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Strength and Courage to Care

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Nurses Christian Fellowship International (NCFI)

Making a difference to nurses and nursing around the world

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Contact

Nurses Christian Fellowship International
7730 S. Foresthill Ct.
Littleton, CO 80120 USA
Email: **ncfi.info@ncfi.org**
Website: **www.ncfi.org**
Lori Craver CPA,
NCFI Finance Director

Table of Contents

*Tap on **the title** to jump to desired section*

*In all next pages, tap on **page numbers** to jump back to the table of contents*

NCFI PRESIDENT'S MESSAGE 06
ANNE BIRO

IICN DIRECTOR'S MESSAGE 08
DIANE SMITH

CNI EDITOR'S MESSAGE 10
YUI MATSUDA

A NURSING QUILT 13
MARSHA FOWLER

COURAGE AS AN ESSENTIAL VIRTUE 18
FERNANDO RAMOS

LA VALENTÍA COMO UNA VIRTUD ESENCIAL (ORIGINAL VERSION OF "COURAGE AS AN ESSENTIAL VIRTUE" IN SPANISH) 23
FERNANDO RAMOS

BEYOND THE BEDSIDE: THE COURAGE OF NURSES AND MIDWIVES TO CARE IN CHALLENGING TIMES 28
BENSON OWUSU

WHAT ABOUT TOMORROW? TAPPING INTO GOD'S RESOURCES TO STRENGTHEN FAITH AND PROFESSION 34
ANNE BIRO

BLANCHE LINDSAY: NCFI PIONEER IN THE PACIFIC AND EAST ASIA 36
MARGARET HUTCHISON

WHEN 'DEEP CALLS TO DEEP' (PSALM 42:7): PRIMARY CAREGIVING FOR A LOVED ONE 44
EDITH WEST

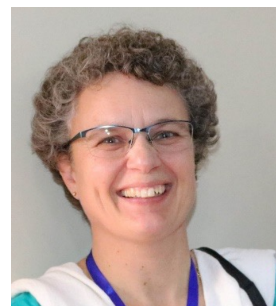
ABOUT NCFI 48

WRITING FOR CNI: AUTHOR GUIDELINES 50

NCFI PRESIDENT'S MESSAGE

ANNE BIRO

Integrating Faith and Professional Nursing Practice



I recently met a Christian nursing student who told me that although she was enjoying her studies and was looking forward to graduating and working as a nurse, she felt she was missing important input into her professional development. What she was looking for was the learning that comes from the stories and wisdom of Christian nurses on how to live out the Christian faith in professional nursing practice.

The desire to learn from other Christian nurses is not unique to this nursing student. And it is not unique to our point and time in history. Nurses Christian Fellowship International (NCFI) came into existence because nurses from different parts of the world were interested in learning from one another and supporting one another in living out the Christian faith in their workplace. It is this desire that has shaped the objectives and mission of NCFI "to equip and encourage Christian nurses to integrate Biblical principles and Christ-centered values in clinical practice, leadership, education, and research" (NCFI, 2014).

The founders of NCFI valued meeting together in-person where they could hear one another's stories, listen to talks and devotionals, and pray together. International conferences, both worldwide and regional, became a primary means through which NCFI could fulfill its mission. An additional way NCFI leaders sought to fulfill that mission included printed communication that could be distributed throughout the fellowship.

Initially, the publication called "The Highway" was the main means of communication for NCFI (Ashworth, 2012). However, as nursing developed, the need for a more professional publication was recognized. The CNI journal (Christian Nurse International) was created to meet this need, while other communication needs were met through newsletters, prayer guides, meetings (including recorded minutes), and interpersonal communications.

We are delighted that, after a hiatus, CNI is back in production! This edition of CNI is unique as the articles are written primarily by speakers for the NCFI 2024 World Congress. Consistent with the wishes of the nursing student mentioned above, this issue offers readers an opportunity to learn about the integration of faith and professional nursing practice from Christian nursing leaders. I pray that you will be encouraged and further equipped through what you read in the pages that follow.

Blessings in Christ!
Anne

Ashworth, P. M. (2012). A history of Nurses Christian Fellowship International. The first 50 years. Blackstaff Press. NCFI. (2014).
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IICN DIRECTOR'S MESSAGE

DIANE SMITH

International Institute of Christian Nursing Director's Message

Greetings! I am excited about my role as the Director of the International Institute of Christian Nurses (IICN). I am a long-time member of Nurse Christian Fellowship-USA and am pleased to expand my horizons.

I have been engaged in a study of the fruits of the Spirit (Galatians 5:22-23). Though the fruit of the Spirit consists of several characteristics that work together, the attribute that comes to mind when thinking of the IICN and Christian Nurse International (CNI) is faithfulness.

The motivation of service to God through meeting the needs of others is the foremost aspect of Christian nursing. This is exemplified in Matthew 25:40: "…'truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for Me.'" As I learn more about the history of Nurses Christian Fellowship International (NCFI) and IICN, I am awed by the faithfulness of those who have served diligently and have been rewarded with the impact NCFI and IICN have made for the cause of Christ. This longevity of service is needed for international work.

A firm foundation in nursing is also needed as we serve in the name of the Lord. Florence Nightingale's tenets include treating the person as one created by God and as an individual who requires holistic care which includes both physical and spiritual dimensions. She advocates for the importance of assessing the needs of each person. Nightingale acknowledges that each one will be different and should be respected as such. Our faithfulness to provide nursing care of the highest quality and with the utmost respect for our patients is our Christian duty.

As the CNI publishes its first edition in three years, we are reminded of those who have gone before us as Christian nurses. We pray for the faithfulness of those who are now serving; this faithfulness will allow the journal to continue strengthening Christian nurses worldwide.

Diane Smith, DNP, RN, CNE
Director, International Institute of Christian Nursing
Nurses Christian Fellowship International

I have chosen the way of faithfulness;
I have set my heart on your laws.
(Psalm 119:30, NIV)

CNI EDITOR’S MESSAGE

YUI MATSUDA

Welcome to the Christian Nurse International (CNI)!

My name is Dr. Yui Matsuda, and I am pleased to be the new Editor of CNI. It is my honor and privilege to take this role to serve God through my experience as a nurse researcher. We have had some moments of silence as a journal recently; so, I am excited to lead the effort to restart CNI. This work could not have been done without a team of experts: Dr. Susan Ludwick, our Assistant Editor; Dr. Diane Smith, the Director of the International Institute of Christian Nursing (IICN); Drs. Anne Biro and Juni, the President and Vice-President of NCFI; and the editorial board members representing all regions of the NCFI.

This issue highlights the proceedings of the 2024 NCFI World Congress, titled as "Strength and Courage to Care: God's Love and Resources for Nurses and Midwives." The Congress's main speakers contributed with a complementary piece to their talks. Thus, if you have joined the World Congress, you will enjoy reading the articles, reflecting on what you have learned from their talks and deepening them even further. If not, you can still enjoy the articles, which give you opportunities to contemplate critical topic areas nurses and midwives may face. This current issue also includes author-initiated articles in the area of nursing ethics and an introduction of a new book written by a nurse.

As the new Editor of CNI, I would like to express that I value — and will champion — diversity, equity, and inclusion as the critical element of the journal now and in the future. Let me describe what this looks like for CNI. As NCFI is represented by more than 40 countries over all six regions of the world, I envision CNI to reflect the diversity of NCFI's constituents. I am thankful for and proud of CNI's editorial board members, as we have at least one board member from each region. In a similar way, we encourage submission of articles from all areas of the world.

I should also highlight that CNI publishes a wide variety of writing: testimonies, short reports from your local/national/regional NCF, discussion papers, reviews, and research papers, to name a few. So, whether you are a student, clinician, administrator, educator, researcher, NCF staff/leader, or retiree, you are invited to submit manuscripts to CNI.

CNI is a peer-reviewed journal, and this may be an unfamiliar or intimidating process to some would-be authors. Let me reassure you: it is not as bad as it sounds! What this means is each article submitted gets reviewed by a few people so that you can get some constructive feedback to improve how you convey your ideas. To reduce potential biases during the peer-review process, we remove names, affiliations, and any information that could identify who you are. Some authors may need more feedback than others, and different reviewers may offer different perspectives to improve your articles. Through this process, CNI promotes equity, aiming to offer what each person needs, rather than giving the same thing to all people (i.e., equality). Finally, I aim

to promote inclusion by encouraging submissions from nurses and midwives of diverse backgrounds, while maintaining a peer-review process.

As mentioned above, commentaries or discussion papers can be submitted for consideration for publication. These types of papers may focus on issues that have multiple points of view and potential solutions. Examples of topics might include but are not limited to: "how one draws lines between life sustaining care and hospice care"; "how to think through racial discrimination at nurses' and midwives' workplaces"; and "how to provide spiritual care in a different cultural context." Such professional discourses will enrich readers who may resonate with your position or appreciate different perspectives.

