



Nurses
Christian Fellowship
International

Christian Nurse International

Focusing on Mentoring

Issue 10 2018



Nurses Christian Fellowship International (NCFI)

Making a difference to nurses and nursing around the world

Christian Nurse International, ISSN 1010-7355, is copyrighted to Nurses Christian Fellowship International and the content cannot be reproduced without permission from both the editor and the author. Opinions and views expressed by the authors do not necessarily reflect the views of NCFI. Nurses Christian Fellowship International is registered as a Non-profit Corporation of the State of Colorado, USA, Internal Revenue Service (IRS). The organisation is governed by an International Board consisting of three representatives from each of the six NCFI worldwide regions including the regional chair.

President & chair of the international board: Dr Tove Giske (elected for period 2016–20) from European region

Vice-President: Ms. Anne Biro (elected for period 2016–2020) from CANA/PACEA

International board members (representing the six NCFI worldwide regions) for the period 2016–2020:

AFRICA REGION

Laari, Luke (*Ghana NCF*) *Regional Chair*

Izang, Ishaku Agada (*FCN Nigeria*)

Mwendafulumba, Martha (*Zambia NCF*)



CARIBBEAN & NORTH AMERICA (CANA) REGION

Ferrier, Phyllis J (*NCF Canada*) *CANA Regional Chair*

Dameron, Carrie (*NCF USA*)

Kumar, Dr. Kamalini (*NCF, USA*) *Emeritus President*

Rex Smith, Dr. Amy (*NCF USA*) *Secretary*

Rieg, Dr. Linda S (*NCF USA*)



EUROPE REGION

Lopez Posteguillo, Rosa (*NCF Espana*) *European Regional Chair*

Fouch, Steven (*CNM England & Wales*) *Treasurer*

Giske, Dr Tove (*NCF Norway*) *NCFI President*

Parfitt, Dr. Barbara (*CNMA Scotland*) *Interim Director of IICN'*



LATIN AMERICA REGION

Attamirano Gamido Gladys (*NCF Chile*) *Regional Chair*

Fernandez Moyano Martha G (*UCEA Argentina*)

Hidalgo, Fabiola (*UCEA Argentina*)



PACIFIC & EAST ASIA (PACEA) REGION

Margaret (Marg) Hutchison (*NCF New South Wales*)

Wu, Dr.Li-Fen (*NEF Taiwan*) *PACEA Regional Chair*

Biro, Ann (*Mongolia/Canada*) *Vice President*



SOUTH ASIA & MIDDLE EAST (SAME) REGION

Masih, Sarfraz (*NCF Pakistan*) *Regional Chair*

Molick, Soibita Bulboli (*NCF Bangladesh*)



ISSN Number
1010-7355

Contents

Letter from the vice president	02
Letter from the sub-editor	03
Book review: The Culture Map	04
Personal Testimony – Chronic Illness: Facing Its Challenges	07
The Challenging and Rewarding Life of a Christian Nurse	10
Reflections on initiating a Christian mentorship programme in Scotland, United Kingdom	13
My field experience in mentoring nurse midwives	17
El Arte Del Maestro	20
The blessing of being a mentor and a mentee	24
Be Renewed in Your Mind: (Romans 12:2, Ephesians 4:22–2)	25
About NCFI	27
Announcements	28
Editorial notes	28
NCFI Congress 2020	29
Two key opportunities for working with NCFI/IICN	30

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.

Letter from the vice president

Dear Readers,

This edition of CNI focuses on mentoring. Mentoring is an important process that can help people grow professionally and/or personally. The term 'mentor' comes from a Greek story about a man named 'Mentor' who was asked to help the king's son grow into maturity through sharing his wisdom, knowledge, and skills. In nursing, mentoring is used as a strategy to help newer nurses gain knowledge, insight, and skills.

Different generations and different cultures have had their own ways of mentoring. At the 2018 NCFI regional conference for Pacific and East Asia, I showed a group of nurses 10 different drawings and asked each person to select one drawing that they felt best represented 'mentoring'. By the time each of the 20 nurses participating had shared which drawing they felt represented mentoring, every single drawing had been mentioned at least once. This little exercise demonstrated that while the term mentoring is well known across the world, there are tremendous variations in how mentoring is understood.

In NCFI, both at the national and international levels, we are hearing that many younger nurses and leaders would like to be mentored. Our challenge is how best to respond. There are more nurses and midwives who would like to be mentored than we have available mentors. In addition, the unique characteristics of the different generations need to be considered. Researchers describe the generations who are entering the nursing profession as people who are willing to work hard, as long as they feel that what they do is meaningful and there is a good work-life balance. Nurses who are older and potential mentors tend to value loyalty and hard work that leads to successful completion of a task or the attainment of a position such as a nursing director or professor. Learning how to respect these different values is important in healthy mentoring relationships.

When nurses engage in patient-centered care, they focus on meeting the unique needs of the patient and try to communicate in ways that connect with the patient's understanding. In a similar way, I suggest that when mentoring, the mentor seeks to find ways to connect with the person being mentored. Thus, the focus is on the 'mentee' rather than the mentor. Ideally, the purpose of mentoring is not duplication of what the more experienced person has done, but rather the development of the person being mentored, so that they can best respond to the situations they encounter.

As we go through life, I hope that each one of us can either formally or informally be mentored and become mentors. We can learn about how to mentor and be mentored by learning from others and exploring the many resources now available on mentoring. However, as Christian nurses, we recognize that the most important aspect is the leading of the Holy Spirit. At its heart, mentoring is not a strategy for retaining people to carry on the work of the older generation, instead it is equipping and encouraging people to engage in the work God has prepared for them. Mentoring is well worth the effort, but requires commitment, respect, and sacrifice.

Anne Biro
Vice-President NCFI



Anne Biro
Vice-President NCFI

Letter from the sub-editor

I am very pleased to have this opportunity to write the 'editors' letter' for CNI. In this edition we are focusing on the importance of mentoring.

The concept of mentoring has been interwoven throughout healthcare, education, management, and other areas for quite some time. According to the Merriam-Webster Dictionary, the word "mentor" was acquired from Greek literature. In Homer's: *The Odyssey*, an old and trusted friend became a mentor. A mentor is a trusted counselor, guide, tutor or coach. Most often mentoring involves a positive relationship between an experienced person and a less-experienced person. This relationship focuses on professional and personal growth.

According to Carlson (2018) in "The Power of Mentors in Nursing and Healthcare," nurses benefit from the wise presence of a mentor in their lives. Mentors in nursing may be an experienced nurse we want to emulate or in nursing education it could be a nursing faculty member who has been teaching for over 20 years. In a personal situation, a mentor may be someone who is most like us given our unique personality traits or has a similar passion for something. In most cases individuals with more experience serve as our mentors. But, sometimes those with less experience can serve as mentors. However, those traits that generally make the most effective mentors include excellent communication skills, emotional intelligence, authenticity, and an inspiring personality (Carlson, 2018).

One of the articles in this edition that focuses on mentoring is the "Blessing of Being a Mentor and a Mentee," by Helene Sejergaard, RN. A further article by Joan McDowell describes how the Christian Nurses and Midwives Association of Scotland (CNMAS) has begun to develop a mentorship program for Christian nurses. In this edition there are also other interesting articles including two book reviews and personal reflections. These include: *Personal Testimony – Chronic Illness: Facing Its Challenges* by Aletha T. Kuenstler, R.N. and *The Cultural Map. Decoding how people think, lead, and get things done across cultures* (a book written by Erin Meyer (2015), and reviewed by Dr. Tove Giske. A personal reflection on being a Christian nurse is written by Marianne Hjellvik entitled: *The Challenging and Rewarding Life of a Christian Nurse*. Also a very interesting article by Martha Mwendafulumba describing mentorship in her professional role.

In a final thought, we need to seek other nurses who can serve as mentors. This mentor-mentee connection can create a long-lasting rich relationship which can be mutually beneficial, powerful, and memorable. We need to remember that Jesus is our ultimate mentor. He served others consistently and His Holy Spirit guides us. *John 14:26: "But, the helper, the Holy Spirit whom the father will send in my name. He will teach you all things, and bring to your remembrance all that I said to you."*

Susan Ludwick,
DNP, MSN, RN



Susan Ludwick, DNP, MSN, RN
Assistant Professor of Nursing,
Charleston Southern University,
Charleston, South Carolina. USA

Book review

The Culture Map. Decoding How People Think, Lead, and Get Things Done Across Cultures (By Erin Meyer, 2015: New York, Public Affairs)

Reviewed by Dr Tove Giske President NCFI

We all grow up in one or more culture/s. That is how we learn to perceive (what we see), process (what we think) and express (what we do) ourselves. We are shaped by the culture in a way that goes beyond individual differences. The culture differences in our world. It is how we are raised, the most natural way of perceiving and acting which for most of the time we are not aware.

This book is especially helpful to leaders working with international teams as it outlines and explains how cultures vary along a spectrum from one extreme to the other.

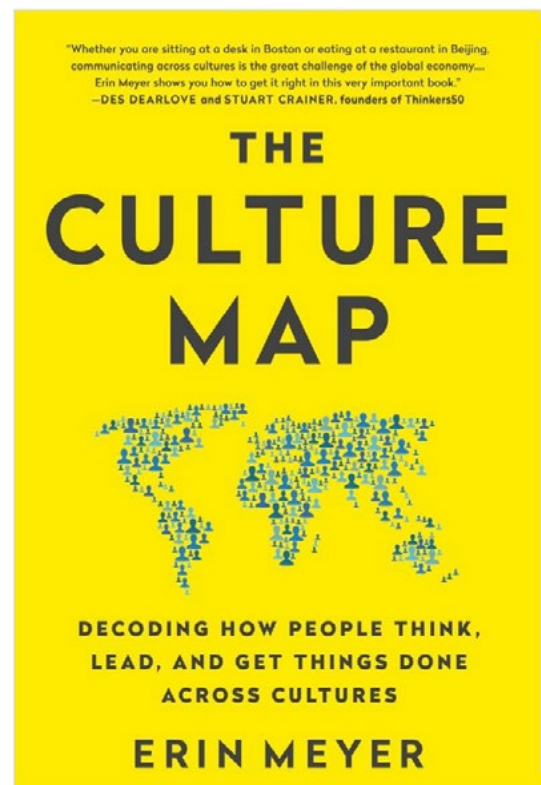
It describes eight scales that map the worlds' cultures. The eight scales represent key areas that highlight diversity in world cultures. By examining the eight scales we can understand more about the cultures of the world. This is important in today's world as we are all travelling internationally and we are increasingly exposed to many different cultures.

