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for today's Christian nurses
& midwives

spotlight



- Mentoring:
being an influencer
- Biblical leadership
for nurses course
- Times and
seasons

spotlight

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editorial

Welcome to this seventh edition of *Spotlight*, on **Leadership**. You may not regard yourself as a leader but before you switch off or discard this issue, please be reassured that there will be something in it for you; whether you relate better to the servant leader model, the practical caring side of leadership, or whether you are a young nurse at the start of your career wanting to learn good leadership qualities from the outset. You can learn about different models of leadership in the overview of the *Biblical Leadership for Nurses* course that Sue Allen writes about (p14). Kate Walker also helps expand our thinking in her article *a leader isn't who you think it is* (p5).

Whether or not you have a formal leadership role, as nurses we all influence someone, as Esther Chevassut points out in her article on mentoring (p20). Being aware of who and how we influence can help us be better role models, mentors and nurses.

Indeed, if you are only too aware of your limitations and inadequacies as a leader, I would argue that that's a good starting point to lead from. For it's then that we keep dependent on God and his strength, knowing our need for him and his Spirit.

As worthwhile as it is to read and to contemplate qualities and practices of leadership as nurses, I'm also keenly aware of the tension before us as **Christian** nurses. We have a different model of leadership to that of the world. Our culture loathes weakness. It's to be avoided at all costs. But God has called us to embrace a different way, the way of life in Christ by the Spirit. God's call to leadership does NOT mean the power to control. Rather it's the call to follow in the footsteps of Christ leading from the Garden of Gethsemane to the tree upon the hill. Rather than using our vocation to build significance, success or self-achievement, we are invited to die to self, and to lead by serving others.

I love Jesus's example of being a servant leader. Despite being the Son of God, Lord, Prince, Creator and Saviour, he laid down all his power, embraced weakness and depended upon the Father, and took up his cross. What a mystery!

As Christians we're also called to rest in the grace of God, whose power is made perfect in weakness (2 Corinthians 12:9) *'My grace is sufficient for you, for my power is made perfect in weakness.'*

This is something I want to explore more – how to lead out of weakness, depending upon God's power. It is good to acknowledge our weaknesses – but not to beat ourselves up and make ourselves feel like failures. But rather we should use our weaknesses to turn to God and wholly rely on his strength. When this is done humbly and genuinely, we magnify God's power and is a testimony to others about God's greatness! In the words of Paul, *'we have this treasure in jars of clay, to show that the surpassing power belongs to God and not to us'* (2 Corinthians 4:7)



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.

Would you pray for me as I try to head up CMF's nursing ministry? That I would not do so out of my own strength and effort, but would learn what this really means, to walk humbly depending on God and his Spirit to birth a fruitful ministry. And I in turn will pray for you, dear member! 🙏

Pippa

Pippa Peppiatt



Steve Fouch, CMF Head of Communications

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.



feature

spotlight



a leader isn't who you think it is

Kate Walker discovers the
true nature of leadership

If you'd asked me a little while ago whether I considered myself to be a leader, I would have affirmed without hesitation. Since childhood I've sought to be in control of every situation and as such, have grown rather adept at taking the lead, getting my voice heard and ultimately, micro-managing everybody and everything that surrounds me. Without wanting to sound cocky or egotistical, I thought I was a natural born leader. Surely to lead in and out of the workplace is to be a leader, right?

Well, apparently not.

On attending a leadership course recently, I was struck by an extract from Stephen Covey's book, *The seven habits of highly effective people*: 'Management is efficiency in climbing the ladder of success; leadership is about determining whether the ladder is leaning against the right wall.'¹

On reflection, I realised that I was definitely more concerned with the former. Now that's no bad thing. We certainly need people who are skilled and effective in managing people, resources and services; it's what keeps everything ticking along. But we need leaders to transform our workplace and our world and make it a better place. So, who is and what makes a leader?

