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A focus on spiritual care

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Nurses Christian Fellowship International (NCFI)

Making a difference to nurses and nursing around the world

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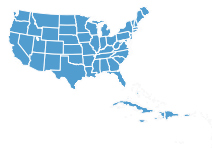
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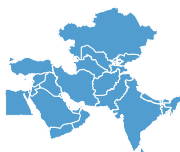
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Dr Kamalini Kumar (NCF USA): for Leadership Development

Prof Barbara Parfitt (NCF Bangladesh & NCF Scotland): for Strategy and Publications

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How can I help NCFI?

We would like to thank everyone who has given so generously to the work of NCFI. Without your gifts we could not continue to do God's amongst nurses and midwives. If you wish to make a donation please contact us. 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!

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Letter from the president

In today's changing world of healthcare, lifelong learning in professional nursing is directed toward clinical competency and improving patient care.. As Christian nurses, we have the advantage of scriptural principles that allow us to move far beyond simple knowledge acquisition and application. God's word encourages us to renew our minds and to follow Jesus in providing compassionate care to the whole person – body mind and spirit.

Over the past four years, NCFI has established the International Institute of Christian Nursing, a virtual global centre that serves as the professional division of the organisation to promote scholarly collaboration in nursing practice, education, leadership and research.

The Institute has curricula in The Art and Science of Spiritual Care and the Saline Process, a course offered in partnership with IHS Global to help Christian nurses be “salt” in their workplace. As nurses, we know that saline is an isotonic water solution containing 0.9% NaCl. As Christian nurses we can sometimes be so eager to share the message of Christ that we become hypertonic and cause people to turn away from Jesus or we can be so afraid of witnessing for Christ that we become hypotonic and neglect the opportunity to share the life-giving message that God has entrusted to us. This course gives very practical resources to assist Christian nurses to both assess and respond appropriately to patients and peers – always incorporating the ethical principles of sensitivity, permission, and respect. As we anticipate the upcoming 2016 International Congress in the Philippines, I pray that you will consider your part in this exciting and expanding ministry. Will you join us in Manila for Healthy Lives in a Broken World: A Christian Nursing Response in June 2016? If you cannot attend, will you provide a scholarship for one of the next generation of young Christian nurses who wants to be present? In any case, will you promise to pray with us that God will prompt those He wants to participate to come and that the time of teaching, fellowship and worship will be a blessing to all.

May you live out the command of Romans 12:2 “Do not be conformed to this world, but be transformed by the renewal of your mind. . . “by His grace and for His glory.

Barbara J. White

God's word encourages
us to renew our minds
and to follow Jesus in
providing compassionate
care to the whole person
– body mind and spirit.



In his Service
Dr. Barbara White, RN,
President, NCFI

Letter from the editor

Contact me on babsparfitt@hotmail.co.uk

Pulling together the content for this edition of CNI has been challenging. There is so much talent and experience in the world of NCFI but its not always easy to capture it from our members. Your ideas, thoughts, developments and experience are all a valuable resource for other Christian nurses throughout the world. Many of you have given excellent papers at your regional conferences that I would like to share in the future with others through this journal. So please send them to me.

This is your journal and it provides a safe place for you to write up your work without fear of the challenges that often face first time writers. For those of you who are experienced writers and researchers please use this forum as a place to share your expertise and knowledge.

Educators, you can present one of your best lectures as a teaching tool for NCFI members through this medium. I welcome your input. So please can I ask all of you to reach out to your colleagues in NCFI and encourage them to contribute and also to contribute yourself.

We welcome a wide variety of contributions including letters, comments, research findings, testimonies, experience articles, book reviews and reports, so please send us your thoughts and share your ideas with us.

We are very sorry in this edition to have to announce the death of Dr. Catherine Robertson who many of you will have known. Catherine was a strong NCFI supporter and also a stalwart member of NCF Scotland. She gave a great deal to the profession through her position in nursing education and also to NCFI. Please read her memoir and pray for her family and friends who miss her dearly.

This edition also has an announcement for the NCFI Congress meeting in the Philippines next year 2016. Start saving now for an experience that you will never forget. We look forward to seeing you there.

We live in troubled times. It is a time of environmental disasters, violence and displacement. People desperate to find a place of safety away from the dangers and threats that life brings to their door. As Christians we have a part to play in sharing the gospel of peace in this troubled world. Let us not shirk our responsibility.

God Bless you all, Barbara

Barbara Parfitt



Spiritual care – part of nursing?

Britt Moene Kuven & Lisa Bjorvatn

Nursing programmes in Norway have an obligation to teach and prepare undergraduate bachelor students to meet the patient's spiritual needs. In clinical studies, this topic is as integral to the daily medical records as is the patient's physical, mental and social needs. It is important that nursing safeguards the spiritual needs of the patient. Providing spiritual care is not an opportunity for nurses to impose their own beliefs upon patients or indeed to proselytise, but to affirm the patients spiritual needs.

As a professor with 20 years supervising students in clinical practice, my experience is that spirituality is not often discussed. However, it is often a topic raised in the reflection groups with nursing students. A first-year nursing student writes the following story. It is important for her to share this story, because she has a desire for nurses and healthcare professionals to become more aware of their responsibility in addressing the spiritual care needs of patients.

Student story

The names in this text are fictitious.

I feel so blessed to have worked in a nursing home with people living with dementia. The story I am about to tell opened my eyes to what holistic nursing care is really all about.

It had been a long day at work, and in the evening I had the pleasure of helping Astrid to bed. I pushed her wheelchair into the bathroom where she was able to wash herself, with my assistance. I then helped her get into bed, rubbed her legs with body lotion and sat down next to her bed. I turned around and looked at her room. Astrid's room tells me a lot about who she is. I saw a picture of Jesus hanging on the wall. That's when it struck me. How could I end this day in the best possible way for Astrid? I asked her if she wanted us to pray together. Her eyes shone, and her answer was obvious. I asked if there was a special prayer she wanted us to pray. She wanted me to decide. Astrid folded her hands, and I folded mine on top of hers, and we prayed. That was a nice prayer, was Astrid's response. Thank you.

Two weeks later I was back at the nursing home. Astrid came up to me in her wheelchair and said: "That prayer you prayed with me was so nice, can you write it down for me?"

I was speechless for a second or two. How could Astrid remember the prayer, and how could she remember that it was me who had prayed with her? She has dementia! How is that possible? I went into the office right away and found pen and paper. When I had written down the prayer I gave it to Astrid. She asked me to put it in her bedside drawer.

