

CHRISTIAN *Nurse* INTERNATIONAL



Issue-4, December 2013



Nurses
Christian Fellowship
International

Nurses Christian Fellowship International - NCFI is making a difference to nurses and nursing around the world

Member Countries :

Currently there are over thirty National Nurses Christian Fellowships (NNCF's) who are in full membership and fellowship with NCFI. The member Fellowships are then grouped into six worldwide geographical regions as follows:



AFRICA

Cameroon, Ghana, Liberia, Nigeria and Zambia.

There are also contacts with individual nurses in Kenya, Niger and Sierra Leone.



CANA (Caribbean and North America)

Canada: www.ncfcanada.ca

USA : www.ncf-jcn.org

Contacts in Cuba and other Caribbean countries.



EUROPE

Europe: www.ncfieurope.org

Finland: www.saunalahti.fi/ssksfi

England and Wales: www.cnm.org.uk

Spain <http://bit.ly/liMfpdS>

Denmark: www.dks-forum.dk

Scotland: www.ncfscotland.org.uk

Norway: www.kfss.org

Contacts in Germany, Moldova, Netherlands and Romania.



LATIN AMERICA

Argentina, Chile, Ecuador and Peru.

Contacts in Bolivia, Colombia and Costa Rica.

www.cidec-al.org

PACEA (Pacific & East Asia)

Australia: www.ncf-australia.org

Hong Kong: www.ncf.org.hk

Indonesia

Korea: www.koreancf.org

Papua New Guinea

Singapore: www.ncf.org.sg

Fiji: www.fijincf.com

Japan

Malaysia

Philippines

Taiwan: www.neftw.org



SAME (South Asia-Middle East)

Bangladesh.

India.

Nepal

Pakistan

Middle Eastern Countries.

www.ncfsame.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, Confirmation Certificate No. 8486744, 03/13/2013 and is also registered with the United States Department of the Treasury, Internal Revenue Service (IRS) under Employer Identification No. 46-1823922.

Contact details : Nurses Christian Fellowship International
PO Box 300056
DENVER, CO 80203 USA
Email: information@ncfi.org; Website: www.ncfi.org
Heather Cutillo RN - NCFI Communications Coordinator
John D White CPA, MBA, Finance Director.

Governance. The organisation is governed by an International Board consisting of three representatives from each of the six NCFI worldwide regions including the regional chair.

PRESIDENT & CHAIR OF THE INTERNATIONAL BOARD:

Dr Barbara J White (elected for period 2012-2016) from USA and CANA Region.

VICE-PRESIDENT:

Dr Tove Giske (elected for period 2012-2016) from Norway and Europe Region.

INTERNATIONAL BOARD MEMBERS (representing the six NCFI worldwide regions) for the period 2012-2016:

AFRICA REGION:

Lt. Bright A ADDAE (NCF Ghana)
Thomas IBE (FCN Nigeria) also Secretary of the International Board
Martha MWENDAFILUMBA (Zambia NCF) **Africa Regional Chair**

CARIBBEAN & NORTH AMERICA (CANA) REGION

Dr Barbara J WHITE, NCFI President, (NCF USA)
Dr Amy Rex SMITH (NCF USA) also Treasurer of the International Board
Dr. Linda S RIEG (NCF USA)
Phyllis J FERRIER (NCF Canada) **CANA Regional Chair**

EUROPE REGION

Rosa LOPEZ Posteguillo (NCF Espana)
Steven FOUCH (CNM England & Wales) **Europe Regional Chair**
Dr Tove GISKE, NCFI Vice President, Norway

LATIN AMERICA REGION

Martha G FERNANDEZ Moyano (UCEA Argentina)
Bertha ANTOLINEZ Caceres (CECEC Colombia)
Alicia YANEZ Molina (ACEMACH Chile) **Latin America Regional Chair**

PACIFIC & EAST ASIA (PACEA) REGION

Margaret (Marg) HUTCHISON (NCF New South Wales) **PACEA Regional Chair**
Dr. Won Hee LEE (Korea NCF)
Dr. Li-Fen WU (NEF Taiwan)

SOUTH ASIA & MIDDLE EAST (SAME) REGION

Sarfraz ASIF (NCF Pakistan)
Rebecca SINHA (NCF Nepal)
Stacy SAHA (NCF Bangladesh) **SAME Regional Chair**

The following are also co-opted to serve on the International Board from 2012-2016:

Dr Sue ALLEN (CNM England & Wales): for Leadership Development
Dr Kamalini KUMAR (NCF USA): **for Leadership Development**
Prof Barbara PARFITT (NCF Bangladesh & NCF Scotland): **for Strategy and CNI Editor**

Christian Nurse International Editorial Committee Editor: Barbara Parfitt b.a.parfitt@gcu.ac.uk - with assistance and advice from:
Editorial Committee Judith Mumba, Hope Graham, Bart Cusveller, Grace Morgan, , Steve Fouch, Crystal Clotley, Betty Woo, Harriet Coelling, Li-Fen Woo

Letter from the Editor



Dear Readers,

It has been a year since the CNI was published and during that time there have been a number of significant changes in the organisation. These changes are a sign of growth and development and demonstrate how we are moving towards becoming the leading professional organisation for Christian nurses. We are an organisation that promotes Christian nursing values in practice. At the heart of Christian Nursing practice is the value of holistic caring. The use of the word 'Holistic' versus 'Wholistic' is discussed in our guest editorial by Kathy Schoonover-Shoffner. This edition also includes a lead article by Steve Fouch on compassionate caring. Compassionate caring lies at the heart of Christian nursing practice. Caring must be the distinguishing mark of every Christian nurse although sadly this is not always the case. Steve's article is one that you should ponder and think about and share with your fellow Christian nurses so that we can support one another in demonstrating the compassion and love of Christ to all

those we work with and care for. Margaret Hutchinson has written an account of the history of the NCF in Australia. What struck me as I read it was the way in which that organisation constantly adapted to the needs of the nurses and the changes in the profession through each decade without losing its central purpose of reaching out in support of nurses. This recognition of the need to change the way we develop our organisation so that it is relevant to the current generation is critical for the survival of not only our national fellowships but also for NCFI. I have also included four abstracts from the Chile conference that fit our theme. You may want to contact the authors to get their full presentation and their contact details are listed.

I hope you enjoy this edition and find it a useful resource for now and for the future.

*Professor, Dr Barbara Parfitt
CBE PhD RN RM*

Contents

	page
1. Editor's letter	- Barbara Parfitt 3
2. President's letter	- Barbara White 4
3. Guest Editorial: Holistic or Wholistic?	- Kathy Schoonover-Shoffner 5
4. An Evolution of Care.	- Margaret Hutchinson 6
5. Care and Compassion in Nursing: a Christian Model.	- Steve Fouch 10
6. The New Logo	13
7. The Blessings of International Friends & Modern Technology	- Tove Giske 14
8. The Parable of the Good Samaritan; Compassionate Caring	- Chan Kum Sum 15
9. International Board and Executive Committee Update	- Barbara Parfitt 17
10. Introduction to the Nursing Institute	- Deborah Carter and Linda Reig 19
11. Selected Abstracts from the International Conference, Chile, 5th-10th November 2012	20
12. Regional Conference Announcements	22
13. 2016 Conference - First Announcement	23

Letter from the President



September, 2013

Friends in Christ,

'This is the day that the Lord has made, let us rejoice and be glad in it.' Psalm 118:24

I hope today finds you rejoicing in the Lord. He is truly faithful.

Nurses Christian Fellowship International (NCFI) is moving forward with joy and great anticipation. God's hand is clearly upon us at this time of change. The organization has moved the international office from the UK to the US. NCFI is now incorporated in the state of Colorado. We have a new Logo and the website is in the process of being updated. Join us on Facebook! Heather Cuttillo (ncfiheather@gmail.com), the Communications Coordinator, responds to all website inquiries, connects members around the world and maintains the NCFI databases. John White (johndwhitecpa@comcast.net), the Finance Director, manages the financial aspects of the organization. And the International Board is actively working to serve the organization as we equip and encourage Christian nurses to integrate Biblical principles and Christ-centred values in clinical practice, leadership, education and research.

