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spotlight

for today's Christian nurses & midwives

- Journey towards compassion
- Compassion and justice
- Taking nursing back to the church

spotlight
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inside

editorial

Welcome to our sixth edition of *Spotlight*, which looks at the subject of compassion, what good compassion looks like, and how as care givers and pastoral workers we can try to avoid burnout.

Spotlight is a regular publication of CMF, written by and for Christian nurses and midwives. We aim to bring together personal, professional and biblical perspectives to strengthen, inform and inspire one another as we seek to combine our faith and our vocation.

Compassion is central to good care. It is the ability to feel with the other person who is in pain, and to act upon that shared feeling so as to diminish the other person's suffering. In this magazine, Steve Fouch writes about what good compassionate care looks like.

However, faced with too many people in need over a period of time, if we don't manage to get refreshed and resourced ourselves, we become in danger of compassion fatigue, or burnout. There is also an article about this, with symptoms of what this is so we can be aware if we're slipping into it.

We trust and pray that as you read this, God will use something in it to encourage you in your caring role, and to refresh your soul.

On behalf of the CMF team,

Pippa & Steve

Pippa Peppiatt, CMF Head of Nursing
Pippa trained as a nurse. She has planted a church for students with her husband, set up a charity for street kids in Uganda, and has been a Friends International Student Worker.

Steve Fouch, CMF Connections Manager
Steve worked in community nursing in South London, before working for several years with a Christian HIV and AIDS home care team in the city.

the journey towards compassion

Pippa Peppiatt looks at what the Bible says about compassion

I read recently that as God's children, we're all on a journey to understanding his loving heart of compassion.

This reminds me of another journey that teaches us much about compassion, a journey where two 'good' men (the Levite and the priest) failed to show it, but how one stigmatised foreigner surprised everyone with the depth of concern that he showed.

This is, of course, the challenging parable of the Good Samaritan, found in Luke 10, which begins with the Samaritan man stopping his own journey to help a man in need. In binding up the beaten man's wounds, giving up his own comfort to put the man on his donkey, and by using his resources to find an inn and someone to look after him, the Samaritan demonstrates extraordinary compassion.

The Greek word here translated as 'compassion'[1] is *splagchnizomai*, derived from the word *splagchnon* meaning the guts and spleen. *Splagchnizomai* therefore means 'to be deeply moved in one's bowels', or 'to be moved with compassion,' (for the bowels were thought to be the seat of love and pity).

This profound word for compassion is translated on only twelve other occasions and can all be found in the gospels. The word is attributed solely to the actions of either Jesus or Father God. Most of these are found in Jesus' telling of the parables to convey the compassionate heart of Father God to the lost, the needy and the broken. It is the same word used in Luke 15:20 that the father of the prodigal son felt on seeing him return:

'*So he returned home to his father. And while he was still a long way off, his father saw him coming. Filled with love and compassion, he ran to his son, embraced him, and kissed him*.'

Jesus, reflecting God's heart, was moved with compassion by the lost souls of people,[2] their brokenness,[3] their sickness,[4] their hunger[5] and their need.[6] His heart was full of love and compassion poured out on all people, not just the deserving.

Jesus' compassion was always translated into action. True compassion is gut wrenching; it cannot leave us unmoved. The deep stirring within us demands action and is not content to pass on by like the priest and Levite in the parable of the Good Samaritan.

This parable finishes with Jesus saying '*If a man would come after me let him deny himself and take up his cross and follow me. For*

whoever would save his life will lose it and whoever loses his life for my sake will find it'.[7]

Making the choice to show compassion and help those in need can be a costly one. Like the action shown by the Good Samaritan, it can be inconvenient and time consuming to stop and help, it may demand sharing of our possessions and money, and it may require ongoing commitment to see it through ('Whatever more you spend I will repay you when I come back', Luke 10:26).

We follow a God who understands what costly love looks like, who gave his one and only son for our redemption, who withheld nothing to restore us and help us. We have the ultimate model to follow as we serve him in our own lives. The good news of Jesus is not simply spoken, but a demonstration of God's love by reaching out to the broken-hearted, the poor, and the needy. We follow a God of love who longs to display his heart of love to those around us, by working through us.

Action birthed in compassion may not only be practical care for someone; it may also be a fight for justice for a vulnerable person. Alongside God's abundant grace to the poor and needy, runs his inherent hatred of injustice. Social action is not an optional extra

for God's people. The social injustices of our day and all the afflictions caused by social injustice – poverty, hunger, crime, family breakdown, alcoholism and drug abuse, etc. require a response from the Church.

Yet in a broken society with so much need, our busyness, tiredness, or self-protection may cause us to walk on by the person in need. I know myself that I often have a packed schedule and a dull heart, and can too easily pass by a homeless person or rush to see a friend and bypass a lonely person. Writing this, I am challenged to think, when was the last time I was moved to the depths of my being about the plight of another person?

The most common cause of burnout in nurses is 'too much to do and not enough time to do it'. This may be all too familiar to you. Dr Philip Clarke in his book *A Heart of Compassion* (2006) says that one of the greatest challenges we face as modern Christians is to overcome the tyranny of 'having no time'. He writes '*if we are to bring a distinctive savour to our modern society, we may need to make radical decisions when choosing the pathway for our lives*'. One such decision for him was to live in a smaller home with a lesser mortgage, than as a GP he could have extended himself to, in order to be able to work part-time and free up the precious commodity of time – time, which he intentionally used, for acts of compassion and justice.

