



Nurses
Christian Fellowship
International

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Spotlight on the International Institute
of Christian Nursing (IICN)



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Nurses Christian Fellowship International (NCFI)

Making a difference to nurses and nursing around the world

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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! Money received as bequests from wills helps us to give scholarships and assistance to those less fortunate. 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.

The President's letter

Become equipped and transformed

The International Institute of Christian Nursing (IICN) was established in 2016 to help NCFI to provide professional and scholarly resources to Christian nurses worldwide. The IICN is the very key to fulfil the purpose and mission of NCFI – to connect and equip Christian nurses to live out our Christian faith in professional practice, whether it is in clinical practice, leadership, education or research.

Through IICN we can be connected in many ways such as signing up for the bi-monthly encouraging e-mail we call 'NCFI Cares'. Another way is by receiving the NCFI News and the Prayer Guide where we can find information about what is happening around in the Christian nursing world. In this way, we can come along and be part of the international prayer chain that lifts up our work to God.

The IICN is also key in the ministry of equipping Christian nurses to live out our lives as Christians in our sphere of professional influence. The very journal you read from – Christian Nurse International (CNI) – is published to inform, inspire and transform our practice. The journal provides material we can read and reflect upon relevant for us as Christian nurses. CNI also shares narratives from nurses living under conditions very different from our own practice. Over the many years I have been involved in NCFI, learning about how nurses in other parts of the world live and work, has greatly challenged me to reflect over my own ways of thinking and doing.

IICN offers training courses. Some are developed by NCFI scholars, others courses we teach together with our partner organizations. All the courses NCFI offers are developed to equip Christian nurses to integrate Biblical principles into our nursing practice.

To equip someone or become equipped demands more than just delivering or attending some teaching. To be equipped means for us to have the knowledge, skills and attitudes to live as a Christian in our professional life. It means to serve God through our everyday-life in practical nursing, leadership, education and research. To reach this goal, we invite our readers to embrace the IICN material, but even more to bring it back to our smaller local fellowships where we can support each other to become transformed in our practice.

I hope you enjoy and get inspired by reading this issue of CNI

Blessings

Tove Giske
President NCFI



Tove Giske
Vice-President NCFI

Editor's letter

This edition of CNI is introducing you to the International Institute of Christian Nursing (IICN). You will find accounts of our courses with testimonies of those who have completed them. We hope it will excite you and encourage you to participate either as a student on one of the courses or as a tutor within the NCFI IICN.

Many Christian nurses struggle to maintain a balance between their professional values and their personal beliefs. They have the scientific background, clinical expertise but the environment that they work in is often challenging and a difficult place to live out their faith. Providing care that is based on Christian values is not easy and many Christian nurses face discrimination and prejudice because they are Christians. Christian nurses have the strength and ability to be leaders and change agents within the profession but often they do not have the opportunity to develop the skills or have the chance to maximise their faith values within their practice. IICN seeks to help Christian nurses realise their potential within their workplace.



Barbara Parfitt
Editor CNI

We have testimonies from nurses who have taken IICN courses and it has helped them live out their faith in practice. A participant in one of our leadership courses said ‘they really got us thinking about nursing leadership in the Biblical context’

Following the delivery of the Saline Process a participant commented: ‘**Before I did this course I was afraid to live out my faith but now I have the confidence to live as a Christian in my work place**’. A participant of the Faith Community Nursing course said ‘**I am now convicted to come up with a vivid plan to organise the introduction of Parish Nursing...in our church...**’

We provide a range of courses that support Christian nurses in living out their faith in practice. This edition of CNI introduces the various courses available through the Institute. To date the courses that are available include the Art and Science of Spiritual Care, a scientifically based course that assists the nurse in assessing and meeting the spiritual needs of patients. The Parish Nursing or Faith Community Nursing course that aims to provide care for the faith community encouraging people to obtain wholeness of spirit as well as the body. The Biblical Leadership programme equips Christian nurses to maximise their opportunities for leading policy and practice both in the profession of nursing and in Christian nursing organisations. The Saline Process is a practical program that helps to equip and encourage health care workers to fulfil Jesus’ call to be salt and light in their practice. The Values Based Nursing Education course. A course aimed at equipping NCFI members to teach NCFI courses in their own country. Providing them with basic teaching and learning skills using Jesus as a model of the perfect teacher.

The Christian nurse leaders of these programmes are experienced academics and practitioners within the nursing profession. They have met the challenges of living out their faith in the professional world. They have given their time and expertise to developing courses that will support Christian nurses. These courses have been made available in the pre-congress workshops in 2020 Denver and I encourage you to register for one of them. In addition to the more general courses there is a Values Based Education course available aimed at equipping nurses to teach NCFI courses in their own country from a whole person perspective and be recorded by NCFI as an IICN Tutor.

IICN is an exciting resource for Christian nurses and we invite you to explore what is available to you, please visit our website www.ncfi.org/the-institute-iicn

**Barbara Parfitt,
Editor**

(Part of this letter has previously been published in the Journal of Christian Nursing, 146 JCN/Volume 35, Number 3)

The inception of the International Institute of Christian Nursing (IICN)

Linda S. Rieg, PhD, RN, CNE

Linda S. Rieg is a professor at Indiana Wesleyan University School of Nursing, Marion, Indiana. She was instrumental in the initial setting up stages of establishing the Institute and was the founding Director.



The International Institute of Christian Nursing (IICN) was established as a global virtual centre to create, gather, and disseminate resources so that Christian nurses would be better equipped to improve health within their sphere of influence. This article briefly summarises the history and aims of the Institute and outlines the opportunities for contributions by individuals, countries, and regions.

History and aims

The International Institute of Christian Nursing (IICN) was established as the professional resource division of Nurses Christian Fellowship International. The idea started as a vision in the hearts and minds of Christian nurse leaders and developed over several years with colleagues throughout the organisation contributing to the vision. At the 2004 NCFI Congress in Korea, Dr. Barbara White presented this vision for the international members to consider. Many attendees expressed interest and excitement but because of other priorities at NCFI, it wasn't until the 2012 NCFI Congress in Chile that the Executive Board voted to make the Institute a reality. During that meeting the mission, vision, and aims were established; these were designed

to reflect benefits for individuals, countries, and regions in NCFI. Our greatest desire for the IICN is to give all glory to God our Father and our Saviour, Jesus Christ.

Vision

To advance a Christian worldview in nursing practice, education, leadership, and research.

Mission

The Institute gathers and disseminates resources and provides courses so that Christian nurses will be better equipped to improve health within their sphere of influence.

Aims of the Institute

- Develop and provide quality resources that are based on biblical principles.
- Facilitate and share scholarly resources and expertise.
- Facilitate international professional collaboration in practice, education, and research.
- Develop and teach courses for nurses that promote a Christian world view in leadership, practice and education.

Review of current resources and overview of projects

The Institute has a website, where information about these resources and projects are available (<http://iicn.ncfi.org/>). As changes are made, you will be able to find them first on the website.

The work of the Institute includes biblically based curriculum in areas such as the Art and Science of Spiritual Care, Biblical Leadership, and Faith

Community Nursing and Values Based Education. Additional courses are planned and will be completed as time and talent becomes available. Currently all of these courses are only available in a traditional classroom setting, but we are discussing how some of these courses could be available in an online format.

A major contribution to the Institute is the NCFI Cares Devotionals that Carrie Dameron has distributed each month by email. As a result of the positive comments, a book is available that includes these devotionals and ideas for study and meditation.

Practical resources like the downloadable manual on **Preventing Healthcare Related Infections** is available at the website. Other resources are being added on a regular basis, including presentations and open source articles.

Opportunities for contributions by individuals, countries, and regions

We hope the information about IICN that you will find in this edition of CNI has stimulated your interest. Please read the sections describing the various courses available.

Now you may be wondering “how can I, my country, or my region be involved”? There are many opportunities – only limited by your own passion and calling. We have listed a few of our needs below:

- One of the first things we would ask from each region is to identify someone who would like to serve as a liaison between the Institute and your region. We are seeking to identify how we can improve our connections with the countries and regions. We are asking each region to name someone who will serve in that capacity; if you are interested please contact your country leader so they can discuss with the regional chair.
- Since the work of the Institute has begun, we have discovered many excellent resources available through individuals. We know there is a lot more that we don’t know about and would like to hear from you if you have resources or ideas that meet the vision and aims of the Institute. We are certain the member countries and regions may have some wonderful projects or resources they could share, but in the past did not have a method for sharing. We are offering the Institute as a means of sharing resources.
- Another key need is for interpreters. If you speak and write in 2 or 3 languages, that would be a wonderful contribution for the Institute. Eventually we would like to have materials available in major languages. We currently publish one article in each edition of CNI in Spanish and would like to increase our readership to those speaking and reading other languages.
- Volunteers are needed who have Web skills and/or database management skills. If you are proficient in WordPress or Excel skills – this is a key need of the Institute.
- Christian Nurse International (CNI) is the official journal of NCFI/IICN. We are always looking to publish articles from Christian nurses. We encourage new writers to submit as well as experienced academics. We are currently looking for articles that share experiences of working across cultures especially with immigrant and refugee communities. In addition we are always interested to receive articles, testimonies and letters that share experiences of Christian nursing practice in the many countries where NCFI has members.

The Institute is just beginning, but we are pleased with the progress. However, there is so much more to do to accomplish the mission, vision, and aims of the Institute. We hope you will pray about how you might serve and be served by the Institute.

Biblical leadership in nursing

Kamalini Kumar PhD

Dr. M. Kamalini Kumar RN, PhD, is a retired Director of Clinical and Professional Development, Mercy Medical Center, Clinton, Iowa, USA with over 48 years of teaching experience in the healthcare and public sectors. She has been the past President of Nurses Christian Fellowship International and is currently serving on the Board as President Emeritus. Dr. Kumar has authored the *Biblical Leadership in Nursing*



The face of Nursing has changed dramatically over the years. As the health care system continues to undergo rapid change, the nature of nurses' roles are changing as well. From once being considered "the handmaiden of the physicians", nurses now sit on hospital and political policy making Boards, make critical decisions regarding quality patient care outcomes, and advocate for, and promote the profession of nursing effectively and efficiently. These demanding roles require strong leadership skills, particularly in areas where high pressures and quick decision making are critical.