NCFI surrounds all decisions and actions with prayer, seeking God's direction, provision and protection. The NCFI Strategic Plan includes the establishment of the International Institute of Christian Nursing. Led by Linda Rieg and her

team, the Institute is in the initial development phase. Soon, academic institutions, faculty, researchers and clinical practice sites around the world will be connected and collaborating together. Train-the-trainer curriculum in Spiritual Care is already developed and being taught. Leadership Development materials are being modified so that the format resembles the training model.

Regional Committees form the hub of activity for NCFI focusing on expansion, caring projects and regional conferences. All NCFI regions are planning regional conferences in 2014: CANA (USA) in June, Latin America (Ecuador) in August, Europe (Spain) in September, PACEA (FIJI) and Africa (Nigeria) in October, and SAME (Sri Lanka) in November. Check the NCFI website (www.ncfi.org) for details. Come join us for an uplifting time of biblical teaching, professional development and fellowship.

Begin planning now to attend the next NCFI International conference in Manila, Philippines in 2016. A vibrant leadership team has formed and is now beginning to plan. Please pray for them. Watch for more details and join us as nurses around the world gather to worship and praise God for His many blessings.

I encourage you today to extend your influence for the kingdom. Empowering others changes lives. As we are empowered by the Holy Spirit, be sensitive to the needs of others around you, 'being confident of this, that He who began a good work in you will carry it on to completion until the day of Christ Jesus.' Phil 1:6

In His Service

Barbara J. White

Dr. Barbara White, RN, President, NCFI

'This is the day that the Lord has made, let us rejoice and be glad in it.' Psalm 118:24

'being confident of this, that He who began a good work in you will carry it on to completion until the day of Christ Jesus.' Phil 1:6

Guest editorial

- Kathy Schoonover -Shoffner, PhD, RN

Holistic or Wholistic?

Kathy Schoonover-Shoffner, PhD, RN, serves as editor of JCN and with Nurses Christian Fellowship USA, and works per diem as a staff nurse. She lives in Wichita, Kansas, with her family and is active in a local church.

What does it accomplish to use the word "Wholistic"?

For years, Christian nurses have struggled with the term "holistic," concerned about the alternative therapy view that sees the body as a dynamic energy field rather than an integrated biopsychosocial spiritual being created to live in relationship with God and others. The holistic view of impersonal energy that can be manipulated is incompatible with the biblical view of God as our personal Creator and Redeemer; logically speaking, both views cannot be true. Christians should be wary of simply renaming the "energy" God or the Holy Spirit. To clarify between these two different worldviews Christian nurses have used the term 'wholistic'. Unfortunately, this has led to confusion and perhaps even an 'us' against 'them' posturing. I witness this confusion and posturing in interactions with colleagues, manuscripts submitted to JCN, and other venues and I wonder, is this distinction helpful? What does it accomplish to use 'wholistic'?

Interestingly, the word wholistic (or wholism) either cannot be found in a dictionary or the dictionary refers you to the word holistic. In some academic fields (sociology, psychology, education), wholistic is used to refer to the idea of addressing all the parts of something simultaneously as in 'the whole thing'. Holistic (or holism) refers to the idea that the whole is more than just the sum of the parts. The term represents the sense of interaction and interdependence of the parts; that something is going on with the whole that cannot be understood by knowing or analysing the parts. A search for articles and books using the term wholistic reveals many authors use both terms to mean the same thing. Although some suggest holistic encompasses wholistic because holism refers to the interaction / interdependence of the parts while wholism only refers to the whole of the parts. As you can see, it's maddening trying to straighten this all out.

If holistic could be understood in this fashion, Christians would have no problem agreeing with and using the term. Indeed, holistic nursing is caring for the whole person, believing people are much more than the sum of their parts. But the term holistic also is used to refer to a worldview that espouses 'There is a unity, totality, and connectedness of everyone and everything' (Dossey & Keegan, 2013, p. 71); persons are energy systems with specific centres of consciousness (Chakras) used to channel energy (p. 417-438). This contradicts a biblical view of the world and people (i.e., Genesis 1, 2; Acts 17:24-31; Colossian 1:15-20). As one explores holistic nursing, other issues emerge that are problematic from a biblical Christian perspective.

So should we continue to try to differentiate between wholistic and holistic? In preparing this editorial I prayed (a lot!) and I polled Christian colleagues all over the country. I wasn't surprised that their responses were almost equally divided. But in the numerous emails and face-to-face conversations I discovered something else. These nurses want to hold out truth, God's truth, and they want to engage with the culture. One colleague said, 'We need to hold out truth in an authentic, winsome manner. We don't compromise the truth, but we are gracious and engaging, explaining what we mean and extending God's love'. I thought, how do we hold out truth (i.e., disagree), without being polarising? Then I thought, what is God's real concern here?

The professional term in nursing referring to integrated whole person care is 'holistic' (American Nurses Association & American Holistic Nurses Association, 2013). At the risk of offending some, I am going to suggest Christian nurses use the professional term. When we speak of holistic nursing we explain what we mean, and when it is appropriate, what we don't mean. We keep in mind that our goal is not to win discussions about the nature of human beings or the world or prove our point. Our goal should be the same as God's: To lovingly extend holistic healing to all through the salvation God offers us in Jesus Christ.-KSS

References:

American Nurses Association and American Holistic Nurses Association. (2013). *Holistic nursing: Scope and standards of practice* (2nd ed.). Silver Springs, MD: ANA.

Dossey, B. M., & Keegan, L. (2013). *Holistic nursing: A handbook for practice* (6th ed.). Burlington, MA: Jones & Bartlett.

This editorial was first published in the Journal Of Christian Nursing NCF-JCN-D-13-00056 Schoonover-Shoffner Editorial July/September 2013 Volume 30 No 3



'Our goal should be the same as God's: To lovingly extend holistic healing to all through the salvation God offers us in Jesus Christ'



An Evolution of Care: in Nursing and NCF

Margaret Hutchinson

Of all the ideas and concepts that have symbolised nursing since its beginnings there is one central idea that has been constant and enduring.

Professor Tracey McDonald in her oration for the Royal College of Nursing Australia said, "The unifying nursing narrative throughout the 19th century was about 'care' and the 'power and authority to provide nursing care'. She went on to say that in the early part of the 20th century, 'many nurses at this time achieved impressive care outcomes and set up systems that ensured patients received safe and effective care.' [Nursing - our multigenerational work in progress, 2011]

If we trace the evolution of nursing throughout the 20th century we see a continuity of this narrative. Even though other concerns were emerging, they were strongly related to that central one. In most nursing books, the term 'nursing care' is used repeatedly. The two words seem inseparable.

The tradition of care in association with nursing extends also to an organisation that was formed 100 years ago to care for nurses. Nurses Christian Fellowship Australia (NCFA), originally the Australian Nurses Christian Movement was from the beginning an organisation focused on caring for the carers.

We see a parallel in the evolution of nursing care in Australia, and NCFA in its caring role over the past 100 years. Tracing the history of both we see an enormous growth in both the development of the nursing profession, and also in NCFA as it adapted to a series of rapid changes in the profession. That evolution of care and revolution in ways of caring over that time encompasses not only models of nursing, education, and emerging technology, but also social aspects and the changing needs of nurses.

It was just three years after the death of Florence Nightingale that the Nurses Christian Movement (NCM) was born in Melbourne, Australia in 1913. It was also the year of the opening of the new Melbourne Hospital; soon to be the scene of the first Christian group for nurses.

But what was it like to be a nurse in Australia in 1913? It was the conditions that created a unique sub culture for nurses in the early part of the 20th century that kindled a vision for a Christian work among nurses. Trainee nurses worked very long hours, usually on split shifts with only one day off a week, so were virtually cut off from church attendance and other Christian activities. They were also resident in Nurses Homes and subject to strict rules and regulations in relation to off duty time. Despite these conditions, in most hospitals trainee nurses were not usually paid.

