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Christian Nurses in the workplace

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Nurses Christian Fellowship International (NCFI)

Making a difference to nurses and nursing around the world

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Letter from the president

To be a Christian Nurse in our workplace

Skilled hands

In this edition of CNI the different articles focus on what it means to be a Christian in our work places. I want to draw our attention to two body-parts of the nurse; our hands and our eyes. The hands of skilled and knowledgeable nurses can be powerful tools to heal and help patients and families in illness and distress. A Norwegian nurse and midwife, who went to Nepal as a missionary in the 1950-ies, knew she would practice under challenging conditions. "I have asked God to bless my hands", she told. After many years of dedicated service, she could witness that God had blessed her hands and protected those in her care from harm. If you have not already asked God to bless your hands, do it today. The nurses' hands can bring healing, comfort and peace.

Eyes that see

One of the first things we pay attention to when we see a person is the person's face and eyes, and we interpret if the person has time, is interested in us, and is available. To have eyes that express love and care can provide hope and strength our patients. Hagar is one of the first persons in the Old Testament to name God and she said: *You are the God who sees me!* (Genesis 16:13). What a wonderful name of God – the one who sees. Jesus demonstrated the same character; he saw others – his disciples, the blind man at the road, the women at the well, Martha and Mary and so on. To have presence and to see our patients and their family is the best way to build relationships and to assess situations and thus to plan and act in nursing.

More to learn from Jesus

There are two more traits we can learn from Jesus that have direct relevance for nursing. The first is to take care of ourselves so we can care for others. We need to spend time with God and to seek quiet time to read and pray. We also need to eat, to sleep and rest. Only when we care for ourselves can we serve others over time. The second lesson to learn is the importance of asking questions. Have you noticed in the gospels how many questions Jesus asked people around him? One of my favorite stories is when Jesus asked the blind man by the road to Jericho: *What do you want me to do for you?* (Luke 18:41). Asking such open question means to have interest in the person and a willingness to take time to listen to what is on the person's mind. Such question can open up for a healing conversation and sharing about the love of God.

Encouragement

As you read the articles of this edition of Christian Nurse International, I hope you find material that can encourage and equip you to integrate Biblical principles and Christ-centered values in compassionate nursing practice.

Dr Tove Giske
NCFI President



Letter from the editor

In this edition we are focusing on Christian Nurses in the workplace. There is an increasing awareness of the challenges that Christian nurses face in the workplace and in their practice in many different countries. In the West the secularisation of health care means that to speak of your faith openly will lead to abuse and often to losing one's job. In some Asian countries, as was pointed out to me during my latest visit to Pakistan, you may lose your life as it is forbidden to proselytise. This edition brings us an article from Nancy Eckerd describing a model of nursing highlighting the importance of our Christian values. Praying with patients is another topic that is discussed by Dr Bart Cusveller. He discusses the ethics of praying with patients and provides some interesting food for thought. Anne Biro illustrates her article with examples from the saline course where nurses have the opportunity to explore how they can be 'salt' in the work place.

All these articles and others in this edition will give you a rich source for thinking and praying about your place in your working environment. Sometimes we may feel that we have no impact on either our patients or our colleagues but we have to remind ourselves that words are not needed to display the spirit of Our Lord in the love and care that we show others. We have to avoid being caught up in the 'doing' culture and remember it is 'being' that really matters.

I hope that you enjoy this edition and I encourage you to share CNI with your friends and colleagues.

My warmest good wishes to you all,

Barbara

Please note: Our next edition will focus on mental health and I look forward to receiving contributions from everyone both sharing their own experiences of struggling with mental health issues and some examples of the care, both physical and spiritual, given to patients with mental health problems.



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Our new sub editor

I would like to introduce you to Dr. Susan Ludwick who is our new sub editor for CNI. The editorial committee is delighted that she has joined our team and I am personally encouraged to have her help in editing the journal. Below is a

short biography of Susan and I am sure you will realise how fortunate we are to have such an experienced and committed person to help us produce the NCFI journal.

Barbara Parfitt, Editor

Dr. Susan Ludwick is originally from Overland Park, Kansas. She obtained her BSN from Wichita State University in Wichita, KS, and her MSN is from The University of Wyoming. She obtained her Doctor of Nursing Practice (Leadership & Public Health Nursing emphasis) degree from The University of Kansas in May 2017.

She feels self-awareness is important in nursing education, and strives to better understand students' emotional and spiritual needs. Dr. Ludwick's hobbies are travelling especially to the beach, running, and watching movies. She lives in Charleston, SC with her husband and her three children.

Her clinical and teaching background is primarily in Maternal Child and Community Health Nursing. She has been a nursing educator for over 20 years, and currently teaches pediatric nursing at Charleston Southern University.

Dr. Ludwick is a reviewer for the Journal of Christian Nursing, and also is the sub editor for the Nurses Christian Fellowship International online journal. She is starting a Nurses Christian Fellowship group with Dr. Vicki Ball for students this year at CSU, and she's a member of the Christian Leadership Council committee.



Dr. Susan Ludwick

Ten thousand reasons to pray with patients and three reasons not to do so!

Bart Cusveller PhD

Dr Bart Cusveller holds degrees in nursing and philosophy. He teaches ethics and nursing research at the Academy of Health Care, Viaa Christian University of Applied Sciences, Zwolle, The Netherlands.

He is part of a research team on Spiritual care and has published on nursing ethics and spiritual care. He published Commitment and Responsibility in Nursing. A Faith Based Approach (with Donal O'Mathuna and Agneta Sutton), Sioux Center: The Dordt College Press, 2003.

1 Introduction

Many of you will know the worship song “10,000 Reasons (Bless the Lord oh My Soul)” by Matt Redman:

You're rich in love
And You're slow to anger
Your name is great
And Your heart is kind
For all Your goodness
I will keep on singing
Ten thousand reasons
For my heart to find.

Who, as a Christian nurse, would not want her patient to know patience, kindness, and goodness? Not only are there 10,000 reasons to keep on singing but also to keep on praying, who would disagree? Well, to be fair, not everybody. Only last year, on the grounds of “gross misconduct” a nurse in the UK was fired from her job for offering prayer to a patient.¹ It is not for me to say who was in the right here. But the case illustrates my point that opinions differ concerning praying with patients: the nurse, the patient, the employer and the profession thought very differently on the matter.

So it is for other parts of the world as well. In the *Journal of Christian Nursing* a Korean nurse relates how in Korea she never encountered any problems when offering prayer to patients, even more so, it was sometimes expected of her.² It was upon entering nursing in the US that she discovered how things are not the same everywhere, that is to say, that praying with patients is not appreciated or even allowed in all places.

This raises the question of clinical guidelines,³ but these guidelines too can be disputed. For a Christian nurse working with a Christian Non-Government Organization (NGO) it will not be prohibited but really quite acceptable and appropriate to pray with a Christian refugee who just crossed the Mediterranean in dire circumstances. But, for a Christian nurse with Christian NGO a few hundred miles to the east, in Muslim country, it may be ill-advised and even right-out dangerous to offer prayer to patients. In the Netherlands, furthermore, praying with patients is not exactly prohibited, but it is unusual and it's regularly frowned upon which, in the wrong situation, may lead to formal complaints and/or legal problems.

Even when a Christian rightly believes there are 10,000 reasons to pray with patients it may or may not be appropriate to do so.⁴ My point in this ethical reflection is not so much to show that a pluralism of opinions about the appropriateness of praying with patients exists, but particularly that it is not just one big pile of differing opinions. Opinions may differ for a variety of reasons, so it might be helpful to discuss the differences. I will single out three contrasting types of: differences: contextual, structural, and spiritual. Prayer with someone from a Mexican, Catholic family will be different from prayer with someone not Mexican, or not Catholic, or not family.⁵ This will help us to identify three reasons *not* to pray with patients. At the same time, my hope is to identify principles for clinical guidance to give the right sort of reason for prayer in the right sort of circumstance.⁶ For, after all, praying with patients may be part of spiritual care and spiritual care is part of nurses' professional responsibility.

