



Nurses
Christian Fellowship
International

Christian Nurse International

Experiencing the Presence and
Power of God During the Pandemic



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Nurses Christian Fellowship International (NCFI)

Making a difference to nurses and nursing around the world

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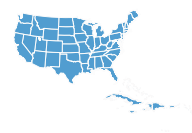
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How can I help NCFI?

We would like to thank everyone who has given so generously to the work of NCFI. Without your gifts we could not continue to do God's amongst nurses and midwives. If you wish to make a donation please contact us or make a donation using Pay Pal by going onto our web site www.ncfi.org. Every donation which NCFI receives is acknowledged. The majority of funds received are used to help others, in line with our strategic plans. **Thank you!**

If you are thinking of updating or making a new Last Will and Testament please remember NCFI! Thank you!

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IICN Director's message

God's faithfulness in 2020 and beyond

Greetings and welcome to another edition of Christian Nurse International (CNI). When the World Health Organization declared 2020 the International Year of the Nurse and Midwife, no one could have imaged the impact on, and of, professional nurses across the globe. While we have improved effectiveness of personal protection equipment and have ventilators, one has only to read the accounts of nurses who served during the 1918–1919 influenza pandemic to know that the shortage of qualified nurses and supplies rages on (Robinson, 1990).

As the professional and private journey of each nurse serving today is so meaningful, we want you to hear the experiences Christian nurses in their own voice. Therefore, this edition is not scholarly in presentation, writing, or editing (only used to assist with clarity). Where articles are presented in both English and Spanish, no double translation was used and those of you who are bilingual will see some differences. We want you, the reader, to hear the voices. We want you to read of God's faithfulness across the globe. May you be blessed.

Dr. Susan Elliott
PhD, RNC, APRN-BC, PHN, Professor
Director, International Institute of Christian Nursing



Susan Elliott
 Director IICN

Robinson, Karen (1990). The role of nursing in the influenza epidemic of 1918–1919. *Nursing Forum* 25(20), p. 19–26.

International Institute of Christian Nursing (IICN) New Mission and Vision Statements, November 2020

Vision: Christian nurses honouring God through daily integration of the Christian worldview in all professional nursing roles and responsibilities.

Mission: To promote the integration of the Christian worldview in nursing practice, education, leadership, and research through faith-based resources, networking, and professional development.

The President's letter

In times like this – Holiness in our everyday living

We live in strange and challenging times. The words from Matthew 25:31–46 comes to mind. They remind me about how Jesus calls us to see Him in the vulnerable, the hungry, the frozen, the fever-hot, the lonely, the dying. In times like this, when our churches are closed due to the pandemic, and we say – please stay at home so we can go to work, Jesus reminds us about God's Kingdom's work in our everyday lives.

In times like this, clinical nurses, midwives, our leaders, and teachers in nursing/midwifery education face increased workload and daily challenges to learn new ways to practice. In times like this, the demands outrun our resources and the extra effort to overcome the pandemic in March and April seems to last for months to come. In times like this, many families face reduced income due to closing down of our societies and the struggle for covering the increasing cost of living. In times like this, we can find some comfort and renewed strength in knowing the welcoming words of Jesus. You who labour and are heavy laden, come to me and I will give you rest (Matthew 11:28).



Tove Giske
President NCFI

In times like this, we truly are reminded that we live in a broken world. We learn to know the importance of comfort and hope as sources to alleviate the suffering that we see around us and that we experience in our own lives. In times like this, I can come to God with my stress, overload, fatigue, anger, and worries for today and the future. In times like this we can find rest, refuge, renewed strength, and hope as we believe in a God who knows, who sees, and who cares about us.

I greet you all with Psalm 18. God is:

My Strength
My Rock
My Fortress
My Deliverer
My Refuge
My Shield
My Help
My Light
My Enabler
My Saviour

Blessings as we, by the grace of God, continue to live holy lives in our everyday practices.

Tove Giske
PhD, RN MSN, President of NCFI
Professor and Part Time Director of Research and Development VID
Specialised University, Faculty of Health Studies, Bergen, Norway

Virtual World Congress for Christian Nurses

July 9–11, 2021

Opportunities and Challenges in Nursing Today – A Christ-Centred Response

Nurses attending a Nurses Christian Fellowship International (NCFI) World Congress have described it as **an experience like none other!** In 2016, nearly 300 Christian nurses came to the Philippines for the NCFI World Congress. For many it was a life changing experience. “I was inspired by the way Christian nurses came together with the same vision to glorify God through nursing. The lessons I learned there have equipped me to serve better in my country” wrote Juni Sinaga from Indonesia. Her comment reflected the thoughts of many nurses from countries around the world.



While the much-anticipated Congress planned for 2020 was postponed owing to the Coronavirus pandemic, plans for a virtual Congress to be held 9–11 July this year are going ahead. The theme, **Opportunities and Challenges in Nursing Today – A Christ-Centred Response**, remains the same, and many of the original speakers will participate. The program will contain Keynote speakers, Bible expositions, a variety of concurrent sessions, and many of the usual features. Although presented on a virtual platform, there will be opportunities for interaction and features that will provide attendees with a dynamic experience.

Through the wonders of modern technology, the Congress will be easily accessible on a number of platforms including Zoom, and phone. The program will be conveniently timed for each hemisphere (Eastern and Western time zones). There will be close caption translation in a number of languages, assistance available for attendees to connect to the sessions, and other features such as group and one-to-one meetings.

The Virtual World Congress will cover three days, 9–11 July 2021. Find congress updates and link to the Congress website and easy registration platform at **www.ncfi.org** from February 2021. Enquiries to Congress Coordinators, Dr Kamalini Kumar and Dr Barbara White **congress21@ncfi.org**.

Marg Hutchison
Media and Technology



A Christian response to the pandemic

A commentary by Diane Steigmeir RN CDE CCM

Diane Steigmeir has a master's degree in Christian Leadership from Fuller Seminary. She currently works as a diabetes case manager for Kaiser Permanente in Salem, Oregon. Diane served on staff for eight years with Nurses Christian Fellowship in Northern California.



“How long, O Lord, will you look on and do nothing” (Psalm 35:17).¹ We must often think this as the pandemic goes on for months on end. Our challenge is to trust that God is working and is faithful to us. As of 8/8/20, the United States has over 5 million cases of COVID-19 and over 160,000 deaths. There are almost 17 million cases worldwide and over 660,000 deaths. How long will this continue? Nurses are on the frontline of this pandemic caring for sick and dying patients. Family members are saying “goodbye” to loved ones over cell phones held by hospital workers. In the midst of this chaos, hospital administrators developed new COVID-19 protocols and procedures regarding personal protective equipment, COVID-19 testing, personal distancing and how to provide care not only for staff but for their desperately ill patients. The inadequacies of medical supplies and facilities were revealed by this pandemic. We see inequality of care for certain populations not only in our own country but also between the more affluent countries and those with fewer resources.