Faced with enormous needs, it's easy to be overwhelmed. It helps me to remember that when Mother Theresa was asked how she coped with the insurmountable need of the poor who she served in Calcutta, she replied 'One by one.'

Cardinal John Dearden composed this prayer: '*We cannot do everything. And there is a sense of liberation in realising that. This enables us to do something and to do it very well. It may be incomplete but it is a beginning, a step along the way, an opportunity for the Lord's grace to enter and do the rest. We may never see the end results but that is the difference between the master builder and the worker. We are the workers not the master builders, we are the ministers not messiahs.*' [8]

One of the most helpful bits of advice I have been given has been to realise that my responsibility and area of influence isn't everyone and everything in the world, but rather the key people and situations around me. Family, neighbours, friends, church, ministries, work colleagues and patients are my key sphere of influence and responsibility.

There are certain situations and relationships to which God has uniquely gifted us, called us, and placed each one of us. Although not exclusive, these remain our key priorities in which we uniquely can be used as God's hands and heart of compassion. As Oscar Romero says, 'we can't do everything, but let's start with doing one, a small thing well and faithfully'.

Heidi Baker is a heroine of mine for her simple surrender, obedience and trust in the Lord for the unique call she had on her life. She and her husband Rolland, pour out their lives among abandoned street children in Mozambique. As the Holy Spirit moved miraculously in many ways, revival spread to adults, pastors, and churches and then throughout the whole country. In her book *Compelled to Love* Heidi writes '*I did not move to Mozambique with an action plan to save the country. My goal was not to start a revival. I came to learn to love, and I am just still at the beginning of that journey today. I am just starting to learn how to love more. I believe this is my lifetime goal. I want to love God with everything within me. I want to love my neighbor as myself.*

...God calls all of us – rich and poor – to rest in him with all our heart, mind, soul and strength, loving our neighbors as ourselves. For this Jesus died'. [9]

Let's try and carve time to come before God and ask him to renew our hearts with his compassion, to refresh our tired spirits, open our eyes and unplug our ears so we can see and hear who is 'the one' today that he would have us spend time with, listen to, empathise with, and minister to. We all need God's grace and help, to be renewed and led by his Spirit on this journey of compassion.

I'll finish with the words of Brendon Manning from his book *Ruthless Trust* [10] where he writes:

'*Our culture says that ruthless competition is the key to success. Jesus says that ruthless compassion is the purpose of our journey.*'

1. Luke 10:33
2. Matthew 9:36
3. Luke 7:13
4. Mark 1:41; 9:22
5. Matthew 14:14
6. Matthew 20:34
7. Matthew 16:24
8. This prayer was composed by Bishop Ken Untener of Saginaw, drafted for a homily by Cardinal John Dearden in Nov. 1979
9. Baker H, *Compelled By Love: How to Change the World Through the Simple Power of Love in Action*, Charisma House (1 Oct. 2013)
10. Manning B, *Ruthless Trust*. London: SPCK, 2002

How a dwindling London parish is reversing its fortunes

Memory Café

Steve Morris left a career in advertising and marketing to respond to a call to ordained ministry in the Church of England.

St Cuthbert's had a mainly 'eclectic' congregation when he became its vicar Most worshippers travelled some distance to worship and few locals attended. Very soon after Steve arrived there was a noticeable exodus of these incomers. The congregation dwindled to about ten.

He had little choice but to undertake a radical re-think. His response was an intense effort to get in touch with the local community and understand its people. 'My question was this: where is this community hurting?' He found a neighbourhood where the majority of residents were Hindus, hardly good prospects as potential Anglicans.

It emerged the majority of locals were elderly, many of them single occupants of large houses. No surprise then, that there was a high incidence of loneliness with many reporting they hardly spoke to anyone from one week to another. Digging further, Steve found there was a high incidence of dementia.

Dementia is a group of symptoms that commonly involves problems with memory, thinking, problem-solving, language and perception. The symptoms are caused by different diseases which affect the brain. It is a growing problem in the UK and fills people with fear as aging sets in.

It was the dementia issue that the parish decided it should address. Steve contacted the Alzheimer's Association, a national charity, and found it had crafted a concept called Memory Cafes as a way local communities can work with people with dementia. At first St Cuthbert's targeted only people with dementia. Very quickly however, it decided to widen the scope to include any elderly people nearby.

'Our Memory Café has radically transformed how I understand and practice ministry,' says Steve. 'Getting started was simple', he says. 'All we needed was two sets of quiz questions and light refreshments.' He gathered a group of volunteers, the only stipulation being they should be 'bubbly and welcoming'.

The St Cuthbert's Memory Café runs for two hours every Thursday, 51 weeks in the year. Steve stresses the importance of maintaining a regular meeting time. Ten locals showed up for the inaugural meeting. Now attendance can be as high as 150. The menu is quizzes, chair-based exercises, community singing and craft. Singing was the beginning to starting a choir. A side benefit for the community is that Steve has become alert to scams that fleece older folk. 'I find out about a new kind of scam just about every week,' he says.