Surprisingly the instigators of the Nurses Christian Movement (NCM) were not actually nurses, but they had an understanding of the needs of nurses at that time, and possessed a remarkably clear vision for such a work. They were in fact a group of Christian people both lay and clergy who had



been hospital patients themselves and had been greatly impressed by nurses working at the Melbourne Hospital. In 1911, a Rev Frank Paton was ill in Melbourne Hospital. While he was there he saw that the spiritual need of the nurses was very great, but that there was no provision made to meet this need. He responded by gathering others to pray with him for nurses at the Melbourne Hospital. The group was led to pray specifically for one particular nurse, believing she was the one through whom God could begin the work they had envisioned. For two years nothing happened. Then the nurse was converted and her life was transformed. She not only brought several of her nursing friends to Christ but also gained permission from the Matron to conduct Bible Study circles for the nurses who wished to attend. Membership grew until nearly half the staff was enrolled. Very soon a general committee was formed, and NCM groups were established in other hospitals in Melbourne.

Although the work expanded quickly at first, it was halted for about three years during World War 1 when over 2000 nurses served with the Australian Army Nursing Service. Then in 1919, Miss Fanny Collett, a returned missionary nurse, was asked to assume leadership and re-organize the work. It was due to her prayerful and practical efforts that NCMs were established in further Melbourne and country Victoria hospitals, and the Movement was introduced to the other Australian states and territories. After the formation of the Branches in all States but the Northern Territory, the Australian Nurses Christian Movement (ANCM) was officially established in 1924, and a Federal Constitution formally adopted in 1928.

The rapid growth of the work in its early decades can to some extent be attributed to the respect it enjoyed in nursing circles, and the quick response to changing conditions and needs of nurses. It can be argued that the long lasting influence of this parachurch movement is due to a combination of factors, namely: a solid foundation, a relevant ministry, and the continuing ability to meet changing conditions and needs. The evolution of ANCM/NCF was, in many ways, a response to the evolution of nursing. From 1913 through to the 1920s, Nursing Registration Acts were being passed to standardise nursing qualifications. The Australian Nursing Federation was formed, mainly to secure registration with the International Council of Nurses (ICN) and this was achieved in 1937.

By 1940 one third of Australia's trained nurses had volunteered for overseas service. Before and throughout the years of World War 2 and in the post war period there was a quick response by ANCM to serve these nurses. The Movement enjoyed a great respect in nursing circles for the practical service given to nurses during those years. Each Army Nursing Sister leaving Australia was presented with a specially bound and inscribed New Testament. It was reported that 'many letters of appreciation for the Bible' were received from recipients in different parts of the war zone. Staff and members of ANCM also served as hostesses at a club and hostel for Army and Air Force nurses in Sydney. Many contacts and friendships made were to bear fruit when these nurses returned home after the war to take up senior positions in the hospitals of NSW.



During the 1940s and 50s, ANCM was flourishing in all States, with groups functioning in most metropolitan hospitals as well as many in country hospitals. Nurses were living in Nurses Homes and there were good attendances at hospital Bible Study Groups. Nurses Rest Rooms maintained by each State branch provided a venue for social interaction and spiritual support. These venues also provided a venue for inter-hospital meetings, held weekly or fortnightly, and special events such as missionary meetings and prayer days.



Nurses were cared for in a variety of social events. House parties and camps were a popular feature of the work in all State Branches. Two State Branches owned Holiday homes for nurses, who visited on days off, and for week-long house parties. There were also leadership conferences and Beach Camps for student nurses. Missionary nurses were cared for by ANCM staff and members praying, writing and sending copies of the magazine regularly. 'New Life' magazine reported that around 75% of Australian nurses on the mission field in that era were members of ANCM. Large numbers also served in the Bush Church Aid Society in remote areas of Australia.

In 1957 the vision of a Scottish nurse and the desire of existing nurses' fellowships brought about the formation of NCF International. ANCM became a founding member of NCFI, which today links nurses and national NCFs throughout the world, with 35 member countries, and links with many non-member countries. The late 50s and 60s saw some major changes in nursing. Disposable equipment was beginning to appear also piped oxygen and suction along with the first respirators. The establishment of intensive care wards with their new technology, and the resulting advances in critical care nursing in particular, saw changing relationships between nurses and doctors. There was a new sense of teamwork and mutual respect. The focus of nursing was on theories and models of nursing with an emphasis on defining the nurse patient relationship.



In 1970 there was a change of name for ANCM, which became Nurses Christian Fellowship Australia (NCFA). But many more changes were in store for nursing and for NCF. The 1970s was an era of even more rapid change in technology, nursing care and nurses roles. The relationships between medical and nursing staff had begun to change, particularly in critical care areas, and the long held hierarchical system was disappearing. Clinical career paths developed that gave nurses alternatives to administration or education. Around this time nurses began to move out of Nurses Homes, and the work among students gradually declined along with hospital group membership. NCF began to look for new ways to encourage and prepare students to apply their faith in nursing. NCF's program became more specialised. Graduate nurse education

was expanded and a series of professional workshops and seminars were provided. They dealt with a Christian perspective on topical nursing issues, care for the carer, and medical and nursing ethics. NCF in New South Wales (NSW) introduced the 'Persons in Crisis' course developed by Barbara Simsen. They were on the cutting edge of a new recognition in nursing that we needed to address the needs of the whole person in illness and hospitalization. The workshops were so successful they became a regular feature of the program, led by a team of NCF graduate members.

Soon there were courses on Spiritual Care in nursing practice - a response not only to a Christian perspective but also to a growing recognition in nursing of this dimension of need. It was recognised that nurses needed to be prepared to care for spiritual needs as well as the physical, psychosocial ones.

In the 80s and 90s NCF in NSW participated in ongoing education programs for health areas in NSW, and in Christian hospitals and nursing homes. The work with pre nurses was reinvented and expanded, partly in response to the nurse shortages of the time. These very popular week long camps were now called Nursing Preview. Quite a number of girls became Christians while attending pre nurses events, held eventually in four States.

The move for nursing education from hospitals to the tertiary sector in the mid-eighties also led to major changes in NCF. For several years NCF groups for nursing students were maintained in colleges and universities, but it was only in Victoria, that a limited work with students continued in universities until fairly recently. The change to university education for nurses while a great step forward for nursing, brought its own problems in the early years. The new graduates were not always welcomed by established nurses and administrators in medical treatment units, and there was a significant drop out rate for newly practicing nurses. They felt stressed by a lack of clinical experience, and there were insufficient new grad program placements. NCF again responded to new needs with a weekend course for new graduate nurses to help them prepare for entry to the graduate workforce.

Throughout the nineties and the first decade of the 21st century the emphasis for NCF has been in caring for nurses, midwives and nursing students by providing spiritual and professional support through Bible study groups, workshops, ongoing education, conferences, and resource materials. Three years ago we gained accreditation for professional education events with the Royal College of Nursing Australia.

One hundred years of caring in nursing and NCF is concluding, but what will the next 100 years hold? For NCF, all will depend on whether young nurses of today will take up its mission and carry it further into this second century. We pray that the tradition of caring for both nursing and NCF will not only survive, but will thrive and flourish to make a real difference in the nursing world of the future.

Margaret Hutchison

NCF Australia

How can you help NCFI

Nurses Christian Fellowship International is a charity registered in the United Kingdom. As such we rely on donations to carry out our worldwide work. If you are able to make a cash donation to NCFI so that we can continue to carry out this work please contact us at the NCFI Administration Centre or the nearest Nurses Christian Fellowship to you. There are tax incentives for charity donations, which apply in a number of countries. Every donation that NCFI receives is acknowledged. We keep our administrative costs to a minimum, so that the majority of funds received are used to help others, in line with our strategic plans. **Thank you!**



Please remember NCFI in your will! If you are thinking of making a new Last Will and Testament or just updating your existing Will please remember NCFI! Money received as bequests from wills helps us to give scholarships and assistance to those less fortunate. Thank you!

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.

Care and compassion in nursing: a Christian model

- Steve Fouch

While it is generally assumed that care and compassion are integral to nursing, in recent years this has increasingly been called into question. In the UK alone, reports have highlighted examples of poor basic care, communication and neglect of patients (Triggle, N 2012) and in extreme cases, appalling abuse of vulnerable adults and children (BBC Online 2011). The questions that this paper will seek to address what exactly is compassion? Is it innate or learnt? Why has there been a perceived increase in an uncaring attitude in the nursing profession? Why is compassion important? And what is the Christian understanding of compassion?

Towards a definition of Compassion

The Latin roots of the English word compassion come from *cum* =with and *passus* [past participle of the verb *pati* =to suffer] - literally to 'suffer alongside'. However, this literal interpretation is potentially problematic. Florence Nightingale warned her nurses to let compassion be a spur to action, but not to let emotional responses to suffering overwhelm them (Nightingale 1898).

