Nurses
Christian Fellowship
International

Christian Nurse International

Partnerships

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Nurses Christian Fellowship International (NCFI)

Making a difference to nurses and nursing around the world

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

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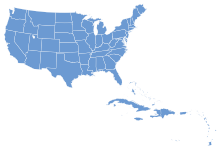

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How can I help NCFI?

We would like to thank everyone who has given so generously to the work of NCFI. Without your gifts we could not continue to do God's amongst nurses and midwives. If you wish to make a donation please contact us or make a donation using Pay Pal by going onto our web site www.ncf.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!

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Letter from the president

Greetings in the name of Jesus.

I became the president of NCFI last summer during the NCFI Congress in the Philippines. It is an honor and a privilege to serve God through the work of NCFI. I have known NCFI since I was a young nurse, and to be a part of NCFI has contributed greatly both to my personal and professional growth. I am currently a professor in nursing at a Christian University (VID) in Bergen Norway where I teach and carry out my research. I am also the leader of research and development at VID, location Bergen. During my time as a nursing student, I saw the great impact that spiritual care could have in people's lives and that has marked my nursing, teaching and research career. Meeting Christian educators and leaders at NCFI regional and international conferences has motivated and encouraged me to take up leadership in NCFI.

The theme of this Christian Nurse International is PARTNERSHIP. Partnership means to work together with others to advance our common interest. Working in partnership with others promotes our possibilities to reach out to more people than if we work alone. As I have reflected on partnership, Paul's words in 1. Cor. 3:5 –11 comes to mind. Paul and Apollos shared the same goal: to minister to others so they could grow in the knowledge of God. They had different gifts and worked differently, but they knew that it is God who gives the increase. Paul and Apollos saw the importance of their complementary work for the growth of the Christians in Corinth. They also acknowledged that they were God's fellow workers and that they together worked in God's field. We are today, as Paul and Apollos 2000 years ago, asked to work in God's kingdom together, to work wisely and to build on each other. All by the grace of God.

In our national NCFs we work together by having fellowship, praying, teaching, encouraging and supporting each other. NCFs also work in partnership with others such as churches and other organizations, for example Nursing Organizations. In NCFI we work in partnership with other organizations with whom we have a common interest. NCFI are currently in the process of developing a partnership agreement with PRIME, an organization that teaches health workers worldwide from a Christian perspective. Barbara Parfitt is the NCFI liaison with PRIME, and we pray and work for this partnership to grow. NCFI also partners with IHS Global and our vice president Anne Biro liaises with them to facilitate the Saline teaching to our membership countries and beyond. Nurses are central to health care in every country in the world. Through the work with our partner organizations, we come in contact with nurses in countries where there are no NCF groups yet. NCFI are happy that we can now offer these nurses an associated membership and thus connect, provide fellowship and material for them.

Another encouraging development is the NCFI work amongst students and young nurses/midwives under the umbrella "Next Generation". This is a loose network where students and young nurses meet through social media for fellowship and monthly prayer meetings. You can find more information about this on our website www.ncfi.org

As you read the articles of this edition of Christian Nurse International, I hope you find elements to reflect on that encourage you and touch you in ways you need in your personal and professional life.

Tove Giske

Tove Giske
President of NCFI

Letter from the editor

Dear Colleagues

The underlying theme of this edition of CNI is partnerships. We saw evidence of strong partnership relations during the planning and implementation of the International Congress in the Philippines. At the organisational level the National Team worked closely with the International Board to set up the complex arrangements for the Congress ensuring that everything went smoothly and that participants had a very good experience. Some of those who attended the Congress have sent in their reflections on how much they benefited from the event.

Partnership working is also evident in the other contributions published in this edition of the journal. The story of Sam Mbok written sensitively by Mary Thompson shows how tragedy led to a partnership programme that has made a difference to many lives in Nigeria and in the USA. Steve Fouch highlights the importance of the role of nurses to act as advocates for our patients. We have a partnership with them and must work with them to restore health and well being. Our plenary paper from Dr Junko Tashiro reminds us of the importance of team-work across the professional groups and also with countries other than our own. In NCFI we have the opportunity to know and work in partnership alongside nurses from all over the world, with different economic and development status but all one in Christ.

I am also delighted that we have included two papers written in Spanish. We are an international community and I hope our Spanish members in Spain, South America and other places where Spanish is spoken will enjoy having something in their own language.

Working together to make a difference is critical if we are to have any impact on the health and well being of our communities.

I am sure you will enjoy this edition of CNI and I look forward to hearing any comments you may have about the content.

Warm regards,
Barbara

Barbara Parfitt, CBE, PhD, RN, RM
Emeritus Professor
Glasgow Caledonian University
Scotland UK

Letter to the editor

Dear Editor,

Every year I organize a get together for the new nursing students at Shifa College of Nursing where I am a Nursing lecturer. The purpose of this gathering is to welcome Christian nursing students and introduce Nurses Christian Fellowship Pakistan (NCFP).I have been doing this for the last five years in Islamabad.

All the Christian nursing students of the four-year BSN and the two-year Registered Nurse program were invited to the park at Lake View, Islamabad on Dec 3rd 2016. I collected a small amount of money from them and with my students helping I prepared food for the BBQ. Please see the photo of the students.

One of the really encouraging things about this programme is that the numbers of students coming to the BBQ has increased. I started with just 20 students and this year I had 55

Students and families at the BBQ

participants with their family members as well. In addition students from some other nursing schools also joined us.

I thank God for all the arrangements HE makes for me and for my family and for the joy of serving Him in this way. Thank you for praying.

Kind Regards
Jacoline Sommer

NCFI report of the 2016 conference in the Philippines

In June 2016 more than 30 countries from around the world met in Tagaytay city in the Philippines for the NCFI World Congress. The theme was *"Healthy Lives in a Broken World – A Christian Nursing Response"*.

A number of eminent speakers presented at the conference these included Dr Melba Maggay, Dr Euisook Kim, Dr Junko Tashiro and Dr Barbara Parfitt. Dr Paul Stevens, an eminent preacher gave the Bible studies focusing on being a Christian in Gods Kingdom. There were concurrent sessions bringing theoretical, research and clinical approaches to Nursing in different fields of practice and from different parts of the world. I encourage you to read the abstracts and see the slides on the web site www.ncfi.org.

A Congress is always a great opportunity to meet up with friends and colleagues from around the world, to share ideas and experiences. The diversity of cultures sharing common issues and

challenges was inspiring with an overwhelming sense of the power for good that is generated in such a setting.

During the congress Dr. Tove Giske was elected as the new president for the next four years taking over from Dr. Barbara White. In addition to the devotional and teaching made available the International Forum was held to address the business of the organization and review the long term plans for the development of the organization. A new international board was elected and this board is now taking forward the four-year plan 2016–2020 for NCFI. The work of the Board and the strategic aims of the organization are listed on the final pages of this journal.

Many young people were in evidence at the congress and the 'New Generation' members participated in many activities, bringing vibrancy to the whole event that only happens when there are young committed nurses willing to contribute.

The next international Congress will be held in Denver Colorado USA. We suggest you start saving now so that you can participate in such an un-missable event in the future. Check the web site for the details. We look forward to seeing you.

World meeting of Christian Nursing in the Philippines

Rosa M López Posteguillo

The NCFI World Congress was held June 6–11, 2016 in Tagatay, Philippines. The theme of the Congress was "Healthy Lives in a Broken World: A Christian Nursing Response". During the Pre-congress sessions (June4–6) we had the opportunity to attend one of several NCFI training courses which included Spiritual Care, Biblical Leadership, SALINE (how to be salt and light in the health care field) and PRIME (using Jesus example of modeling relationships between patients and health care providers).

NCFI has held Conferences every 4 years since 1958 and these meetings have taken place around the various regions of the world.

The purpose of NCFI is to connect Christian nurses around the world and equip them to live their faith in professional practice, encouraging them to integrate biblical principles and values that are centered in Christ.

This Congress was both timely and necessary as it deepened our understanding of brokenness, and what our mission as Christian nurses should be as salt and light in our world.

The participants had the support of a prayer team for specific needs as well as a daily time of meditation and prayer led each morning by NCFI Board member from Canada, Phyllis Ferrier. Dr. Paul Stevens, a theologian from Canada taught us to integrate faith in our daily workplace, leading the Bible expositions. He used Luke 9:46–10:24 to illustrate the deeper meaning of being followers of Jesus Christ.

Senior Nurses with both professional education and expertise taught the professional plenary sessions. The concurrent seminars, workshops and papers were focused on the meaning of health and living healthy lives in a broken world. These sessions dealt with many factors illustrating the large differences in access to health care in the various locations of the world.

Some of the questions and issues raised were:

- What should be the role and responsibility of Christian nurses in health promotion?

- Are we preparing the younger generation of Christian nurses to respond to the needs of this broken world?
- What are we are doing and what we can do to reduce the disparity in health between the rich and the poor?
- How do we achieve the United Nations Sustainable Development goals in the 21st Century?

In the last professional plenary, Jane Sta described an improvement in a community health project developed in the Philippines regarding care and promotion of health in rural areas. It encouraged me to see how small initiatives that may seem impossible to carry out, can result in major changes and improvements for many people.

We need to trust in God without being discouraged by these obstacles. He has prepared the works that he wants us to do, so we only need trust Him to go ahead.

I really enjoyed the seminar "towards a theory of care from the biblical point of view" developed brilliantly by Linda Rieg Professor from the University of Indiana Wesleyan in the USA.