The days and weeks went by, and every time I had the pleasure of helping Astrid to bed we prayed. I told my colleagues about the incident. The response was not what I had hoped for. I had a wish that this incident would inspire and motivate my colleagues to think outside the box, but instead the work environment was filled with frustration. This was really sad; I thought we had the same goal; to provide the best nursing care to the individual. I had hoped that they would rejoice with me. This event was incredible in my eyes, Astrid was so happy.

Since then, several colleagues have come up to me slightly annoyed and told me that Astrid asks for someone to pray that prayer with her every night. Some have been bold and read it with her, whereas others have not.

We should be altruistic; to act in a way that is for the other's good and service, and not just for our own benefit.

I am no longer working at this nursing home. A colleague of mine told me that Astrid had asked her to hang the prayer on the wall, over her bed, now that I was gone. Astrid had said that she wanted it there so she could look at it all the time. My colleague hung the prayer over her bed, and said that Astrid had smiled, and a tear had run down her cheek.

I visited this nursing home about six months after I had left, I met Astrid, and she remembered me. She asked if we could play Yahtzee or if I could give her a manicure, because she remembered that it was what we used to do together. I asked her if she remembered the prayer we used to pray together. Without answering, she began the prayer. She knew the whole prayer by heart!

I went into her room to see if the prayer was still hanging on the wall. Now it was hidden in the bedside drawer. I was told that one of the nurses had taken down the prayer so that they could avoid having to pray with Astrid. What is nursing really all about? Aren't we supposed to save lives, aren't we supposed to make the day brighter for the people who need it, aren't we supposed to care and show love? We have to care, we have to be able to feel, we have to be able to share, give and take and we are bound to see the need of others and act accordingly. We're not the ones who shall shine, our patients are.

I want to remind all nurses, and nursing assistants and all others who work in healthcare services that one of the key values in nursing is altruism. We should be altruistic; to act in a way that is for the other's good and service, and not just for our own benefit.

Spiritual care – holistic and professional care

My own experience as a professor is that spiritual care is not a priority when nurses meet patients. Not only because of limited time to focus on patients spiritual needs, but perhaps more because we do not have the language to verbalise and articulate it.

Spiritual care should be part of holistic and professional nursing care. Our responsibility for spiritual care is enshrined in the UN Human Rights Declarations (1) and in our professional and ethical guidelines for nurses (2). Research reports that the patients express that spiritual needs are overlooked, and that they are reluctant to ask for help in relation to their spiritual needs (3–7) Nurses say that they need a clear understanding of the concept before they dare to move into a position where patients spiritual needs are going to be discussed (8). At the same time there are many nurses who feel that they should take the initiative to talk about these topics with their patients (7,8).

What is spirituality?

Nurses have different understandings of spiritual care and there is no authoritative definition. Spirituality can be described in different ways using different concepts. Nurses do not necessarily have a shared understanding of what spiritual care involves (6,9). Lie (10) describes the spiritual and existential dimension as an inner strength that gives meaning, purpose and fulfilment to all aspects of life. This can be understood as having joy in life and the desire to live, which is present in all humans. This can be applied to human nature and it may even involve awareness of a force outside oneself or a relationship with God or deity.

Ueland (8) highlighted that the spiritual dimension is often described in many different ways in the nursing literature, and summarises that spirituality may be an inner strength, searching for meaning and purpose in life, both in relation to life itself, suffering and death. Spiritual and existential needs may also be linked to a religious faith, but this is not always the case. Spirituality may be considered a universal dimension of humanity, regardless of any religious affiliation (8). Weathers et al. (9) have identified three defining attributes for spirituality: connectedness related to one-selves, others, nature and to a higher power, transcendence, defined as the ability to look beyond the boundaries of the self, and the meaning of life.

Stifoss-Hansen and Kallenberg (11) explain that spiritual care is to be aware of the patients' existential questions and resources, as well as listening to the meaning they have in their life stories. Nurses may assist patients by handling their existential concerns in relation to their life view (11 s.21).

To speak truth about life

Spiritual concerns are a part of the life we live. For some people this may be related to faith and religion, while for others it may be about what enables them to make sense of life generally. Often it is when our life becomes particularly vulnerable that spiritual concerns emerge or are recognised. To acknowledge this is to speak the truth about life. But to tell the truth about life, we need to develop a language that makes it possible to articulate what spirituality is – putting spirituality into words.

Patients may look out for nurses whom they feel will talk openly about existential matters (12). Patients desire for nurses to see and meet them as fellow human beings, who are genuine and honest and will support them as individuals without condemnation. This may indicate that the nurse's behaviours and attitudes related to existential questions are more important for patients than having the "right" answers.

Nurses should safeguard patients' needs for spiritual care, as this can both promote health and preserve human dignity (13). According to ethical guidelines (2) safeguarding a patient's right to holistic care and spiritual care is therefore a responsibility for every nurse (11). Through experiences with patients in vulnerable situations, nurses develop their professional discernment in ways to meet the patients' spiritual needs. Nevertheless, we will here share some examples of questions that may help in assessing and meeting patients' spiritual needs:

"What is important for you?"

"Where do you find hope?"

"What do you need?"

"What are your sources of support?"

I don't know what to say!

Sometimes when we ask questions such as those mentioned above, we create openings in which patients can express their spiritual needs and when we listen to the patient's stories they may tell us something so unexpected that we may be lost for words or unable to find any words to respond. We simply don't know what to say. The answer to such situations is very simple. The only thing we have to say is: "I do not know what to say." And this can be sufficient for the individual because they know that the nurse cannot fix everything. But they know that they have been listened to and their experiences heard. Sometimes patients need more support and follow up than we as nurses can provide. In such situations it is most helpful to have awareness of our own competence, and knowledge of whom we may refer to for ongoing support.

Do we listen to the unspoken words?

The nurse and patient relationship is an important part of spiritual care. The meeting between nurse and patient requires that the patient themselves defines their own situation and need. If it is the nurse who defines the patient's needs, this could be experienced as a violation of the patient and their dignity (14). Crucially the nurse-patient relationship must be both mutual and equal. To enter into a relationship with any patient they must both be seen as equals, without invading and taking control over each other but respecting each other's personal boundaries. Displaying the following qualities will foster a positive nurse-patient relationship: empathy, commitment, authenticity, recognition, validity confirmation, confidence, clarity and respect for diversity.