I hope and pray that you are excited to be part of CNI as a reader, an author, and/or an encourager of others to contribute to the journal.

I look forward to learning with you and exploring how God manifests through our work with CNI.

Yui Matsuda, PhD, APHN-BC, MPH, RN, FAAN
Editor, Christian Nurse International

A NURSING QUILT

MARSHA FOWLER

A Nursing Quilt: Faith, Ethics, and Nursing

I recently decided to go back to a long tradition of my maternal line: patchwork quilting. Patchwork quilting would take bits and pieces of fabric, and sew them together to make a crib blanket or bedspread. The fabric came from either remnants from shirt and dressmaking for the family, or from the gaily printed fabrics in which flour was packaged in the 1800s and early 1900s. The fabrics could be sewn together in a haphazard way, called a "crazy quilt," or in pieced pattern blocks that were then sewn together. One of the oldest of these patterns is the "log cabin block" quilt made from strips of fabric sewn around a central square, arranged with a light and dark side, with a warm color in the center, representing the hearth of the home. These blocks could then be arranged in a virtually infinite number of patterns. The quilting tradition of the women of my family goes back at least 200 years so I need to hold up my end of the "woman-culture" of my family.

My own research endeavor has been something of a crazy-quilt journey. For the past 50 years I have researched and studied the history and development of nursing ethics, primarily but not exclusively in the English-speaking countries, but most focused on the American tradition of nursing ethics. By this, I do not mean contemporary bioethics. I am speaking of the native nursing ethics that arose from the soil of nursing from the very beginning of modern nursing in the late 1800s. What I want to offer you in this paper is not a whole quilt, but, instead, a few blocks of cloth from the Jewish and Christian tradition for you to assemble into a quilt of your own making.

The first block upon which to build is the religious origin of bioethics

Historically it has been religion, not philosophy, that has dealt with concerns for health, pregnancy, childbirth, illness, disability, and suffering—as well as compassion, caring, kindness, grace, generosity, understanding, and more. These concerns were raised by members of the congregation who sought the counsel of clergy or religious scholars; they wanted to know what response would be right, good, and faithful in the sight of God. The clergy did not deal with abstract, speculative, conjectural ethical issues—they dealt with the real-life moral questions that haunted members of their flock.
We have, in the theological literature, responses to moral questions of health and illness from the first centuries of the Common Era to the present. It was clergy and theologians who initiated and developed the contemporary field of bioethics, before it was colonized and secularized by philosophers, physicians, sociologists, attorneys, and others. It is time for nursing to identify its concerns and to delve into the theological roots and responses to the ethical concerns that nurses and their patients raise. Let us reclaim what belongs to us!

The second block is a new view of creation and human need

A theologian colleague of mine, Prof. David Dorman, is finding new understandings and new insights in the work of Swiss theologian Karl Barth and his interpretation of the creation narratives in the Book of Genesis. In the creation, God brings order out of chaos, creates the heavens and earth and the waters. God creates all the things that creep and crawl and fly—and carrots and tomatoes. And chocolate. The whole of the created order is humming along on its own, a fully functioning cosmos of plants, animals, earth, seas, climate, sun, moon, and stars. God creates, orders, and puts in place everything—everything—that is needed to sustain the yet-to-be-created humankind. Then, and only then, does God create humankind to keep and tend the earth. In the biblical narrative, creation does not need humankind—it is fine on its own; but humankind is dependent upon creation and cannot survive without a healthy, sustaining creation. In this fresh understanding, humankind is the neediest of creation and entirely dependent upon it. This is, in Barth's term, a blessed needfulness, where humankind is brought into being as dependent, and in need of the created order, in need of upon one another, and in need of God. And God declared it good. There is also a different neediness, a wretched neediness, which is a neediness that is a consequence of the brokenness of humankind, its disobedience, and its sinfulness. What if nursing were to look at and focus on human need in two separate but interrelated categories—the blessed needfulness of a healthy creation/environment, the blessed needfulness of one another that is social support and connectedness, family and friends, the blessed needfulness of food, shelter, sleep, and recreation? And what if we nurses looked at illness, trauma, poverty, hunger, and environmental degradation as wretched neediness in need of categorically different nursing interventions? Differentiating between blessed needfulness and wretched neediness affords nursing a new way of thinking about human need, one that might prove fruitful in reflection upon nursing practice.

The Third block: nursing as a calling and profession

Early modern nursing struggled with the desire to retain a notion of calling or vocation in nursing, while at the same time blending it with nursing as a scientific, educated, skilled profession. Nursing-as-calling implied commitment, devotion, compassionate care, and faith, but uncompensated service. Nursing-as-profession implied higher education and science, just compensation in accord with education, though not necessarily faith and devotion. It was a tension as newly modern nursing was being established. Our founding educational leaders proceeded by maintaining and retaining

that tension, embracing both calling and profession in the textbooks and journals. You can be called to nursing and yet not be a person of faith, but, how does being called to nursing enrich your faith? And how does nursing as your calling enrich your nursing?

The Fourth block is the relational nature of nursing ethics

From the start of modern nursing, the architecture of nursing ethics was one of a set of relationships. There are five nursing relationships today: nurse to patient, nurse to other health professionals, nurse to self, nurse to profession, and nurse/nursing to society. This is a structure that is then infilled with the moral values, virtues, duties, ideals of each relationship. In the process of education, the moral formation of the nursing student into a nursing identity, and the development of the graduate nurse from novice to expert, is a process of the interior life -- the incorporation or interiorisation of those moral norms of nursing within oneself– that become a part of one's spiritual journey into and in nursing. Here one's identity is rooted in Christian faith, but faith-as-a-nurse, and nursing as a calling (and only if truly God's calling rather than simply an occupation). The moral values and virtues of faith and of nursing, both, become a part of one's self, bringing faith and nursing together in the inner life and spiritual journey. What if nursing itself were seen as a part of, and intrinsic to, and inseparable from, one's faith and spiritual journey?

The Fifth block is the concept of covenant and the nursing relationship with society

Society authorizes groups of persons with special skills (such as teachers, physicians, firefighters, and nurses) to attend to specific needs of society. In doing so, society and those persons enter into an unwritten social arrangement where society has obligations to those groups, and those groups have obligations to society. This has sometimes been discussed as a social contract. And yet, social contract is transactional in nature and inadequate to capture the qualities of the relationship. The concept of covenant is, instead, a better understanding of the nature of that relationship. In covenant, both parties have obligations, and those obligations are not some kind of transaction as if a business exchange, like "I give you [x], and in exchange you give me [y]." They are broader, enduring, and more expansive, capacious, and generous. Society says, "We have people in need of nursing and will help the profession meet that need" to which nursing replies that "we will meet that need with knowledge, skill, compassion, and moral commitment." The covenant is intrinsically identity-forming for the profession with a core expectation of promise-keeping. The covenant is not between an individual nurse and the patient, not between

the nurse and society. The covenant is between the nursing profession and society, and between the nurse and the profession. That is, the individual nurse operates within the covenant of the profession with society. The COVID-19 pandemic brought to light the depths to which nursing observed its devotion to the covenant through great and many sacrifices and personal risks. It also demonstrated where, (in the US), society had failed its covenantal obligations to create a sustainable workforce, to provide adequate protection from risk for nurses, and more. Nursing was generous; society was parsimonious, and yet it realized that it had failed nursing.

Assembling the quilts

These are but a few blocks—there are other intersections of faith, ethics, and nursing that can be explored, and I invite you to do so. For a start, however, I invite you to reflect upon these blocks as you consider your own nursing and faith journey.

While those who are called to nursing will share a set of values and virtues, concerns and ideals common to all nurses, each nurse will understand that call in a different way—some are called to pediatrics, some to hospice, some to intensive care, and some to national health policy, or global crisis nursing and so on. The implication is that while nurses, specifically Christian nurses, will have each of the blocks above in their quilt, some may be larger blocks that stand out amongst all the other blocks. We who practice nursing in any of its forms or settings need to ascertain where our God-led passions lie, and what forms of nursing claim us in our spiritual-nursing journey.

For further reading:
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COURAGE AS AN ESSENTIAL VIRTUE

FERNANDO RAMOS

Courage as an Essential Virtue

Fernando Ramos, BSN, BA, MA

Faced with the challenge ahead of conquering the land of Canaan it is narrated in chapter 1 of the book of Joshua that God, after assuring him that He would accompany him, encouraged Joshua to strive and be courageous (Joshua 1:6). Courage is an essential virtue that allows other virtues to be displayed because, as the Christian thinker C.S. Lewis said, "In the absence of courage, no other virtue survives (2019)." This idea is presented in his well-known book, The Screwtape Letters. Courage is essential because all other virtues depend on it when they are put to the test. In other words, a person may be honest, just, or compassionate in theory, but will truly demonstrate those virtues only if they are upheld in moments of fear or difficulty. This is a powerful concept that reinforces the importance of courage in moral and spiritual life (Lewis, 2019).