The International Institute of Christian Nursing (IICN) was highlighted in this Congress and one can learn more about this on the website of NCFI (www.ncfi.org). The objectives of the Institute are the training of Christian nurses in areas such as Spiritual Care, Biblical Leadership and the Saline Solution course. A "train the trainer" course was offered in each session and the trainers were given the resources to translate the material into the language of the country or region where the training might be held. The goal of the IICN is to be the "voice" of Christian Nursing in the world and as some Christian nurses are already doing, we need to be able to respond to the challenges of the health development policies before us.

There were many students of nursing, both from the Philippines and other countries such as China, Malaysia etc. who have chosen the career of their dreams, showing a willingness to participate and learn. There was a good balance between students, working, and retired nurses and each group brought something useful and specific to the discussions.

I enjoyed the intercultural fellowship, meals and fruits of the Philippines, the culture of the country, the friendly people, beautiful places, and with the Latin American nurses we from Spain experienced ties that went beyond a common language. We were able to share experiences with believing nurses from different parts of the world especially sharing what God is doing through our every day lives. It gave us a vision of how God integrates us into his Kingdom and a broader perspective on the nursing profession.

We had a special day arranged by the team from the Philippines. As is customary in Congress there is a day for an excursion to visit a local tourist spot.

The first surprise of the day was the buses taking us on the trip that were like a large limousine vehicles. They were metal plated with seats on the sides and access from behind, without a door.

We were shown a wonderful landscape and at a very special place we had food, music and dances. The performers taught us to dance, dodging the sticks of bamboo. It was great fun as those learning the dance tried to keep to the rhythm.

If you have not had an intercultural experience with Christian nurses, I encourage you to attend your upcoming conferences being held in each region. The next world Congress will be in the United States in 2020, check the web site for details (www.ncfi.org). It is a worthwhile experience and the language barriers must not deprive us of it.

Every time I have been to a Congress or Regional meeting I have the vision of a group connected by the love of God, conscious of their mission to be salt and light and this encourages me and renews my desire to be there, to be part of what God is doing amongst nurses.

Many nurses around the world pray for Spain, and we in Spain in turn pray for our fellow Christian Nurses around the world, we are connected by the International prayer letter.

Greetings and blessings from me to all of you that are part of the national group of Christian nursing and I encourage you to be involved in your national Fellowship of Christian nurses and find your place to serve.

To God be the glory forever. Maranatha.
Filipians 4: 4–7

Diabetes prevention

A seminar presented by Dr. Hannah Mitter RN, DNP, Circle of Community Health Educator International (CCHEI)

Greetings in the Lord from Windy City Chicago! I am a Korean-American registered nurse and have lived in the United States since 1975. I am very excited to share my experiences in the Congress 2016 in Philippines. When I was invited to Congress 2016 as an oral presenter, I really did not know much about the Nurses' Christian Fellowship Organization. Although I have been a faith community nurse for years, this was the first time I attended an NCFI conference. I was very blessed because this conference was Christ-centered and every session was based on the Word of God. Especially, the Pastor's morning sessions and the Canadian Nurse's morning devotion times, these inspired me very deeply. In addition, the opportunities of connecting with Asian, African, and European nurses, for my future work in the Philippines, were very special.

The title of my oral presentation was "Translating Diabetes Prevention Program Concepts in Faith Community Nursing: Fundamental Nutrition, Physical Activity and Lifestyle change Skills for Training Faith Community Nurses." Over the past two decades, the prevalence of diabetes in the U.S. doubled (Center for Disease Control and Prevention (CDC), 2013). An additional 86 million U.S. adults aged 20 years or older, accounting 37% of the adults have prediabetes (CDC, 2014). Randomized clinical trials (RCT) have consistently demonstrated that type 2 diabetes can be prevented or delayed by lifestyle interventions, including healthy diet, regular exercise, and weight reduction (Diabetes Prevention Program Research Group (DPP), 1999; DPP Research Group, 2002; DPP Research Group, 2009; Li et al., 2008; Lindström et al., 2003; Lindström et al., 2006; Lindström et al., 2012; Pan, et al., 1997; Tuomilehto, et al., 2001).

In 2015, based on these RCTs, I developed an evidence-based diabetes prevention nutrition and lifestyle education program as my scholarly Doctor of Nursing Practice (DNP) project at University of Illinois at Chicago. This is targeted for faith community nurses to educate healthy behaviors among their congregations. In Congress 2016, I shared the results of the project. Although the sample had eight FCN participants, the FCNs demonstrated increased knowledge and confidence in diabetes prevention education. More importantly, FCN participants reported their increased interest in diabetes prevention and having lifestyle intervention programs at their respective churches.

After the completion and evaluation of the project, it was revised to a friendly community-training program to disseminate globally. **"12-Hour Diabetes/Prediabetes/Obesity Nutrition and Lifestyle Workshop: 7 Ways to Reduce Postmeal Blood Glucose Spikes."**

The early sign of developing diabetes is the loss or blunted first phase insulin release, which results in post-meal hyperglycemia. Therefore, people with prediabetes or diabetes both tend to have postmeal hyperglycemia. This is the reason that my workshop focuses on reducing post-meal blood glucose spikes. In Congress 2016, I shared the following 7 ways to reduce post-meal blood glucose spikes:

1. Portion control: 3 small meals & 3 healthy snacks
2. Eat Whole grains or wholesome foods
3. Reduce simple sugars and eat complex carbohydrates
4. Eat mixed meals with carbohydrates, protein and fat
5. Increase soluble fibers along with insoluble fibers
6. Stress management. Avoid caffeine, smoking and alcohol
7. Postmeal exercise along with muscle strengthening exercise

In my presentation, the most interesting topic seemed to be portion control, learning serving sizes and counting serving numbers of carbohydrate, protein and fat with the hands. We had a demonstration of a post-meal exercise,

dancing with Kang-Nam Style music. Due to the time limits, we could not check the blood glucose levels after dancing. However, many nurses wished to learn more and wished to invite me to their countries. Consequently, I had a chance to have a workshop for Filipino nurses in Manilla. I thank the Lord for this conference that provided me spiritual growth and a connection with Christian nurses in other countries.

In order to disseminate this program globally, an organization named "Circle of Community Health Educators International" was launched in 2015. Currently, we have over 300 trained members in U.S., Korea and Philippines. This is a community nutrition and lifestyle education program for prediabetes / diabetes / obesity / hypoglycemia. The training is not only for medical professionals but also for non-professionals and people with prediabetes or diabetes. This training includes holistic health and Christ-centered spiritual care.

Thank you for letting me share this story. Please contact me if you have questions or invite me to your ministry. God bless you all!

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A story of global partnership

Bringing Jesus' compassion to families in Nigeria

Mary Thompson, RN, MSN

Rebecca Mbok died in childbirth, along with her child in September 2008. Her husband, Sam, was moved by his grief and started the Rebecca Mbok Foundation (RMF) in Nigeria. The Foundation aimed to promote improved maternal and child health and to reduce maternal and infant mortality.

Margaret Taylor, a nurse midwife in Minnesota, attended the NCFI conference in Nigeria, where Sam launched the Foundation. Margaret knew about resources developed by the American College of Nurse Midwives Global Outreach Department, Home Based Life Saving Skills (HBLSS), which could be helpful in Nigeria. HBLSS is a strategy to teach health care professionals to teach community leaders and pregnant women how to identify pregnancy/newborn complications early in order to save their lives.

The teaching is accomplished by using "take action cards" in the form of pictures. Each problem identifies 6 actions that can be taken by the learners in order to sustain life. Trainers are asked to encourage learners to teach their neighbors. This approach helps to reach a population missed in countries where women, for a number of reasons, do not give birth in hospitals.

In 2009 Margaret and a nurse midwife colleague, Linda, spent a month in Nigeria, working with 42 participants, nurses, midwives, a doctor and some public health officials. Margaret and Linda presented topics and involved participants in practicing what they were taught. Participants had the opportunity to teach groups of pregnant women what they had learned the day before. The course ended with the presentation of certificates, welcoming new health care providers as trainers for community leaders and pregnant women. God also opened doors for Sam and Margaret to talk with the Nigerian Permanent Secretary, Federal Ministry of Health (Deputy Secretary of Health) and his officials after the course. They received affirmation for HBLSS as an effective strategy for reducing maternal mortality in Nigeria. Margaret returned to Nigeria in 2011 for follow-up and to initiate the gathering of evidence on the outcomes of the project.

Sam Mbok visited Minnesota in November 2016 and brought inspiration to nurses and students. Sam spoke at the Twin Cities NCF meeting that focused on God's Plan for Improving Global Health, and shared what God has been doing in Nigeria:

Sam shared highlights of how God met him in grief and sadness. One of the nurses at the meeting stated: "I was so moved by Sam's response to the tragedy of his wife's death. The development of an effective strategy for preventing maternal and infant deaths. This testimony is so potent. It helps us to realize that God does bring good out of some of our most painful experiences."

The initial results of the HBLSS training showed that: 862 participants were prepared and that training is ongoing. Mortality has been reduced: maternal mortality was recorded between 2009–2013 at 85.6% during childbirth and 68.9% after childbirth. In 2014 and 2015 (after training continued to be implemented), it dropped to 18% during labor and 20% after delivery. The infant deaths also were markedly decreased.

> The death of women and children in under-developed and developing countries is often due to avoidable causes that can be addressed through simple knowledge and skills, which HBLSS provides.

Sam learned that the Global Ministry for NCFI could be expressed through: praying for each other, resource sharing (knowledge, time, money, energy), collaboration/partnership on project/ programmes, and networking.