The book is written by Professor Erin Meyer, working at INSEAD, one of the largest international business schools. Her work focusses on how the world's most successful global leaders navigate the complexities of cultural differences in a multicultural environment. She lives and works in Africa, Europe and the US where she consults and researches cultural differences and how they affect communication patterns.

The eight scales are:

1. Communicating:

This scale determines if a culture prefers a low- or high-context communication. In **low-context** countries such as US, Australia, Netherlands, and Germany communication are considered as precise, simple and clear. Messages are expressed and understood at face value. Repetition and written confirmation are appreciated, for clarity's sake.



In **high-context** cultures such as China, and Japan communication is sophisticated, nuanced, and layered. Reading between the lines is expected. Less is put in writing, and more is left to interpretation. Countries with a longer history together tend to be high-context cultures, and the cultures with Anglo-Saxon languages tend to be more explicit low-context cultures.

2. Evaluating:

The evaluating scale deals with evaluation of performance and how to provide negative feedback, in other words the relative preference for **direct versus indirect** criticism. In cultures where you can give **direct negative feedback**, such as Russia, Netherlands, Israel, France and Scandinavia, you tell people frankly and honesty how they perform. Negative messages can stand alone and need not to be softened by positive comments. Criticisms may be given to an

individual in front of a group. In countries where negative feedback is given **indirect**, such as Japan, Thailand, Korea, and Ghana, negative feedback is provided softly, subtly and diplomatically. Positive messages are used to wrap the negative ones and criticism is only given in private.

3. Persuading:

The ways you seek to persuade others and the kind of arguments you find persuasive are rooted in the philosophy and religion of the culture, in educational assumptions and attitudes. To understand how persuasion works cross-culturally is an important skill for international leadership.

One end of the continuum of persuading relates to using **principles** first and starts with theories or complex concepts before presenting the more concrete facts, statements or opinions (deductive reasoning). In countries like Italy, France, Spain, Germany people are trained to build up a theoretical argument before moving to the conclusion. At the other end of the continuum, we find countries such as US, Canada, Australia, UK where people are trained to begin with **application**. They start with concrete facts, examples and statements (inductive reasoning) and later add concepts to back up their conclusion.

Another aspect of persuasion builds on differences between philosophies in the east and

west. The Asian way of perceiving situations is more holistic, seeing a person and situations as a part of a bigger whole. In the west, people are more detailed and specific and can ignore how the surroundings influence the person/situation.

4. Leading:

What does a good leader look like in different countries? The leadership scale gauges the degree of respect, power and hierarchy there is for leadership in different cultures on a scale from **egalitarian** to hierarchical. Netherlands, the Scandinavian countries, and Australia on the egalitarian end, meaning the ideal distance between the boss and a subordinate is low. The leader is a facilitator between equals. The organizational structure is flat and communication can skip hierarchical lines. On the other end of the continuum, we find **hierarchical** countries such as Nigeria, Korea, Japan, India, Poland, France where the ideal distance between the boss and the subordinate is high. The leader is the strong director and leads from the front. Status is important. Organizations are multilayered and communication must follow the hierarchical lines.

5. Deciding:

This scale relates to the processes of decision-making in an organization and the role of the leader. Some cultures have a longer process with discussions to build **consensus** before decisions



are made and implementation takes place. Other, more **top-down** cultures use shorter time scales to decide, however the implementation phase takes longer and might involve more discussion and possibilities of altering decisions. It is easy to assume that the most egalitarian cultures in the world are also the most **consensual**, and that the most hierarchical ones are those where the boss makes **top-down** decisions. But that is not always so. The Japanese have a strongly hierarchical culture but have one of the most consensual traditions in the world. Germans are more hierarchical than Americans, but Germans are more likely to make decisions through group consensus.

6. Trusting:

The trusting scale balances **task-based** trust (from the head) with **relationship-based** trust (from the heart). In a task-based culture, such as the US, Scandinavia, the UK and Australia, trust builds through working relations. Affective and cognitive trust is separated. Working relations are built and dropped easily based on the practicality of the situation: *We collaborate well, I enjoy working with you —so I trust you.* In a relationship-based cultures, such as Nigeria, India, Japan or China, trust is built by weaving personal and affective connections. The affective and cognitive trust is woven together: *We share meals and drink together, we shared time and relaxing together so we get to know each other at a deep, personal level—so I can trust you.* In countries with weaker structures, relations-based trust serves as a safety net and guarantee.

7. Disagreeing:

How can we disagree productively? Again, cultures vary along a continuum where it is OK to disagree and debate openly and in a **confrontational** way to cultures that **avoid confrontations** because disagreement and debate is seen as negative for a team or organization. Countries that see open confrontation as appropriate are countries such as Israel, France, Netherlands, and Russia. These countries tend to distinguish between persons and their opinions, and confrontations are about

ideas and arguments. Cultures that avoids confrontations are such as Japan, Thailand, Ghana, China and India where persons and their ideas and opinions are seen as one.

8. Scheduling:

The last scale deals with perception of time and how we think, plan and feel around schedules, deadlines and time pressure. In cultures such as Germany, Scandinavia, US and UK, where time is **linear**, people approach projects in sequences and one task is completed at a time. The focus is on deadlines and sticking to the schedule. Promptness and good organization are more important than being flexible. In cultures where time is **more flexible**, such as Nigeria, India, China and Italy, projects are approached in a more fluid manner. Tasks can easily be changed as opportunities arise. Many things are dealt with at once and interruptions are accepted. The focus is on adaptability and flexibility is valued over organization.

So where does your culture place itself along these eight scales? You can visit this webpage <https://hbr.org/web/assessment/2014/08/whats-your-cultural-profile> and check your profile against your own culture. By using this link, you can also compare countries. By evaluating the position of your own culture relative to another, the eight scales can help you to decode how your culture influences you in intercultural collaboration and hopefully aids you in avoiding painful situations. Here are two more useful websites you can check out if you want to read more about cultural maps: <https://www.preferrednet.net/media/1284971/know-your-culture-map-kimberly-blanchard.pdf> <http://www.worldfinancialreview.com/?p=4996>

I recommend this book to all who lead international teams as it provides insight into why we perceive, process and act differently around the world. The book also contains many helpful suggestions of how to overcome cultural differences when we work in international teams. And if you just want to learn and understand more about the cultural diversities in our world, you will also enjoy reading it.

Personal Testimony – Chronic Illness: Facing Its Challenges

Aletha T. Kuenstler, R.N. (Retired). B.S.N., M.S.N., C.S.W

Aletha Kuenstler has a Bachelor of Science in Nursing from the University of Wisconsin, Milwaukee and a Master's in Nursing from the University of Wisconsin, Madison. She is also a Certified Social Worker in Michigan, USA. Her nursing career focused on assisting individuals in living life to its fullest with their physical, psychological and spiritual challenges.

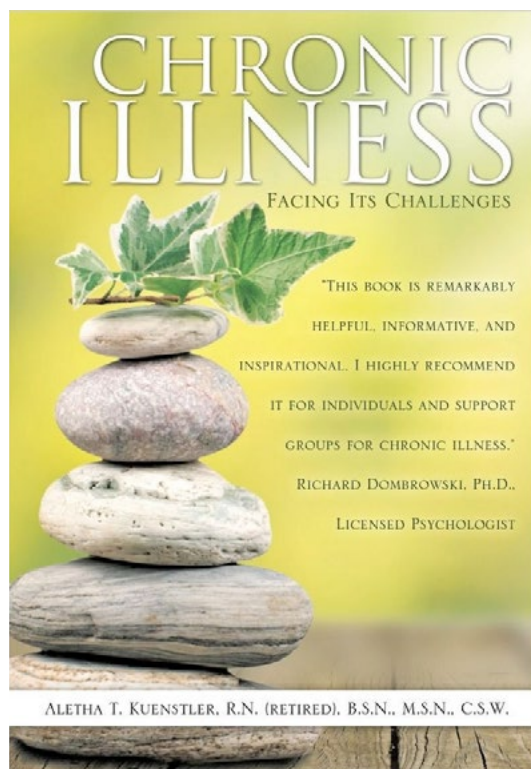
Aletha writes.....

Drawing from both professional and personal experience, I learned life-changing lessons and coping skills for navigating the highs and lows of dealing with chronic illness. From insights gained, it is my heart's desire to offer practical tools to those suffering from chronic illness as well as support for loved ones whose lives are also impacted by the challenges of these chronic conditions.

If someone with a chronic illness does not currently have a physician, an initial and most important task is to form a trusting relationship with a doctor. Before receiving a diagnosis, it is common to think about what is wrong and how one's life will be affected. For example, ruminating about a possible cancer diagnosis increases stress, and such pre-diagnosis worrying inhibits one's ability to regain health.

When I have found my mind wandering into the unbeneficial land of "What if," I pray and ask God to remind me of "What is." I experience peace by taking my concerns and worries to God and expressing gratitude for His intervention into my situations. Often, during prayer, God provides some insight into what action to take. Despite challenges, I have discovered that an attitude of gratitude is essential. Memorizing and implementing Philippians 4:6-9 has been life-changing for me.