Christian nurses find comfort in knowing that “He alone is my refuge, my place of safety; he is my God, and I trust him. For he will rescue you from every trap and protect you from deadly disease.” (Psalm 91: 2–3). We are not immune to COVID-19 and need to call on God for strength as “nurses take risks every day because they’re willing to do that, they’re called to do that, and they want to do that,” says Bonnie Castillo, head of National Nurses United, . “When you’re being sent out there with one of the most highly contagious viruses without your tools and your weapons and without a coordinated plan, it’s frightening.”² These challenges and trials can break us, but as Christian nurses “we know they help us develop endurance. And endurance develops strength of character, and character strengthens our confident hope of salvation” (Romans 5:3–4).

Indeed, hope has become our anchor in a world awash with fear. We will never go back to where we were before COVID-19. We will be changed. Our fellowship time together with other Christian nurses has become precious. Dean Ornish MD says that “we are creatures of community. Those individuals, societies and cultures who learned to take care of each other...to nurture relationships with each other during the past several hundred years, were more likely to survive than those who did not.”³ When the day comes and it will, we can look forward to sweet times with friends, fellowship at church with the opportunity of sharing about our journey with COVID-19, and hugs. In the end, it’s all about relationships.

References

1. New Living Translation used for all quoted scripture
2. The Washington Post, “COVID-19 hits doctors, nurses and EMT’s threatening health system” March 17, 2020
3. Dean Ornish, MD, Medical Editor of the Huffington Post

Spotty chin

Bex Lawton, United Kingdom

I come home
and wearing a surgical mask for 12 hours
has left my chin all red and spotty.

But have you seen photos of ITU nurses during this pandemic?
Red faced swollen selfies
No make-up, no pretence
Just unfiltered staring down the lens
“Please stay at home” they beg
Filled to bursting blisters on the bridge of tender noses
Tear stained cheeks and pressure sores
Their mask has created unnatural contours on their face
As if their mask has been sucked on
Or maybe applied with the force of someone who has
lost patients
lost colleagues to this hideous virus

I wonder as they go home with these marks
as they lie down in their beds at night
still feeling the mask on their face
that constant reminder
what other marks do they carry?
Are their souls indented too?
Bearing a nation’s burden of grief and trauma
But where was I?
Oh yes, I was talking about me and my pathetic outbreak of acne!

I know it’s not newsworthy
I won’t put pictures of it on social media
There will be no “likes” or hug emojis for me.
And yet I wonder,
Can this be what faithfulness looks like?
Sometimes it can be heroic, but most of the time it’s unremarkable
It’s just showing up,
Keeping going.
Persevering,
Playing our small part in a bigger picture
Maybe not on the frontline, but close behind.

Well, it might go unseen by man
But be in no doubt, it is seen by God
So, to all my fellow health care workers whether blistered or just a bit spotty
He sees you.
He sees the secret things
Your loyalty and faithfulness
And it precious to Him
And I hope that above the noise of work and the chaos this pandemic
you can hear your Father’s voice ringing out loud and clear.
He is saying,
“Well done!”

Nursing during COVID-19

Maggie Cunningham, BSN, RN

When I started my nursing career two years ago, I never expected to care for patients during a worldwide pandemic that would affect every aspect of normal life. Up until March 2020, my work and personal life shared little in common. However, due to the COVID-19 pandemic, it was no longer easy for me to leave my thoughts of work at the door before I went home because this disease has impacted more than just the way I care for patients on my unit. Praying for God's protection for friends and family with whom I come into contact has been on the forefront of my mind in addition to minimizing close contact with high risk family members. As a Christian, I wish I could claim that it has been easy for me to trust fully in the sovereignty of God but working during this time has taught me a lot about my own inability to release my own need for control into His hands.

One of the hardest parts about caring for patients during this time is recognizing how isolated the patients are.

One of the hardest parts about caring for patients during this time is recognizing how isolated the patients are. Patients with COVID-19 are not allowed visits from any family and interactions with healthcare workers are limited and impersonalised by layers of personal protective equipment. It is hard to convey empathy or comfort through a face hidden under a shield and a voice muffled by a mask. These kinds of inabilities have made me realize how much more I should be depending on and trusting in God to do His work over my own abilities. I have learned that I lack humility by failing to remember that the ultimate healer is not myself. Patients will not be healed or gain true peace by anything that I can offer them on my own. This realization has

caused me to pray more that God will grant these patients peace, which may or may not come from how I try to care for them. I also pray for the Holy Spirit to be working through me and to use me as a vessel, instead of considering myself to be the superhero of these patients' care.

**“God is our refuge and strength,
a very present help in trouble.
Therefore we will not fear
though the earth gives way,
though the mountains be moved
into the heart of the sea...”**

During my care of the sickest patients, I have come to recognize the attention to detail and wisdom of God's creations in indisputable display. There are a number of these patients who have ended up requiring continuous renal replacement therapy, and the use of this machine is one of my favourite examples of the magnificence of God's design of the human body. This large, complicated machine, which requires a nurse to operate full time, has only a portion of the efficiency of a fully functioning kidney. It has been helpful in the moments of crisis to reflect on who God is and how much more all-knowing and in control He is than I.

As I consider what I have seen over the past few months, these words hold true: “God is our refuge and strength, a very present help in trouble. Therefore we will not fear though the earth gives way, though the mountains be moved into the heart of the sea...God is in the midst of her; she shall not be moved; God will help her when morning dawns. The nations rage, the kingdoms totter; he utters his voice, the earth melts. The Lord of hosts is with us; the God of Jacob is our fortress” (Psalm 46:1–2, 5–7 English Standard Version).

Reflections

Rosa María López Posteguillo, Spain

The false sense of security and control the world had was broken. We have been confronted with our reality. Human beings are vulnerable. This pandemic has paralyzed lifestyle, economics, the way we relate, every area of life has been shaken and we have had to re-adapt ourselves and look for another way to live.

The human being who lived with his back to death has had to assimilate the numbers of the dead and see the images in the media. For some, very few, these circumstances have moved them to seek God, others have faced losses with great bitterness.

All this is happening in the international Year of Nurse and Midwife. Nursing is being relevant in the management of the pandemic, has once again shown its versatility and the ability to adapt to the lack of resources while managing its own stress as it has. It is also true, speaking from what has happened in Spain, we have been on the edge of our forces. We feel exhausted and there is a general feeling among nurses in Spain of doubt to have the strength to withstand another wave of the magnitude in March. In Spain the ratio of nurses per 1000 inhabitants is 5, the lowest in Europe where the average is above 8. The pandemic has brought to light the lack of nurses, due to economic cuts, which we have been suffering for many years.