2 Differences of opinion: contextual

The first reason why opinions about praying with patients differ has already been illustrated: there is *contextual* (or cultural) diversity, such as regional or geographical context. In Norway patients may find their religious faith too much of a private matter to discuss with nurses almost to the point of ruling out the possibility of praying with patients. In Malta, however, many if not most patients are devout believers, health care institutions are sponsored by the Roman-Catholic Church, and nurses are trained to cooperate with priests and chaplains. Praying with patients, for instance at the end of life, is mostly allowed and not uncommon. In some countries, as the above mentioned Korean nurse noticed in the United States, this type of diversity may exist from city to city, or even from hospital to hospital.

Now my point here is that this is not all bad. God called human beings to inhabit different parts of the world and form diverse peoples. It would be wrong, then, to expect a whole lot of prayer with patients in Norway and wrong to expect very little by way of prayer with patients in Malta. In both cases it would be disrespectful, especially to patients, to expect otherwise. So the first reason opinions on prayer with patients differ is cultural and as we are created cultural beings in a plurality of nations, respect for patients requires sensitivity to cultural expectations. As the proverb

goes, “When in Rome, do as the Romans do”. This is not to say prayer with patients can never happen, even in countries where prayer with patients is not allowed. But, often prayer with patients may require extreme care, restraint and confidentiality to avoid doing more harm than good, even with the best of intentions.

Call this “the principle of respect”. When faced with a patient situation in which prayer seems indicated, differences in cultural expectation are important to consider. Even when going against the grain, always do so by honoring the worth and wishes of the patients.

3 Differences of opinion: structural

The second reason why views regarding praying with patients differ is because the nature of the relationship between nurses and patients. Here, the differences are not so much contextual but may be *structural as well*: is it at any time proper to pray with patients within the structure of the professional relationship? Is a professional caring relationship different from a personal relationship or a relationship as fellow church members? It is true that views differ from time to time and from place to place as to what is understood as “professional”? Yet, the point remains that in most cases today the professional nature of the caring relationship safeguards the patient and his interests against infringements from others, e.g. of his privacy, autonomy, and peace of mind. Each patient is in a dependent, vulnerable and thus relatively powerless situation, and each Christian nurse should be appreciative of that fact.

When the nurse thinks this is not such a big deal and praying with patients is OK, therefore, the burden of proof is on the professional nurse to show that her intervention is beneficial to as well as agreed to by the patient. In other words, in many cases there will be some kind of quality control, labor regulation, or disciplinary law demanding expressive permission from patients for care and treatment, including prayer. It is part of the professional nature of the caring relationship that prayer is not to be imposed on patients. When structural differences regarding praying with patients exist between nurses and both employers and professional bodies, the contextual argument “but it is accepted in my part of the world” will not work. Because the

difference between professional and other relationships is structural, one has to come up with another argument, e.g. “it is professional to ... and therefore it is not out of place ...”

This is referred to as “the principle of boundaries”. When perspectives differ, this may also be a good thing. This means you cannot merely pray with a patient like you would with a family member or church member. The professional relationship is of a different nature. Prayer with patients’ needs to be embedded in a relationship in which the nurse knows what is good for a patient and what the patient wants – and the patient entrusts the nurse with this knowledge and agency. Always make sure you do not impose something that you regard as helpful in your own personal life on someone who is not part of your own personal life. The patient’s request or permission is crucial. It may not be helpful to someone who feels very differently about the professional relationship with you. Respect boundaries as well as backgrounds.

“As a nurse, make sure you are aware of differences in faith perspectives between Christians, especially between nurse and patients.”

4 Differences of opinion: spiritual

Apart from contextual and structural differences in views on prayer with patients, there is a third type of difference. Some differences in perspective originate in differing worldviews or religious outlooks. People with different persuasions, even if Christian, think differently about praying with. Apart from contextual and structural differences, then, there are differences between Christian “theologies” and “spiritualities” as to the appropriateness of prayer. Some will find it a very natural and perhaps even imperative to pray explicitly with relative strangers, others may have reasons not to address God in this way. So even when the cultural context and the professional nature of the nurse patient relationship allow prayer with patients, their life-orientation or persuasion might advise against it. Even between Christians one cannot assume the appropriateness of prayer, for reasons that have

nothing to do with the relationship with culture or with employer and profession.

This is called “the principle of parity”. As a nurse, make sure you are aware of differences in faith perspectives between Christians, especially between nurse and patients. Always tread carefully, and sometimes do not offer prayer, even when (or should I say, especially when) on holy ground. Now, it may also be that a colleague or an employer rejects prayer with patients for similar reasons, but because he or she is not a Christian. Some reject prayer with patients because they don’t believe in prayer in the first place, let alone as a form of health care. While there is a point to restraint because of the “respect principle” and the “boundary principle”, this type of diversity can be more challenging for Christians. Basically, in such a case, it is one “value system” or “worldview” against another. Even more so when it comes couched in arguments like “in a secular health care system as ours...Then the spiritual reason is presented as a structural or contextual reason, when in fact it isn’t. Thus, a professional nurse, sensitive to context and boundaries, i.e. in the appropriate cultural and professional conditions, may encounter resistance against prayer with patients on the basis of anti-Christian sentiments. This is a different type of diverging view to understand and when faced with this, when there are no cultural and professional obstacles, the Christian nurse would ideally be able to explain in a gracious way how the patient sees prayer and how she sees prayer.

5 Conclusion: the rule of three

In present day health care, views differ on nurses offering prayer to patients and sometimes they run into problems. It is therefore important to recognize that while there are indeed 10,000 reasons to pray with a patient there is also always “a time for everything” (Ecclesiastes 3:1). It is important to recognize that views of prayer may differ for different reasons. This diversity does not always have to bother Christians, but that it requires the right response in the right circumstances. I have singled out three reasons for pluralism: contextual, structural and spiritual diversity. When a nurse finds herself in a difference of opinions of one kind, she is wise not to use reasons of the other kind in a disciplinary hearing, for instance, the court will not be impressed by cultural or spiritual reasons. On the other hand, when facing challenges from employer or profession, contextual reasons and structural reasons may win the day, but on the level of “value systems” spiritual reasons do not trump Christian reasons.

As for clinical guidance, these types of diversity may offer three good reasons not to pray with patients: when there is no match or too much friction because of cultural factors, professional boundaries, or theological orientation. Seen from the positive side, however, these types of pluralism may also be formulated as ethical principles for nursing practice: respect, boundaries, and parity. Or to use a nurse blogger’s quick and dirty conclusion, “Bottom line – be respectful, don’t impose, don’t assume anything – then go for it.”⁷

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Presenting the Agape Model at the NCFI Congress Philippines 2016

Nancy Eckerd MS RN

Nancy Eckerd, MS, RN, is an adjunct professor at Oklahoma Wesleyan University in Bartlesville, Oklahoma. Nancy has served on domestic and global humanitarian and medical missions including China, Honduras, Dominican Republic, Mexico, Republic of Georgia, Azerbaijan, Africa and Nicaragua.

I carry a prompting from the Holy Spirit to lift up and guide Christian nurses to fulfil the spiritual aspect of their professional practice. My goal in presenting at the NCFI Congress was to offer to other like-minded believers a thorough, practical spiritual lens with which to guide their nursing practice.

In the summer of 2013, I served in a Honduran medical clinic during which I experienced an extremely deep fulfilment of my calling as a nurse. I define this empowerment as kingdom nursing, "...focused, dynamic patient-centered care, inspired by Christ and influenced by the presence of the Holy Spirit" (Eckerd, 2013, pg. 253). The impact of this experience brought an undeniable prompting from the Holy Spirit to empower kingdom nurses with a nursing model created specifically for them.

I began the journey of researching models and found most fall into two categories; a delivery of care model which deals with the task of work organization and an all-encompassing professional practice model dealing with values, systems and theories (Deutschendorf, 2003; Shirey, 2008). The Agape Model focused on the character of the nurse and so was not a good fit for either of these two categories. It does, however, qualify as a stand-alone Christian model because of its "structural design or representation of which something is to be made" (Shirey, 2008, p.366).

