

From the
National Chair

Greetings in
the name of Jesus!



The word of God says in Matthew 5:13-16, "You are the salt of the earth... You are the light of the world... let your light shine before others, that they may see your good deeds and glorify your Father in heaven".

As Christian nurses we are *called* to be the salt and light in this world. Yet nurses today are faced with increasingly challenging situations and ethical dilemmas. You may have experienced them with your own team at work or heard of fellow nurses struggling to deal with everyday problems. The surmounting pressures from such issues can place additional stress on nurses, often resulting in frustration, fear, and insecurity. It can often affect personal lives as well.

How do we overcome these situations with a smile and a helpful attitude? How do we carry out this command to be the salt and light? How do we inspire our team and profession?

The good news is you have Nurses Christian Fellowship Canada (NCF) to help you build a safe network of nurses who can help you discover Jesus' marvellous ways of dealing with difficult situations. Through the word of God, He teaches us how to be an effective leader while being a follower at the same time. NCF is dedicated to engaging, equipping and inspiring nurses in all stages in their career to learn from the greatest influential leader of all time: Jesus Christ.

NCF provides opportunities for nurses to develop their leadership skills, knowledge of spiritual care and self care. Within NCF, nurses can share their talents by writing and editing articles for our newsletters, opening up about their experiences in small groups, organizing and creating events, hosting and leading small groups, witnessing at job and career fairs and playing music for the Lord. These are some ways in which you can strengthen your spiritual walk with Jesus and put your faith into practice. You may be the one who might touch or save the life of a co-worker. If this describes you, then I encourage you to get involved and start your new life as a true Christian nurse in your workplace!

Yours in His service,
Judith Fanaken



Transformation of Nurses into Fully Committed Followers of JESUS Through Witnessing Communities

By Fronica Yiu
Ontario Committee Secretary

Ontario NCF

"I will extol the Lord at all times, His praise will always on my lips. My soul will boast in the Lord; let the afflicted hear and rejoice. Glorify the Lord with me; let us exalt His name together." Psalms 34:1-3.

Our daring first attempt to hold an event during the winter season turned out to be a great success. Even with strong winds and snow, there was no suppressing the enthusiasm we received. Nearly 50 nurses from across the province partook in the New Year's Luncheon. It is an event we will very likely repeat on an annual basis.

The luncheon was held at the Crossroads Centre in Burlington, Ontario. The event was a great success as both seasoned and student nurses gathered in Jesus' name and testified what God has been doing in their lives. Many participants who were new to NCF were delighted to worship and connect with other nurses from



different health settings. Several nurses even expressed their desire to start a new group. Beside providing various other educational materials, NCF developed and distributed a pamphlet on "How to Start a NCF Powerhouse" to assist nurses looking to start small groups.

Our annual Spring Breakfast in London, Ontario was an equally successful event. This past year we broke our previous

record: Over 120 kindred spirits gathered to listen to Aletta Bell as she shared about her mission in India ministering to the underprivileged, the poor and the sick. The London NCF group has acted as a mentor in planning events and their commitment and dedication are spiritual examples.

I believe that God is calling for more nursing leaders in other cities across the province and we are especially praying for nurses in Sault Ste. Marie and Kingston. If you are from these areas, please connect with us so we can support you with resources and prayer.

Robert Lewis (a leader of Fellowship Bible Church) said that "We don't need to be more religious; we need to be more connected." What an insightful comment this is! NCF is praying for more nurses to come together in small groups to be equipped and empowered to imitate Jesus Christ and participate in His healing ministry.

We will continue connecting NCF members in Ontario with our next event this summer. On Saturday, August 6th. Doreen Westera will share with us a one-day seminar on "Nurses & Spiritual Care". Doreen is a well-known NCF member and has a wealth of knowledge on spirituality, spiritual care and assessment. Details of the seminar will be available on our website www.ncfcanada.ca. Stay tuned!

What's your story?

Hear stories told by other NCF Members at: www.ncfcanada.ca

By Karen Jonson

(As interviewed by Dr. Sheryl Reimer-Kirkham with encouragement and editorial assistance from Dr. Sonya Grypma)



Karen Jonson, MHS RN, is a part-time faculty member of Trinity Western University School of Nursing where she was associate professor of nursing from 1994-2000. In addition to nursing

education, her areas of clinical specialization include Cardiac Care and Gerontology. Her work has taken her across Canada and to the U.S. to practice and teach. Most recently, she has been Director for Nursing in Professional Practice and Integration at Fraser Health and received the College of Registered Nurses of British Columbia (CRNBC) Award of Distinction in this role for her nursing leadership.