I would also like to add that among the Christian nurses, although we are also overwhelmed by the added work (some have become infected, even their family has become infected and have suffered losses), it has been living with hope, and knowing who we are, what we do here and what our goal is.

As believers, we are aware of our role as agents of transmission of hope. As nurses our professional responsibility forces us to give care that looks for all the needs of our patients and this responsibility includes spiritual needs. This aspect is perfectly documented in our professional career and is an area of increasing research and development.

As a nurse I have considered looking for ways to help people protect themselves from COVID-19 infection until we have vaccines. Our knowledge of disease prevention and health promotion, as well

as the updates we constantly make on the COVID topic provide us with a good basis for doing so.

I set out to do a search on prestigious websites and did a collection and classification of the data and experiences of the places with the best control of the pandemic. I broadened the horizon beyond my patients and my Church to reach the Church in Spain and share it with Latin America. So I did a collection of health tips covering all areas of the person, the document is under review by a nurse and two doctors from my Bioethics team within the Spanish Evangelical Alliance. Dissemination can be done through health associations, evangelical councils and other associations in both Spain and Latin America.

The purpose of this document is to help people to be in the best condition to deal with the Coronavirus pandemic in which we are immersed by emphasizing individual responsibility to care for and prevent the disease, or pass it on to the fewest possible consequences. By spreading this knowledge in our environment we will be helping others to take care of their health and we will have a greater positive impact on the community.

Conclusion

The pandemic highlights human frailty but also gives us the opportunity to convey hope and value a model of care that includes spiritual care as part of “our routines.”

It has been shown that a healthy lifestyle keeps our immune system in the best condition and is the best defence against Coronavirus and other diseases.

Stress and anxiety are harmful to health and in the Word of God we are often exhorted to leave our anxiety and concerns in Him and to live by rejoicing in God. We can only do this if our trust in Him is absolute. God remains God, the God of the universe and also our Father of heaven who loves us tenderly.

There is nothing more wonderful than experiencing His love and care every day and transmitting His good news in our environment.

Reflexiones sobre

Rosa María López Posteguillo, España

La falsa sensación de seguridad y control que el mundo tenía se rompió. Hemos sido enfrentados a nuestra realidad. El ser humano es vulnerable. Esta pandemia ha paralizado el estilo de vida, la economía, la forma de relacionarnos, cada área de la vida ha sido sacudida y hemos tenido que readaptarnos y buscar otra forma de vivir.

El ser humano que vivía de espaldas a la muerte, ha tenido que asimilar los números de muertos y ver las imágenes en los medios de comunicación. Para algunos, muy pocos, estas circunstancias les han movido a buscar a Dios, otros han enfrentado las pérdidas con mucha amargura.

Todo esto está pasando en el año internacional de la Enfermería. La Enfermería está siendo relevante en el manejo de la pandemia, ha mostrado una vez más su versatilidad y la capacidad de adaptarse a la falta de recursos y ha gestionado su propio estrés como ha podido. También es cierto, hablando desde lo vivido en España que hemos estado al límite de nuestras fuerzas, nos sentimos exhaustas y hay un sentimiento general entre las Enfermeras en España de duda de tener fuerzas para soportar otra ola de la magnitud de la de Marzo. En España el ratio de Enfermeras por cada 1000 habitantes es de 5, de lo más bajo en Europa donde la media está por encima de 8. La pandemia ha sacado a la luz la falta de Enfermeras, debido a los recortes económicos, que ya estamos sufriendo desde hace muchos años.

También quiero añadir que entre las Enfermeras Cristianas, aunque también estamos desbordadas por el trabajo añadido, algunas se han contagiado, incluso su familia se ha contagiado y han sufrido pérdidas, aún así, se ha vivido con esperanza, sabiendo quienes somos, qué hacemos aquí y cuál es nuestra meta.

Como creyentes somos conscientes de nuestro papel como agentes de transmisión de esperanza y como enfermeras nuestra responsabilidad profesional nos obliga a dar un cuidado que mire por todas las necesidades de nuestros pacientes y esta responsabilidad incluye las necesidades espirituales, este aspecto está perfectamente

documentado en nuestra carrera profesional y es un área de creciente investigación y desarrollo.

Como Enfermera me he planteado buscar la manera de ayudar a la gente a protegerse de la infección del COVID-19 hasta que tengamos vacunas. Nuestros conocimientos de prevención de enfermedades y promoción de salud, así como las actualizaciones que constantemente hacemos en el tema COVID nos proporcionan una buena base para hacerlo.

Me puse a hacer una búsqueda en webs de prestigio e hice una recogida y clasificación de los datos y de las experiencias de los lugares con mejor control de la pandemia. Amplié el horizonte más allá de mis pacientes y de mi Iglesia para llegar a la Iglesia en España y compartirlo con Latino América. Así que hice una recopilación de consejos de salud que abarquen todas las áreas de la persona, el documento está en fase de revisión por un enfermero y dos médicos de mi equipo de trabajo de Bioética dentro de la Alianza Evangélica Española. La difusión podemos hacerla a través de las Asociaciones sanitarias, y de los Consejos evangélicos y otras Asociaciones eclesiales tanto en España como en Latino América.

El objetivo de este documento es ayudar a las personas para estar en las mejores condiciones para enfrentar la pandemia de Coronavirus en que estamos inmersos poniendo el énfasis en la responsabilidad individual para cuidarse y prevenir la enfermedad, o pasarla con las menores secuelas posibles. Dando difusión a estos conocimientos en nuestro entorno estaremos ayudando a otros a cuidar su salud y tendremos un mayor impacto positivo en la comunidad.

Conclusión

La pandemia pone en evidencia la fragilidad humana pero también nos da la oportunidad de transmitir esperanza y de poner en valor un modelo de Cuidados que incluya el cuidado espiritual como parte de “nuestras rutinas”.

Se ha evidenciado que un estilo de vida saludable mantiene nuestro sistema inmunitario

en las mejores condiciones y es la mejor defensa frente al Coronavirus y otras enfermedades.

El estrés y la ansiedad son nocivos para la salud y en la palabra de Dios se nos exhorta muchas veces a dejar nuestra ansiedad y nuestras preocupaciones en Él y a vivir regocijándonos en Dios. Esto solo podemos hacerlo si nuestra confianza en Él es absoluta. Dios sigue siendo Dios, el Dios del Universo y también nuestro Padre del cielo que nos ama con ternura.

Nada hay más maravilloso que experimentar Su amor y Su cuidado cada día y transmitir Sus buenas noticias en nuestro entorno.

La pandemia pone en evidencia la fragilidad humana pero también nos da la oportunidad de transmitir esperanza y de poner en valor un modelo de Cuidados que incluya el cuidado espiritual como parte de “nuestras rutinas”.