Google 'leadership' or 'what makes an effective leader?' and you will get hundreds of pages of suggestions, tips and opinions. Experts like Peter Guy Northouse, list traits such as intelligence, self-confidence, determination, integrity and sociability as essential for any successful leader.² Now that's all good and well for people who have the rare Myers Briggs personality trait³ of being introverted, intuitive, and who make decisions based on feelings and judgments, (also known as INFJs) qualities associated with legends like Martin Luther King and Mother Theresa, but what about the rest of us? Are we not capable of being leaders too?

Others, like Sandra Larson claim 'An **effective leader** is a person with a passion for a cause that is larger than they are. Someone with a dream and a vision that will better society, or at least,



some portion of it.⁴ I find her definition inspiring. But it's also fairly daunting. It immediately conjures up images of revolutionaries like Nelson Mandela and people who had massive agendas. But what if I'm not a visionary? What if I only see the 'smaller' issues that need changing. Does that not make me a leader?

When I look at examples of leadership from the Bible, what strikes me most is that many, if not all, of God's chosen leaders were imperfect and vulnerable individuals who showed

extraordinary faith, rather than listed traits we associate with a leadership role. David, the small shepherd boy who fought against the mighty giant Goliath is an obvious example. To lead not only demands faith in the mission and end goal, but also requires a little self-confidence in knowing that we are

the right person for the job. Take Moses; sure, he eventually led the Israelites away from slavery in Egypt to freedom, but only after God had dismissed his many excuses and insisted it be him who led his people. It's easy to forget that God knows us better than we know ourselves. Even when we screw up like Peter, who denied Jesus three times, God is gracious and still equips us to lead his people.

It's all too easy to give leadership roles to those with the loudest voice, those who are bossy and/or control-freaks and have what society considers 'leadership qualities'. But are they leaders? Are they able to ensure 'the ladder is leaning up against the right wall'? As the Bible illustrates, leaders aren't necessarily who we think they are. Their physical size, years of experience and personality traits are no barrier to a God-given mission. We can be used in the most unexpected and incredible ways; we just have to be willing to put our trust in God when he calls. 

Kate Walker works as a practice nurse in north London.

1. Covey S. *The seven habits of highly effective people*. New York: Simon & Schuster, 1999
2. Northouse PG. *Leadership: theory and practice*. Los Angeles: Sage Publications, 2013
3. Myers Briggs type indicator. bit.ly/2KfapYy
4. Larson S. What makes for an effective leader? *Free management library*. bit.ly/2M7uCF0

is it really true that 'readers are leaders'?

Pippa Peppiatt looks at the importance of wide reading for those in any leadership role

Harry S Truman, former President of the United States, said, 'not all readers are leaders, but all leaders are readers.'¹

If you've taken the time to do research on the internet about the habits of leaders, you'll see that most lists have at least one fact in common: **reading**. They **make time** for it in their busy schedules.

One of the people I admire most in the world is my wonderful father-in-law, Martin. He is now an octogenarian who relates to teenagers better than most twenty-year-olds I know. The reason why? Because he takes an acute interest in everyone and is constantly asking questions to understand them better. His desire to be informed and to connect well with people extends to him being an avid reader. He reads books of many genres. Last week I found him reading a thriller written for young teenagers so that he could talk to my 14-year old son about it.

Martin's desire to read is one of the contributing factors that makes him such a visionary church leader. This is because reading has kept him well informed and able to understand people's viewpoints and concerns.

Reading multiplies our experiences. I may never get to experience the bumpy ride of a husky pulled sledge, but I feel I 'virtually' experienced it when I recently read Scott's book on his famous attempt to reach the South Pole.²

Reading helps us become a more adept and articulate communicator – a quality crucial to good leadership. Reading also cultivates that habit of asking 'why?' It helps us to challenge the status quo, think strategically and dream big.

As nurse leaders, the same need exists to be well informed, to communicate well, to think strategically and to ask questions. We need to be asking insightful questions like 'How can we do things better? How can we improve patient care even with our limited resources? How can we make our staff's lives better?'