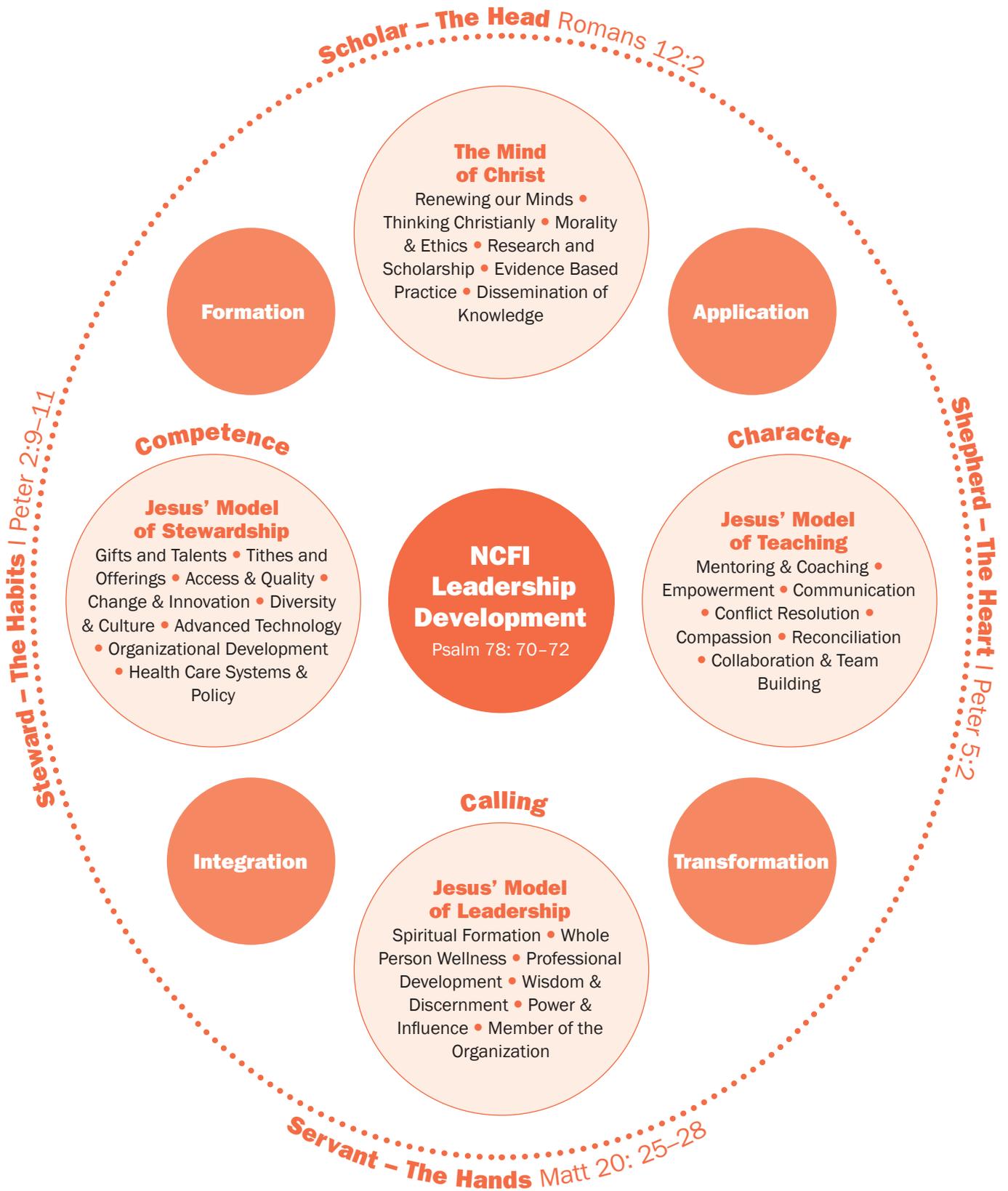
In many areas of the world, contemporary nursing care confronts many workforce challenges, changing patient expectations and demands, financial constraints, increasing demands for access to care, a mandate to improve patient centred care, and issues concerned with levels of quality and safety of health care. Every setting of the health care system have nurses as the largest licensed professional group and many are poised to take on leadership roles. As a result, Nurse Leaders are faced with a variety of challenges every day, including managing resources, advanced planning and goal setting, collaborating with other hospital and community leaders, improving quality measures, cutting costs, reporting to the board of directors, and many more. Being a nurse leader is far from easy.

Nursing is founded on interpersonal relationship and is a very people-oriented profession. In researching many books and hundreds of nursing articles in peer reviewed journals, it is obvious that nursing leadership styles are influenced by humanism whether it be nurturing teamwork, encouraging success, coaching, mentoring, showing compassion, improving quality patient care, or any of the myriad other leadership tasks.

Some countries of the world have done an excellent job of training and preparing nurses for professional leadership roles. This training starts in nursing undergraduate education programs and continues throughout the career of the nurse. Some countries require that any nurse in a leadership or managerial position be formally certified before they take on those roles. But unfortunately, in many countries of the world, leadership training is not given the importance that it requires and nurses are promoted to roles of leadership based on either years of experience, expertise in their field, educational degrees, or sadly, sometimes because of political influence or bias and prejudices. In these cases, having no formal education in leadership skills, these nurses do their best with what they have and know, but do not accomplish the important task of actually leading others.

In addition to this lack, Christian nurses often find themselves in conflicting situations where it becomes extremely hard to put their faith into practice while trying to lead and influence others. Sensing this deep need in Christian leadership curricula, a few Christian nurses from NCF-USA (Barbara White, Bonnie Miller, Vickie Vowell and others) got together and began to brainstorm and think of ways leadership could be approached with Christian values and beliefs in mind. They came up with a model of Christian Nursing which is now being used as the foundation for the NCFI Course on Biblical Leadership in Nursing.

The Model is described in the figure on the following page.



Biblical Leadership in Nursing is an educational program of NCFI designed for nurses and presented in the following four sessions: The Leader as Servant, Shepherd, Steward and Scholar.

Leadership Formation as a personal and community process rooted in the tradition and ministry of Nurses Christian Fellowship International strives to:

1. Integrate, articulate, and implement the rich tradition of Nurses Christian Fellowship International
2. Strengthen and transform individual nurses, communities, and the organisations which are served
3. Engage and inspire nurses in their on-going growth as future leaders
4. Ground leaders and their organisations in the foundational, Biblical values to ensure the mission of NCFI is preserved.

Explanation of a Christian worldview

As a product of NCFI, this curriculum is oriented to providing a Christian world view. It is designed to be used across many cultures. It is meant to be adapted to a specific setting. Care must be taken if the instructor does not share the culture of the participants and/or if the audience is diverse. It must be remembered that both instructors and participants are partners in learning, so the participants must be engaged with cultural humility. Participant's experiences are used to enhance the content. Examples that are appropriate to the setting should be selected. The curriculum is based on science – the best evidence that is available. This represents a modern world view. Modernism is a belief in human progress and science's ability to solve human problems. In this view, science does not address issues of faith. Therefore Christianity is compatible with modernism.

This manual is designed for three levels of leadership development. It focuses on the professional leader, the clinical leader at the point of care, and leadership skills at a personal level. It may be used in one or all levels of training. A Bible study is provided at the end

of each module with time frames suggested for each session. The first module will be an introduction for all levels of participation. The topics chosen highlight both secular and Christian components of leadership skills to address the needs of nurses around the world. In countries where secular training is already in place, the course could be used to highlight the Christian worldview on leadership. In countries where there is no leadership training available, the course helps to provide such a resource. All the secular portions of the course may be adapted to meet the cultural and local needs of the country in which it is being taught. The Christian principles and values however should remain in place and be taught as is because the course is:

- Christian in orientation
- Global in scope
- Based on the best available scientific evidence
- Focused on practical application
- Flexible in its pedagogy
- Student centered
- Culturally sensitive.

Nurse leaders should focus on several important components of leadership to encourage quality patient care and staff satisfaction:

- Service – Patient and staff satisfaction are equally important because of their cooperative relationship.
- Quality – Concentrate on patient safety and other core quality measures to make them a way of life.
- People – Attend to the needs of all staff and patients.
- Growth – Look for ways to encourage growth within the department to free up beds for additional patients.
- Finance – Review the department's business plan and make changes accordingly

The curriculum was originally written in English by a team of international scholars and educators with expertise in Leadership development. (Dr Kamalini Kumar PhD .RN. USA/ CANA; Dr. Susan Allen RN. (UK/ Europe).

Level	Leader As Servant	Leader As Shepherd	Leader As Steward	Leader As Scholar	Time Frame
Professional	Characteristics of servant leaders: Jesus as Servant Leader	Jesus as Shepherd: Types of Shepherd leadership: The role of coaching and mentoring in leadership	The Leader as Steward: Biblical stewardship managing people, finance, quality, and the environment	The value of research in leadership development	90 minutes each or 6 hours total
Clinical	Differences between leading and managing in dealing with conflict using Biblical Principles	Leading with emotional intelligence and managing change	Understanding group dynamics and working in teams	The importance of using evidence based practice at the point of care	90 minutes each or 6 hours total
Personal	Learning to lead like Jesus	Building resilience and managing stress as leaders	Developing the disciplines of Christian leadership skills	The ethics of sharing one's faith in a multicultural world	90 minutes each or 6 hours total
Bible Study	Lessons on Leadership from Nehemiah	The role of leader as Shepherd from Ps 23	1 st Peter Ch. 2.: The habits and disciplines of Christian leaders	Study on Wisdom from Proverbs	

The values-based teacher

**Phyllis Ferrier RN, BScN,
MDIV (Counseling), RP,
RMFT**



Phyllis spent the balance of her Nursing Career in the very multicultural city of Toronto Public Health teaching various community groups and as an Educator of Health Professionals. She is currently pursuing a PhD with a focus on Professional Counselling & Education. Phyllis is an NCFI International Board Member and the Regional Chair of CANA.

The International Institute of Christian Nursing (IICN) is the professional resource division of NCFI. One of the primary goals of the Institute is to develop educational materials for use by nurses around the world. Courses that have been developed include Spiritual Care, Biblical Leadership in Nursing, Faith Community Nursing and other courses such as the Saline Witness Process training. All of these courses are developed from the perspective of a Christian worldview. As nurses attend both international and regional NCF Conferences, they are encouraged to take these courses to strengthen their Christian life and be effective witnesses in the profession.

In order to involve more nurses in these courses, those who have taken the training undertake to teach them to their fellow nurses in their home countries. The leadership at NCFI felt that it was necessary that all the courses that were be taught underpinned by Biblical and sound pedagogical principles. In this way, there would be unity of purpose and methodology while still allowing for freedom to use cultural context and examples for illustrating the concepts. PRIME (Partnership in International Medical Education) has been a partnering organization with NCFI for a number of years. PRIME developed an excellent, practical manual that describes a values-based approach to medical education. The premise for their teaching was that whole person care relies on respect, compassion, and integrity and the manual was designed to integrate these values

into educational practice. PRIME has taught this course at many NCF Conferences. The model however leans more heavily towards medical education and patient clinics and medical practice. With permission from PRIME, NCFI educators developed a shorter, more nursing focused program based on NCFI mission and values. We are deeply grateful to PRIME for allowing us to use some of their material and have acknowledged these in our manual: The Values-Based Teacher.

Most nursing educational curricula around the world is largely based on learning facts, developing clinical skills and competencies to be a safe and effective practitioner. There has been relatively little emphasis on a values-based approach to nursing education and nursing care.

This course is designed to help nurses who have taken or are planning to take the IICN courses (and then teach them to others) to have an understanding of the fundamentals of Christian values in teaching and learning. Basic strategies and principles will be taught to enable those who have little or no experience in formal teaching to develop a sense of confidence and competence in teaching others. It will be of value to experienced teachers as well as the course incorporates the art of teaching like Jesus and integrating the Christian values affirmed by NCFI. It is not meant to be an inclusive, complete educational course on how to be a professional educator. It is an approach to teaching that works with **values**. It creates a strong learning environment that enhances academic achievement and develops students' social and relationship skills that are long lasting, so the topics chosen are those which will be useful for anyone planning to teach a course pre-pared by NCFI-IICN program developers. The content of the aforementioned courses with de-tailed scripted slides are already prepared for the nurse wanting to teach it to others. So that will not be the focus of this particular course. The course is designed to be 9 (or more if necessary) hours long and can be taught on its own or as a pre-conference track. The course is divided into 6 Modules and each

Module takes 1 hour and 30 minutes to include content as well as small group activities.

Upon completion of this course, the participant should be able to develop Christian values in the teaching and practice of NCFI-IICN courses and programs and enable learning through values-led processes so that renewal and transformation of the participants will occur. The teachers are also expected to role model styles of teaching that provide a moral and spiritual compass for nurses taking NCFI courses. Evidence-based approaches are used for both teaching and learning strategies.

The Course is comprised of the following six modules:

Module 1 Jesus Our Model

Module 2 The values based teacher

Module 3A Integrating adult learning principles – How adults learn

Module 3B Integrating adult learning principles giving lectures

Module 4A The value of emotional intelligence in teacher student relationships

Module 4B The value of feedback and evaluation

Module 5 Learning styles of participants and integrating technology in teaching

Module 6 The values based teacher – Managing the learning environment

The following is a brief description of the session content.

1. Jesus Our Model: the good teacher

The objectives of this first session are to both recognize the significance of Jesus as the greatest teacher, and explore, the teaching style and methods that Jesus modelled. NCFI's statement of faith asserts that He was both fully God and fully man. Given His essence and His mission while on earth, He would use the most effective approach. This model is learner centered which is currently recognized as evidence based. The underlying principles and characteristics of Jesus teaching style are identified in His preparing well personally as well as the physical, teaching, and learning environment. Jesus used ongoing questions to assess learning and to keep the participants engaged. His teaching methods are explored including stories, role plays, assignment opportunities, case studies, evaluative tests, and the giving of constructive feedback. Final reflections focus on the character of Jesus; both His selflessness and in His living what He taught. Through humility and openness towards participants and the caring and mutual respect of teachers towards each other, course participants around the world will receive hope and inspiration for positive, transformational change.