He shared prayer requests:

- God's Kingdom expanding through the wholistic salvation of mothers and children through the Rebecca Mbok Foundation (RMF)
- God sending us to people and organizations to be partners in this work
- funds to expand the work of Home Based Life Saving Skills (HBLSS)

God is connecting Sam with others while in Minnesota: he presented his work at the National Association of Nigerian Nurses in the North America conference In Minneapolis. Nurses in Minnesota and Iowa are part of this emerging story as we pray for our brothers and sisters in Nigeria who are sharing Jesus' compassion in Christ-centered healthcare. A nurse at the NCF gathering stated, "It is good that we can share with the Nigerian people and also learn from them."

As member countries of Nurses Christian Fellowship International, nurses worldwide are linked together for the NCFI global mission:

> "to equip and encourage Christian nurses to integrate Biblical principles and Christ-centered values within clinical practice, leadership, education and research."

We saw a glimpse of this mission revealed in Nigeria. We anticipate how God will continue to open our eyes to what He is doing through Christian nurses and nursing students around the world through NCFI.

Discover more on www.ncfi.org . It is exciting to be involved in God's work in our world!

Mary Thompson, RN, MSN
Former Director of NCF/USA and former President of NCFI

Pathways to wholeness

A "Wholeness Advocacy" equipping resource for Nurses

Eden Shiz Alonsabe-Parpa, RN,MAN, Nurse Research Coordinator,Western Visayas Medical Center, Mandurriao Iloilo, Philippines

I come from a country known not only for its rich natural resources and diversified cultural heritage but also for the human resource contribution impacting on a large portion of the global health market. I speak specifically of the distribution of Filipino nurses world-wide. Filipino Nurses are respected as nurses and sought after as significant mobilizers and advocates of Quality and Standardised Nursing Practice.

Yet, in spite of the well-applauded reputation of Filipino Nurses in many cases in the Philippines and elsewhere their Nursing practice is far from ideal. Not because they are failing in their personal practice but Filipino nurses know that serving in a low resource health care setting, such is a difficult and challenging task.

Nurses working in these challenging environments are close to having a heroic status. They put aside personal gain to serve a vast majority of needy clientele under difficult circumstances.

It is liberating to know that the Nursing Profession is both dynamic and systematic so that whatever the odds that lie ahead, they respond with flexibility and adaptability. They stand as unsung heroes in units flooded by high-risk patient populations requiring a high level of competence to care often with a 2: 35 nurse/ patient ratio, not to mention the additional customer service demands, record management

and the structural burdens of infrastructure and equipment. But like many heroes, they keep their word; they stand to their oath and do the job they are called to do. Patients come, patients go and nurses are still there.

As a consequence of rising development, the Nursing Profession advances with innovative practices and healthcare competencies, but we must ask how our Nurses are struggling to maintain a balance between their work, their well-being and their career growth?

Nurses in the workplace, working within teams are vulnerable to stress, to relational conflicts and organizational disharmony. They are often slow to recognise the impact that this has on them as individuals.

Young, vibrant beginner nurses step into their tasks with zest and fresh vigor. And it is good to walk and work alongside them breathing in the commitment and zealousness that exudes from their youthfulness. On the other hand, learning and listening from the veteran, and seasoned nurses is both a humbling and enriching experience; listening to their stories of war-stricken lives lived in their units, sensing the woundedness of past painful events where both their hands and their hearts "bled" for the lives they have laboriously cared for. But there are those few whose joys and exuberance has turned into pessimism and apathy. The look of compassion has changed to toughness hiding many sighs and sorrows of the workplace. Are we seeing them? Are we hearing them? Would it make sense now to even ask, who is taking care of our "Carers"?

It is within this scenario that I was compelled to address the needs and issues surrounding the welfare and psychological safety of our nurses. Using the Equipping Resource Programme.

The Equipping Resource programme is offered as a seminar programme to address the needs of many nurses for renewal. It employs both an inventory tool to assess those triggers that contribute to the loss of professional and personal wellbeing and a process tool consisting of an intervention employing 12 steps towards wholeness.

The Inventory Tool. This tool allows the nurse to carry out a self-assessment and self-inventory of her professional and personal wellbeing and identify external and internal trigger factors. These are called "joy-grabbers". Factors that *take away 'joy'* from the person's professional life. When we come to the workplace without the passion of the old days, and are drained by the current escalating pressures, joy is almost always a luxury too expensive to acquire. It is in these joyless moments during the pursuance of care and service to the needy when the workplace behaviors are crucial.

It is vital at this time for Nurses to identify the sources of their unhealthy and unhappy professional mindset.

The JOY-GRABBERS list is provided below:

Joy-Grabber	Definitions (http://www.merriam-webster.com)	Signs
Brokenness	Incomplete; having been violated	Struggling with Issues of hurt, shame, guilt or fear.
Burden	That which is borne with difficulty; obligation	Worrying about relationships, finances, plans or unresolved matters.
Bias	A preference or an inclination, especially one that inhibits impartial judgment	Dwelling on issues about others and the decisions that affect or have affected us.
Barrier	Something immaterial that impedes or separates	Focusing on people or circumstances that we consider as hindrances to our growth, wellbeing and nurturance.
Burn-out	Exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration.	Feeling the loss of the passion we once had and seeking more ways to excuse ourselves from involvement and deeper commitment.

These "***JOY-GRABBERS***" may largely contribute to fatigue and constant discouragement. It is relevant for the Nurse to pinpoint which of these is draining their inner serenity and disrupting their sense of balance leaving them as a mere survivor of organizational systems and not an agent of change. One of these, if not all, may weigh us down on a day-to-day basis and can definitely take away a sense of peace and fulfillment.

After a thorough identification process we can ask: *Where do our Nurses go for comfort and redirection? How can they regain fresh perspectives in the middle of all that seems to weigh them down? How can they become a source of wellbeing and encouragement to the patients when they are losing all internal faculties of hope, serenity and strength?*

The Process Tool. This tool is a *Twelve Step* process which provides value-based and purpose-directed personal introspection, an adaptation from the Alcoholics Anonymous original 12 Steps Program (AA Grapevine 1981).

This has been modified from the original to suit the scenarios of the Nursing Profession. It could be useful in many ways, whether we are confronted with challenges within our scope of practice or carrying an increasing burden to serve our institution or patient population. The *Twelve Steps* allow us to look deeply into our own weaknesses, responses and the consequences that follow in relation to God's design and directions in our life. Understanding each step as a prerequisite to the next gives us a deliberate processing of our intentions. This process seems slow and non-dramatic in the onset, but is entirely different from the usual quick-fix get-it-done-with measure we are used to.

The *12 Steps to Wholeness* process is conducted within a small group setting where certain specific dynamics are followed primarily to safeguard confidentiality and anonymity and provide psychological safety to the participants. Trained facilitators are key players ensuring a successful 12 Step process is being followed.

12 STEPS TO WHOLENESS

STEP 1	**I accept** my sense of brokenness and powerlessness
STEP 2	**I recognize** that He is GOD and I AM NOT
STEP 3	**I choose to surrender** my will and my life to GOD
STEP 4	**I now begin** a self-inventory
STEP 5	**I confess** to God, to myself and to someone I trust, my sins and character defects
STEP 6	**I humbly submit** to God's pruning
STEP 7	**I am now ready** for God to cleanse me of my sins and remove my character defects
STEP 8	**I trust God** to forgive my sins and remove short-comings
STEP 9	**I make a sincere effort** to make amends with those I have hurt
STEP 10	**I consciously perform this** inventory and seek mending with those I offend
STEP 11	**I intentionally pursue** intimacy with God and His will for my life (godliness)
STEP 12	**I seek God** and His purposes in my life on a day-to-day basis as I share my story to those who also yearn change and serenity

The utilization of the ***Inventory and Process Tools*** can bring about a reasonable shift in an individual's state of mind in professional environments characterised by numerous risks and a wide scope of challenges.

David wrote in his Psalms "Search me, God, and know my heart; test me and know my anxious thoughts" (Psalm 139:23). Everyone, not only the nurses can cry like David, to seek God's encouragement amidst the struggles and dilemmas. We will realise that God's provision of strength through rapid changes Nurses need to pursue a sense of wholeness.

The pursuit for wholeness

In conclusion, in the normal pressures of nursing practice or within an organizational climate going

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Taking advantage of these ***Tools, you will be able*** to:

- Reassess your Professional Life
  - Do we come to work with a balance perspective of our roles and functions?
  - Do we project an example that brings blessings and wholeness to the workplace.
- Refocus your Personal Walk
  - Can our families and those around us testify to our integrity and sincere Christian walk?
  - Can godliness and humility be easily drawn from our day-to- day activities?
- Regain your Spiritual Vigor
  - Do we make our intimacy with God our top most priority?
  - Do we make conscious effort to nurture our inner lives so we can be channels of blessings to those around us?

Nurses, need no longer be helpless or hopeless in the workplace, they can navigate through their circumstances with a perspective that advocates holistic, healthy and a harmonious environment. Through this, they can make a difference as victors and carry the gospel into the darkest of lives and to those in the deepest of pain.

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Point of view

Changing the world one nurse at a time

Steve Fouch

How do you change the world? 'One person at a time', goes the old adage. According to a new report from the All Party Parliamentary Group on Global Health (APPGH) UK, the answer is one nurse a time.

Actually, it is much more than one nurse at a time. There are over 19 million nurses registered around the world at the moment, but this falls far short of the numbers needed. Indeed, the demand for nurses, midwives, doctors and other health workers is growing at a pace that is outstripping the supply, even as many countries increase the numbers they are training.

However, this report is not simply bemoaning the lack of trained nurses (although it is a real problem). Nor is it merely offering platitudes about the value of the profession. Rather the APPGH has done a major job of gathering evidence from a range of sources that shows how vital a well-trained, equipped and empowered global nursing workforce is to achieving not only the third sustainable development goal (health and wellbeing for all at all ages), but Sustainable Development Goal, SDGs five) (gender equality) and eight (economic development) as well. The authors call this the 'Triple Impact' of nursing.