Nurses are busy people, and very few I know are prolific readers. I would like to challenge this, and inspire nurses to rediscover the joy and the benefit of reading.

Too often the fine details in life bog us down, those endless tasks consume us and we find little time for reflection. If we want to develop as leaders, we need to carve out time to read, to learn, to be inspired by other leaders and what they've written. And as we read, we need to ask God to inform us, teach us, and grow a vision in us for our lives and our work.

'Great leaders have vision, share vision, and inspire others to create their own.'³

1. Truman H.S. Truman Quotes. *Truman State University*. bit.ly/2w43OY6
2. Crane D. *Scott of the Antarctic: The Definitive Biography*. New York: Harper Press 5 January 2012
3. Bennett R.T. *The Light in the Heart*. Kindle edition. 26 February 2016. ASIN B01CALZ290



testimony

my journey into leadership

Julie Smith reflects on how
she became a nurse leader

It was Christmas Eve 1981. On the ninth floor, of a ward block, of a London hospital, I was a student nurse with a dying patient. The ward was busy that night, but my Sister's instructions were clear. 'Your job this shift is to stay with your patient.' Little did I know that night that the experience was to seal in me a deep sense of respect for compassionate leaders. I hadn't wanted to be a nurse: I had wanted to be an air traffic controller. Money and circumstances were against that plan, I also failed to get into college to be a nursery nurse, but for some reason a door to nursing had opened and here I was.

On Sister Florence's ward, it was normal to pray at the beginning of the shift as she was a woman of faith. Here she was, on Christmas Eve, teaching me to deal with death and dying by prioritising and shutting out all other noise. I had always believed in God, but it was to be another eight years before I knew him for myself.

Prior to that experience in 1981, I had been sent to work on an older people's unit, or geriatric ward as we called them then. Whilst there, I witnessed some horrific examples of disrespect and cruelty to the people in our care. My initial response had been to go home

and pack my bags — this job really wasn't for me. I don't remember what it was that made me change my mind, but I am sure that experience made me very conscious of a strong sense of justice and intolerance of poor practice.

Later, I had no alternative but to whistleblow in two different organisations. I lost my job both times, but I survived, and I would do the same again if necessary. Perhaps you have days where you feel ineffective, unable to express your faith for fear of recrimination, or are unsure of what the future holds. Nursing is the most amazing profession, but it can also be difficult to thrive. I have found that the values I hold dear have sustained me and led me to be brave in the face of challenges.

Here I am decades later, still a nurse but now leading improvement projects in an Acute Trust. Those early experiences, of learning to be faithful in a privileged position, have helped me develop my Christian character. Down the years, it has been an honour and a privilege to walk with nurses who needed a light in the dark, nurses who had lost their way and nurses who could no longer remember why they nursed at all. Through the grace of God, I have found myself in situations which needed honesty and integrity and the courage

to stand up against workplace culture so that we retained the skills of good people.

It is only now that I realise why God made me a nurse. It wasn't because I had a strong sense of a calling to clinical environments. But because my frontline is the workforce — my job is caring for the carers. Today, you will find me positioned close to the executive team and operating across all levels and disciplines to deliver the set objectives to lead the way in improving systems and services. Though this is my job, it isn't my calling. My calling is to be there, be present, an ambassador for Christ and a willing servant. My day job requires political astuteness and a recognition that maintaining confidence and upholding confidentiality is not just a necessity on the ward but it's also important when working with the board. I am proud to be trusted with much and as someone remarked recently, I have a unique and enviable position of being able to interact with all staff, at all levels, from the ward to those working for national regulators and commissioning organisations.

For me the essence of nursing is authenticity in all situations. It is God who opens doors and I think had I not been a nurse, I would have missed out on much.