Patients often do not talk openly or freely about their spiritual needs with nurses (3). Nurses, can rehearse themselves observing for the spiritual and existential cues in the patient's environment. How patients express or disclose their spiritual needs will vary from patient to patient. However, nurses must be ready to observe for cues and more importantly they must be ready to respond once these cues have been expressed or observed (11). Patients may express their spiritual needs using symbols, metaphors, keywords or humour and the nurse must interpret the situation and clarify their meaning with the patient (15,16).

If the nurse is searching for spiritual cues of the patients then they will be also sensitive to patients' spiritual concerns. Signs of spiritual need may differ. Sometimes signs may include some of the following: a mother who holds her arms around her daughter, a friend sitting at the bedside, a gaze, hands, photos, something on the night-stand, silence, music, books etc.

Responsibility for quality in nursing

The quality of holistic care is influenced by several factors. For example politicians and leaders in health care have an obligation to ensure that standards of services are safe and of the highest quality. Yet there is some evidence that suggest some leaders in nursing units do not believe that nurses should involve themselves with spiritual and existential questions (17). Nursing requires nursing leaders who are professionally accountable and responsible for promoting and ensuring that holistic care is firmly on the nursing agenda. They must recognise spiritual care as an important and equal dimension by ensuring patients' spiritual needs are assessed and met (18).

Moreover, nursing education carries a big responsibility to ensure that future nurses acquire knowledge and skills to meet the patient's spiritual needs. This will be achieved by ensuring nursing supervisors and mentors in practice act as good role models so that students can develop their confidence, so they have courage to engage with this fundamental dimension.

For the individual nurse their background, personality, courage, self-awareness and ability to reflect upon themselves in relation to individual patient encounters are important (18).

So how can nurses meet patients' spiritual needs and provide spiritual care?

This question can be answered by making certain that the patient is at the centre of all care. This is what the story from the student is all about. And this is what nurses should strive to achieve in every patient encounter.

The challenge is clear: Take patients' spirituality seriously. For what is nursing if you don't challenge and take a risk? The result would be that spiritual care is absent from nursing practice.

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Educational programmes offered by NCFI in the art and science of spiritual care

Development history: NCFI has been a meeting place for many years for nurses with an interest in spiritual care within research, teaching, leadership and practice. Many local and national teaching programmes have been developed over the years. As the idea of the International Institute of Christian Nursing of NCFI has taken form it has facilitated development and presentation of an NCFI international educational programme of spiritual care. In this process we have had help from Healthcare Christian Fellowship International who invited NCFI to develop a 12-hour teaching programme on spiritual care for their world conference in Manila in 2010. The curriculum was originally written in English and supported by a team of international scholars and educators. After Manila this group continued to develop the teaching materials in order to have it ready with a Participant's Handbook and a Trainers Manual for the NCFI conference in Chile 2012.

Since then this programme has been taught at NCFI regional conferences in CANA, Europe, and PACEA. In addition, it has been taught in Lisbon (Portugal), Bergen (Norway), Accra (Ghana), and in Jerusalem (Israel). In 2015 there are about 150 nurses from 25 countries that have had the training. The course has been widely welcomed and the feedback is positive. It is reported as working well in diverse health care settings and for nurses practicing in different countries.

Development Team: *Dr. Amy Rex Smith, RN, ACNS, BC (USA/CANA); Carrie M. Dameron, RN, MS (USA/CANA); Dr. Tove Giske, R.N. (Norway, Europe); with contributions by Swee Eng Goh, Singapore/PACEA and Grace Morgan Morillo, BSN RN Colombia/Latin America*

Art and science of spiritual care: an educational programme of Nurses Christian Fellowship International

The Art and Science Spiritual Care is an educational programme building on a Christian foundation. It is designed to provide practicing nurses with the scientific foundation for providing spiritual care. It also aims to equip nurses with the necessary skills to assess and address the spiritual concerns of patients. This is done in a variety of settings and includes approaches that address the various religious/spiritual beliefs and backgrounds of patients and clients.

The programme covers four main areas:

- **session one:** Spiritual care overview: content and mandate
- **session two:** Spiritual care assessment
- **session three:** Spiritual interventions and care
- **session four:** Challenges in spiritual care

The curriculum; the fundamentals of spiritual care in nursing

This programme builds on an understanding that teaching and learning is an interactive process and that learning about spirituality in nursing is a lifelong process. The programme is global in scope, culturally sensitive, flexible in its pedagogy, student centred and focused on practical application. The programme is ideally taught for 10–12 hours, and participants will receive a participants' book with all the slides used in the programme.

All nurses with an interest in spiritual care are eligible to attend the NCFI educational programme of Art and Science of Spiritual Care.

For more information please contact Tove Giske at tove.giske@gmail.com or Carrie Dameron at carriernc@comcast.net

Train-The-Trainer (TOT)-course

Train the Trainer (TOT) programmes are aimed at passing knowledge and skills from one person or group to another. Each person who attends is potentially the teacher of another person or another group; each group has members who can organise new groups so cascading the knowledge gained to a wider range of people.

The aim of this TOT programme is to prepare nurses as teachers for the NCFI Educational Programme 'The Art and Science of Spiritual Care'. The target group is nurses that are in agreement with the NCFI's statement of faith (www.ncfi.org/about-ncfi/) and who are part of the NCF in their own country. The course will normally be offered to participants that have completed the Educational programme of 'The Art and Science of Spiritual Care'. Participants will have either teaching experience or practical experience in providing spiritual care.

Those attending will have an interest in developing a greater understanding of the subject and a wish to further develop the knowledge and skills required to teach the course to others. Once having undergone the programme they can then pass this new knowledge on to others who in turn can cascade it out further. We encourage participants to come in pairs; with somebody they know or work with, for this training. This will make it easier to plan and implement the programme when you get home. We also encourage the programme, where possible, to be taught in teams and not just by a single teacher.

The course will normally take between 2–4 hours and will explain and discuss the pedagogical background and teaching approaches that can be adopted.

Attendees will be provided with a manual that gives full details of the programme. The manual also contains resource materials that can be used as necessary when teaching the programme in diverse settings.

For more information about the Train-the-Trainer course please contact Tove Giske at tove.giske@gmail.com or Carrie Dameron at carriernc@comcast.net

Each person who attends is potentially the teacher of another person or another group.

The art and science of spiritual care:

a personal testimony of how the course has changed me as a Nurse

By Owusu Benson

Spiritual care is care that recognises and responds to the needs of the human spirit when faced with trauma, ill health or sadness. It can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener. 'Spiritual care begins with encouraging human contact in compassionate relationships, and moves in whatever direction needs require' (NHS Education for Scotland, 2009).

