsabilidad profesional. Es un desafío para nosotros como enfermeras cristianas ser conscientes de las necesidades espirituales de los pacientes, y con una espiritualidad desarrollada, profundizar nuestra formación en el Cuidado Espiritual, practicarlo y difundirlo entre nuestros compañeros.

Quería contar la experiencia de M. Carmen, durante su enfermedad y cómo vivir confiando en Dios, hace una gran diferencia porque tenemos esperanza y seguridad más allá de la muerte.



Christian Nursing Spain

Opportunities and challenges in today's infirmary: A Christ-centered response

María López Parra, Vice President of Christian Nurses of Spain

The SARS-Co-2 pandemic declared on 11 March 2020 was a tsunami for the infirmary in Spain: first it caught us by surprise, without sufficient material resources. Suddenly many plans were truncated and congresses and face-to-face training programs were suspended.

Then we became heroes in the middle of a confined society, where we were applauded every day at 8pm. Later, it has been a test of resistance, while wave after wave, we see the difficulty of a society that is struggling to strike a balance between health and the economy, between restrictions and the de-scalding. This has led many professionals throughout the process to go through different stages: being in shock, anxiety, exhaustion, irritability ... burnout syndrome has doubled (González, 2021).

Later, it has been a test of resistance, while wave after wave, we see the difficulty of a society that is struggling to strike a balance between health and the economy

In the midst of an unresolved problem, the lack of nurses in Spain, with one of the worst patient nurse ratio in Europe, nurses in Spain care for a ratio of 12.7 patients compared to the European average of 8 (Ruipérez). In addition, now 20% of professionals plan to leave the profession (Gonzalez, 2021).

In our country several research studies related to the emotional state of professionals are being carried out. Results from studies at the beginning of the pandemic have been published. For example Ruiz-Fernandez et al have researched compassion fatigue, burnout

syndrome and stress in 506 nurses and doctors. Getting the following results: observing higher scores in burnout and compassion fatigue in doctors than nurses. On the other hand, nurses got higher scores in satisfaction out of compassion, the authors point out that it may be because one of the usual nursing motivations is to lighten suffering.

Another problem seen in the general population, but also among health professionals, is an increase in absenteeism, according to data obtained to date during 2020 increased 3.4 percent points compared to 2019 (The Economist, 2020). This has made it even more difficult to have enough human resources to serve the entire population.

Our response as a Christian Nursing group has been to stand together in prayer and seek help in the Word of God. Days before the declaration of the state of Alarm we were forced to suspend the National Meeting that we hold every year. It was difficult to make such a decision, but soon after congresses and face-to-face training were banned. The group has remained very

Our response as a Christian Nursing group has been to stand together in prayer and seek help in the Word of God.

connected through the WhatsApp group. A small daily devotional has been shared there since April, a few words of encouragement always inspired by the word of God. The need to stand together in prayer was also carried out through group platforms such as Zoom. Regional, national and European-level meetings have been held.

There is a biblical text that summarizes how we have responded to the situation of pandemic as a Christian Nursing group: We will persist in prayer and the ministry of the Word (Acts 6:4 RVR1995).

This has been a difficult year for all the infirmary in Spain. Our effort was rewarded

when in December we were awarded the medal of the Evangelical Council of Madrid. As we write these lines in the face of the uncertainty of a fourth wave in our country, and in the midst of the vaccination campaign, we look to the future with enthusiasm and hope and prepare our annual National Meeting for next May, in virtual format.

References

1. Gonzalez, E. Covid-19 | The pandemic doubles the burnout between the nurses. Medical writing. 2021. Available: <https://www.redaccionmedica.com/secciones/enfermeria/covid-pandemia-burnout-enfermeras-8270>
2. Ruiperez, D. Over-work and nurse training affect patient survival. General Council of Nursing. Available in: <https://www.consejogeneralenfermeria.org/sala-de-prensa/noticias/item/2587-la-sobrecarga-de-trabajo-y-la-formaci%C3%B3n-de-enfermeras-affect-to-survival-of-patient>
3. Ruiz-Fernández MD, Ramos-Pichardo JD, Ibáñez-Masero O, Cabrera-Troya J, Carmona-Rega MI, Ortega-Galán ÁM. Compassion fatigue, burnout, compassion satisfaction and perceived stress in healthcare professionals during the COVID-19 health crisis in Spain. *Journal of Clinical Nursing*. 2020 Nov;29(21-22):4321-4330. doi: 10.1111/jocn.15469. Epub 2020 Sep 15. PMID: 32860287.
4. elEconomista.es. The pandemic triggers absenteeism at 8.9%, its all-time high. Available in: <https://www.eleconomista.es/economia/noticias/10934841/12/20/La-pandemia-dispara-el-absentismo-laboral-al-89-su-maximo-historico.html>
5. Lopez, M. Vitamins of Faith. amazon. 2020 Spain. https://www.amazon.es/dp/B08PJM35Y6/ref=cm_sw_em_r_mt_dp_XcG6FbD1SWCQB



Enfermería Cristiana España

Oportunidades y desafíos en la enfermería de hoy: Una respuesta centrada en Cristo

María López Parra, Vicepresidenta de Enfermeras Cristianas de España

La pandemia de SARS-Co-2 que se declaró el 11 de marzo de 2020 ha supuesto un tsunami para la enfermería en España: primero nos pilló por sorpresa, sin recursos materiales suficientes. De repente muchos planes se vieron truncados y se suspendieron congresos y programas de formación presencial.