Many times, adequately caring for patients requires being courageous and having enough strength to provide quality care in a context of limited material and human resources, while supporting the most vulnerable and excluded, as Jesus did. All this requires a lot of courage because, oftentimes, we must go against the mainstream. In the Bible we are presented with many situations in which the courage of the protagonists is put to the test. Allow me to recall a situation that serves as an example of how to act in difficult circumstances.

It is the well-known story of the battle between David and Goliath narrated in 1 Samuel 17. We all know the story: A young shepherd with no military training, in the valley of Elah faced a highly trained Philistine soldier, experienced and very gifted for war. The little shepherd defeated Goliath, the giant. This confrontation, which became the archetype of the dichotomy the weak and the strong, took place in the so-called Valley of Elah, which was the valley used by the Philistines to invade Palestine. According to the Talmud, Goliath was about 3 meters tall, and according to the translation of the Septuagint (LXX), about 2 meters (Ehrlich, 1992; Hays, 2005). In any case, for the average height of that time he was an imposing figure. He was a warrior trained for combat, physically very gifted, with spectacular strength. He was very confident in himself and in his capabilities. His high status was evident through his elaborate armor and the presence of a squire assisting him. David, however, was a boy, shepherd of his father's sheep. A young man of great talent, very young, and with a life that was interwoven between contemplation and action. Gifted with a sincere faith, David believed in God who has a personal nature and can form a relationship with a human based on trust. David had gifts. Goliath had them, too. The key to David is that his gifts, despised by others, will acquire a fundamental weight in history because they will have an energy that moves everything: hope.

In contrast, the soldiers of Israel have lost all hope.

Not even the greatest gifts promised by the king -- who was willing to give his daughter to the one who defeats the giant -- were enough to move those soldiers. Fear wipes out hope, hope drives away fear. David does not need these stimuli: He interprets reality and responds in accordance with who he is, someone who has learned to take care of his flock and protect it, trusting in the Somone who protects him, too. The strength of David's faith and hope does not arise from marvelous signs or incredible miracles, but from a daily life anchored in faith. David does not believe that he will win because something extraordinary will happen, but rather through, the opposite -- **what happens every day will occur: God will protect him.** However, David must conquer his fear. He must take the step, descend into the valley of Elah, the valley of collective fear, and face the self-centered giant, readying himself with his sling and 5 chosen stones.
Allow me to take a stylistic liberty and link those 5 stones to 5 resources that enabled David to face the giant.

1. Between contemplation and action.
David seems to have been in a school that sharpened his senses, his perception, and his intelligence for action. His occupation as a shepherd, though despised, allowed him to spend time alone with himself and with God. He moved between contemplation and action, something very important to maintain balance. Contemplation allows you to learn to sense. If you don't learn to sense, you are only capable of reacting, allowing reality to control you. If you learn to discern what you perceive, you act and can change your reality. It is like when one wants to communicate: they can only do so if they have first learned to listen. Sometimes we are like to a spring. A stimulus triggers a response in us as a reflex -- often times inappropriate one. Our response can be a look, a word, or an action. However, the reaction is often times out of proportion to the stimulus that triggered it. We must learn to act rather than react.

2. Be yourself
One can only overcome pressure by being yourself. Note the following detail: The king and the experienced soldiers insisted on putting the soldier's armor on a shepherd. However, David was not functional like that at all. It is common to have others impose strategies and expectations that have worked for them, but they do not work for us. Human beings have a profound need for COHERENCE. This implies that our identity, acquired knowledge, expectations, aspirations, and endeavors must seamlessly come together into a unified and coherent whole. This is ideal, but reality sometimes puts us circumstances that are not ideal...; however, we must be clear about what aligns with us because that is how all the gifts that God has been refining in us fit into something perfect, transformative, and strong. God does not play with chaos in our

lives, rather, there is always an underlying order and purpose to everything. Therefore, David insists that he is capable, if he is allowed to confront the problem just as he is.

In the New Testament Jesus says to Peter, "(If I want him [John] to remain alive until I return,) what is that to you? You must follow me."(John 21:20-22, New International Version [NIV]) How often we live up to the expectations of others! How much we lose because of it and how frustrating it can be!

3. Maintain humility

The line between proper self-esteem and arrogance, or self-disgust is sometimes a fine one. Some of us can swing back and forth between the two extremes. "...think of yourself with sober judgment,..." (Romans 12:3, NIV). We are not angels, nor devils. We are simply human beings, full of weaknesses, but chosen by God for an amazing life. Here we see David who remains humble and waiting to see what happens next.

Though, years later, God had to rebuke David harshly when he thought he was strong and invulnerable. When, drunk with power, he tallied all his resources, thinking that they were his own, indebted to no one because of the status he had achieved (1 Chronicles 21). In response, God withdrew His protection, and it became clear who had sustained David all those years. If self-disgust paralyzes us, arrogance derails us.

4.Maintaining hope

The people of Israel, with their king Saul at the head, have lost all hope. They see the problem and their strengths fail. They only saw the problem. Goliath consumes all of their attention. His imposing appearance captivates their gaze, trusting the appearances, just like when they chose Saul, a king in the manner of neighboring nations. But David has not lost hope. He has cultivated hope by knowing God in a new way: not through ritual but through a personal relationship, something unheard of. Through one person who has hope becomes a sign of hope. Are we signs of hope where God has placed us? Do we bring hope to those around us?

5.Overcoming fear

Just as Goliath, many try to overcome situations by instilling fear. God does not exercise coercive control but rather authority, which is something very different. Control is based on coercion and manipulation. Authority comes from status or the ability to persuade. Often, people without authority resort to control through coercion to rule others. Fear paralyzes us. It locks all our gifts and talents in a tightly sealed box, rendering us incapacitated. By presenting Goliath, the Philistines have succeeded in paralyzing Israel, making them believe that they are incapable people and that they will be easily defeated. Goliath embodies the arrogance of the Philistines confident of their supremacy.

But there is only one way to defeat fear: It is to face it head on. That is the lesson of the Valley of Elah. I am not proposing an unrealistic and irresponsible attitude. David does not do that. He simply relies on what he has learned from his relationship with God. He has refined his gifts and multiplied his capacity thanks to the hope he has learned from God. David, to overcome fear, must stand face to face with it, name it, and confront it with the resources at his disposal. Fear is a liar and a deceiver. When you face it, it runs away. But that step must be taken. R.W. Emerson (1879, cited in King, 1963) wrote, "He who does not overcome a new fear each day has not yet learned the lesson of life (p.125)." Often our life is not comfortable, nor does it have to be. Opportunities to show courage often arise. What shall we do?

We all have our own "Goliath." In their presence we feel our strengths failing. But, just as David, we have our "chosen stones," our resources to be able to look at fear in the face, name it, and then defeat it. To defeat this fear; however, we cannot face it from afar, but we must go down to the valley of Elah and confront it face to face.

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Affiliation:
Head of the Department of Teaching and Continuing Education of Nursing at the Cruces University Hospital
Assistant to the Nursing Management Team of the hospital.
President of Christian Nursing Spain
Correspondence: fernando.ramos62@gmail.com
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LA VALENTÍA COMO UNA VIRTUD ESENCIAL

FERNANDO RAMOS

LA VALENTÍA COMO UNA VIRTUD ESENCIAL

Fernando Ramos, BSN, BA, MA

Ante el reto por delante de conquistar la tierra de Canaán se narra en el capítulo 1 del libro de Josué que Dios, después de asegurarle que le acompañaría, animó a Josué a esforzarse y ser valiente (Josué 1:6). La valentía es una virtud esencial para que otras virtudes puedan mostrarse porque, como dijo el pensador cristiano C.S. Lewis (2019): "En ausencia de valor, ninguna otra virtud sobrevive". Esta idea la presenta en su famoso libro "Cartas del diablo a su sobrino." El coraje es esencial porque todas las demás virtudes dependen de él cuando son puestas a prueba. Es decir, una persona puede ser honesta, justa o compasiva en teoría, pero solo demostrará verdaderamente esas virtudes si las mantiene en momentos de miedo o dificultad. Es un concepto poderoso que refuerza la importancia del coraje en la vida moral y espiritual. (Lewis, 2019)

Muchas veces atender a los pacientes adecuadamente implica ser valientes y tener la fuerza suficiente para proveer cuidados de calidad en un contexto de carencia de medios materiales y profesionales, apoyando a los más vulnerables y excluidos, como Jesús hacía. Todo esto requiere mucha valentía porque, muchas veces, debemos ir en contra de la corriente mayoritaria. En la Biblia se nos presentan muchas situaciones en el que se pone a prueba el valor de los protagonistas. Dejadme que recurra a una que nos da ejemplo de cómo actuar ante situaciones difíciles.