C.O.V.I.D. P.A.N.D.E.M.I.C.

Tan Wee King (Ms), Singapore Nurses' Christian Fellowship

Can win it or can't take it anymore?
Open my eyes, shut out the evil darkness.
Verily, verily, I say unto you – do you hear Him?
I am the Alpha and Omega, the beginning and the end.
Diamonds are born under immense pressure, extreme heat and over time.

Psalms express true feelings, praise God for His blessings or complain in times of trouble.
Acres of diamonds: he who would be great must begin where he/she is and what he/she is, now.
Negativism is a spirit to be bound. God is looking for people who have expectations.
Divine purpose connected to your life be revealed. Don't let the storm stop you.
Expect God to work in your life. Expect Him to complete the work He started.
Music for the uphill journey, God's grace is more than sufficient.
In worship answers will come. In worship victory will come.
Courage is not absence of fear but acting in spite of fear.

“Courage is not the absence of fear, but the capacity to act in the presence of fear. Faith is not the absence of doubt, but the courage to believe in spite of doubt. Trust is not the absence of qualms, but the capacity to go forward despite misgivings.”

References

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2. Dr David Jeremiah (2020). Shelter in God – Your Refuge in Times of Trouble. www.yates2.com
3. The Bible

John's story

Praise the Lord!

Osire John Andrew

My name is Osire John Andrew. I am a critical care nurse, currently pursuing a master in critical care nursing from Mbarara University of Science and Technology. I am married to my dear sweet wife Kevin Sisa Osire and together we have two young prophets, Elijah Kyle Aserut and Elisha Eminent Selah. It is a blessing to share my experience as a COVID- 19 front-liner in Uganda, a small country found in the eastern part of Africa.

In March the president of Uganda declared a lock down in Uganda. All public gatherings of more than 5 people were banned, and only essential service providers were left to operate. The first phase of the COVID pandemic found me in the western part of Uganda where my University is located. We had been preparing to go for our second placement for critical care in CURE Pediatric Hospital Mbale however, it was cancelled because of the lockdown. Therefore I returned home to my pregnant wife and sons. I had worked in the intensive care unit of Mulago Hospital (our National Referral Hospital) for almost 12 years and upon returning home from the university, I began to volunteer and then was rehired there.

I thank God because I work in that sensitive department and blessing souls. I enjoy working on critical care patients because they are calm. They might not be able to communicate their needs but using your wisdom from God you are able to care for them appropriately and you see them awaking from being unconscious.

I wanted to work in the COVID department so I shared with my wife but she was so scared. I really wanted to be part, to be among the front-liners, to save my country, to dare because I believed that God has put something in my life that I needed to use to bless others. However, after getting the view of my wife I decided to hold back a month for my wife to deliver and that was the time she needed me most. As a responsible husband I decided to let go, I relaxed and waited to receive our baby. Fast

forward, in the month of May the baby came, we delivered the young man prophet Elisha, I loved him, I enjoyed him and we celebrated him.

When June came my urge to work as a front-liner was growing and growing. We began to have simulations, a series of scenarios that appear to be real of what is happening and what interventions are to be done. Simulations of COVID-19 patients included admission in ICU, incubation and management, other management such as preparing medications and sedation.

When my new son was about two months, my urge and passion was growing deep and deeper so in July I told a charge nurse to call me if there was a vacancy. Little did I know the repercussions and the consequences that once you leave home you do not go back. Oh my God I didn't know that! The charge nurse called and tells me "John, tomorrow pack up your things come to the ICU very early. You are going in next. The first COVID-19 critical care patient is on the way."

I wanted to work in the COVID department [...] to be among the front-liners, to save my country, to dare because I believed that God has put something in my life that I needed to use to bless others.

So my first going in, Jesus Christ, it was like I was going to a world that was waiting for me, a world that I had liked. However I was full of fear. I had been hearing the devil speaking into my ears that you are going into this place where anything could happen to you and you may never see your family, your children may never see you, I was as careful as a bride being led into church not to make any step that is wrong. So I enter with my God, I enter the place. You know the Holy Ghost told me something. He told me what the medical people see as dirty, to the normal

man they see it as clean. A non-medical man will not understand why I am disinfecting. What God sees is not what man sees.

What God sees is not what man sees.

So we entered in and we began, and during my first shift a lot of things happened. I was in fear now so I just made sure I forget everything that was in my mind. I was confused, I was anxious, I was worried. We found out that we didn't plan on how to communicate when we are inside with the people who are outside. There was no means of communication once you entered. Isolating yourself like going to the moon and there is no satellite communication with earth so we entered there. There was no way of how to communicate anything. We were just stranded. There was no way of communicating by phone so people had no way of getting the extra gloves from the store, extras consumables, or to call the lab to come and take samples. For the first week, there was no way to know time. The monitors and vent had the wrong time. It was

very tough we dragged in that situation for a whole week until when one doctor bought us a phone. It was a relief to just take pictures of patients and monitors and send them to the COVID ICU staff.

In the ward my friend Gibson and I would normally play hymns and gospel music throughout the shift. One lady told us "I love the music that you are playing. It's a very cool atmosphere to welcome the Holy Spirit, to welcome God's presence". I found out that in my shift no one died because of the atmosphere. The music kept the atmosphere calm so that when someone was to die, or prone to cardiac arrest, something prevented those unwanted events.. There were less complaints during our shift because of what was upon us. We carry a mighty God. We carry a mighty King so I bless God that when I left no death. We welcome the Holy Ghost to come and work with us, so I don't take that for granted.

May the Holy Spirit lead you to work. May the Lord bless you. I love you so much. May this story of mine touch and bless many souls in the name of Jesus Christ.

Life experiences in COVID-19 pandemic

Ganga Massey, India

What a wonderful God we have and what a great privilege to know Him. I always think why God loves me so much and why He has shown His favour for me but again I become silent because to understand this amazing GOD of universe is beyond my human tiny wisdom. I am always thankful to God almighty for calling me from among millions and making me His beloved daughter. My heart is full of gratitude for His faithfulness in every single moment. He has called me from the gentiles and revealed His glory to me and His Heavenly secrets upon me. That is something Amazing and unexplainable to common man.

...Every day we were hearing the news of this disease spreading in China and the deteriorating conditions taking place, but never thought that it will come to my country India.