Certain biblical character components must be present and encompassing in the nurse within this model. By offering constructs deemed necessary for the optimum kingdom nursing practice, the patient ultimately receives Christ-centered care. The constructs, few and simple,

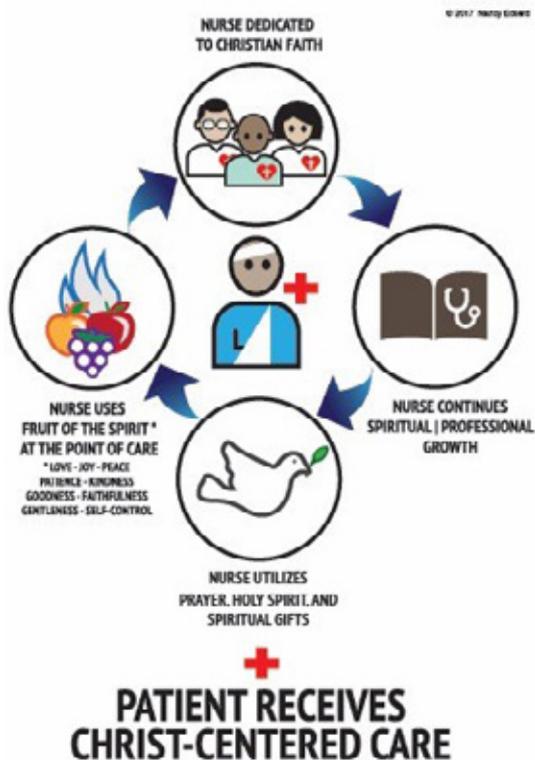
came readily as I reflected upon the practices of other committed believers who successfully portrayed the love of Christ.

The first construct of the Agape Model requires the nurse to be dedicated to the Christian faith. It is this dedication that sets us apart and allows the Holy Spirit to freely flow through us. "For those who are led by the Spirit of God are the children of God" (Romans 8).

The second construct deals with the nurse's responsibility to growth, both professionally and spiritually. The American Nurses Association, (2015) requires the nurse to maintain expertise and excellence both professionally and personally. Scriptures in the bible dealing with spiritual growth are endless. In Colossians 2:6, Paul encourages us "... 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."

The third construct utilizes prayer, the promptings of the Holy Spirit and spiritual gifts in the nurse's practice. These three precepts truly set the Agape Model apart and allow for Christ-centered care. Paul encourages us to pray for others (1 Timothy 2), for enlightenment and power (Ephesians 1), knowledge, spiritual wisdom and understanding (Philippians 1). Leaning on the prompting of the Holy Spirit allows the all-knowing God of the universe to guide our every decision. Galatians 5 reminds us that just as we live by the Spirit, we should also walk by the Spirit and also that the Spirit intercedes according to the will of God (Romans 8). In addition, all believers possess different gifts according to the grace given us (Romans 12) and we are to use our God-given gifts to serve others (1 Peter 4). I contend that our individual gifts direct and enable kingdom nurses to achieve excellence in our chosen field of specialty.

The final construct is the application of the Fruit of the Spirit. All kingdom nurses possess the fruit listed in Galatians 5 and these are evidence of their spiritual commitment to Christ. The kingdom nurse extends the love of Christ through care delivered in love, joy, peace, patience, kindness,



simple, visual showing the impact that the Agape Model has on the patient.

Equally as simple, is the following mnemonic used for the Agape Model:

Agape model	
A	accept Christ as Savior
G	grow professionally & spiritually
A	anticipate supernatural intervention
P	prayer and spiritual gifts
E	embrace Fruit of the Spirit

The Agape Model is designed to be an offering brought forth from the overflow of worship. Its purpose is that the Holy Spirit leads as the kingdom nurse reflects the heart and character of Christ.

goodness, faithfulness, gentleness and self-control. While focusing on these character qualities and their impact on those to whom we provide care, of special interest to many at the NCFI Congress was the verse immediately following the fruit; "... of which there is no law" (Galatians 5). Given the worldly hostility present at times toward the Christian faith, these six simple words hold tremendous weight. Though written some two thousand years ago, the relevancy for today's religious climate is divinely purposed.

I was delighted with the participation from others during my presentation. The comments evolved into a discussion of the Agape Model's influence on the moral character of the nurse. Much to my delight, many educators approached me after my presentation and asked to use the Agape Model with their students.

It was my intent to show the simplicity in this model through a basic illustration. All concepts needed to point back to Christ. In this age of complex technological graphics, I designed a

For me personally, I was honored to attend seminars, teachings, worship and fellowship on a global scale. I have been nudged with a glimpse of goodness on a heavenly scale and look forward to attending the next NCFI Congress in the State of Colorado, USA.

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Wounded healer: the Christian Nurse in a broken world

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Introduction

‘God created a perfect world and placed man in charge of his creation to care for it. However, men chose to disobey God and thus entered brokenness into all of creation and all human relations.’¹

Consequently, nurses like all other people are born into a broken world and are victims of brokenness in varying degrees. This experience of brokenness has an effect on the nurse’s ability to provide quality care in this broken world.

God’s call upon every nurse and especially the Christian nurse is to be a healing balm in a broken world, ministering to body soul and spirit.² God comforts and equips nurses to deal with personal brokenness to be channels of healing.

The Merriam Webster dictionary defines a wounded person as one who has been injured by a weapon or suffered from emotional pain and a healer as one who restores to health or sound state. Thus, a wounded healer is one who has been injured or experienced emotional pain, been healed or learned to cope and now works to restore soundness and health to those currently in distress.

This paper will address the following sub themes:

- a broken world
- the nurse in a broken world-causes and signs of brokenness
- experiencing healing – choices that must be made
- wounded healer – God’s channels of healing in a broken world

Broken world

How is it that the world created so perfect now bears so much brokenness? Where did it all come from?

In the account of the creation of the world in Genesis 1:31, we read that, “God saw all that he had made, and it was very good”. It was all perfect. God made mankind and placed him in the garden to tend it and to care for it. He put man in charge of all that he had created.

There was harmony in all the relationships until man chose to transgress God’s command to stay clear of the tree of knowledge of good and evil. (Genesis 3) The *consequences* that followed were brokenness:

- the relationship between humankind and God was broken
- the relationship between humankind and his own kind was broken
- the relationship between humankind and creation was broken

The evidence of this is recorded soon after in the account of Cain and Abel in Genesis 4 and the utter corruption of mankind in Genesis 6 that led to the flood that destroyed all things except what God chose to preserve through Noah

Into this broken world we have all been born and we do not have to look far to see the evidence of brokenness in and around us; disease, murders, divorce, physical, verbal psychological and sexual abuse; all are some of the headlines that frequent our newspapers.

The nurse in a broken world

Nurses as part of the human kind come from a community of brokenness and have themselves experienced varying degrees of brokenness from mild to severe. These may be physical, psychosocial or spiritual and may include but not be limited to the following:

- physical, sexual, verbal, psychological abuse,
- substance abuse

- broken relationships such as divorce, abandonment or neglect
- sickness, war, and death

Experiencing healing

Is there any hope for humankind? Is there a way out of this brokenness?

GOD has provided a means to remedy this brokenness that may be accessed by all people. He provided a means of

- reconciling people with Himself
- reconciling people with other people
- reconciling people with creation

God is described by Paul in 2 Corinthians 1:3 as the Father of compassion, God of all comfort. A fitting introduction to who God is in relation to the broken world.

“Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God” (2 Corinthians 1:3).

As the Father of Compassion, God is sympathetic of our distress and works to alleviate it. He is the originator of compassion. As the God of all Comfort, he is the Strengthening aid and consolation in time of trouble, grief or worry; providing relief, encouragement and a contented well-being. God knows and sees our pain and comes to heal us comfort us and strengthen us. He sent his Son Jesus Christ to be the Saviour of the world.

