

## To Engage, Equip and Empower Nurses in Christ

### A Sound Mind

by Julie A Desjardins RN, BScN, BA

*For God did not give us a spirit of timidity (of cowardice, of craven and cringing and fawning fear), but [He has given us a spirit] of power and of love and of calm and well-balanced mind and discipline and self-control.*

2 Timothy 1:7 (Amplified)

With many different nursing and healthcare organizations available and vying for our time, what has Nurses Christian Fellowship Canada to offer that it should arrest our attention? With so much information and so little time, we need often disregard what is not immediately useful. NCFC exists to point us back to the source of all truth, Jesus Christ, because apart from Him we can

do nothing (John 15:5) but in Him we can accomplish everything (Philippians 4:13), amen! In this edition of the Pulse, Christian nurses were invited to share their experiences relating to mental health. Long before the first issue of the Journal of American Psychiatry was published, God was Editor in Chief of the Journal of Life, the Bible. Meditating on Scripture brings understanding, knowledge and revelation as the Holy Spirit teaches us all things. (John 14:26) When it comes to mental health and the mysteries of the mind, the Bible leads the way with the best evidence-based practice. The word discipline or sound mind found in 2 Timothy 1:7 comes from the Greek *sophronismos*; *sozo* meaning save and *phren* meaning mind, literally a saved mind. Whether we are caring for others with mental health issues or fighting for our own mental well-being, God declares His Word to be life

to those who find it and health to one's whole body. (Proverbs 4:22) May this publication be to His glory, encouraging all who would dare to walk by faith and not by sight. (2 Corinthians 5:7)

*Julie A Desjardins works as a Primary Health Care Nurse in Thompson, Manitoba where she lives with her husband and son. She is excited and honoured to have assisted with the editing for this edition of the Pulse.*



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### Talking with Patients about Spirituality

How can we as nurses initiate conversations with clients about spirituality or religion? In my recent work as a part-time counsellor in a mental health agency, conversations with clients about spirituality or religion would usually emerge, sometimes initiated by the client, but often initiated by me. Initiating conversations about spirituality or religion is a basic aspect of holistic care.

The first point has to do with us as nurses. Research indicates that nurses with a strong sense of, and commitment to, their own spirituality are better able to assess and provide spiritual care to clients. Self-awareness is critical to ethical care, which is important when exploring the spiritual dimension. As Christian nurses, we have a strong sense of our spiritual identity in Christ, and we need to reflect on how that

identity might impact our conversations with clients.

Secondly, providing rationale for inquiry into the spiritual dimension is important. There is ample rationale for incorporating spirituality into health care, including research that indicates that clients want to talk with their health professionals about

...continued on page 3

**Have comments or suggestions after reading NCFC Pulse?**

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# When Christ Collides with Mental Illness

by Cassidy Galan

Although medical science has propelled us into a deeper understanding of the human body and its functions, I still stand in awe at the wonder of God's creation. This unceasing wonder has been a catalyst for me to expand my knowledge and search for answers to difficult questions, especially in the field of nursing. As questions are being answered, new and more in depth questions are being formed.

I am fascinated by the field of mental health because of its unknowns, its challenges, and questions. Mental health is something that makes very obvious the complexity of God's creation. It surpasses the mere physical dimensions of a person, reaching the soul, and most importantly the spirit because mental illness attacks every aspect of an individual. It affects the ability to perform tasks, it affects emotions, and it affects identity. Since mental illness attacks these three dimensions, it only makes sense to address all three for true recovery or healing to take place. A common theme in mental illness is identity, be it a lack of identity, mistaken identity, multiple identities, etc. Universally people seek for identity through many different venues: jobs, status, power, and culture to name a few. It is not difficult to realize that people all over the world long to know who they are. However, it is difficult to recognize and share that finding identity through Christ is what brings true healing. It can be difficult to see the need for spiritual and emotional healing when we naturally focus on the tangible, visible, or physical representation of an illness. As Christians, we are called

to address spiritual healing by helping others discover their true identity in Christ. We can help those suffering from mental illness by focusing on what the source of their identity has been. The Bible says that each of us is fearfully and wonderfully made. (Psalm 139:14) How beautiful would it be if this view of our

*Mental health is something that makes very obvious the complexity of God's creation*

patients could be communicated to them and imagine the healing it could provide. I had the privilege of working with a patient suffering from depression and multiple suicide attempts. This patient was able to tell me that not being able to work, due to her illness, had taken away her identity. Her vocation defined who she was. Once her job was stripped away,

she lost her identity and worth. Identity placed in things subject to change will always disappoint. The only thing in this world that is unchanging is Christ, our Rock and our Salvation. (Psalm 62:6) He is the same yesterday, today, and forever. (Hebrews 13:8) If our identity is not placed in Him, our hopes are staked on things of the world that cannot help but disappoint because they are temporal. Once the source of our identity is lost, like my patient losing her job, our identity is lost right along with it. When partnering with a patient on their fight through mental illness, addressing the spirit - which fuels identity - will provide more than management of symptoms, it will begin healing.