This pandemic has brought things to a standstill and has created fear and anxiety in people. Earlier, I had found it difficult to apply the principles that I learnt in Saline Process Training, in my workplace, like praying and sharing the love of Jesus. But God spoke to me that, while He has a purpose regarding everything that He does, He expects me to be the salt and light in times such as these. I believe that being the chosen one, I have a great responsibility, to show the light to those who are in darkness. Since the year 2005, it had been my vision to have at least two nurses praying together in every hospital. Ever since the pandemic hit our country, I have been hearing and seeing so many believers, nurses and doctors coming together to pray. God helped me also to pray with my staff on several occasions where even non-Christians joined for prayer. I was able to use this opportunity to tell them that God is in control and that this is a part of His plan for people to repent and come back to Him. Also, God gave me the courage to stand up and

speak to the authorities regarding the scarcity of masks and sanitizers for the hospital staff. When this issue was brought to their notice, they took it up seriously and soon provided us with the same. Thus, God gave me the grace to be a hope for the hopeless and to shine forth His light at my workplace.

For me the life was normal before this COVID-19 Pandemic and I was enjoying every day in His presence. Before the month of March every day we were hearing the news of this disease spreading in China and the deteriorating conditions taking place, but never thought that it will come to my country India. At that time, my son was studying in the city of Turin, Italy and we came to understand that the situation was also very bad in Italy. It gave us waves of worry for our son, so we asked him to come back to India. By God's grace he could come back home before 10th of March 2020.

I prayed everyday earnestly before the Lord to please show His favour upon me and keep us safe from this disease.

I was so joyful and happy but it was for a short time because when my hospital staff came to know that my son has come back from Italy, they were not willing to come near to me and asked me to take leave for quarantine because they did not want me to be on duty. It broke my heart that how can my people with whom I am working behaved in this manner but I cried before the Lord and submitted myself to His grace. I did not show my tears to anybody but cried alone every day and asked strength from almighty. I prayed everyday earnestly before the Lord to please show His favour upon me and keep us safe from this disease. I thank God that after 14 days we all were safe by His grace. I thanked God for these rejoicing moments. In these days of pandemic, I felt that God has a specific purpose behind it and He started revealing some of His purposes to me.

God showed some of His responses towards the wickedness in the world from the Book of Jeremiah that how much He is upset with the humankind and I could share this with my friends of Nursing Training. I have accepted the Lord Jesus from different faith so it was very encouraging to all my friends of nursing training because they never had imagined that I have become a God's child. So this was the opportunity to encourage them through my life that how God is expecting us to turn from our wicked ways and commit our life to Him.

God gave me courage and boldness to share the hope I have and the Love of Jesus to many patients also.

The fact that I am a God's child that does not mean that I did not go through any storms, but instead I anchored my life in Jesus alone; I hang on to Him always even for any small matters. He was my Rock and my Stronghold

during the tough times like when I was working in a department since long time and I learnt all new techniques on my own because I was new to the settings but after 10 years in this month of August 2020 during the pandemic my sister in charge posted someone else without acknowledging my efforts and hard work but I again surrendered to God's plan and His sovereignty because He knows the best for me and He knows which place is better for me. In this way I was at peace because Jesus was controlling my situations and He gave me wisdom how to handle the situations. God gave me courage and boldness to share the hope I have and the Love of Jesus to many patients also. So I give all glory to Lord Almighty for honouring me by giving me a beautiful family where I am enjoying God's presence every day and fulfilling my responsibility of a wife and mother. I encourage all nurses that this is our calling for times like this to stand as a testimony where we are working in challenging situations and Jesus will honour us by the statement "well done faithful and honest servant come enjoy my presence"... which is our final goal.

Lily's story

(Name changed for security reasons)

When the pandemic first started to show itself in my home region it was busy and chaotic. Three of our doctors had travelled to a neighbouring area for a sports event and returned to work before knowing they had been exposed. When each tested positive for COVID-19, hospital staff and patients of those doctors were put on quarantine. As a casual nurse, I then worked many extra shifts. I was tired but stimulated, feeling like I was making a difference.

While I was very blessed to work where there was plenty of supplies, it became exceedingly frustrating as protocols could change three times in a shift and there were arguments about how best to utilize personal protective equipment (PPE). Staff became progressively anxious and fearful. I cannot imagine what nurses going through this having to repeatedly use single-use masks must have experienced.

My personal fight happened when a nursing supervisor ordered me to enter a COVID-19 patient's room in a less than protocol manner which would have put me and other staff at risk. I was tempted to be bitter and angry. The difference

in being supported by fellow Christians is being reminded of grace. God whispered in my ear, "I love her too. She is anxious and stressed but you don't have to be affected by her misinformation and tone of voice that stems from her fears". I was able to forgive. Being part of a community which encourages prayer has been so beneficial!

I will continue to rely on the support of my Christian colleagues as we battle this pandemic together.

Since many of the nurses have now returned to their positions, it is rare that I am called to cover shifts. I have accepted a position to care for an elderly man whose family cannot personally see him in hospital or hospice. This pandemic has forced me to expand my practice and trust in God to take care of me in it. I will continue to rely on the support of my Christian colleagues as we battle this pandemic together – not just the virus, but the negativity, anxiety, and fear-through prayer.

Salty nurses in a time of COVID-19

As witnesses to Jesus love and healing power in healthcare, nurses who wish to be salt and light can do so by demonstrating the 5 C's of the Saline Process – courageously coming to work wearing a smile, competently undertaking the great commission in our daily tasks, using wise communication to convey His love, at all times maintaining a Christ-like character and showing compassion to all.

When we head out each day, or afternoon or night, to our aged care facilities, hospitals, or primary care clinics, we trust that God will keep us safe. I currently am administering Influenza 2020 Vaccines and heard of the fear some people have, the mistrust in the authorities and administrators, and the anger of being 'forced' to have a vaccine in order to maintain their job working with vulnerable people. I use my 5 minutes of time with each person to reassure

and educate on doing what is good for each of us, the next person and the common good. Praying all the while that the 5C's are being well-employed.

Life and working conditions are not the same. Everything has changed with the event of COVID-19, except our God.

Life and working conditions are not the same. Everything has changed with the event of COVID-19, except our God. We certainly cannot understand in our small minds what the good God is going to bring out of this pestilence but we are reminded every day by reading Psalm 91: V.3 "For He will rescue you from every trap and protect you from deadly disease." (NLT)

The 5 C's of the Saline Process

Courageously coming to work wearing a smile, Competently undertaking the great commission in our daily tasks, using wise Communication to convey His love, at all times maintaining a Christ-like Character and showing Compassion to all.

Reference: IHS Global Saline Process Witness Training

A new nurse working in Columbia, South Carolina

Testimonial of a new nurse

Hannah Macon, RN

As a member of Newberry College's nursing class of 2020, I can testify that we faced a variety of different challenges when compared to nursing school graduates in the past. We have leapt over our fair shares of hurdles to become the nurses we are today.