“The spirit of the Lord is upon me for he has appointed me to preach good news to the poor. He has sent me to bind the broken hearted, to proclaim freedom to the captives and release from darkness for the prisoners. To proclaim the year of the Lord’s favor and the day of vengeance of our God, to comfort all who mourn, to provide for those who grieve in Zion, to bestow upon them a crown of beauty instead of ashes and oil of gladness instead of mourning and a garment of praise instead of a spirit of despair (Isaiah 61:1–3). Jesus Christ read these words and applied them to himself, *“Today this scripture is fulfilled in your hearing” (Luke 4:21).*

The Scriptures said of Christ that, *“He was despised and rejected by men, a man of sorrows and familiar with suffering like one from whom men hide their faces he was despised and we esteemed him not. He took upon himself our iniquities and carries away our sorrows. Yet we considered him stricken by God and afflicted. But he was pierced for our transgressions, he was crushed for our iniquities. The punishment that brought us peace was upon him and by his wounds we are healed” (Isaiah 53:3–5).*

The invitation and the promise

Jesus Christ came as the means of life – abundant life. He therefore invites us to himself and promises rest. *He is our high priest who is able to “sympathise with our weakness”* because he was *“tempted in every way just as we are – yet without sin.”* We must therefore heed the invitation and *“approach His (Christ’s) throne with confidence so that we may receive mercy and find grace in our time of need” (Hebrews 4:15–16).*

Choices that must be made to experience

God’s remedy for brokenness must be entered into by making the kind of choices that foster healing:

1. Accept your own brokenness:

Experiencing healing begins with acknowledgement of brokenness within and around the nurse as well as the recognition of Christ as the ultimate healing balm. If a person does not acknowledge that he is sick he will not seek out a doctor and if you take him there by force, he will not take the medicine or follow any doctor’s orders *“Let us then approach his throne with confidence so that we may receive mercy and find grace in our time of need ” (Hebrews 4:16).*

2. Respond to the invitation for reconciliation and rest:

Of your own free will call upon him and he will answer you.” *In repentance and rest is your salvation in quietness and trust is your strength (Isaiah 30:15).*

3. Obey his commands to love,³ forgive,⁴ trust,⁵ rest⁶ and submit your will to Christ⁷

Wounded healer – God’s channels of healing in a broken world

God *“comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received...”* (2 Corinthians 1:3).

The God who knows and sees our pain and comes to heal us, comfort us and strengthen us and then commissions us to go and share the comfort we have received from him. He says of those he comforts that *“They will rebuild the ancient ruins and restore the places long devastated; they will renew the ruined cities that have been devastated for generations... will be called priests of the Lord, and be named ministers of our God”* (Isaiah 61:3b).

He knows we cannot do it by ourselves so he says to us, *“Take my yoke upon you and learn from me...”* (Mathew 11:29) – Come along side me and work with me. Once we lay down our burdens, he invites us to willingly take up his yoke and learn from him. As our wounded healer, he helps us to bring healing to others who need the same comfort he gave us.

References

1. Romans 5:12; Genesis 3
2. Genesis 1:26–27; Isaiah 61:1
3. Mk 12:30–31; Ephesians 5:1–3
4. Ephesians 4:29–32
5. Jeremiah 17:7–8
6. Exodus 20: 8–10
7. Mt 11; 28, James 4:7

Conclusion

2 Corinthians 1:3 tell us that God comforts us in all our troubles so that we may be able to comfort others with the comfort we ourselves have received. Are we willing to lay down our pain and receive his comfort? Are we willing to let him lead us in comforting others? When we are wounded our eyes are on ourselves, on our pain, on how we can get rid of this agony. When we experience his comfort, our eyes are turned from ourselves to him who has comforted us and as we gaze upon him, he points us to what he wants us to do in partnership with him.

“Take my yoke upon you and learn from me, for I am gentle and humble in heart and you will find rest for your souls (Mathew 11:29–30). *“We are his workmanship created in Christ Jesus to do good works which God prepared in advance for us to do”* (Ephesians 2:10).

Our blessings are doubled as we work alongside him in bringing comfort to a broken world. Each time we reach out to comfort others we are reminded of how he comforted us and are twice blessed. I pray that the Lord brings you into this experience of this blessing.

Christian Nurses and midwives in the workplace

Anne Biro, MN, RN
NCFI International Saline Coordinator

Is there a difference between nurses and midwives who are Christian and those who aren't?

I asked this once to a group of nursing students and they responded by saying 'Yes'!

I asked them what the differences are between a Christian nurse or a Christian Midwife to those who are not professing Christians?



With the professional education that most nurses and midwives receive, many Christian values such as caring, honor/respect, patience, goodness, honesty, and discipline (self-control) are taught as nursing professional values. Striving for excellence in care is both a professional value as well as a Christian value ("whatever you do, whether in word or deed, [we are] to do it all in the name of the Lord Jesus" Col 3:17, and "...whatever you do, do it all for the glory of God" 1 Cor. 10:31). The difference perhaps is the motivation. Followers of Jesus are motivated to love and honor Him through what we do.

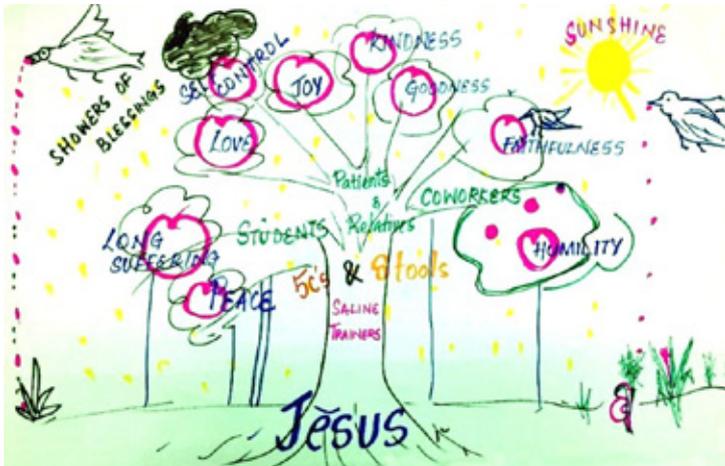
In our profession, we learn to approach our patients and our clients holistically. Basic textbooks teach the model of 'bio-psycho-socio-spiritual care' to help us consider each of these four aspects of people in providing care. If we reflect on how much of our education and practice focuses on the physical (biological), almost everyone feels that this is the primary focus of training and practice, and the aspect of caring for which we feel most prepared and

confident in. When I teach, I frequently ask health care workers how much of their training went into learning how to provide spiritual care. Most say that very little time was devoted to this and that they don't feel very confident in assessment or provision of spiritual care. In recognition of this need, NCFI has developed a training program on spiritual care to help our members. See <http://iicn.ncfi.org/training-courses/art-and-science-of-spiritual-care/> for more information.

What does it mean to be 'a witness'?

There is a second aspect to being a Christian nurse or midwife that many struggle with. In the Bible, we are told that we will "be [Jesus'] witnesses" (Acts 1:8) and in Jesus' authority we are commanded to "go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you." (Matthew 28:18–20). However, in most places in the world today, we are told not to bring our 'religion' or beliefs into the workplace. We are either told or we come to believe that we can be Christians in our personal lives, but not our public lives (Cusveller et al, 2015). As a Christian nurse or midwife, how does one reconcile what the Bible says to our professional life? We value a holistic approach to our patients and clients, yet we struggle with a fractured self in regards to our own life, work, faith, and beliefs.