Después pasamos a ser héroes en medio de una sociedad confinada, donde nos aplaudían cada día a las 20h. Más tarde, ha supuesto una prueba de resistencia, mientras ola tras ola, vemos la dificultad de una sociedad que está lidiando por buscar un equilibrio entre la salud y la economía, entre las restricciones y la desescalada.

Más tarde, ha supuesto una prueba de resistencia, mientras ola tras ola, vemos la dificultad de una sociedad que está lidiando por buscar un equilibrio entre la salud y la economía

Esto ha llevado a que muchos profesionales a lo largo del proceso pasen por diferentes etapas: estar en shock, ansiedad, agotamiento, irritabilidad ... se ha duplicado el síndrome de burnout (González, 2021). En medio de un problema sin resolver, la falta de enfermeras en España, con una de las peores ratios enfermera paciente de Europa, las enfermeras en España atienden una ratio de 12,7 pacientes frente a la media europea de 8 (Ruipérez). Además ahora un 20% de los profesionales se plantean abandonar la profesión (Gonzalez, 2021).

En nuestro país se están realizando varias investigaciones relacionadas con el estado emocional de los profesionales. Se han publicado resultados de estudios realizados al principio de la pandemia. Así por ejemplo

Ruiz-Fernandez et al han investigado sobre fatiga por compasión, síndrome de burnout y estrés en 506 profesionales enfermeros y médicos. Obteniendo los siguientes resultados: observando puntuaciones más altas en burnout y fatiga por compasión en médicos que enfermeras. Por otro lado, las enfermeras obtenían puntuaciones más altas en satisfacción por compasión, los autores apuntan que puede ser debido a que una de las motivaciones habituales de enfermería es aligerar el sufrimiento.

Otro de los problemas observados en la población general, pero también entre los profesionales de la salud es un aumento del absentismo laboral, según los datos obtenidos hasta la fecha durante 2020 se incrementó 3,4 puntos porcentuales respecto al año 2019 (El economista, 2020). Esto ha dificultado aún más tener los recursos humanos suficientes para atender a toda la población.

Nuestra respuesta como grupo de Enfermería Cristiana ha sido mantenernos unidas en la oración y buscar ayuda en la Palabra de Dios.

Nuestra respuesta como grupo de Enfermería Cristiana ha sido mantenernos unidas en la oración y buscar ayuda en la Palabra de Dios.

Días antes de la declaración del estado de Alarma nos vimos obligadas a suspender el Encuentro nacional que cada año celebramos. Fue difícil tomar una decisión de este tipo, pero poco después quedaron prohibidos los congresos y la formación presencial.

El grupo se ha mantenido muy conectado a través del grupo de whatsapp. Allí se ha

compartido desde abril un pequeño devocional diario, unas palabras de ánimo siempre inspiradas en la palabra de Dios.

Por otro lado en este grupo de whatsapp se compartían, como ya era habitual motivos de oración, pero con mayor participación. La necesidad de mantenernos unidas en oración también se llevó a cabo a través de plataformas grupales como zoom. Se han tenido reuniones regionales, nacionales y a nivel de Europa.

Hay un texto bíblico que resume cómo hemos dado respuesta a la situación de pandemia como grupo de Enfermería cristiana:

Nosotros persistiremos en la oración y en el ministerio de la Palabra (Hechos 6:4 RVR1995).

Este ha sido un año difícil para toda la enfermería en España. Nuestro esfuerzo se vio recompensado cuando en diciembre se nos otorgó la medalla del Consejo Evangélico de Madrid.

Mientras escribimos estas líneas ante la incertidumbre de una cuarta ola en nuestro país, y en medio de la campaña de vacunación, miramos hacia el futuro con ilusión y esperanza y preparamos nuestro Encuentro nacional anual para el próximo mes de mayo, en formato virtual.

Referencias

1. Gonzalez, E. Covid-19 | La pandemia duplica el 'burnout' entre las enfermeras. Redacción médica. 2021. Available: <https://www.redaccionmedica.com/secciones/enfermeria/covid-pandemia-burnout-enfermeras-8270>
2. Ruiperez, D. La sobrecarga de trabajo y la formación de las enfermeras afectan a la supervivencia del paciente. Consejo General de Enfermería. Disponible en: <https://www.consejogeneralenfermeria.org/sala-de-prensa/noticias/item/2587-la-sobrecarga-de-trabajo-y-la-formaci%C3%B3n-de-las-enfermeras-afectan-a-la-supervivencia-del-paciente>
3. Ruiz-Fernández MD, Ramos-Pichardo JD, Ibáñez-Masero O, Cabrera-Troya J, Carmona-Rega MI, Ortega-Galán ÁM. Compassion fatigue, burnout, compassion satisfaction and perceived stress in healthcare professionals during the COVID-19 health crisis in Spain. J Clin Nurs. 2020 Nov;29(21–22):4321–4330. doi: 10.1111/jocn.15469. Epub 2020 Sep 15. PMID: 32860287.
4. elEconomista.es. La pandemia dispara el absentismo laboral al 8,9%, su máximo histórico. Disponible en: <https://www.eleconomista.es/economia/noticias/10934841/12/20/La-pandemia-dispara-el-absentismo-laboral-al-89-su-maximo-historico.html>
5. Lopez, M. Vitaminas de Fe. Amazon. 2020 España. https://www.amazon.es/dp/B08PJM35Y6/ref=cm_sw_em_r_mt_dp_XcG6FbD1SWCQB



Spiritual care in nursing

Mayimbo Sebean MSc, BSc, RM, RN.