Triple impact

Nurses are key to public health. They are usually already embedded within the community in which they work, understand the culture and issues of their patients, and in many areas may be the only health professional available. Health promotion and education, and personal, social and spiritual care are all within the remit of the nurse.

Most nurses are women, so giving them a professional skill and a career increases their prospects and empowerment within the community. One of the leaders of Nurses' Christian Fellowship International (NCFI) spent the last five years setting up a nursing and midwifery college in Bangladesh that trains young women exclusively from poor rural communities as nurses and midwives. These nurses and midwives either return to their local communities or they gain the experience necessary to take up leadership positions, employed by the government to bring primary and maternity care back to their communities, while paying off the loan that paid for their training. This not only improves the health of the local community, it lifts the status of these young women who are now respected members of their own communities and acting as role models to a new generation.

As the health of the community and the status of women improve, so does the economic wellbeing of the community. Less money is spent on medicines for preventable conditions, less time is taken off work sick or caring for sick relatives, so economic activity and productivity rises. Women develop economic independence, improving the health and education of their children, so improving the opportunities for the next generation. Especially when it comes to the empowerment and education of women, one area of development impacts on all the others!

Challenges

What so often holds nursing back from being this force for change and development are measurable outcomes of this impact. An impact that is little understood outside of the profession. Furthermore, the research has often been small scale and qualitative when policy makers want quantitative, big scale evidence.

Nursing is a predominantly female profession throughout the world. Where women have low status, and women's work is seen of secondary value, nurses are disregarded and devalued.

In most countries, nursing has no clear post-qualification training structure and career path and little scope for professional development. Most nurses are not allowed to practise to the full scope of their training in the majority of jurisdictions. As a result, nurses are not listened to, but seen merely as the handmaidens of

doctors, not as knowledgeable and skilled professionals in their own right.

Not enough nurses are being trained or retained, draining skilled nurses from rural areas and poor communities to cities and developed countries. Some countries like the Philippines, over produce nurses deliberately to gain from this shortfall, while the UK and many European and North American nations cannot train enough nurses and become net importers.

And these are not only developing world problems – the West has them too. For instance, while Federal Law in the US gives nurses a wide legal remit for clinical practice, in only ten of the fifty states is this actually enforced, and in the remaining forty, nurses are not allowed to practise to their full professional competence.

Even in this country, the UK Department of Health (DoH) has recently published plans to scrap its nursing policy unit for England, further marginalising the voice of the profession in Britain (imagine the furor if the role of the medical advisor had been scrapped!).

I was in the Philippines last June visiting local nurse and midwife run health centres that provided models of integrated social medicine, preventative healthcare and health education deeply embedded within the local community that put much primary care work in the UK in the shade.

Health economists worked out years ago that up to 48% of the work of British General Practitioners (GPs) could be done as effectively by nurses, but no government has engaged with this. The developed world still has something to learn from the developing world, it seems!

Ways ahead

We need nurse leaders who can converse with those in power locally, nationally and internationally to advocate for the health needs of their communities and role of nurses within that. And we need it in the UK, Europe and the US as much as in Bangladesh, the Philippines or Zambia.

There is a need for not only leadership, but for the evidence that exists to be disseminated outside the profession, and for more, large scale, quantitative and qualitative research on the health and development impacts of nursing.

We need nurses from the UK and other developed countries to have the chance to work alongside nurses in developing countries, not just to impart skills and a values-based whole person care approach to nursing, but also to learn from nurses in developing countries about the real scope, skills and values that lie at the heart of the profession. In short, we should be fostering a two-way street of learning between nurses across the world to empower and envision the profession in every nation.

We need nurse leaders who can converse with those in power locally, nationally and internationally to advocate for the health needs of their communities and role of nurses within that

We need a proper professional education and career structure for nursing globally, and to lobby governments to allow nurses to practise to the full extent of their training and professional scope. Recruitment and retention are the big issues, in the UK, the US and most developing nations – but if we offer scope for development, recognition and influence, then we will go a long way to solving those problems. As many pointed out at the launch of the APPGH report at Parliament, it is not pay that attracts or keeps people in nursing – it is being valued, listened to and able to use and develop skills to make a real difference for patients.

The report makes many other great recommendations, but it is only one report with no political mandate for the UK or the wider world.

At the launch of the report in the Palace of Westminster on 17 October it was great to hear the new Parliamentary Under-Secretary of State for Development, James Wharton, and new MP and nurse Maria Caulfield both say that the UK government takes this seriously. Even more exciting to hear the Commonwealth Deputy

Secretary General, Deodat Maharaj says that the Commonwealth not only endorses this report, but is committed to use its structures and influence to put the key recommendations into practice. Sadly, my concern is that when it comes to actually putting money on the table, nursing will still be last in the queue, to the detriment not only of the profession, but to the health of this and other nations. This report is only one resource in keeping policy makers' feet to the fire!

Nursing is so deeply embedded in the Christian faith that it is hard to separate its core values from the life and mission of the church

Nursing is so deeply embedded in the Christian faith that it is hard to separate its core values (unconditional care, advocacy for the sick, compassion, education, a whole person understanding of health and care in the context of community and teamwork) from the life and mission of the church. In fact, for centuries, nursing was one of the church's key ministries, having a sizeable impact on the health and wellbeing of the Roman world. So the conclusions of the APPGH report come as no surprise.

I have seen the role that Christian nurses and midwives have played in hospitals, rural clinics, disaster zones and training institutions to bring hope, healing, grace and kindness into situations that needed the touch of God. But whatever the background of the nurse, God works through this kind of caring. If, as I have argued elsewhere, the SDGs are worth supporting because they mostly point in the direction that God is moving, then we need to be supporting nursing as a global response to global health needs.

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Commentary on the importance of spiritual literacy in nursing

Dr Pamela Cone PhD RN

Nurses around the world acknowledge that nursing involves care for the whole person (Ellis & Narayanasamy, 2009). This includes the physical, psychological, and social domains as well as the spiritual domain of the person, both patient and nurse (Weathers, McCarthy, & Coffey, 2015). However, most nurses ignore the spiritual as being too private, too difficult to assess, or even a taboo subject in some societies, and nurses rarely receive adequate preparation to address the spirituality of their patients (McSherry & Jamieson, 2013). Moreover, there is widespread low spiritual literacy among practicing nurses. Spiritual literacy refers to a sound knowledge and understanding of the spiritual domain. The lack of spirituality education in nursing programs and the resulting low level of spiritual literacy in nursing practice is the problem of focus for this paper.

Nursing textbooks in the USA, as well as several other countries globally, usually include a chapter devoted to spirituality (Cone & Giske, 2013). Most often, these chapters cover the spiritual nature of human beings and brief synopses of the most widely or commonly practiced religions of the world. Additionally, the North American Nursing Diagnosis Association (NANDA, 2015) includes "Spiritual Distress" in their list of acknowledged diagnoses for nurses to address, and a number of assessment tools can be found throughout the nursing literature. Unfortunately, many nursing education programs fail to require these chapters to be read nor is the material discussed in lectures, and spiritual literacy is not tested in nursing exams (Cone & Giske, 2012). This knowledge gap is one that nursing education across the globe needs to address.

Spiritual literacy (Brussat & Brussat, 1996) includes knowledge and understanding both of existential concerns, such as hope and love/belonging, and of faith concerns, such as values/beliefs and rituals or practices related to a particular religion. The more existential concerns related to hope and meaning/purpose are often neglected by nurses, perhaps due to a fear of delving into areas that are too deeply personal or of offending the patient (Molzahn & Shields, 2008). Sometimes, nurses report a sense of frustration or even an ethical dilemma related to not addressing the deeply important needs of a patient in hospital. They may choose to refer the patient to a chaplain or spiritual advisor or they may simply ignore the need and only address the patients' physical, psychological, and social needs. The fast pace of inpatient hospital units or wards makes addressing delicate, deeply personal and/or important issues a significant challenge to nurses, especially if they feel poorly prepared to do so (Giske & Cone, 2015).

The NANDA (2015) diagnosis for spirituality notes that there could be spiritual well-being or there could be distress due to a lack of meaning/purpose or love/belonging, the more existential issues, or due to an incongruence or disruption of values/beliefs or rituals/practices. Nurses are more often aware of the need to understand religious concerns than existential ones, perhaps because of nursing ethics. The International Code of Ethics for Nurses (ICN, 2012) mandates nurses to respect the personal beliefs of their patients and to treat each patient with dignity regardless of their religious beliefs or personal values. Most nurses know to identify a patient's religion, though that is not always done on admission (Reinert & Koenig, 2013). Nurses know some elements of the major world religions, such as Protestant and Catholic Christianity and Islam, but many beliefs and practices of other religions are not widely understood by nurses, other than those trained in hospice and elder care (Ødbehr, Kvigne, Hauge, & Danbolt, 2015).

It appears that there is a flaw in nursing education in that many nursing programs either do not require readings related to spiritual literacy, or they have no lectures or class discussions to stimulate exploration into the spiritual (Giske & Cone, 2012). Moreover, they do not encourage student examination of personal spirituality to heighten student awareness of the spiritual or assign readings to increase spiritual literacy, and they do not test student knowledge

on the spiritual domain (Cone & Giske, 2013). Nursing students have noted that students rarely read what is not tested, believing that if it is important, professors will test knowledge on the subject. Therefore, when no test questions address the spiritual, there is a decrease in perceived importance about that domain in the minds of students (Giske & Cone, 2012). This is true of other areas as well, but spirituality is the least addressed domain of patient assessment and care, so spiritual literacy is usually low upon completion of most nursing programs (Cockell & McSherry, 2013).