In a research study conducted by Cusveller et al (2015), one of the open-ended questions asked health professionals to identify a specific, practical support that they would like to receive at a Christian conference. The topic that the largest proportion identified was learning how to 'be a witness' (30% of respondents). This is also an area that many in NCFI have identified as important and it is an area that we are responding to through our partnership with IHS Global in teaching the Saline Process <http://www.ihsglobal.org/what-we-do/> and <http://iicn.ncfi.org/training-courses/courses-overview/>

In the Saline Process course and follow-up, we are encouraged to be who Jesus created us to be... His witnesses (Acts 1:8)! A witness is someone who has seen or experienced something and can share that with others. Some Christians in the past have only understood 'being a witness' as equivalent to telling people how they can be saved and encouraging them to 'make a decision' to become a believer. However, 'telling' people is only one aspect of what it means to 'be a witness'. In the Saline Process course, we learn that there are many ways of being Jesus' witnesses, rather than just picking one way that we as an individual

feel is most important (such as only telling the gospel message or just showing love & care). The Saline Process encourages us to respond to where the patient or client is at. To do this, we learn an assessment tool that is helpful for discerning what to do (what tools we can use) to be witnesses in a way that is ethical and appropriate to the patient or client situation. This is consistent with holistic, patient-centered care when we do it in a manner that is sensitive, respectful, and with the client or patient's permission.

Recently we asked nurses who had taken the Saline Process training to draw what they think would be the changes if everyone who took the course applied what they heard and learned in their workplace. Dominant among the responses was that their workplace would be a place of good relationships, humility, and that the 'fruits of the Spirit' (love, joy, peace, patience, kindness, goodness, faithfulness, and self-control) would be evident. They also shared that 'seeds of the gospel' would be sown among patients, colleagues, and students, some of which would take root to grow into followers of Jesus. These pictures reflect the intent of the course – to be Jesus' witnesses in our actions and our words, reflecting the fruits of the Spirit in how we interact with those around us.

The mission of NCFI is to 'equip and encourage Christian nurses to integrate Biblical principles and Christ-centered values in clinical practice, leadership, education, and research'. The Saline Process is a course that helps us in this ministry of equipping and encouraging Christian nurses, midwives, and other health care workers. As a course that is offered in a partnership agreement, we are working together with members of HCFI, ICMDA, and others to see this course delivered to as many Christian health care workers as possible.

References

1. Cusveller, B., van Leeuwen, R., & Schep-Akkerman, A, (2015). Being the minority: Christian healthcare professionals in the Netherlands. *Journal of Christian Nursing*, 30(1)

A meditation on prayer

*Sue Allen PhD MSc Dipn Dip;
Retired Dean of Nursing*



Through my working years I was always aware of the faithful prayer of grandparents, parents and those from the church family, both for my work and home life. As these lovely people all passed

away I was aware of what a gift this had been, and a ministry I would love to continue myself. Not being very 'good' at prayer I signed up for a one year programme which focussed on exploring spirituality which was very much about developing a prayer life that developed our soul relationship with Jesus. The course run by the Anglican diocese in which I live has been a real gift to me. We have explored all the ancient traditions and individuals who have sought such a deepening of their relationship with Jesus Christ, such as Julian of Norwich, Teresa of Avila, St Francis, St Ignatius and many others. I have found that spending time with God in silence, being open to listening to His guidance has been transformative in my prayer life and a new understanding of what being Loved by God really means. One of the meditations that has been helpful to me is built on John 21. You may want to read the passage from John three times over and see what you notice and then quietly reflect on this poem.

Breakfast with Jesus (author unknown) John 21.

The campfire burns bright
warming us after a long cold night
Jesus is here
the men have caught fish
there is bread to eat.
Jesus takes Peter aside
After their conversation Peter is standing straight
and tall
A smile upon his face

The men settle into their cloaks to rest awhile
Jesus comes and sits with me
Lord how long are you here for
I will never leave you but I must return to my Father

What do you want me to do?

Welcome my spirit, allow me to guide you
Believe all you tell others about my love
And live it day by day
Be true to your heart
Be.....

The fire is dying
The day is dawning
A new day
A new dawn
A new way will rise from the ashes.

What is Next Generation (NG)?

Hege Johanne Pedersen

Hege has a Bachelor degree in Nursing and also a post graduate qualification in Public Health Nursing. She works with a Health team for children and adolescents in a municipality. She provides care and relief in the homes, kindergarten and schools of children and adolescents who suffer from severe illnesses.

Yui Matsuda

Yui has a Bachelor of Science degree in Nursing (BSN) a PhD in Nursing and an MPH (Master in Public Health)

She is a faculty member at the University of Miami School of Nursing and Health Studies. And teaches Public Health Nursing. She also works on improving the lives of Hispanic immigrant families using effective communication skills through research.

The Next Generation (NG) group exists to promote active engagement of early career and student nurses/midwives in the NCFI, and to encourage them in their daily life as Christian nurses or students.

The NG group started at the 2012 NCFI World Congress in Chile when the NCFI board members gathered together all the students and early career nurses one evening. The board members told us about themselves and the NCFI, and how important we were for the future of the

organization and health care around the world. Some of us had been very active in our local and national NCF, while others came to the World Congress with limited knowledge about NCF. That evening's gathering was significant for many of us as we were not very familiar with NCFI and how we were positioned within the organization.



Next Generation, NCFI World Congress Chile, 2012

During the World Congress, we created a Facebook page to stay connected once we returned to our individual countries. After a while, we sought ways to pray for each other. We prayerfully decided to meet online and started to have monthly prayer group meetings using Skype or Google Hangout. During the meetings, some would join and some would get disconnected as internet connections failed. Time differences have been challenging factors for accommodating reasonable meeting times for all the participants.

It has been encouraging to meet nurses and nursing students across the globe "online." We mostly meet through mentors or friends, but some found us on our Facebook page. Over the years, some of us have been able to connect/reconnect at regional conferences or the following World Congress.



We have experienced many answers to our prayers through these years together. We have heard how God is working through friends across the world. We have shared our lives and realized so many similarities in our nursing-related challenges, even though we may live on the other side of the planet. We have cultivated friendships that are strengthening our relationships with Jesus Christ. We are delighted that we have been able to connect people to local NCFs or encourage them to start one, if there are no groups nearby.

As the years have gone by, many of us have been blessed with new obligations in life, such as work and family. At the same time, we are excited to know that God is raising the next group of Next Generations.

Where do we go from here?

The NCFI board engaged with us again in 2014 right before the Pacific and East Asia (PACEA) regional conference in Fiji. Then, we were officially presented at the 2016 NCFI World Congress in the Philippines. The NCFI board members and some of us are working on guidelines for the NG group. We are praying for a new structure of the NCFI-NG that is led by regional representatives. We are also praying for individuals who are willing to manage our group Facebook page and lead the group by connecting NGs and praying together.

In January 2017, the Executive Committee of NCFI agreed on a policy to identify a Next Generation contact person on each of the Regional Committees. We are praying and working towards identifying a contact person for students and young nurses/midwives in each region. Their role will be to coordinate the NG work and to work with the regional committee. They will maintain contacts across NCFI and coordinate the NG Facebook site. They will also invite members to online prayer meetings once a month. We aim to have individuals identified and in place by 2018 in time for the regional conferences.



Yui & Hege's first meeting at NCFI world congress Chile, 2012

Reflections on NCFI World Congress 2016 in the Philippines

Helene Sejergaard, RN

Helene is a Palliative Care Nurse in Denmark

I had the great honor and joy of participating in the NCFI-congress at the Philippines in June 2016. It was my first experience with NCFI – and hopefully not the last.

Cultures and colors

For me as a person loving cross-cultural fellowship it was wonderful to meet other nurses and nursing students from all over the world – gathered for the purpose of networking, making

new connections, celebrating, worship, teaching, friendship, conversations and reflection mixed with colors and cultures of all kinds. It was marvellous to see how people who had met each other years before experienced a great joy by their reunion.

Unity in diversity

At the opening ceremony I noticed how it was pointed out that the organisers wished for the Congress to be a place with an ambiance of 'unity in diversity'. I was pleased to experience this and saw that the experience was more than words, it was shown in action.

I was amazed by how participants sought to get to know each other across cultures, countries, regions, language, educational background etc. It was beautiful to see how everybody included each other in a very kind, loving and attentive way.

I had a conversation with a participant who had attended many professional conferences. She shared with me that she had noticed over the years how people in professional conferences had the tendency to seek out others like themselves but she said “NCFI is the only situation where I have seen people actively seek to mingle with everybody in the conference.”