"Do not be anxious about anything, but in every situation, by prayer and petition, with



*Chronic Illness: Facing Its Challenges
by Aletha Kuenstler*

"Aletha Kuenstler's genuine concern and deep love for people are two of the first things that I noticed about her when I met her in 1980. Over the years as a guest speaker on our various radio programs, she delighted thousands of our listeners. They responded, deeply touched by her story and encouraged with her words. . . I pray her story will inspire you to press forward and never give up!"

**Randy L. Carlson, Ph.D.
President, Family Life Communications
Incorporated
Tucson, Arizona**

thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus.

Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things. Whatever you have learned or received or heard from me, or seen in me—put it into practice. And the God of peace will be with you.” (niv)

My first experience in living with a chronic illness occurred at seven years of age, when I was diagnosed with polio. I was placed in an iron lung and needed to remain in it for six months. The lessons I learned during this time have helped me face many of life’s challenges with courage and hope.

The next experience in the “school of suffering” occurred as a newlywed of four months, when I was 25 years old. I was taken to the E.R. and needed emergency surgery for a ruptured bowel, which resulted in peritonitis and a temporary colostomy due to Crohn’s disease. The challenges of coping with body image changes, and needing to potentially alter the direction of our lives as a married couple, were but a few of the difficulties faced during this time.

My husband and I are both nurses and we decided to follow the recommendation of my physicians to wait and see if I would go into remission—which would release us to pursue our desire to become medical missionaries in Kenya East Africa. The delay in going to the mission field provided us with the opportunity to work towards our Masters in Psychiatric Nursing.

With our hopes set on Africa, we thought that our suffering would soon be over. Unfortunately, we could not have been more mistaken. After graduating with our masters, I developed a cold virus that infected the outer lining of my heart, the pericardium, and eventually my heart. I was 32 years old and was given less than six months to live. It was 1978 and heart transplants were still experimental. The longest survivor of this type of surgery lived six months so a heart transplant was not recommended. Instead, I was encouraged to return home and spend quality time with family and friends before I died. We

followed the biblical instructions from James 5:14–15:

“Is anyone sick? He should call for the elders of the church and they should pray over him and pour a little oil upon him, calling on the Lord to heal him. And their prayer, if offered in faith, will heal him, for the Lord will make him well; and if his sickness was caused by some sin, the Lord will forgive him.” (tlb)

During this special time of prayer and anointing with oil, I had overwhelming peace that I was not going to die at that time, but I was not going to be healed right away either. The Greatest Physician graciously provided me with many more years of life and, as time progressed, I sensed that the insights gained would someday be used to help others. After a two-year recovery, I was able to return to full-time nursing on a medical surgical unit.

What I have observed professionally—and experienced personally—is that often those living with a chronic illness believe no one truly understands how they feel. This may lead to developing the psychological issues of isolation and depression. Because of my keen desire to help others facing similar challenges, I’ve written a book which outlines my experiences and the lessons I have learned.

The life lessons I have learned in the school of suffering and the treatment modalities implemented, along with many other inspirational stories, are presented within this book. Several chapters offer guidelines for making wise decisions in choosing treatment, benefits and dangers concerning medications, and the importance of never giving up hope—even when suffering seems unending.

Lacking a good support system can make life more difficult, therefore a creative way of developing a support system is presented. Implementing a program of companion dialog and journaling may improve one’s quality of life. It can help with a response to provocative therapeutic questions and also leave a lasting legacy for loved ones. Alternatively, instead of journaling, questions could be discussed with a friend, family member, clergyperson, teacher, and God. Detailed directions for starting such a program are provided.

Therapeutic tools are presented to assist the reader in coping with anxiety and fears, adjusting to changes in body image, and dealing with discouraging, judgemental “know-it-all’s,” like “Job’s friends.” Instructions for when to seek professional therapy and how to select a suitable therapist are offered. It’s also important to recognize that illness is a family affair—each member will need support. Readers are encouraged to stay as healthy as possible, advised how to balance employment while having chronic illness, and live life to its fullest while bringing glory to God.

Creative “treatment methods” are described such as: using scripture as medication, creating a “treasure chest” of items to lift one’s spirit, or purchasing a journal to record blessings—which I affectionately call my “Joy Journal” (It’s difficult to remain depressed while reading two or three pages of blessings). Examples are given for helping others as a way of bringing meaning, purpose, and joy into one’s life. Serving in this way is a useful tool for shifting one’s attention away from personal worries and concerns.

The chapter entitled, “The Gifts of Chronic Illness” may understandably make one exclaim, “You

must be kidding!” To be perfectly clear: *the chronic illness itself is not a gift*, however, life lessons learned as a result can be! Today, I can honestly say that if I had to make the choice between regaining my health or forfeiting the gifts I have received in the school of suffering, I would choose to keep the gifts. Of course, if I could have received these gifts without suffering, I’d surely have opted for that. The gifts from personal lessons I’ve learned and presented in the book may not seem like gifts to you. Just like any gift, what brings joy to one person may not for another.

The final chapter focuses on preparing for death—when one is prepared to die, then one is truly free to live. Assignments given will hopefully assist in preparation for this journey and readers’ families will be grateful for completion of these tasks. Planning one’s funeral and/or memorial service in advance can bring peace of mind and opportunity to glorify God.

Book information:

Cost \$18.99

182 pages

Xulon Press

May be purchased on numerous online bookstores,

Amazon often has sales.

Additional information can be seen at:

www.chronicillnessfacingitschallenges.com.

“Aletha Kuenstler’s book is a vivid sharing of the challenges, pitfalls, and triumphs in managing your chronic illness. Her loving but practical approach to chronic illness is based on her deep and abiding faith in spiritual guidance and the reality of what it takes to live a meaningful life with chronic illness.

I have had the privilege of being her physician for over twenty years. She gives hope and a sense of peace to those around her. She demonstrates courage, strength, and resilience in facing the challenges of chronic illness.

This book is a guide with multiple tools and methods to empower people to not only manage their illnesses, but to grow spiritually and reach physical well-being.

For the individual and his or her loved ones, who together have chronic illness as a daily challenge, I highly recommend this comprehensive approach by Ms. Kuenstler.”

Carol A. Beals, M.D.
Beals Institute, PC.
Arthritis, Osteoporosis and Autoimmune Diseases
Lansing, Michigan

The Challenging and Rewarding Life of a Christian Nurse

Marianne Hjellvik RN

Marianne Hjellvik comes from Norway and is married to Anders. She has worked in residential nursing as well as rheumatology. She is currently caring for her ten-month-old daughter, Sarah, at home.

'No, a little more up and to the left!' The patient is being repositioned for what feels like the tenth time.

'Is it better now?' my colleague asks.

'Not really', comes the reply 'I wish someone who knew me better was here, someone who knows exactly how I like to sit.'

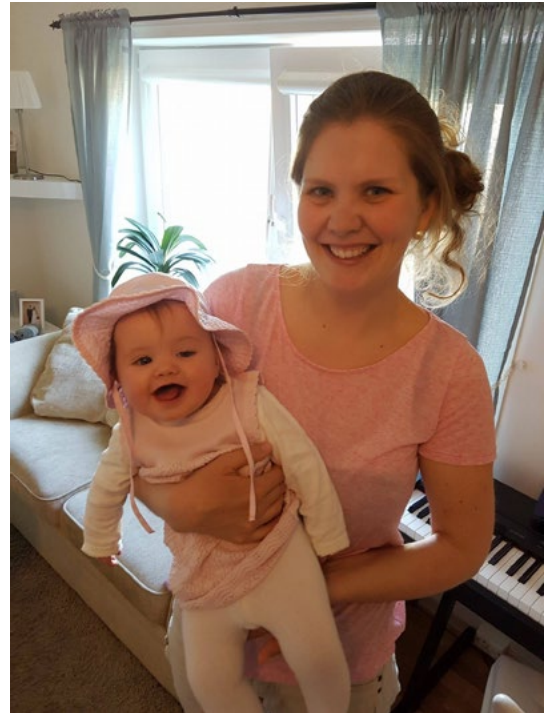
I am on shift with a summer substitute looking after a patient with a serious illness. She has to sit in a certain position otherwise she will be in considerable pain. We have already used a significant amount of time trying to get this right. It feels like an impossible task and we are very conscious that we should have moved on to the next patient some time ago. My patience is wearing thin. Suddenly a Bible verse I read the day before comes to mind:

'Gracious words are like a honeycomb, sweetness to the soul and health to the body'. (Proverbs 16,24)

I am filled with compassion for this patient. It must be awful to experience hours of pain just because she is not in the right position.

'We're going to stay here until you're comfortable' I hear myself say. 'We're not going to leave you in pain.'

The patient calms down and before long we are able to move on to the next patient. I feel like I did a good job but I know it was only with God's help we were able to manage the situation.



Longing for peace

Some months later I am with an elderly lady who finds life empty and is afraid of dying. 'Can I talk to you?' she asks.

I try not to think too much about the time and sit down with her. I cannot leave her like this.

'Do you have any thoughts concerning life after death, since you're afraid of dying?' I ask her. She tells me about her childhood faith and that she has some Christian books in a drawer beside her bed, but she has not managed to read them because of a bad experience she had many years ago. We talk for some time and she tells me she is longing for peace. She tells me that one of her Christian books has a title that appeals to her.

'Maybe you could start reading it?' I suggest.

‘Yes, maybe’, she replies.

In the following days and weeks, I worry that the patient might start to talk to others about the nurse who recommended she read a Christian book. What would my colleagues think? What would my boss say? It is hard to know what is the right thing to do. I really want to be obedient to God, but at the same time I do not want to do anything that my job disallows. A scary thought appears: How does this look in an eternal perspective? Is my job so precious to me that people might not get a chance to have an encounter with God? I struggle with my conscience. What is the right thing to do? Before God? Towards my employer?