The concept of spirituality is complex, as it relates to how people give meaning to their lives, intention, and origins, as well as how this drives their relationships with others and the world in general (Timmins and Caldeira, 2017). Spirituality is the capacity of the human consciousness to apprehend ultimate meaning and critical value symbolically (Tackney et al., 2017). Many people practice a form of spirituality whether they believe in God or not and the need for spiritual care is in-born as all humans are spiritual (Linda et al., 2020). According to a report, 84 percent of the world's population belongs to a religious community (Casidy and Arli, 2018). The need for spiritual care is exacerbated in times of trouble such as sickness or any other misfortune occurring to someone (Roman et al., 2020, Ferrell et al., 2020). Students and trained nurses are conscious of the value of providing spiritual care but are hampered by a lack of knowledge on how best to implement such care (Harrad et al., 2019).



Many people practice a form of spirituality whether they believe in God or not and the need for spiritual care is in-born...

Significance of spiritual care

Spiritual treatment is overlooked or delegated to the pastoral team because nurses around the world continue to demonstrate inadequacy in assessing and handling spiritual care (Batstone et al., 2020). Everyone who works with people who have an incurable, progressive illness should have a basic understanding of spiritual care (Selman et al., 2018). A study conducted by O'Brien et al., (2019) in Northwest and Southwest England aimed at meeting patients' spiritual needs during end-of-life care among health care professionals revealed that a professional workforce is needed to assist patients as they

near the end of their lives (O'Brien et al., 2019). Spiritually healthy nurses are better able to understand and respond to patients' spiritual needs, and they are more likely to give spiritual care to patients proactively (Hu et al., 2019).

Spiritual education

Despite the fact that teaching and studying spiritual care is increasingly welcomed, there are difficulties in the nursing sector due to a lack of common awareness of spirituality and spiritual care (Mthembu et al., 2017). Research evidence shows that spiritual care education is required to improve nurses' spiritual care competence (Green et al., 2020). However nurses in clinical practice

Including spiritual care content in nursing curricula, policies, guidelines, and assessment tools will foster a patient-centered approach to spiritual care...

have no training that can help them provide spiritual care to their patients (Minton et al., 2018). Including spiritual care content in nursing curricula, policies, guidelines, and assessment tools will foster a patient-centered approach to spiritual care and will help to shape nursing curricula, policies, guidelines, and assessment tools (Minton et al., 2018).

Nurse educators are in charge of helping students understand the concepts and values that are required for providing safe and efficient patient care that considers emotional, physical, and spiritual factors (Veloza-Gómez et al., 2017). A study in Nigeria aimed at assessing undergraduate nurses' perceptions of spirituality and spiritual care in order to determine the adequacy of the current curriculum in terms of spirituality and spiritual care was undertaken. The findings revealed that Nursing students' views of faith and spiritual treatment were low and this had little to do with their academic level or religion revealing the need of spiritual care in the curriculum (Folami and Onanuga, 2018).

Hindrances to spiritual care

Reduced communion with God, lack of support by fellow staff and the ministers of the gospel are some of the barriers to provision of spiritual care (Atashzadeh-Shoorideh et al., 2018). A cross-sectional, correlational study conducted among Jordanian nurses revealed additional barriers such as lack of privacy, inadequate time (Folami and Onanuga, 2018), skills and competencies, inadequate resources for the provision of spiritual care as other barriers in the provision of spiritual care (Musa et al., 2019).

Conclusion

There is little evidence of any studies that have been conducted in Zambia on this subject.

However, the scenario is not different from any other country. The Zambian nurses are overwhelmed with shortages of staff. Despite Zambia being a Christian nation most of the nurses are unable to offer spiritual care as they face the same challenges that the rest of the nurses face globally. Those who may be willing to offer spiritual care may have challenges such as inadequate time, lack of guidance on what to talk about or lack of support from the clergy. It would be good to include spiritual care in the nursing curriculum as this can empower the nurses with the right tools to use in the clinical area. This can lead to fulfilment of the command by our Lord Jesus Christ in Matthew 25:36 when he said “I was sick and you looked after me”.