Spiritual care

I was attending the pre-conference “Spiritual Care” which has been a great help in increasing my reflection and practice. It has also been very helpful in my professional relationships, equipping me to inspire and encourage others to (re)think how to include spiritual care in their practice as a valuable way of identifying and taking care of patients’ spiritual needs. To treat and see every patient as an individual person with specific needs, with different wishes and stories, with different ways of perceiving, acting and coping with their illness. The starting point must always be the patient’s perspective and perception of life due to his or her worldview.

Christian nursing in a secular context

Since returning to Denmark I have been reflecting on what Christian nursing can be like in a modern secular or post-Christian society and context such as mine. Furthermore, I have asked myself how I can be more conscious of the content and expression of Christian nursing in my everyday nursing practice.

I have also been reflecting on how to promote Christian nursing practice amongst other (Christian) nurses in my country. When I have had conversations with younger Christian nurses and nursing students in Denmark they often ask the question “what am I allowed to do or to say?” in terms of spiritual care. I find the question very interesting and a manifestation of their insecurity in not knowing how to act as a believer in a secular nursing context. Many are anxious about acting “too much” as a Christian. They fear the reactions of their leaders and colleagues if they

include religious terms, words or Christian coping strategies into a conversation with a patient. They ask if they can be accused of being spiritually abusive. It is very easy to have the feeling or the fear of being too transgressive in a context where religious faith in many ways is understood as a very private business.

Furthermore, the majority of non-believers do not have the skills to talk about religious issues nor do they wish to. Many Christian nurses feel insecure having conversations with patients and their relatives.

For me it was such a gift to participate in the pre-conference workshop on Spiritual Care and to have the opportunity to develop and improve my spiritual care-language and skills. I feel better equipped to respond to my patient’s spiritual needs.

There is really a need for more teaching and training in spiritual care in a secular society such as that here in Denmark. There is a lack of knowledge and lack of courage to act with integrity in providing spiritual care. It is so important to be professionally well-founded and professionally cheerful – for the benefit of the patients, their relatives and our colleagues.

Career as ministry

I went back home with a new perspectives and a new challenge in how I think about my job and my career. Career as ministry! I met that sentence a couple of times during the conference and felt very inspired! In the Christian context where I grew up the word “career” has had a taste and tone of self-centeredness and materialism if people put “too much” time and effort into it. To perceive job and career as ministry has been a blessed way of considering this part of everyday life and has helped me to seek opportunities to develop my career in the bright and blessed light of ministry. What might be God’s way and purpose for my life and for others through my professional effort? Now and in the future?

Scientific profession and sacred calling

Another quote I noticed and what encouraged me was this: “Nursing is a scientific profession and a sacred calling – how wonderful it is to be a nurse!” A perspective I really liked during the congress was

the integrity between faith and professionalism. At the same time, separate and yet integrated. I experienced a thoroughness in quality in the professional perspectives and a wholehearted, integrated Christian faith in everything.

My faith is not an appendix to my nursing practice but an integrated part of my daily work and identity as a nurse. I am quite excited about how the journey with this perspective now made

clearer will characterize my point of view as a Christian nurse.

The congress has been a considerable factor for me to keep thinking of how to inspire other younger nurses and nursing students in my country. Which way to go? Which perspectives and questions are important to raise? How to navigate as Christian nurses in a European, secular context?

Informe sobre la visita de miembros de CIDEC-AL a Cuba para participar en la 2^o Conferencia Anual De La Union De Enfermeras Misioneras Evangelicas De Cuba (UEMEC)

Gladys Altamirano Garrido
Presidenta CIDEC-AL

En el mes de marzo de este año, 3 enfermeras chilenas y 4 ecuatorianas, miembros de la directiva de CIDEC-AL, por invitación de nuestras colegas-hermanas de Cuba, nos propusimos acompañarlas en la 2^a Conferencia Anual de su comunidad y compartir con ellas el Taller de ARTE Y CIENCIA DEL CUIDADO ESPIRITUAL. Dios respondió a nuestras oraciones. Vimos felices a nuestras hermanas en Cuba y nuestros

corazonesrebozaban de alegría y gratitud a nuestro Señor por esta bendición. Por ese motivo, quiero compartir con ustedes la hermosa experiencia que Dios nos permitió disfrutar en ese lugar.

Después de varias horas de viaje en bus y luego en avión, llegamos a nuestro destino: La Habana-Cuba, que nos recibió con un día cálido, muy agradable para las que vivimos en Chile, que en esa época ya estaba muy helado. Descendimos del avión y después de todos los trámites aduaneros, llegamos a la sala de espera donde nos esperaban con una hermosa flor para cada una, nuestras hermanas, colegas y amigas: Dargelia, Maite y Juanita. Al encontrarnos, no parábamos de hablar. Todas querían saber del viaje, de nuestras familias, de Mabel. Después de cambiar un poco de dinero a pesos cubanos – CUC – nos embarcamos en un “transfer” con nuestras pesadas maletas, rumbo al centro de esa hermosa ciudad.

Alicia Yañez, María Teresa Medina y yo, (Chilenas) llegamos a la casa de Dargelia. Las colegas de Ecuador, Lourdes Montesdeoca, Patricia Ospina, Doris Sánchez y Luciana



Alicia, Dargelia, María Teresa y yo paseando en La Habana



María Teresa Medina con Juanita cantando

Espinoza, viajaron en otro vuelo y se hospedaron en un Hostal.

¡Gran alegría cuando nos encontramos todas en el Templo Bautista Aposento Alto para el comienzo de la conferencia! Allí nuestras colegas cubanas y las hermanas y hermanos de la Iglesia que estaban colaborando con ellas nos recibieron con gran cariño haciéndonos sentir en casa.

Los colaboradores se preocuparon de todos los detalles: inscribieron a las asistentes, arreglaron las carpetas, recibieron a las colegas y se encargaron de entregarles los presentes que llevábamos del Ecuador y de Chile para ellas. Durante el evento, ellos fueron los responsables de preparar el comedor para el almuerzo y las colaciones y de limpiar el lugar. ¡No se imaginan lo agradecidas que estamos con la Iglesia y el Pastor Fernández, quienes nos facilitaron todas las dependencias para que se llevara a cabo la Conferencia!

Tuvimos una hermosa asistencia; más de 30 enfermeras participaron en el Taller de ARTE Y CIENCIA DEL CUIDADO ESPIRITUAL, que presentamos Alicia y yo. Hubo momentos en que la asistencia era mayor porque los colaboradores se unían a nosotras y escuchaban con mucha atención los temas expuestos. Las colegas participaron activamente con sus experiencias en la atención a los pacientes y en cómo podían incluir el Cuidado Espiritual en la Atención de Enfermería, tanto a nivel primario, como en el nivel secundario y terciario.

Durante las pausas para saborear los ricos jugos ó el almuerzo, pudimos

compartir personalmente con muchas de las asistentes, quienes manifestaron que estaban felices con nuestra presencia y con el tema que les estábamos compartiendo, ávidas de adquirir conocimientos.

Entre las asistentes estuvieron 2 jóvenes enfermeras gemelas, con 5 años de experiencia laboral, y una estudiante de Enfermería. Fabiola, representante de América Latina en el Comité de Expansión aprovechó la oportunidad de tomar sus nombres y direcciones electrónicas para seguir en contacto con ellas y animarlas a incorporarse a la *Nueva Generación* de CIDEC. A las colegas gemelas les obsequiamos el libro de la Historia de CIDEC, con la tarea de traducirlo al Español y compartirlo. También obsequiamos Biblias a las colegas que no la tenían. Es difícil obtenerlas allá.

En la Ceremonia de Inauguración participaron un dúo y un trío que entonaron hermosas alabanzas. Luego todas las Enfermeras entonaron el Himno de las Enfermeras de Cuba, cuya letra y música fue compuesta por Maite O´Reily, Enfermera que ocupa el cargo de Directora de la UEMEC y éste Coro fue acompañado en la parte musical, por la hija del Pastor Fernández..