‘Jesus, help me!’

One evening I am helping an elderly man who has dementia. It is my first encounter with him and I have been told he can be difficult to care for.

His wife meets me with skepticism but nevertheless sends him into the bathroom with me. Unfortunately, the patient does not cooperate with me at all and I become more and more stressed. The bathroom is very hot and time is not on my side. What I really want is to get this man ready for bed. The biggest challenge is taking off his shoes. He simply does not want to move his

feet. Not even an inch. I try several techniques but nothing persuades him to move. I am about to give up. ‘Jesus, help me!’ I suddenly hear myself say aloud. The man looks at me, puzzled. He has not said a single word since I came but suddenly he starts to lift his legs and allows me to help him. His wife is surprised when we return.

‘You actually managed to help him!?’ she says, seeming very grateful and relieved.

‘Yes, with God’s help’, I tell myself.

Afraid to die

‘I’m afraid to die’ a man of almost 100 years tells me.

His general condition has been deteriorating in recent weeks, making him very anxious. ‘What do you think about life after death?’ I ask carefully.

‘I think everything just goes black, like you’re sleeping’, he answers, with fear in his eyes.

‘Did you grow up with a faith or other thoughts concerning death?’ I ask.

It seems like he wants to continue the conversation.



‘No, and I can’t think of anything worse than Christians!’ he says, becoming angry. ‘They’ve done so many terrible things. I don’t want anything to do with them!’

I understand that the conversation is over.

After leaving work that day, I keep thinking about this man. Should I have said something differently? Should I have told him that even though people have done terrible things in the name of Christianity, it does not mean that God is like that?

Giving God the glory

This lady has dementia and no relatives to celebrate Christmas with. She has been offered a short-term place in a nursing home but refuses to go. Three other people have tried to persuade her to take up the offer without any success.

‘Can you try, Marianne?’

My boss looks frustrated. She really wants this patient to have a good Christmas. I do not know the patient but decide to give it a try. While I am driving to her house, I ask God for help.

‘If you help me I will give you the glory’, I pray.

It is a scary prayer, but I really want to help this patient. When I get to her house, the patient is lying in her bed. She wants to stay in her apartment this Christmas, she tells me, since her grandchild will be visiting. I try to explain that her granddaughter lives in another country and is unable to come this year. The patient will not believe me and stays in bed. I try to talk to her whilst packing her suitcase for the nursing home. She tells me she used to work as a teacher and we strike up a good conversation. Suddenly the phone rings.

‘Hello, Nina!’ the patient says.

I realize it is her grandchild on the phone.

‘Unfortunately, I can’t celebrate Christmas with you this year’, I hear through the phone. ‘But I’ll come in January!’. ‘Oh, that’s fine!’ the patient answers.

She puts the phone down and immediately gets out of bed. She wants to go to the nursing home.

I finish the packing and call for a taxi. The patient is in a good spirit when she gets into the car. I am happy and relieved. My boss is very happy when I get back to the office. ‘I knew you were the right person for this job!’ she says with a smile. I feel my heart beating. I promised to give God the glory, but it really costs!

‘Well, it wasn’t me. I prayed to God and He helped me’, I reply to her.

What were the chances of her granddaughter ringing just as I was there packing the lady’s suitcase? I cannot take the credit for this.

Challenging, but rewarding

Being a Christian nurse is challenging. It is challenging because I do not always know what to say when patients who are afraid of dying want to talk. It is challenging when someone close to death is clearly searching for something, but does not ask me directly about God. It is challenging when I really want to focus on spiritual care but there is very little time and no interest amongst my colleagues. It is challenging because I know I am responsible before God for my actions and words. At the same time, I want to be loyal to my employer. In my first years as a nurse my conscience bothered me a lot. There were several situations where I simply felt I had not done enough and there were many instances of people facing death without confessing a belief in God. I have had to come to a place where I realize that I cannot take responsibility for other people’s choices. Many of them have lived their whole lives without wanting anything to do with God. I cannot blame myself when they reject Jesus the last weeks of their lives.

Being a Christian nurse is also rewarding. I cannot count the number of times I have prayed to God and received exactly the answer I needed. Some prayers have been for wisdom in urgent situations and others have been for the right words to say or for love and patience towards those in my care and those I work alongside. I feel a deep gratitude that I am His child and that He wants to help me in every situation in my life, including when I am at work.

(The patient situations have been anonymised and changed in order to maintain confidentiality.)

Reflections on initiating a Christian mentorship programme in Scotland, United Kingdom

Dr Joan R S McDowell for Christian Nurses and Midwives Association (Scotland) (CNMAS)

challenges of facing Christians in our current healthcare context.

Background

The Christian Nurses and Midwives Association (Scotland) (CNMAS) arose from the Nurses Christian Fellowship (Scotland)(NCFS) in 2015. In developing the strategic direction of the new CNMAS, it was felt that there was a need for supporting Christian Nurses and Midwives within the workplace, especially where they are working in isolation and facing many complex, ethical and moral issues prevalent in modern health care. This article aims to reflect on the development of a programme to support staff spiritually in the workplace, called Christian mentorship and, setting up the pilot of this programme.

Drivers

Mentoring is guidance that is provided by someone who is more experienced. Christian mentoring is where a more experienced Christian, both in the workplace and spiritually, provides and guidance support for another Christian in the workplace.

The overall goal of the mentorship programme is 'to encourage and support Christian nurses and midwives in their workplace and to support them to find Christ-like solutions to some issues that they face. Christian mentoring is about directing a person to hear what Jesus is saying to them so that He can work His work of grace within that person's life' (1). So the aim is to bring Christians closer to Christ so that they, in turn, can be Christ's witness in the workplace. It is not only to support a nurse or midwife with their professional growth but also with the individual's walk with God within the workplace. While all spiritual growth comes from God Himself, mentoring for the workplace provides support for some of the

Within the United Kingdom, the Nursing and Midwifery Council (NMC) have established standards for the support of students in clinical practice that include the preparation of mentors (2). Within Scotland, the National Health Service Education for Scotland have developed specific domains for mentorship that are linked to the professional development of individual staff (3). Hence, mentorship within the workplace is not a new concept as all students of nurses and midwives are allocated mentors in clinical practice and students are encouraged to identify their own specific learning needs to be met in practice. The NMC also highly recommends that newly qualified nurses and midwives are given a preceptor for a specific period of time (4) to facilitate the transition from student to qualified nurse or midwife and also identify their own unique learning needs.

In Scotland, there is no longer hospital accommodation for staff or students and so the traditional Nurses and Midwives Hospital based fellowship does not happen. As Nursing and Midwifery education is delivered within the University sector, all University students live either at home, in student University accommodation or private accommodation. Christian students often engage with a local Church and, or the University Christian Union and so discipline specific opportunities for fellowship and sharing are very limited and indeed, appear not to be desired.

Some of the Churches in Scotland are also beginning to adopt Christian mentorship as a way of supporting Christians in their discipleship and walk with the Lord. So, the concept of Christian mentorship for the workplace is not so novel for Nurses and Midwives as it merges two aspects of our Christian life very well.

Process

To develop Christian Mentoring for the workplace, a small group of interested parties, comprising members of the Management Committee and some student nurses who were directly invited to participate, met to develop the CNMAS Mentorship Handbook (1) that was led by the author. Several books, websites and other resources were read and assimilated to develop the Mentorship Handbook. There were several iterations of this until agreement was reached on its content. This part of the process took about 6 months. Thereafter, it was agreed that the process ought to be piloted before attempting to roll it out across Scotland. The lead author developed a training package to support the Handbook.

As CNMAS arose from NCFS, the NCFS had not been active for 2 years and it had been very difficult to recruit new members when CNMAS was still developing its strategic direction. Therefore, to pilot the process, individuals were approached by the Management Committee who were deemed to be sympathetic to the work although not necessarily members. From this, eight potential Mentees were approached and asked if they would be willing to participate as volunteers in the pilot of which three agreed. All three Mentees were final year student nurses. Six potential Mentors were approached and asked if they would be willing to participate of which four agreed although only three were needed. It was agreed that the fourth potential

Mentor (the author) would be the 'Senior' mentor if any issues arose during the process. In the development of the Handbook, it had been agreed that the Mentor/Mentee need not work in the same clinical area as the philosophy of Christian mentorship applies regardless of the context. As part of the mentorship training, it was emphasised that any staff member must work within their employment policies and would also be directed to employment support networks should this be needed.

To accommodate the participants' diaries, two training sessions were delivered to the six individuals involved in the pilot. Each training session lasted about 3 hours and was interspersed with refreshments, activities and discussion. Mentors and Mentees were trained together so that there was no dubiety about what the expectations were of each other. The training session involved a short PowerPoint presentation, lots of discussion and debate and the distribution of handouts. For example, there was a lot of discussion around the roles and responsibilities of each party and around setting boundaries. The training sessions were held in a very relaxed format that facilitated open and frank discussions and were very well received. The training sessions were evaluated through email by the CNMAS Administrator who anonymised the responses before feeding back to the Management Committee. The training sessions were very well evaluated.

Table 1: Evaluation of the Mentorship programme

Questions for Mentees

1. Did you maintain contact with your Mentor throughout the year? Yes/No. If not, why not?
2. Did you feel that your Mentor addressed your issues? Yes/No
3. What went well for you?
4. What could have been improved for you?
5. What comments do you wish to make on the Mentorship programme?
6. Any other comments

Questions for Mentors

1. Did your Mentee maintain contact with you throughout the year? Yes/No
2. Did you feel that you addressed her issues?
3. What went well for you?
4. What could have been improved for you?
5. What comments do you wish to make on the Mentorship programme?
6. Any additional comments?