Compassion is then an attitude we take into each encounter with another person that then shapes our relationship and interactions with them, rather than a purely emotional (and potentially paralysing) response to the suffering of the other (Davison & Williams 2009). However, this is still only a partial definition, especially in light of a Christian understanding of compassion.

The Roots of Compassion

Recent neurological research suggests that compassionate responses to pain involve a change in activity in brain structures involved in emotional responses. However,

there is also evidence of cortical activity implicated in self-related processes (Immordino-Yang et al 2009). This suggests that there is more than just an emotional response, but also a cognitive effort of self-identification in the suffering of the other.

The biological basis for compassion has long been argued in evolutionary biology from the concept of 'kin selection'. That is, we seek to put the needs of those who share the same genes as their close family and in particular their offspring, above our own needs as this preserves the genetic line. This could well explain the idea of compassion when dealing with those in our immediate circles, even those not related to us (mutual care ensures the safety of both gene lines (Dawkins 1979). However it does not adequately address compassion shown to those outside of the immediate group, nor the fact that compassion towards animals is closely linked to compassion towards fellow humans, where there can be little or no chance of benefit to one's own genetic line (Meng & Jenia 2009).

Is compassion innate or learnt?

There is considerable debate on this subject, particularly around whether we should select nursing students on the basis of innate empathic ability and compassion (if it were even possible), or whether those qualities can be inculcated during training. Some evidence suggests that those students with a high innate empathy are likely to be more caring and compassionate in practice (Magalhães, Costa & Costa M. 2012). More recently, there has been debate about teaching compassion as part of the core curriculum in nursing education (Davison & Williams 2009). As Ann Bradshaw has pointed out, historically, compassion has always been seen as a quality or virtue to be developed in nursing education, alongside the acquisition of technical skills (Brashaw 2011). Compassion can be taught, modeled and learnt. But why isn't it taught more?

Why is compassion and caring becoming less valued?

Edward Trudeau, the pioneer of TB treatment in the 19th century, said that the aim of medicine was 'to cure sometimes, to relieve often, to comfort always'. In an era before antibiotics and much of modern medicine, this was the best that could be offered, and medicine was seen primarily as a compassionate art.

At the same time, for most of Western history, religion, art, science and medicine were not separate disciplines, but were all seen as part of accessing divine knowledge. As Francis Bacon put it:

'God has, in fact, written two books, not just one. Of course, we are all familiar with the first book he wrote, namely Scripture. But he has written a second book called Creation. (Bacon & Pitcher 1986)

However, the shift in thinking during the 18th century Enlightenment was part of a revolutionary change that divorced the arts and humanities from the sciences (MacCulloch 2009).

Subsequently the caring art of medicine began to be seen as secondary to curative science. Whereas in medieval and Renaissance Europe, both male and female were involved in caring and curing, curative medicine now became almost exclusively male and caring almost exclusively female - the former seen as objective, scientific and increasingly high status, the latter as subordinate and low status.

The consequence has been that as medicine has become increasingly successful in the treatment of a widening range of conditions, so there has been a shift in emphasis away from care and compassion towards scientific care. Our health system has subsequently become very good at 'Transactional Care' - the scientific

provision of treatment for illness and injury, but increasingly bad at 'Relational Care' - the human interactions that express care and compassionate concern for the individual (Iles et al 2009).

However, a growing body of research suggests that meeting the emotional and spiritual needs of patients has a significant impact on recovery and prognosis, and a failure to address these needs can lead to poorer clinical outcomes (Bunn & Randall 2011). Compassionate care should therefore be an integral component of care, not an optional add-on.

Compassion as a Christian Virtue

Anne Bradshaw states that:

Throughout nursing history, compassion has been viewed as a quality associated with an individual's character. Compassion stems from virtue... It is nurtured in, and by, the culture and ethos of clinical practice (Bradshaw 2011) [emphases added].

The Western understanding of virtue stems from the Greek notion of the virtues as principal human strengths that generate and are generated by the character of the individual. A virtue was not innate but was a habit of heart and mind that was developed studiously by effort over time until it became 'second nature'. Virtues were mostly masculine (courage, strength, restraint, wisdom, etc.); and compassion was not regarded as one of them.

Virtues in New Testament understanding are something quite different. Firstly, the authors of the New Testament recognised humanity's inability to be truly virtuous. This is because true virtue is to live sinlessly according to God's will and purposes, something that fallen humanity is unable to achieve alone (Romans 3:21-15) To

become truly virtuous is only possible as a result of inner transformation by the indwelling power of God the Holy Spirit (2 Corinthians 3:18) . It is about a transformation of character and will, in which we play a part, but which ultimately is God at work in us (Philippians 2:12-13).

As NT Wright puts it:

Christian virtue... is both the gift of God and the result of the person of faith making conscious decisions to cultivate this way of life and these habits of heart and mind (Wright 2010)

Compassion (or kindness and gentleness) is seen as 'fruit of the spirit' (Galatians 5:22-23), those qualities of character that God brings to life in us and that we then express in our lives, individually and as a community (Colossians 3:12-14).

In Greco-Roman thought, compassion was a purely emotional response. Therefore to show compassion and kindness was merely habit - not virtue. At best, it was a natural response to the needs of friends and family, and certainly went no further than one's fellow countrymen or social class.

The Bible gives us a different image, showing that compassion is part of the very character of God himself. In the Christian worldview, God created a good and fruitful world (Genesis 1), which because of the disobedience and sinfulness of humanity, is now fallen. Pain and suffering are an intrinsic consequence. (Genesis 3) But while the nature of existence is now mixed with sorrow and pain (Proverbs 14:13), God himself shows kindness and compassion on his fallen creation and on humanity sending Jesus to die and take the consequences for sin so that we can become reconciled with God (Eph 2:7-10) . The healing and reconciliation to God of a hurting world was achieved with the final expectation that there will be a new creation, where suffering and pain will

cease (Rev 21:1-6). The Bible speaks throughout of a God who passionately cares for his creation and acts constantly out of compassion towards his people (E.g. Psalm 116 (esp. v4-9); Isaiah 30:7-9).

Jesus exemplified God's compassion in his life and teaching. He made it clear that compassion was an essential virtue, and that it was also to be expressed to those outside the normal parameters of kin and close friends. Compassion was all the more a virtue when shown to the stranger, the prisoner and the outcast, and even more to those who ill-treated you, hated or even persecuted you, and that in doing so we care for Jesus himself (Matthew 25:31-46 & Luke 6:27-36)

Jesus showed compassion in its most selfless sense by choosing to lay down his life for others (John 3:10:14-18), an act of reconciliation and self-sacrifice even for those who hated him or did not know him (Romans 5:6-8)

Christian understanding of compassion is also shaped by our understanding of the Incarnation. God himself entered into our suffering by becoming human (Phil 2:7-11) As the writer John Wyatt says:

Because Jesus was a baby, all babies are special. Because Jesus was a dying man, all dying people are special (Wyatt 2009).

'Because Jesus was a baby, all babies are special. Because Jesus was a dying man, all dying people are special' (John Wyatt)

'Because Jesus was a baby, all babies are special. Because Jesus was a dying man, all dying people are special' (John Wyatt)

Jesus, by identifying with us so completely, endowed our humanity with a profound dignity and worth. So it is that the Christian understanding of compassion comes with a strong sense of respect for the dignity of the person in need. It is not 'pity-love', but 'respect-love', recognising the image of God in the other person. As Mother Teresa put it, 'It is more than pity that motivates us, it is respect mingled with compassion.'

Thus in Christian thought compassion becomes one of the highest virtues. It expresses the very heart character and actions of God himself, being a God-given quality that sees value and dignity in every human being made in the image of God.

'It is more than pity that motivates us, it is respect mingled with compassion.' (Mother Teresa)

Synthesis and practice - Sydenham & Nightingale

This understanding of Christian compassion shaped the thinking of many of the pioneers of modern nursing and medicine. I will look very briefly at two of these pioneers.

Thomas Sydenham (1624 -1689), called by some the 'English Hippocrates', laid out four key principles for any godly physician:

It becomes every man who purposes to give himself to the care of others, seriously to consider the four following things:

First, that he must one day give an account to the Supreme Judge of all the lives entrusted to his care.