Es la conocida historia del combate entre David y Goliat narrada en 1 Samuel 17. Todos conocemos la historia: Un pastor de ovejas joven y sin formación militar, se enfrentó en el valle de Elah a un soldado filisteo entrenado, con experiencia y muy dotado para la guerra. El pequeño pastor venció al gigante Goliat. Ese enfrentamiento, convertido en arquetipo del contraste entre lo débil y lo fuerte, tuvo lugar en el denominado Valle de Elah que era el valle que usaban los filisteos para penetrar en Palestina. Goliat era según el Talmud de unos 3 metros de altura, y según traducción de los LXX de unos 2 metros (Ehrlich, 1992; Hays, 2005). De todas maneras, para la estatura media de aquella época resultaba ser imponente. Era un guerrero adiestrado para el combate físicamente muy dotado, con una fuerza espectacular. Muy confiado en si mismo y en sus posibilidades. Tenía un gran estatus puesto que disponía de una armadura elaborada y estaba asistido por un escudero. David, sin embargo, era un muchacho, pastor de las ovejas de su padre. Un joven de un gran talento, muy joven, y con una vida que se entretejía entre la contemplación y la acción. Dotado de una fe sincera, atribuía a Dios una personalidad que puede entrar en relación con el ser humano en un contexto de confianza. David tenía dones. Goliat también los tenía. La clave en David es que sus dones, menospreciados por los demás, van a adquirir un peso fundamental en la historia porque van a tener una energía que lo mueve todo: la esperanza.

Por contra los soldados de Israel han perdido toda esperanza. Ni las más altas prebendas prometidas por el rey (que promete a su hija a quien venza al gigante) consiguen mover a aquellos soldados. El miedo aniquila la esperanza, la esperanza ahuyenta el miedo. David no necesita esos estímulos: interpreta la realidad y responde en coherencia con lo que es en si mismo: alguien que ha aprendido a cuidar su rebaño, a protegerlo, fiado en Alguien que lo protege a él también. La fuerza de la fe y la esperanza de David no surge de señales poderosas o milagros increíbles, sino de una vida cotidiana anclada en la fe. No cree que vaya a vencer porque suceda algo extraordinario, más bien al contrario, **sucederá lo de todos los días: Dios lo protegerá.** Pero David debe vencer el miedo. Tiene que dar el paso, debe descender al valle de Elah, al valle del miedo colectivo, y enfrentarse un gigante autocomplaciente de si mismo, echando mano de su honda, y 5 piedras escogidas.

Permitidme que me tome una licencia estilística y que vincule esas 5 piedras a 5 recursos que hacen que David pueda enfrentar al gigante.

1. Entre la contemplación y la acción

David parece haber estado en una escuela que afina sus sentidos, su percepción, y su inteligencia para la acción. Su ocupación de pastor, aunque despreciada, le permitía pasar tiempo a solas consigo mismo y con Dios. Se movía entre la contemplación y la acción, algo muy importante para mantener el equilibrio. La contemplación te permite aprender a percibir. Si no aprendes a percibir sólo eres capaz de reaccionar permitiendo que la realidad te pueda. Si aprendes a discernir lo que percibes, actúas y eres capaz de cambiar la realidad. Es como cuando uno pretende comunicarse: sólo puede hacerlo si antes ha aprendido a escuchar. A veces somos como un muelle. Un estímulo dispara en nosotros como un resorte una respuesta, muchas veces inadecuada. Puede ser una mirada, una palabra, un hecho. Sin embargo, la reacción muchas veces es desproporcionada al estímulo que la desencadenó. Debemos aprender a actuar antes que a reaccionar.

2. Ser uno mismo

Sólo se puede vencer la presión siendo uno mismo. Notemos el detalle: El rey y los soldados profesionales insistieron en colocar la armadura de un soldado a un pastor. David así no era nada operativo. Frecuentemente nos imponen estrategias y expectativas que han servido con otros, pero que a nosotros no nos sirven. Los seres humanos tenemos una gran necesidad de COHERENCIA. Es decir: lo que somos, lo que hemos aprendido, lo que esperamos, hacia donde nos dirigimos, en lo que nos esforzamos, necesitamos que estén en un todo armónico, coherente. Esto es lo ideal. Pero la realidad nos impone a veces circunstancias que no son las ideales...pero debemos tener claro que es aquello que es coherente con nosotros porque

así todos esos dones que Dios ha ido puliendo en nosotros encajan en algo perfecto, performativo e irresistible. Dios no juega al caos con nosotros. David insiste en que está capacitado si le dejan enfrentarse al problema tal y como es. En el Nuevo Testamento Jesús le dice a Pedro: "¿Qué te importa lo que pasa con Juan? sígueme tú." (Juan 21:20-22, Traducción en Lenguaje Actual) ¡Cuantas veces vivimos en función de las expectativas de los demás! ¡Cuanto perdemos por ello y qué frustrante puede llegar a ser!

3. Mantener la humildad

La línea entre una adecuada autoestima y la soberbia o el automenosprecio a veces es fina. Algunos de nosotros podemos bascular entre ambos polos. Que cada uno tenga el concepto de si que debe tener (Romanos 12:3). No somos ángeles, tampoco diablos. Simplemente somos seres humanos, llenos de debilidades, pero escogidos por Dios para una vida sorprendente. Aquí vemos a un David que se mantiene humilde, expectante ante lo que ocurre. Años más tarde, Dios tuvo que reprender duramente a David cuando este se creyó fuerte e invulnerable. Cuando, ebrio de poder, mandó contar todos sus recursos pensando que eran suyos, que no debía nada a nadie por el estatus que había alcanzado (1 Crónicas 21). Dios le retiró su protección y quedó en evidencia quien lo había sostenido todos esos años. Si la automenosprecio nos paraliza, la soberbia nos hace descarrilar.

4. Mantener la esperanza

El pueblo de Israel, con su rey Saúl al frente, ha perdido toda esperanza. Ven el problema y sus fuerzas desfallecen. Sólo tienen ojos para el problema. Goliat ocupa todo su campo de atención. Su imponente aspecto cautiva su mirada, fiada a las apariencias, como cuando escogieron a Saúl, un rey a la manera de los pueblos vecinos. Pero David no la ha perdido la esperanza. La ha cultivado conociendo a un Dios de una forma nueva: no mediante un ritual sino mediante una comunión personal, algo inaudito. Y una persona que tiene la esperanza, se convierte en signo de esperanza. ¿Somos signos de esperanza donde Dios nos ha puesto? ¿Traemos esperanza a los que nos rodean?

5. Vencer el miedo

Muchos pretenden vencer las situaciones infundiendo miedo, como Goliat. Dios no ejerce el dominio coactivo sino la autoridad que es algo muy diferente. El dominio se basa en la coacción y en la manipulación. La autoridad proviene del estatus o de la capacidad de persuadir. Frecuentemente gente sin autoridad recurre al dominio mediante coacción para gobernar a los demás. El miedo nos paraliza. Encierra en una caja bajo "siete llaves" todos nuestros dones y talento, convirtiéndonos en "inválidos". Con el golpe de efecto de presentar a Goliat los filisteos han conseguido paralizar a Israel, haciéndole creer que es un pueblo inválido y que va a ser fácilmente derrotado. Goliat encarna la

soberbia de los filisteos confiados en su supremacía.

Pero sólo hay una manera de derrotar el miedo: es mirarlo de frente. Esa es la lección del Valle de Elah. No estoy proponiendo una actitud irrealista e irresponsable. David no hace eso. Simplemente confía en lo que ha aprendido de su relación con Dios. Ha afinado sus dones, y ha multiplicado su capacidad gracias a la esperanza que ha aprendido de Dios. David, para vencer el miedo, debe mirarlo cara a cara, nombrarlo, y enfrentarlo con los recursos de los que dispone. El miedo es mentiroso y engañoso. Cuando le haces frente, huye. Pero hace falta dar ese paso. Martin Lther King (1963) escribió que "Quien no supera cada día un nuevo temor no ha aprendido aún la lección de la vida (p.125)." Frecuentemente nuestra vida no es cómoda, ni tiene porqué serlo. Frecuentemente surgen oportunidades de mostrar valor ¿Qué haremos?

Todos tenemos nuestros "Goliat" particular. Ante su presencia sentimos que nuestras fuerzas desfallecen. Pero, cómo David, tenemos nuestras "piedras escogidas," nuestros recursos para poder mirar cara a cara al miedo y nombrarlo, derrotándolo de esta manera. Pero para ello no podemos interpelar al miedo desde lejos, sino que debemos bajar al valle de Elah y allí sostenerle la mirada.