Evaluation

Three months after the training events and the pairing of the Mentees and Mentors, the CNMAS Administrator sent the participants a 'light touch' email enquiring how things were going and to ascertain anonymised feedback on the process and how the mentorship was progressing. At this time, one Mentee withdrew as she felt that she was very busy with her final year studies and she was heavily involved with her Church. She also felt that she did not need mentoring and was therefore not willing to proceed with the pilot. The remaining pair of Mentors and Mentees responded that they had either met or had been in touch.

At the end of the year, a short evaluation form was sent to both pairs to evaluate the programme (Table 1) by the Administrator of CNMAS. The Administrator anonymised the responses before feeding back to the Management Committee.

Responses to the evaluation: The Mentees

There were three final year students who agreed to participate in the pilot of the programme although one withdrew early on in the pilot, leaving only two Mentees. As both were final, fourth year Honours students, there was obviously a lot of pressure on them from their academic work and also finding employment on completion of their course. One of them gained employment in England that obviously meant there were problems in any face-to-face meetings with her Mentor. Both students who participated in the pilot were actively involved in their home Churches and other Christian young people's work.

It was made quite clear in the training sessions, that the onus to initiate any communications was to come from the Mentee and not the Mentor. The whole process is driven by the Mentee and his or her needs.

Response to the evaluation: The Mentors

The three Mentors who participated in the pilot are all mature, experienced Nurses and Midwives who were either recently retired or nearing the end of their professional working lives. They had a wealth of experience of mentoring students in the workplace where there are specific clinical educational outcomes to be achieved. They are

all active members of a Church and two of them had experience of working as a missionary in another culture. As previously mentioned, as one Mentee withdrew, only two of the Mentors remained in the pilot study.

Comments on the programme

From the responses, one pair of Mentee and Mentor maintained contact throughout the year. It was clear that the second pair did not maintain contact and no evaluations were received. It is noted that the Mentee moved to England during the year's programme and the Mentees priorities may have changed.

The responses are therefore based on only one pair of Mentee/Mentor. The Mentee felt that the Mentor addressed the issues that were identified. The Mentor stated that although issues were addressed, the Mentee herself was very reflective and through this process, actually addressed her own issues.

The Mentee found her Mentor very friendly, easy to talk with, thoughtful and she tried her best to fit with the Mentees' busy schedule. Her Mentor reported that the Mentee was open and that the relationship was comfortable and friendly. This was assisted by the fact that the Mentee had clear goals and was very enthusiastic.

The Mentee felt that nothing could be improved. The Mentor commented that she was aware that she was developing her own skills along spiritual lines as opposed to the more usual work related mentorship perspective. The Mentor realised that as the Mentee was very self-directive and an able person, she had clear spiritual vision to explore her own goals.

The Mentee commented that the actual Mentorship Programme was a nice idea but she felt that it was not essential to her own spiritual wellbeing regarding nursing. The Mentor reflected that the programme brought an opportunity for clear reward and development for both the Mentor and Mentee.

Discussion

The Nursing and Midwifery Council (UK) revalidation process (5) includes reflection on practise. The Mentee clearly demonstrated her ability to reflect on issues and so derive her own

solution to the same issues. This shows that reflection assists learning (6) and being supported to reflect in a safe space enhances this.

While the Mentee felt that she did not need anything, the Mentor felt that she, the Mentor, was learning through this process how to adapt her professional role of clinical Mentor to that of spiritual mentor. A friendly relationship developed easily between the Mentee and Mentor. While literature implies that the Mentor:Mentee is a semi-formal relationship, in the Christian world, it is clear from the Bible that strong friendships can be made through this relationship. The mutual benefit and reward from the Mentee/Mentor relationship was an unexpected, pleasant outcome for this pair.

It was difficult to recruit Mentees and Mentors to the Christian mentorship programme as mentioned above. Those who did participate are therefore the ones who could see the wider potential benefit of the programme although there was no specific Christian need identified. In preparing the Christian mentorship programme, other similar programmes were considered especially where there were identified benefits. Therefore, although this reflection is limited, the benefits of Christian Mentorship are known, although maybe not known so specifically for within the workplace.

Limitations

A key limitation was that, being a pilot, the Mentees in particular were 'hand picked' to participate and had actually not expressed a

need for Christian mentorship for the workplace. Only one pair of the original three sets completed the programme. The lack of an expressed need, as identified by the one Mentee, has affected the initiation and evaluation of the programme.

Future potential

However, there is still the potential to roll this programme out across Scotland. To further develop the programme, there would need to be alternative form of delivering the training sessions for mentorship. This may involve training others in different geographical locations to deliver the programme, or the development of some on-line training. Long term, face to face group training is not possible given the geography of Scotland and the current small membership of CNMAS.

Conclusion

Spiritual mentorship for the workplace is relevant today. This small pilot study has highlighted some of the issues in implementing a programme where the Mentees have not expressed a need for mentorship. Where Mentees are meeting specific issues in the workplace, spiritual mentoring could assist in finding appropriate solutions.

The Christian Mentorship programme for the workplace has the potential to reach across health disciplines. Further work needs to be done on developing the programme for delivery across geographically diverse areas, identifying and training Mentors and publicising this resource to potential Mentees and thereafter, further piloting it with a larger number of Mentees and Mentors.

References

1. Christian Nurses and Midwives Scotland (2017) Mentorship Handbook for Christian growth through the workplace © CNMAS, Glasgow
2. NMC Standards to support learning and assessment in practice.
3. <https://www.nmc.org.uk/standards-for-education-and-training/standards-to-support-learning-and-assessment-in-practice/> (accessed 11 June 2018)
4. NHS Education for Scotland Nursing and Midwifery Council mentor domains and outcomes and the NHS Knowledge and Skills Framework http://www.nes.scot.nhs.uk/media/2108920/nmc_mentor_domains_and_the_nhs_ksf.pdf (accessed 11 June 2018)
5. Royal College of Nursing: Nursing and Midwifery Council
6. <https://www.rcn.org.uk/get-help/rcn-advice/nursing-and-midwifery-council> (accessed 11 June 2018)
7. Nursing and Midwifery Council: revalidation <http://revalidation.nmc.org.uk/> accessed 12 December 2015
8. Howatson-Jones L (2016) Reflective practice in Nursing. 3rd edition. Sage Publishing, London

My field experience in mentoring nurse midwives

Martha Mwendafulumba RN, BScN, MPH
Project Manager for Preterm Resources,
Education & Effective Management of Infants
(PREEMI)

Background Information

Zambia has had considerable donor support in terms of capacity building of its health providers in various specialties for many years. This includes nurses working in child health, public health and midwifery. The capacity building in the various specialties has not always realised expected results with reduced infant morbidity and mortality and we are still recording high maternal and neonatal deaths of 581/100,000 and 34/1000 respectively (ZDHS2014).

Capacity building on its own has shown that it does not shape practice in the field as it seems that the majority of nurses do not apply the new knowledge they receive for various reasons.

There are a number of factors that are at play preventing the uptake of new knowledge and skills. These include low saturation of skilled staff, poor road networks, irregular technical support, inadequate basic equipment and medical commodities to mention just a few.

When coordinating a Maternal and New-born Project, mentorship and coaching were integrated into the program to ensure that the new knowledge would be applied. The need for mentorship and coaching was key to improving care, health services and skills for the midwives. The following account is a summary of what was done and how I saw this as a form of spiritual discipleship for me as a Christian nurse:

Capacity Building of Midwives in Essential Newborn Care (ENC)

Midwives were oriented in ENC for five days. The training had both theory and practical aspects. Following the theoretical content, the midwives were released to their work stations. They were provided with the necessary basic equipment and



Kanyama First level hospital (Lusaka, Zambia) midwives performing clinical drill on Kangaroo Mother Care (KMC) while mentors observe.



logistics for them to apply their new knowledge. Six weeks post training, a mentor followed them up in their work stations.

The mentor communicated to the supervisors their intention to visit the midwives and shared the objectives of the visit with them.

Post Training Professional Communication Platform & Replication Strategy

During the Post Training, a 'WhatsApp' forum" of trained midwives was created and, on this forum, staff shared what and how they were applying new knowledge and skills in their daily professional work. Commendations were sent to various individuals and groups as these were shared. Those who surpassed the minimum were also awarded additional training. The forum also provided technical support on challenging situations and midwives sought guidance when faced with rare events. This was provided on the spot and a check was kept to identify if the technical support was useful. The technical support was provided in the form of giving direction, technical videos or lecture notes.

After the initial training, each participant was tasked to go and orient fellow workmates and each person had to come up with an action plan. This plan was shared with the trainers to help monitor its implementation. The in-house

orientation was to be documented and evidence kept in the health facility for supervisors to use for verification.

What Transpired at the Midwife Work Station?

The visit begun with a courtesy call from the health facility management then a meeting with the trained staff. The mentor shared the



*Chongwe District Hospital staff (East of Zambia)
Demonstrating neonatal Resuscitation & Dismantling & re-assembling of neonatal resuscitation equipment*

objectives with the midwife and proceeded to check if the facility had any clients in labour or post-delivery. If there was a client in established labour the mentor reviewed the preparations with the midwife on duty and any shortfalls were corrected immediately. If there were no clients, clinical drills were carried out in key competent areas and feedback given immediately to the midwife. The mentorship included checking on the supportive logistics and working environment for the midwife. The findings were documented and discussed with the staff and negotiated for improvements and an agreement made as to what was feasible at their level and in their local context.

Low Dose, High Frequency Learning (LDHF) Approach

The LDHF approach was introduced to the midwife as a way of improving midwife competence, confidence, retention of clinical knowledge/skills/attitudes and performance through targeted simulations. Each midwife was given a training kit which had all the simulators to enable them to practice the key competencies daily. Midwives were encouraged to practice with

another staff member or in a group. The clinical practice sessions were recorded on a simulation chart. This approach uses the results of research carried out utilising the WHO Integrated Management of Childhood Illness (IMCI) teaching methodology. It emphasises the benefits of repetitive learning (Horwood et al 2009).