2. The values based teacher

Making a Start. One cannot overestimate the importance of making a good start in the classroom. Creating a safe learning environment is intrinsic to facilitating learner contribution including the sharing of experiences and feelings. Strategies to promote safety are discussed as well as the importance of creating ground rules which promote respectful participant interaction.

Values based Teaching. Values have a major impact on both teaching and learning. Ethics are about the head while values are about the heart and spirit; internal principles or qualities that one holds dear. An in-depth, interactive discussion addresses the concept of personal values, NCFI core values and their importance in the classroom setting, and for every NCFI Course that is taught. Recognizing qualities that students value in teachers and how to be a better role model is addressed.

Professional Distance. Professional distance exerts a profound impact on learning. It is an indicator of the relationship between the teacher and learner. The nature of distance, both physical and emotional, involves feeling valued, mutual respect, and a common desire to learn. Factors that increase and reduce the distance are explored as well as behavioural aspects of teaching. Finally respect which is earned, is presented as the key to an effective teacher. The Cycle of Respect provides concrete steps to increase the respect of one person to another.

3. Integrating adult learning principles

The focus of this lesson is to understand and integrate the 6 principles of adult learners (Malcolm Knowles) into effective teaching plans. Adults are self-directed learners. They have accumulated life experience and knowledge, are goal oriented, relevancy oriented, practical, and need to be shown respect. Specific strategies to both meet these learning needs and to create a safe and supportive learning environment are interactively explored.

Giving lectures. Lectures are one of numerous teaching modalities. One specific purpose of a lecture is to address a large number of students simultaneously. However there are challenges integral to giving a lecture. Guidelines in preparing for and giving effective lectures, as well as characteristics of a good lecturer are discussed. Keeping the presentation interactive and the learner engaged is critical to ensuring that the lecture is an effective learning environment for the participant.

4. The value of emotional intelligence in teacher student relationships

Everyone enjoys a teaching session when they feel involved, their views are heard, they feel comfortable with their classroom neighbours, and they have a special relationship with their teacher. Emotional Intelligence is all about creating this atmosphere of acceptable acceptance and respect for everyone's contribution. Understanding the 5 domains of emotional intelligence and then the ability to integrate into one's teaching environment are addressed. Finally, knowing one's audience

and helping students to manage their own emotions is integral to values based teaching and transformational learning.

The Value of Feedback & Evaluation. Classroom feedback is either formative or summative. Formative feedback allows the teacher to improve their teaching and the student to improve their learning. Summative feedback measures of the student's learning using a formal standard. The teacher's role is to provide constructive feedback to the student related to clear goals that are distributed before the course begins. Constructive feedback is improvement oriented, protects the learner's self-esteem, and is related to behaviours rather than emotions. The value of constructive feedback, its characteristics, and related strategies, and guidelines are addressed. Finally, effective teachers plan their sessions well and are willing to alter them in response to learner feedback.

5. Learning styles of participants & the integration of technology in teaching

There are 6 preferred learning or perceptual styles of adults which are described using Dale's Cone of learning. These include the Visual, Aural (Auditory), Print, Tactile, Interactive, and Kinesthetic learners. The specific Instructional methods for each preferred style need to be included in the teaching plan. This provides an optimal learning experience for the participant. The key methods are described. Finally, Effective Teachers have the knowledge and application of curriculum, the psychology of learning accompanied by sensitivity toward the learner and their ideas, concerns, and expectations.

Integrating technology

When technology is integrated into the classroom seamlessly and thoughtfully, students become engaged and take control over their own learning. This encourages student centered, project based learning. Teachers must learn to use technology in their teaching paradigms. Eight areas of consideration are addressed that allow teachers to successfully integrate technology into curriculum. Commonly used technology, related advantages and disadvantages for each as well as guidelines for usage are discussed.

6. Managing the learning environment

This lesson addresses the purpose and structure of small groups, the role of the facilitator, the importance of integrating learning styles, and managing challenging learner scenarios.

Small groups facilitate the development of insight, communication skills, and team work. An effective group requires cooperation, honesty respect, and confidentiality. Arranging the participant seating strategically (chaotic circle) creates a relaxed and flexible approach where the facilitator is visible yet not dominant. Facilitators “make easy” the functioning of a group, learning environment where learners feel valued, safe, with a sense of ownership of and commitment to the group process and goals. An overview of the facilitator’s role, function, and characteristics of the effective facilitator are explored interactively. Knowing how to identify and respond to challenging group members is explored.

Specific scenarios for discussion include quiet, domineering, shy, quietly angry, appearing unsure of self, distracted and not engaged, and those who give in-correct answers. Knowing how to skilfully and respectfully respond to challenging situations promotes a sense of dignity for all participants involved.

Final reflections

This course concludes with brief words of commission and reflection.

These 6 modules provide the basic information to teach NCFI IICN courses, from a values based perspective, with Jesus as our Role Model. This requires an attitude of humility, brokenness, openness, expectation, faith, hope, and love. “People do not care how much you know, until they know how much you care”.

The art and science of spiritual care (ASSC)

Amy Rex Smith, PhD, RN

Amy Rex Smith is a Professor of Nursing and the Director of the RN to BSN Program at Belhaven University in Jackson, Mississippi USA. She is the Secretary for the NCFI Board and programme lead for ASSC. She serves as a Faith Community Nurse and co-leads the Health Ministry at her church, Common Ground Covenant, in Jackson, Mississippi.



Programme Leader for the Art and Science of Spiritual Care

NCFI “The Art and Science of Spiritual Care” has been developed to provide practicing nurses with state of the science knowledge in the speciality of spiritual care so that Christian nurses will be able to identify and address spiritual care needs in a variety of settings for any patient coming from any various religious/spiritual belief and backgrounds, or even no faith tradition at all.»

[NCFI ASSC Teacher’s Manual, p. 3]

Introduction

Nurses’ Christian Fellowship International (NCFI) is committed to meeting the needs of Christian nurses around the world. One of the ways to meet these needs is to provide education that is focused on issues of concern to Christian nurses globally. Shortly after joining the NCFI Board in 2010, I was asked to join a team that was working on a comprehensive educational program that would focus on what nurses would need to provide professional spiritual care. I embraced the project, grateful to be a part of the team to address this important issue. As a practicing nurse, I had been providing spiritual care for many years. My research interests had shifted in the early 2000’s so that I was also doing original studies on prayer and coping in advanced cancer patients. This provided both an

experiential and a scholarly foundation for the work. The NCFI team consisted of international scholars and educators with expertise in spiritual care: Dr. Amy Rex Smith, RN, ACNS, BC (USA/ CANA); Carrie M. Dameron, RNBC, MSN (USA/ CANA); Dr. Tove Giske, R.N. (Norway, Europe); with contributions by Swee Eng Goh, Singapore/ PACEA and Grace Morgan Morillo, BSN, RN (Columbia/ Latin America).

While I was committed to the science of nursing, and providing the best possible evidence for this important set of nursing interventions, I was well aware that nursing was an art as well as a science. One of the most important papers ever published in nursing was Carper’s 1978 seminal article in the first issue of *Advances in Nursing Science*, an explication of nursing epistemology entitled “Ways of knowing in nursing”. Carper identified four ways of knowing that can be divided in to the two streams, science and art: the first being the empirical (factual knowledge from science) and the second a group of patterns that she called personal, ethical, and aesthetic. Personal is therapeutic use of self in practice, based upon self-reflection; ethical builds upon codes of ethics and consists of is applying moral authority; and aesthetic addresses the nursing situation as a whole, more than the sum of its parts. It is these three ways of knowing that capture the art of nursing.

Giving spiritual care not only requires good science but also requires the highest in the nursing arts. Thus, the ASSC team was committed to developing the best and most comprehensive content covering both the art and science of spiritual care in nursing. Upon reviewing the ASSC curriculum, it is evident that all four ways of knowing in nursing are addressed. Thus, the content is solidly based upon the best theoretical underpinnings of the nursing discipline.

It is important to note that, as an educational program of Nurses’ Christian Fellowship International, the program reflects the values and aims of the organization. Teachers must be members of the fellowship and adhere to a

Christian worldview. Thus, whilst spiritual care is offered to all, the programme is designed from a Christian worldview perspective. It is to be taught by Christian nurses espousing a Christian worldview.

History of the process

The first iteration of the program was presented to Health Care Professionals conference in the Philippines in 2011. This was a four-section set of power point slides. From there, based upon participant feedback and reflective practice of the NCFI teachers, it was refined to be nursing discipline specific and was piloted to a select global small group of participants at the NCFI 2012 conference in Chile. Efforts were made to provide a set of Spanish language power point materials in Chile. A “Teaching Manual” was developed that explicated the teaching methodologies to ensure class participation, deep learning, and practical application of the content. Case studies relevant to many cultures were also developed.

The full course has been offered in many parts of the world, including Fiji, Nigeria, Philippines, USA, Australia, Spain, and Norway. It is offered as a pre-conference course in regional conferences and the international congress. Feedback from each session is reviewed and considered when the course is revised. One of NCFI’s goals is to always reflect the best scientific information available. Thus, ASSC was revised in 2016 and in 2019, and will continue to be updated, as additional evidence is published in the scientific literature. Because most of the updates are evidence based, they are specific to nursing interventions.

Course features

The “**Art and Science of Spiritual Care**” is presented over 2 days and consists of 4 sessions, as listed below.

- Session One: Spiritual Care
Overview: Content and Mandate
- Session Two: Spiritual Care Assessment
- Session Three: Spiritual Interventions & Care
- Session Four: Challenges in
Spiritual Care Giving

Each unit builds upon the previous content and is deliberately sequenced to provide adequate background to build knowledge. Deep understanding is presented through the use of multiple theoretical models and conceptual tools. Knowledge is not provided for its own sake: opportunities to make the content the student’s own are offered through carefully selected pedagogy. Thus, the knowledge is applied in case studies; practiced with partners, and discussed in small groups. This is essential for the course to be assimilated. It is not possible to just “teach through the slide set” –it must be digested and utilized. Just as one does not merely read through scripture, but studies it, applies it, and makes it one’s own, the ASSC content is to be presented in such a way that it will become part of the Christian nurse and part of their nursing practice.

In the teachers manual we state on page 3 “ To that end, the curriculum is designed to be:

- Christian in orientation
- Global in scope
- Based on the best available scientific evidence
- Focused on practical application
- Flexible in its pedagogy
- Student centered
- Culturally sensitive.

Spiritual care or Christian witness?

This course focuses on professional spiritual care. One of the challenges we have found as we have offered this program around the world is differing expectations for spiritual care. In many Western countries the Christian worldview is contradictory to the predominant world view, and it is a serious breach of ethics to share the gospel. In other contexts spiritual care and Christian witness have been thought to be synonymous. In the teacher’s manual, on page 3, we state it this way:

“For example, concerning prayer: in some countries it is an expectation of the patient entering the health care system that their spiritual concerns will be met through Christian pastors and Christian nurses who will use the gospel message to calm fears, encourage hope and seek healing from Jesus. Some of these countries have a strong tradition of mission

health care where this is the stated purpose of the medical mission. Other hospitals might be faith-based organizations that reflect the faith in their values.”

In the course, we explain the difference between professional practice, which is taught in this course, and Christian witnessing. We value the Christian witness; indeed NCFI partners with *International Saline* for educating nurses and guiding them in how to provide appropriate Christian witness in their nursing work. So, the focus is different for the 2 programs. We encourage nurses to take both programs so that they are fully prepared as Christians.

Future implications

NCFI is organized by country and region. We hope to continue to offer the program at regional gatherings and in individual countries. For example, in 2017 the ASSC was offered in Nigeria, sponsored by the Fellowship of Christian Nurses Nigeria (FCN). At that time, we piloted an intensive online learning program for 4 identified seasoned nurse educators in Nigeria. We met in person each night over the course of the program to reflect on the content and the learning processes. We customized the slide set to focus on the three

types of faith communities encountered in Nigeria: Christian, Muslim, and animist. In addition to the content on the International Code of Ethics, we included information about the Nigerian Code of Ethics for nurses. Thus we developed a “ASSC-N” for Nigerian use. In future, we are hopeful to be able to use this as a model on how to partner with our regions and national fellowships to empower our members in this content and enable them to disseminate it in their areas.

