

The Ontario Link



Issue 51
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The Newsletter of the Ontario Nurses Christian Fellowship

Zambian Nurses bringing hope to HIV patients

Excitement reigned! It was September, 2007 and fifty graduate nurses from Mukinge Hospital in Zambia were coming together for a reunion.

The evening was already pitch dark when the nurses stepped out of the dining area. They stood before me with delight waiting to see if I could identify each by name. What an occasion! Shouting, singing and dancing revealed the evident joy they had. My heart welled up with excitement. Hugs and past memories meshed together.

I first met these young ladies when I was matron of the 200-bed Africa Evangelical Fellowship/Sudan Interior Mission (now both SIM – Serving in Mission) hospital in North-Western Province. The young girls arrived for their training, coming from long distances, anxious to learn how to care for the sick.

Days in training were not always easy. Interpersonal problems sometimes arose in the dorm. At times tempers became heated. How were these problems going to be solved? At this time we introduced Bible classes into the curriculum. We soon learned that the more Bible we taught, the fewer problems we had to solve. These weekly times around the Word of God were life changing. NCF became the students' Friday evening praise time. Morning prayers at 7 AM started their day.

Then came the long anticipated graduation day and the students were gone.

Now, many years later, we were reuniting. Some of these nurses had not come together since the 1970's. It didn't matter what year a nurse had graduated - we were one body of Mukinge graduates coming to reunite and celebrate. Nothing could hold back the joy!

Testimony upon testimony was given. I found most of our graduates are employed by the Ministry of Health and are working in government hospitals in the big towns. I was wonderfully surprised to learn that they are working in the HIV counseling and testing departments. What better place could they be? It is their practice to take the client into the counseling room and talk about AIDS. They do the blood test and ask the client to return for the results. At the next meeting our graduate gives the report. If the patient is positive she tells her/him there is presently no cure but there is HOPE through the Lord Jesus Christ.

Over this reunion weekend, one on one the grads said to me, "You at Mukinge prepared us in our Bible classes for such a time as this in Zambia". Praise God for the power of His Word. And praise God for these Christian nurses who are giving HOPE to the hopeless right in their work places in Zambia.

This article was written by Doraine Ross, RN, ARCT who served in Zambia with AEF from 1963 to 1998. She is presently living in the Cambridge area and working with SIM as a representative in Southern Ontario.

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Nursing Week

It happens every year in May but who pays attention before the time? This year can be different, if you give it a little thought and action ahead of time. This year the designated Nursing Week is May 12 – 18 (Monday to Sunday) sandwiched between Mother's Day and the Victoria Day holiday.

The CNA website features the week as a time for stakeholders to learn about the depth and breadth of nursing – a time to show case both the achievements of nursing and its future. We can make his a special time for Christian nurses. Here are some ideas:

- * Tell a **personal story** of the challenge and reward as you practice nursing in tune with God's activity, submitting this to the **RNAO website** (300 words maximum). There is a photo contest, too. Consider a focus on compassion, meeting spiritual needs or servant leadership.
- * Talk with your **NCF study group** about what you might do together
- * Put a **notice in your church bulletin** for May 11, asking for prayer for the profession, for individual nurses in your congregation (consider mentioning their first names) and for nurses in your community. Ask for wisdom for these nurses and sensitivity to spiritual needs as well as the other concerns of patients. You might illustrate this with a story from your own practice. Include a creative slogan like "we will all need a nurse" or "nurses are the hands of Christ."
- * Ask the pastor to **recognize all nurses personally** at church on May 11 or 18, having them to stand for special prayer.
- * **Send a note** to an active nurse you know, saying thanks and telling her/him you are praying.

Unlimited Opportunities now Available at: Adventures with Christ Inc.

Numerous adventures to fit the skills, gifts, age and experience of all applicants:

- ✚ Interested applicants must be constantly available for assignments
- ✚ No minimum educational qualifications
- ✚ Previous experience not a prerequisite
- ✚ Continuous “on the job” training
- ✚ Flexible working hours
- ✚ Unique working conditions
- ✚ Applicant must be prepared to adapt to a variety of work environments
- ✚ Ability to trust that whatever comes your way will “work out for good” is a great advantage at all times

Fifty three years ago I signed on for a position with this organization and at sixty one I can only look back in awe at what “the Lord has wrought”. From my graduation with a diploma in nursing from Victoria Hospital, London, in 1969 to my return from Tajikistan in August 2007 it has been a full, always interesting, often challenging adventure.