The project has borne significant fruit in terms of locals connecting to the worship of the parish. Steve says half of Memory Café attenders are now regular worshippers. The Bishop of Willesden, the Rt Rev Pete Broadbent, has labelled it 'Messy Church for Oldies.' One important principle Steve emphasises is the need to treat people with dementia as people, not to view them as medical cases.

'It's an entirely no frills operation. No complicated catering, no rides or pick-ups. People come with their carers so there is no need for complicated people protection procedures,' Steve explains. 'There's no heavy religious content. We begin with a simple prayer and I let it be known the vicar is available to pray with guests.'

With a high proportion of Hindus around, are there issues about praying with people from other faiths? 'Not a problem,' Steve says. He makes it clear he offers Christian prayer in the name of Christ and people happily accept this.

'We don't charge,' he says. 'The project ticks many boxes for mostly small grants: mental health, community building. Because costings are so precise it is easy to isolate items out and build grant applications.' It appeals to corporate responsibilities departments on businesses: there is an active link with Lloyd's Bank'.

In Steve Morris's view every parish should offer a Memory Café.

taking nursing back to the church

Helen Wordsworth & **Steve Fouch** look at how Parish Nursing is taking health ministry back to the local church

What a busy day! Three refugee families have turned up at the church centre, this in the middle of the morning drop-in, needing advice on how to get appointments with the GP and how to fill in forms. Several mums with young children and elderly parishioners have come for advice and support – with several volunteers helping them while you work with the refugees. After lunch, the local drugs team are coming to open their regular drop-in for homeless drug users, so the morning drop-in must be over in time to set up. In the meantime, one of the older women who has just arrived, has broken down in tears, about one of her grandchildren who has been taken into hospital; you offer to pray and spend time with her, and she gratefully accepts.

It's still only 10:30am!

Healthcare has not been part of the day-to-day ministry of most local churches in Britain for years, but the above fictionalised account of a morning in the life of a parish nurse shows some of the range of health-related ministry that more and more churches are undertaking. Healthcare, and nursing in particular, are historically and theologically deeply rooted in the Christian church.[1] Spiritual and physical care have always gone hand-in-hand, recognising that Jesus healed both sickness of body and soul.[2]

In the third to sixth centuries, local churches ran ambulance and burial teams, taking the sick, dying and destitute to the growing number of Christian hospitals throughout the urban Roman Empire. In the Middle Ages, the monasteries became the centre of healthcare throughout Europe, and in the 19th century the Lutheran churches of Germany and Scandinavia required that all their deaconesses also be trained as nurses. Florence Nightingale was herself trained in one such Lutheran school in Kaiserswerth.[3]

However, the modern western secular world view is influenced by the Enlightenment and the separation of the spiritual from the physical. While churches still offer healing

prayer and practical support, they have distanced themselves from any involvement in physical and mental health. Meanwhile, the place of Christianity in the NHS has diminished over the last 70 years. Until the 1950s, prayers were regularly part of the ward routine. Today, such an idea would be dismissed as totally inappropriate and unacceptable. Discussion of spiritual matters is limited to a referral to the chaplaincy team. Once a patient is discharged, however, the likelihood of continuing spiritual care decreases, especially for those who have no history of church involvement.

What is Parish Nursing?

Those involved in the NHS today are on the frontline of Kingdom activity and the local church should be recognising this and providing regular prayer support for them. But the church itself can have a more direct role in reaching out to address the spiritual gaps in modern healthcare.

In 80 churches, from all denominations across the UK, a new health ministry is developing based on biblical principles. Each ministry is led by a registered nurse, who is employed or appointed by the church as part of its ministry team. The nurse follows Nursing and Midwifery Council (NMC) guidelines and

According to Parish Nursing Ministries UK, there are 100 parish nurses working across the United Kingdom.

www.parishnursing.org.uk

works with health providers. This is the most basic description of a ministry that originated in its contemporary form as 'Parish Nursing' in the Lutheran church in Chicago in 1986. Sometimes called 'Faith Community Nursing', it now operates in at least 25 countries around the world.

What do Parish Nurses do?

They help people of all faiths and none...

- **To maintain their health and well-being by providing health education**
- **To recover their health and well-being after surgery or temporary illness**
- **To remain independent and self-manage any long-term condition**
- **To have a better quality of life in their final stages.**

They do any or all of the above with an intentional focus on spiritual care, and may be assisted by a team of volunteers. Their patients know they are coming from the church and if so desired, they can have prayer and spiritual support in tune with their needs and preferences as well as other health interventions. It's a great way of churches being able to reach out to people in their moment of need, offering whole-person care, which includes spiritual matters. Parish nurses seek to complement other

health providers and build good relationships with GPs. They may help to reduce hospital readmissions, support carers, show people how to make better use of the health service, signpost other voluntary or statutory services, and provide time and hospitality. They also create a sense of belonging for people of all ages, faiths and none.

They can link with other groups that use the church building such as: parent and toddler groups, asylum seekers, homeless people who sleep near the church building, the youth club and the over-sixties group.

One parish nursing project in the north-west has been working with re-settled asylum seekers and refugees, helping network them into local services, providing health advocacy and advice (eg. attending appointments with them and (if needed) a translator to ensure their health needs are identified and responded to). Working with 30 families across the city, the parish nurse has become a vital part of the support team. They have also become a route through which the church can reach out to and support asylum seekers both practically and spiritually.