Secondly, that all his skill, and knowledge, and energy ...have been given him by God, so they should be

exercised for his glory, and the good of mankind, and not for mere gain or ambition.

Thirdly... let him reflect that he has undertaken the care of no mean creature, for, in order that he may estimate the value, the greatness of the human race, the only begotten Son of God became himself a man, and thus ennobled it with his divine dignity, and far more than this, died to redeem it.

And fourthly, that the doctor being himself a mortal man, should be diligent and tender in relieving his suffering patients, inasmuch as he himself must one day be a like sufferer' (Edmunds & Scorer, 1958).

This understanding of shared human frailty, sinfulness and a need for God's grace and human dignity informed Sydenham's view of compassion as a central component of good medicine. Sydenham also emphasised the notion of 'vocation' or calling. Medicine was not a career to advance one's own interests, but a means of service to God and man.

Florence Nightingale, (1820 -1910), the founder of modern nursing, made it clear that being an effective nurse required compassion, and that this was a virtue to be worked at.

Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation, as any painter's or sculptor's work; for what is the having to do with dead canvas or dead marble, compared with having to do with the living body, the temple of God's spirit? It is one of the Fine Arts: I had almost said, the finest of Fine Arts (Nightingale 1898).

However, she also understood that nursing was a science. It needed to be evidence-based and required technical skills, just as

Sydenham understood medicine to be as much an art as a science, requiring diligence in compassion as much as in knowledge and technical skill. Both understandings are deeply informed by Christian faith as well as science, and I would argue that in the synthesis of both Nightingale's and Sydenham's perspectives we can see the reversal of the care/cure split in Western thought. It also belies the popular view that higher levels of academic training in nurses necessarily thwart compassion.

Conclusion

Compassionate care is integral to good nursing, but our understanding of what compassion is and how it is developed has become confused. While there are innate qualities in our biology and character that can lead some people to show greater compassion than others, compassion is a virtue that can (and must!) be developed and nurtured in all who come into the profession.

Furthermore, a Christian understanding of compassion requires us to accept it as a virtue that is a gift from God, to be cultivated out of our on-going relationship with our Creator, in imitation of his own compassionate nature and action, and in community with other believers. It requires us to respond to the needs of others, even those whom we find difficult to care for or towards whom we are naturally unsympathetic or even antagonistic. Compassion is a practical response, not an emotional state or affectation; it starts from a quality of character and an attitude of mind.

Modern healthcare, from training institutions to clinical monitoring and financial management, tends to devalue compassion, so if we are to foster it in the nursing profession there is a need for a change in values and culture. This comes from strong and visionary leadership that

leads by example. Compassion is a key virtue in nursing leadership.

We need to make sure that the profession and the health service as a whole become environments where compassion and the art of nursing are nurtured as much as clinical and technical excellence.

Steve Fouch is Secretary of Christian Nurses & Midwives (the national fellowship for England & Wales) and European Regional Chair of NCFI

An earlier version of this paper was published by the Christian Medical Fellowship in April 2013 as CMF File 50: Care and Compassion, accessible at <http://cmf.li/13lhUvy>

References

Bacon F, Pitcher J (1986), *The Essays*; London: Penguin Classics (first published 1597)

BBC Online (2011) Four arrests after patient abuse caught on film. Available:

<http://bbc.in/l9pxWV> Last accessed January 2013

Bradshaw A. (2011). Compassion: What history teaches us. *Nursing Times*. 107 (19), 12-14.

Bunn A, Randall D. (2011). Health benefits of Christian faith. *CMF Files*. 4 (44), 1-4., accessed at <http://cmf.li/TGjxDf>

Davison N and Williams K (2009) Compassion in nursing 1: defining, identifying and measuring this essential quality *Nursing Times* 14 September

Dawkins R. (1979) Twelve Misunderstandings of Kin Selection. *Z Tierpsychol*. 51 (1), 184-200

Edmunds V, Scorer CG (Eds) (1958) *Ideals in Medicine* London: Tyndale Press. 155

Iles V, Sweeney K, Vaughan Smith J. (2009). What makes good doctors practise bad medicine? Available: <http://bit.ly/117Dg33>. Last accessed Jan 2013

Immordino-Yang MH, McColl A, Damasio H and Damasio A (2009). Neural correlates of admiration and compassion *Proceedings of*

the National Academy of Sciences of the United States of America. 106 (19), 8021-8026.

MacCulloch D (2009) Part IV God in the Dock - Natural and Unnatural Philosophy pp 1492-1700 In *A History of Christianity, the First Three Thousand Years* London: Allen Lane.

Magalhães E, Costa P, Costa M (2012). Empathy of medical students and personality: evidence from the Five-Factor Model. *J. Med Teach* 34 (10), 807-812.

Meng & Jenia (2009) *Origins of attitudes towards animals* Brisbane: Ultravistum. 1-70.

Nightingale F (1898) *Notes on Nursing: What It Is, and What It Is Not* London: Dover Publications Inc.

Triggle N (2012) Why can't the NHS get basic care right? Available: <http://bbc.in/ULoNPa>. Last accessed 22 November 2012.

Wright NT (2010) *Virtue Reborn* London: SPCK.

Wyatt J (2009) *Matters of Life and Death* 2nd ed. London: IVP. 78



Nurses Christian Fellowship International

Do you like it? We believe that this change truly reflects our worldwide service for the Lord with the nursing and healthcare profession.

The blessings of international friends & modern technology



- Tove Giske

Sometimes life is difficult and we face things we do not understand. A word of encouragement can be as a light in the dark, uplifting our spirits. Perhaps you need some encouragement that challenges you to see things differently and to seek God's perspective on where you are in your life right now? Thanks to modern technology we do not need to travel to be connected nationally, in the region or internationally. To be a part of NCFI and other international fellowships has given me great blessings and encouragement in my everyday work, and I would like to share a few of my experiences of the last months.

I receive Bible studies on a regular basis, via e-mail, from friends who live in California. During the summer of 2013 they were studying Joshua. At a time when things at work were difficult, the heading of the study was: 'Be strong and of a good courage'. An e-mail came twice with the same message: 'Be strong and of a good courage'. This verse is from Joshua 1:9 where we read: Have I not commanded you? Be Strong and of a good courage; do not be afraid, nor be dismayed, for the LORD your God is

with you wherever you go'. This made me look at the situation with new eyes, and helped me to work things out in a more constructive way.

I also had a couple of emails from another international friend. She always has a scripture greeting at the end of her e-mails. Most often I do not take the time to open my Bible and read the suggested reference or text, but this time I did. So please read with me 1. Thess. 5: 16-22: 'Rejoice always, pray continually, give thanks in all circumstances; for this is God's will for you in Christ Jesus. Do not quench the spirit. Do not treat prophecies with contempt but test them all; hold onto what is good, reject every kind of evil.' Also in Romans 8:28: '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.' Something of the same has come again and again to me - Give thanks to God for all things. What a challenging invitation. Not easy, but it has opened me up to be more curious in the midst of difficulties. God, what do you want to show me now? What do you want to teach me? It makes a difference to ask such questions instead of just being frustrated when times are hard. In my pondering about what this can mean, my thoughts go to Joseph. His life story is one of the most amazing I know. So much hardship, so much loss and pain, and so much greatness and so many opportunities! When he was getting old and looked back on his life he could say to his brothers - Now I see that all happened for a purpose, and God has been with me all the time. What a wonderful trust in God thing we can learn from that.

And if this was not enough about living as a Christian in the middle of how life is, I received another international greeting in my e-mail with the heading: TAKE HEART. Take heart son. Take heart sister. You can read this for yourself in Mathew 9:2 and verse 22. This is a special greeting from Jesus to you today. Take heart!

Blessings Tove Giske

Vice president NCFI

1. Thess. 5: 16-22: 'Rejoice always, pray continually, give thanks in all circumstances; for this is God's will for you in Christ Jesus'



THE PARABLE OF THE GOOD SAMARITAN; Compassionate Caring

-Chan Kum Sum

In schools of nursing, we are taught to provide good nursing care based on knowledge from the nursing, medical and social sciences. For Christian nurses, we have the extra knowledge of God's Word to guide us in our nursing practice. For example, we learn about compassionate caring from the Parable of the Good Samaritan in Luke 10:25-37.