I could not have foreseen this that night as I looked out across London and stayed with my patient as he departed this life. But I do know that those experiences were fundamental to who I am today, this is the scripture that often lights my way:

'Being confident of this, that he who began a good work in you will carry it on to completion until the day of Christ Jesus.'
Philippians 1:6

Next year, I hope to attend the 40-year reunion with my former fellow students from the Nightingale School of Nursing. Many have since written of their faith in Christ, something I wasn't aware of at the time. Sister Florence is retired now, but we wrote to each other a few years back when my daughter began her training at the same school. She was introduced to a Christian mentor who happened to be the sister of Sister Florence! What impact these nurses have had! I only hope I achieve the same. 🌱

Julie Smith trained at St Thomas and now works in Norwich as a quality improvement director at a local hospital



The Language of Kindness: A Nurse's Story

Christie Watson

Chatto & Windus
2018
£9.65
336pp
ISBN: 978-1784741976

Reviewed by **Steve Fouch**,
CMF Head of Communications

Sometimes we forget what a huge privilege it is to be a nurse. Sitting with the dying, being there at the birth of a new life, helping people navigate through mental illness, disability and rehabilitation. It all gets buried in the mundanity and business of our work lives.

Then you read something like *The Language of Kindness*, and you get jolted out of the everyday and into the reality of what it means to be a part of this amazing profession.

Watson takes us through her story; stumbling into nursing almost by chance, discovering the reality of human suffering all around us, but hidden from most people's gaze. She takes us through all her training placements, her first staff jobs and on to her long-term career as a PICU nurse and beyond.

Each chapter tells stories of human tragedy and hope, littered with facts, figures and details. The minutiae of life in the A&E, the dark sense of humour of the staff room, the exhaustion of completing a third twelve-hour

shift in a row, all get laid bare. We see her care for a baby, so convulsed with brain damage from abuse that she cannot even lift her properly to change her nappy; she converses with a man recovering from depression about his hopes and aspirations; we see her sit with a dying child, and care for a woman with profound dementia; she lays bare the smells, the mess, the pain and despair, as well as the hope, joy and relief with which each day confronts nurses in every setting.

But above all, each anecdote and vignette tell the story of human kindness in the midst of suffering.

This is not a Christian book — although Watson picks up on some biblical texts. You won't agree with all she says, and her warts and all discussion of how health professionals work and relate together may be a bit much for some readers. But it moved me profoundly, reminding me of all that I loved (and hated) about being a staff nurse. If anyone asks you what it's like to be a nurse, get them to read this book before you answer. 🌸



feature

biblical leadership

for nurses & midwives

Sue Allen outlines an international Christian leadership training programme for nurses & midwives

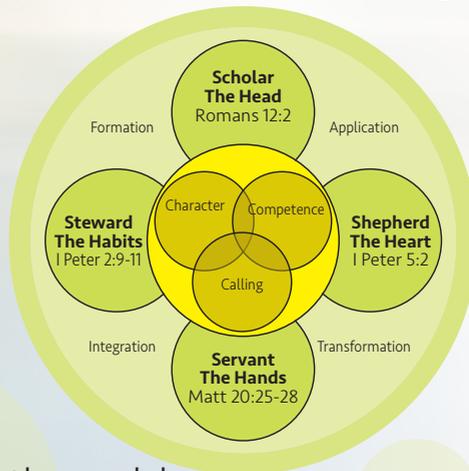
Effective leadership and management are at the core of good clinical practice, enabling staff to feel valued and appreciated and patients and relatives to feel safe and cared for within a positive learning culture.

Leadership and management can operate interchangeably, but the concepts have some unique characteristics of their own. Leaders set the vision and strategy for the individual organisation or team, and management ensures that this vision is implemented in an evidence based, effective and economic manner.

For Christian nurses and midwives, there is also the dimension of being able to authentically and sensitively demonstrate the love of Jesus within our work which for many is a calling or vocation.

Several years ago, Nurses Christian Fellowship International (NCFI) developed a programme that enabled Christian nurses and midwives to explore leadership theory and practice within the context of the Bible. This programme was initially developed to be followed using distance learning with the opportunity for mentorship and online groups to discuss reflections and questions.