Benefits of the Mentorship

Mentorship benefits both the mentee and the mentor. The following are some of the benefits I experience:

For the Learner: There is an opportunity to discover and learn from the mentor's expertise to support their learning process. It helps the mentee to prioritise learning and development rather than push it to the bottom of the 'to do' list. It helps bring clarity to theory learned in training, to see the real value of the new skills and knowledge through a different lens. The mentee is able to acquire technical skills and receive professional tips preparing them to manage challenging situations.

For the Mentor: there is a fulfilment that one is doing something valuable and supportive to another person. It helps create a professional relationship, utilise leadership skills and identify difficulty areas and gaps in the knowledge and skills of the mentee. The mentor understands the strengths and weaknesses of the mentee and the areas where reinforcement is necessary.

As a Christian nurse I found mentorship easy to apply as it related to the principles of discipleship in the bible which was demonstrated by our Lord Jesus during His life here on earth. There are basically three principles as highlighted by Bryan Dwyert on the Pursue God website. www.PursueGOD.org

1. Mentor a few – Jesus had 12 disciples whom he mentored throughout His Ministry. Because they were few it was easy to know each one in great detail and strengthen their weak areas. He created a relationship and understood each one (2 Timothy 2:2). This aspect is applied in professional mentorship in that one has a cohort of professionals to follow -up and mentor for a specific timeline. This allows you as a supervisor to identify the weak areas and strengthen staff further.

2. Speak the truth. Jesus used wisdom and prayer in His discipling ministry especially in those times when they showed lack of faith or understanding (Ephesians 4:15). He added value to each one of them, didn't push them to be experts within a short time and used the parables of everyday life to teach skills. This is applied in mentorship in the form of patience and understanding in dealing with individuals who are slow learners or those exhibiting little knowledge after an intensive training. Providing feedback in a gentle manner starting with what was done well and ending with what was not done well. The mentor starts where the staff member is and helps them to move to the next level of learning and doesn't expect proficiency immediately. In this project this was done by asking the midwives to conduct a clinical drill on specific key competencies, providing onsite feedback and praising them for what was being done well.
3. Keep moving forward: Jesus created trust and honour amongst His disciples in the

manner He carried out His ministry and interacted with them. He also helped them grow in maturity by pointing out some honest truths. Then later sent them out to make more disciples (Mathew 28:18–19). In mentorship the commendation for things done well, timely technical support feedback given on performance helps strengthen the staff skills and knowledge. This invariably leads to professional proficiency and can orient others with confidence. This was exhibited in some who showed competence in their work and evidence of having oriented others.

As professional nurses' mentorship and coaching is something we need to think about as we go about our work as nurses be it in a professional capacity or spiritual. The young nurses need role models and help to move forward in their profession. Mentorship and coaching help in motivating them to move forward and attempt those areas they fear most or are not confident or not sure how to start. It is fulfilling for the mentor to see the mentee reproducing themselves.

References

1. Rowe AK, Rowe SY, Vujicic M, et al. (2009) Review of Strategies to Improve Health Care Provider Performance. In: Peters DH, El-Saharty S, Siadat B, et al. eds. Improving Health Service Delivery in Developing Countries: From Evidence to Action. Washington, D.C.: The World Bank; 101-126
2. Mickimm.J, Jollie .C & Hatter .M (2007), Mentoring: Theory and Practice, Preparedness to Practice Project <https://faculty.londondeanery.ac.uk>
3. Bryan Dwyert : www.PursueGOD.org
4. Horwood et al (2009), Experiences of training and implementation of integrated management of childhood illness (IMCI) in South Africa: a qualitative evaluation of the IMCI case management training course, BMC Paediatric.

El Arte Del Maestro (The Art of Teaching)

Teaching as a form of mentorship

July Paola Romero Rodríguez
Enfermera, Magíster en Educación
Miembro CECEC

English Abstract

The author shares her experience as a teacher in a School of Nursing, where she has discovered that teaching is an art that allows her to contribute to God's working in each of her students, while at the same time He is working in her.

The art of teaching nursing students as a Christian has helped her to understand that there are three special elements that will transform her teaching skills significantly. They are: Teach with love, teach with compassion and teach with hope, based upon confidence and faith.

The article then describes, in detail, three incidents with students, which have reinforced the importance of these three elements. Each one is supported by a reference from Scripture, and concludes by encouraging other Christian Nursing teachers to put them in action.

A lo largo de mi experiencia como profesora en una Facultad de Enfermería, he descubierto que ver la enseñanza como un arte me permite contribuir a la obra que Dios realizará en cada uno de mis alumnos, semejante a la que también está obrando en mí.

Además descubrí que el arte de educar a las nuevas generaciones requiere el manejo de elementos especiales como el amor, la compasión y la esperanza, los cuales transformarán de forma significativa la praxis educativa.

Educación con amor

Lucas 10:27 DHH – Corintios 13 RVR 1960

Amor por el otro: en este sentido el maestro es de gran influencia frente a sus alumnos; es aquel que con su amor los inspira, valora, escucha, educa con el ejemplo, siembra en ellos valores y lucha por orientarlos con sabiduría y afecto. Pues, si no tengo amor, de nada me sirve la sabiduría humana.



Educación con compasión

2 Corintios 1:3-4 DHH – Mateo 9:35-36 RVR 1960

La compasión supone compartir con y acompañar a quien está pasando por un momento difícil. Es, por lo tanto, tomar el lugar de toda la otra persona. Va más allá de lo que muchos creen, que es sentir lástima. El Señor se compadece de nuestros sufrimientos, y así como recibimos de él, de esta misma manera debemos dar a nuestros alumnos.

Educación con esperanza

Romanos 5:2-5 DHH – Jeremías 29:11 RVR 1960

La esperanza: algo perdurable y que se encuentra especialmente vinculada con “Confianza” y “Fe”. Por lo tanto, no la debemos confundir con el optimismo, el cual es momentáneo y situacional.

Pues es la esperanza la que favorece a la resiliencia, reconociéndola como un proceso de camino para alcanzar una meta dentro del aula universitaria.

“Vivencias que reforzaron en mí el “Arte de la enseñanza”

Hoy doy gracias a Dios por permitir que llegarán a mi aula 3 estudiantes de Enfermería, que con sus historias de vida me llevaron a reflexionar sobre el propósito que Dios ha cultivado en mí, en cuanto a cómo aplicar la enseñanza, y sé que para ellas también fue una gran experiencia transformadora dentro del aula.

Ejemplo 1: ¡Esforzada y Valiente! Josué 1:9 RVR

¡Ella! una estudiante muy brillante y sobresaliente en su grupo, una mujer que le gusta lucir bella, con su maquillaje intacto y un buen vestir. Cierta día, empecé a notar que las cosas cambiaban. Su participación en clase no era la misma y su aspecto físico no mostraba el mismo resplandor y cuidado como antes. Le veía con ciertas facies de angustia y tristeza; recordé que días antes

un compañero de su clase a quien ella había llamado, me pidió que pasara al teléfono, que su compañera me necesitaba. Accedí a la llamada y dije: ¡Hola! Y al otro lado del teléfono encontré una voz quebrantada que me decía: *profe mi hermana se encuentra en la unidad de cuidados intensivos. Está pasando por un proceso de inmunosupresión; pensábamos que era una gripe normal, pero resultó ser una bacteremia por staphylococcus. Por eso me ausenté de clase.*

Respondí que lo sentía mucho y que nos veíamos en unos días.

Días posteriores hablamos nuevamente y le pregunte: ¿Cómo van las cosas con tu hermana? Ella me responde: *“profe, mi hermana menor falleció”, sentí un profundo dolor, “ten mucha fuerza, ella está en un lugar mucho mejor”.*

Luego de algunos días.....

Empecé a notar un cambio en ella, y eso inquietaba mi alma. Sentía que debía hablar con ella, pero en algunos momentos no se prestaba el espacio, o el tema de clase ocupaba todo el tiempo, Y así pasaron algunos días. Finalmente llegó el día; al concluir la clase le pedí que me esperara.

Y le pregunte: ¿Te puedo ayudar en algo?

“Te noto distante y no tan responsable en tus cuestiones académicas como siempre”. Y ella empieza a expresar la situación por la que venía pasando en esos días, pues no solo la llenaba de tristeza la pérdida de su hermana, sino que había algo más, la carga de lo ocurrido para ella y su madre. Juntas se sentían responsables por no haber acudido a otros colegas o amigos del sector salud para que las ayudaran con el diagnóstico; pues juntas, su madre auxiliar de enfermería y ella estudiante de enfermería, no sabían cómo actuar. *“Me siento mal por el comportamiento extraño que tiene mi madre. Ella no acepta que se fue y que ninguna de las dos tenemos la culpa de lo ocurrido”.*

¡Rompe en llanto!

Realmente sentí que esta situación la tenía muy cargada. Se notaba con su alma afligida, así que era una muy buena oportunidad para que oráramos. Recuerdo que pensé: *“no importa*

dónde nos encontremos; así sea el aula de laboratorio, oraremos al Señor". Y oramos: Él se llevará tus cargas y dará nuevas fuerzas. Esfuérzate y se muy valiente. ¡Sellamos ese momento con un fuerte abrazo y un hermoso GRACIAS!

Le entregué, en sus manos una promesa del Señor, escrita en ese momento, que sé que trajo aliento a su vida, y que aun la conserva pegada en su nevera, es así como por muchos días la tuve presente en mis oraciones, pidiendo al Padre que reconfortara su alma, que le diera nuevas fuerzas para seguir, que fuera Él tocara el corazón de su madre.