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Afiliación:
Jefa del Departamento de Docencia y Formación Continuada de Enfermería en el Hospital Universitario Cruces
Asistente del Equipo de Dirección de Enfermería del Hospital
Presidente, Enfermeria Cristiana de España
Correspondencia: fernando.ramos62@gmail.com

BEYOND THE BEDSIDE

BENSON OWUSU

The Courage of Nurses and Midwives to Care in Challenging Times

Benson Owusu, PhD, MPH, BSN, RN
Affiliation: School of Nursing and Midwifery, Central University, Ghana
Email: bowusu@central.edu.gh
ORCID: https://orcid.org/0000-0002-4061-490X

Abstract
The nursing and midwifery professions have undergone significant evolution over the years, with the COVID-19 pandemic highlighting the adaptability and resilience of these roles. Notably, the crisis demonstrated that certain aspects of nursing and midwifery care can be delivered remotely, thus expanding the boundaries of traditional practice. To effectively care for both individual patients and broader communities, nurses and midwives must adopt innovative approaches tailored to their specific geographical and sociocultural contexts. This includes leveraging social media for health education, organizing medical outreach programs in underserved areas, and engaging in research to inform evidence-based practice. In times of crisis, healthcare professionals are called not only to maintain care standards but also to transcend barriers with compassion and creativity—thereby embodying the highest ideals of service and advocacy.

Keywords: Courage in Nursing/Midwifery, Spiritual Care, Holistic Compassion

Nursing is defined as a profession which is dedicated to upholding everyone's right to enjoy the highest attainable standard of health through people-centered, culturally safe care, advocacy, and collaboration (White et al., 2025). This highlights the important role nurses/midwives play in the healthcare system. The function of the nurse/midwife goes beyond administering medication, performing bed bath, or delivering babies, but even those activities are intangible. This emphasizes the pivotal role of nurses and midwives in addressing the spiritual well-being of those in their care. In an era characterized by increasing medicolegal scrutiny within healthcare practice globally, the provision of care that encompasses the spiritual dimension demands exceptional courage, ethical sensitivity, and professional integrity.

While hospitals serve as primary sites for healthcare delivery, it is important to recognize that patients who seek care in these facilities represent only a fraction of the population in need of nursing services. A substantial number of individuals, particularly in underserved communities, remain unreached due to barriers such as fear, limited access, or misconceptions about hospital care. Nurses and midwives, with their broad training and community orientation, are well-positioned to address this gap. By developing and implementing innovative, technology-driven, community-based interventions such as using digital health platforms, mobile

applications, and data-guided health education campaigns, nurses and midwives can promote healthy lifestyles, reduce the burden of preventable diseases, and extend the reach of healthcare beyond institutional boundaries. In this way, they play a critical role not only in clinical care but also in driving innovation, public health leadership, and community empowerment.

Nurses' and midwives' capacity to recognize the specific health needs within their communities and to take proactive steps toward addressing them reflects their unique role in healthcare. This commitment demonstrates the strength, compassion, and courage that define their profession, embodying the spirit of service and care that aligns with the example of Christ's healing ministry. In the year 2020, when the World Health Organization (WHO) declared the year of the nurse and the midwife, little did we know it was the time to step out as courageous nurses and midwives to give strength and hope to the world. The COVID-19 pandemic made the world recognize the critical role nurses and midwives play in sustaining the health system. With the world currently facing numerous health challenges, it will take courageous nurses and midwives to step forward and lead the fight to address them (WHO, 2020b).

This article highlights several initiatives that nurses and midwives, regardless of their practice setting, can adopt to become effective agents of change. One key avenue is the strategic use of both traditional and social media to advocate for health and influence policy. With over 4.9 billion people worldwide using social media platforms (Forbes, 2023), these channels offer an unprecedented opportunity to disseminate health information and promote positive behavioral change. By consistently sharing evidence-based messages on healthy living, disease prevention, and innovative approaches to strengthening national health systems, nurses and midwives can extend their impact beyond clinical environments. Such sustained digital engagement not only educates the public but also has the potential to attract the attention of policymakers and stakeholders, thereby amplifying the collective voice of the nursing and midwifery profession in shaping health policy and social transformation.

Furthermore, a 2022 report by Statista identified Facebook as one of the most widely used social media platforms globally, underscoring the increasing relevance of digital platforms in contemporary health communication (Statista, 2022). This trend presents a valuable opportunity for healthcare professionals including nurses, midwives, physicians, and allied health workers to utilize social media as a tool for disseminating health information, engaging with communities, and advancing public health initiatives across diverse populations, regardless of geographical location.

Nurses and midwives can affect meaningful social return by organizing medical outreach programs to deprived communities. Such outreach may be operationalized through the establishment of non-governmental organizations, competitive grant applications, or strategic partnerships with governmental and civil-society stakeholders, mechanisms that have been shown to increase service and population coverage in low- and middle-income settings (Sanadgol et al., 2021). Properly designed outreach activities enable systematic needs assessment and service planning, permitting the identification of population-specific health priorities and gaps in access (WHO, 2020). When outreach is conducted using community-based participatory approaches, practitioners integrate service delivery with rigorous documentation and data collection; this process both empowers communities and generates evidence that is suitable for evaluation and policy translation (WHO, 2020a). By intentionally documenting processes and outcomes and disseminating results through peer-reviewed publications or policy briefs, nurses and midwives can supply policymakers with reliable baseline data and practical recommendations for addressing underlying health problems (National Academies of Sciences, Engineering, and Medicine, 2021).

To sustain and scale effective outreach initiatives, nurses and midwives should be encouraged to assume leadership roles across sectors including health administration, education, and politics, thereby translating frontline experience into institutional and policy change (National Academies of Sciences, Engineering, and Medicine, 2021; Gea-Caballero et al., 2022). Nurses and midwives with strong leadership competencies should not remain passive while ineffective leadership prevails. They carry an ethical and generational responsibility to provide care that extends beyond clinical settings into the broader society. It is imperative that nurses and midwives exercise leadership that transcends institutional boundaries, contributing meaningfully to national development and societal well-being. Through visionary, compassionate, and accountable leadership, nurses and midwives can collectively transform communities and advance the overall health and progress of their nations. Under the leadership of Benson Owusu, and through the establishment of the non-governmental organization, Quik Medical Consult, a series of community health outreach initiatives have been implemented across deprived communities in Ghana. These programs mobilize teams of healthcare workers to provide free preventive, curative, and maternal health services to underserved populations with limited access to formal healthcare. Beyond clinical interventions, the initiatives emphasize health education, disease prevention, and community empowerment, fostering sustainable improvements in population health. In

addition to these activities, Quik Medical Consult raises funds to support needy children requiring life-saving surgeries when their families are unable to afford treatment (Quik Medical Consult, n.d.). This compassionate and inclusive model exemplifies how nursing and midwifery leadership can transcend institutional boundaries to address broader social determinants of health, advance equity, and strengthen the profession's ethical commitment to caring for society in times of challenge.

Another area of importance is the provision of spiritual care to patients. The importance of spirituality and spiritual care is well documented in literature (Puchalski et al., 2009). While education on spiritual care is formalized in nursing curriculum in some countries, others do not have it! Spiritual care is seen as part of socialization, especially in Africa. One characteristic of a nurse/midwife is his/her ability to advocate. In countries where spiritual care is not taught in schools, the nurse/midwife can lead the conversation and become an advocate in its inclusion in the national educational curriculum. To achieve this, there is a need to prove to regulators the importance of spirituality and spiritual care in nursing/midwifery.

One such ways is to conduct research to gather enough findings in your geographical location and presenting them to policymakers. Spiritual care formally taught in nursing/midwifery schools will help the students understand and appreciate the ethics surrounding it, being able to assess patients' need for such care and rendering it or referring to the appropriate quarters. Giske et al. (2022) in their research work titled "Developing and testing the EPICC Spiritual Care Competency Self-Assessment tool for student nurses and midwives" have created an important tool for assessing spiritual care. The tool guides nurses and midwives on how to assess their knowledge, attitudes, and skills in relation to spirituality and spiritual care, to be able to render it.

In addition, nurses and midwives can play a vital advocacy role by promoting the inclusion of professionally trained chaplains within healthcare institutions to address patients' spiritual needs (Puchalski et al., 2009; World Health Organization [WHO], 2021). In many African countries, where dominant religious affiliations include Christianity, Islam, and traditional belief systems, it is essential that chaplaincy services reflect this diversity (Omonzejele, 2008). A pluralistic approach to spiritual care ensures that patients feel seen and supported within their faith context. Moreover, the presence of trained chaplains may help to mitigate unsafe practices, such as the administration of unregulated spiritual substances by family members. These actions, often undertaken without medical supervision, carry serious risks, including aspiration pneumonia and, in some cases, fatal outcomes. By institutionalizing culturally sensitive

and professionally guided spiritual care, healthcare facilities can foster safer, more holistic healing environments (White et al., 2025). There is an African proverb that says it is easier to break a single broom stick but impossible when the broom sticks are together. To wit, there is strength in unity. We are more than we are if we work as a team. Projects and initiatives that can change the phase of nursing/ midwifery can be achieved if nurses/midwives with like-mindedness are able to team up for a common goal..