Jesus told the Parable of the Good Samaritan in response to a question by a man who was an expert in the Jewish law. As an expert, he quoted the great commandment correctly. 'Love the Lord your God with all your heart and with all your soul and with all your strength and with all your mind; and, 'love your neighbour as yourself.' (Luke 10:27)

The great commandment is not just a law for the Jews, but for all God's people. We are to love God with all our being - our heart, our soul, our strength and our mind. No one can love God with total devotion like this, unless he or she has first received salvation by faith through Jesus Christ and has established a meaningful relationship with God. We love God in response to His great love for us in sending His Son to die on the cross to bear the punishment for our sin.

For Christian nurses, the motivation to care for our patients should go beyond duty. It is God's love at work in us that enables us to love others, including our patients.

Someone had said, 'God has no hands but our hands, He has no feet but our feet'. It means that God wants to use us as a channel of blessing to others by our words and actions. In their pain and suffering, patients often feel God doesn't care. This is when we show that God does care by the care we give. This is when they see the difference that Christ makes in our lives.

'God has no hands but our hands, He has no feet but our feet' (Anon)

Loving your neighbour

The expert of the law who asked Jesus the question, 'And who is my neighbour?' replied to the question himself after Jesus had told the Parable of the Good Samaritan. He said, 'The one who had mercy on him' (Luke 10:37).

Nurses have many opportunities to show mercy and to be 'a neighbour' to our patients who are often fearful, helpless and in need. With a heart of compassion, Christian nurses, can be a neighbour to our patients by coming alongside them, providing comfort and care - physical, emotional and spiritual. To love your neighbour as yourself requires the highest standard of nursing care.

The Priest and the Levite: The priest and the Levite were religious leaders who saw the seriously injured man but ignored him. They passed by on the other side. Not that they didn't see the need of the injured man, but they didn't care and chose not to be involved. They were only thinking of themselves. Maybe they were thinking: 'I am in a hurry. I don't want to get involved.' or 'If I stop, I may be attacked by the robbers as well.' Being religious leaders, they could also be thinking, 'I don't want to defile myself with a half-dead body'.

The negative attitudes of the priest and the Levite reminds me of some nurses whom I have encountered during my nursing days. Have you come across nurses who ignore a patients' call bell...nurses who see patients lying in an uncomfortable position but do nothing about it...nurses who don't want to do unpleasant tasks?

Service before self was not in the mind of the priest and the Levite. Their negative attitudes serve as a reminder to Christian nurses that we cannot profess to be God's children if we always put self before service. Rather, let our Christian beliefs and values direct our attitudes and behaviour. The attitude of servant-hood is a hallmark of Christianity. Jesus said of Himself, '... the Son of Man did not come to be served, but to serve; and to give his life as a ransom for many' (Matt.20:28).

The hero of the story is the Good Samaritan. In contrast to the attitude of the priest and the Levite, the Samaritan saw the injured man, and had pity on him.

Notice that this feeling of pity or compassion for the suffering of another human being was the motivation for him to stop and help the victim. What was in his heart expressed itself in action.

Similarly, compassionate caring of Christian nurses begins with the heart. As the love of Christ dwells in us, we will be able to express it in making ourselves available to help those in need, regardless of race or religion.

In the parable, the nationality of the victim is not stated, emphasising that caring for our patients goes beyond ethnic and religious boundaries. The victim in the parable and our patients are just fellow human beings needing help, whom God has put in our path.

The injured man reminds me of victims of motor vehicle accidents, snatch thefts or fights that we see in Casualty- bleeding, traumatised emotionally and some in a serious condition.

The Good Samaritan gave appropriate care. He gave first aid, using oil and wine for healing and comfort. He provided transport at the risk of his donkey being soiled. Many people would not stop to pick up an injured man on the roadside for fear that their car may get soiled with blood. Not the Good Samaritan, he took the injured man to a place of shelter where he could take care of him. He also arranged for convalescent care and bore all the necessary expenses.

What a lesson for us! The Good Samaritan didn't go to nursing school to learn about quality patient care, but he certainly made himself available, used common sense and his own resources with the welfare of the patient in mind. He was sacrificial and willing to go 'the second mile'.

Due to medical advances, nurses today need more than common sense. They need to be knowledgeable, competent and skillful. At the same time, they must not lose sight of the caring component which is the core of nursing. It is often said, 'Nursing involves the head, the hands and the heart.'

In Matt. 25:37-40 Jesus taught that acts of service to the suffering and needy are direct acts of service to himself ... 'I was sick and you looked after me...I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me' ...It is Christ we are serving.

'Nursing involves the head, the hands and the heart.' (Anon)

Conclusion

From the Parable of the Good Samaritan, we learn that Christian caring is demonstrating compassionate care and sacrificial love.

At the end of the parable, Jesus told the expert of the law, 'Go and do likewise' (Luke 10:37). God has been merciful to us, let us show mercy to our patients and their families for whom we have been called to care. 'For it is by grace you have been saved, through faith - and this not from yourselves, it is the gift of God - not by works, so that no one can boast. For we are God's workmanship, created in Christ Jesus to do good works, which God prepared in advance for us to do'"(Eph.2:8-10).

It is a high calling to love our neighbour as ourselves. We will never be able to do it by our own strength. We need to abide in Christ and be empowered by the Holy Spirit. Let us rejoice that we are Christian nurses and that God is working in and through us to fulfill His divine purposes and for His glory.

'...let your light shine before men that they may see your good deeds and praise your Father in heaven.' (Matt. 5:16)

(Adapted from a message given at the Nurses' Day Service, Malaysian NCF on 18 May, 2013 by Chan Kum Sum).



International Board and Executive committee update

Barbara Parfitt

A new International Board was appointed during the International Conference in Chile during 5th-10th November. It was made up of existing members and also new members. From the beginning of the new board there was a clear recognition that the organisation was moving into a new phase, and a new way of working needed to be adopted. The challenges faced by NCFI are both exciting and daunting. Key to success was the need to share the workload and distribute responsibilities. Committees were established to take forward the work headed up by different members of the Board. An Executive committee was appointed to ensure rapid decision making. The committee was tasked to oversee the transfer of the administrative centre of the organisation from the UK to the USA and take care of all the associated legal requirements. Heather Cutillo is now the new NCFI Communications Coordinator maintaining contact across the organisation with National and regional groups. She will also be sending out a quarterly newsletter. Proposals were put forward to develop a new and exciting web page, to open up a Facebook page and to circulate prayer and praise items. Plans for the New Institute of Christian Nursing were also proposed and these are currently being taken forward. The Constitution was reviewed along with the development of the strategic plan. Bylaws are under development to support the Constitution. Regional meetings have been held regularly using Skype, and plans for both Regional Conferences and the next international Conference have been discussed. The next International conference will be held in the Philippines, in Manila.

A great deal of work is being done and has been done to sustain the NCFI and to ensure that Nurses Christian Fellowship groups the world over get the support and encouragement they need to carry out their mission to nurses in their regions and in their countries.



NCFI Strategic Plan 2013 - 2021

Nurses Christian Fellowship International (NCFI) connects Christian nurses around the world by encouraging and equipping them to live out their faith in professional nursing practice. The Vision of NCFI is Christian nurses around the world living out their faith in their professional lives. The Mission of NCFI is to equip and encourage Christian nurses to integrate Biblical principles and Christ-centered values within clinical practice, leadership, education and research. Our Values are built on God's love and care for us (John 3:16) and His work through us as nursing professionals (Matthew 25: 34-40). 'I was sick and you looked after me.' Matt. 25:36. Our foundation is in fear and love of God As nurses within NCFI, we identify our values as:

- ◆ Love ◆ Respect
- ◆ Unity ◆ Equity
- ◆ Integrity

The Aims of NCFI are to:

- ◆ 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 (Committee) and National NCF organizations 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

Our Beliefs:

- ◆ The one true God, Creator of all things, eternally exists in three persons - Father, Son and Holy Spirit.
- ◆ The divine inspiration, entire trustworthiness and authority of the Bible in all matters of faith and conduct.
- ◆ All people created in God's image but alienated from God because of sin.
- ◆ Jesus Christ, God's only Son, fully divine and fully human, born of the Virgin Mary, came to reconcile humankind with God the Father. The shed blood of Jesus Christ and His resurrection providing the only ground for salvation and justification for all who repent and believe.
- ◆ The indwelling presence and transforming power of the Holy Spirit calling all believers to love, serve others, seek justice, resist evil, and to proclaim Jesus, crucified and raised.
- ◆ The future personal return and victorious reign of Jesus Christ who will judge all people with justice and mercy.
- ◆ To God be the glory forever!