Dr. Sheryl Reimer-Kirkham is Director of the MSN program at TWU, and her scholarship is in the area of home health, diversity and social justice, and nursing education.



Dr. Sonya Grypma is Associate Professor and nurse historian in the TWU School of Nursing.

How do you view mentorship?

Mentorship is classically defined as a relationship between a person who befriends and guides a less experienced person. Mentoring has been used in education and professional work for many years. In the past ten years or so, the notion of mentoring has become a part of the structure of health care organizations as a way to support persons new to professions and requiring guidance to integrate into ever more complex workplaces.

Mentorship requires a personal commitment and genuine care on the part of the mentor for what the protégé (mentee) is trying to accomplish. This orientation toward the goals of the protégé distinguishes mentorship from preceptorship, which tends to be more skill oriented with clear guidelines as to what is to be accomplished. Because a mentor is working with a protégé to achieve his/her goals (not the goals of the mentor), the mentor takes on an appreciative inquiring way with the protégé. Although an organization that implements a mentorship initiative will typically do so with objectives and outcomes in mind, the mentorship should nonetheless be primarily driven by the protégé's goals.

Nursing is fundamentally built on values of encouragement and generosity. I see mentoring as a "way of being". If we see our work as vocation and are passionate about nursing, the mentorship model fits easily, whether it is part of a formal program or a more informal relationship. A nurse with these types of values can take another nurse by the hand to help him/her move forward within a work setting.

What are the qualities of an effective mentor?

I have encountered several styles of mentorship. There is no perfect way to mentor or be mentored. But, undoubtedly, the relationship needs to be open, with respect and trust as the foundation. The mentor provides resources and ways to think to accomplish the goals. Positive well-developed communication skills are essential, with the ability to objectively work out issues as they arise. Both parties need to accept new ideas, build the relationship that works best for them, be willing to negotiate, and then enable the other to make necessary changes by providing resources and giving advice, while keeping the goals of the protégé in mind.

Grossman and Valiga (2009) suggest that mentor qualities include the ability to invest a great deal of time and effort in the growth and advancement of the protégé. The relationship is built consciously, and is purposefully designed. In most cases it extends over years. Mentors have the skills to teach, facilitate, sponsor, and guide through significant points in the protégé's career. They may provide counseling in times of stress and encouragement for risk taking endeavors and intellectual challenges. Grossman and Valiga also suggest that mentors encourage, cajole, test, model, partner, and provide honest feedback—both positive and negative—in constructive and respectful ways. Mentors have the wisdom of time and experience and can carry a broader vision of the protégé's goals over time. Mentors are often energizers and a

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By Fronica Yiu

National NCF Treasurer & Secretary



nationalchair@nfcncanada.ca or simply contribute to NCF through www.ivcf.ca (towards your regional NCF or national NCF committee).

To Give Or Not To Give?

"I want each of you to take plenty of time to think it over, and make up your own mind what you will give. That will protect you against sob stories and arm-twisting. God loves it when the giver delights in the giving."

2 Corinthians 9:7 (The Message)

The apostle Paul reminded the church in Corinth about God's promises in giving. God will supply the generous giver with enough to meet his own needs and enough to give for every good deed. We are called to be good stewards of God's resources and we often need discernment with

regard to donation requests.

Sometimes I wonder why this powerful God is willing to partner with us. We often make mistakes and act selfishly. Time and money are resources that God has given us. Do we truly believe that He will be sufficient as we rely on Him to live and to give?

As our organization is restructuring and itself as an independent non-profit entity, we need prayers, volunteers, and resources to continue His ministry. If God is nudging you to give to NCF Canada, please take it seriously. Connect with us to see what area you can help out in by sending an e-mail to

Spirituality in Nursing

By Doreen Westera

Some nurses naturally and intuitively engage patients or clients into the spiritual aspects of life. Some find it very difficult. It is suggested in the literature that nurses who have a strong sense of their own spirituality are better able to attend to the spiritual dimension of nursing practice. It is also well documented that nurses who have had education in the area of spirituality in nursing practice are better able to provide spiritual care. Therefore, it is necessary for nurses to not only engage in self-reflective activities about their own spirituality, but also to learn about this important area of nursing practice. It is imperative that nurses be educated about the spiritual dimension of care in order to provide holistic care to the

clients that we encounter.

In order to contribute to the nurse's knowledge about aspects of spirituality in nursing practice, I have developed a number of nursing video resources. The first three listed are the foundational video/DVD programs, and the last five listed are related to spirituality in various contexts of nursing practice. Each of these videos/DVDs has a facilitator's guide with discussion questions, exercises, and activities related to the content of the particular program. You can purchase them individually for \$10 (plus shipping and handling) or view ten minute portions of each program on my website: www.uccs.mun.ca/~dwestera.