In another city, three parish nurses run a project in a city centre church, reaching out to the homeless and drug users. They help coordinate a drop-in centre twice a week that is attended by social services, addiction services, housing and homelessness services, etc. They are involved with ongoing outreach to, and support for individual homeless people and drug users. Often acting as advocates, they take people to appointments and connect them with other services. The strategic location of the church has made it a key part of the city's outreach services.

Making a difference to the mission of the church

A study of how parish nursing enhances local mission was completed in 2011. Some 15 parish nurse churches were compared with 77 similar churches without a parish nurse. The study showed the range of outreach in spiritual, physical, mental and community health was increased in churches with a parish nurse. More time was spent with people outside of the church; the number of volunteers trained and coordinated increased, and the profile of the church in the community was heightened. All 15 ministers agreed the mission of the church had been enhanced through parish nursing. Case stories told of people who had come to faith, returned to faith, or prayed for the first time. Some are now involved in volunteering themselves. [4]

The local church is re-engaging with health issues. Initiatives like Dementia Friendly Churches,[5] Anna Chaplaincy (spiritual care for people living with dementia),[6] Friendly Places (making churches more welcoming and supportive of people with mental health issues),[7] food banks, Street Pastors,[8] and the like, are all part of a reengagement by the local church with the health and wellbeing of the wider community. Parish Nursing links in with these and other church initiatives, helping to bring the original health ministry of the Christian church, up-to-date.[9]

1. Fouch S, Nursing as a Christian ministry *Spotlight*, Autumn 2016:10-13 *bit.ly/2pxb77c*
2. Mark 2:1-12
3. Bradshaw A, *Lighting the Lamp: The Spiritual Dimension of Nursing Care*, Scutari Press, Harrow,1994: 97-170
4. Wordsworth H. *How far does parish nursing make a difference to the mission of English churches?* Doctor of Ministry thesis, University of Trinity St David, Wales 2011
5. *bit.ly/2IbEJ0C*
6. *bit.ly/2E1xuWI*
7. *bit.ly/2pzcsKN*
8. *streetpastors.org*
9. *parishnursing.org.uk*

Parish Nursing: a brief history

Parish nursing began in the mid-1980s in Chicago in the American Lutheran Church through the efforts of Rev Dr Granger Westberg, as a reinvention of the church nursing outreach done by religious orders, such as the 'Parish Deaconesses' in Europe and America in the 1800s.

It came to the UK in 2005 after Helen Wordsworth visited the Parish Nursing Symposium run by what is now known as the Westberg Institute. This body has developed a full curriculum of professional standards for Parish Nursing that is used worldwide – see ***westberginstitute.org*** for more details.

For more information on Parish Nursing in the UK email ***enquiries@parishnursing.org.uk*** for an enquiry pack.

on the frontline

being there in the hard times

Sarah talks to us about her work as an oncology research nurse

Which area of nursing or midwifery are you in?

I am currently working as a clinical research nurse in head and neck and neuro-oncology.

Why did you choose this speciality?

I worked on a head and neck surgical oncology ward as a student and really enjoyed the speciality so I got a job on that ward when I qualified. I particularly enjoyed the variety and complexity of caring for patients with head and neck cancer, which included post-operative care, tracheostomy care, enteral feeding and palliative care. I have had an interest in research since I was a student. After a couple of years on the ward I decided to apply for a job as a research nurse and when I found out that it was in head and neck and neuro-oncology it seemed like a good fit.

What motivates you in your work?

I find it a privilege to be able to be there for people in the hard times and in some small way make it more bearable. Head, neck and brain cancers have some of the poorest outcomes in comparison to other cancer types, so I feel research into new and more effective treatments for these patients is really important.

What does a typical day look like for you?

As with a lot of nursing jobs, there isn't really a typical day for me. I am fortunate in this role to work 9-5ish. Sometimes I am in head and neck clinic, other times I am in neuro clinic and sometimes I am in the office – but usually I am running between the three! I am also always at the end of the phone or my bleep if any of my patients have any concerns or queries. A clinic day involves meeting with patients who are potentially eligible for trials and seeing patients who are on treatment or who we are following up after completing treatment. I spend a lot of time coordinating my patients' care, which involves tasks such as ordering and booking their scans, taking their blood and monitoring for any side effects. Some of my more office based jobs include reviewing patients' notes and data entry.

What are the particular challenges about your job?

Sometimes, I am looking after patients who have exhausted all mainstream treatments. This is hard as some of them pin all their hope on the trial treatment, that may or may not help them, and when they have to come off the trial their hope is lost. I am challenged about how to show real compassion to my patients without giving them false hope.

I am reminded of Isaiah 40:8, 'the grass withers and the flowers fall, but the word of our God endures forever'.

What are the particular blessings of your job?

I get to support people at a really scary time in their life and help coordinate their care so they are freed up to focus on what is really important to them. It is a real privilege to see and support the same patients on a regular basis and to get to know them well. I find it really rewarding when one of my patients calls me up with a concern and I am able to assist in some way.

How did you find the transition from student to qualified nursing?