The answer seems clear: to increase the educational preparation of nurses in the area of spirituality. However, the difficulty lies in actualizing that goal. With information growing at an increasingly rapid rate in this age of technology, the challenge for most educators is how to communicate what is most important for nursing students to know when they graduate. It is not likely that nurse educators will simply add content or will decrease content in other areas to add spirituality and spiritual care content (Cone & Giske, 2013).

Nevertheless, there is a way to solve this problem without adding courses or major content to the nursing curriculum: "threading" spirituality content. If nursing educators will examine their entire nursing program, they will discover many places in the curriculum where they can add readings, in-class discussions, clinical post-conferences, small group activities, and written reflections into already existing courses. Students have called for a step-wise approach to learning about spiritual care (Giske & Cone, 2012). If every course adds one or more of the elements mentioned above, there can be a gradual increase in spiritual literacy, just as is being done with cultural competency. Nursing education in school and in practice needs to increase nurse preparation for spiritual care. Starting with a self-examination activity, such as a spiritual timeline, can open students up to learning more from readings and small group discussions. This incremental approach can also be effective in nursing practice, using in-service sessions and post conference times to address steps toward spiritual literacy, reaching both students and nurses.

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Cuidando las palabras que cuidan

Presentado por Alba Lucía Ramírez, Enfermera profesional, abogada, con especializaciones en gerencia en Salud Pública, ética y bioética, entre otras. Ha sido docente en varias universidades en el área de ética y bioética y formación política.

Caring for the words that care

Presented by Alba Lucia Ramirez, Professional nurse, lawyer with specializations in Public health management, ethics and bioethics, among others . Has taught Ethics, bioethics and political participation in schools of nursing.

Necesitamos sentir la caricia y el susurro de palabras amables
We need to feel the caress and whisper of kind words

Las palabras hacen, las palabras dicen, las palabras cuidan. ¿Pero cómo cuidar las palabras que cuidan? Si las palabras son atinadas y oportunas hacen que el decir vaya más allá que el hablar, y el cuidar se convierte en mucho más que escuchar y callar, transformándose en soñar, imaginar, visibilizar, es decir en toda una ciencia y un arte.

Dada esta trascendencia, a veces, constituye un dilema saber si las palabras que elegimos son las indicadas y adecuadas para el tipo de persona y situación que cuidamos, o si el silencio es una mejor opción para cuidar. Lo que si no debe ser dilema y es más, algunas veces constituye una transgresión o agravio, por la indiferencia que puede llegar a denotar, es huirle al diálogo, cuando éste es considerado por el otro necesario.

Precisamente hace poco, uno de los periodistas de un periódico de amplia circulación nacional, comentaba -dentro del contexto y crítica al modelo de salud- (http://www.elespectador.com/opinion/el-corredor-de-muerte-ALFREDO MOLANO), como en un servicio de urgencias al preguntarle a las enfermeras(os) sobre algo, estas optaban o por callarse o por contestar con frases estereotipos como: "regáleme un momento", "ya le colaboro", "ya voy", indiferentes sin levantar sus ojos de la computadora que las tenía atrapadas, dejando ver que las palabras que pronunciaban carecían de fuerza vivificante, útil, confiable, como se hubiese esperado en esa situación.

Algo está pasando entre las profesiones y el vínculo social que se está rompiendo el diálogo. Por ello la opinión pública parece cuestionar la idea de la comunicación profesional, sintiéndola tensionante y con cierto tufillo de engaño. El ejercicio de la palabra , particularmente en el campo de la salud, parece reducirse a lo indispensable: la mención del nombre e información mínima de lo que va a hacerse, actuando con ejercicio defensivo- el mirar al otro como un posible enemigo- lo que deja al diálogo cada vez más desolado y con una grave incidencia: el deterioro de la confianza y por ende pérdida de la visibilidad del profesional .

A fin de cuentas, tenemos que reflexionar sobre cómo o de qué manera hacemos o no diálogo, y si nuestras palabras tienen impacto cuidador.

CUIDAR LAS PALABRAS QUE CUIDAN significa entonces , cuidar la palabra que se espera, la no

rebuscada, la esperanzadora que no victimiza, la confiable, la solidaria, la competente, la oportuna, la integradora, la sanadora, la proyectiva, la sincera, todo lo cual tiene mucho que ver con la excelencia y dignidad profesional más que con patrones sociales y , en todo caso, si tiene que ver con modelos de formación profesional: a una mejor educación, mejor dialogo.

Es importante considerar que es desde la profesionalidad que la palabra surge, y por tanto es en y con la formación que se fortalece; además la palabra por si mismo debe ser capaz de cuidar, por tanto, formar cuidadores implica hacer que la palabra trascienda y se convierta en cuidado. Muy interesante resultaría en la formación: ejercicios de narrativa, de diálogo, de conciliación, de observación de cómo y de que se habla, de vigilancia de la palabra. Quien amplía el diálogo, hace crecer su mundo profesional. Y pensando en esto, considero que somos lo que son nuestras palabras, entonces ¿Que tanto crece nuestro mundo profesional?; pero ojo , también somos nuestros silencios ¿Porqué callamos?.Por otra parte, el acto de hablar no está solo, sino que está acompañado de las demás expresiones del lenguaje: gestos, miradas, entonación, etc, y tiene un telón de fondo: el silencio y la escucha, lo cual le otorga a “la palabra que cuida” la suficiente densidad , calidad y peso que la calidez de la misma necesita.

Entonces, esto es un llamado a los profesionales a no callarse por callarse, a entablar el diálogo ya que la profesión tiene mucho que decir, pero no podrá hacerlo a menos que se lo preguntemos, lo ofrezcamos, lo cual fundamenta la dialogicidad de su ejercicio profesional, el apoyo, la abogacía, la competencia, ya que quien escogió el enseñar y el cuidar implica que le debe gustar dialogar.

CUIDAR LAS PALABRAS QUE CUIDAN es indispensable para enriquecer nuestro capital sociall, lingüístico, teórico, de la disciplina y profesión, superando lo denotativo (el lenguaje rebuscado de las profesiones que limita el diálogo) y priorizando lo connotativo, es decir situar y llenar de sentido a las palabras y eso solo se hace en la convivencia del ejercicio profesional. Concluyendo puedo señalar que: La palabra nunca es inocente, tiene su intención, y por tanto , tengo fe en las palabras, y que estas cuiden tanto como lo hace una buena acción , ya que si se unen, así y solo así, el cuidado se constituirá en una experiencia única y memorable para cuidador y sujeto de cuidado.

Las Enfermeras Christianas como instrumentos de dios para el cuidado de enfermos

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Christian Nurses as God’s instruments for caring for the sick

The author: Fanny Herrera, professional nurse with specialty in nursing education. Was a teacher at a school for practical nurses for 23 years.

Volví a leer el título de este artículo, a releerlo, y *sí* hoy DIOS me ha permitido llegar a ésta conclusión después de haber recorrido un camino, primero como estudiante de Enfermería, luego como Enfermera activa y ahora como Enfermera jubilada. Me ha mostrado cómo en su infinita misericordia dotó a la humanidad de personas con vocación para SERVIR a los demás en las diferentes

dimensiones de la salud: física, mental y espiritual. Les dio dones intelectuales, habilidades manuales para el CUIDADO del otro, las dotó de una disposición tal, de una SENSIBILIDAD que les permitiera estar presentes de cuerpo, mente y alma en esos momentos sublimes y únicos como asistir y apoyar a las madres en el nacimiento de una nueva vida, estar presentes en ese instante del ser humano que expira, sostener su mano temblorosa, acompañarlo en sus miedos, escuchar su último suspiro...su encuentro con Dios... ¡QUÉ PRIVILEGIO! ¡Qué regalo tan grande se nos ha dado a nosotras (os) las enfermeras (os)!

Jesucristo nos da ejemplo y en su infinita sabiduría nos enseña a través de sus sentidos a brindar cuidado y sanar enfermos. Nosotras(os) como enfermeras(os) cristianos debemos mantener abierta nuestra mente y corazón para entender el mensaje que Dios nos da cada día en su palabra para que YO como enfermera CRISTIANA sea capaz de apropiarme de esas cualidades que caracterizan el auténtico cuidado de una enfermera: la COMPASIÓN y la MISERICORDIA.

> Tal como le respondió a un maestro de la ley, nos insta a "amar al Señor nuestro Dios con todo nuestro corazón y con todas nuestras fuerzas, y con toda nuestra mente, y a nuestro prójimo como a nosotros mismos" (Lucas 10: 27)

Si somos instrumentos de Dios debemos abrir nuestra conciencia para que Dios a través de su PALABRA y siguiendo su ejemplo nos permita llegar al OTRO. También debemos afinar nuestros sentidos espirituales y ser humildes, sabiendo que a los que aman a Dios todas las cosas les ayudan a bien esto es, a los que conforme a sus propósitos son llamados (Romanos 8:28) e igual que el Señor le dijo a Saulo de Tarso nos pueda decir: " ve porque instrumento escogido me es ésta/e, para llevar mi nombre en presencia de los enfermos y de nuestros compañeros de trabajo" (Hechos 9:15)

Importante es dar testimonio en el cuidado del enfermo, que nuestra acción sea coherente con lo que decimos y con nuestras actitudes. "Sea nuestra palabra siempre con gracia, sazonada con sal, para que sepamos cómo debemos responder a cada uno". (Colosenses 4:6)

Debemos practicar la PACIENCIA. Esto lo demostró el Señor Jesús en todo momento con sus discípulos y con todos los que lo buscaban. Lo mismo tenemos que demostrar con el enfermo y sus familiares. "...Pero el Dios de la paciencia y de la consolación nos dé entre nosotros un mismo sentir según Cristo Jesús, para que unánimes, a una voz, glorifiquemos al dios y Padre de nuestro Señor Jesucristo. (Romanos 15:5,6)

Nuestra armadura es la ORACIÓN cuando estamos cuidando al enfermo; ella nos ayuda a estar en paz y tranquilidad primero nosotros mismos y a transmitirlas a la persona que estamos cuidando. "Y aquel que es poderoso para hacer todas las cosas mucho más abundantemente de lo que pedimos o entendemos, según el poder que actúa en nosotros (Efesios 3:20) nos llenará de esa paz y tranquilidad que necesitamos.