References

1. ATASHZADEH-SHOORIDEH, F., ZAKARYAEE, N. S. & FANI, M. 2018. The barriers and facilitators in providing spiritual care for parents who have children suffering from cancer. *Journal of family medicine and primary care*, **7**, 1319.
2. BATSTONE, E., BAILEY, C. & HALLETT, N. 2020. Spiritual care provision to end-of-life patients: A systematic literature review. *Journal of Clinical Nursing*, **29**, 3609–3624.
3. CASIDY, R. & ARLI, D. 2018. Spirituality, religion and consumption: Introduction to a special issue. Wiley Online Library.
4. FERRELL, B. R., HANDZO, G., PICCHI, T., PUCHALSKI, C. & ROSA, W. E. 2020. The Urgency of Spiritual Care: COVID-19 and the Critical Need for Whole-Person Palliation. *Journal of Pain and Symptom Management*, **60**, e7–e11.
5. FOLAMI, F. F. & ONANUGA, K. A. 2018. Perception of spirituality, spiritual care, and barriers to the provision of spiritual care among undergraduate nurses in the University of Lagos, Nigeria. *Journal of Clinical Sciences*, **15**, 8.
6. GREEN, A., KIM-GODWIN, Y. S. & JONES, C. W. 2020. Perceptions of spiritual care education, competence, and barriers in providing spiritual care among registered nurses. *Journal of Holistic Nursing*, **38**, 41–51.
7. HARRAD, R., COSENTINO, C., KEASLEY, R. & SULLA, F. 2019. Spiritual care in nursing: an overview of the measures used to assess spiritual care provision and related factors amongst nurses. *Acta bio-medica : Atenei Parmensis*, **90**, 44–55.
8. HU, Y., JIAO, M. & LI, F. 2019. Effectiveness of spiritual care training to enhance spiritual health and spiritual care competency among oncology nurses. *BMC Palliative Care*, **18**, 104.
9. LINDA, N. S., PHETLHU, D. R. & KLOPPER, H. C. 2020. Nurse educators' understanding of spirituality and spiritual care in nursing: A South African perspective (Part 1). *International Journal of Africa Nursing Sciences*, **12**, 100187.
10. MINTON, M. E., ISAACSON, M. J., VARILEK, B. M., STADICK, J. L. & O'CONNELL-PERSAUD, S. 2018. A willingness to go there: Nurses and spiritual care. *Journal of Clinical Nursing*, **27**, 173–181.
11. MTHEMBU, T. G., WEGNER, L. & ROMAN, N. V. 2017. Barriers to integration of spirituality and spiritual care in occupational therapy education in a South African context. *Journal of Spirituality in Mental Health*, **19**, 61–79.
12. MUSA, A. S., AL QADIRE, M. I., ALJEZAWI, M. E., TAWALBEH, L. I., ALOUSH, S. & ALBANIAN, F. Z. 2019. Barriers to the Provision of Spiritual Care by Nurses for Hospitalized Patients in Jordan. *Research and theory for nursing practice*, **33**, 392–409.
13. O'BRIEN, M. R., KINLOCH, K., GROVES, K. E. & JACK, B. A. 2019. Meeting patients' spiritual needs during end-of-life care: A qualitative study of nurses' and healthcare professionals' perceptions of spiritual care training. *Journal of Clinical Nursing*, **28**, 182–189.

14. ROMAN, N. V., MTHEMBU, T. G. & HOOSEN, M. 2020. Spiritual care – ‘A deeper immunity’ – A response to Covid-19 pandemic. *African journal of primary health care & family medicine*, **12**, e1–e3.
15. SELMAN, L. E., BRIGHTON, L. J., SINCLAIR, S., KARVINEN, I., EGAN, R., SPECK, P., POWELL, R. A., DESKUR-SMIELECKA, E., GLAJCHEN, M. & ADLER, S. 2018. Patients’ and caregivers’ needs, experiences, preferences and research priorities in spiritual care: A focus group study across nine countries. *Palliative medicine*, **32**, 216–230.
16. TACKNEY, C. T., CHAPPELL, S., HARRIS, D., PAVLOVICH, K., EGEL, E., MAJOR, R., FINNEY, M. & STONER, J. 2017. Management, spirituality, and religion (MSR) ways and means: A paper to encourage quality research. *Journal of management, spirituality & religion*, **14**, 245–254.
17. TIMMINS, F. & CALDEIRA, S. 2017. Understanding spirituality and spiritual care in nursing. *Nursing Standard*, 31.
18. VELOZA-GÓMEZ, M., MUÑOZ DE RODRÍGUEZ, L., GUEVARA-ARMENTA, C. & MESA-RODRÍGUEZ, S. 2017. The Importance of Spiritual Care in Nursing Practice. *Journal of Holistic Nursing*, **35**, 118–131.

Mayimbo Sebean MSc, BSc, RM, RN. Lecturer at the University of Zambia, School of Nursing Sciences.

and Psychiatric Nursing, University of Zambia, School of Nursing Sciences, Department of Midwifery, Women and Child Health. Lusaka, Zambia.

Sebean is currently acting as the Head of Department in the Department of Mental Health

NCFI Virtual World Congress 2021



This **VIRTUAL EVENT** will provide you with a truly unique experience through interaction with nurses worldwide, as you explore the congress theme:

Opportunities and Challenges in Nursing Today – A Christ Centred Response

Plenary and keynote speakers will provide encouragement and insight into making the most of the opportunities and challenges that confront nurses today. A wide variety of concurrent papers and workshops will also give fresh vision, and provide new perspectives on being a disciple of Christ in nursing.

If you are looking for more ways to integrate your faith with nursing practice, education, or research... if you are keen to hear about experiences of Christian nurses from nurses midwives from across the globe... if you need refreshment and restoration during this time of global challenge for health workers worldwide... THIS CONGRESS IS FOR **YOU**.

The Virtual World Congress will cover three days, 9–11 July 2021

To learn more, follow this link to the **CONGRESS WEBSITE** and registration platform, and **CLICK HERE** to see a short video preview of the event.