We plan to keep educating nurses in the ASSC. We are prepared to help train nurses to be able to offer the content in a variety of settings. We will be asking those desiring to teach this content to take the training course offered by NCFI as educators to prepare them with the needed pedagogy to present the content.

In conclusion, “we trust that the Holy Spirit guides each individual nurse in how to meet the spiritual needs of their patients” (ASSC Teachers Manual, p. 4), and that the ASSC may continue to provide a conduit for educating nurses about this important aspect of professional nursing care. We trust the Holy Spirit’s guidance and surround all our brothers and sisters with our prayers, “to equip each person for good works” Ephesians 4:12.

References

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Faith community nursing

Marabel Kersey, RN, MSN, Parish Nurse

After serving over 25 years as a Faith Community/ Parish Nurse, and teaching the Foundation Course in many countries, Marabel remains the “unofficial” nurse at her church and a Consultant for her International friends. She continues to be licensed and interested in contemporary nursing. Her focus now is to assist and encourage other nurses to continue in the International teaching which she has enjoyed.

The Emergency Room door flew open to allow the entry of an anxious mother carrying her 4 year old daughter in her arms. A blood soaked bandage was on the child’s hand. As the Doctor examined her, it was obvious that surgery would be needed. The mother and daughter were concerned, but calm. Even in the bustle of preparation, the mother took time to quietly pray for Jesus’s presence in healing, medical wisdom and nursing care. The nurses didn’t object, but the prayer obviously was not on their list of duties! As an observing young Christian student nurse, I recognized that spiritual care needed to be included for total patient care even when giving excellent professional physical care. The spiritual care given by the mother had definitely created a sense of calm that I had not observed in other crisis situations.

After the discussion at the post conference with the paediatric instructor, I was introduced to the local Nurses Christian Fellowship (NCF) chapter. Their goal was to combine physical and Christian spiritual nursing care by the nurses. This was what I was looking for!

Years of experience in the Emergency Room, Operating Room, Critical Care, Short Term Missions, Medical Surgical Nursing and Nursing Education only enhanced the need for including Spiritual Care into the Nursing Care Plan for me.

During this time “Spiritual Care” became a part of the professional nurse’s Care Plan. Often this meant presence, listening, time and physical touch. I believed in all of these things, but wanted to give them hope, too. As a Christian Nurse the Bible teaches about hope being found only in Jesus. John 14:6, “Jesus said , ‘I am the way, the truth

and the life, no one comes to the Father except through Me.’.” Many of my patients and their families were in crisis and needed this hope in Jesus. As a professional Christian Nurse I wanted to give them both physical and Christian spiritual care—total care.

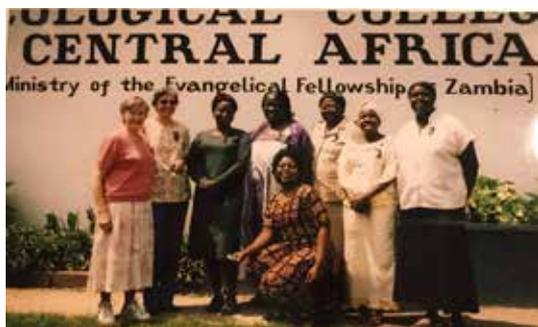
Another observation in my nursing experience was that many of our physical problems are actually both physical and spiritual needs and could be prevented or at least controlled. During the 1970’s I was beginning to read about research being conducted concerning the relationship between spiritual and physical health. I wasn’t the only person interested in this connection!

In the early 1980’s, a Lutheran Chaplain in Chicago, Dr. Granger Westberg, observed the same problems from a clergy view. He developed a ministry with local nurses where nurses served in clinics to give “total care”. They soon moved into church congregations to serve on a church staff and were called “Parish Nurses”. Other than giving physical care, these nurses focused on prevention of illness, maintenance of health, and meeting spiritual needs. Spiritual needs were identified as meaning and purpose, love and relatedness, forgiveness and hope.

This, to me, with hope in Jesus was total nursing care!

After much prayer, meetings, research and taking a Parish Nurse Preparation Course, I began serving at my church congregation. It is the most satisfying nursing care I have ever experienced! Other nurses in the United States were also serving at their churches. The goal was not replacement of other nursing specialties, or hands on care, but an intentional plan to include spiritual care.

An American Parish Nurse Resource Center was developed which was a resource center for practicing Parish Nurses and offered a Parish Nurse Preparation Course. This soon became an International Parish Nurse Resource Center (IPNRC), remains a resource center and offers a Parish Nurse Preparation Course. With their permission, NCFI has developed a Parish Nurse Preparation Course modelled after the IPNRC



Parish Nurse Preparation Course compatible with the NCFI mission statement.

My heart had always been in mission work offering both physical and spiritual care. NCF also became Nurses Christian Fellowship International (NCFI) around the world. I became an instructor in the Parish Nurse Preparation Course and taught it in a variety of locations in the United States. Using the NCFI members in many countries as interested contacts, I have been able to teach a Parish Nurse Preparation Course in Ghana, India, Japan, Malaysia, New Zealand, Nigeria, Pakistan, Philippines, Singapore, South Korea, Taiwan, Zambia and Zimbabwe. The Course has also been offered in other countries by other educators. It is encouraging to see nurses around the world including spiritual care with physical nursing care. NCFI plans to continue offering this Parish Nurse Preparation Course, teaching with a Christian World View. The Parish Nurse Preparation Course strengthens the nurse's Christian faith and prepares them to tell the hope of Jesus to whom they give physical nursing care.

Some comments received from nurses after attending are:

"This course was a "God send" for me personally. I want to thank you for all your time, effort, preparation, professional, excellence and Christian example. You have been an inspiration to me and renewed my dedication to this wonderful profession of nursing!"

"—by God's grace we are continuing the work in Africa, particularly here in Nigeria. We just concluded the Basic training of 39 FCNs in the month of May, 2019. And in the congregation where I worship, we just concluded a weekend of promoting healthy living among our parishioners where we carried out health

education, screening for raised blood pressure, hepatitis B&C which seems to be prevalent in our part of the Country. It was a very rewarding exercise as people were counselled, treated for minor ailments and appropriate referrals made. Your sacrifices are paying out and God will greatly reward you."

Through these years the NCF mission or goal has not changed, only been reworded, "Christian Nursing is a ministry of compassionate care for the whole person in response to God's grace toward a sinful world, which aims to foster optimum health (shalom) and bring comfort in suffering and death for anyone in need." July, 2019, web page for NCF.

The name of this nursing specialty has been changed to "Faith Community Nurse" (FCN) to include people of many faiths. Either name is acceptable for nurses. The IPNRC name is also changed to Westberg Institute (WI).

In 2018 it was time for me to retire from this exciting nursing ministry! God has been faithful to provide Alicia Banas, RN, PhD, from the Philippines, a member of NCFI, to continue with the FCN/PN International leadership! (insert Alicia Banas photo 7g) Along with her family, they have developed M.A.P., a ministry to villages in the Philippines where there is little medical care. Under her leadership the FCN/PN ministry will be combined with this M.A.P. ministry and NCFI. She has also taken the Parish Nurse Preparation Course, served as a Parish Nurse, and is an approved Parish Nurse Educator by NCFI.

I pray that God will continue to bless this ministry by giving hope in Jesus through nurses!



Left to right: Swee Eng, Marabel Kersey and Alicia Banas

Nurses integrating faith in their workplaces: the Saline Process

Carol Rowley, RN, PhD

Carol is an American nurse who has worked in a variety of clinical settings. In addition to working in a nursing home and several hospitals, she also was a nurse practitioner in an internal medicine clinic. Although she has been involved in providing health care to patients with acute and chronic health problems, she also believes in the importance of teaching people how to prevent disease and develop healthy lifestyles. Carol enjoys traveling internationally and interacting with nurses and nursing students from different cultures. She has been involved in nursing education in Africa and Asia. As a nurse educator, she loves to see students develop both excellent clinical skills as well as astute critical thinking abilities. Carol was first introduced to the Saline Process while working as a nurse educator in Asia. She values the Saline Process as an effective method for Christian nurses to appropriately live out their faith within the context of their profession while caring holistically for patients with permission, sensitivity, and respect.



The name *Saline Process* reveals some of the key concepts taught in the course:

1. **Saline:** As nurses know, normal saline is a specific solution of salt and water that is used in a variety of healthcare interventions. If the solution contains significantly more or less salt, it can lose some of its usefulness or even become harmful. Jesus identified His followers as salt (Matthew 5:13). Therefore the concept of saline reminds Christian healthcare providers to maintain a healthy balance of God's truth and God's love so that our message is well received.
2. **Process:** Depending on where a person is on their spiritual journey, moving towards a relationship with Jesus may be a process that occurs over time. Regardless of the spiritual condition in which Christian nurses encounter their patients and colleagues, they can always respond in ways that offer love, light, and hope.

During a Saline Process Witness Training (SPWT), participants are encouraged to consider what it means to live as witnesses for Christ and how to practically fulfil this call in the context of caring for a patient's physical needs. There are large and small group discussions, lectures, role play, times of reflection and planning, and prayer. Many seminar participants remark that it is a very practical course, and sensitivity and adaptation to a participant's culture is encouraged and supported.

Dani, a nurse from India, shared these comments as he reflected on the impact of participating in a SPWT:

"Attending the Saline Process brought a new outlook in me about presenting Jesus to everyone who I am encountering in my life. Just the first day's session gave me a lot of new ideas of

Many Christian nurses experience the tension of working in professional settings which may be secular or unwelcoming of the Christian worldview while also believing it is important to live out their faith in the context of their profession. The Saline Process is a course that was developed in response to this expressed need. The Saline Process, offered by IHS Global in partnership with NCFI, equips nurses and other healthcare providers to reflect God's love and truth in ethical, respectful, and culturally sensitive ways that help break down barriers and build bridges for people at any stage of their faith journey.



Anne Biro, RN, MN and Dani Paul, RN, RM MSc

sharing Jesus...The next day's session gave me the courage to restart the prayer fellowship that was conducted for male student nurses. The Saline Process course has given me an ignition to keep spreading the word of God...It makes me glad to share the joy and privilege of being a witness to Jesus."

Anne, who lives in East-Asia, relates a story about how Saline Process training equipped her to respond to what was happening in a patient's family member's life in a way that truly brought life to the patient:

"In one of my workplaces, I don't have the 'freedom' to start conversations about my faith. But I have the freedom to care for people with love (Galatians 5:23). As I was caring for a patient who was dying, his wife started to talk with me, asking what my plans were for an upcoming public holiday. I mentioned that I was going to visit an older lady from my church. She asked me if I went to a Christian church. When I responded that I did, she told me she was a Christian, but that she was grieved because her husband wasn't a Christian. I responded with a very short description of what Jesus did and emphasised that Jesus' love means that he offers salvation as a gift, giving each person the free choice to believe or not to believe; it isn't something that is forced. As I was finishing explaining this to the wife, the patient who was dying motioned with his arm and whispered, "I believe". Thus, a conversation that started out about an upcoming holiday, turned out to be eternally life-changing for a man in his last days. Taking the Saline Process helped me to recognise opportunities, including conversations about everyday things, and to be sensitive and respectful whenever I am interacting with patients and their families or with my colleagues."

For those who want to teach this course so others can benefit from it, there is a SPTTT (Saline Process Training The Trainers) course. Anne, who has been teaching the SPWT for 7 years says that whenever she teaches the SPWT, she always receives feedback about how practical the course is. She loves seeing people get excited about things they learn in the course. She also frequently hears people say that a huge burden has been lifted from them when they learned that *being* a witness involved more than speaking; instead it is one's whole way of 'being'. Receiving this type of feedback from participants gives her great joy and motivates her to keep teaching!