Ejemplo 2: ¡El señor te acompaña! 1 Samuel 17:37

Era un martes a la 5 de la tarde aproximadamente tenía mi computador encendido y trabajaba en labores de la universidad, de repente recibo un mensaje por una red social que decía: *¿Profe necesito comentarte algo, puedo pasar por tu lugar de trabajo?*

-Me asombre- porque no tenía agregada a mi red social a esa estudiante. Pensé ¡Debe ser algo urgente para que la estudiante me busque por este medio!

Respondí: *¿cuéntame?* Pero ella me dijo: *profe deseo que sea personalmente ¿estas ocupada?, respondí: un poco sin embargo sube y hablamos.*

En realidad, tengo que confesar que por mi mente pasaron mil situaciones que podrían estarle pasando a esta joven, corrían los minutos, mientras ella subía mi mente recordaba su trayectoria académica, pensé en sus cualidades y lo que habíamos compartido en el aula universitaria.

¿Qué situación estará pasando a mi estudiante? – me preguntaba y recuerdo que pedí al Señor que me diera las palabras necesarias si debía dar un consejo.

Finalmente llegó. – Salimos de la oficina – y le pregunté *¿Cuéntame, que te pasa?* Ella inmediatamente me cuenta: *¡Profe, tengo miedo!! estos días en práctica han sido muy duros A la profesora de prácticas no le gusta nada lo que hago; todo siempre está mal. Si me demoro en la*



atención en mis pacientes me regaña, si lo hago rápido también. Profe, estoy asustada.

De repente salen de sus ojos unas lágrimas que conmueven aún más mi corazón. La abrazo y me dice: *profe no tengo ganas de volver. ¿Será que me retiro de la práctica?* Inmediatamente vino a mi mente la historia de David y Goliat, y le respondí: en la vida vamos a tener situaciones difíciles y hasta ahora estas empezando esta trayectoria de la vida de formación académica. Quizás vengan momentos más fuertes; sin embargo, cuando David enfrentó a Goliat, aparentemente era débil, más pequeño, más delgado, más joven y quizás, ante los ojos de los demás, podría perder la batalla; pero creyó que las fuerzas venían de Dios y que ese Goliat sería destruido, – Relaciona esto con lo que estás viviendo hoy. Goliat podría ser simbólicamente tu profesora, tu práctica, tu temor; pero Dios que está en ti y te hace fuerte. Y vas a pasar este tiempo; oraremos y darás lo mejor de ti en tu práctica. Estudia más, – y sé cómo eres, noble, amable, respetuosa con tu docente.

De sus ojos corrían lágrimas. Nuevamente un fuerte abrazo hacía sentir esa paz, amor y compasión del Señor Jesús sobre ese momento y sobre nosotras.

En mi oración estaba ella y su situación; pedía que ella hallara gracia delante de los ojos de Dios y de su profesora de práctica.

Ejemplo 3: ¡Amor y dominio propio! 2 Timoteo 1:7

¡Y finalmente terminamos el parcial! es hora de la retroalimentación, llamo a cada estudiante para expresarle las observaciones de su comportamiento frente al análisis de la situación de salud y plan de atención de enfermería.

Así que llegó el momento, y dije: “siguiente”: -y entra ella- Empiezo a exponerle las observaciones. Exclamé: ¡Te fue muy bien! ¡Tan solo algunas cosas por mejorar! -Ella responde- ¿De verdad profe? Dije: Sí, ¿Porque lo dudas?

Me responde: *Profe es que he sentido que he bajado mi rendimiento académico. No estoy haciendo las cosas como debería; creo que no soy igual que en los semestres anteriores. No sé si deba seguir con la enfermería.*

Yo creo que puse cara de asombro: What?

Y de repente ella rompe en llanto. Dije: Oh, mi Dios, ¿qué paso aquí? Le pregunto: ¿Qué te pasa? Ella me dice: *Estoy triste porque he bajado mi rendimiento, porque últimamente siento que voy cada vez más en decadencia en las notas; deseo estar sola, no me gusta contar mis problemas, siento que es molestia para los demás. Además tengo algunos problemas con mis padres y mi hermano, peleamos mucho, vivimos distantes en mi casa, no hablo casi con mi hermano ni con mi mamá, además soy muy orgullosa. Lo acepto; por eso las cosas no mejoran en casa.* Todo esto lo expresaba con su voz entrecortada. Percibía un poco de temblor en su cuerpo y lágrimas en sus ojos.

Nuevamente estoy aquí, el Señor en su sabiduría me permite otra vez estar frente a una situación con una adolescente unos 10 años menor, estudiante y con algunas situaciones difíciles en ese momento de su vida. Sentí cómo mi corazón se entristecía y vino de nuevo un lindo abrazo; pues al unirnos con los demás fortalece nuestra

fe, amplía nuestras experiencias y refresca nuestras almas. No debes aislarte, le dije. Gracias por compartirme esto.

Afuera estaban sus compañeros, un poco curiosos de la situación. Escuchábamos cómo decían: ¿será que no le fue tan bien en su parcial? Pero en realidad lo que estaba pasando en esa aula de laboratorio era una revelación del gran amor del Señor sobre ella y el derramamiento de su paz en su corazón. Así lo sentí. Ella secó sus lágrimas y salió.

CONCLUSIÓN

Enseñar en base al amor, la compasión y la esperanza, aun en estos afanes del agitado mundo, es el desafío de las enfermeras maestras cristianas, frente al manejo de las nuevas generaciones en pleno siglo XXI. Es así como dejamos que nuestra vida, saberes y formación sean usadas por Dios para poder realmente transformar la educación desde la mirada de Cristo, y encaminar a nuestros alumnos hacia la esperanza.

Sin duda serán más las historias de vida que permitimos que nos toquen si oramos a Dios para que cada día ponga en frente de nosotros a esos alumnos que requieren de nuestra intervención. Recordemos que es fundamental contribuir a terminar la hermosa obra de Dios en nuestros alumnos.

También cultivemos en nuestros alumnos el discernimiento, para “saber leer” lo que le pasa al prójimo. Desarrollando un compromiso personal con el otro podemos lograr que cada uno se pregunte “¿qué puedo hacer por el que sufre?”. Debemos recordar que para brindar un cuidado integral hemos de estar “alerta” a los cambios físicos, fisiológicos, emocionales y mentales de las personas que nos rodean. Recordemos que al final, juntos, tendremos nuestro propio testimonio para ayudar a otro.

The blessing of being a mentor and a mentee

Helene Sejergaard RN

Workplace: Hospice at the Danish Deaconess Foundation, Copenhagen

Part of leadership in NCF Copenhagen

Some years ago, a message from a young Christian woman came to my inbox. At that time, she was a nursing student. I did not know her very well, but she asked me to be her mentor because she knew that I had been working with mentoring in a church setting and she knew that I was a nurse.

She was seeking a person who wanted me to mentor her with two major areas of her life: nursing and being a Christian.

Questions such as 'Who am I to do this?' came to my mind. But even so we met, we talked, we were silent together and we shared and prayed.

Our relationship of mentor and mentee continued until she finished her studies and she began to work as a nurse. A sense of humility came to my heart as I saw our relationship grow and once more I asked myself the question 'who am I to do this, to offer advice and to guide another person?' It was a hard time for her and I continually questioned if I was counselling wisely and in the right way?

Despite my doubts she kept coming. We continued to talk and share and we prayed together for God's guidance.

Now, some years later it is wonderful to see her continuing to grow and develop as a Christian nurse. A Christian nurse who is a blessing to others. A competent professional nurse who has a clear identity not only as a professional but also as a Christian.



When I look back on the years since I finished nursing school, I have met a number of great mentors who have wanted to listen, to share, to guide and to pray with me and for me. People from different parts of the world, with different perspectives of life and different perspectives on the profession. People who have lived and worked under other circumstances, some of them from my own country of Denmark, with similar stories.

Would you like to be blessed? Ask someone you know to be your mentor for a time. Or ask someone to help you find a mentor. Someone to talk to and to listen to. Someone who wants to pray for you in your situation of being a Christian nurse.

Would you like to bless others? Be at the disposal of others as a mentor. Maybe a young nursing student, maybe a young colleague who needs your guidance on how to integrate their Christian faith in their nursing context.

Mentoring is not the only way to be blessed or to have the privilege of blessing others but how wonderful an opportunity it is!

Be Renewed in Your Mind: (Romans 12:2, Ephesians 4:22–2)

A Bible Study prepared by Chinnamma Mathew ENFI India

The Bible speaks of the need for the renewal of the mind. Romans 12:2, *‘Do not conform to the pattern of this world, but be transformed by the renewing of your mind.’* Unless the mind is renewed, transformation cannot take place.

Eph 4:22–24 *‘²²You were taught, with regard to your former way of life, to put off your old self, which is being corrupted by its deceitful desires; ²³to be made new in the attitude of your minds; ²⁴and to put on the new self, created to be like God in true righteousness and holiness.’* The old self before coming to Christ is corrupted by its deceitful desires (v22).’

Paul tells us that a new life in Christ is possible only if the mind is renewed

1. From Eph 1 – 4:16 The phrase ‘now you are in Christ’ has been repeated 7 times.
2. You are seated with the Holy Spirit (Eph 1:13)
3. Redeemed by Christ’s blood (Eph 1:7)
4. Made alive with Christ

The Bible says a man is what he thinks (Prov 23:7 *“For as he thinks in his heart, so is he.”* NKJV). Thoughts are the seed of action. Whatever we see, hear, read and touch will generate thoughts in our minds. Thoughts will create emotions in our hearts. The body will act depending on the nature of the thoughts and emotions.

Actions of the body are controlled by the mind. Good thoughts will bring good actions. Evil thoughts will bring wicked actions.