Our Culture:

- ◆ We practice faith and prayer. This is the lifestyle by which we will be known.
- ◆ We integrate biblical principles into our professional nursing practice. This is the how we live out our calling.
- ◆ We 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.
- ◆ We seek to respect and understand cultures, languages, local customs, and healthcare practices as we serve. This is our commitment to incarnation.
- ◆ We will work with, learn from and encourage those sharing like purpose throughout the world. This is our commitment to local communities of believers and the global Body of Jesus Christ.

Strategic Goals 2013 - 2021:

1. Establish a sustainable financial and administrative infrastructure to achieve the aims of the organization.
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.

NCFI Launches the International Institute of Christian Nursing

Deborah Carter MSN, RN

&

Linda S Rieg PhD, RN, CNE

History - Catching the Vision:

In the spring of 2004, a group of nurses met in the United States to discuss how NCFI could increase the voice of Christian nursing within the profession. The initial idea was to establish a focus on scholarship that would be seen as a credible resource, integrating faith and science. Several content related committees were created including: moral leadership, spiritual care, ethics, culture, and church-theology. The initial work on a conceptual framework for an Institute of Christian Nursing was begun with the vision: To impact, influence, and shape the future of nursing for Christ

At the 2004 NCFI Conference in Korea, Dr. Barbara White presented this vision for the international members to consider. The presentation created a great deal of interest and many agreed that establishing a scholarship arm of the NCFI was a worthy endeavor. Although interest continued, there were other priorities for NCFI over the next few years. However, those interested in beginning this work also made a commitment to pray, follow God's timing, and obediently follow His lead. During the European Conference in 2010 in Romania Barbara White called together a meeting of interested persons to discuss the idea of the proposed Institute and Barbara Parfitt prepared a briefing paper setting out the aims, vision and plan for its development.

The Institute Launched:

Nurses are recognised as the key healthcare providers worldwide and the most numerous of all healthcare professions; therefore, one of the most powerful ways to improve the health and wellbeing of all people is to empower and equip nurses. In November, 2013 at the 18th Quadrennial NCFI conference in Santiago, Chile the International Institute of Christian Nursing was officially established. The Institute is a professional academic division of NCFI which will provide scholarly resources and facilitate collaborative networks. With a mission to advance a Christian worldview in nursing practice, education, leadership, and research, the Institute was established to function as a virtual global center to create, gather, and disseminate resources so that Christian nurses will be better equipped to improve health within their sphere of influence.

The aims within the Institute's strategic plan are to:

1. Develop and provide quality resources that are based on biblical principles
2. Facilitate and share scholarly resources and expertise
3. Facilitate international professional collaboration in practice, education, and research

To facilitate the aims, the Institute developed the following outcomes:

1. Products: Train-the-trainer courses and programs in areas of significance such as spiritual care, ethics, leadership, cultural care, and faith community nursing
2. People: Databases of Christian nurse leaders in areas of education, practice, and research who are willing and able to share their expertise
3. Partnerships: Links and networking for sustainable long term connections between individuals and organisations for mutual professional development

Current Resources:

Train the Trainer Modules: The first two resources available through the Institute are the Leadership and Spiritual Care Train the Trainer Modules. Both programs focus on training trainers in regional and national fellowships with the long term vision of equipping Christian nurses around the world to be agents for change in their own culture, their own nations.

The Spiritual Care Program was developed and first offered at the NCFI quadrennial conference in

Chile and has since been presented at several other regional conferences. The Leadership Program is in the process of being revised to include several options depending on the type of program that is needed. This could be leadership for your personal walk, professional life, or to be a leader teaching the curriculum. More will be shared about these opportunities in future newsletters.

Databases: The Institute's databases are currently being developed. The goal is to have organisations and individuals who have gifts, talents, or resources listed so when needs are identified the Institute can connect the right resource for the need. Furthermore, any specific requests for research, resources and/or partnerships, are also being accepted.

Leadership: The Institute committee consists of Sally Bennie, Deborah Carter, Tove Giske, Kamalini Kumar, Amy Rex-Smith, Barbara White, and Linda Rieg who is serving as the Institute Director. Meetings are held on the second Saturday of each month. Additional NCFI members are involved through work on several sub-committees.

Call to Serve: If you have a desire to participate on a committee or if you would agree to being contacted for a specific area of expertise please submit your name and gifts to Heather Cutillo at ncfiheather@gmail.com. We would like all NCFI members to keep us up to date with areas of research interest, expertise, personal scholarship, or gifts you are willing to share with others. Our goal is to encourage experienced and novice scholars as they make an impact on nursing with a Biblical worldview. Of course funding is always needed for this type of work, so anyone able and willing to contribute would be a true blessing. Please continue to watch for further developments.



Four Selected Abstracts From The Chile Conference That Addressed The Issue Of Compassion In Nursing Care.



Keynote speaker
Patricia Benner, RN, PhD, FAAN

Professor Emerita, University of California, San Francisco. Author of 'From Novice to Expert: Excellence and Power in Nursing Practice'. Director of Carnegie National Nursing Education Study: 'Educating Nurses: A call for Radical Transformation' and EducatingNurses.com, a web-site for Faculty Development.

Faithful Nurses, Living our Heritage as Compassionate Strangers

The heritage of the Good Samaritan, the compassionate stranger and Kari Martinsen's notions of Sovereign Life Manifestations of love, mercy, openness, trust and hope along with curiosity and seeking understanding are presented as nurses' possibilities, already available to us in the created world.

This Christian faith and heritage inspires and creates the conditions of possibility for our care for the other as other, but not wholly other. Nightingale Nursing is founded upon the Christian practices of hospitality and compassionate care for the stranger. What does this mean to us today as modern nurses? What are the false consciousness's that we might have about our caring for strangers? How do we live and embody faithful caring practices as Christians?

We will look into these questions under the following points:

- 1) Temporality and Finitude
- 2) Embodied Know-how,

dwelling in a life world and place, strengths, capacities, commitments and concerns, relationships and projects that suspend us in our life worlds and at the same time create vulnerability due to lack of permanence, change in the projects or changes in our capacities to engage in the project or relationship.

3) We dwell in Facticity, Historical Time, Place and our human Life world that is often seamless and invisible to us.

4) Some of the ways that the Sovereign Manifestations of Life get blocked our Nursing Practice.

5) Openness and Trust in our pre-given Language and Ability to Speak

6) Shared Embodied Vulnerability and Mercy

7) Love

8) Curiosity, Understanding and Knowing

Partners in care - partners with patient and family



Key note speaker
Nelly Garzon BSN MSN

Nelly Garzon, BSN, MSN is Professor Emerita Universidad Nacional de Colombia. Former Dean of the Faculty of Nursing, Universidad Nacional de Colombia, Past President of the International Council of Nurses. She is retired but continues to lecture on Ethics and Bioethics in the graduate programs of nursing of her university and in other institutes.

The goal of this paper is to help us to

appreciate and understand the real meaning of Christian nursing care, and what makes it different from the quality, dedication and humanization of the care and service that we, as professional nurses, offer individuals and their families.

A Biblical perspective of nursing care broadens the different theoretical focuses that nursing has contributed to the development of the knowledge and practice of the discipline. It also enriches these different focuses with other elements. Progress achieved as a result of research on the practice of nursing is evident today and has contributed the essential elements that characterize professional practice and support quality performance in different roles.

However, Christian nursing care is not merely intellectual or emotional, nor is it a matter of metaphysics. It is 'laying hands on the patient as the main focus

of our action' related to physical, psychosocial and spiritual considerations in order to attend to his/her needs, following the model of care that Christ offers us in his command: 'everything that you do with one of these my little ones, you do it to me'. The essence of a Christ centered theory of nursing is a pervading characteristic applied in situations of today and tomorrow, imitating the action and Spirit of Christ.