The programme is being amended so that it can be accessed from an online portal through the *International Institute of Christian Nursing (iicn.ncfi.org)*, which is the academic arm of NCFI that also offers other programmes such as the Art and Science of Spiritual Care and Faith Community Nursing.



the model

The NCFI Model of Christian Leadership was originally developed by a group of nurse leaders and academics at the international conference in Abuja, Nigeria in 2004. The diagram above outlines the model which was then developed into a full programme with guidelines and teaching materials.

Each area has topics that can be developed further to be organisationally and culturally appropriate. Consequently, the model is an international model. Experience has shown that different cultures work in different styles within healthcare settings. This is largely influenced by the dominant model of power within the country and the way hierarchical systems promote order and structure. Within the UK the dominant contemporary model is around collaborative leadership and decision making and this produces a very different working environment for nurses than those who experience a control and command type of leadership model.

The central scripture is Psalm 78:70-72:

*'He chose David, his **servant** and took him from the sheep pens; from tending the sheep he brought him to be the **shepherd** of his people Jacob, of Israel, his inheritance. And David shepherded them with **integrity of heart; with skillful hands** he led them.'*

Christian leaders lead by character, competence, and calling. The programme explores this in the following areas.

1

Leader as Shepherd: **The Heart**

Jesus's Model of Teaching; Mentoring & Coaching; Empowerment; Communication; Conflict Resolution; Compassion; Reconciliation; Collaboration & Team Building

2

Leader as Servant: **The Hands**

Jesus's Model of Leadership; Spiritual Formation; Whole Person Wellness; Professional Development; Wisdom & Discernment; Power & Influence; Being a Member of the Organisation

3

Leader as Steward: **The Habits**

Gifts and Talents; Tithes and Offerings; Access & Quality; Change & Innovation; Diversity & Culture; Advanced Technology; Organisational Development; Healthcare Systems & Policy

4

Leader as Scholar: **The Head**

The Mind of Christ; Renewing our Minds; Thinking Christianly; Morality & Ethics; Research and Scholarship; Evidence Based Practice; Dissemination of Knowledge

To enable personal spiritual growth, which is a core aim of the programme, the sessions are developed under three levels with an

additional Bible study. Each level has unique material so that individual nurses can use the materials that are most relevant to them.

LEVEL	LEADER AS SERVANT	LEADER AS SHEPHERD	LEADER AS STEWARD	LEADER AS SCHOLAR	TIME FRAME
PROFESSIONAL	Characteristics of servant leaders	Types of Shepherd leadership: The role of coaching and mentoring in leadership	The Leader as Steward: managing people, finance, quality, and the environment	The value of research in leadership development	90 minutes each or six hours total
CLINICAL	Differences between leading and managing in dealing with conflict	Leading with emotional intelligence and managing change	Understanding group dynamics and working in teams	The importance of using evidence based practice at the point of care	90 minutes each or six hours total
PERSONAL	Learning to lead like Jesus	Building resilience and managing stress as leaders	Developing the disciplines of Christian leadership skills	The ethics of sharing one's faith in a multicultural world	90 minutes each or six hours total
BIBLE STUDY	Lessons on Leadership from Nehemiah	The role of Leader as Shepherd from Psalm 23	The habits and disciplines of Christian leaders from 1 Peter 2	Study on wisdom from Proverbs	

Experience has shown that different cultures work in different styles within healthcare settings.

In autumn 2017, over three Saturdays, each a month apart, we ran the Leadership Course at CMF to explore these topics. A small group of nurses met each month and were able to share the challenges of leadership within the modern UK health service and share options for resolving issues. We also studied in detail the book of Nehemiah, who demonstrated the practical application of many of the challenges of leadership. The participants really enjoyed applying biblical principles to real life scenarios.

As leaders, growing in our everyday Christian journey helps us become more secure in God's love, mercy and grace to us. In each session we had the opportunity of developing our listening skills, focussing on our response to God's word, and using different strategies for going deeper in our spiritual lives.