In my case, I can vividly remember my very first day on the floor as a new nurse. I was in intermediate intensive care unit (IICU) in Lexington Medical Center, which at the time had a pod sealed off as a COVID-19 unit. Of course, I was assigned to the COVID-19 pod. I had no idea that I would be neck-deep in the virus on my first assignment, when I felt like I had no idea what I was doing. We had to wear respirator suits with belts that delivered a clean air supply to our hoods through a tube, and I did not even know how to turn the machine on. The nurses I was working with, donned in the air-tight suits themselves, kindly helped me dress in all the gear and made sure there were no air leaks.

My very first patient as a new nurse did not have a good prognosis. By 10 in the morning this man was emergency intubated. Welcome to nursing of 2020.

My very first patient as a new nurse did not have a good prognosis. By 10 in the morning this man was emergency intubated. Welcome to nursing of 2020. We had to rush him upstairs to the COVID-19-ICU which was a haunting experience. We arrived and had to transport the patient through multiple airlocks so that no viral particle could escape through the doors. The COVID-19 Critical Care Unit was deathly silent. All I could hear was the hiss of air in my hood as we pushed our patient's bed past room after room of intubated patients. I can remember trying to hide how unsettled I felt by the lack of

sound and bustle you grow accustomed to in a healthcare environment.

The very next week, I found myself outside the hospital at an unused ambulance bay where we discharged infected patients. It was July, and I was sweating, covered from head to toe with multiple layers of protective gear. I ran out of the bay to the road to flag down the family member who had just driven past the pickup location, and I turned around to see strangers on every floor of the glass tower I had come from taking pictures of me in my respirator suit from the windows. I felt like I was living a science fiction story.

As nurses, it is crucial that we also learn skills which go beyond the body of nursing knowledge.

As nurses, it is crucial that we also learn skills which go beyond the body of nursing knowledge. We must become expert communicators, as we will be our patients' advocates. We learn how to excel at teamwork and grow in empathy for our fellow human beings. We must be the best secret-keepers and learn how to check our emotions at the door. Which of us can claim that we learned these things from our hard work and perseverance alone?

We entered the world of nursing at a very imperative and stressful time. We are in the unique position to say that we began our nursing careers in a worldwide pandemic. Now more than ever, it is important to remember that it is our turn to give back. It is time to remember that the patient in the bed is someone's father, mother, or friend. When we have students, it is important to remember what it feels like to be an outsider who is thirsty for knowledge and desperate to be let into the world of nursing. It is our turn to show empathy, patience, and support to those who are trying to achieve the

impossible. It is time to learn to become the teachers who gave a piece of themselves to us, and one day, if we become mothers and fathers, it is our turn to try and show a fraction of the love and selflessness that we received.

No matter how many years we spend nursing, we can never forget why we chose this career in the first place – to care for others.

No matter how many years we spend nursing, we can never forget why we chose this career in the first place – to care for others. Because letting our patients know that restoring them is our joy and is one of the best ways, we can care for them.

In conclusion, I will leave a few scriptures that apply to our future practice as nurses:

Matthew 5:3–7 says, “blessed are the poor in spirit, for theirs is the kingdom of heaven. Blessed are they that mourn for they shall be comforted. Blessed are the meek: for they shall inherit the earth. Blessed are they which do hunger and thirst after righteousness: for they shall be filled. Blessed are the merciful: for they shall obtain mercy. Blessed are the pure in heart: for they shall see god. Blessed are the peacemakers: for they shall be called the children of God.”

And Proverbs 17:22 says, “A merry heart doeth good like a medicine: but a broken spirit drieth the bones.”

No matter how many years we spend nursing, we can never forget why we chose this career in the first place – to care for others. Because letting our patients know that restoring them is our joy and is one of the best ways, we can care for them.

The story of Aotearoa

Kia Ora, Aotearoa (New Zealand)

Here in Aotearoa we are an isolated island nation with our nearest neighbour 3 hours by air away. In a large part due to our geography, (which gave our government time) we have been spared the full impact of COVID disease in our community. In March, as soon as community transmission became evident our government set up a “lockdown system” and we went into level 4 lockdown until we became free of community transmission.

In a large part due to our geography, (which gave our government time) we have been spared the full impact of COVID disease in our community.

Our Prime Minister, Jacinda Ardern and Dr Ashley Bloomfield the Director General of Health gave the country clear leadership with consistent messages. I am grateful for good country leaders.

Our country had limited health resources to manage high numbers of critically ill people, so our public health worked hard on the prevention front (and continues to work hard testing, tracking and tracing). I work in Intensive Care Unit (ICU) and we prepared for the worst; we trained nurses for ICU, we practiced how to use PPE, increased our ICU capacity (builders built more negative pressure areas) and anxiously watched.

In New Zealand (NZ), 25 people have died of COVID, one a healthcare worker.

So, we feel lucky to not have the high numbers of deaths and illness that other countries have had. We are feeling the effects in many other ways, ways that are not as obvious as they have impact on mental health and well-being.

Economically it is tough – we depend on tourism as a major income and since March our

borders have been closed to tourists and many businesses had to close during the lockdown.

For some, there has been the pain of being separated from family living overseas. The previous easy travel between NZ and our near neighbours is impossible.

For me, I have learned more about leaning on God. When COVID arrived, I was anxious and worried about how work could look like. I confessed my anxieties and offered to pray for my non-believing colleagues who didn't know how to pray. I listened to my colleagues and we asked each other how we were feeling.

We have learned the value of technology for communication. I have been able to communicate with my Mum in aged care via video technology, we have done on-line church, we have conducted training by Zoom, and done the Saline Witness Training by Zoom, WhatsApp and on-line. NCF meetings have been by Zoom and WhatsApp groups to encourage and share messages.

In a large part due to our geography, (which gave our government time) we have been spared the full impact of COVID disease in our community.

I have become more courageous in being open about my faith. With my colleagues and with my patients. I have been learning to ask them about their faith, with gentleness and respect and seen how a simple question can open up doors to Jesus. Through NCF we encouraged each other in our faith and work.

Our world is changing, and we are adapting to our changes. But God never changes, he is constant. Hebrews 13:8 “Jesus Christ is the same yesterday, today, and forever”

¡COVID POSITIVE!

Testimony

Licensed Nurse, Isabel Bonilla, Ecuador, Latin America. NCFI Ecuador "MEDEC"

As I write, already two months of the COVID crisis have gone by since I received a phone call, "I am informing you that your COVID RESULT is POSITIVE, ... I'm sorry, Isabelita."

I saw it as an answer to my prayer. God, keep my steps in your paths, so my feet do not slip." My steps have held to your path (Psalm 17:5). I had been on vacation during the month of March and had time to prepare for what I had to now faced.