After a year working at Children’s Psychiatric Research Institute, six months in Europe and three years in orthopedics, medicine and gynecology I found my true vocation in the Labour and Delivery unit at Victoria Hospital London. I couldn’t believe it ...you could get paid for doing something you absolutely loved!! The next eighteen years were just a delight as I participated with hundreds of parents welcoming a new little person into their family.

Three of these years 1984 –1987 were spent in Saudi Arabia at the King Khalid University Hospital, learning Arabic, meeting a nice American to marry and realizing that all labour and delivery units are not created equal!!!!. My language faux pas were hilarious but graciously tolerated by my long suffering Bedouin patients. I changed my name from Harris to Murphy at the Anglican Church in Bahrain, Diocese of Cyprus and the Gulf States in January 1985 and two years later returned to Canada to spend the next 17 years in Vancouver.

When I started wanting to say to my patient....”It’s Ok dear, millions of women before you have done this and survived to live long and healthy lives” I knew

that it was time to hand the baton on to the younger generation. So after six years at Grace Hospital (now BC Women’s) I retired from nursing and became a professional Realtor. If you’re wondering, nurses make great realtors. Our listening and needs assessment skills as well as our ability to build good relationships with people from every walk of life are exactly the tools that are needed to help people make, what is generally, the biggest financial decision of their lives.

Nine years later when my husband, Eddie Murphy (wrong colour, no money!) said that he wanted to move from success to significance I was ready and willing. After years of supporting missions, attending the Perspectives on World Missions course and working on the Missions Deacons committee, God moved us from the role of motivators and senders into the front lines! The next four years were filled with the most exciting, fulfilling and difficult work God has placed in our hands.

Tajikistan is a Republic of the former Soviet Union. It was deserted by the Russians when the union disintegrated in 1992 and for six years civil war devastated the country and destroyed the infrastructure. The land of the Tajiks is land locked and sits on the northern boarder of Afghanistan surrounded by Kazakhstan, Uzbekistan, Kirgizstan and China and is the poorest of the former USSR countries. Operation Mercy, the relief and development arm of the world wide mission organization Operation Mobilization has been working to relieve physical suffering and to bring the hope of Jesus to the seven million people in Tajikistan since 1994.

We joined O.M. in September 2003 and after orientation and basic language learning in the Capital of Dushanbe we headed out over two mountain ranges to the northern capital of Khujand. In a city of mud homes and deteriorating concrete apartment blocks, built in Soviet times, it was a challenge to find accommodations, but God is good. Unknown to us the home we finally did find was in one of the few buildings that had gas and electricity through the very cold winters. For a history buff like me one of the other major draws to this apartment was that it was right across the street from the fort of Alexander the Great! Like a Real Estate client of mine said when he heard of our new home “right...location, location, location. If it

was good enough for Alexander the Great it’s good enough for the Murphy’s!”

We were the first of the Tajikistan OM team to move out of the southern region around the capital, Dushanbe. The north had only two other foreign “M’s” and no established Christian relief and development organization. What was our job? How did God want us to participate in meeting the overwhelming physical and spiritual needs of the people? We learned to hold out open hands, praying that God would fill them with His work.

And for the next three plus years He used everything He had created us to be and all of the life skills we had developed in our family, educational and work lives. I MEAN EVERYTHING!!! And he poured the work into our hands.

- ✚ A baking club for youth
- ✚ Early Intervention program for Special Needs children
- ✚ Teacher training for working with SN’s Children
- ✚ Kindergarten for SN’s children in the regular school system
- ✚ Computer labs and classes in 2 prisons
- ✚ Facilitating unity and cooperation among the existing churches
- ✚ Partnering with the churches in camps and outreaches

We were medevaced out of Tajikistan in August of 2007 after Eddie had a serious heart attack. We left a healthy work that is being carried on by the Tajik Christians we trained and a new, bigger and more qualified group of “OMers “. When God starts a work He also finishes it. We are back in Canada with our hands open confident that the adventure is not over and that God still has many jobs ”that He prepared in advance for us to do.”

In looking back over my journey I think that I charted no path and set mostly short term goals. I opened doors that were offered to me and trusted God to keep open the doors I was to walk through. I gave into God’s hands my many needs and desires and got involved in the lives of the people that God brought across my path, often having the opportunity to present the love of Christ to them. As I reflect on the way God has worked in my life it fills me with the confidence that He is working the same way in the lives of all of His children. He made us. He knows us. He loves us. Who better to trust with the plan for our life? And if you like adventure....come on board!!!

Serving in Mission in Ghana

On May 7, 2007, I sat in an airplane on my way to Ghana, West Africa.