When it comes to implementing the Saline Process, the goal is following God's leading in each patient encounter rather than trying to contrive or force some topic of conversation. A nurse from Canada shared with Anne how the Saline Process impacted her ability to care for a patient:

"Recently, a patient, who I will call "music man" or MM for short, was admitted to my hospital with exacerbation of COPD. He had almost died. I was working the night shift and MM was my last patient to give night-time medication to. When I entered the room, he appeared very anxious. He had difficulty breathing and a look of panic on his face. When I asked what was wrong, he told me of a discussion he just had with the doctor. The doctor told him that the next time he got this bad, he was going to die. Using some of the tools from the Saline Process I asked questions like, "What is your spiritual background?" and "Would you like spiritual care or counselling?". He indicated an openness to both. I had the wonderful opportunity to sit with him and pray about his anxiety. He slept really well that night. Because he had indicated a desire for pastoral care, I called a pastor and left a message so he could come and talk with MM. I saw MM again the next night and he told me the pastor had come to visit him. "This has made my whole life!" he said. The next time I saw MM was a month later when he came to the hospital to give me a CD of him singing with his band. He had hope in his eyes and was doing really well; almost able to be off his home oxygen! His expression of gratefulness made me feel that God had used that one moment to make a big difference in this man's life."

Anthony from Nigeria has also been teaching the SPWT for a number of years. He writes:

“The neglect of spiritual care by nurses in my country has always been of great concern to me. As a result of this concern I held a few seminars trying to explain the relevance of spiritual care as part of responsible nursing to my colleagues. I struggled in these seminars because I did not have enough scientific evidence to show my colleagues that faith is important in healthcare. My work was made easier after participating in the SPWT. The first question of the five questions in the Saline Process that explains the importance of faith in healthcare was of great help to me as it provided me with enough evidence to speak convincingly on the importance of spiritual care. As a SPWT trainer, I have been privileged to teach many nurses how they can integrate the Christian faith into nursing. In each of the training sessions I facilitate, I enjoy explaining to participants that faith is important in healthcare because of clinical relevance, patient’s beliefs, and best practices. I always conclude that although we have scientific evidence to show that faith is important in healthcare, the most important reason is that God has called us as healthcare workers to be salt, light and witnesses in our work places.”

As reflected through the four stories shared in this article, the Saline Process has helped equip and encourage nurses, midwives, and other



Anthony Ojie, RN

health professionals to live as effective witnesses for Jesus in the context of their own culture and healthcare environment while communicating with those they encounter using humility, permission, sensitivity, and respect. At the NCFI World Congress in 2020, a pre-conference SPWT and SPTTT will be offered. Space is limited, so if you are interested in attending, sign up early. If you are interested in having a training course in your local area, write to: saline@ncfi.org or take the Saline Process Online Training (SPOT): <https://www.ihsglobal.org/SPOT>

For further information about the Saline Process, please visit the Saline Process website at <https://www.ihsglobal.org/SalineProcess> or visit the IICN courses page at <http://iicn.ncfi.org/training-courses/courses-overview/>

Working with PRiME as a nurse

Jo Blaker BA(hons) RN

Jo is a Registered General Nurse (RGN) with 28 years experience in a variety of roles including Accident and Emergency, practice nursing, police custody nursing and is currently working as a palliative care nurse and also as a flight or repatriation nurse. She has always preferred to be a 'hands on' nurse.



I am a nurse with a 28 year varied nursing background, currently working as a repatriation Nurse and also on the bank with my local Hospice at Home Team, but previous jobs include A+E, Practice Nursing and Police Custody Nursing.

I have been involved with PRiME Partnerships in International Medical Education for around 10 years, slowly finding myself doing more and more with them as I understand their vision. PRiME works with organisations, mostly in other countries to teach what they call compassionate Whole Person Medicine, medicine that advocates caring for the whole person – body, mind, spirit and family or community, rather than looking at the bit of the body that is not working and just fixing that bit. They see the healing of an illness or injury as a combination of all 4 factors, and when medical professionals approach the patient from this angle with compassion, healing is more complete, quicker and the patient stays well for longer. This is deliberately based on the way Jesus healed people in the Bible.

PRiME's teaching methods include group work, role play, discussions and demonstrations as well as teaching from the front, and students are expected to get involved. This gives the students a real experience of how it really feels to be the patient and the message of compassion gets across more effectively, often profoundly changing the way those medical professionals work. PRiME teaches in numerous countries, usually in partnerships with medical schools, but increasingly with schools of nursing too. They aim to teach the teachers, because the message will then cascade down and reach more students, although teaching students (and anyone else!) directly is certainly not ruled out. In many countries, PRiME's teaching style is a completely new concept and students can take a while to engage, but when they do they understand it they can become very enthusiastic and embrace the idea with energy. This in turn can revolutionise the way the medical professionals work, and how they treat patients, which ultimately leads to a more satisfactory consultation for both them and the patient.

Last year a Ugandan colleague and I taught an adapted form of Whole Person Medicine to Village Health Workers (and community leaders, pastors, school teachers and a chicken!) in Uganda, in a very remote area up in the mountains, where the nearest hospital is 2 hour's drive away, the nearest specialist hospital is 7 hour's drive away, where there are few health centres and often no medicines at all, not even Paracetamol. These Village Health Workers are untrained, not doctors or nurses, but the only option people in the villages have if they are unwell. They took some time

to get used to this strange new interactive way of learning, but by the end of the second day when we were covering Palliative Care, we could see their attitudes and understanding were changing. When they realised for themselves that they could effectively use touch, prayer and counselling skills to sooth a patient's pain, and also comfort the family, they saw that they could meaningfully help someone who was dying even though they did not have any medicines to give them. The looks of hope on their faces was a joy for us to see, and they promised that this would change the way they worked.

Working with PRiME has given me a new approach to my work too, as I look to see how I can incorporate the concept of Whole Person Medicine into my daily work. I consider the mental health of my patients as a higher priority now, and will actively listen to the answer when I ask them how they feel. I include family as part of 'team patient', as I appreciate that they

usually know the patient far better than I do, and I am happier to approach the subject of spiritual needs far more than I used to be. I also feel much more satisfied when I leave a patient, knowing that I have done the best that I can for them. The concept of Whole Person Medicine is not new, but PRiME's teaching methods are engaging and impactive and, from the feedback we have had, has a long lasting effect on those who attend training events.

Note from the Editor

NCFI has a partnership agreement with PRiME and encourages nurses to join their teams in teaching both in their own country and with international visiting teams. If you are interested in working with PRiME then please contact Barbara Parfitt who is the PRiME/NCFI coordinator. babsparfitt@hotmail.co.uk



Caring and the Agape nursing model: A collaborative journey

“For we are his workmanship, created in Christ Jesus for good works, which God prepared beforehand, that we should walk in them” (Ephesians 2:10, ESV).

Shirlene Newbanks, DNP, RN is the Associate Dean of Nursing Administration and Education Programs of Nursing, at Indiana Wesleyan University, Marion, Indiana and is active in the development of Caring from a Christian Worldview and participation in the AGAPE Nursing Model. Her DNP and MSN projects focused on caring and caring through a Christian worldview



Linda S. Rieg, PhD, RN, CNE, is a professor at Indiana Wesleyan University School of Nursing, Marion, Indiana. She previously served as Director of the IICN of NCFI, and is active in the development of Caring from a Christian Worldview and participation in the AGAPE Nursing Model.



Nancy Eckerd, MS, RN, is Adjunct Nursing Professor at Oklahoma Wesleyan University and is active in the development of Caring from a Christian Worldview/ AGAPE Nursing Model collaboration. Her missional focus has allowed her to serve and organize domestic and global medical missions in Africa, Azerbaijan, China, Dominican Republic, Honduras, Mexico, Nicaragua, Peru and Republic of Georgia.



Introduction

The research process is often described as a journey. Like all journeys, a good plan is required in order to reach the “destination”. However, even with the best of plans the path may have twists and turns that were unexpected. Often these unexpected interruptions can be frustrating unless you can recognise that many times these “interruptions” were in God’s appointed plan for His glory. In *The Hiding Place* (1971), Corrie ten Boom said, “Every experience God gives us, every person he puts in our lives is the perfect preparation for the future that only he can see” (p. 12).

In this case we found that His preparation provided a better path than the two separate research endeavours. This article will briefly describe two separate research paths and how God orchestrated our collaboration for His glory. The work we are presenting would not be possible had it not been for the efforts of so many before us. Sir Isaac Newton is credited with a quote in a letter to a fellow scientist, “If I have seen further, it is by standing upon the shoulders of giants” (Hall & Tilling, 2008, p. 416). As we reflect on the work of many, such as Nightingale, O’Brien, Shelly and Miller, Campinha-Bacote, Bradshaw, Cusveller, Doornbos, Groenhout, and Hotz, who formed the foundations of nursing from a Christian worldview and a sacred calling, we are humbled and grateful to add to this work. First, an overview of the studies we completed on Caring from a Christian worldview will be summarised, followed by the development of Kingdom Nursing, and finally the collaborative work that brought about the AGAPE Nursing Model and future recommendations. Our hope is to engage Christian nurses around the globe who will participate in determining the value, revisions, and application of the AGAPE Nursing Model in their practice.

Caring from a Christian worldview research

The studies completed on Caring from a Christian worldview was motivated by graduate nursing students who were embracing theories that promoted postmodern philosophies. Often, they recognised that some of these theories were based on new age spirituality or eastern religions. At the same time, students were conflicted because they were unable to find a caring theory that aligned with their Christian beliefs. The research on caring from a biblical Christian worldview (BCW) by Rieg, Newbanks and Sprunger initially began in 2011. The purpose of this study was to explore the concept of caring from a Christian worldview as proposed in the theology of caring by Shelly and Miller (2006). Increasing the body of knowledge related to the concept of caring by including a diverse group was seen as an essential part of the study. With consultation from Dr. Josepha Campinha-Bacote, noted for work in transcultural care and a biblical model of caring, Dr. Jane Kelley, a nurse researcher, and Dr. John Nelson, a survey expert, the researchers developed their initial study. The survey was comprised of 6 qualitative questions, 4 quantitative questions, and 12 demographic questions. It also included 6 open-ended research questions about caring and the source of caring as identified by the respondents. In addition, the 12 demographic questions were designed to stratify the respondents into groups, according to gender, age, nursing program if a student, and years of practice if a nurse, type of work setting, home country, and self-described race/ethnic descriptions. Questions were also included to identify the participants' faith characteristics. The data from the survey was used to compare the themes of caring with those who self-identified as embracing, or not embracing, these faith characteristics (Rieg, Newbanks & Sprunger, 2018).

The survey was available in English and Spanish. The Spanish version was translated by a nurse from Columbia who is fluent in English and

the Spanish dialect spoken by many of the nurses attending the conference in Chile. The translation from Spanish back to English was completed by this same nurse (Rieg, Newbanks & Sprunger, 2018).

The study sample included nursing faculty and pre-licensure, post-licensure, and graduate students who were associated with a Christian educational institution in the mid-west of the United States. An additional sample of nurses, representing international nurses who attended the Nurses Christian Fellowship International (NCFI) Conference in Santiago, Chile was also included (Rieg, Newbanks & Sprunger, 2018).

The study results supported Shelly and Miller's (2006) position that caring from a Christian worldview reflects that the source of caring is from God stating, "a body of knowledge, an attitude of service, and a vital relationship with God are required to make that caring truly Christian nursing" (p. 251). The data also reflected that the more faith related behaviours increased, the more likely participants were to view their work as a calling (Rieg, Newbanks & Sprunger, 2018).

Critical literature review

To continue the research and to better understand caring and the possible need to create a theory or model from a BCW. Newbanks began conducting an integrative, critical literature review in 2014, as part of a doctorate in nursing project.

The purpose of the review was to determine if there was

- A trend of one nursing caring theorist being published more than others?
- A trend showing an increase or reduction of nurses examining caring from a BCW?
- What would distinguish a theory of caring from a BCW?
- A need to develop a BCW theory of Caring?

The process included a thorough review of existing middle range theories on caring in nursing and any articles with biblical, theological, religious, and philosophical underpinnings. Term combinations that might reflect the concepts of the origin of caring and personal characteristics of “being” were utilised in the database search process. The final review included 156 articles.