While I was on vacation, everyone else had to face this pandemic from day one. New settings, new protocols, new uniforms, new workmates. I had the blessing of being prepared technically, psychologically and spiritually before beginning

my new job. I was faced the battle with conviction. "I call upon thee for thou wilt answer me, O God; incline thy ear to me, hear my words. Psalm 17:6

Our responsibility was only one 24 hour shift , one contact, one positive patient and then all of the workers on my floor were sent on quarantine. Unfortunately we had worked without physical protection, but thank the LORD I had His protection. I saw the hand of God once more, because there was not even one symptom.. "GOD IS FAITHFUL AND CARES FOR THE INTEGRITY OF HIS CHILDREN."

"Wondrously show Thy steadfast love, O Saviour of those who seek refuge from their adversaries at thy right hand." Psalm 17:7

**"I am informing you that your
COVID RESULT is POSITIVE,
... I'm sorry, Isabelita."**

¡COVID POSITIVO!

Testimonio

Lic. Isabel Bonilla, Ecuador. Integrante MEDEC

Ya dos meses de cuando recibí una llamada: “te informo que tu resultado de COVID es POSITIVO, ...que pena Isabelita.” Había estado de vacaciones en el mes de marzo y tuve tiempo para prepararme a lo que debía enfrentarme, recordé que pedí salir a vacaciones en abril, y obviamente no se me concedió, cuando llegó la emergencia sanitaria lo vi como una respuesta, DIOS sustenta mis pasos, pues en abril las vacaciones se suspendieron. “Sustenta mis pasos en tus caminos, para que mis pies no resbalen”. Salmos 17:5

Todos tuvieron que ir de la noche a la mañana a enfrentarse a esta pandemia. Nuevos servicios, nuevos protocolos, nueva indumentaria, nuevos compañeros, y yo tuve la bendición de prepararme tanto técnico, psicológica y espiritualmente para reiniciar mis labores. Iba a la batalla con

convicción y así me despedí de mi familia, “Yo te he invocado, por cuanto tú me oirás, oh Dios; Inclina a mí tu oído, escucha mi palabra.” Salmos 17:6

Al regreso sólo bastaría un turno de 24 horas, un contacto, un paciente positivo y TODOS los trabajadores de mi servicio fuimos enviados a cuarentena. Cuando me realizaron el examen y llegó el resultado tan esperado, lamentablemente habíamos trabajado sin protección física, pero gracias al SEÑOR tuve y tengo su protección, nuevamente vi la mano de DIOS, pues, ni un solo síntoma. “DIOS ES FIEL Y GUARDA LA INTEGRIDAD DE SUS HIJOS.”

“Muestra tus maravillosas misericordias, tú que salvas a los que se refugian a tu diestra, de los que se levantan contra ellos.” Salmos 17:7

“Te informo que tu resultado de COVID es POSITIVO, ...que pena Isabelita.”

Experiences in the face of the COVID-19 pandemic in Ecuador

Testimony

Fabiola Hidalgo M., Ecuador

Living through the quarantine became a daily challenge to overcome for the members of MEDEC, (NCF of Ecuador), as 70% of nurse members have retired and have had to stay at home. They became the prayer support for each one of our colleagues who has been on the frontline. These prayers have been with us all of the time! Sustained by Christ Jesus, and depending on Him day by day for His help, His support, His love, we held on to His promises as we left home for work. *"Call to me and I will answer you and tell you great and unsearchable things you do not know."* Jeremiah 33:3 NIV. *"Do not worry about tomorrow..."* Matthew 6:34, NIV.

In our work places, each day, we needed to draw close to Him in prayer, a cry out, or simply repeat the universal prayer that unites us all, the LORD'S PRAYER. It was beautiful to see physicians, technologists, aids, and the cleaning staff draw near at that moment. They closed his/her eyes and prayed all together. The AMEN was a time of

testimony, to comment on what was happening around us. It was an opportunity to support those who were weaker in their faith, to observe those who said they did not believe in God, and even who asked that we pray. It had not been easy to see colleagues who continued to be part of the struggle weep together, and say goodbye to valuable personnel who undoubtedly left memories of commitment and dedication.

No doubt we are celebrating this Year of the Nurse and Midwife with the pain of missing personnel.

No doubt we are celebrating this Year of the Nurse and Midwife with the pain of missing personnel who had dedicated themselves to fulfil a part of the Florence Nightingale pledge: *"I will dedicate my life to the wellbeing of the people under my care"* May the Lord God Almighty care for the life of all the NCFI nurses and others all over the world.

Vivencias de Ecuador ante la pandemia

Testimonio

Lcda. Fabiola Hidalgo M Integrante de CIDEAL Coordinadora de MEDEC Integrante del Comité Internacional del NCF

Para las integrantes de MEDEC, pasar este tiempo de cuarentena se constituyó en un desafío de superación cada día. El 70 % de las enfermeras integrantes son jubiladas y han pasado en su casa, siendo las que han sostenido en oración a cada una de las colegas que han estado en el frente de batalla. ¡Ese clamor nos ha acompañado todo este tiempo! Para las que hemos estado al frente se tornó un verdadero caminar cada día sostenidas en Cristo Jesús, Depender cada día de Él, de su ayuda, de su sostén, de su amor; al salir de la casa nos sosteníamos en sus promesas. “clama a mí y yo te ayudare y te sostendré cada día...JEREMIAS 33:3 “bástate cada día mi gracia”Mateo 6:34

En los lugares de trabajo desarrollamos cada día esa necesidad de acercarnos a EL elevando una oración, una plegaria o simplemente repetir la oración universal que une a todos: el PADRE NUESTRO, fue hermoso ver a médicos, tecnólogos, auxiliares, personal de limpieza, acercarse ese momento, cerrar sus ojos y orar, y a una sola voz ... un AMEN fue un tiempo de testimonio, conversar alrededor de lo que estaba

pasando, tener la oportunidad de sostener a los más débiles en la fe, mirar a gente que decía no creer en Dios, y aun así pedir que oremos..... el tiempo está cerca.... No ha sido fácil...ver partir a colegas que estuvieron en pie de lucha, llorar entre compañeras, decir un adiós a personal valioso que sin duda dejó muchos recuerdos de entrega y dedicación.

Sin dudar estamos celebrando este año de la Enfermería con muchos dolores por el personal ausente.

Sin dudar estamos celebrando este año de la Enfermería con muchos dolores por el personal ausente pero también con entrega y dedicación y cumpliendo un fragmento de nuestro juramento dejado por Florence Nightingale. “dedicaré mi vida al bienestar de las personas confiadas a mi cuidado.” Que el Señor Dios Todopoderoso este cuidando la vida de todas las enfermeras del NCFI y del mundo entero.

Victorious grief!