Marg Hutchison, NCFI Congress Coordinator congress2021@ncfi.org



Dr Donald Sweeting
Bible Teacher



Dr Sheryl Reimer-Kirkham
Plenary Speaker



Dr Jill McElheny
Plenary Speaker



Marie Elcy Thoby
Plenary Speaker



Ken Isaacs
Keynote Speaker

One man in the gap

Chinnamma Matthew, India

Ezekiel 22:30

God is looking for intercessors more than any form of workers in his vineyard. Intercessors are close to the heart of God. God puts His burdens in their hearts and the Holy Spirit inspires them to pray and intercede. Then God executes His plans on earth as an answer to their prayers. God could have selected His holy angels to carry out his work on earth. But, He has chosen man to be His partner in His Kingdom business. God loved man so much that He sent His only Son, the sinless Lamb of God, to be sacrificed on the cross to set us free from sin and reconcile him to God. He used men and women for the establishment of His work on earth.

Moses, Jeremiah, Esther, Rahab the prostitute etc. were used in a wonderful manner to save His people. They all were powerful intercessors and they stood in the gap between Holy God and sinful people.

During Ezekiel's time God's people immersed in sinful habits, because of faulty leadership. "Like priests, like people", the saying became true. See the long list of sins God's people were committing! Ch. 22:1- 22

Vs.25 says the princes (vs.23) were like roaring lions tearing its prey; they devour people, take treasures and precious things and make many widows within her.

vs. 26 her priests do violence to my law and profane my holy things; they do not distinguish between holy and common, teach that there is no difference between unclean and clean and they shut their eyes to the keeping of my Sabbaths so that I am profaned among them.

Vs.27 the officials within her (Jerusalem) are like wolves tearing their prey; they shed blood and kill people to make unjust gain.

Vs.28 her prophets whitewash these deeds for them by false visions and divinations. They say," this is what the sovereign Lord says "-when the Lord has not spoken. So, the official priests, prophets and princes were leading people to sin. The result was heart rending for the Lord.

Vs.29 The people of the land practice extortion and commit robbery; they oppress the poor and needy and mistreat the foreigner, denying them justice. Normally in these circumstances God's wrath was poured on people, but here God decided to do something unusual.

God loved man so much that He sent His only Son, the sinless Lamb of God, to be sacrificed on the cross to set us free from sin and reconcile him to God.

Vs.30 I have sought for a man among them who would build up the wall and stand in the breach before me for the land that I should not destroy it; but I found none. (R.S.V) One man standing in the gap to intercede on the behalf of the people would have satisfied the heart of God. But he could find none. God needs intercessors! Because there was no one available to stand in the gap. God's wrath was poured out on people and he consumed them with the fire of His wrath (vs.31)

Today sin has reached its climax. Satan is going on destroying without any resistance from anyone. Look at the world today; brutal people controlled by the devil do unthinkable things. Even a 90 year old mother was not spared by a 21 year old boy. How could he rape that fragile helpless mother, is unimaginable. No one can control such brutal people. (II Tim. 3: 1-4)

Intercessors alone can arrest Satan's kingdom from advancing. If law of the land could help we wouldn't have been witnessing so many babies and children and women being brutally raped. God's true intercessors alone can bring a change. Their heart rending cries are reaching God.

So, God is looking for intercessors in His vineyard today. How important are God's people who would stand in the gap and plead for God's mercy on behalf of people? We are called to pray for our nation (II Chron.7:14)

According to this verse our nation remains sick socially, economically and politically because:

- God's people did not humble themselves
- They did not turn away from their wicked ways
- They failed to seek the Lord's face and pray

So God could not heal the land and it remained sick and in captivity and in hopelessness. How important are the intercessors, for the Lord and the people of the earth? Will you be the one to satisfy God's heart and as an intercessor?

How important are the intercessors, for the Lord and the people of the earth? Will you be the one to satisfy God's heart and as an intercessor?

We as Christian nurses get innumerable opportunities to pray for a vast community which becomes our harvest field daily (Patients,

their relatives, the team of people who work with us).

'Prayer changes things'. God expects us to stand in the gap and intercede for the world especially for our patients. I have heard many testimonies of Christian nurses who led their patients to salvation. We stand at 2 gates. 1 gate is the gate of birth where we stand and receive babies into the world. What a joy to see every newborn. We also stand another gate, the gate of death. Our patients usually sleep into eternity (When they die). We stand very close to this scene. Where will they go? To eternal condemnation or to eternal joy in heaven? We have a great role to play. We get the best opportunity to touch lives as we are very close to our patients in their emotional and physical pain. What a privilege to be a Christian nurse!

Many times we may not be able to share the gospel, but we may become a speaking bible through our tender loving care and intercessory prayer enabled by the love and compassion of the Holy Spirit. Every opportunity lost here is a loss in eternity.

Opportunities and challenges for Christian Faith Community Nurses

Dr Anne van Loon, RN, Cert IV

Faith Community Nursing allows you to 'Think globally and Act locally' by considering the health of our planet and its people, enabling you to take local action with your faith community. It brings 'faith' to 'community nursing' and 'nursing' to the 'faith community'! As a Faith Community Nurse (FCN) you respond to Christ's love by using your faith in Jesus Christ and your personal gifts, and join these with your nursing knowledge and skills to serve your faith community and the community it serves, to make a real difference to the health and wellbeing of all.



education tailored to individual and group needs. You are a resource person to support people with referral, advocacy and care management. Best of all, you provide spiritual care, giving people time to listen, pray, encourage and provide them with faith support.