NCFI Saline Process review of 2016

Ann Biro

The Saline Process training course was taken by an increasing number of nurses during 2016. We are also seeing a growing number of nurses qualify as instructors in the Saline Process. We consistently receive feedback that the course is meeting a need of many nurses who want to grow in their ability to be a witness in the workplace in a way that is professional and patient-centered.

The remainder of this update focuses on some of what has happened in each region of NCFI during 2016.

Africa

Nigeria: The Nigerian NCF (called FCN) has held the most number of training courses. Anthony Oije, a staff member with FCN, has been working collaboratively with members of Healthcare Christian Fellowship International (HCFI) and International Christian Medical & Dental Association (ICMDA) in teaching not only nurses, but other health care workers. They also have a vision to share this training with Christian nurses in neighboring countries as part of their outreach ministries.

Ghana: In September of 2016, the Saline Process was launched in Ghana. The Ghana NCF group strategically selected key leaders from each of their regions to attend the training. All of their leaders are volunteers. Shortly after their own training, they conducted a Saline Taster (a presentation that gives people a 'taste' or overview of the course) and a Saline Process course. They hope to conduct more training courses in 2017. Dennis Opare is the Ghana NCF Saline Coordinator.

Zambia is the third NCFI member-country in Africa that has begun to teach the course. They have also been collaborating with HCFI and ICMDA. Martha Mwendafilumba is the Saline Coordinator both for Zambia and for the Africa Region.

Caribbean & North America

Saline Process training in North America is beginning to grow. There were a couple courses offered by nursing education faculty who became instructors in November 2014 at a training specifically offered for Christian nurse educators. A few nursing programs have since incorporated into their curriculum some of the concepts taught in the Saline Process. Barbara Ihrke is the Saline Coordinator for the CANA region.

Europe

The U.K. is the most active country in Europe in regards to Saline Process courses taught during 2016. Steve Fouch, a staff member of CMF-UK, is the main nurse with NCFI who has been doing the training.

Spain: One of the reviewers for the Spanish translation of the revised Saline Process materials was Rosa Lopez of NCF Spain.

Other European countries: Courses have been made available to nurses in other countries (e.g. Norway, Denmark) through HCFI.

Latin America

There are no NCFI affiliated nurses currently active in teaching the Saline Process. Trainings in Latin America are currently being conducted by HCFI & ICMDA volunteers. However, with the Saline International Partnership, these courses are usually open to nurses. It is our prayer that an NCFI coordinator and trainer for the Latin American region can be appointed in the future to facilitate this ministry among NCFI member countries. The NCFI Saline contact person for Latin America is Martha Fernández Moyano.

Pacific & East Asia

Malaysia held its first ever Saline Process course in May 2016 with over 20 nurses attending. Ah Choo (Hannah) Khoo is the lead trainer and contact person in Malaysia.

Singapore had hoped to host its own first Saline Process course in May 2016 (following the Saline Process course and Training of Trainers that was held as part of their national conference in 2015).

However due to several factors, the training for May was cancelled.

Australia: Nurses were invited to attend the Christian Medical & Dental Fellowship-Australia (CMDF-A) training in August 2016. Colleen Wilson from **NCF-Fiji** attended, with the hopes that she can help start local trainings in Fiji. From Australia, Gabi Macaulay began her training at that time, and Diana Marshall qualified as a trainer.

Georgie Hoddle is the NCF-Australia contact person for Saline Process trainings. NCF-Australia conducted a Saline Taster in Melbourne, in August 2016 and have their next one scheduled for Sydney in February 2017. A Saline Process course is being planned together with CMDF-A on 27 May.

New Zealand nurses have participated in Saline Process trainings organized by Dr. Glennis Mafi. The largest training was held in August (following the CMDF-A Saline Process course). Dr. Mafi continues to hold other trainings and has often been assisted by Luke – a newly graduated nurse who is an a member of New Zealand's NCF.

Mongolia held a Saline Process training at the end of August. Four NCF-Mongolia members along with a physician from CMDA-Mongolia conducted the training. The revised Saline Process materials will hopefully be translated into the Mongolian language.

Indonesia NCF member Juni Sinaga participated in an HCF-Indonesia sponsored training in November. Juni hopes to see more Saline Process trainings in Indonesia in the future.

South Asia & Middle East

India: Saline Process trainings in India have been facilitated by Dr. Latha Mathew (the Saline Coordinator for the country of India and a member of EMFI). She has intentionally been seeking opportunities for training of nurses. Anne went twice to India in 2016 to assist her with trainings for the College of Nursing faculty at CMC Vellore in southern India. A Saline Taster was presented at the ENFI biennial conference held in November 2016. ENFI is the Indian member organization of NCFI. We are praying and hoping that a coordinator for Saline Process trainings can be appointed in ENFI to facilitate this ministry in the future.

A Saline Taster was also presented at the Christian Medical Association of India's annual Nursing League conference in November 2016. The Nurses' League of CMAI was established over 100 years ago, with a focus on staff working in Christian (mission) hospitals. CMAI Nurses' League is not a member of NCFI. Saline Process trainings have also been conducted in hospitals, including one course specific for a hospital nursing student prayer group and also a local church group of Nursing & Allied Health students.

Pakistan has indicated interest in getting the Saline Process started in Pakistan among its NCF membership and as a ministry to other Christian health professionals & groups. Discussions are underway as to course dates and the composition of teaching team members.

Egypt & Israel nurses who are members of HCFI (and in contact with NCFI) have been conducting Saline Trainings through HCFI in their respective countries.

International

A Saline Process course was held at the Pre-conference of the NCFI World Congress. Participants came from Australia, Bangladesh, Canada, Denmark, the Philippines, Nigeria, and the USA. In addition, an 'envisioning' session was held for participants to facilitate understanding and vision for how the course could be offered to their NCF country members.

Time for reflection

Being fruit for all seasons

Dr Kamalini Kumar

JOHN 15:5: (Jesus said) "I am the true vine; you are the branches. If a man remains in me and I in him, he will bear much fruit; apart from me you can do nothing."

JOHN 15:5: THE MESSAGE: "I am the vine, you are the branches. When you're joined with me and I with you, the relation intimate and organic, the harvest is sure to be abundant. Separated, you can't produce a thing."

EZEKIEL 47:12: Fruit trees of all kinds will grow on both banks of the river. Their leaves will not whither, nor will their fruit fail. Every month they will bear, because the water from the sanctuary flows to them. Their fruit will serve for food and their leaves for healing.

ISAIAH 61:3B: They will be called oaks of righteousness, a planting of the Lord, for the display of his splendor.

The image of trees and fruit is used liberally both in the Old and New Testaments to compare the righteous with the unrighteous, and the importance of bearing spiritual fruit. In the Scriptures references are made to the location of trees. The planning, the planting, the work begins with the Lord.

God first made us as human beings, but we have converted ourselves into "human doings". From the beginning he created us just to "BE" but we rejected his plan and decided we'd rather do it our own way. Why are we constantly striving to be trees or bear fruit? When Jesus said, "it is finished" on the cross, he meant it, the work was done. He started the process, he continues it and will finish the work in spite of us getting in the way! He wants us to remain in him and just "BE" a human being.

The trees in the Scripture often refer to us... the followers of Jesus, what are we expected to do? Grow, blossom and bear fruit, by drawing on the water, the streams, the rivers and the rain that God generously provides for us. The water is the Lord himself, sometimes he comes to us like soft, gentle rain, sometimes like a gushing monsoon rain, sometimes like a gently flowing stream, others like a roaring river, but always supplying us with this precious source of growth. His Word represents the water. The more time we spend, drinking in God's Word, the more nourishment we receive to grow and bear fruit. We may receive plenty of sunshine and good soil from being involved in church activities, ministries, Bible study groups, pastor's sermons, fellowship with friends and believers, but if we are not faithful in drawing water for ourselves from the living Word of God, our lives will remain fruitless and non-productive in God's eyes. We need all of the above resources if we are to bear fruit. Fruit does not usually appear before leaves and flowers, neither does an apple tree produce oranges. This is a principle of nature and of spiritual growth as well. Only after proper planting and rootedness does the production of anything even begin. If we are trying to live the Christian life without first submitting to the Lord's planting and planning for our lives, we are laboring in vain and will never bear fruit that the Master gardener is looking for.

We live in a debauched polluted world and the waters the world offers us may look very attractive and easy to obtain. There are times when we feel morally polluted by our environments, our family backgrounds, our past lives, habits and behaviors and wonder if we can ever bear good fruit under such conditions. It is then that we need to remember that our purity comes from God's indwelling Holy Spirit and he can totally change and transform us for use in the kingdom, to literally bring life to those who are dying around us. When we as a branch abide in Christ the Vine, we will begin to bear pure fruit. The Bible tells us that we are grafted trees. Grafting is a process, in which

one new plant is made out of two different ones. A branch is taken from one tree or vine, and inserted into a cut on the parent tree or vine. The branch is bound to the new vine with an adhesive compound or tape. As the "wound" heals, the two plants become one, the new branch drawing sap from the roots of the established tree. This is the most accurate description of our relationship with Jesus. If we want to bear fruit, we must participate in the life of the Vine. In John Ch. 15 Jesus used the little word "if" five times to highlight why a branch need to remain in the vine.