Spirituality

This video/DVD discusses the concept of spirituality, identifying common themes in the various definitions of spirituality. It also explores the various expressions of spirituality – religion, the arts, nature, meaningful work, etc. – through interviews with nurses, pastoral care professionals, and various artists.

Nurses & Spiritual Care

This video/DVD presents the rationale for nurses to be involved in spiritual care. It also discusses the role that nurses play in attending to this dimension of care, and discusses various spiritual interventions. Nurses and pastoral care professionals reflect on the characteristics of nurses which are conducive to providing spiritual care, as well as the role of nursing in spiritual care.

Spiritual Assessment

Using Stoll's Guidelines for Spiritual Assessment, three clients are interviewed, representing three different world views and three different health/illness contexts. The program also discusses the issues and challenges of spiritual assessment as well as identifying key spiritual needs in the nursing literature.

Spirituality in Mental Health Care

The role of spirituality in mental illness is explored from the perspectives of two clients who have experienced mental illness: A man who has been diagnosed with schizophrenia, and a woman who has been diagnosed with manic-depressive illness. Through their perspectives, and also through the perspectives of mental health professionals the role of the nurse in attending to the spiritual needs of persons experiencing mental health problems is discussed.

Spirituality in Gerontological Nursing

This video/DVD explores the spiritual needs of the older adult. Two older adults reflect on their spirituality – one who is living in a long-term care facility and the other who is in the early stages of dementia and who lives at home. Nurses and pastoral care professionals who work with older adults reflect on the role of these professionals in the spiritual care of the older adult, including the adult who is cognitively impaired.

Spirituality in Life Threatening Illness

The impact of life-threatening illness on one's spirituality, spiritual needs in acute illness, and spiritual coping strategies are explored through the perspectives of a young adult who has had two encounters with cancer but who now is cancer-free. Nurses and pastoral care professionals explore their roles in attending to the spiritual care of clients experiencing acute illness.

Spiritual Care in Chronic Health Problems

This program focuses on the spiritual needs of clients with chronic health problems through the perspectives of two clients – one who is quadriplegic as a result of a motor vehicle accident, and one who is experiencing fibromyalgia. The role of the nurse is also explored through the stories of these two clients. Nurses and pastoral care professionals reflect on spiritual care of persons experiencing chronic health problems.

Spirituality in Palliative Care

In this video/DVD, a couple whose son died from cancer reflect on their son's spiritual struggles and growth during the dying process, as well as on their own spiritual needs during that time. The nurse who cared for their son also reflects on her role in caring for his spiritual needs. Nurses and pastoral care professionals reflect on their role with clients and families who are experiencing the dying process.

Season of Prayer

...if the alive-and-present God who raised Jesus from the dead moves into your life, he'll do the same thing in you that he did in Jesus, bringing you alive to himself? When God lives and breathes in you (and he does, as surely as he did in Jesus), you are delivered from that dead life. With his Spirit living in you, your body will be as alive as Christ's!

Romans 8:11 (The Message)

So here's what I want you to do, God helping you: Take your everyday, ordinary life—your sleeping, eating, going-to-work, and walking-around life—and place it before God as an offering. Embracing what God does for you is the best thing you can do for him. Don't become so well-adjusted to your culture that you fit into it without even thinking. Instead, fix your attention on God. You'll be changed from the inside out. Readily recognize what he wants from you, and quickly respond to it. Unlike the culture around you, always dragging you down to its level of immaturity, God brings the best out of you, develops well-formed maturity in you.

Romans 12:1-2 (The Message)

This is my command: Love one another the way I loved you. This is the very best way to love. Put your life on the line for your friends. You are my friends when you do the things I command you.

John 15:12-13 (The Message)



Doreen Westera completed her undergraduate in nursing education at Memorial University (BN) and followed-up with graduate work at the University of Toronto (MScN) and Memorial University (Med-Counseling). She has been teaching nursing at Memorial University since 1983, and has also taught at Queen's University and the University of Alberta. Currently, she teaches community health nursing (theory and clinical), counseling, and a



course on the spiritual dimensions of nursing practice. She also maintains a part-time counseling practice at a local Christian counseling agency in St. John's.

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sounding board when needed. These are the qualities I admire in a mentor.

There is a rhythm to a mentorship, with a beginning phase when the goals and concerns are established. The mentor is there for the good and the bad, recognizing there will be failures along the way. As mentors, we are not in it for the glory, but rather to “be with” someone who is growing. Most mentorship relationships are time-limited, and thus the time for closure may come. This end is not negative and is best handled by preparing for the closure and celebrating the successes of the relationship (Zachary, 2000).