The FCN role has a **HEALTH** focus and includes:

- Health promotion
- Education and health counselling
- Advocacy and referral
- Listening and visiting
- Training and coordination
- Hope and spiritual care

Opportunities to provide whole person care

You are a part of the Christian church's response to Jesus' message: *"...whatever you do for one of the least of these children of mine, you do for me."* [Matthew 25:40]

Jesus' ministry focused on freeing the oppressed, reconciling the broken, enriching the poor, releasing the captive, welcoming the isolated, sheltering the homeless, providing for the vulnerable with acts of love, justice and proclamation of good news (Luke 4:18; Matt. 25:31ff). Christians are instructed to go and do the same. It is not a charitable choice, but a commandment to *"love one another as Christ loved us"* (John 13:34).

As an FCN you care for body, mind and spirit, seeking to restore and nurture whole health in and through Jesus Christ.

As an FCN you care for body, mind and spirit, seeking to restore and nurture whole health in and through Jesus Christ. You provide your faith community with direct access to confidential, personal and professional health counselling and

Faith Community Nursing adds a health dimension to pastoral care that increases its scope, depth and outreach capacity by addressing contemporary health issues such as COVID-19, and many acute and chronic conditions, as well as social issues such as loneliness, ageing, relationship breakdown, family violence, etc. It mobilises the strengths of local churches in fresh ways that support people in their church and their community. As an FCN you supplement and complement health and community care, by supporting people to navigate formal and informal care options to find the most appropriate support. This is really gratifying work and so necessary as health, aged and community care systems are increasingly complex for many people to steer through. The opportunity to give people your full presence, time to listen, and facilitate their learning is such a gift. Journeying alongside people as they go through various life challenges is rewarding and effective ministry. Your FCN ministry allows you to put your faith into action to promote health, healing, hope, peace, justice and faith, because *"...faith by itself, if not accompanied by action is dead!"* [James 2:17]

Challenges facing Faith Community Nurses

The FCN role is often voluntary, and as such it can be difficult to sustain when there are competing

demands of family, paid work, and a growing workload in the FCN ministry. This discourages younger FCNs from entering this role. Therefore it is important to have realistic expectations in the time you have available in your FCN role and to work in a team. This enables the blessings and the challenges to be shared. We also need to encourage churches to consider funding the FCN role to maximise its benefits and opportunities for the congregation and the FCN.

The autonomous nature of the FCN role is both a blessing and a challenge. It enables the freedom to tailor care and give people the time they require in their situation, but it also means people can become attached to your support and begin to depend on it, so you must maintain good and loving boundaries. It is important for FCNs to belong to a professional organisation to obtain current and appropriate continuing professional development, clinical supervision and support.

It is important for FCNs to belong to a professional organisation to obtain current and appropriate continuing professional development, clinical supervision and support.

There are sometimes challenges faced by FCNs regarding their regulated professional practice as health practitioners and the consequent obligations under the law. For example, some people in churches may not understand the legal requirement to maintain accurate documentation of the FCN practice as this is not required of pastors/priests. It is important to recognise professional standards of practice re documentation continue for FCNs, even when

they are practising in voluntary roles. Additionally, nurses must hold professional indemnity insurance, so churches and the FCN must both ensure their insurance cover meets the regulated standards. This may incur a cost for the church or the FCN, and this can be a challenge that dissuades the uptake of the FCN role.

These challenges are addressed by ensuring FCNs are adequately prepared for the role. The Westberg Institute has developed a 'Foundation of Faith Community Nursing' course, which is the international benchmark for this role. Many FCN courses are offered internally, online, or as hybrid courses and support the FCN in their autonomous nursing role and ministry. Additionally, belonging to a Christian fellowship and a Christian professional FCN organisation will help you get the continuing education, networking, practice resources, and above all prayer and support you require to ensure your FCN ministry stays focused on your deepening faith and dependence on Jesus Christ, and your up-to-date nursing knowledge and practice.

The FCN role is a blessing to you, a blessing to those you serve, and a blessing to God, so consider whether God is calling you to take this wonderful service opportunity.

Dr Anne van Loon, RN, Cert IV (Chaplaincy & Pastoral Care), Dip.App.Sc.(CHN), BN, MN(Research), PhD

Chairperson: Australian Faith Community Nurses Association (AFCNA)

You can find out more about the FCN role at:
www.afcna.org.au

You can connect with AFCNA at:
afcna@oulook.com

Oportunidades y desafíos para las enfermeras comunitarias de fe cristiana

Dra. Anne van Loon, RN, Cert IV

Faith Community Nursing te permite “pensar globalmente y actuar localmente” considerando la salud de nuestro planeta y su gente, permitiéndoles tomar medidas locales con tu comunidad de fe. ¡Aporta “fe” a la “enfermería comunitaria” y a la “enfermería” a la “comunidad de fe”! Como Enfermera Comunitaria de Fe (FCN, por sus puntos de residencia) respondes al amor de Cristo usando tu fe en Jesucristo y tus dones personales, y únete a ellos con tus conocimientos y habilidades de enfermería para servir a tu comunidad de fe y a la comunidad a la que sirve, para hacer una verdadera diferencia en la salud y el bienestar de todos.