I found the responsibility of being a qualified nurse scary and I often found myself worrying about whether I had done things right. I also found it very rewarding – it was a lovely feeling when patients first started asking for me, as their nurse, and when I was able to help them.

Any advice for student nurses and midwives reading this?

Everyone always says this, but it really is worth asking lots of questions and never being embarrassed to admit you don't know. It is far better not to know and to seek help, then to go ahead and do something and realise later you have made a mistake. However, sadly everyone makes mistakes of some sort (nurses are human), so admit to anything you feel you have done wrong and learn from any mistakes you have made – but don't beat yourself up too much. In the hard times, or when I have felt like I haven't been the nurse I had hoped I would be, I have found it helpful to remember Proverbs 19:21. I can make many plans, but ultimately it is God's will that will prevail.

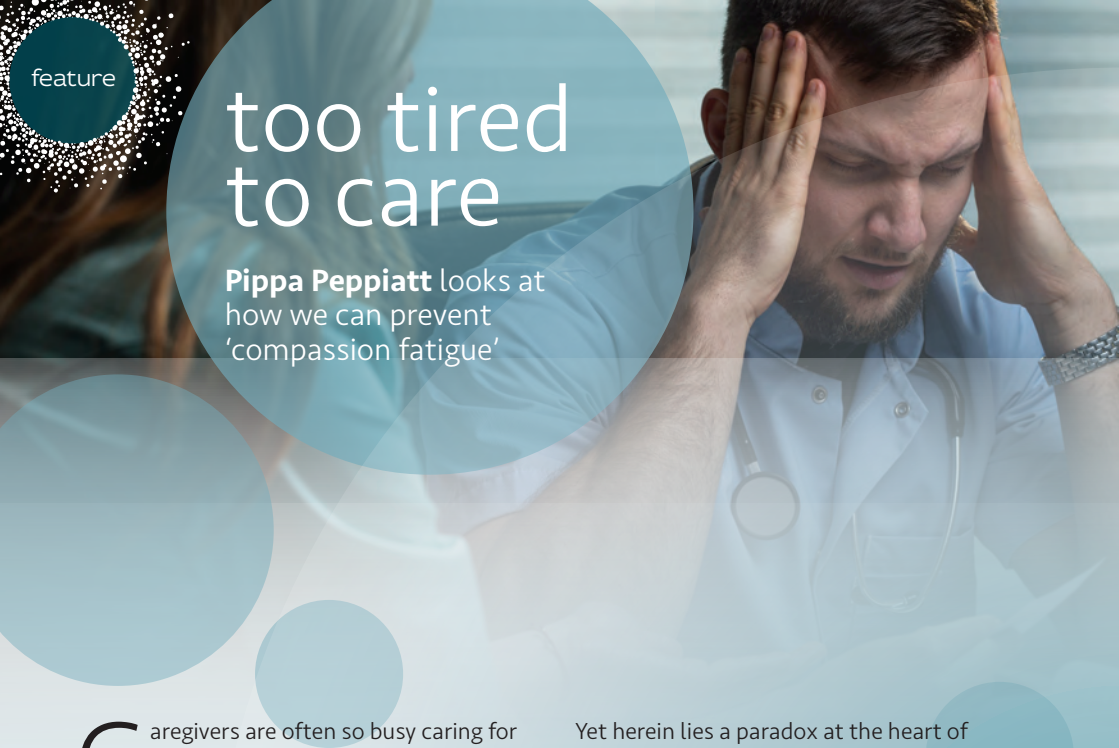
What can we be praying for you?

I would love you to pray that I would be a good witness to my colleagues at work. Pray that I would work hard not for my own success but because I want to please Jesus, my ultimate boss. Please also pray that the hope that I have in Jesus would shine through the way that I work and that I would be compassionate to my patients without promoting false hope in earthly things.

feature

too tired to care

Pippa Peppiatt looks at how we can prevent 'compassion fatigue'



Caregivers are often so busy caring for others that they tend to neglect their own emotional, physical and spiritual health. Studies confirm that caregivers play host to a high level of compassion fatigue.

The word compassion means 'together suffering', or empathy. In my experience, nurses tend to be good at listening carefully and reacting empathetically.

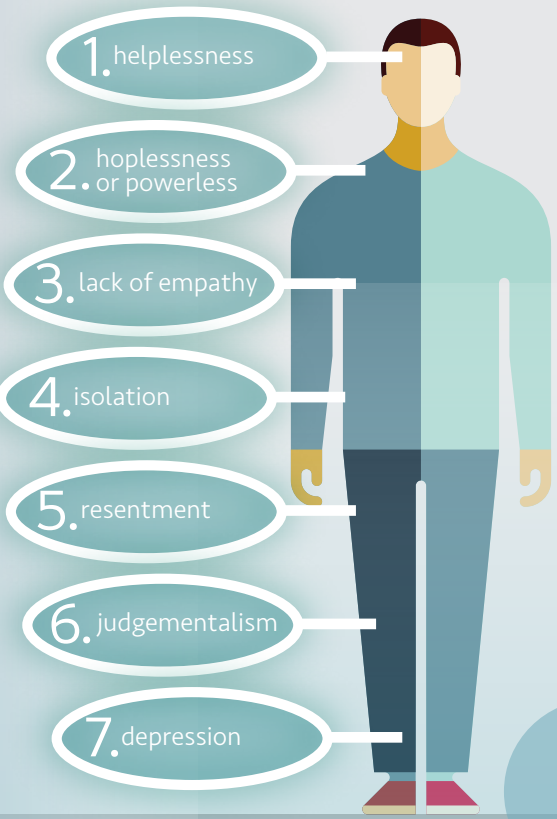
Yet herein lies a paradox at the heart of clinical practice: in order to be effective nurses, we need to have compassion, to enter imaginatively into our patient's suffering. But because of the pressures of the working environment, it's impossible to empathise with so many people, and too easily we get compassion fatigue. The systemic problems of the NHS mean it's hard to keep good standards of care,