Though I had gone to Ghana for a month in 2000, I was still scared out of my mind at the prospects before me. On August 28, 2007, I was on a similar airplane on my way back home. I was excited about how I had seen God working in Ghana, and a little sad about saying goodbye.

This entire endeavor began when I met with a local representative from Serving in Mission (SIM) Canada. She introduced me to the organization, and as I got to know SIM, I recognized another chance to serve God overseas. From my first trip to Ghana, I wanted to go back, but I really was too afraid of all kinds of unknown things to give serious thought to it. In the last couple years, I felt challenged to live by faith rather than by fear, and one way to do that was to continue ministry in Ghana. SIM appealed to me because of its focus on prayer and its ministry to meet physical and spiritual needs. During my short term with SIM, I did exactly that by His grace.

My ministry included a wide variety of things, but I will focus on my community health role. HIV and AIDS have not ravaged Ghana like they have other parts of Africa, but the potential is there. Myths and stigma are rampant even though awareness programs are ubiquitous. My primary ministry was an HIV/AIDS awareness program with a focus on God. I connected with Junior Secondary Schools in five villages and presented a series of three seminars that I had prepared, including drama, demonstrations, stories and my own testimony. I wanted the students to know the facts about HIV and AIDS, and I also promoted abstinence until marriage to avoid HIV infection, and, more importantly, to honor God. The students and I talked about salvation, God's unending love for all people and His idea about dating, marriage, and sex. We looked directly into the Bible to see how He demonstrated His love for us through Christ's death. The students eagerly listened and participated in the seminars,

and I had a lot fun with them, but I cannot know how they received the gospel. Three students spoke with me privately afterwards to ask about knowing God's love. My fervent prayer for them and the other 250 students, most of whom were not Christians, was that the Holy Spirit would penetrate their hearts such that they could not deny Him.

I cannot deny God's working in this ministry to students. I am a nursing student, not a teacher or an evangelist, but I was still able to reach out to these students. There were days when I felt encumbered by my fear because I knew of the strong presence of Islam. I stumbled over my words sometimes and my stood on gelatin-like legs. I had to frequently meditate on my theme verse for the trip, "if God is for us, who can be against us" (Romans 8:31b) reminding myself that I was standing in front of all these people with the authority of the Lord Almighty. At the end of each one, I knew that I had done right by speaking plainly and not diluting the gospel. My uncharacteristic ability to speak the Truth to large groups of people was certainly the hand of God. It serves as evidence for me that God will use me if I act in faith rather than cower in fear.

I am grateful to God for the chance to go to Ghana. It was really an awesome opportunity for me to grow in faith and reach out to a small number of Ghanaians. Now that I am back to my familiar life, I look forward to learning what I can about nursing and ministry and seeing how God will use them later in my life.

Nova Gayle is a student nurse of the University of Western Ontario and will



Nova talked to students in a seminar

Promoting Spiritual Care within the Nursing Profession

The RNAO Provincial Interest Groups are groups of members and associates of the Association who are interested in a clinical and/or functional aspect of health care. Interest groups provide tremendous opportunities for networking, collaboration, information sharing, political action and advocacy around common issues. The Parish Nursing Interest Group (PNIG) is one of a number of interest groups who act as the voice and forum for specialized areas of the nursing profession. PNIG supports and encourages parish nurses in their wholistic health nursing ministries. The vision of PNIG is the belief that the spiritual dimension is central to parish nursing as we assist individuals and groups to integrate life experiences with faith as they journey toward wholeness and health.

PNIG endeavours to encourage the integration of spiritual care into all dimensions of nursing practice. PNIG has been active over the past several years on initiatives to carry out this mission.

PNIG developed a resolution to reclaim 'Spiritual Care' as an essential part of wholistic health care and have the concept of 'spiritual well being' included as part of the World Health Organizations (WHO) definition of health. This resolution was passed by the RNAO in 2004 and by the CNA in 2005 and the CNA is working with the ICN to have this resolution adopted by WHO.

PNIG has submitted an idea to the RNAO for a Best Practice Guideline on Spiritual Care within Nursing Practice. The development of such a guideline would assist nurses in all areas of practice to integrate spiritual care and would encourage further research into this area of practice.

PNIG executive members attend all RNAO Assembly meetings and actively support the initiatives of RNAO. Many of these initiatives are integral to the concern and work of Parish Nurses in caring for the health of others in a way that reflects the Christian model of love for our neighbor and responsibility for a just society.