The findings of the review revealed that

- Almost all of the published literature was based on natural humanism.
- There was not a steady trend in the number of research articles published from a BCW.
- Nursing educators, nursing students and practicing nurses are basing their caring practices on theories that are founded on post-modern humanistic values and beliefs.
- A BCW and a humanistic worldview includes many of the same characteristics, but authors with a BCW uniquely identified characteristics that are consistent with the Fruit of the Spirit.
- According to the BCW, God is the origin of nurse’s caring. Only a few authors identified this important and uniquely Christian belief (Newbanks, 2015; Newbanks, Rieg & Schaefer, 2018).

Two articles reflecting both the initial research and the critical literature review were published in the *Journal of Christian Nursing* in 2018.

In February 2018, Rieg, Newbanks, and Stephens formed the International Institute of Christian Nurses (ICCN) subcommittee, *Caring from a Christian Worldview* (CCW) and began moving in the direction of developing a nursing theory or a model. The team planned a Delphi study to determine if a panel of nursing experts who hold a biblical Christian worldview, both nationally and internationally, would identify the same identified characteristics as being unique to nurses with a biblical Christian worldview. The second intent was to determine what the emerging work should be identified as: a worldview, philosophy, grand theory, or middle-range theory.

Information regarding the research and an initial question was sent to several nurse experts, including international nurses, on the concept of caring asking, “Where would you place the emerging work, *Caring from a Christian Worldview?*” and “Do you consider it to be a worldview,

philosophy, grand theory, or middle-range theory?” The recipients were asked to include key resources that helped bring them to the stated position. Feedback was given by the experts with a challenge to the researchers to determine if previous publications could be merged to provide a useful framework for academics and practice. Before the next phase of the Delphi Study could be initiated, the team became aware of the emerging AGAPE Nursing Model.

The AGAPE nursing model

In the summer of 2013, Eckerd participated in a medical mission trip in Honduras that changed the trajectory of her nursing profession. Up to this point, healing and miracles were only things she read about in the Bible. On that trip, she saw both healing and miracles. The experience was so impactful that when she returned, she felt compelled to write an article, on what she termed as kingdom nursing and described the term as, “... focused, dynamic patient-centered care, inspired by Christ and influenced by the presence of the Holy Spirit” (Eckerd, 2015).

Once the article was published, the Holy Spirit prompted her to do more, specifically, to develop a nursing model geared for nurses in a committed relationship with Jesus Christ. The journey started with researching the spiritual aspect of various nursing models. Eckerd found that most models dealt solely with the spiritual assessment of the patient, and the nurse was encouraged to examine and ultimately diminish his/her own spirituality, being careful not to influence the patient with his/her beliefs. The research revealed that Smith and Parker (2015) encouraged selecting a nursing theory based on how it aligns with the nurse’s values and beliefs.

God placed on Eckerd’s heart that the model must centre around the agape love of Christ. He is the reason for the model and the ultimate goal is to honour God, as an act of worship, by providing Christ-centered care. The first construct is obvious. The model focuses on nurses who are dedicated to Christ. This dedication sets us apart, for, “If we live by the Spirit, let us also walk by the Spirit” (Galatians 5:25, Darby Bible Translation).

The second construct speaks to the nurse’s responsibility for spiritual and professional growth. The American Nurses Association (2015), requires “Self-regarding duties primarily concern

oneself and include...continuation of personal and professional growth” (p. 19). Spiritual growth is paramount to a relationship with Christ. The Apostle Paul encouraged the saints stating, “... just as you received Christ Jesus as Lord, continue to live your lives in Him, rooted and built up in him, strengthened in the faith as you were taught, and overflowing with thankfulness” (Colossians 2:6, NIV). We are also encouraged that the Holy Spirit will instruct and teach us in the way we should go, “I will instruct you and teach you in the way you should go; I will counsel you with my loving eye on you” (Psalm 32:8, NIV).

The third construct utilises prayer and spiritual gifts in response to the prompting of the Holy Spirit. The Bible holds endless scriptures on prayer. Not only does Jesus teach us how to pray in Matthew 6:9–13, Jesus also tells us that “...if you believe, you will receive whatever you ask for in prayer” (Matthew 21:22, NIV). Paul reminds us in Romans 12:6 that “We have different gifts, according to the grace given to each of us” (NIV). It is the personal belief of the team that prayer, spiritual gifts, and reliance upon the promptings of the Holy Spirit truly set the AGAPE Nursing Model apart from secular models.

The fourth and final construct allows us to share our faith without words. Reflecting the fruit of the Spirit is evidence of the nurse’s spiritual commitment to Jesus Christ and is considered an offering of gratefulness. The nurse dedicated to Christ shares agape love through care delivered in love, joy, peace, patience, kindness, goodness, gentleness, faithful and self-control. These are character qualities of Christ that all believers possess (Galatians 5:22–23).

The Holy Spirit continued to refine the model. Early on, several titles were applied: Kingdom Nursing Model, Christ-centered Nursing Practice Model, but those titles never seemed to satisfy. Eckerd prayed that God would give her a title that was easily recognizable as a reflection of the love of Christ. In response to this prayer, the name was changed to AGAPE Nursing Model and a mnemonic was revealed.

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- A** Accept Christ as Saviour
 - G** Grow professionally and spiritually
 - A** Anticipate supernatural intervention
 - P** Prayer and spiritual gifts
 - E** Embrace Fruit of the Spirit
-

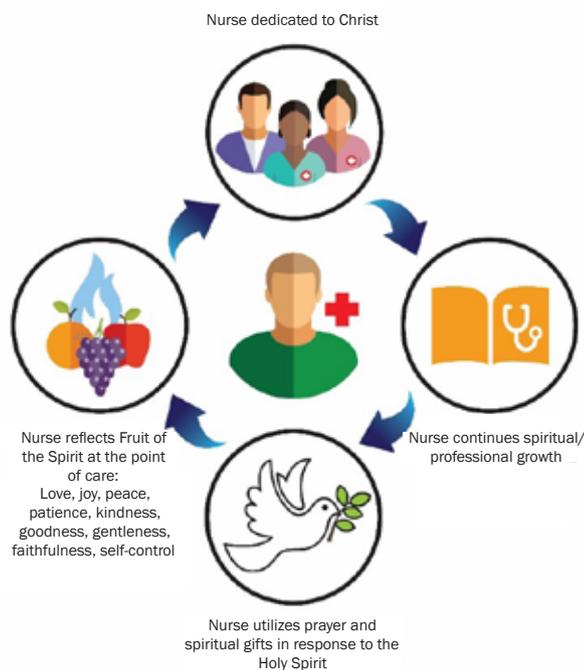
In June, 2016, the AGAPE Nursing Model was presented at the NCFI Congress in the Philippines. At that time, Eckerd crossed paths with Rieg. She attended Rieg’s workshop on *Caring from a Christian Worldview: Exploring Nurses’ Source of Caring, Faith Practices, and View of Nursing*. She listened with interest as Rieg discussed ongoing research, not realizing at the time how the AGAPE Nursing Model would play an integral role in its application. Eckerd signed up to be part of the IICN subcommittee and participated in surveys and discussions.

The AGAPE Nursing Model was published in the Journal of Christian Nursing, May/June 2018 issue and also presented at the June 2018 Innovations Conference at Indiana Wesleyan University.

Divine appointments for collaborative research

After attending the 2018 Innovations Conference and listening to Eckerd’s AGAPE presentation, Rieg, Newbanks and Eckerd met to discuss the amazing similarities of their work and the possibility of combining efforts to continue working collaboratively on the concept of caring from a biblical Christian worldview. It seems that God created this divine appointment to mesh the works of the AGAPE Nursing Model and Caring from a Christian Worldview.

The newly developed team began the process of fine-tuning and wordsmithing their bodies of work. Shortly afterwards, they joined together, with two additional faculty to write a chapter reflecting the caring research and the AGAPE Nursing Model for the new text, “Nursing as Ministry” (Mauk & Hobus, 2021). The text will be available in October, 2019.



PATIENT RECEIVES CHRIST-CENTERED CARE

Eckerd, 2018

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It is important to note the supernatural realm in which both efforts reflected the same concepts of caring. Even though the work was being conducted miles apart geographically, the team was brought together spiritually and supernaturally, to compose this work. None of us desire notoriety for our work, understanding that the glory goes only to God, and that we are honored that he chose us to be His earthly vessels, His heart, His hands and His feet.

It is the desire of the team that this work will continue and that others will contribute as the Holy Spirit leads. Each reader can contribute to this ongoing work by examining the application of the AGAPE Nursing Model in their personal practice. The authors plan to attend the 2020 NCFI Congress in Colorado, and would value your comments, suggestions, reviews and reflections.

Remembering Harry

Harry Louden 23/01/1952 – 17/06/2019

General Secretary of NCFI from 1995–December 2004.

Harry Louden passed into the presence of Jesus on 17th June 2019, following a intracranial haemorrhage. He joins his wife, Ruth who died in November 2018.

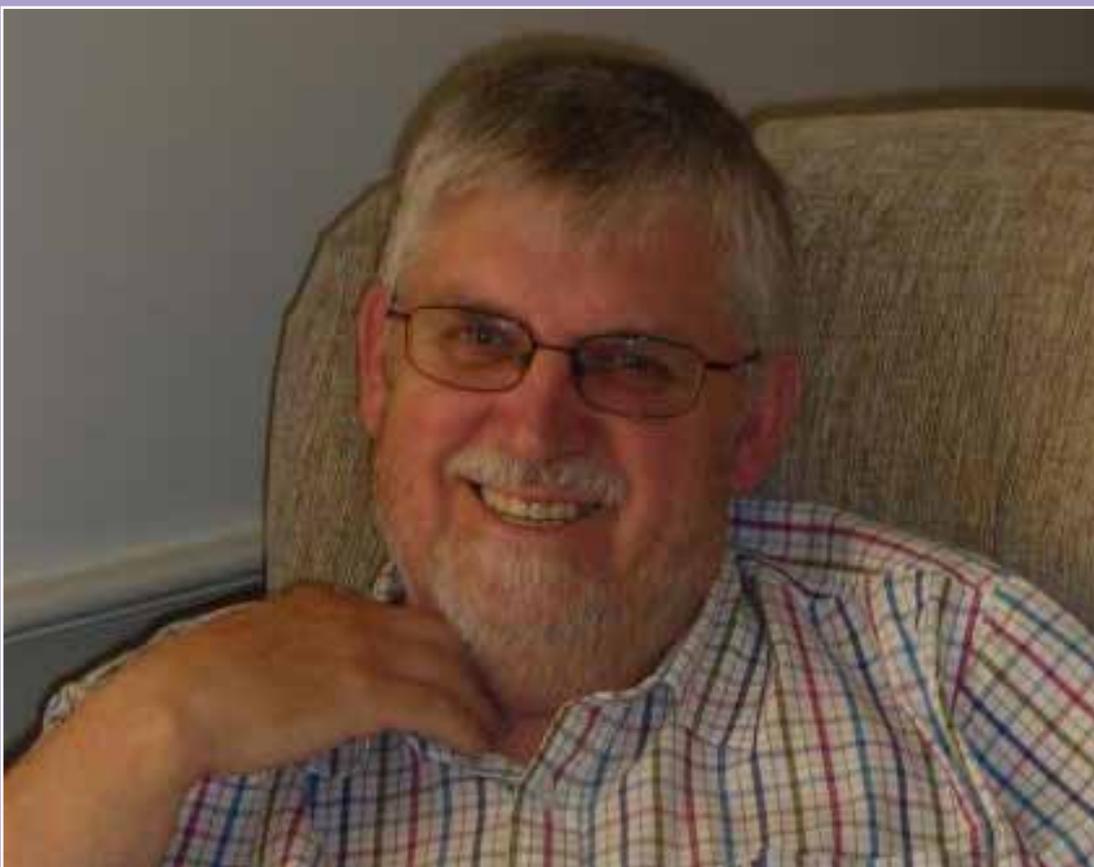
Harry trained as a nurse in Scotland, qualifying in 1972. He also qualified as a Heath Visitor and worked in the community from 1977. He and Ruth felt called to Papua New Guinea to serve with Leprosy Mission and he and his family left Scotland in 1983, and he spent 8 years training national health staff about TB and Leprosy. On return to the UK, he continued to serve as the missions regional representative, before being appointed as the General Director of NCFI in from 1995 until December 2004.