My name is Owusu Benson, a registered general nurse at the Princess Marie Louise Hospital, Accra Ghana and the President of the *Quik Medical Consult*, a group made up of nurses with the aim of reaching out to the world through health education. I had the privilege of undergoing the Art and Science of Spiritual Care, Train the Trainer course organised by the Nurses Christian Fellowship Ghana with Professor Tove Giske, NCFI Vice President between 1st and 2nd August, 2014 and I want to share my story.

Spirituality is not about imposing your beliefs and practices

Ghana, a country located in the western part of Africa with a population of approximately twenty five million, it has a very rich culture and is composed of three main religious groups; Christians, Muslim and traditional religions. According to the 2010 population census 61.2% of Ghanaians are Christians, 32.5% Islamic and 3.3% traditionalist. All these religions believe in the supreme God but worship him through different means. I must emphasise that Ghanaians and for that matter Africans as a whole are very religious and believe that whatever happens to them has a spiritual basis and they also believe that the supernatural has a role in their healing process. In a predominantly Christian country it is not uncommon for Christian nurses to assume that patients under their

care are Christians. A further major problem I identified was that the spiritual aspects of nursing care have long been neglected, although most patients seem to draw strength from their belief when they are ill. Patients who seek spiritual care from their deity during admission are often seen as the 'difficult ones'.

Spirituality is not about imposing your beliefs and practices.

During the course I learnt that spirituality is not:

- all about imposing your beliefs and practices. If you are a Christian nurse you don't have to force what you have been taught at church on your patients' who for example are Muslims. A typical example is asking the patient who is a traditionalist under your care to say the 'Lords Prayer'
- spiritual care is not an opportunity to use your position to try to convert the patient from one religion to the other
- spiritual care is not a specialist activity. This means that you don't have to attain a doctorate in spiritual care to provide it. By understanding the faith of the patient you can meet or assist in meeting the deepest needs
- it is not the sole responsibility of the chaplain but a collaborative effort of all, staff, family and friends

Spiritual care is all about:

- hope and strength – when a patient is sick, they put all their hope in the object of their worship believing that they can draw strength and get divine healing from it
- forgiveness – I cared for a patient who always said she was going through her ailment because she committed adultery. She was thus always depressed. It seemed none of the treatment regimen was working for this woman until she narrated the incident to me. Because she was a Christian it made it easier for me to share the scripture on what God

says about forgiveness. Within a week, we noticed improvement in her health status and she was discharged the following week. When she was convinced that God had forgiven her upon confession, she had peace in herself and this brought back a smile on her face. This is an example of true spiritual care

When providing true spiritual care it is important to have a belief in oneself and in others. Recognising that for some a belief in a deity, certain values, love and relationships, morality, creativity and self expression are all an integral part of their spirituality. The nurse caring for the patient on admission must observe and identify clues as to whether the patient has an underlying spiritual need. Examples of such clues are distressed patients, patients who are sad or tormented and those who constantly ask spiritual questions.

The Saline Process: A training course for Christian nurses

Sophia Melt

Is there any difference between someone who is a Christian nurse and someone who isn't? In some countries the difference is obvious, such as in countries where Christian nurses are known to be the ones who won't take bribes, who won't gossip, and who won't drink or have extra-marital affairs. Yet in other countries, particularly those cultures that have had significant Christian influence, the difference between Christian and non-Christian nurses is not so easy to see.

"Jesus taught his followers that they were to be 'salt and light' (Matthew 5:13–16). As Christian nurses, what does this mean practically?"

The 'Saline Process' is a course that has been developed to help Christian health care workers be salt & light in their places of employment. As nurses, we know that saline is an isotonic water solution containing 0.9% NaCl. Saline is very useful medically as it is virtually the same osmolality as blood so it can be used to hydrate patients. It is used to clean wounds and has the benefit that it prevents infection. Solutions that contain too much salt or too little salt will result in fluid shifts either from inside to outside (causing the cell to shrink and eventually die) or from outside to inside (causing the cell to

swell and eventually burst). As Christians we can sometimes be so eager to share the message of Christ that we become *hypertonic* and cause people to turn away from Jesus or we can be so afraid of being Christ's witnesses that we become *hypotonic* and neglect the opportunity to share the life-giving message that God has entrusted us with. The 'Saline Process' is a course that helps Christian health professionals assess where a person is on their journey to faith in Christ and then appropriately be 'salt & light' (saline).

As a result of taking this course, one nurse said that she felt God reminding her of his call on her life

The *Saline Process* course is made up of 5 questions: (1) Why is faith important in health care? (2) What are the opportunities and barriers to fulfilling God's call? (3) What is my role? (4)



What tools will help me cultivate and sow? and (5) Where do I go from here?. The course gives very practical resources and opportunities for practice in helping Christian nurses to both assess and respond appropriately to their patients – always incorporating the ethical principles of sensitivity, permission, and respect. A Training of Trainers (TOT) course is available for those who feel called to teach the Saline Process course to nurses and other health care workers in the places where they live and work.

The *Saline Process* has been developed by a group of inter-professional health care workers and coordinated by IHS Global, a global mission organisation, solely dedicated to equipping Christian health care workers as witnesses for Christ. NCFI is involved in reviewing and contextualising the materials for the unique role of nursing within health care, as well as teaching the course and working collaboratively with other partner



USA Saline course members

organisations. The partnership is made up of both international and regional health care organisations and is united around the *Saline Process*.

In many countries, sharing of one's faith can result in the nurse being reprimanded or even losing her job. Because of this many Christian nurses are hesitant to share their faith. However, through this course, participants have the opportunity to learn how to sensitively and appropriately share their faith and as a result of this course one of the nurses said that she is no longer scared to share her faith. Pray along with us that we will grow in faithfulness & wisdom in being salt & light in our workplaces – sharing the love of Christ with our patients and colleagues.

As a result of taking this course, one nurse said that she felt God reminding her of his call on her life and that she needed to start by deepening her relationship with God.

The Saline Partnership

As a member of the International Saline Partnership, NCFI has committed to use the Saline Process to train its Christian nurses. We have also indicated a willingness to live out the vision of Saline (to see every health care worker participate in the 'Great Commission'), to invest in the Saline Process ministry within our own organisation, and also to cooperate within the International Saline Partnership in the spirit of 'gospel partnership' (Philippians 1:5). To this end NCFI is hoping to see the course made available

to all of its member countries and to have more nurses who are trained as trainers who can teach this course to others. As a member of the partnership we try to open our courses to other partner organisations and we often join with them in their trainings – both as participants and as members of training teams.