In conclusion, nurses and midwives are encouraged to cultivate self-belief, resilience, and courage as they continue to serve as vital sources of hope and healing for their patients. Emulating the pioneering spirit of Florence Nightingale, they are called to extend their care beyond the confines of hospital walls, engaging with communities locally, nationally, and globally to promote health and well-being. Nurses and midwives remain indispensable leaders within the health continuum, forming the backbone upon which effective health systems are built and sustained. It is therefore imperative that the nursing and midwifery professions embrace a renewed sense of purpose, one that transcends traditional boundaries, fosters innovation, and advances health equity across all levels of care.

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WHAT ABOUT TOMORROW?

ANNE BIRO

Tapping into God's Resources to Strengthen Faith and Profession

One morning, while preparing for work, I glanced at one of my bookshelves. The focus of my attention was a book that I had not remembered was there. Where or when I got the book is still a mystery to me. But that morning, it did not matter. For some reason, I could not stop looking at the book. I pulled it off the shelf and quickly looked through it. I was amazed at how relevant it was to a leadership issue I was struggling with. I wished I had discovered the book earlier. It would have prevented unnecessary frustration and helped to resolve the problem in a way that would have been more effective. I am grateful for the discovery of the book and how it helped me, however, I realize it would have been much better if I had read the book earlier. I had the resource, but by not reading it, I had missed out on a learning opportunity that would have been helpful in my work.

This story reflects what happens to many of us. We receive a gift, a resource, or an opportunity, but either we do not recognize its value, or we delay taking action by thinking we will do it in the future. The problem with delaying is that often we never follow through with our intentions, even though it would benefit us or those around us.

Take a moment to reflect on your own life and work. Perhaps there is a book that has ideas that would be helpful to your situation. Perhaps you have just taken a course and learned new things you hope to publish or put into practice. Maybe you have been inspired or challenged by a talk you heard. Perhaps you have made a connection with someone who has the potential to be a person who encourages you, challenges you, or partners with you. Or maybe you recognize the need to reconnect or go deeper in the Christian faith through prayer, Bible reading, or becoming a part of a local fellowship. While "tomorrow" might be the time that people put into action what they have learned or been challenged to act on, for many people tomorrow never comes: the step from learning, connecting, or inspiration to take action does not happen. Why is this? And even more importantly, what can we do about it?

Human tendency for inaction has been the subject of many research studies and theories. In nursing and midwifery education, most programs incorporate teaching on learning theories and health promotion. Health promotion theories and models (e.g., Health Promotion Model, Health Belief Model, Theory of Reasoned Action) help us to both understand and plan how to help patients or clients make positive, health-promoting changes. Although some of the underlying assumptions and approaches differ among these models and theories, the degree to which people adopt healthy behaviors is usually influenced by a person's values and beliefs, the social and cultural environment, incentives, and available resources. Thus, even though people know what they should do, they will likely procrastinate unless there is a change in their values, environment, incentives, or resources.

The same is true spiritually. In the Bible, there are many references to health-promoting actions, with instructions or commands to do (or not do) something "that it may go well" (e.g., Deuteronomy 4:40, 5:16; Jeremiah 7:23) or result in success (e.g., Joshua 1:7-8). Yet even though we know that putting something we learned into action would be good, like many of our patients or clients, we often struggle with procrastination. We take the first step in improving our knowledge and ideas by attending conferences, taking continuing education offerings, reading books, engaging in conversations, and listening to the Holy Spirit, but the next step of putting those ideas into action is put off until the future – a tomorrow that often never comes.

One effective way to help people act on their intentions is through community. On one's own, it can be difficult to generate momentum or follow through with resolutions. However, being together with other people can be motivating when there is mutual encouragement, accountability, and in some situations, a sharing of the work to be done. Examples of this include self-help groups, work teams, and partnerships. Similarly, if Christian nurses and midwives want to tap into God's love and resources (the theme of the NCFI 2024 World Congress), one of the ways to do this is in community with one another.

Nurses Christian Fellowship International (NCFI) was established as an organizational community in the 1950s "to support and increase the work of God amongst nurses" (Ashworth, 2012, p. 7). NCFI and its member countries (NNCFs) have a unique and important role as Christian nursing and midwifery communities. While they are neither a substitute for the local church nor formal nursing education, NCFI and NNCFs are at the intersection of both faith and profession. An Asian nurse reflected on her experience of this intersection, saying, "I learned to be a Christian through my church and a nurse through my university. But it was through my NNCF that I learned to be a **Christian nurse.**" Through these fellowships at local, regional, and international levels, there are good opportunities for learning from courses, speakers, conferences, etc.; for prayer gatherings; for mutual encouragement—be it virtual or in-person; and for sharing of resources.

There will be more opportunities than most people have the time and energy to commit to, but one does not have to do everything. Choosing one or two activities to participate with others in community is often a good first step. A second step is putting them on your calendar. A third step is telling someone about your decision to help keep you accountable. Ultimately, the most important part of making plans that are successful is that they are committed (given over) to the Lord for the purpose of service to God. Solomon, described as the wisest king that has ever lived, observed the following: "People go about

making their plans, but the Eternal has the final word. Even when you think you have good intentions, He knows your real motives. Whatever you do, do it as service to Him, and He will guarantee your success" (Proverbs 16:1-3; VOICE, 2023).

As we stay connected to God through prayer and reflection, the Holy Spirit will remind us of what He is calling us to put into action, and He will give us the resources needed (John 14:26, Philippians 4:19, NLT). As we stay connected with one another in fellowship, we can encourage, counsel, and teach each other with the wisdom God gives (Colossians 3:16-17, NLT). So, perhaps the first step for tomorrow is establishing, maintaining, or expanding your connections and commitments— (1) between yourself and God, and (2) between yourself and other Christian nurses and midwives. Don't put it off! By connecting with God's love and resources in God himself and through one another, we will be strengthened and encouraged to care—in our professional work and in our spheres of influence.

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BLANCHE LINDSAY

MARGARET HUTCHISON

NCFI Pioneer in the Pacific and East Asia

Margaret Hutchison
Affiliation: NCFI Media & Technology Committee Chair, NCF Australia
Email: marghut@bigpond.com

When Australian nurse Blanche Lindsay and Scottish nurse Johan Allan first met at a conference for Christian nurses in Denmark in 1961, they were both experiencing a momentous event. For Blanche, the conference was a thrilling introduction to a new work God was doing among nurses around the world. For Johan Allen, the first President of Nurses Christian Fellowship International, it was the outworking of a long-held dream: An organisation that would connect National Nurses Christian Fellowships around the world, encourage each other, and reach out to nurses in countries where no such fellowships existed.

Catching the Vision

Before that time, two significant events had taken place. The first was held in Holland in 1957, when NCFI formed its first Committee, and a trial Constitution was drawn up. This was quickly followed in 1958 by the first official conference of NCFI, which was held in Switzerland. But it was at the 1961 conference in Denmark that a pattern emerged, which would operate for decades to come. It was also there that Blanche caught a vision for this worldwide work of which she had been previously unaware. She was invited to attend the inaugural Executive Meeting of NCFI that followed immediately after the Denmark conference. She attended as an observer, but before the meetings concluded, she was invited to become a member of the Committee. This began a period that led to her pioneering the work of NCFI in the Pacific and Southeast Asia.

Blanche already had considerable experience in ministry to nurses through her role as a staff worker for the Australian Nurses Christian Movement (ANCM)1 which had been established 40 years earlier in Melbourne. The Movement was a pioneer ministry established to meet the spiritual needs of nurses. In these days, nurses worked very long hours, lived in Nurses' Homes, and had limited opportunities to attend Church Services or other Christian activities. The Australia Movement quickly grew to become a national organisation with Branche in every State of Australia. By the 1950s, similar initiatives were emerging in other countries, resulting in a considerable number of national groups organised and led by Christian nurses.

Ambitions and God's Call

Blanche had become a Christian during her last year in high school and entered nursing with high ambitions. She hoped eventually to become a Hospital Matron – (head of nursing) – the peak of the profession in that era! Unexpectedly, soon after completing her nursing training, Blanche (known as Bloss to her friends and colleagues) put her

career ambitions on hold and agreed to join the staff of ANCM in New South Wales. Johan Allan, first President of NCFI, wrote of her many years later as one who epitomized the Biblical injunction, seek first the kingdom of heaven....and all these things will be given to you as well. (Matthew 6:33 New International Version). "Blanche Lindsay, as a young, newly trained nurse, put aside thoughts of becoming a Sister, and following God's call, began working with the ANCM. (J. Allan, personal communication)."

She soon became involved in the various ministries of ANCM, which at that time focused mainly on student nurses and Bible study groups held in most hospitals in Sydney and many country areas. She was also part of the team charged with the vital task of following up the many nurses converted during the Billy Graham Crusades in the 1950s and 1960s, to establish them in their faith and its application to their nursing experience and practice.