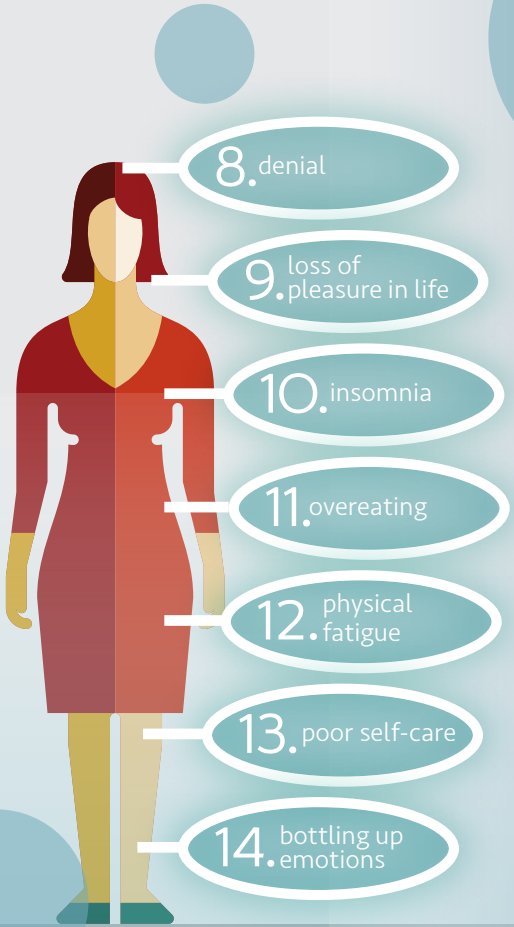
keep motivated and compassionate when poorly resourced and staffed.

Additionally, many nurses become too emotionally engaged, lack strong personal boundaries and have an overdeveloped sense of responsibility. This type of personality works well for a period but quickly experiences burnout.

MRI scanners show that when a person sees someone else suffering in pain, the viewer's brain records the viewer also suffering. But this empathy decreases if viewing someone in pain from a different social group or if we think they've brought it on themselves to some extent. This is a challenge to caregivers to be aware that compassion may already be stretched for these two groups and may decrease all the more as we experience burnout. We may begin, albeit subconsciously, to make self judgments over who is more deserving of our compassion than others, with less sympathy given to those who we deem less deserving (eg. alcoholics, repeat self-harmers, stressed out banker).
As burnout progresses we can become increasingly impatient, judgmental and eventually detached.

14 Symptoms of compassion fatigue:





So how do we combat compassion fatigue?

Working in a supportive environment with a good team helps, not least in knowing each other well and checking each other's well being. This isn't always found in the hospital or community work environment, although I do believe each of us can help be 'cultural architects' and model positive and supportive working relationships, helping change practice. Despite a tendency to withdraw at tough times, we need to stay plugged into relationships at work, at church, or supportive friends and groups like CMF, where there is a commonality of understanding and an opportunity to be listened to, prayed and cared for.

Having self-awareness and realising when our personal wellbeing is compromised is important. Be self-compassionate and build in time to replenish yourself whether that is in restorative relationships or energising activities.

As Christians carve out time to spend with the Lord and receive his resourcing and life giving Spirit. Jesus is the ultimate healer, restorer, and source of all compassion.

CMF Writing Workshop

fighting for justice

Kate Walker discovers that compassion sometimes means fighting for justice for our patients

Isn't it great when life just seems to tick along and everything fits neatly into place? No stress, no pressure, no unexpected bills to pay, skills to acquire or deadlines to meet, you can just cruise on through your day, happily getting on with the oh-so-familiar tasks and procedures that construct your daily routine.

After seven months of hard grafting at a new job I was happily nestling down into such a care-free world when bam! I was landed with 'problem' patients; two mobile elderly ladies with leg ulcers who didn't 'fit' into any of the commissioned community services. Neither my practice nor the tissue viability service had the capacity or were indeed paid to deliver the long-term care they required and the district nurses refused the pair on account of their mobility. I had three options. 1) Don't get involved as technically, it wasn't my problem. 2) Convince my managers to provide care for these patients as a 'one-off' whilst the commissioners hopefully sort something else for the future, or 3) advocate for a change in the service so long-term patients don't slip through the net. I opted for option 2, patting myself on the back for being a good Christian and demonstrating love and compassion, whilst saving myself from a

hopeless campaign. But did I? Was that the response Jesus would have taken?