Many of the nurses who have taken the *Saline Process* have commented that they found it a very helpful course. Almost all nurses struggle with increased workloads and decreased time with patients. In some countries, there are strict restrictions on what can be 'shared' in regards to faith and religion. Trusting that God is at work in their patients' lives and learning how to appropriately be salt and light in patient's lives has freed many nurses from feeling that they have somehow failed in being is our prayer that the Saline Process will be a blessing to Christian nurses taking the course and to the patients that we work with.

If you are interested in having a course in your country or region, please contact the following people:

North America:

Barbara barbara.ihrke@indwes.edu

Sub-Saharan Africa:

Martha malitam@hotmail.com

Spain & Spanish speaking countries:

Rosa zeballoslopez@gmail.com

United Kingdom:

Steve Steve.Fouch@cmf.org.uk

All other countries & TOT courses:

Anne ncfisaline@gmail.com

Reports from regional conferences

NCFI Pacific and East Asia regional conference

Australian group in parade of the Nations at the Fiji conference



The experience of meeting together as Christian nurses coming from 16 nations in our Pacific and East Asian region, plus guests and speakers from other parts of the world, was what many participants described as a small foretaste of heaven. Conference evaluations expressed the sense of warmth and unity and friendship participants experienced.

The wonderful contribution by the worship team enhanced and pervaded both the leaders training days and the main conference with a spirit of praise and joy. Team members were mainly from the Fiji NCF but they warmly welcomed others with musical gifts to participate also. Their ministry was clearly a great blessing to all, from the opening ceremony through to the vibrant closing meeting at the Fiji National University.

A spectacular opening ceremony displayed all the traditional elements of an NCFI conference

Much learning was experienced also, not only from excellent speaker presentations, but also from each other. The leadership training days were especially interactive as we engaged with topics such as Recruiting and Mentoring the next generation for leadership in NCF and nursing, Communicating the Vision and Mission of NCF, 'Key Principles for Good Teamwork' presented by Kath Henry and Gaby Macaulay from New South Wales, plus a variety of interesting presentations from National NCFs. A special track was conducted for those who wished to undertake the NCFI training course "The Art and Science of Spiritual Care, led by Tove Giske and Amy Rex Smith. Four Australians completed this course and are now eligible to teach it.

A spectacular opening ceremony displayed all the traditional elements of an NCFI conference and more. A parade of nations with country groups in colourful national dress and led by "Fijian warriors" with large national flags preceded the ceremony. Wonderful music and a great variety of items included cultural displays and a pageant performed by Fijian nursing students depicting the history of nursing and NCF in the Fiji Islands. 75 years of NCF in Fiji was celebrated with the formal cutting of a large birthday cake. The cake was cut by NCFI President and the PACEA Chair.

Highlights of the main conference were the professional sessions by Dr Kamalini Kumar on aspects of compassion as the cornerstone of nursing care; these were also presented in a special student track that was attended by around 70 nursing students. The four Keynote speakers Dr Barbara White (NCFI President), Mrs Silina Waqa Ledua (Fiji), Mrs Mereani (Fiji) and Mr



The Fijian team

Steve Fouch (UK) all provided excellent insights into practicing compassion as Christian disciples in nursing.

The conference was founded in prayer and dependence on God, and undergirded by prayer throughout, especially by the Fijian Prayer team.

We give thanks to God for his mercies, and the blessings received; praying that it will bear much fruit for his kingdom and his work among nurses in our region and worldwide.

Margaret Hutchison, PACEA Regional Chair

Promoting the Nurses Bible at PACEA: Fiji October 2014

What a wonderful response Christine Buckingham and I received to the poster presentation of the Nurses Bible at the PACEA Conference in Fiji. Nurses from FNCF, Selina Waqa-Ledua and Colleen Wilson, also introduced the Nurses Bible to the participants at the Conference and as soon as Christine set up the Australian table we were flooded with enthusiastic nurses from all over the Pacific and East Asia who purchased copies for themselves and their colleagues.

Members from the Australian contingent had carried bundles of 20 and 40 Bibles each so there were plenty available but, as at previous events, the supply ran out before the demand was satisfied. One of the reasons we carried so many was to save nurses from overseas countries the additional costs of postage.

Members of NSW Council have offered to meet any Christian nurses, or their colleagues or family members, who are passing through Sydney Airport, to deliver boxes of 20 Nurses Bibles. We would be paid in Australian dollars on consignment of the Bibles. We hope they will take up the invitation before the limited number available runs out. Bula Venaka to all the Fijian nurses who blessed us so much and to the PACEA and NCFI members who shared in the ministry.

Diana Marshall

Fijian nursing students performed a pageant depicting the history of nursing and NCF in the Fiji Islands.

A Christian vision for nursing – a report from the NCFI Europe conference

In September, 100 Christian nurses from 15 European nations, (and three non-European ones) gathered in Madrid to look at the Christian vision of whole person nursing. This was the Ninth European Regional Conference of Nurses Christian Fellowship International (NCFI).

Europe is a very diverse region, and we enjoyed sharing in each other's national costumes, music, food, and learning about our different experiences as nurses. Northern, Southern and Eastern Europe each have very different challenges for both nurses and Christian believers. In the East it is the challenge (and the very real economic and practical cost) of acting as a Christian with integrity where bribery is often the only way to supplement poor wages. In the North, it is how to be distinctively and authentically Christian as a nurse when the wider secular nursing culture still works broadly to Christian values of compassion and integrity. In the South, it is hard to be an evangelical believer without being seen as part of a distrusted sect. Nurses are generally highly respected, autonomous professionals in the West, but often regarded as little more than medical ancillaries in the East. However, despite our diversity, we experienced a great sense of unity and fellowship.

The plenaries in English gave us a great overview of the history, current context and future challenges facing the profession.

We also enjoyed the challenges of working in two languages – English and Spanish. It is a challenge to work bi-lingually, and it was not a smooth ride (especially for our two lovely, Godly, but overworked translators!), but well worth the effort. The small Spanish organising committee worked incredibly hard and with huge professionalism – ‘making bricks with straw’!

The plenaries in English gave us a great overview of the history, current context and future challenges facing the profession. Sonya Grimpa (of Trinity & Western University, Canada) opened with a plenary on the way our nursing history shapes our present, looking at the history of Canadian nursing missionaries in China. Barbara Parfitt (of the Grameen Caledonian Nursing College, Dhaka, Bangladesh) looked at current challenges and opportunities for nurses in the second plenary, and Jacqui Parkes (University of Northampton, England) looked at some of the future directions for patient centred care, and the involvement of nurses in church and community in new ways from her own experiences in building a dementia friendly church and community response in her home town.