How important is mentorship to healthcare organizations?

I have seen great benefits from mentorship, including increased staff retention, improved quality workplaces, and better patient outcomes. Knowledge and skill development in professional staff over time are key to reaching organizational goals. Some organizations have adopted a culture of mentorship that is used across all departments and supports mentoring as a way of being in the institution. Mentorship is crucial to leader development, to the extent that some organizations require all new staff members to have a mentor.

You emphasized mentorship for nurse leaders who are in positions of influence...

That’s right. Owens and Patten (2003) suggest that mentorship is at all stages and at all levels, not just for novices. Professional mentorships make for strong networks for support and opportunity within the profession. The nursing literature suggests that every nursing leader needs to understand dynamics of the mentorship relationship, and that they benefit tremendously from the networking that comes with mentorship. As a professional and a leader, I seek two or three mentors in the workplace to work with me. Their commitment to me is invaluable. As example, there are several qualities that make one of my mentors so effective: She has a passion for vocation and for nursing. She has a positive outlook, and is always non-judgmental and respectful. Her approach of role modeling – coming alongside, and communicating clearly and supportively as appropriate to the circumstance, with genuine concern—is key to mentorships, whether the mentee is a new graduate or an experienced nurse.

There are some myths about mentorship too. For example, not all successful professionals have mentors. While mentorship can make a significance difference, it is not considered

essential to attain success. Mentoring is not always beneficial and there are limitations, such as sustaining the intensity needed to maintain the relationship and the potential for the relationship to rely too heavily on emotional support. Not all mentors are older and that is becoming more the case as nurses retire and we depend on new nurses for these roles.

What about mentorship for new graduates?

I am an advocate of mentorship programs for new graduates, given the complexity of today’s healthcare workplace environments. No school of nursing can entirely prepare nurses to step into today’s nursing positions. I have seen new graduates flourish as they work in relationship with their mentor. Using the competency assessment, planning and evaluation tool (CAPE tool) and regular conversations with their mentor, new graduates are able to build confidence, know their co-workers, learn necessary skills and control the learning process through self-direction. I often say mentors need to have the unit “singing the praises of the new grads” to ensure they feel included and welcome, and that they are making a difference to the outcomes for patients. Where new graduates are respected and mentored in quality workplaces, I see retention rates increasing. As a part of the mentorship program, mentors are also recognized for their contributions, given learning opportunities, debriefing sessions and opportunities to prepare new mentors for the mentorship role.

Can you share with us about mentorship for Internationally Educated Nurses (IENs)?

Most organizations quickly see that IENs cannot move directly into a clinical setting and be successful. Here too a learning plan is vital. The context of competent practice in Canada tends to be very different from some source countries. In Canada, we expect a degree of autonomy, clinical judgment, and accountability that is often beyond what IENs are familiar with. Mentors who have learned to work with international nurses and are available to the IEN for an extended period of time have seen international nurses effectively integrated in a variety of workplaces. Unfortunately, the cost of these programs can be prohibitive in the long run. We need a culture of mentorship in all workplaces to ensure the practice needs of all nurses are met. Many IENs integrate without special extended mentorship and effectively serve our community well. For those who need mentors, the program is essential.

What Christian values do you bring to mentorship?

In my view, mentorship is very integrated to what I believe about compassion, caring and helping. The Christian life cannot be lived well without doing these things. I believe that the communities we create as nurses can have the same qualities as communities of believers who care for one another, serve one another and come to their work as vocational. In doing this, we acknowledge that under God and through Christ we are committed to this work as our true and faithful worship of God.

I appreciate the example of Paul and Timothy (e.g., I Tim. 6: 11-21; II Tim. 2: 1-26). Paul’s letters to Timothy speak to his mentorship of this young pastor. He greets him in Christ and calls him son. Although Timothy struggled with his early missions in Corinth, Paul did not give up on him. Qualities of mentorship flow through the two letters with warnings, instructions on worship, a check-up on knowledge and faith, instructions and advice, hardiness, resilience, encouragement, working in love, reassurance and a charge for continued learning and attention to what he ‘had become convinced of’. I love 2 Timothy 4:1-5, 7. Paul provides a strong visionary statement and provides the means to accomplish the work. He finishes with some personal remarks and final greetings. To me this represents a mentoring relationship and reminds me of the complexity of the role in the vocational work God has given nurses and its ultimate reward.

“I know that you sincerely trust the Lord, for you have the faith of your mother, Eunice, and your grandmother, Lois. This is why I remind you to fan into flames the spiritual gift God gave you when I laid my hands on you.”
II Timothy 1:5-6

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