David was a man after God’s own heart. He prayed 7 times a day. What a close walk he had with God! Yet gazing at the woman bathing in the river filled David’s mind with adulterous thoughts. Even though he knew that she was the wife of Uriah he ordered her to be brought to him. David broke four commandments at a stretch; adultery, covetousness, murder and cheating. How could David forget the living God and grieve the Holy Spirit? So powerful were the thoughts of the mind which generated powerful emotions leading the body to act. David had to pay heavily for his wilful sins. The death of his children, wars, defeats, and torment from his enemies were the results.

Ephesians 4:17–19 *‘¹⁷So I tell you this, and insist on it in the Lord, that you must no longer live as the Gentiles do, in the futility of their thinking. The problem with the Gentiles is that their minds are filled with futile thoughts. As their minds are not controlled by the Holy Spirit, their thoughts are defiled and corrupt.’*

We see in v 18 and v19 that there are consequences to defiled ways of thinking V 18 *‘¹⁸They are darkened in their understanding and separated from the life of God because of the ignorance that is in them due to the hardening of their hearts.’*

The first reaction to darkening of the understanding is when the mind is filled with useless and futile thoughts. The heart is the seat of understanding, once the understanding is darkened we become ignorant of God’s will and ways in our lives.



People should be able to see the difference between how Christians think and act versus the way non-believers think and act. Paul was encouraging the believers to leave behind the old way of thinking and living as they have serious consequences.

Paul firmly warned the Ephesian church that they should not live like Gentiles with the futility of their minds. (v17) Our minds are our property. Our character depends upon who we submit our minds to. Victorious Christians are those whose minds are controlled by the Holy Spirit.

Phil 4:8 ¹⁸ *Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things.’ If our minds are filled with the above things our actions will be good and pleasing God.*

Thousands of people, both young and old are using today’s communication media to influence and guide their way of thinking and believing. Many Christians themselves are falling prey to thinking and acting like the world does instead of living Biblically. How do we, as Christian nurse leaders and mentors live out our faith effectively so that we can influence the young nurses and students to desire to be future leaders in the profession? The responsibility lies with the faithfulness of the current Christian leaders in nursing.

In Ezekiel’s time the leaders were corrupt (chapter 22) so the people were living in sin. How compassionate and kind is our God. V30 says

³⁰ *‘I looked for someone among them who would build up the wall and stand before me in the gap on behalf of the land so I would not have to destroy it, but I found no one. 31 So I will pour out my wrath on them and consume them with my fiery anger, bringing down on their own heads all they have done, declares the Sovereign Lord.’*

One intercessor would have met God’s demands and saved the people. One person who would stand in the gap. But there was ‘none’. Is our time any different? Do we have young Christian nurses who will serve as Christian leaders in the profession? Are there older Christian nurses who

will set apart time to sit at the feet of the Lord and intercede for our young people, for the future of Christian nursing practice? Experienced Christian nurses who are prepared to mentor and support the next generation? The lives of many young Christian nurses are so full and busy with both professional and family responsibilities. Can we, as leaders, model for them ways of prioritising our lives and managing our time so that Christ gets pre-eminence in all things? They probably need our example more than any preaching or sermonizing. They need us to be faithful intercessors because God wants intercessors. Only they can arrest the advance of Satan’s kingdom. They are very close to God’s heart. There is power in prayer.

2 Corinthians 10:4,5 ⁴ *The weapons we fight with are not the weapons of the world. On the contrary, they have divine power to demolish strongholds. 5 We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ.’*

Our weapons have divine power to demolish the strongholds in our young people. It is easier nowadays more than ever, to become rebellious and apathetic towards our faith and Christian calling. Are we only going to weep and watch? A large number of people followed Jesus, including women who mourned and wept for him.

Luke 23:27, ²⁸ *Jesus turned and said to them, ‘Daughters of Jerusalem, do not weep for me; weep for yourselves and for your children.’ The time will come when they say it is good that I have no children.’*

We do have cause to worry about the next generation, but we do not lose hope in a God who has all things under his control. We can weep, pray and fast, both for ourselves as seasoned leaders. and for the young generation coming up. In prayer and fasting we can pull down the mental strongholds that keep people from being fully committed to the Lord’s service. This will work because it is God’s instruction. Praying every day for our future generation is the way we can bring results (Malachi 2:15, Mathew 18:19)

Pray for the future generation of Christian nurses who will lead our profession.

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
- 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*

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

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

Announcements

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

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

CANA: Please refer to the website for details

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

Europe: Please refer to the website for details

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

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



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

Two key opportunities for working with NCFI/IICN:

Institute Director and Institute Manager

Nurses Christian Fellowship International (NCFI) is seeking to appoint both an Institute Director and an Institute Manager for the International Institute of Christian Nursing (IICN) to jointly take on these challenging and inspiring leadership roles.

The positions are voluntary but bring with them many benefits including the opportunity to work alongside nurses from across the world and to engage directly in international work.

Introduction

The IICN is the professional resource division of NCFI. It provides scholarly resources and facilitates collaborative networks with Christian universities and organisations worldwide.

The vision of the Institute is to advance a Christian worldview in nursing practice, education, leadership, and research, supporting Christian nurses to develop and make an impact on the profession. The demand for educational and research programmes that reflect the Christian world view has become increasingly evident and IICN gathers and disseminates resources so that Christian nurses will be better equipped to live out their Christian values and so improve health within their sphere of influence.

The organisation provides quality courses written from a Biblical perspective that are not provided by the profession. It does not seek to replicate learning materials already available to nurses through professional sources but aims to make available professional resources with a Biblical and Christian foundation.

Currently the IICN provides courses in Spiritual Care, Biblical Leadership, Faith Community nursing in collaboration with the Westberg Institute (WI/IPNRC) and in collaboration with IHS the worldwide provision of the Saline Process. Additional courses are currently in preparation.

The IICN programmes are led by voluntary subject specialists and supported by a team of voluntary academic experts. The aim is to have a subject coordinator in each region or country facilitating the delivery of the programmes.

Future aims of the IICN are to increase the number of available programmes, and to develop a research agenda that both supports novice researchers and promotes research focusing on issues that are critical for Christian nurses.

For more information on the IICN please refer to the IICN Briefing paper attached with this information or refer to the IICN web site, www.ncfi.org/the-institute-iicn

Organisational Structure.

The Director of the Institute is responsible to the Executive Committee of the NCFI, for developing the strategic direction of the Institute.

The Institute Manager is responsible to the Director for the smooth running of the IICN.

The Steering group is made up of selected members from the IICN. Its task is to support and guide the Director and the Institute Manager in their roles.

A Programme Committee, under the direction of the Director, is constituted by the subject leads of the various IICN programmes and has responsibility for the development and delivery of the programmes that IICN provides.

IICN also produces a journal biannually, the editorial committee is responsible for the production of the journal, Christian Nurse International (CNI).

IICN Director

Personal Profile and responsibilities of the Director

IICN requires a dynamic nurse educator with both research and nursing educational experience to act as Director and lead the IICN. It is desirable that the person taking on this role is active in Nurse Education either as an active or retired person.

The applicant would hold a Masters degree or preferably a PhD in nursing and have experience in leadership, preferably in nursing education. Evidence of scholarly activity would be welcome through publications and research papers.

The applicant will need to be able to sign the NCFI statement of faith and have demonstrated their commitment to the values of the organisation.

The applicant must be able to speak and write and understand English fluently.

The Director is supported by the Institute Manager

Key responsibilities include:

- Providing academic leadership
- Strategic planning for the IICN
- Promotion of educational and research development opportunities and expansion of the work of the IICN
- Monitoring of programme development and delivery, reporting to the NCFI Executive Committee when necessary
- Two monthly virtual meetings with the Programme committee and the Steering Group,
- Liaison with partner organisation e.g. PRIME, IHS, HCF

Key Qualifications and Attributes required

Qualifications:

- Nursing degree
- Masters Degree / PhD in nursing or a related field

- Fluency in spoken and written English
- Able to freely commit the necessary time and effort required to lead IICN

Essential Attributes

- Evidence of motivation for working in IICN
- Experience of working in Nursing Education
- Evidence of leadership
- International and cultural awareness

Desirable Attributes

- Experience of curriculum development and evaluation
- Language skills in addition to English
- International experience

IICN Manager

Personal Profile and Responsibilities of the IICN Manager

IICN requires an individual who has the experience and the gifts of organisation and management. Working closely with the Director s/ he will support the Director in delivering the IICN strategic plan in the following ways:

- All necessary arrangements for the two monthly virtual meetings of the Programme committee /Steering group
- Preparation of the agenda 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

Key Qualifications and Attributes required

Qualifications

- A nursing or health related degree is desirable but not essential
- Computer / administration certification or evidence of equivalent experience

Essential Attributes

- Evidence of motivation for working in IICN
- The applicant will need to be able to sign the NCFI statement of faith and have demonstrated their commitment to the values of the organisation.
- Good interpersonal skills
- Communication skills

- Evidence of team working
- Computer and networking skills
- Familiar with current software packages such as Word, Excel & data storage
- Fluency in English, written and spoken
- Planning and organisational skills
- Web site management
- International and cultural awareness
- Able to freely commit the necessary time to the work of IICN

Desirable Attributes

- Language skills in addition to English
- International experience

All map illustrations provided by FreeVectorMaps.com

Nurses Christian Fellowship International is registered as a Nonprofit Corporation with the Office of the Secretary of State of the State of Colorado, USA, against entity ID No. 20131016427, Confirmation Certificate No. 8486744, 03/13/2013. NCFI is also registered) with the United States Department of the Treasury, Internal Revenue Service (IRS) under Employer Identification No. 46-1823922. The organisation is governed by an International Board consisting of three representatives from each of the six NCFI worldwide regions including the regional chair.



**Nurses
Christian Fellowship
International**

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