All of Harry's employments gave him the opportunity to spend quality time with people, investing in their lives and sharing Jesus with them.

Harry loved to travel and visited nurses in many countries and organised conferences all over the world for NCFI. His deep affection for people, and nurses in particular, will be missed by all who knew him.

After leaving this role, he continued to care, working as an Occupational Health Nurse for a national supermarket.

He is survived by his 3 children and 10 grandchildren.



From Mary Thompson, Former President NCFI, to Harry's family

(With permission from the family)

In times of grief I have been encouraged by seeing Jesus' care of Mary and Martha when their brother died (John 11:17-37). We pray that Jesus will bring this same comfort to you, and send many messengers in the days and months to come.

Jesus showed His care through:

- coming to be with the family
- accepting their emotions, including feeling upset and depressed
- crying with them
- sharing hope of the resurrection...

It was my privilege to work with Harry when I was NCFI President. Your parents became precious friends. I remember all the special times in your home, and getting to know you too. We prayed together for you over the years. And I'm praying for you now, and want to keep in touch.

After your mother died I sent a letter to your dad with reflections on her life: her qualities of love, hospitality, wisdom... Your father had these qualities too, and they were a wonderful team.

I've also reflected on some additional leadership qualities your dad brought to NCFI International:

- *Love for God and for people:* He listened to people and cared for them - those involved with NCFI as well as hotel staff we met at NCFI conferences. People who met Harry saw Jesus in him.
- *Vision for global ministry:* The phrase, "bringing Jesus Christ to nursing worldwide" was vision Harry lived out through his prayers, actions and words.
- *Partnership:* He reached out and brought people together - within NCFI and beyond. God's kingdom growth was advanced through relationships he built.

I am thankful for the life of Harry Loudon! We appreciated him and will miss him.

Praying for you all as you grieve as a family. Your parents deeply loved you. Their qualities live on through you all.

In Christ's love,
Mary Thompson
USA
Email: marythompson199@gmail.com

El líder-mentor un mánager de éxito

By Graciela Rojas



Graciela Rojas is an Argentine nurse, with a Master's degree in Biomedical Ethics.

After graduating, Graciela Rojas worked as chief nurse in a Clinical Surgical Hospitalization Service, where she was trained in Oncohematology, assisting in day-hospital. She later specialized in Infection Control and developed several epidemiological prevention and surveillance programs in several institutions. She has participated in a variety of activities and institutions performing a teaching role and has lectured in Conferences and Seminars within the country. She has participated in several research projects and publications. She has also held management positions, including those of supervisor in General Hospitalization, Intensive and Coronary Critical Care Units, and training supervisor.

She does voluntary work in primary care and education activities in the community

English Abstract

The interactive process of a person with another resulting in the development of guided learning is known as mentoring. During the last years, this teaching-learning process has gained importance in the education of students, but it is also a tool used by institutions for the successful integration of newly graduated professionals in the organization. Nursing is one of the professions where this methodology has been implemented with the aim of developing competencies. This work makes reference to this tool and its application in healthcare institutions, in relation to both professional competencies and spiritual aspects.

Key words: mentor-tutor, guidance in the development of competencies



An English version of this article will be published in the Spring 2020 version of CNIMentor es el nombre del sabio guardián y consejero al que Ulises deja su hijo Telémaco, responsable de la educación y del bienestar general del niño (Homero, La Odisea).

Mentoría es el proceso interactivo de uno a un otro en el que se desarrolla el aprendizaje dirigido, donde el participante tendrá un contacto frecuente y tendrán el tiempo suficiente para su intención. (Choen y Galbraith 1995).

El Mentor es una persona que será de guía y apoyo para que el mentoreado logre tener éxito y pueda alcanzar el desarrollo de sus competencias.

Ampliamente aplicado en los ámbitos educativos, pero en las últimas décadas las organizaciones han comprendido la importancia de implementarlo dentro del área laboral.

Otra definición: persona de mayor experiencia que ayuda y aconseja a otros con menos experiencia por un periodo de tiempo.

Se construye un vínculo entre la persona mentora y la mentoreada, que en muchas ocasiones durará toda la vida. La persona mentora se convierte en una persona de vital importancia para la persona joven o el adolescente al que acompaña durante los meses o años que dura el proyecto.

Se ayuda en la mejora de los resultados educativos de los mentoreados.

Se facilita la orientación laboral o profesional de los y las mentoreadas. Los y las mentoras ayudan a los jóvenes y adolescentes en la definición de su proyecto profesional y les aportan recursos y conocimientos para acceder al mercado laboral.

Se mejora la red social de los mentoreados. Con los encuentros semanales entre la persona mentora y la persona mentoreada se mejora la capacidad de los jóvenes mentoreados a relacionarse con los demás y a construir una red social positiva. Los y las mentoras implican a las personas a las que acompañan en la realización de actividades de tiempo libre saludable.

Se mejora el desarrollo emocional. Los y las mentoras ayudan a los menores a tener más confianza consigo mismo y ayudan a mejorar su autoestima y su autonomía.

Las organizaciones implementan programas de desarrollo para sus empleados, en algunos casos para promociones, planes de sucesión, planes de especialistas, etc. Se procura que el jefe tenga un rol de guía y apoyo de sus colaboradores, y los ayuda en su crecimiento. Esta actitud permanente de apoyo y guía con un plan dirigido enriquece el trabajo, y permite una mejor consecución de los objetivos para ambos (jefe mentor y empleado mentoreado). Busca oportunidades para ofrecer a su equipo, sabe que siempre hay algo más que se puede hacer, para mejorar el desempeño y desarrollo.

Fortalece las capacidades y destaca el avance como crecimiento por el buen desempeño logrado, como el asumir mayores responsabilidades.

Comparte su visión desde el inicio del programa, que las cosas van para adelante, que el trabajo de hoy es para su futuro. Las situaciones que se viven sirven para diseñar acciones reflexivas de aprendizaje para escenarios futuros. Comparte abiertamente hacia dónde va la empresa, comunicando con claridad la visión.

Construye compromiso con las acciones. Fomenta la colaboración y cooperación, las personas mentoreadas se sienten miembro y parte de un equipo, importantes en todo su aporte y participación. Los errores son situaciones que se convierten en aprendizaje para trabajar en ellos y superarlos.

Compartir la visión, fomentar la colaboración, fortalecer a los demás, dar el ejemplo son aspectos típicos de un mentor o entrenador. Construir compromiso y dar aliento son comportamientos muy importantes que fortalecen la relación en ambientes de trabajo,

promoviendo el desarrollo de sus integrantes. (Alles Marta, Rol del jefe, Ed. Granica 2008).

Las actividades o pasos del mentor en el desarrollo de las competencias de su mentoreado serán:

Primera evaluación objetiva de las competencias que presenta, a través de la observación de los comportamientos y conocimientos aprendidos. Diseñara entonces un plan acorde y específico para la persona teniendo presente su potencial para el desarrollo.

Brindar retroalimentación, tendrá encuentros personales en un ámbito de tranquilidad, en un tiempo pautado, en forma periódica señalando los aspectos positivos y negativos. Trazaran actividades de acuerdo para trabajar y superar los mismos.

Ofrece ayuda para que pueda mostrar y desarrollar las competencias, como habilidades técnicas.

Informa los métodos o caminos que se estarán realizando a lo largo de la mentoría.

Da ejemplo permanente como mentor comprendiendo lo importante en todo momento la instancia de mentor para el estudiante o empleado.

Realiza seguimiento o monitoreo de evaluación de las competencias como habilidades, registra y organiza pasos a continuar.

Vuelve a realizar evaluación y brinda retroalimentación.

La profesión de enfermería requiere que su formación sea teórica y práctica, no siempre cuando es graduada puede tener las habilidades técnicas totalmente desarrolladas, como los distintos escenarios que enfrentará frente al paciente y familia. Es allí que el reciente graduado requiere de un acompañamiento diseñado para desarrollar habilidades que no estén presentes o se afiancen aquellos que presente. Las instituciones de salud y quienes están a cargo deben tener presente estos aspectos que permitan la seguridad de los cuidados asistenciales que se brinden a los pacientes, sin ningún riesgo tanto para ellos como para los enfermeros recientemente incorporados a la plantilla recién graduados.

La formación de enfermeras no supone una práctica sencilla, dada la complejidad del proceso las enfermeras asistenciales deben asumir un rol preponderante en la formación de los alumnos. algunos autores han empleado términos “developments interactions”, para englobar acciones llevadas a cabo por los profesionales responsables de la formación de enfermeros en el proceso del aprendizaje practico, que incluye a términos como coaching, mentoring, en los procesos que ayudan al desarrollo y la mejora de la representación de los cuidados del staff.



La figura del mentor implica una relación de ayuda de alguien de mayor experiencia, formación y a la que en general se le considera sabio. Su labor es potenciar el crecimiento personal y potenciar las habilidades técnicas. (Siles J, Solano Ruiz MC, La figura del tutor en el proceso de prácticas en el grado de enfermería).

En enfermería es una herramienta fundamental la figura del mentor para el desarrollo de los estudiantes durante sus prácticas clínicas.

El sistema educativo británico ofrece a los enfermeros noveles o recién graduados, tener un periodo de adaptación al rol teniendo una enfermera experta como referente, encargada de orientarlo, guiarlo, formar y evaluar al nuevo profesional, potenciando la motivación profesional y garantizando una prestación de cuidados basados en la evidencia, encaminado a alcanzar la excelencia y seguridad en sus pacientes como en el profesional.

Le guían, le aconsejan, le instruyen, le apoyan, le escuchan, le corrigen, le afianzan, y enseñan para su progreso y para ser un excelente profesional. En definitiva, el mentor es alguien que les ayuda a aprender aquellos aspectos que no tuvieron en su formación pero que son tan necesarios e importantes para actuar eficientemente como profesional.

El termino Tutor, lo define como la persona experimentada que recibe la encomienda de participar en la formación de un joven aprendiz o estudiante, proporcionándole la guía y apoyo necesarios, animándole a realizar el trabajo de la forma que sea más positiva tanto para él como para quienes vayan a verse afectados (Zabalza y Cid, 1998). En el ámbito de enfermería, podríamos definir como el profesional que asume de forma

voluntaria la responsabilidad del aprendizaje practico clínico de los estudiantes, siendo su referente y soporte pedagógico de una manera planificada y coordinada. Potencia la capacidad crítica del alumno y el desarrollo de reflexión ante un determinado fenómeno de salud enfermedad, con el objetivo de la integración de los contenidos teóricos en la realidad asistencial. Así mismo (Martínez ME, Raposo M, Funciones generales de la tutoría en el Prácticum, Revista de Educación, 2011) exponen que el tipo de ayuda es pedagógica y psicológica en el proceso de acompañamiento, del tutor.

Las tutorías son un instrumento en el conjunto de desarrollo de los profesionales como estudiantes de enfermería, en espacios programados para el encuentro personalizado entre tutor y tutorados, en los que se establecen contenidos dirigidos a estimular, potenciar el aprendizaje, resolver dudas, plantear dificultades y ofrecer estrategias. Ayudan a las personas a ser más creativas, descubrir sus potenciales, pensar de manera más crítica, percibir soluciones a problemas y analizar situaciones desde diferentes perspectivas. La creatividad se puede mejorar a medida que el mentor sirve como un modelo para el tutoreado y modela el comportamiento creativo, el pensamiento crítico, el análisis, el procesamiento de la información y el pensamiento de posibilidad.

De lo expuesto por la literatura y distintos autores, en el Sanatorio de los Arcos (Buenos Aires, Argentina) se desarrolló un programa de Tutoría para aquellos nuevos profesionales recién egresados, sin experiencia laboral comprendiendo la responsabilidad institucional de los pacientes que reciban cuidados de enfermería seguros y de calidad por parte de todo el equipo, como así también comprendiendo

el tiempo que requiere el nuevo profesional para afianzarse en su nuevo rol, responsabilidad profesional que le da su matrícula frente al paciente y familia, su inexperiencia ante distintos escenarios nunca vividos, sus habilidades técnicas pocas afianzadas, llevándonos al análisis de realización de programas educativos de apoyo al profesional y de actividades de acompañamiento para afirmarlo, afianzarlo, desarrollar sus competencias técnicas, comunicacionales, de toma de decisión, darle herramientas para resolver distintas situaciones, entrenarlo y capacitarlo en situaciones de urgencias, comprender la visión de enfermería como de la institución, y llegar a ser un buen profesional.