*Cassidy Galan is in her third year of the BScN program at MacEwan University in Edmonton, Alberta. Cassidy has a passion for mission work and is fascinated*



*with mental health. She has developed relationships with the people of Haiti after the 2010 earthquake and is currently on a team of health professionals coordinating the re-building of a medical clinic there.*

## Amazing Learning Opportunities for 2014!

**NCF Canada Workshops**  
*Spirituality in Nursing:  
Implication for Clinicians*

**Speaker:** Doreen Westera

June 7: St. Albert, Alberta  
June 9: Regina, Saskatchewan  
June 14: Mississauga, Ontario

**Caribbean and North America (CANA) NCF Conference**  
*Innovations in Faith-based Nursing*

**Keynote Speakers:**

Dr. Kamalini Kumar  
Dr. Elizabeth Johnston Taylor  
June 16-18: Marion, Indiana

Register at [www.NCFCanada.ca](http://www.NCFCanada.ca) or e-mail [ncfcares@gmail.com](mailto:ncfcares@gmail.com) for details

# Perspectives on Poverty & Health

by Jennifer Cameron RN, BScN

The World Health Organization has identified poverty as the “single largest determinant of health.” Living in poverty limits the ability to attain the prerequisites of health, such as shelter, food, warmth, and the ability to participate in society, as well as causing mental health challenges and spiritual distress, both of which can be detrimental to health. It is well documented in the literature that people living in poverty experience higher rates of morbidity and mortality due to chronic and acute conditions than their higher income counterparts.

As an RN working as a Parish Nurse my practice focuses on working with people who are suffering in body, mind and spirit. For the past 12 years, as part of my work, I have been providing nursing support to the guests who visit my church’s Out of the Cold Program. My role with these guests involves providing assessments, foot care, minor first aid and linking them with community resources. Within all of these roles one of the key interventions is active listening. Over the years I have come to know many people who very much live on the margins of society; many

suffer from mental health issues and drug addictions. This work has led me to have a deeper appreciation of the importance of understanding Social Determinants of Health (SDOH). As one of my CNO Quality Assurance learning goals for 2013 I chose to increase my knowledge of SDOH. To meet this goal I undertook several learning opportunities, one of which was attending “Perspectives on Poverty and Health: How can the Health Sector Respond.” This event was sponsored by the Department of Family and Community Medicine at the University of Toronto and the Canadian Institute of Health Research.

During this event a wide variety of stakeholders met to dialog and exchange

**...continued on page 4**

## Talking with Patients about Spirituality

...continued from page 1

spiritual concerns. So, depending on the client, I might say something like: “One of the factors known to contribute to good mental health is spirituality or religion. Is spirituality or religion important to you?”; or, “The research shows that spirituality and religion are helpful resources for those dealing with anxiety, depression etc. Could this be a possible resource for you?”. Such inquiry opens up the way for the client to further describe and discuss his spirituality. It gives legitimacy to the inquiry and sets it within the context of a general health assessment.

Thirdly, the conversation needs to be initiated from a client-centred stance. As Christian nurses we more or less share a common definition of the word ‘spirituality’ as our spirituality is rooted in Christ. Spirituality however is a highly individualistic term and we need to ask clients how they define it. So, I might ask a client (after providing rationale

for my inquiry): “What does spirituality mean to you?” Such a question enables me to identify in general terms, the client’s world view. If similar to mine, the conversation may be rich and deep as we explore aspects of spirituality and religion that are pertinent in the client’s situation. If vastly different from mine, the conversation may centre around assessing if there are spiritual concerns or unmet spiritual needs. Referring the client to someone who can assist them further may then be warranted. In both cases, ethical guidelines need to be followed.