Increasing numbers of students are seeking opportunities to learn and integrate spiritual care into their practice and PNIG members are mentoring and supporting them. Parish Nurses are becoming more involved in the education of student nurses during their clinical placements. PNIG has provided financial support for students to become members of the RNAO and have supported the initiatives and activities of the Nursing Students Interest Group of the RNAO .[to be continued on Page 4]

A summary of the 2007 Ontario NCF Seminar Day

If there are two words that could sum up the annual seminar of the Nurses' Christian Fellowship this year, they would be "peace" and "honesty". It took place on October 20, a Saturday, at the Royal Botanical Gardens in Hamilton, Ontario. Our speaker that day was the new National Director of the Nurses' Christian Fellowship, Carol Hamilton.

As participants entering the building of the botanical gardens, we were greeted by moist air, and green plants. We passed by the gift shop to the conference area on the second floor.

I helped one of the NCF executive members set up the book table. Other people gave out name tags and conference packages to the participants as they arrived.

Several topics were covered, during the day. The first topic we discussed was the idea of nursing leadership. We agreed that a nursing leader is someone of integrity. She/he is someone who is teachable, committed to serving other people, and willing to change, when necessary. The difference between a manager and a leader was described. "A leader inspires others, and has followers, but a manager perspires, and gets things done." We concluded that a leader is someone who responds to present events with a vision for something larger than the present circumstances.

I found this description of a nursing

leader, very encouraging. It means that a nursing leader can be defined by the quality of her/his character, work, and service to others, not necessarily by her/his rank in the hierarchy of their workplace.

A second topic that was discussed was the issue of taking a stand on important issues. Participants at each table divided into discussion groups. Each woman in the room was given a handout which contained a portion of the book of Esther from the Old Testament. We read the handout and when we were finished, a pre-appointed discussion leader at each table guided the discussion. At the end of the discussion, each woman in each group, was asked to share one idea that she had learned from this exercise. I told the group that I had been reminded, that if and when I am under pressure, or under threat, as a Christian from non-believers in the world, I need to actively look for support from other faithful Christians and keep in close touch with them. Another person said that she was reminded that she shouldn't compromise her values when under pressure.

During lunch, we had a chance to eat, drink, and talk with the other visitors to the conference. We shared some of our work experiences with the other women at our table. One conclusion I came to was that my ability to show leadership and set a good example, showed when I was under the most stress. I realized that it was during these times that I had in fact been watched by two young women, on two separate occasions. The parents of these two young women, told me that their daughters had been influenced not by WHAT I had said or done (or not done) in the situations; their daughters had been influenced by HOW I had treated elderly, confused patients when my work assignments were too difficult, and when the work I was asked to do, was beyond my scope of practice.

During the first part of the afternoon session, we discussed a case study, where there was serious tension among staff members on the medical unit of a large hospital. In our table groups, using the questions on our handout, we discussed ways to improve the problems in this theoretical workplace. After we had shared our answers with the nurses at the table beside ours, a spokeswoman from each table stood up to share the answers to the following question: "What can Susan (i.e. the RN shift leader) do, to transform the negative atmosphere in this workplace, to make it more positive?"

The variety of answers to this question surprised me. The responses I heard, were full of maturity, and were clearly the result of valuable work experience. The answers

nurses at the conference, were already using the principles taught by our speaker, Carol Hamilton, during the morning session.

The second part of the afternoon, was a time of self-examination and self-disclosure. This part of the day was influenced by Carol's experience as a Presbyterian minister. She asked the women in the room to consider questions such as, "Why am I here?" "What do I think I am trying to do?" "Why am I a nurse?" "Are leaders born or made?" The answers to these questions were very honest and gave the women a chance to laugh at themselves. Throughout the day, the atmosphere at this conference was very peaceful and honest. The ideas and group exercises prepared for us by Carol, were thought-provoking, relevant, and Bible-centered. Because the atmosphere was so honest, there were many times during the day when the women there, gave each other support and laughed together. Many thanks to the people who organized the seminar.

Linda Haack is a LPN and a certified ESL teacher in Ottawa.

Promoting Spiritual Care within the Nursing Profession [continued]

These are exciting times in the development and growth of Parish Nursing as a community-based practice within professional nursing. The presence of NCF at the RNAO Annual General Meetings is deeply valued by PNIG members as we share a ministry of demonstrating the love of Christ within our Nursing Profession. I would encourage you to support NCF presence at RNAO meetings.

Jennifer Cameron is the President of PNIG

Share in the RNAO event

Again this April, Ontario NCF had a display at the RNAO annual general meeting on April 10 - 11.

In other years this has been a time to make contact with nurses who are interested in spiritual aspects of nursing. This is a special expense for the Committee that we would like to share with some of you.

The cost is more than \$500. If you can help with this project or the Committee's other expenses, make your donation cheque payable to

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