Dr. Susan Elliott, Daughter and Nurse

My 2020 was not on spent on the clinical frontlines. For those of you who have had that reality, thank you will never be enough. While we dealt with foggy glasses caused by wearing a mask, you faced the critical challenge of not having adequate mask coverage to protect yourself and others. While we may have had to make a few phone calls to find hand sanitizer, your critical thinking, clinical reasoning, and clinical judgment* were stretched to the maximum. While we felt the heartbreak of the families who could not be with their loved ones in the hospital, you poured out your heart, soul, mind, and strength to keep those loved ones alive. As Christian nurses, we were all given the special opportunity to work to the glory of God and live out Mark 12:30-31.

The primary reason I was not on the frontline was that I was completing the commitment God had laid on my heart to care for my parents until He called them home. It was a 5-year journey through dementia in which God's Presence was the source of my hope, strength, peace, and protection. Dad went to heaven on March 1 and mom on December 30.

In early December, I became a COVID-19 positive statistic.

In early December, I became a COVID-19 positive statistic. I went to a doctor for an unrelated issue. Screened at the door, my temperature was 97 Fahrenheit/36 Celsius. When called to the exam room just 30 minutes later, my temp was 100/37.7. I completed 11 days of isolation and waiting for my fever to stay within normal limits without medication. Initially, neither acetaminophen or ibuprofen impacted my fever. Whether psychosomatic or not, I did develop a sense that every cell in my body was "off". I slept a great deal and my brain was definitely foggy. To answer the most common questions asked of me, I did not have a cough or lose my sense of taste or smell. In all, I was blessed to have a "mild" encounter with the pandemic virus. Thank you to the many in NCFI who prayed for me.

In my quarantine, I only missed one weekly visit with my mom. The lockdown which started in mid-March made it impossible for my sister and I to see her in person until June. June through September visits were across a picnic table, then in September I could finally touch her to cut her hair. While dementia protected her in many ways, it broke my heart to think she might feel we had abandoned her. In the midst of grief over separation from both dad and mom, the gift of victorious grief came from God and to His glory.

Victorious grief began with facing death and separation from a Christian worldview. The Christian worldview requires obedience to Mark 12:30-31 and extends to the far reaches of one's personal and professional life. There is no Christian worldview without Christ and on God's Word, the Christian worldview stands. The Christian worldview is truth and it is victorious.

Holding onto God's promises and His Presence remain my sustaining hope. I know beyond all doubt that God's promises are true and that dad gave testimony to being ready to see Jesus. I also had the strong conviction and comfort in that while mom was humanly without us, God would reach beyond her dementia and minister to her in ways we never could. She was without us but she was never without her Lord God.

While always a daughter, Susan the nurse never shut down and that was an answer to my

Holding onto God's promises and His Presence remain my sustaining hope.

prayers. Both came through without pressure ulcers. I put them both on hospice care on the same day, committed to keeping them from mandatory hospital runs and interventions which to them were cruel. It was my stethoscope on dad's chest by which I heard him take his last breaths and I called his going to heaven. It was my massaging comfort that mom felt in her last days. And I was given the joy of ministering to them spiritually. I often sang hymns, read

scripture, and spoke of their pending rejoicing in heaven. Songs included *When We All Get to Heaven, It is Well With My Soul*, and *What a Day That Will Be* (Jim Hill):

What a day that will be
When my Jesus I shall see
And I look upon his face
The one who saved me by his grace
When he takes me by the hand and leads me
through the Promised Land
What a day, glorious day that will be

There'll be no sorrows there
No more burdens to bear
No more sickness and no more pain

No more parting over there
But forever I will be
With the one who died for me
What a day, glorious day that will be.

What a day that will be
When my Jesus I shall see
And I look upon his face
The one who saved me by his grace
When he takes me by the hand and leads me
through the Promised Land
What a day, glorious day that will be

Victorious grief, a gift from God through the blood
of Jesus and the comfort of the Holy Spirit. To
God be the glory!

* Critical thinking – analysing knowledge.

Clinical reasoning – discipline specific, applying critical thinking to a clinical situation.

Clinical judgment – application of developed critical thinking and clinical reasoning.

(Victor-Chmil, 2013, p. 34–35)

Reference

1. Victor-Chmil, Joyce (2013). Critical thinking versus clinical reasoning versus clinical judgment. *Nurse Educator* 38(1), p. 34–35

Behind the face mask

Thoughts after Easter about closed doors and protective equipment

Grete Schärfe

Mask. Gloves. Protective visor and coat. Glasses. Disinfectants.

Nurses fortify themselves behind an armour of protective equipment.

But scaring feelings can easily hide behind the hood: “What if a virus penetrates it all and infects me? Am I already infected? Can I pass the infection on to my patients? And do I carry it home to my family?”

After Easter, the disciples had also fortified themselves. Behind closed doors.

And behind the closed doors they were also scared. “What if the Jews find us? Will they then kill us, just as they killed Jesus? What if...?”

Jesus broke through their armour. Came to them through the closed doors. Stood among them. Said: “Peace be with you!”¹

Prayer

Dear Jesus.

Will you also break through my armour? My “closed door”?
I really need you to come and say to me, “Peace be with you!”
Come Jesus, with your peace.
To my thoughts.
To my feelings.
To my heart.
To my body.
To my patients.
To my colleagues.
To my loved ones.

Amen.

“Peace be with you!”

Reference

1. John 20, 19–31

Used with permission of the Christian Medical Fellowship, United Kingdom.

About NCFI

Doctrinal basis

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

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

Aims

- encourage Christian nurses and nursing students to live out their faith in compassionate professional practice
- deepen the spiritual life and cultural awareness of Christian nurses and nursing students around the world
- promote friendship, communication, connection and collaboration among Christian nurses worldwide
- support Regional NCFI Councils (Committees) and National NCFI organisations in their ministry with nurses
- empower Christian nurses to examine and apply scripture as it relates to professional practice
- equip and support the development of Christian nurse leaders around the world
- represent Christian nursing in the global nursing and healthcare arena

Culture

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

Strategic goals 2020–2024

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

Writing for CNI: author guidelines

Dr. Susan Elliott and Dr. Susan Ludwick, Acting Co-Editors

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 co-editors for consideration (susan.ludwick@newberry.edu). The editorial committee will review submissions to ensure that they adhere to the aims and scope of CNI.

Research papers should follow the accepted format of reporting including an abstract, introduction, design, method, results or conclusions and discussion. They **should not be more than 2000 words in length** and must indicate the ethical approval process has been undertaken.

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

All manuscripts should be word processed using Microsoft Word, Times Roman, spacing normally 1.15. Grammar and English should be checked as far as possible before submission. Avoid complex formatting, as this is sometimes difficult to transfer into the main document. British English spelling is preferred and should comply with the Concise Oxford Dictionary.

Articles written in Spanish or French will be considered.

References should be presented normally using the Harvard style, author names followed by year of publication. e.g. (Jones 2015). When a web page is cited the date when it was accessed should be noted. DOIs 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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