Ask me to define compassion and I will conjure up an image of Jesus tending to the poor, touching the leper and healing the rejected; aka nursing. As such, for years I've focused on developing other virtues, knowing I had compassion 'in the bag'. But compassion is more than that. Passages such as Isaiah 1:17 remind us that demonstrating compassion includes 'taking up the cause', fighting for justice and bringing God's kingdom here on earth. By touching the leper, Jesus wasn't just healing him, he was destroying society's social constructs and challenging authority; he was fighting for justice.

Working in such a huge organisation like the NHS can make one feel like a mere puppet. As policies swap and change at the top, we dutifully leap to meet the targets, apologise to patients for the delay and all too often, find ourselves quite literally picking up the pieces. Yet I'm the first to admit that the politics and bureaucracy of today's NHS makes my head spin. Keeping my head down and carrying on with the task at hand is far easier. As nurses and midwives we are well trained to lay hands on the sick and tend to their needs, but we forget that we are instructed, not just by the NMC, but by Jesus Christ, to be patients' advocates, their voice.

Like my female patients with leg ulcers, I'm sure you all know someone who is subject to unfair treatment and in need of compassion. I challenge you to step up and speak out. I know it is a scary and daunting ask. I recognise that it might involve a few precious hours on your day off, or have the potential to upset relations with your manager. However it won't always involve a fight with authorities. Sometimes a referral to the right team may be enough or even raising the issue in a team meeting; it's surprising what managers and consultants can miss when their focus is on disease or numbers. At the least, demonstrating compassion requires us to take the blinkers off, recognise situations as unjust (and not just another loophole) and give that little bit extra.

Come Monday, I shall return to work ready for the fight, ready to serve God and glorify his name, even if it means going outside my comfort zone. Surely, it is not a role I should fear or dread, but one to uphold gladly, proud to be granted such an opportunity to serve in God's Kingdom. Being a follower of Christ isn't meant to be a walk in the park, but as Psalm 23 teaches us, we don't have to 'walk through the shadow of the valley of death' every day. We will, at some point, find ourselves beside quiet waters once again.

caring more compassionately

Steve Fouch looks at a Christian understanding and application of compassion

'I would rather feel compassion than know the meaning of it'

Thomas Aquinas

Sometimes we know something when we see it, but we cannot fully explain it or define it in words. Compassion is something we all recognise when we see it in practice, but pinning it down to a clear definition is harder to do.

It is more than disinterested love – it is a real feeling for the suffering of another person, and then acting on it.

Children can show it at a very early age. I remember after my mother died, my wife was quietly weeping when my one-year-old daughter, who had just learnt how to walk, toddled over and gently laid her head in my wife's lap and stroked her hand. She could not speak and had no idea why her mother was weeping, but she did understand that Mummy needed comfort.

Empathy is innate, at least in part, determined genetically and by our upbringing.[1] It is ironic then that other research shows that medical and nursing schools can have a dampening effect on empathy![2] Working in an environment that does not give you to time to care, or where you constantly deal with the most awful of human experiences can erode empathy. Workplace culture can further add to this – we have probably all worked a shift or more on a ward where the ethos is to get by with doing the essentials and no more; where going the 'extra mile' for a patient is frowned upon, as it shows up the lack of compassion in the rest of the team. I have worked in a few such units as an agency nurse – and in every case asked never to be sent back again!

Understandably, there is now a drive to teach compassion again as part of nurse training. The media and general public are horrified by the idea that compassion can be taught; this is not something that can be learnt in a classroom, they argue.[3]

And in many ways, they are right. Compassion is not an academic discipline. However, it is something that can be cultivated and grown within us.

Compassion as a Christian Virtue

'Throughout nursing history, compassion has been viewed as a quality associated with an individual's character. Compassion stems from virtue. It is about the intent and practised disposition of the nurse. It is nurtured in, and by, the culture and ethos of clinical practice.'
Anne Bradshaw[4]

Our Western understanding of virtue stems (at least in part) from the Greeks who saw the virtues as principal human strengths that generate and are generated by the character of the individual. However, in Greek thinking the main virtues were mostly seen as masculine (courage, strength, restraint, wisdom) and compassion was not regarded as one of them. Indeed, if anything it was seen as a weakness in a man, and of only passing value as displayed by a woman to her family (and even harmful if expressed to strangers or foreigners!). [5]

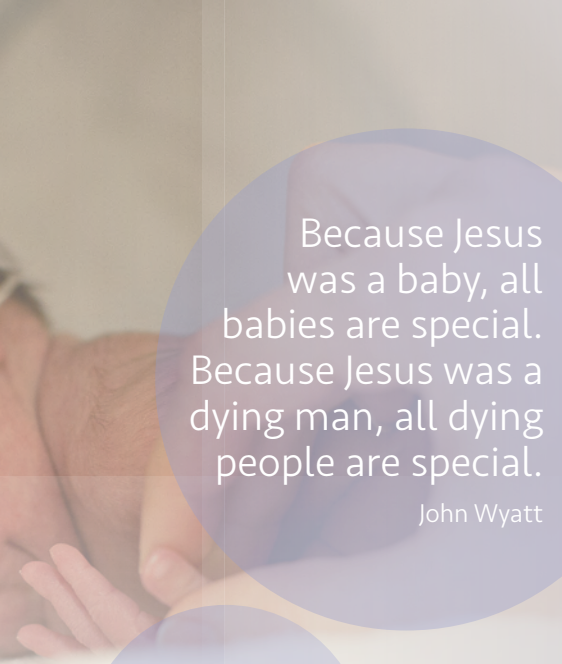
In modern thinking, virtue is not innate but a habit of heart and mind that is developed studiously by effort over time until it becomes 'second nature'. Therefore, a person of virtue is very much self-made, while those who lack virtue have only themselves to blame. [6]

In the Bible, virtue is something quite different.