The Spanish Bible Talks (by Fernando Ramos – a pastor and nephrology nurse from Bilbao) explored what the book of Daniel can teach us about the challenges of holding on to our faith in a non-Christian and changing cultural environment – the reality across Europe for all believers.

All the talks and papers (in English and Spanish) are being shared on the GECE (NCF Spain) blog ‘emergencia vital’ – <http://emergenciavital.wordpress.com/>

In addition to the national diversity we also saw a great spread of ages, from students in their late teens and early twenties to our oldest delegate who celebrated her 79th birthday during the conference! Having been at all nine NCFI European Regional Conferences, and it was a great privilege to have her with us to remind us of the need to connect with our history in order to understand our present and future. One challenge for NCFI is how we engage with this ‘Golden Generation’ in order to both support and encourage them, and also to share their learning, experience and wisdom with the upcoming generations.



Participants in the Madrid Conference

The NCFI Next Generation was well-represented by over a dozen recently qualified and student nurses. This is a new ministry and network developing within NCFI. During the conference they had an international prayer meeting via Google Hangouts one afternoon, drawing in other junior nurses from across the globe. The big challenge for NCFI-NG is that they are now growing from a group of five scattered across the globe to a wider group, not all of whom use English as a common language.

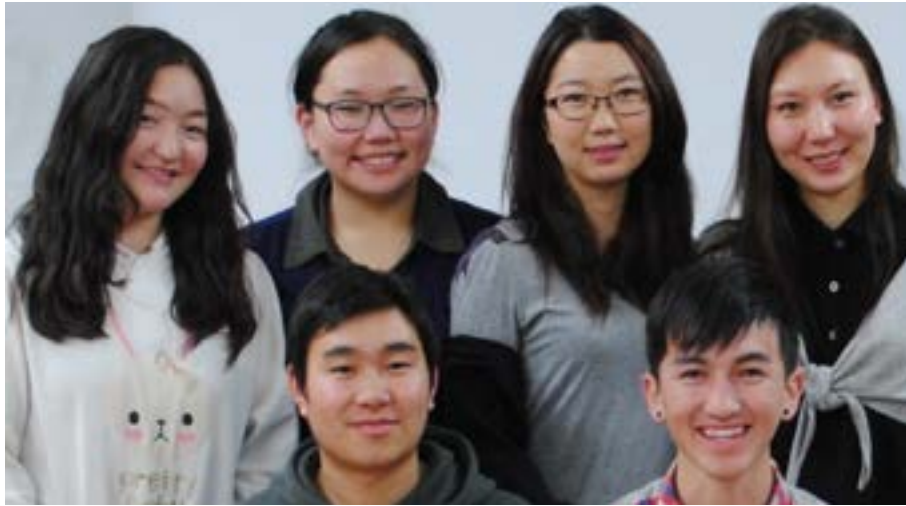
It is always a huge privilege to work with such a diversity of nurses, serving so faithfully in clinical practice and academia and from the most junior student to the most senior nurses in their field, but all owning one Lord and Saviour who unites us across barriers of language, culture, class and professional hierarchy!

Steve Fouch
Acting Coordinator, NCFI European Region

It is always a huge privilege to work with such a diversity of nurses, serving so faithfully in clinical practice and academia.

NCF – Ministry among nurses and nursing students in Mongolia

Mongolian nursing students



For 2 months in 2014 we offered an English Bible study for nurses and nursing students. We used the “Christianity Explored” ESL study guide. One of the blessings was that because it was intended for beginners in English, the content was written in a very simple way. As a result, we found that God spoke powerfully into people’s hearts, deepening their understanding of what Jesus has done and what it means for us today.

At one of the studies the facilitator asked a student if she would go to heaven if she died that same evening. Although a Sunday School volunteer, the student hesitated and said “I don’t know if I have done enough good things”. We didn’t talk about her uncertainty at that time other than to acknowledge it. At the end of the Bible study, when she was asked again if she would go to heaven if she died that same evening she replied with joy and confidence exclaiming “Yes! I will be in heaven with Jesus”. This is just one example of how studying God’s word in the Bible is making a difference in nurses & nursing students’ lives.

Last year we also had a nurses’ camp during which we taught the Saline Process course www.ihsglobal.org. We encountered a number of challenges – including last minute scheduling conflicts which meant our presenter (a physician) and a number of nurses cancelled. However one blessing that came out of our presenter not being able to attend was that we had the NCFI Saline coordinator and 3 people from the NCF Mongolia

group who took the course last year (including a 17 year old student) do the teaching. By doing the teaching ourselves everyone grew in confidence and in understanding of the material and we were able to relate it more specifically to nurses.

As a result of taking this course, one nurse said that she felt God reminding her of his call on her life and that she needed to start by deepening her relationship with God. Another said: “the course was very practical – helping us to know what to do [in sharing our faith] and what not to do, including the type of attitudes we need to have in sharing our faith”. One nurse said that she used to always think that she never had enough time for sharing her faith, but as a result of the course, she realised that even seemingly small acts of love & care were a part of being witnesses to God’s love & care!

In Mongolia as in many countries, sharing of one’s faith can result in the nurse being reprimanded or even losing her job. Because of this many Christian nurses are hesitant to share their faith. However, through this course, participants have the opportunity to learn how to sensitively and appropriately share their faith and as a result of this course one of the nurses said that she is no longer scared to share her faith. Pray along with us that we will grow in faithfulness & wisdom in being salt & light in our workplaces – sharing the love of Christ with our patients and colleagues.

Thoughts on the PACEA regional conference from Mongolian delegates....



Hello! My name is Enkhsaikhan and I am 18 years old. I am in the third year of nursing school.

The most important thing in my life is Jesus Christ, who loves me and is merciful

and gracious to me. Therefore I try to live my life according to His plan and His will upon my life and to dedicate all my time that's given to me in this life to Him. My nursing profession is the most suitable profession for me to live my life in that manner and God has made me realise that it He planned this from before for me.

I am so thankful that God gave me and two nurses the opportunity to attend the Pacific East Asia Regional Christian Nurses' conference, which was held October 7-14, 2014. Through this conference I have learnt the following:

What is spiritual care? How can we give spiritual care to our patients? I am very thankful that I have gotten to understand the importance of telling other nurses and nursing students about spiritual care giving.

And I have also learnt about how to give nursing care with compassion and how to spread God's good news through compassion. I have got a lot of knowledge about many things such as how to deal with compassion fatigue when I am affected by it. I have realised that it's time for me to apply what I have been learning!