Oportunidades para proporcionar atención a toda la persona

Ustedes son parte de la respuesta de la iglesia cristiana al mensaje de Jesús: “...hagas lo que haces por uno de mis hijos menos, lo haces por mí.” [Mateo 25:40]

El ministerio de Jesús se centró en liberar a los oprimidos, reconciliar a los rotos, enriquecer a los pobres, liberar al cautivo, acoger a los aislados, resguardar a los sin techo, proveer a los vulnerables con actos de amor, justicia y proclamación de buenas

Como FCN cuidas el cuerpo, la mente y el espíritu, buscando restaurar y nutrir toda la salud dentro y a través de Jesucristo.

noticias (Lucas 4:18; Mateo 25:31ff). Se instruye a los cristianos a ir y hacer lo mismo. No es una elección caritativa, sino un mandamiento de “*amarse unos a otros como Cristo nos amó*” (Juan 13:34).

Como FCN cuidas el cuerpo, la mente y el espíritu, buscando restaurar y nutrir toda la salud dentro y a través de Jesucristo. Usted proporciona a su comunidad de fe acceso directo a asesoramiento y educación confidenciales, personales y profesionales de salud adaptados a las necesidades individuales y grupales. Usted es una persona de recursos para apoyar a las personas con derivación, promoción y gestión de la atención. Lo mejor de todo es que brindas cuidado espiritual, dando a la gente tiempo para escuchar, orar, alentarlos y proporcionarles apoyo religioso.

El rol FCN tiene un enfoque **de SALUD** e incluye:

- **Promoción de Health**
- **Education** y asesoramiento en salud
- **Unadvocacy** y remisión
- **Estoy** de visita
- **Tiluvia** y coordinación
- **Hope** y cuidado espiritual

Faith Community Nursing añade una dimensión sanitaria a la pastoral que aumenta su alcance, profundidad y capacidad de divulgación abordando temas de salud contemporáneos como el COVID-19, y muchas afecciones agudas y crónicas, así como cuestiones sociales como la soledad, el envejecimiento, la ruptura de relaciones, la violencia familiar, etc. Moviliza las fortalezas de las iglesias locales de maneras frescas que apoyan a las personas en su iglesia y su comunidad. Como FCN complementas y complementas la salud y la atención comunitaria, apoyando a las personas a navegar por opciones formales e informales de atención para encontrar el apoyo más adecuado. Este es un trabajo realmente gratificante y tan necesario, ya que los sistemas de salud, ancianos y de atención comunitaria son cada vez más complejos para muchas personas. La oportunidad de dar a la gente su presencia completa, tiempo para escuchar y facilitar su aprendizaje es un regalo. Viajar junto a las personas a medida que pasan por varios desafíos de la vida es gratificante y

eficaz ministerio. Su ministerio fcn le permite poner su fe en acción para promover la salud, la curación, la esperanza, la paz, la justicia y la fe, porque “...fe por sí mismo, si no acompañado de acción está muerto!” [Santiago 2:17]

Desafíos a los que se enfrentan las enfermeras comunitarias de fe

El papel de FCN es a menudo voluntario, y como tal puede ser difícil de sostener cuando hay demandas competitivas de familia, trabajo remunerado y una creciente carga de trabajo en el ministerio de FCN. Esto desalienta a los FCN más jóvenes de entrar en este papel. Por lo tanto, es importante tener expectativas realistas en el tiempo que tenga disponible en su rol de FCN y trabajar en equipo. Esto permite compartir las bendiciones y los desafíos. También tenemos que alentar a las iglesias a considerar la financiación del papel de FCN para maximizar sus beneficios y oportunidades para la congregación y la FCN.

Es importante que las FCN pertenezcan a una organización profesional para obtener el desarrollo profesional continuo actual y apropiado, la supervisión clínica y el apoyo.

El carácter autónomo del papel fcn es a la vez una bendición y un desafío. Permite la libertad de adaptar el cuidado y dar a las personas el tiempo que requieren en su situación, pero también significa que las personas pueden apegarse a su apoyo y comenzar a depender de él, por lo que deben mantener límites buenos y amorosos. Es importante que las FCN pertenezcan a una organización profesional para obtener el desarrollo profesional continuo actual y apropiado, la supervisión clínica y el apoyo.

A veces hay desafíos a los que se enfrentan las FCN con respecto a su práctica profesional regulada como profesionales de la salud y las consiguientes obligaciones bajo la ley. Por ejemplo, es posible que algunas personas en las iglesias

no entiendan el requisito legal de mantener una documentación precisa de la práctica de la FCN, ya que esto no se requiere de pastores/sacerdotes. Es importante reconocer que los estándares profesionales de práctica continúan para las FCN, incluso cuando están practicando en funciones voluntarias. Además, las enfermeras deben tener un seguro de indemnización profesional, por lo que las iglesias y la FCN deben asegurarse de que su cobertura de seguro cumpla con los estándares regulados. Esto puede incurrir en un costo para la iglesia o la FCN, y esto puede ser un desafío que disuade la adopción del papel fcn.

Estos desafíos se abordan garantizando que las FCN estén adecuadamente preparadas para el papel. El Instituto Westberg ha desarrollado un curso de “Fundación de Enfermería Comunitaria de Fe”, que es el referente internacional para este papel. Muchos cursos fcn se ofrecen internamente, en línea, o como cursos híbridos y apoyan a la FCN en su función de enfermería autónoma y ministerio. Además, pertenecer a una beca cristiana y a una organización profesional cristiana de la FCN le ayudará a obtener la educación continua, el trabajo en red, los recursos de práctica y, sobre todo, la oración y el apoyo que requiera para garantizar que su ministerio fcn permanezca enfocado en su fe y dependencia cada vez más profundas de Jesucristo, y en sus conocimientos y prácticas de enfermería actualizados.