Firstly, it tells us that compassion is a central part of God's character. [7] God created a world to be good and fruitful, but human disobedience and sinfulness caused it to become fallen and broken. [8] Pain and suffering are a consequence of the fall. [9]

The Bible speaks throughout of a God who passionately cares for his creation and acts constantly out of compassion towards his people. [10] Christians are called to walk in his footsteps and to display his character. [11]

Christian understanding of compassion is also shaped by our understanding of the incarnation. God himself entered our suffering by becoming human, a servant and ultimately a condemned



> Because Jesus was a baby, all babies are special. Because Jesus was a dying man, all dying people are special.
>
> John Wyatt

man who died for us.[12] As John Wyatt says:

Because Jesus was a baby, all babies are special. Because Jesus was a dying man, all dying people are special.[13]

Jesus, by identifying with us so completely endowed our humanity with a profound dignity and worth. For Christians compassion comes with a strong sense of respect for the dignity of the person in need. It is not 'pity-love', but 'respect-love', recognising the image of God in the other person.

Finally, the Bible recognises humanity's inability to be truly virtuous. We are fallen, sinful beings unable to live according to God's will.[14] So, we can only become virtuous by the inner transformation of our self by repentance, acceptance of Christ as Lord and Saviour and by the indwelling power of the Holy Spirit.[15] It is about a transformation of character and will, in which we play a part, but which is ultimately God's work in us.[16] As NT Wright puts it:

Christian virtue, including the ninefold fruit of the Spirit[17] *is both the gift of God and the result of the person of faith making conscious decisions to cultivate this way of life and these habits of heart and mind.*[18]

So, for Christians, compassion becomes one of the highest of all virtues. It expresses the very heart and actions of God himself. It was this that spurred the early church into action, caring for abandoned infants, the poor, the dying and the disabled, to the scandal of respectable Roman and Greek society. In so doing, they laid the foundations of what has become the modern nursing profession.[19]

Caring with compassion

So, how do we put this into practice?

It starts with prayer – recognising our need for God to fill us with compassion - for our patients and colleagues (especially the 'difficult ones'). Take time out when you have a break to be quiet for a few moments; remember the Lord, lift up your day to him, be aware of his presence. Refocus on what really matters, not on the immediate pressures you face, and ask him to help you see the people behind the difficult patients and colleagues or the pushy managers. Ask his help to love the unlovely as he loves them.

Compassion requires attentiveness. Constant observation, not just of the physical state of our patients, but of their psychological and spiritual state is essential. This leads to the minute, pre-emptive responses and interventions that take our care from just being a response to immediate needs to anticipation of unexpressed need.

Compassion shows itself in the little things – the quiet word to the distressed patient, the rearranged pillow, the cup of tea made right and put in the correct place for the patient to reach it, and the reading of the body language that prompts the question about pain relief before the patient needs to ask. It is about listening, not just to the words used, but to the unspoken concerns and fears. [20]

My youngest daughter hurt her arm in a fall when she was about seven. For the best part of a day she walked around wincing and holding it gingerly, so I took her to A&E in the evening. It was busy, and we had a very long wait in a crowded room, but eventually she was seen by the paediatric triage nurse, who talked kindly to her, asking her about what had happened, how it hurt, what she had been doing all day, and so on. She held eye contact throughout her conversation as she gently flexed my daughter's arm and returned it to a normal position. Within seconds, my daughter relaxed and was no longer in pain. The nurse had spotted almost at once that the pain and gingerliness were down to anxiety, and not to any real injury. With a few further checks, we were discharged. Through observation, making my daughter the focus of attention, gentleness and a great deal of clinical experience, the problem was resolved in seconds. In other, more brusque hands, we would have had to go for x-rays and more tests. Compassion given over the course of a couple of minutes saved my daughter (and the NHS) needless time and hassle!

All this takes time and practice. In particular, it means we need to be watching and learning from others with more experience. It is also challenging on a busy unit where your interaction with a patient may be one-off and over in minutes. Preparation and attentiveness, even in pressurised situations can make all the difference.

Keeping compassion alive means taking care of yourself. Sleep, exercise and healthy food will all help you to re-charge physically and mentally. Feed your soul too. Prayer and Scripture, worship and church are all vital to this, but so is good company, listening to music, and spending time in the natural world. Sabbath rest, solitude and silence are all ordained by God as essential to our spiritual well-being. Take your days off and use them well!

Finally, remember that as compassion is a Christian virtue, it grows by the work of the Holy Spirit in us and by the application of our wills and effort to allow God to change us. Think about how you can show compassion to patients and colleagues on each shift and pray into those situations.

Learn these skills of attentiveness to the needs of your patient, but treat it not just as a clinical skill but as a Christian virtue that God is growing in you. As you show this virtue in your clinical practice, notice how it rubs off on your colleagues.

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