Con el Departamento Docente de enfermería de Swiss Medical Group, se estableció un programa formal de 3 meses, con clases específicas de temas que los noveles enfrentarían en su ámbito asistencial de internación general clínico quirúrgica. En forma voluntaria aquellos enfermeros con mayor experiencia fueron entrenados para ser tutores, se los capacitó, se les confirió el rol y depositó la confianza para el desarrollo de los nuevos profesionales.

Los tutores en su función de mentores, realizaban el acompañamiento, observación, evaluación, y delegación de tareas en función del nivel de conocimientos como de habilidades afianzadas. Se realizaron seguimientos de sus actividades, preguntas de conocimiento, para reforzar aquellos más débiles o que requiriesen de repaso bibliográfico. Fueron modelos o ejemplos para toda realización de técnicas, en función que puedan lograrlo y afianzarlos sin perjuicio de los pacientes. Se generó un vínculo profesional de respeto, pero también de reconocimiento. Los enfermeros tutorados referían a sus tutores como modelos por su conocimiento, y experiencia a imitar. A lo largo de diez años del programa han pasado más de 50 profesionales que afianzaron sus habilidades y brindaron cuidados seguros de calidad a los pacientes. Muchos de estos profesionales de enfermería después fueron tutores voluntarios.

En situaciones de licencia de un supervisor o jefe de enfermería, se vio la oportunidad de implementar un programa de desarrollo de liderazgo en los enfermeros asistenciales, con el objetivo de identificar características de liderazgo

que pudiesen desarrollar a futuro, para concursar en puestos futuros de gestión.

Enfermeros con el título de grado, han recibido formación teórica de gestión, administración y liderazgo, pero no siempre existe la posibilidad de actuar en ese rol. En situaciones de reemplazos o nuevos puestos de supervisión, se observó que muchos profesionales cuentan con la preparación formativa pero no con la experiencia requerida. Es por ello que el Departamento de enfermería permitió la posibilidad como desarrollo a los enfermeros, de cubrir las licencias de un supervisor en sus vacaciones, con el acompañamiento de un supervisor para darle la posibilidad de desplegar sus competencias de liderazgo, toma de decisiones, administración de recursos tanto humanos como materiales, resolver situaciones problemáticas, anticiparse y programar las dotaciones del siguiente turno. Los enfermeros voluntariamente se presentaban a participar de dicha experiencia, en el cual los requisitos eran buen desempeño, reconocimiento de sus pares, y tener más de 3 años en la institución. Al finalizar el periodo se realizaba instancia de encuentro para identificar los aspectos positivos y aquellos que requerían trabajar. Muchos descubrieron su potencial de liderazgo dado por la respuesta de sus propios pares, otros reconocían la necesidad de formarse en cursos de post grados. El programa permitió reconocer líderes en potencia, para ser en el futuro posibles candidatos a ocupar puestos de gestión. Mas de 20 de ellos hoy ocupan puestos de liderazgo o conducción.

Áreas de Especialidades como pediatría, neonatología y cuidados críticos adultos, requieren de enfermeros capacitados, muchas veces no encontrando oferta en el mercado dada por la escasez de enfermeros, que conocemos. Nos propusimos elaborar Programas para formar aquellos interesados en temas que hacen a la especialidad, con carga teórica de asistencia a clases, simulación, talleres y evaluaciones de conocimientos aprendidos. Aquellos que aprueban el examen final tienen la posibilidad de contar con un colega tutor que lo acompañe durante tres meses en la especialidad para que en forma gradual puedan ir aplicando lo aprendido, quitar temores, y fortalecer los conocimientos a las habilidades que debe afianzar. Esto ha dado buenos resultados para estar seguros antes de pasar a otra área al enfermero aprendiz, darle feedback y así mismo

contar con el autoconocimiento de estar o no preparado para ejercer en la nueva especialidad.

Hemos visto ampliamente la importancia de la mentoría y sus beneficios, pero cabe mencionar que muchos enfermeros cristianos que aman a Cristo, se encuentran sin experiencia, o sin herramientas de como hablar o llevar el amor de Jesús a sus compañeros colegas, y también a pacientes.

Este aspecto no es parte de la formación de la carrera de enfermería, tampoco es parte de las prácticas clínicas.

Es entonces donde también requieren del acompañamiento, apoyo y guía como se ha visto. Recuerdo hace unos años una joven enfermera acercarse para contarme del proceso de su paciente y la necesidad espiritual que estaba atravesando, pero ella se encontraba sin poder saber cómo hacerlo. Pedía ayuda y que se le guiara, necesitaba ver a otro par como lo hacía para aprender y tener su modelo. Hoy ella es una excelente profesional y testigo de Jesucristo.

El tutor cristiano es un profesional de oración y su confianza está depositada en el Espíritu Santo, es humilde para reconocer que no tiene todas las respuestas, y tiene disposición a dejar ir y confiar a las personas a Dios y a su reino (Anne Biro, Conferencia Como revitalizar tu grupo local de enfermeros cristianos, Taiwán 2018). Se goza en el desarrollo de su colega aprendiz, genera el espacio para que pueda participar, confiere y delega tareas, se transforma en un nuevo referente para otros.

Necesitamos crear espacios de tutoría evangelista para nuestras enfermeras cristianas. Muchos han aprendido salir a las calles a entregar tratados. ¿Pero cómo identificar el momento y las palabras adecuadas de un enfermo o familia a la cual voy a seguir asistiendo? Los temores de ser expuesta y tener dificultades con sus superiores y poner en riesgo su trabajo son también otro de los aspectos que a veces fuera del hospital se dicen.



Cambia tu Mundo, enfermeros cristianos entrenándose en la comunidad, Fundación Catedral de la Fe- Argentina

Desde niña había aprendido lo importante de compartir el mensaje de salvación de JC, y de llevarlos a la iglesia, cuando comencé mi labor como enfermera muchas guardias y fines de semanas eran mi compañía.

Allí vi el dolor, el desconcierto, el enojo, la tristeza, la muerte, la incomprensión de muchos de los pacientes, pero también en mis compañeros, siempre daba palabras alentadoras, pero me daba cuenta que faltaba algo más...Jesús en sus vidas!

Fue allí que comprendí que mi escenario era el piso de internación general para mostrar el amor de Jesús. Al comienzo recuerdo que era sugerirle a los enfermos ver un programa de TV Club 700, después comencé a animarme a dejarle una porción bíblica o tratado para leer, los domingos cuando pasaba por los cuartos dando la medicación, les daba ánimo y les invitaba a leer un texto de las sagradas escrituras, muchos lo agradecían, algunos después se interesaban por preguntarme con interés. Fue a través de una amiga que recibimos la invitación de su profesora para asistir a una reunión de enfermeras cristianas. Me encantó la idea y allí estuve. Fue en esas reuniones que recibí el entrenamiento, material y capacitación para lo que me faltaba, quitar todo temor y saber cómo brindar el plan de salvación. Ya pasaron más de 30 años de esa experiencia y en todos los lugares que he trabajado muchos pacientes, y colegas han conocido a Jesús.

Como profesional he sentido el compromiso fuera del ámbito de trabajo de hacer actividades de promoción, y atención primaria en la comunidad, desde lavar heridas, como tomar la tensión arterial, recorrer barrios humildes, dar clases a vecinos en sociedades de fomentos, escuelas. Estas actividades siempre permitieron contar con alguna colega que voluntariamente se sumara, pero también fue el desafío de mostrarle no solo a actuar sino también a evangelizar.

Una simple mesa y un tensiómetro han sido mis elementos para mostrar a Jesús, muchas enfermeras que me han acompañado fueron mentoreadas, acompañadas, entrenadas para replicarlo.

En el ámbito hospitalario, mantenemos la unidad en la oración cuando alguien está mostrando a Jesús y celebramos cada vez que un enfermo, o un colega pasa de muerte a vida.

Jamás he visto que haya problemas con el trabajo o autoridades del lugar, porque han aprendido el momento y la forma adecuada de hacerlo. Sorprende que gerentes y directivos en ocasiones piden una oración por algún motivo personal.

Jesús ha sido el modelo de Mentor, guiando, apoyando, brindando oportunidades a sus discípulos, y con ellos el mundo entero pudo conocer el plan de salvación.

Por tal motivo es menester que aquellos que tenemos mayor experiencia, años de labor, como creyentes entrenemos y acompañemos a los jóvenes estudiantes de enfermería de nuestras iglesias, a los enfermeros miembros de nuestras comunidades. Identificando los enfermeros cristianos que pueden estar dentro de la institución y generar una red de apoyo, con espacios de lectura, oración, y aprendizaje.

A través de la mentoría, hemos visto que los resultados son multiplicadores y de excelencia. Por cada enfermero asistencial cristiano entrenado se puede alcanzar a muchos. También convertirse en un tutor para otros nuevos enfermeros creyentes, discipulándolos en su ámbito de trabajo diario (Mateo 28.19).

Con mucha emoción recuerdo a María, la mucama que una mañana me desafió diciéndome, si podría leer y enseñar la Biblia, ella tenía la de su abuela guardada, pero necesitaba que alguien le ayudara. Dios me recordó a Felipe, (Hechos 8.26-38) y cada domingo mientras todas las enfermeras desayunaban estaba allí con la Biblia de María en mis manos enseñando las maravillosas verdades de Dios para ellas.

(This article will be printed in English in CNI 12 2020).



Enfermeros cristianos, distintos servicios, Sanatorio de los Arcos- Argentina.

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 2013–2021

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

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 editor for consideration (babsparfitt@hotmail.co.uk). 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. DOI's 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 contact the editor on: babsparfitt@hotmail.co.uk

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NCFI Congress 2020

The next NCFI World Congress will be held in Denver, Colorado, USA at the Colorado Christian University.

- THEME: Opportunities and Challenges in Nursing Today: A Christ-centered Response.
- Venue for the 2020 NCFI World Congress: Yetter Hall, Colorado Christian University, Denver.
- Pre Congress Training Courses will be held – July 10–13, 2020



Denver is in the heart of the beautiful Rocky Mountains of Colorado

Institute leadership

TWO vacant volunteer posts currently seeking applicants: IICN Director and IICN Institute Manager

IICN is seeking both a director and a Manager

Do you feel called to one of these very important roles?

Are you an active academic who is willing to lead the strategic direction of IICN guiding the organisation through a period of development and expansion?

Or perhaps you are an accomplished manager and administrator with IT, web development and communication gifts, if so we need your help.

Both positions are voluntary although expenses will be covered. For full details go on the web site www.ncfi.org or contact the President of NCFI on tove.giske@gmail.com

Leadership of the International Institute of Christian Nursing consists of a Director, a Manager and the Institute Steering Group who support and monitor the activities of the Institute on behalf of the NCFI Executive. The positions of Director and Manager are currently vacant.

IICN Director

At this time NCFI is seeking to appoint a Director. It is intended that the Director will be supported by a Manager who will work closely with the Director in delivering the IICN strategic plan,

The position is voluntary but brings with it many benefits including the opportunity to work alongside nurses from across the world, and to engage directly in international work.

Key responsibilities for the Director include:

- Academic leadership
- Strategic planning for the IICN
- Promoting educational and research development opportunities and expansion of the work of the IICN
- Monitoring program development and delivery, reporting to the NCFI Executive Committee when necessary
- Virtual meetings every two months with the Program Committee and the Steering Group
- Liaising with partner organisation e.g. PRIME, IHS, HCFI

IICN Manager

The IICN Manager will work closely with the Director and support the Director in the following ways:

- Make necessary arrangements for the two monthly virtual meetings of the Program committee /Steering group
- Preparation of the agenda, write the minutes and the circulation of the minutes of all IICN meetings and working papers, Maintenance and updating of strategic planning documentation
- Monitoring and support for the production of CNI
- Maintenance and updating of the IICN web site
- Working with the NCFI media committee to promote the work of IICN

PLEASE GET IN TOUCH!

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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/visit.ncfi