"If a man remains in me and I in him, he will bear much fruit."

"If anyone does not remain in me, he is like a branch that is thrown away and withers."

"If you remain in me and my words remain in you, ask whatever you wish and it will be given to you."

"If you obey my commands, you will remain in my love."

"You are my friends, if you do what I command."

Apart from Christ there will be no fruit, no joy. In Christ, there is true life full and abundant, "IF" we choose to remain in him, firmly grafted into the vine. Remain in him, that's all he asks us to do. In the midst of our struggles and fears, confusion and doubt, remain grafted to the vine, and his love will never let us go.

Jesus tells us in Matthew 7:16 " By their fruit you will recognize them. Do people pick grapes from thorn bushes, or figs from thistles?" Fruit don't lie! The truth of our attachment to Jesus is found in the fruit we bear. The branch that remains in the vine will reap an abundance of fruit. What then is the fruit of our lives? I believe it is our conduct, our character, our conversation and our converts that make up the fruit of our lives. Fruit does not lie! That's why the harvest time is so important, it will reveal what we truly are. Fruit also cannot be faked. Though we may pretend to live a godly life, and may appear to be producing some fruit, the weak, tired and stressful moments of our lives will reveal our true choices, priorities and attachments.

In Genesis it tells us that God created fruit for two reasons... to be eaten and for seed to be sown. This is also true of the fruit that we bear, as he shapes us into his image, the fruit of our spiritual lives will draw others into his kingdom. The fruit of our lives has the greatest use when it demonstrates the reality of God to others. The most effective work of the church is encountering people in the everyday walk of life, at home, work, school, grocery store, bus stops and anywhere God has put us.

The more time we spend, drinking in God's Word, the more nourishment we receive to grow and bear fruit.

If we continue to remain in Christ, stay in his word, pray faithfully and yet our lives do not seem to be bearing the fruit we anticipate it should, it may be because we are carrying unrealistic expectations of what our fruit should be and look like. We confuse being fruitful with being successful. God does not look for outcomes and successes.... He looks for faithfulness, it is the fruit he longs to see.

The word "fruit" comes from the Latin word "frui" which means "enjoy" Are our lives such that people enjoy being with us, around us and want to be in our company? Is the fruit we are displaying drawing people to us or is it driving them away. When people leave our presence do they feel they have been with Jesus and tasted of his goodness? That's quite a challenge, but how good it is to strive to live like trees planted by rivers of water, bearing fruit to bring glory and honor to our Master gardener. May God make us bear His likeness until we die.

Book review

CARES Reflections for Nurses Traducido al Espanol

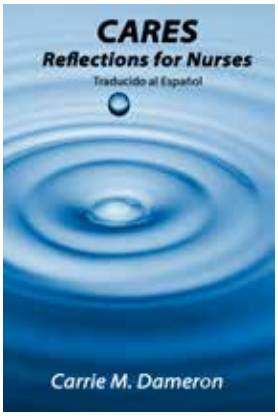
Review by RENNARD CHRISTIAN J. DE PERIO, NCF PHILIPPINES

Last June 2016, In the year of our Lord! I attended the Nurses Christian Fellowship International Congress with the theme "Healthy Lives in a Broken world" held in Tagaytay City, Philippines. There I met Prof. Carrie Dameron, author of the Book CARES – Reflection for nurses.

Prof. Carrie Dameron was selling a book entitled "CARES; Reflections for Nurses". So Without doubt in my mind, I bought a signed copy. Inside she wrote the Bible verse Ephesians 2:10. I was so touched that someone wrote it for me to remember God always!

The Book motivated me always to read it. Because I know God is telling me that his Words are important to know and live by. I always read it before I go to my duties in our hospital.

Every day we have a devotional time in our chapel. And I am often the one who preaches God's message to my fellow nursing students and to my clinical instructors! I select a story from this Book. I share it with my fellow colleagues and together we reflect on God's message, on what he wants us to be. The book contains many short exhortations, comforting and instructive words, to help us lead lives that reflect the love of Christ. There are encouragements to strengthen and words to challenge us.



I know God is telling me that his Words are important to know and live by. I always read it before I go to my duties in our hospital.

I have discovered more about Christ through Prof. Carrie and her Book. My Spiritual wellbeing changed when I started to read it everyday. I have already finished reading the book from the first page until the last page. But I still read the first page again because God said "I am the Alpha and Omega – The beginning and the end". For me that means I want to read the book again from the first page because God's word doesn't end in the last page or after you read the whole book, It's unending.

I thank the Nurses Christian Fellowship International for The CARES book and Prof. Carrie Dameron for writing it!

I will never forget my best experience in the congress. With love and so much Joy.

Rennard
Psalm 123:14

https://www.facebook.com/CarrieMDameron/

"Broken World": Health disparities and our roles as a Christian Nurse

Preparing for nurses to be neighbors

Dr Junko Tashiro

Introduction: Health disparities are a manifestation of our broken world

Health disparities are a manifestation of our broken world or society and a current major health issue. That is my premise or stand-point from which I discuss the roles of Christian Nurses. I have been working from this perspective as a professional in Global Health in the area of human health care resources for the last twenty-some years in Pakistan, Kenya, and Indonesia. In addition, I have worked for 16 years with the WHO Collaborating Center for Nursing in Primary Health Care at St. Luke's College of Nursing, which has now become, St. Luke's International University. It was a great experience for me to work in order to strengthen nursing and midwifery. Thus, as I discuss health disparities and our roles as Christian Nurses to combat health disparities, there are two fundamental mandates for me. The first is as a Christian, and I quote Luke 10:27 from the Bible.

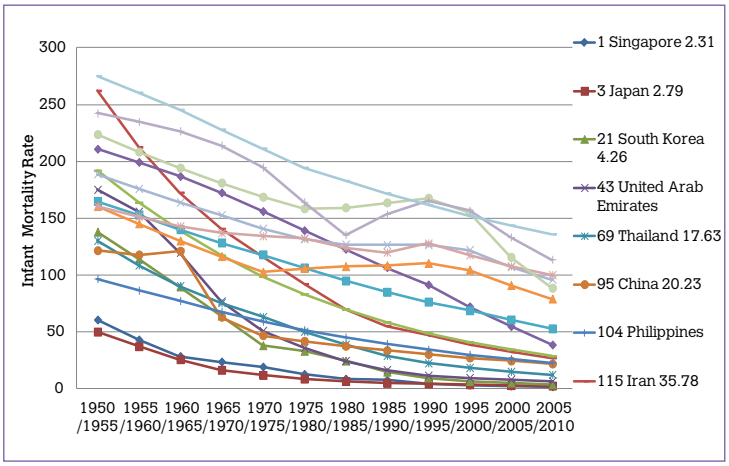
"Thou shalt love the Lord thy God with all thy heart, and all thy soul, and with all thy strength, and with all thy mind; and thy neighbor as thyself."

The second is as a nurse health professional, and I quote the UN, Universal Declaration of Human Rights Article 1.

"All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood."

Even though there are these teachings and declarations, and health professionals have been working for the improvement of health disparities throughout the world, still, health disparities among people continue. WHO (2015) indicated infant mortality rate has decreased in the last 25 years from 1990 to 2015 globally (See Figure 1). Although the good news is that this transition

Figure 1. Infant Mortality Rate



clearly indicates the declining estimated infant mortality rates of WHO regions, there are still big gaps among infant mortality rates when comparing the various regions. In other words there were approximately over five times difference between the WHO African Regions (55 per 1000 live birth) and WHO European Region (10 per 1000 live birth). Just because this is an overwhelming large gap it is still not acceptable and must be addressed. Infant mortality is just one example of the health problems; there are health disparities by countries, regions, and income levels. These health disparities are our main health issue today.

In 2015, September, the United Nations agreed to the Sustainable Development Goals (SDGs) as post Millennium Development Goals (MDGs). In addition, World Health Organisation's (WHO) policy and system of Universal Health Coverage (UHC) was introduced as a strategy for all people to have easily accessible health care. As these new goals and strategies have been set, we nurses, as health professionals now need to continue our work under the new development goals and new settings in order to further reduce health disparities. It is a good time to reflect on our own nursing activities and rethink what we can about health disparities.

In this paper, I would like to describe how global health teams including nurses and midwives have been working to reduce health disparities, and in addition to discuss what we can do to further reduce conditions creating health disparities from a global health nursing perspective.

What has been done to reduce health disparities

As we know, infant mortality rates in selected countries have been declining. We also know because of the health team-work for this goal. Nurses or midwives in particular have been working together with other health professionals and workers to eliminate health disparities domestically as well as globally for the last seventy years. Global or national health has been directed by global as well as national health policies including: "Primary health Care (PHC)", "Health Promotion", "Millennium Development Goals (MDGs)" and "Sustainable Development Goals (SDGs) as I previously mentioned.