We have plans for developing similar opportunities across the country and in Northern Ireland in the year to come. We would especially welcome fellow Christian nurse leaders to help us ensure we represent a contemporary view of nursing practice and leadership challenges within multidisciplinary teams. This will help us further develop a robust and rewarding learning opportunity.

Please contact: nurses@cmf.org.uk if you are interested in working with a small group to develop this programme in the UK, or would like to attend a future event. 🌱

Sue Allen is former Dean for the School of Health at the University of Northampton, and helped the Nurses Christian Fellowship International develop the Biblical Leadership for Nurses programme



feature



mentoring

Esther Chevassut looks at the impact we can have mentoring the next generation of nurses

Have you ever thought about the influence you have on the people around you? Or the influence they are having on you? Who do you look up to?

And who looks up to you?

Some relationships have a significant influence on us; we invest in some people and some people invest in us — be it in our workplace, personal life or church. It's helpful to assess whether these relationships aid growth in a positive way. A mentoring relationship has huge potential for influence and impact, as one person comes closely alongside another and invests in their growth.

A mentor can be defined as a more experienced, trusted advisor, who trains, guides and counsels a less experienced/knowledgeable mentee or '*protégé*'. The relationship between mentor and protégé is not equated to age, but to expertise, wisdom or maturity and usually entails informal face-to-face communication over a sustained period of time.

Being mentored is an essential ingredient for growth in almost any vocation or pursuit, but certainly in one so emotionally, physically and mentally challenging as nursing; a career in

which learning never stops. The personal growth and learning that takes place when training to be a nurse, and significantly during the transition into working as a newly-qualified one is monumental and can be greatly affected by mentoring. Furthermore, as followers of Christ, changed by his grace and living as his witnesses in a world which is often hostile to him, mature Christian mentors can have a huge impact on our spiritual growth.

what does this essential practice look like?

The focus of mentoring is to develop the whole person, so the techniques are broad and require wisdom in order to be used appropriately. One business model¹ suggested these five approaches:

1. **Accompanying**
committing to the learning process side-by-side with the learner.
2. **Sowing**
developing the learner by challenging them out of their 'comfort zone'; teaching information ahead of the time when it will be required.
3. **Catalysing**
plunging the learner into change,

provoking a different way of thinking, identity or reordering of values.

4. **Showing**

using your own example to demonstrate a skill or activity, understandably.

5. **Harvesting**

reflecting, to create awareness of what was learned by experience and drawing conclusions.

As a newly-qualified nurse (NQN), just nine months into my first year working, I have felt the effect of workplace mentorship more profoundly than ever before. Although I had spent thousands of hours exposed to healthcare environments, I was, in many ways, unprepared for the step up in responsibility. Working autonomously — whereby no-one will scoop up my unfinished tasks and where I am legally accountable for every signature, action and communication made — can feel overwhelming. A mentor can be a huge support to an NQN during this transition and aid their development of confidence and competence.

However, during this period of change, an NQN can feel out of their depth, incompetent and inadequate, and confidence in their

nursing ability can be fragile. A mentor who is training and critiquing an NQN but insensitive to the challenges of this transition can exacerbate feelings of inadequacy before the NQN's skin has 'thickened', and thus stunt potential growth. I am pleased to say I have largely been positively supported, encouraged, and guided in my skills and understanding of how to deliver high quality care amidst the pressure of NHS wards. Criticism from mentors is of course a key part of development, but I have felt the difference in effect between constructive and destructive criticism.

During a typical, busy morning on the ward amidst constantly repeating, mid-volume alarms from call-bells and IV pumps, I am interrupted for the fifth time during my already-late-running drug round, to be reminded my patient's relative is still waiting on the phone for an update. As I pause to answer the phone, my HCA reminds me three 'double-up' washes are outstanding, and the Sister asks that I hand over my side room patient ASAP to the ward upstairs. There are about twelve tasks which need to be done at once... so what should I prioritise?