A fourth point is related to the necessity of being equipped with good communication skills and specific questions pertaining to the spiritual dimension. Here, spiritual assessment tools can be helpful. As well, understanding the concept of spirituality and spiritual needs is important. For example, if I ask the client: “What or who provides meaning and purpose in your life?” or “Have you ever asked ‘Why?’ or ‘Why me?’”, I am inquiring about the spiritual need for meaning and purpose. If I ask “What or who gives you hope in the

midst of this illness (or other adversity)?”, then the spiritual need for hope is being addressed. Such questions can be woven into the conversation where they might naturally emerge.

Much more could be said about this topic, but I hope that these points have stimulated you to reflect on conversations with clients and to seek out more information. Above all, our conversations should be bathed in prayer as we access the spiritual resource within us as Christian nurses – the Holy Spirit to guide us and empower us as we attend to the spiritual dimension of care.

*Doreen has been teaching nursing for over 30 years. She has taught Nursing Students at the University of Alberta, Queens University, and Memorial University in Canada. Currently she teaches Community Health Nursing, a Counselling Course, and a course on the Spiritual Dimension of Nursing Practice at Memorial University.*





# Getting to know NCF International More...

by Phyllis Ferrier

The 2012 NCFI Quadrennial Conference in Santiago, Chile was an event to remember. More than 300 delegates representing the

## Perspectives on Poverty & Health

...continued from page 3

ideas, with the goal of identifying roles that can be played by healthcare service providers in addressing poverty and its detrimental impact on health. This event provided a platform for students, academics/researchers, community workers, health care professionals and people with the lived experience of poverty to interact and brainstorm ideas.

Themes that emerged from general and round table discussions were, the need for a focus on health care providers advocating for solutions to the issues of poverty and health, generating more community awareness and knowledge of the topic of SDOH, and more collaboration with other sectors and disciplines.

It was encouraging to realize that many of the suggestions made fit well within the role of the Parish Nurse. As Christian nurses the focus of our work is to promote wholeness in body, mind and spirit. I am thankful for the ever expanding knowledge and research into SDOH that help me to fulfill God's call to serve the least, the last and the lost.

*Jennifer is a Parish Nurse at All Saints' Kingsway Anglican Church, and Public Health Nurse with York Region.*



6 global regions convened to celebrate the theme "Partners in Care: Unity in Diversity through Christ". Renowned Nursing theorist Dr. Patricia Benner, the author of *From Novice to Expert* was the keynote speaker. Other Plenary speakers included Dr. Kamalini Kumar, past NCFI president, Dr. Nelly Garzon, former Dean of the University National de Columbia Faculty of Nursing, Professor Dr. Barbara Parfitt, Secretary General of WHO Collaborating Centre Global Network, and Dr. Suzie Kim, previous Dean of Faculty of Nursing in Seoul, Korea. Pastor Raquel Contreras presented the daily Bible Exposition. One of the highlights was the experience of 'Unity in Diversity', in the dining lounge, by connecting with delegates from other countries over a meal.

NCFI is an international organization, under the leadership of an international board, representing the 6 regions of the world. It exists to "make Jesus visible in nursing and healthcare around the world". It is an amazing venue for both nurses and midwives to network at an international conference every 4 years. A regional conference is scheduled midway in each of the 6 regions. NCF Canada is a member country along with the USA and the Caribbean, collectively known as the NCFI CANA Region.

On June 16-19, 2014, the CANA Regional Conference is joining with the Indiana Wesleyan University Faculty of Nursing and NCF USA for the "Innovations" Conference in Marion, Indiana. Keynote speakers will include Dr. Kamalini Kumar and Dr. Elizabeth Johnston Taylor. The NCFI workshop on "Spiritual Care"

scheduled as one of several tracks, will be provided by Dr. Ami Rex-Smith and Carrie Dameron. This event provides an amazing opportunity to meet, dialogue, and network with academics, researchers, and practitioners who are committed to a Christian worldview. It will provide a venue to explore the challenge and opportunity of living one's faith through the professions of nursing and midwifery, in our North American context.

In Philippians 2:1-2, we are challenged to encourage and comfort one another in the body of Christ, by being united in spirit and purpose. If you are a nursing or midwifery professional who believes in embracing clinical excellence from a clearly Christ-centered worldview, then consider this your invitation to attend. For more conference and registration information, log onto: [www.indwes.edu/nursing-innovations](http://www.indwes.edu/nursing-innovations).

On behalf of NCF Canada and the NCFI Regional Committee, we hope to see you there.

Sincerely,

Phyllis Ferrier

NCFI Board Member  
NCFI Regional Chair-CANA



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