Sharing the Vision

Blanche's role in the Federal work of ANCM was an important precursor to the part she would later play in the development of NCFI, especially in the Pacific and East Asia. Her position as Travelling Federal Secretary for ANCM began in 1954 and aimed at strengthening the ministry of the State Branches. Six weeks of every year were spent in each of the States where ANCM Branches had been established. In that role, she trained nurses in outreach and evangelism while providing support to the ANCM staff in their leadership and the problems they faced. She was later appointed to a full-time position as Federal Secretary. It was during this time that the vision for a wider scope of work developed, and opportunities came to connect with Christian nurses in nearby countries. Through her links with missionary nurses and NCFs in countries in the Pacific and East Asia, she regularly shared news and prayer needs with those of us working on the ANCM staff, and with our members generally. We often spent time praying with her for the emerging NCFs in those countries. In 1961, Australia adopted Papua New Guinea, Malaysia, and Singapore as partner countries in Christian ministry to nurses.

During the conference and Executive meetings in Denmark, Blanche learned about partnerships formed between countries where a stronger or more established NCF encouraged and supported an emerging one, and in some cases, helped establish a new NCF. One example was the New Zealand NCF, which helped to establish an NCF in Fiji. She was challenged that although there were many reports of work in European countries, there were only two from the Southern Hemisphere, those being Australia and New Zealand. She reported that NCFI had received requests for help from individual nurses in India, Japan, Hong Kong, the Philippines, and Sarawak.

Traveling for NCFI

During the 1960s, Blanche visited several countries in Southeast Asia and Papua New Guinea, forming strong relationships with national NCFs, providin leadership training and other assistance as needed to grow and extend their ministries. In 1964, she visited groups in Singapore and Malaysia before attending NCFI Executive meetings in Austria. Following this, she traveled to Switzerland, England, Hong Kong, and Thailand. In Malaysia, she spoke at the first NCF Retreat and advised on the development of a Constitution for the National NCF.

Blanche's travels for NCFI in 1968 were even more extensive. Following the NCFI Conference and Executive meetings in Scotland, there were visits to England, Switzerland, and West Pakistan, where she provided leadership training, and on to Malaysia, where she found great progress had been made in the NCF. Then followed Singapore, Hong Kong, and a first visit to the Philippines. It was there she met Naty Lopez, an NCF staff worker who would later serve as a Pacific and East Asia (PACEA) Regional staff worker. The outcome of these visits was the building up of NCFs in the region, and many connections formed that would later prove valuable for the next stage of NCFI development.

A New Strategy

These travels led Blanche to propose the possibility of developing the work of the NCFI regionally at the Executive meetings in Scotland in 1968. As this idea was explored and prayed over, a strategy began to take shape. It could potentially further and deepen NCFI ministry by sharing responsibility and leadership for fulfilling NCFI's aims at a more local and regional level. Blanche was invited to form a pilot region in the Pacific and East Asia so it could be seen if, and how, this model would work. She took up the challenge with her usual vision and passion. Using the already planned visits to countries in the region, the vision was shared with the national NCFs. This first region would be known as PACEA, and a conference was planned to bring together representatives from as many countries in the region as possible. When she was invited in 1970 to take up the position of Regional Coordinator, Blanche was still working for ANCM as the Federal Secretary, so the role became an additional voluntary responsibility for her. That same year, she was appointed as Vice President of NCFI.

The PACEA Region established

Through established links in the region, contact was quickly made with as many countries as possible to invite them to send representatives to a conference planned for October 1970. The first PACEA Conference was held in Singapore at Labrador Villa, the nurses' holiday home situated in a lovely area overlooking the sea. Twelve countries in the region were represented - Singapore, Hong Kong, Indonesia, Malaysia, Fiji, Papua New Guinea, South

Korea, Vietnam, Australia, New Zealand, and the Philippines. The conference was a great success, and plans were made to continue with outreach and development in the region. To do this in the most effective way possible, the NCFI Executive Committee decided to appoint Naty Lopez, whom Blanche had recommended as a staff worker for the region. As she supported and mentored Naty in this work, strong foundations were laid, and the Region began to flourish. Naty appointed a small team representing a few different countries to assist her in the work (a forerunner of Regional Committees). New groups formed, and established national NCFs were strengthened.

The next conference was held in Penang, Malaysia, in 1974, beginning a pattern that still exists, with Regional Conferences and leadership training held in a different country every four years. More partnerships were formed between countries for mutual support, and the work continued to grow. There was a strong feeling of connectedness between countries throughout this large region that still exists today. Blanche held multiple NCFI positions: PACEA Regional Coordinator to 1979, and NCFI Vice President until 1980.

Blanche's Legacy

Blanche Lindsay's legacy in the Pacific and East Asia is an NCFI Region of 13 member countries (the largest Region of NCFI) with conferences held every four years preceded by leadership training, in addition to extra conferences for leaders from time to time. The qualities for which she is remembered by those whom she served, as well as those who worked with her, were her spiritual insight, vision, passion, dependence on God, and her humility, which, among other things, was evidenced in her willingness to admit when she might be wrong, and to change her mind when given a good enough reason! She was gifted in organising, teaching, mentoring, and building cross-cultural connections. The experience and skills that were developed during her service to NCFI were used throughout her life in church ministry, the Australian NCF where she served as NSW President and National President for a time, and in many other areas. Her ambition to become a hospital matron was more than fulfilled when she became the Group Director of Nursing for four Sydney hospitals dedicated to palliative care and rehabilitation. Blanche went to be with the Lord in February 2023, at 100 years old.

Sharing the Vision

When Blanche Lindsay caught the vision for NCFI, she quickly passed it on to the staff members of the Australian NCF (then ANCM). While she was working in the New South Wales Branch, our staff joined her weekly in praying for the expanding ministry of NCFI and for countries both within and outside the Pacific and East Asia region. We were inspired to raise funds for the establishment of emerging

NCFs and sponsorships for nurses that Blanche saw as potential leaders for those countries. Our members have both benefited and contributed to the international ministry. For me, that wider vision of NCF led me to a lifelong involvement with NCFI, serving in many different roles.

As the ministry of NCFA and other national NCFs shifted focus in response to changes in the nursing profession and placed more emphasis on equipping nurses to integrate their Christian faith with nursing practice, Blanche remained in contact and in prayer for those of us on the front lines. Her vision to see nurses following Jesus Christ and serving him in nursing remains the most fundamental aim of the national NCFs that function around the world.

Notes

In 1970, the name ANCM was changed to Nurses Christian Fellowship to come into line with National Fellowships of Christian nurses in other parts of the world.

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WHEN ‘DEEP CALLS TO DEEP’ (PSALM 42:7)

EDITH WEST

ARTICLE CATEGORY: BOOK ANNOUNCEMENT

Primary Caregiving for a Loved One Primary Care-giving for a Loved One

> When you pass through the waters,
> I will be with you;
> and when you pass through the rivers,
> they will not sweep over you
> — Isaiah 43:2 (NIV)

This is one of my favorite verses in the Bible. It is also a verse whose meaning I always felt I understood. But are these verses and so many other deep waters verses in the Bible really so very easy to understand? After all, it is one thing to pass through the waters that are say, ankle deep. It is, however, quite another matter to pass through a river.

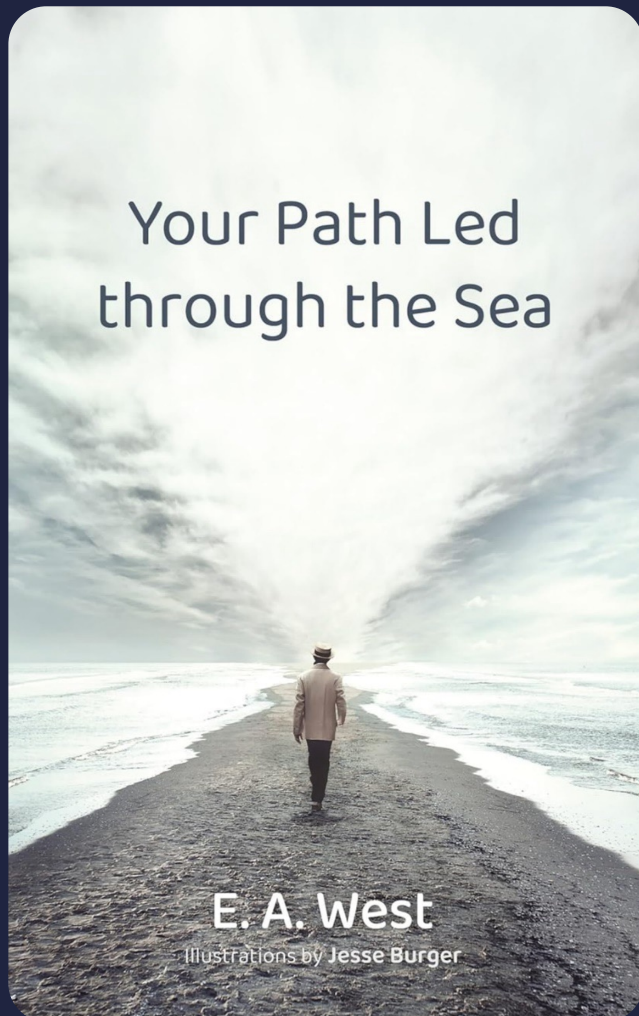
I had not experienced much beyond knee deep waters myself until my decision to move in with my elderly parents in 2015. My mother who was eighty-one years old in 2015 had experienced a stroke, and up to that time had borne the burden of caring for my father. I had no idea what she was dealing with as she told none of the family about dad's declining health. She did not want him or herself to ever become a 'burden' to her children. Dad, then eighty-four years old, had shown signs of dementia, though never formally diagnosed, years before. As the only single sibling in a family of five children, and the only nurse, it just made sense for me to make the move. It turned out, like most things in life, that having prior knowledge of what to expect, or even having helped others who were experiencing these deep waters, and actually passing through them myself was quite a different story.