But above all these things that I have learned, a thing that I have really understood and felt in my heart is God's plan. God has planned my life in advance before the beginning; therefore I should listen to Him and follow His words obediently.

Nursing profession is a miraculously blessed profession. And I have realised even more that God has chosen me with my profession for His glory.



I thank God for choosing me and calling me to do His work for His Kingdom. It's my joy to do His will and to do the work He assigns for me. God's calling has been upon the nursing job of the Mongolian nurses. So I have been

serving with a vision of reaching the others with God's love through my nursing profession.

God has truly led all the activities of NCFI regional Conference! It was such a blessed time. We did not know English so well, so we were really thankful that the Lord has sent us such a good translator and teacher in Anne, who has a huge heart for Mongolia.

The topic of the conference was "Compassion – The Cornerstone of Nursing". This topic fits well with the things that we learnt from the Saline Process course, such as the importance of having a compassionate heart if we want to have any spiritual influence.

I have learnt a lot from Joseph's story of 'growing in leadership' during my quiet times. The course on spiritual care was really great. Spiritual care in nursing is very much needed in Mongolia.

From this course I realised that nursing is the only health care profession that promotes an environment for spiritual care in its ethical code. Prayer is also very important. I learned many new methods about how to do spiritual assessment and how to evaluate spiritual health and also learnt a lot about communication.

Every evening we shared about what we had learnt, what we had questions about, and we shared our testimonies as well. I am praying that in the future, giving spiritual care through nursing will be included in the Mongolian nursing curriculum. After arriving back in Mongolia I met with a nursing professor [who is Buddhist] and she asked me about the conference. She was really interested in hearing about spiritual care in nursing. She said that she would like to learn about it herself and she also said that it's possible to include this lesson in the nursing curriculum in the future. As we heard this we were so thankful to the Lord. Through the NCFI conference God spoke us, putting it on our hearts that Mongolia needs such a spiritual nursing care course. To God be the Glory!

Tsogii (NCF Mongolia president)

The NCFI CANA region

The NCFI CANA Region celebrated its first regional conference, in partnership with NCF-USA, the Indiana Wesleyan University Innovations' Conference.

This took place from June 16–19 in Marion, Indiana. One of two plenary speakers included Dr. Kamalini Kumar. The NCFI CANA Region hosted the following 3 major events.

1. On the opening evening, June 16th, CANA presented an overview of NCFI, highlighting the CANA Region and its first member country, NCF-USA. Dr. Barbara White presented an overview on NCFI. The evening concluded with a panel discussion, including Dr. Amy Rex-Smith, Dr. Linda Rieg, and Carrie Dameron
2. On Tuesday the first CANA Regional Forum took place under the theme of: **“Celebrating God’s Faithfulness & Embracing the Future”**. There were 26 attendees. The designated room was filled to capacity. Current Business included a report from the NCF-Canada and in particular, our most recent Country member NCF-Haiti. The Haitian Delegate, Viles Dorsainville presented an inspiring Report on the Ministry

of NCF-Haiti to this point as well as related challenges. Corporate prayer was offered for NCF-Haiti. A brief report was made by Dr. Linda Rieg regarding the Institute.

A motion was made to (i) continue with the current NCFI-CANA Committee Members, (ii) Add 2 new members from NCF-Haiti, and (iii) to add 1 additional member from NCF-USA. This motion was unanimously carried

3. The 3rd initiative was the facilitation of the Spiritual care Workshop through 4 ‘stand alone’ sessions. This track was presented by Dr. Amy Rex-Smith and Carrie Dameron. These 4 sessions were well attended and received very positive feedback

In summary:

There were major positive outcomes including:

- increased visibility for NCFI in the USA, in particular
- a developing partnership with the Indiana Wesleyan University
- a first CANA regional conference hosting a regional forum
- the presence of CANA's most recent member country; NCF-Haiti

In memory of Catherine Mary Robertson: a tribute from NCF Scotland



Dr. Catherine Mary Robertson
(18 May 1937 – 5 April 2015)

It is with sadness that we have to inform members of the death of Dr. Catherine Robertson. Catherine had been ill for some time. It is good that her suffering has ended, and that she is in the near presence of God but we will miss her. Catherine was for many years President of NCF Scotland and her life and example was an inspiration to all of us who knew her. She was an educationalist and her doctoral studies on the role of the clinical nurse teacher played a major part in the development of clinical nurse education. Catherine also played a significant leadership role in NCFI and had many NCFI friends across continents.

Many NCF Members were present on 15 April at Catherine's funeral service in Dundee and thanksgiving service in Blairgowrie. Catherine gave her life to her Saviour in 1953 at a Scripture Union canvas camp in Tobermory.

Her strong faith and discipleship influenced many of us. At her thanksgiving service we sung 'In Christ Alone' because for Catherine 'that about said it all'. The hymn concludes:

No guilt in life, no fear in death,
this is the power of Christ in me;
from life's first cry to final breath,
Jesus commands my destiny.
No power of hell, no scheme
of man, can ever pluck me
from His hand; till he returns
or calls me home, here in the
power of Christ I'll stand.

A tribute to Catherine from Jackie Blackburn

'I first met Catherine in Fiji in 1992 at the NCFI International Conference held in Suva. For several years I shared a home with her in Blairgowrie Scotland and we both became Committee members of NCF Scotland. During this time Catherine was elected onto the NCFI European Committee, an undertaking she took very seriously. After a further visit to Australia she took on the role of President of NCF Scotland. She was a committed member of the fellowship with a real heart for nurses.

During the time I knew Catherine we attended many Conferences including the NCFI Conference in Hong Kong. The European Conference in Finland and NCF Scotland Conferences and workshops. Catherine was an Inspirational speaker who loved to interact with young people, especially young nurses. She had a passion for not only life but for education. Being an educator had always been a dream of hers and to have achieved it meant a great deal. She approached everything in life, in her association with NCF and NCFI with this self-same passion and commitment. She was funny, witty and had an amazing sense of humour.

Catherine was a special friend to many and very dear to her family. She will be missed very much. During her illness she never complained, she faced it with courage and dignity and never lost that cheeky sense of humour. There was no fear of dying as she knew without a shadow of doubt that her Lord was there ready to welcome her. Some days however were very difficult for her but she remained courageous. I remember her saying one Saturday when she wasn't feeling too good, 'never mind there are those far worse off than I am'. As always she was thinking of others. She leaves behind a legacy of years of love and caring and will be forever remembered for that. She loved her family dearly and they will feel her loss and our thoughts and prayers go out to them. She has run her race and is now safely wrapped in the arms of her Saviour and we can look ahead to the day when we will meet again in Glory. When I spoke of this to her she simply said back to me 'it will be a noisy time, better bring earplugs!!!!' 'No doubt you can imagine her saying just that!