La verdad, a cada momento nos sorprendían y nos dejaban con un signo de interrogación. Ellas tienen tan poco, pero hacen tanto y con tanta dedicación: visitan los hospitales, a los ancianos en hogares ó en sus casas, a los enfermos en sus domicilios, acompañan a las personas cuando son intervenidas en el hospital; incluso obtienen permiso para acompañarles en la cirugía. Oran



Entregando el Libro de la Historia de NCFI



Coro de la Iglesia Aposento Alto

en todo momento y tienen una fe muy grande en Dios, a quien sirven con abnegación.

La Ceremonia de finalización de la Conferencia estuvo preciosa; entonaron su Himno de las Enfermeras de Cuba, y el coro de la Iglesia cantó una alabanza que hizo que nuestros corazones se paralizaran de gozo y alegría. El Pastor tuvo a cargo la oración final y dio infinitas gracias a Dios por habernos llevado desde tan lejos para realizar el taller y acompañar a nuestras hermanas en ésta segunda Conferencia Anual. Otros pastores que estuvieron presentes se comprometieron a informar a las Enfermeras de sus respectivas

Iglesias acerca de UEMEC para que se reúnan con ellas y así aumente el número de socias.

Recibieron muy contentas el saludo enviado por nuestra Presidente del Comité Internacional, Tove Giske, de todos los integrantes del Comité Ejecutivo, de CIDEC-AL, de mi Iglesia y su Pastor. Ellas enviaron saludos a todas las colegas de los países presentes y a Tove con su equipo.

Ofrecieron enviar la información que faltaba para ser incorporadas como Miembros oficiales de NCFI, compromiso que ya cumplieron.

Fue una hermosa experiencia, guiada y bendecida por Dios.

Nuestra gratitud a Dios y a todas las personas que estuvieron apoyándonos con sus oraciones, ya que gracias a ello, nuestra visita fue de gran bendición para las colegas de Cuba y para nosotras, que salimos enriquecidas con todo lo que vivimos en la hermosa isla de Cuba.

Acompañé algunas fotos de la Conferencia y de unos paseos que hicimos.

Bendiciones para todas/os.



Chilenas, Ecuatorianas y Cubanas con el Pastor

A PRIME visit to Pakistan

Gwyn Ratcliffe MSc RNRM ADM
Senior Midwifery Director in South Wales UK

The evenings were dark during the winter of the UK's three-day week in the 1970's, working by the light of an oil lamp I completed the geography project on India and Pakistan. Years later I found myself packing bags travelling to Rawalpindi, Pakistan. I can honestly say that to my knowledge, there was absolutely no connection between the two events, but who am I, and what do I know? In their hearts humans plan their course, but the LORD establishes their steps, Proverbs 16v9.

Professor Barbara Parfitt and I had been invited to travel to Pakistan with the PRIME organisation. Barbara used her indefatigable energy to inaugurate the Nursing College of the Yusra Medical College, Rawalpindi and my role was to lead workshops in Emergency Maternity Care for experienced nurses. The opportunity to work with Barbara is always an honour and an adventure. You have to keep your ears tuned not to miss any of her pearls of wisdom she scatters along the way.

I was based at the Yusra hospital for two, three day midwifery care workshops. How should the subject of maternity be presented in English, in an acceptable manner for Moslem and Christian nurses practising in state hospitals, missionary bases and the Pakistan army? This was a challenge that I had to accept. Pakistan has an infant mortality rate of 85 per 1000 live births, a maternal mortality ratio of 340 per 100,000 live births. The percentage of women receiving ante natal care and the percentage of births attended by skilled personnel is 52.7% (UNICEF 2000). It was important to me that all the participants would consider adopting new midwifery skills, enjoy debate and unusual teaching methods in

order that health benefits for mothers and babies of Pakistan could be seen. The support team of drivers, guards, interpreters and IT staff were absolutely great at keeping me on time, on track and at the right venue. They

were sometime mystified as I had them all trying to take photos of mother and baby camels that could be seen alongside the road. These camels were handy for people to pick up some milk on their way home from work. It gave an insight into UNICEF baby friendly initiatives!

Previously on a visit to the Grameen Caledonian College of Nursing, Bangladesh I had noticed that information I had taught one year would be repeated to me verbatim the following year. Imparting information is an aspect of teaching, but I wanted these workshops to be interactive, fun, challenging and evidenced based. I needed to build relationships between all the people in the room, focusing the minds of everyone on the health and care of mothers and babies. Could I actually fulfil this need? Had I prepared sessions that were not only informative but also acceptable, fun, without reducing the importance of the subject matter? Carson (1996) states that students' perception of an effective teacher was one who had a special attitude towards and relationship with them. This was more important than enthusiasm or intellectual brilliance. Such a challenge, with such a mixed faith group.

Dr Huw Morgan, a PRIME tutor and medical educator, argues there are some distinct perspectives and approaches that we should bring to our medical teaching as Christians and in exploring them hopes to help and inspire others. He sets the bar high in asking us to look at the teaching methods of Jesus in the way we teach and live. I felt this was a such a personal challenge in Rawalpindi. I wasn't in the best of physical health at the time and had to rely on colleagues to push me around to get to the workshops. They did a great job, and I was able to switch myself on as the workshops started, retreating to the hotel, chicken soup and televised cricket matches at the end of the day.

Wonderfully, the course participants entered into the spirit of the workshops with enthusiasm. The participants' evaluations showed an increase in knowledge of their role in saving lives and an incredible desire to learn. Using board games, material, balloons, and bananas we addressed major complications of pregnancy, labour and post-natal care. We found our common sense of humour, and explored our life purpose to



stand up and improve the health of mothers and babies in our countries and our culture groups. What a fantastic opportunity to publicly share professional knowledge and privately chat about personal beliefs. The whole experience was a fantastic time to meet and pray with Christians, to

share knowledge and my faith with the support of the PRIME organisation. The person completing her homework by lamp light in the 1970s never ever would have thought such an experience was possible, or desirable, yet God has plans!

An account of the introduction of parish nursing in Pakistan

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Jesus said (Matthew 9:37–38), “The harvest truly is plentiful, but the laborers are few. Therefore, pray the Lord of the harvest to send out laborers into His harvest.” In Pakistan, the burden of the lost was felt and Nurses Christian Fellowship Pakistan (NCFP) was revived on May 28th 2006 in Karachi. I was the first elected President. The initial team was comprised of eight persons.

In addition to running our own programmes we started looking for connections with other Christian nurses worldwide. We connected with Kamalini Kumar and Nurses Christian Fellowship International (NCFI) and were invited to attend the NCFI 50th Anniversary in September 2008.

During that conference, we attended a session on Parish Nurse by Marabel Kersey. Parish Nursing was a new idea for us and I invited Marabel Kersey to Pakistan to teach us about it. She ran the first ever “Basic Preparation course for Parish Nurses”. The course was attended by a total of 35 Christian nurses and held in Karachi.

The Christian nurses started the work of Parish nurse in Karachi. Visits were made to different churches promoting the role of the Parish Nurse.

The first health awareness fair was organized in St Andrew’s Church Karachi and 15 stalls with information about common diseases was prepared and informative booklets and flyers were distributed. Blood pressure screening and Gluco Checks were also carried out.

Similar health fairs were held in six other churches in Karachi and very positive feedback was given to the team of NCFP.

In addition to activities in Karachi city, Parish nursing work was started in Islamabad and during 2012–2016 church congregations were vaccinated with Hepatitis B vaccination free of cost with the help of one NGO. Approximately 750 people have been vaccinated with three complete doses. We were shocked to discover that many Christian people from many churches are not vaccinated and not willing to be vaccinated due to their cultural beliefs. In one church, during breast examination sessions, two women were found with lumps and proper referrals were made. Bone density index tests revealed that 80% of women from another church had low calcium levels and they were given calcium supplements free of cost with the volunteer help of a pharmaceutical company from Islamabad. Health promotion and health education activities were also carried out in order to educate the congregations about their health. We are encouraged by the many positive outcomes that we have seen, all without cost.