El papel de la FCN es una bendición para ustedes, una bendición para quienes sirven y una bendición para Dios, así que consideren si Dios los está llamando a tomar esta maravillosa oportunidad de servicio.

Dra. Anne van Loon, RN, Cert IV (Capellanía y Pastoral), Dip.App.Sc. (CHN), BN, MN (Investigación), PhD

Presidente: Asociación Australiana de Enfermeras Comunitarias de Fe (AFCNA)

Puede obtener más información sobre el rol fcn en: www.afcna.org.au

Puede conectarse con AFCNA en: afcna@oulook.com

About NCFI

Doctrinal basis

The following are the basic beliefs which NCFI members hold and which encompass the basic beliefs of the Christian Faith:

- the unity of the Father, the Son and the Holy Spirit in the Godhead
- the Person of the Lord Jesus Christ as very God, of one substance with the Father, and very Man, born of the Virgin Mary
- the Divine Inspiration and supreme authority of the Holy Scriptures in all matters of faith and conduct
- the guilt and depravity of human nature in consequence of the Fall
- the substitutionary Death of our Lord Jesus Christ and His Resurrection, as the only way of salvation from sin through repentance and faith
- the necessity for the New Birth by the Holy Spirit and his indwelling in the believer

Aims

- encourage Christian nurses and nursing students to live out their faith in compassionate professional practice
- deepen the spiritual life and cultural awareness of Christian nurses and nursing students around the world
- promote friendship, communication, connection and collaboration among Christian nurses worldwide
- support Regional NCFI Councils (Committees) and National NCFI organisations in their ministry with nurses
- empower Christian nurses to examine and apply scripture as it relates to professional practice
- equip and support the development of Christian nurse leaders around the world
- represent Christian nursing in the global nursing and healthcare arena

Culture

- faith and prayer
- *this is the lifestyle by which we will be known*
- integrate Biblical principles into our professional nursing practice
- *this is the how we live out our calling*
- participate in healthcare to demonstrate Jesus' love through equipping, encouraging and empowering nurses to provide competent and compassionate care
- *this is our life of nursing as ministry*
- seek to respect and understand cultures, languages, local customs, and healthcare practices as we serve
- *this is our commitment to incarnation*
- work with, learn from and encourage those who share the same purpose
- *this is our commitment to local communities of believers and the global Body of Jesus Christ*

Strategic goals 2020–2024

1. establish a sustainable financial and administrative infrastructure to achieve the aims of the organisation
2. establish an effective worldwide communication and collaboration network
3. develop an International Institute of Christian Nursing to equip nurses in professional practice, education and collaborative research
4. expand a network of prayer and praise across the organisation
5. initiate and develop key partnerships across like-minded organisations and institutions
6. organise international conferences normally every 4 years
7. expand the organisation through increased membership including students, active practitioners and retired members

Writing for CNI: author guidelines

Dr. Susan Elliott and Dr. Susan Ludwick, Acting Co-Editors

CNI accepts a wide range of submissions including

- letters to the editor
- research manuscripts and literature reviews
- opinion pieces
- reports and book reviews
- educational articles
- spiritual teaching
- experience manuscripts

All submissions should be forwarded to the co-editors for consideration (susan.ludwick@newberry.edu). The editorial committee will review submissions to ensure that they adhere to the aims and scope of CNI.

Research papers should follow the accepted format of reporting including an abstract, introduction, design, method, results or conclusions and discussion. They **should not be more than 2000 words in length** and must indicate the ethical approval process has been undertaken.

Manuscripts addressing topics of interest, educational approaches and spiritual teaching should **normally be no more than 1500 words** or less. Letters, reports and opinion statements should normally be **500 words** or less. If you are uncertain regarding the length or type of your submission please contact the editor.

All manuscripts should be word processed using Microsoft Word, Times Roman, spacing normally 1.15. Grammar and English should be checked as far as possible before submission. Avoid complex formatting, as this is sometimes difficult to transfer into the main document. British English spelling is preferred and should comply with the Concise Oxford Dictionary.

Articles written in Spanish or French will be considered.

References should be presented normally using the Harvard style, author names followed by year of publication. e.g. (Jones 2015). When a web page is cited the date when it was accessed should be noted. DOIs should be included when possible for Internet accessed publications.

Photographs and tables etc. should be submitted of the highest possible quality to allow for printing and titles should always be given. No pictures or tables should be submitted without permission from the copyright holder.

For further details please check our website: www.ncfi.org

Nurses Christian Fellowship International is registered as a Nonprofit Corporation with the Office of the Secretary of State of the State of Colorado, USA, against entity ID No. 20131016427, 03/13/2013. NCFI is also registered with the United States Department of the Treasury, Internal Revenue Service (IRS). The organisation is governed by an International Board consisting of three representatives from each of the six NCFI worldwide regions including the regional chair.



Nurses
Christian Fellowship
International

Nurses Christian Fellowship International,
2321 S. Juniper Circle Lakewood,
CO 80228 USA.
Email: information@ncfi.org
Web: www.ncfi.org
Facebook: www.facebook.com/ncfieurope