'Rest in peace dear friend.' Jackie

She leaves behind
a legacy of years
of love and caring
and will be forever
remembered for that.

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. They will be reviewed by the editorial committee to ensure that they adhere to the aim 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 3000 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 2000 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 or Mac Pages, spacing normally 1.2. Grammar and English should be checked as far as possible before submission. Avoid complex formats as these are sometimes difficult to transfer into the main document. British English spelling is preferred and should comply with the Concise Oxford Dictionary.

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:

Barbara Parfitt, (editor) Judith Mumba, Hope Graham, Bart Cusveller, Grace Morgan, Steve Fouch, Crystal Clotney, Betty Woo.

Announcement of 2016 NCFI World Congress

NCFI Congress 2016: Connecting
Christian nurses around the world



Healthy lives in a broken world: A Christian nursing response

The 2016 NCFI Congress will take place between 6–10 June, at the Development Academy of the Philippines in Tagaytay City, The Philippines.

Our world can be a difficult place. Every second people die from starvation, war, and violence. People all over the world suffer from poverty, injustice, disasters, diseases, and dysfunctional relationships. This is not what God intended when He created the world and human beings. God created us to be healthy, holy, and joyful. He created us to have an abundant life in Him and to protect the world. As Christian nurses, how do we respond to our broken world? What are our personal and professional responsibilities? What are our limitations? How do we live the life God created us to live – as healthy, holy, and joyful people?

At the NCFI World Congress 2016, international speakers will share their vision and experiences

of living healthy lives in a broken world. Nurses of all generations, as well as students will find opportunities for personal and professional inspiration, sharing, networking, and discussion.

The Congress has three sub-themes: Healthy lives, Broken world, and The Christian nurses' response. These will be reflected through Bible expositions, professional plenary sessions and concurrent seminars, workshops, papers and poster presentations.

Further details about congress events at:
www.ncfi.org/conference/congress-2016/

The congress will:

- help you to grow personally and professionally
- provide opportunities to learn from others and to develop friendship and network globally
- broaden and deepen your biblical understanding and nursing role in the world

The objectives are that the participants are able to:

- identify and reflect on the Biblical perspectives of healthy lives
- understand the reality of a broken world
- recognise the Christian nurses' responsibility in the nursing profession
- recognise how Christ is at work through the nursing profession in the broken world
- identify a change in their own lives that will make a difference

Congress speakers



Dr. Junko Tashiro

RN, PHN, MW, MA, PhD. Professor, Global Health Nursing St. Luke's International University Professor, Specialty: Global Health Nursing, Public Health Nursing.



Dr. Euisook Kim

RN, BS, MPH. MS, DNSc. Emeritus Professor, Yonsei University College of Nursing, Seoul, Korea. former KNA president, ICN board and global consultant for health projects in countries such as Ethiopia, Bangladesh, and Peru.



Reverend Dr. Paul Stevens

A "marketplace theologian" and mentor who advocates, publishes, teaches and coaches people globally for the integration of faith and life.



Dr. Melba Padilla Maggay

A social anthropologist, award winning writer, sought after international speaker, and consultant on culture and social development issues.



Professor Barbara Parfitt CBE PhD

Former Director and founder of Global Health, Glasgow Caledonian University, and Founding Principal of Grameen Caledonian College.



Jane M.N. Sta. Ana

RN, MA A 'global nurse', bridging the East and the West, integrating Christian beliefs and nursing practice as educator, clinician, mentor, and devoted public servant for over 30 years in the Philippines and USA.

Opening Keynote: Dr. Melba Maggay, *Philippines*.

Professional Plenary: Dr. Euisook Kim, *Korea*, Dr. Junko Tashiro, *Japan*, Jane Sta Ana, *Philippines*.

Bible Expositor: Dr. Paul Stevens, *Canada*.

Closing Keynote: Dr. Barbara Parfitt, *United Kingdom*.

Pre congress events

Two parallel summits in Manila: June 6

1. For students and young nurses
2. For nurse leaders and faculty. Speakers at both summits will be Dr. Barbara Parfitt, Dr. Kamalini Kumar



The Saline Process course: aims to train and equip nurses to be witnesses for Christ in their workplace. Leader, Anne Biro. June 4–6.

The Art and Science of Spiritual Care: provides practicing nurses with scientific knowledge of spiritual care, and equips them to identify and address spiritual needs of patients from various faith traditions. Dr. Amy Rex Smith, Carrie Dameron. June 4–6.

NCFI Leadership Course: aims to educate and inspire nurses in their growth as biblically based nurse leaders. Dr Kamalini Kumar, Dr Sue Allen, Timothy James. June 4–6.

Prime: explores the benefits & challenges of providing whole person care that encompasses patients' physical, emotional and spiritual needs. Prof. Richard Vincent. June 4–6.

Congress highlights

- professional sessions on the three sub themes
- concurrent seminars and interest groups meeting for afternoon sessions for exchange of knowledge and networking
- regional Forums for the six NCFI regions worldwide
- NCFI International Forum
- Next Generation meeting with students and young nurses
- craft fair to support NCFI scholarships
- poster displays from attending countries; and a half day excursion

Seminars and call for abstracts

You are invited to submit an abstract for a Seminar (1.5h), a Paper (25 min), or/and a Poster presentation. The abstract will be evaluated in relation to the objectives of the congress and how it contributes to one or more of the following themes:

Healthy lives: includes definitions of health, health promotion, holistic health care provision.

Broken world: causes and evidence of a broken world and its impact on health.

Christian nurses' response: contributions to meeting the MDG's, evidence of change making interventions, models of holistic care. Examples are only representative of the range of topics that can be categorised under these three sub headings. Holders of selected abstracts, papers or posters will be notified by 1 February 2016.

Abstract must use the frame at the www.ncfi.org and be submitted by 1 January 2016 to: Dr. Fely Marilyn E. Lorenzo at email: ncfi_congress2016_scientific@hotmail.com.

Location

The Development Academy is located in a scenic area 55 kils south of the capital, Manila, It has a cooler climate provided by its high altitude, and is one of the countries most popular tourist destinations.

International speakers will share their vision and experiences of living healthy lives in a broken world.

For further information on the International congress 2016 and registration details go to www.ncfi.org



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 NCF 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

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