The current policy for the SDGs includes a total of 17 goals. Goal 3 is health related and states: "ensure healthy lives and promote well-being for all at all ages." Under this goal, thirteen targets were set. Along with this new global policy, in 2012 the International Council of Nurses (ICN) addressed the further expansion of the fundamental roles of nurses, in order to promote health, to prevent illness, to restore health, and to alleviate suffering, in providing care or services to the individual, the family, and coordinating services in the community. Nurses are now expected to be key agents for the improvement of health disparities, and nurses and midwives capacities have been strengthened for this mission. I would like to add information about the WHO policy for strengthening nursing and midwifery. Since 1989, WHO has urged member states to strengthen nursing and midwifery to support "Health for All (1978)". The main areas to strengthen are as follows: developing targets and action plans for the development of nursing and midwifery; forging strong, interdisciplinary health teams to address health and health system priorities; participating in the ongoing work of WHO's initiatives on scaling up transformative education and training in nursing and midwifery; collaborating within their regions and with the nursing and midwifery professions in the strengthening of national or subnational legislation and regulatory processes that govern those professions, including the development of competencies for the educational and technical preparation of nurses and midwives; strengthening the dataset on nurses and midwives; harnessing the knowledge and expertise of nursing and midwifery researchers in order to contribute evidence for health system innovation and effectiveness; and actively engaging the expertise of nurses and midwives in the planning, development, implementation and evaluation of health and health system policy and programming.

> Nurses are now expected to be key agents for the improvement of health disparities

What we can do for elimination of health disparities – prepare ourselves for eliminating health disparities

Now, I would like to present how we can work for the elimination of health disparities that are issues for us as nurses. One of my responses was to prepare us, as nurses, for elimination of health disparities issues even overseas. Another questions is, how we, as nurses can love our neighbors experiencing a poorer health status. Japanese nurses have been cooperating with their nurse counterparts in developing countries since 1960. Today, fifty-six years later, there are even more Japanese nurses working overseas in developing countries. However, limited opportunities existed for them to gain advanced education and training as specialists or experts in the area of global health nursing. We have worked in order to develop an educational program for building capacity to strengthen nurses and midwives as international collaborators.

I would like to share our experience of developing the graduate level educational program named, Global Health Nursing, in order to collaborate with partners as nurses and midwives who had difficult health problems in their country.

In order to develop an educational program, we conducted a study (Tashiro, J, Itikawa, T, & Inaoka, M (2003).

The aim of this study was to design a master's program for international nursing in Japan. The

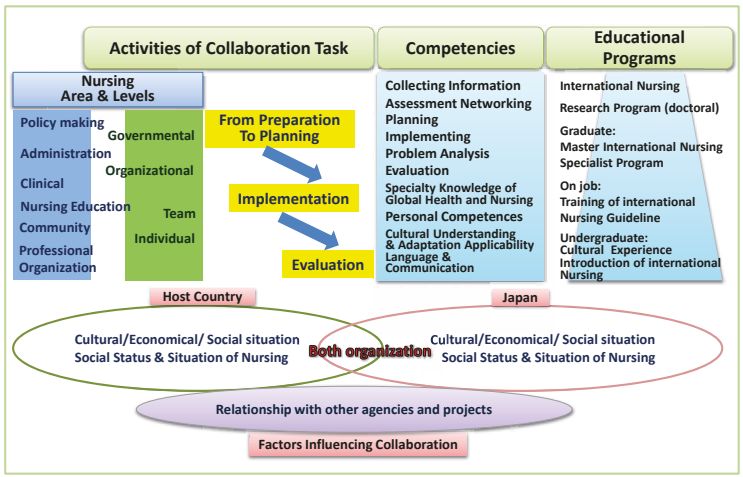
purpose of which was to contribute towards building the capacity and competencies of Japanese nurses. To prepare international nursing collaborators who are interested in working in and for developing countries. First, in order to identify educational content areas for the course, we conducted an interview survey on perceived competencies of Japanese nurses who had worked or were working for more than one year in developing countries in the area of strengthening nursing and midwifery. Twenty-six nurses participated in this study; we interviewed them in Japan or the country in which the participant was working. From the interview data analysis thirty-nine categories of competences were derived. We found two major types of categories: "personal and basic knowledge competencies" and "international collaborating competences", which were categorized into four levels of education: undergraduate, continuing-education, graduate-master's, and graduate-doctoral.

These categories were mapped as competencies of international nursing collaboration (See Figure 2). "Personal and basic knowledge competencies" which our participants reported were about cultural adaptability, language and communication skills, and basic knowledge of international nursing. Before acceptance into the master's program in international nursing, students or nurses should demonstrate experience in building "personal and basic knowledge competencies" in their undergraduate program. Thus, we designed an undergraduate program of international nursing as a pre-requisite course of study. Students who want to take the master's program should complete the undergraduate level of education, which includes cultural experiences such as exchange programs or international volunteers programs.

Seven areas of advanced competencies were derived from our data. Those seven areas of competencies were: information gathering, problem analysis, planning, problem solving, management, networking, and evaluation. After completing this research and based on these competencies, we designed a curriculum of international or global health nursing in the master's program.

The educational goal is to provide students with the basic skills to serve as leaders in the nursing field of global health, adding knowledge and skills in international public health medical services to

Figure 2. Competencies of International Nursing Collaborators and Education Program

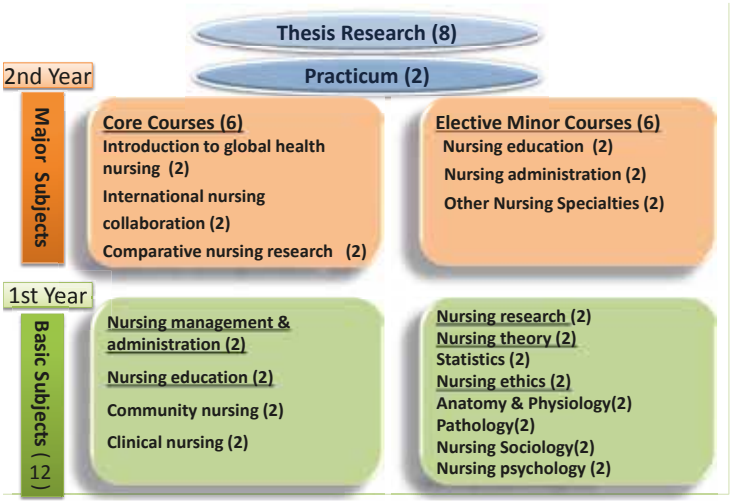


their own specialist nursing abilities.

Thus the curriculum for the global health nursing master's program was designed (See Figure 3). In the first year, students must complete the 12 credits of basic subjects for the master's program. Required subjects are underlined. In the second year they take specialty core subjects as well as minor elective subjects after which, they enroll in the practicum (field work) in the country of their focus. They identify problems of mutual concern, conduct small studies, and write-up their results.

We started this master's program in Global Health Nursing in April 2005. Two students were enrolled in our new program. After ten years, by the end of academic year 2016, six doctoral students, and 12 master's students had completed their respective programs. Most of

Figure 3. Global Health Nursing Curriculum Diagram



the graduates became nurse faculty who teach global health nursing or international nursing. Many of them are conducting the next phase of their particular study with international or global health collaborators. I am expecting graduates to contribute to the elimination of health disparities or to the improvement of 'health for all'.

After starting the specialty at the graduate-level for global health nursing, a number of collaborative research projects have been initiated with research partners worldwide. These global partnerships with nurse researchers contribute to further eliminate global health disparities to fix our broken world. Finally, based on our experience, I would like to suggest that nurses continue to conduct health disparity research, intervention research with partners worldwide, in order to eliminate health disparities and establish 'health for ALL'. We should aim to do this despite the number of problems that often seem to prevent it, including partnerships, finances, and consensus.

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Announcement

NCFI regional conferences

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

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

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

Europe: Please refer to the website for details

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

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

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

Editorial notes

CNI accepts a wide range of submissions including

- letters to the editor
- research manuscripts and literature reviews
- opinion pieces
- reports and book reviews
- educational articles
- spiritual teaching
- experience manuscripts

All submissions should be forwarded to the editor for consideration (**basparfitt@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 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, 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**

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

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

Who we are

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

How we work

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

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

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

Pray for us

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

Dr. Tove Giske
President of NCFI

About NCFI

Doctrinal basis

The following are the basic beliefs which NCFI members hold and which encompass the basic beliefs of the Christian Faith:

- the unity of the Father, the Son and the Holy Spirit in the Godhead
- the Person of the Lord Jesus Christ as very God, of one substance with the Father, and very Man, born of the Virgin Mary
- the Divine Inspiration and supreme authority of the Holy Scriptures in all matters of faith and conduct
- the guilt and depravity of human nature in consequence of the Fall
- the substitutionary Death of our Lord Jesus Christ and His Resurrection, as the only way of salvation from sin through repentance and faith
- the necessity for the New Birth by the Holy Spirit and his indwelling in the believer

Aims

- encourage Christian nurses and nursing students to live out their faith in compassionate professional practice
- deepen the spiritual life and cultural awareness of Christian nurses and nursing students around the world
- promote friendship, communication, connection and collaboration among Christian nurses worldwide
- support Regional NCF! 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

- faith and prayer
- *This is the lifestyle by which we will be known*
- integrate Biblical principles into our professional nursing practice
- *This is the how we live out our calling*
- participate in healthcare to demonstrate Jesus' love through equipping, encouraging and empowering nurses to provide competent and compassionate care
- *This is our life of nursing as ministry*
- seek to respect and understand cultures, languages, local customs, and healthcare practices as we serve
- *This is our commitment to incarnation*
- work with, learn from and encourage those who share the same purpose
- *This is our commitment to local communities of believers and the global Body of Jesus Christ*

Strategic goals 2013–2021

1. Establish a sustainable financial and administrative infrastructure to achieve the aims of the organisation
2. Establish an effective worldwide communication and collaboration network
3. Develop an International Institute of Christian Nursing to equip nurses in professional practice, education and collaborative research
4. Expand a network of prayer and praise across the organisation
5. Initiate and develop key partnerships across like-minded organisations and institutions
6. Organise international conferences normally every 4 years
7. Expand the organisation through increased membership including students, active practitioners and retired members

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Nurses Christian Fellowship International

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