We could not have done any of this work without the facilitation and support of NCFI and Marabel Kersey. We are thankful to Marabel Kersey for all her humbleness, unconditional love, kindness, trust and skill that she shared with us. This innovative and creative development could also never have happened without our connection with NCFI, which is indeed a countless blessing to us.

Parish Nursing

Faith community nurses or Parish Nurses are licensed, registered nurses who practice wholistic health for self, individuals and the community using nursing knowledge combined with spiritual care. They function in paid and unpaid positions as members of the pastoral team in a variety of religious faiths, cultures, and countries. The focus of their work is on the intentional care of the spirit, assisting the members of the faith community to maintain and/or regain wholeness in body, mind, and spirit.

*The Westberg Institute for
Faith Community Nursing*



Marabel Kersey, Jacoline Somer, Maureen Daniel

Book review

Edith Cavell: Faith Before the Firing Squad

By Catherine Butcher

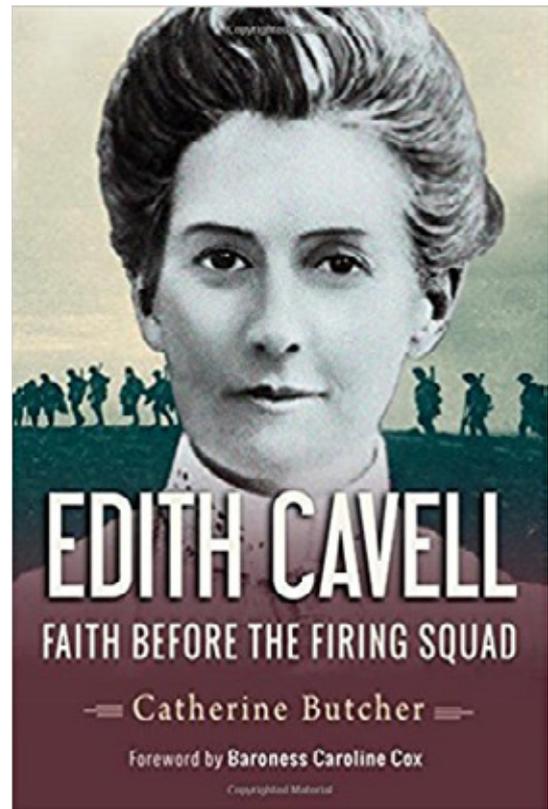
Reviewed by Steven Fouch, CMF Head of Nursing

In the midst of the commemorations of centenary of the First World War, the story of a Christian nurse in Belgium, executed for treason, is not an obvious stand out. However, in 1915–16, the death of Edith Cavell became a global *cause celebre*, and may have increased the recruitment of volunteers to the British armed forces.

Catherine Butcher paints a picture of this most unlikely patriot and martyr, placing her firmly in her late Victorian and Edwardian culture. Born to a believing family on Norfolk, Edith grew up with a regular cycle of prayer and scripture reading. Her family also instilled in her the values of service of the poor, sick and vulnerable as part of her devotion to her Lord. So it was that she embarked on a career as a governess in Britain and Belgium, before undertaking nurse training as a second career in her early thirties.

Fluent in French, Cavell was approached to return to Belgium to set up the country's first nursing school in 1907. Thus, she found herself in Brussels as German troops marched in to occupy it in the autumn of 1914. During the next year, Cavell, along with various Belgium resistance fighters, ran a shelter and 'underground rail road' for wounded allied troops, smuggling as many as a thousand soldiers and airmen back into allied territory.

Butcher's biography takes us into Cavell's personal correspondence and the reminiscences of her friends and colleagues, all the while putting her heroism into the context of her time. But above all, she shows how the faith in Christ that inspired her service also inspired



Monarch Books (2015), £8.99, 191pp ISBN: 978-0857216571

her heroism. So, when she was arrested and sentenced to death, she faced her final hours with forgiveness, faith and hope.

This review was first published in Triple Helix, the journal of the Christian Medical Fellowship in the British Isles, and is reproduced with permission.

Announcement

NCFI regional conferences

Full details of the upcoming Regional Conferences will be found on the web site www.ncfi.org

PACEA: June 7th–10th 2018, Chientan Youth Activity Centre, Taipei Taiwan

SAME: November 15th–19th 2017, Lamb Hospital, Dinajpur, Bangladesh

CANA: July 18th–22nd 2018 Azusa Pacific University, Azusa California USA

Africa: October 7th–12th 2018, Jos Plateau State, Nigeria

Europe: Please refer to the website for details

South America: October 2018 Argentina, Please refer to the website for further details

Editorial notes

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

Christian Nurse International Editorial Committee: Prof/Dr. Barbara Parfitt, (editor)
Dr. Susan Ludwick, (sub editor)
Hope Graham, Dr Kamalini Kumar, Steve Fouch, Grace Morgan de Morillo, Jacoline Somer, Joanna Agyeman Yeboah, Dr. Lee Fen Woo

Unity in diversity – working together in the International Board of NCFI

NCFI has member countries in six regions across the world. Each region has three representative members who together with the regional chair constitute the NCFI International Board (IB). The IB has the authority to make decisions, establish strategic directions, develop policies and carry out the work of NCFI to accomplish its purpose. The members of the IB bring insight into nursing from a diversity of cultures and countries. A list of the members of the International Board can be found on the inside cover sheet of the Journal.

Who we are



This photo of the NCFI IB was taken at the NCFI Congress 2016 in the Philippines. Many of us met for the first time in the Philippines. As we learned to know each other personally and professionally, we experienced a deep unity in our diversity and blessing that we can work together, serving God through NCFI.

How we work

At the moment NCFI has no paid staff, IB members and other volunteers' work for the organization. All the IB members have agreed to give 4 hrs. in a week to work with NCFI, providing an invaluable resource. To carry out our work we meet in eight different committees, and most committees meet every month through Skype or Zoom to discuss and report on how to follow up of the work.

The Executive Committee manages the daily operation of NCFI, and we meet by Zoom every 4th Saturday of the month. This committee consists of the president Tove Giske, Norway, the vice-president Anne Biro, living in Mongolia, the secretary Amy Rex Smith, US, the treasurer Steve Fouch from UK, the chair of the regional chair committee Sarfraz Masih, Pakistan, and Ishaku Izang, Nigeria, Bulbuli Mollick, Bangladesh, Linda Rieg, US, Glasys Altamirano, Chile and Marg Hutchinson, Australia. All our regions are represented in the Ex Com.

I also would like to share with you the work of the Prayer and Care Committee, chaired by Carrie Dameron, US. She works with Martha Fernandez, Argentina, Ishaku Izang, Nigeria, Bulbuli Mollick, Bangladesh and Josalyn Jayakaran from India. They gather prayer points from all the member countries and edit them to the NCFI prayer guides that NCFI send out 4 times a year to all the national leaders for them to distribute it to nurses in their country. You can also find the NCFI prayer guides at our website www.ncfi.org under "Resources". The Prayer and Care Committee also produces the encouraging messages "NCFI Cares" that is sent out by e-mail to individuals who have signed up for that. NCFI Cares is also published at NCFI Facebook at <https://www.facebook.com/visit.ncfi/?fref=ts>.

Pray for us

NCFI aim is to connect and equip Christian nurses from around the world to live out their faith in their sphere of practice. Please hold the IB members up in your prayers so we can continue to use our diverse expertise to build the work of NCFI strong and healthy so we can honor God and serve nurses worldwide.

Dr. Tove Giske
President of NCFI

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

All map illustrations provided by FreeVectorMaps.com

Nurses Christian Fellowship International is a Nonprofit Corporation organised in the USA, and has been granted tax exempt status by the Internal Revenue Service under IRC 501(c)3. The organisation is governed by an International Board consisting of three representatives from each of the six NCFI worldwide regions including the regional chair.



**Nurses
Christian Fellowship
International**

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