This story is what my book entitled Your Path Led Through the Sea is all about (image 1). It is hardly a new story. Nor is it a particularly unique story. Perhaps what makes it a story worth telling at all is the hope that it will serve to empower the reader if not to embrace extreme perils and all forms of danger or trials, then to at least refrain from shunning them entirely outright (West, 2023). Oswald Chambers (2006), encapsulates, and exhorts this truth with the following statement,

> Moods nearly always are rooted in some physical circumstance, not in our true inner self (italics added). It is a continual struggle not to listen to the moods which arise as a result of our physical condition, but we must never submit to them for a second. We have to pick ourselves up by the back of the neck and shake ourselves; then we will find that we can do what we believed we were unable to do. The problem that most of us are cursed with is simply that we won't. The Christian life is one of spiritual courage and determination lived out in our flesh. (para. 2)

The Christian life is one of spiritual courage and determination lived out in our flesh. I have been a Christian for over thirty years and read my Bible daily. However, I had to experience those five years of caregiving and the burial of my father before I truly saw or clearly understood all of those Old Testament verses that spoke to me of the deep

Image 1



waters that flood, surround, overwhelm, quake, surge, toss, roll, and foam, or the importance of those New Testament verses where Jesus walked on stormy waters, calmed the raging sea, and spoke of rivers of living water which flow from within (West, 2023).

In fact, water is so important in God's Word that it is mentioned more than eight hundred times in the Bible, more often than faith, hope, prayer, and worship (Webb, 2020). Why had I not seen that before? It was through the deep waters in my own life that I came to realize more fully just how God's Word and His precious Holy Spirit meets us exactly where we are. The only requirement from us is that when we get to a river we choose to pass through and not stay where we are because the truth is we do not really need God to be with us, and there is certainly no fear of being swept over where the water is only ever ankle deep. A pastor who reviewed the book summarized it thus: "Your Path Led Through the Sea' is an encouraging and comforting look at God's sovereign care during the difficult and helpless times of losing a loved one. It also contains helpful biblical truths for those who can emotionally relate to struggling through trials that have no human solution."

Your Path Led Through the Sea weaves my own deep-water experiences with fear, pain, loss, grief, and guilt as caregiver with applicable scriptural water references, Bible verses, characters, and stories as well as nautically themed hymns that plunge the reader into the depths of God's Holy Spirit. It offers insights for those interested in a better understanding of deep-water Biblical references as well as the spiritual benefits of sacrificial caregiving or any other personal storm that God chooses

to lead them through. Initially, this experience motivated nursing research on caregiving for a cognitively impaired loved-one, and the principles of caring science are underscored throughout this book as they were in that purely academic study. Indeed, my personal journey as a nurse is influenced by my Christian faith and grounded in the science of caring for others as well as myself. However, it was not until I was grappling with my own grief, trying to make sense of the past five years of my own life, and in my own daily prayer and Bible reading after my father's death that I was truly inspired to write this book. For it was only then that I was able to understand what "deep calls to deep . . . " really means in God's word (Psalm 43:7 [NIV]). It was this calling that led to an intense desire to dive into all those Biblical water references, and stories which then surged into further study on such references by noted Christian authors and hymn writers. God's word healed me, gave me a deeper desire to study his word, and in so doing deepened my intimacy with him. It is my sincere hope that this book will aid and abet his doing the same in you as well.

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PURPOSE & MISSION

The purpose of NCFI is to connect Christian nurses around the world, equipping them to live out their faith in professional practice.*

The mission of NCFI is to equip and encourage Christian nurses to integrate Biblical principles and Christ-centered values in clinical practice, leadership, education and research.

CORE VALUES

As an organization, NCFI is committed to values based on Biblical principles which apply to professional practice (II Timothy 3:16-17).

NCFI's decisions and ways of operating are to be based on God's promises and the truth of Scripture. The core values of NCFI are:

1. Integrity: (Galatians 5:22).
As leaders within the profession, we strive to be honest and trustworthy. With the goal to humbly serve Christ, we recognize that Christ-like character is foundational to the quality of our work and the relationships we share.

2. Respect: (Genesis 1:26-28; Isaiah 43:1-2).
Recognizing the intrinsic value and unique giftedness of each person as created in the image of God, we respect life, provide dignity to all people, and seek to help nurses reach their God-given potential.

3. Unity: (Romans 15: 5-6)
We work together with a spirit of unity so that with one voice we bring glory to God in our profession.

4. Love (1 John 4:19-21).
We love because Christ first loved us. We interact with people with the compassion of Christ, including fellow members of NCFI and those in our professional workplaces.

5. Equity: (I Corinthians 12:12-26)
Each part of the organization is important and has a distinct role, bringing vitality, diversity and growth.

AIMS

The Aims of NCFI are to:

1. Encourage Christian nurses and nursing students to live out their faith in compassionate professional practice.
2. Deepen the spiritual life and cultural awareness of Christian nurses and nursing students around the world.
3. Promote friendship, communication, connection and collaboration among Christian nurses worldwide.
4. Support Regional NCFI Committees and National NCF organizations in their ministry with nurses.
5. Empower Christian nurses to examine and apply scripture as it relates to professional practice.
6. Equip and support the development of Christian nurse leaders around the world.
7. Represent Christian nursing in the global nursing and healthcare arena.

STATEMENT OF FAITH

NCFI holds the following Statement of Faith:

1. The one true God, Creator of all things, eternally exists in three persons–Father, Son and Holy Spirit. ***(Deut.6:4; Colossians 1:15-19)***

2. The divine inspiration, entire trustworthiness and authority of the Bible in all matters of faith and conduct. ***(II Timothy 3:16-17)***

3. All people are created in God's image but alienated from God because of sin. ***(Romans 3:23 and 6:23)***

4. Jesus Christ, God's only Son, fully divine and fully human, born of the Virgin Mary, came to reconcile humankind to God the Father. ***(Luke 1:35; I John 4:9)***

5. The shed blood of Jesus Christ and His resurrection provides the only ground for salvation and justification for all who repent and believe. ***(John 1:12; Romans 5:8; Ephesians 2:8-9)***

6. The indwelling presence and transforming power of the Holy Spirit calls all believers to love, serve others, seek justice, resist evil, and to proclaim Jesus, crucified and raised. ***(Romans 1:16; Galatians 2:20)***

7. The future personal return and victorious reign of Jesus Christ who will judge all people with justice and mercy. ***(John 16:8; Acts 1:11; I Corinthians 15:52)***

Writing for CNI: Author Guidelines

Dr. Yui Matsuda, Editor and Dr. Susan Ludwick, Assistant Editor

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 sent to the editor for consideration **(cni.editor@ncfi.org).** 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 that the ethical approval process has been undertaken.

Manuscripts addressing topics of interest, educational approaches and spiritual teaching should **normally be no more than 1500 words** or less. Letters, reports and opinion statements should normally be **500 words** or less. If you are uncertain regarding the length or type of your submission please contact the editor.

All manuscripts should be word processed using Microsoft Word, Times Roman, spacing normally 1.15. The margin should be 1 inch all around. Grammar and English should be checked before submission. Avoid complex formatting, as this is sometimes difficult to transfer into the main document.

Articles written in Spanish or French will be considered with a preference of being accompanying by an English translation.

References should be presented using the American Psychological Association (APA) style, 7th edition. Author names should followed by year of publication. e.g. (Jones, 2015). Article URL 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 check our website: **www.ncfi.org**

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Nurses Christian Fellowship International
7730 S. Foresthill Ct.
LITTLETON, CO 80120 USA
Email: ncfi.info@ncfi.org
Web: www.ncfi.org