The attitudes, life and experience of Joseph in the Old Testament, can be described as a model for the Christian nurse as she faces often difficult and frustrating situations in her practice. Though his attire and his surroundings change drastically from one scene to another, his trust and dependence on God for guidance remain the same and allow him successfully to meet otherwise insurmountable challenges.

HONORING DIVERSITY IN SPIRITUAL CARE: FRAMEWORK OF COMPETENCIES IN SPIRITUAL CARE FOR NURSES AND MIDWIVES: A MODIFIED DELPHI STUDY

Josephine Attard
Josephine.attard@um.edu.mt

Spiritual and cultural competence are seen as integral to holistic care. The link between the two related fields of study spiritual and cultural care education and practice refers to a set of knowledge, skills, and attitudes of the nurse /midwife to meet the spiritual needs of clients including those clients of different cultural / ethnic backgrounds. The healing potentials of spiritual and cultural care are well documented (Benson&Stark 1996, Koeniget al 2000).

This proposes the need for the development of a framework of competencies in spiritual care in order to equip nursing and midwifery students in meeting the spiritual needs of clients irrespective of their cultural background.

This research study adopting a mixed method approach is to be conducted under the supervision of the University of Glamorgan and University of Malta. The study aims are to develop a set of competencies drafted from a systematic literature review and focus groups utilizing case scenario approach in order to identify what nurses/midwives need to know, be able to do, or think, in order to meet the spiritual needs of all clients. The identified competencies in spiritual care will undergo expert scrutiny through a Modified Delphi Method approach. This will be followed by a consultation process with nursing and midwifery organizations in Europe to ascertain views, agreement or non-agreement on identified competency items and identify factors that facilitate or hinder the integration of the framework in nursing and midwifery education and clinical practice.

It is hoped that the outcomes of this study will prevent assumptions regarding spiritual care, guide education in respecting diversity and equip nurses and midwives with the necessary knowledge, skills and attitudes in spiritual and cultural care at point of registration.

Who will hold the Christ light for me? Providing spiritual care for people with dementia

Diana M. Marshall
diana.marshall@optusnet.com.au, dianamarshall135@gmail.com

With advances in health care, improved hygiene and nutrition, and more affluent circumstances, people are living longer and there is an increase in the number of people suffering from dementia. Alzheimer's Disease International (ADI) estimates that there are currently 30 million people with dementia in the world, with 4.6 million new cases annually (one new case every 7 seconds). The number of people affected will be over 100 million by 2050. These estimates were derived from detailed population-based studies of the prevalence of dementia in different world regions. People suffering from dementia have unique spiritual needs as a result of their cognitive impairment and loss of memory.

In this paper I will discuss practical ways in which we can learn to give spiritual care to patients and clients with dementia. Through a holistic approach and person centered care Christian nurses are in a unique position to offer spiritual care to patients and their families through their words and actions.

Christian nurses can give spiritual care for the person with dementia by bringing Christ's light and presence into each caring situation.

Regional NCFI Conferences 2014

Updates can be found on www.ncfi.org

EUROPE: Madrid, Spain

Dates: September 18-21, 2014

The Ninth European Regional Quadrennial Conference of NCFI will be held at Santa María de los Negrals, Madrid, Spain.

Conference theme is The Christian Heritage of Holistic Nursing: A vision for the Future

Details will become available online at www.ncfieurope.org in the coming weeks.

PACEA: Nandi, Fiji

Dates: October 8-14, 2014

The PACEA Regional Quadrennial Conference of NCFI will be held at Tanoa Hotel, Nadi. View 2 minute video for more details: <http://youtu.be/kqzhDgJmXew>
Keynote Speaker: Dr. Kamalini Kumar.

Features: Pre conference leader's program...Student's program track during the main conference ... Regional Forum... Regional committee meeting

SAME: Colombo, Sri Lanka

Dates: 3rd to 8th November,

2014

The SAME Regional Quadrennial Conference of NCFI will be held in Sri Lanka. For more details contact us_saha@hotmail.com.

LATIN AMERICA: Quito, Ecuador

Dates: August 19- 24, 2014

The Latin America Regional Quadrennial Conference of NCFI will be held in Quito, Ecuador. Conference theme is Healthy Teens: Hope for the Future. The Christian Nurses Role in the World of Teenagers.

CANA: Marion, Indiana, USA

Dates: June 16-19, 2014

The CANA Regional Quadrennial Conference of NCFI will be held in Marion, Indiana in collaboration with NCF USA and the Indiana Wesleyan University Innovations Conference. Conference details can be found at <http://www.indwes.edu/Nursing-Innovations/>

AFRICA: Abuja, Nigeria

Dates: October 6-10, 2014

The Africa Regional Quadrennial Conference of NCFI will be held Nigeria's Federal Capital.



2016 NCFI INTERNATIONAL CONFERENCE

First Announcement of the

International Conference 2016

Conference Theme **Healthy lives in a broken world**
- A Christian perspective on nursing

The NCFI 2016 Congress will be held in Manila, Philippines during the 2nd week of June.
Updates will be published/Keep yourself informed at NCFI website www.ncfi.org<<http://www.ncfi.org>>



HOW TO START AN NCF GROUP

- ◆ Pray, and ask others to pray for the development of a group
- ◆ Identify several goals for the group based on guidance the Lord gives you
- ◆ Contact several other nurses who might be interested in helping start the group
- ◆ Invite them to a gathering at your home or workplace and share your vision and NCF resources with them
- ◆ Ask for their ideas and suggestions and discuss starting a group
- ◆ Choose a leader or co-leaders
- ◆ Please contact national NCF office/NCFI Administrative Centre for an information pack
- ◆ Choose a date, time and place for your first get-together
- ◆ NCF groups meet any place nurses can come together such as in homes, hospitals/agencies, classrooms, cafeterias, or chapels
- ◆ Plan the format for your time together
- ◆ Choose materials for the group meetings
- ◆ Publicize meetings using flyers, email announcements, personal invitations ...

SUGGESTIONS FOR TIMES TOGETHER

Leader preparation

- ◆ Use the Bible study questions and leaders notes to prepare for the discussion
- ◆ Pray for God's guidance in your leadership and for the group members
- ◆ Prepare a meeting plan and simple refreshments, fancy programs and foods are not necessary

Group sharing

- ◆ Pray for a caring atmosphere and
- ◆ Freedom to share.
- ◆ Invite members to share about nursing related issues and professional concern such as focus on experiences, joys, dilemmas, issues - not gossip
- ◆ Discussion and prayer
- ◆ Introduce the Bible study, article, or nursing topic discussion
- ◆ Pace the group activity to ensure that the meeting ends on time
- ◆ Allow time for praying together and sharing how God has answered requests. Some group members may be comfortable praying out loud, and others may prefer to pray silently
- ◆ The leader may also pray on behalf of the group for specific topics that were discussed and allow time for praying together and sharing how God has answered requests.

Connecting with others

Invite nurses to sign a list including name/ address/email to receive notices of NCF conferences and other resources. Contact the NCF Regional Chair, copying the NCFI Administrative Centre. Send the list to the NCF office Encourage nurses to become NCF members and give them brochures. Encourage attendance at NCF conferences, seminars and retreats. Those who have been can share what they have learned.

Follow-up

Other useful information can be found on the links from our main website. This includes the following websites:

www.ncf-jcn.org ; www.ncfieurope.org www.ncfa_nsw.tripod.com/paceagallery

Invite nurses to become NCF members and give them brochures. Encourage others to volunteer to lead future group discussions. Ask group members to invite others to the gatherings, including those who are searching for God. Pray that God will nurture the group and extend the outreach

RESOURCES FOR NCF GROUPS

Visit the NCFI website

Nurses Christian Fellowship International

PO Box 300056

DENVER, CO 80203 USA

Email: information@ncfi.org; Website: www.ncfi.org

Heather Cutillo RN - NCFI Communications Coordinator

International Conference Chile 2012



The theory of Christ-centered care

The theory of Christ - centered nursing care is:

- To lay our hands on the patient as the main focus of our actions.
- To follow Jesus' mandate, "everything that you do for one of my little ones; you do it for Me."
- The essence of Christian nursing care," is to see in the patient a child of God, to see God himself in humankind."