I have to breathe... complete one task at a time, as proficiently and efficiently as possible,

and coordinate sharing the tasks of personal care, observations and blood sugar checks with my HCA before lunch. But before I know it, it's lunchtime and drug round again. I haven't written any notes yet, I haven't taken a break and my 13:00 IVs are due.

When I finally get to the treatment room, half an hour after my IVs were due, I am met by the nurse in charge, who chooses this moment to confront me about my time-keeping and lack of awareness of the importance of giving IV antibiotics on time.

I can barely engage in self-reflection while I am equally hungry, stressed and aware of running late. The Sister raises her concern about my lax working and while I try to form a response I feel myself crumbling emotionally and my composure give way to blurry tear-filled eyes. The Sister continues criticising my management skills despite my tears and I have to take myself off the ward, leaving my IVs to be completed even later, once I've composed myself...

This I would describe as destructive criticism – at an inappropriate time and without positive or conducive feedback, when the protégé is stressed and working at their capacity.

In a similar vein, during my first months of work, I found myself getting into an unhealthy pattern of staying late after every shift to complete my written documentation of care for each of my patients, having felt inundated with practical tasks throughout the day without time to stop and write.

One week I had three consecutive shifts with one of the Sisters who noticed I'd stayed late two evenings running. On the third morning, at a quiet moment in the treatment room, she gently asked how I was doing. I wondered whether she was asking in regard to this day, my work that shift, personal life or my emotions on my third, twelve-hour shift of the Bank Holiday weekend... I didn't know which answer she was looking for, but I won't forget how genuinely she asked and listened to me. She didn't have to bring up the fact she knew I had stayed late on both previous shifts, but I very quickly brought it up on my own accord.

Her next question was 'And how can we improve this?' I was struck by how she was engaging with this situation so constructively and seeking a solution with me; by her simply asking the right questions, I drew on ways I could improve, more than simply saying 'time management'.

Jesus was a fantastic example of a mentor. We can examine how he led by example, taught and fed great crowds of people. However, his prime mentorship was to his disciples, and in particular — Peter, James and John — in whom he closely invested, guided and with whom he lived his life. Spiritual mentorship thus involves teaching, living as an example, praying and encouraging growth (that the mentee can then pass on to another, in time). Having someone who understands the desire to walk each day with God, who can bring a scriptural perspective on stress and mature advice on the emotional challenges of healthcare is so valuable.

As part of our Southampton student nurses' and midwives' CMF group we started the 'Once Encourager' mentorship scheme. We paired up younger students with older students in their field, or with working or retired Christian nurses and midwives, as the 'Encouragers'. The idea was that the Encourager committed to praying for the student once a week, contacting them once a month and meeting with them once a term.

This scheme uniquely brings together both nursing and spiritual mentoring, and aims to encourage growth in bringing together Christian nurses and midwives.



Furthermore, the scheme is low commitment. Most nurses and nursing students are busy people with full-time placements mixed with academic pressures. Christian students are likely to be involved in churches and Christian Unions where they may already have a mentor. The Encourager scheme is a manageable commitment that fills a niche gap, with great potential for fruit.*

We can all mentor others. Ask yourself who are your potential protégés, and how might you be able to aid them in their professional and spiritual growth, in a constructive and fruitful way. 🌱

Esther Chevassut is a staff nurse and works part time as a CMF Associate Staff Worker for nurses and midwives.

* For more information on the Encourager Scheme and becoming a mentor to nursing and midwifery students, please email pippa.peppiatt@cmf.org.uk.

1. Aubrey B & Cohen P. *Working Wisdom: Timeless Skills and Vanguard Strategies for Learning Organizations*. San Francisco: Jossey Bass, 1995:23, 44–47, 96–97

time & seasons

There is a time for everything,
and a season for every activity under
the heavens:

a time to be born and a time to die...
a time to kill and a time to heal...
a time to weep and a time to laugh,
a time to mourn and a time to dance...
a time to be silent and a time to speak,
a time to love and a time to hate,
a time for war and a time for peace.

Ecclesiastes 3:1-8

Our lives go through different seasons – not just the regular, cyclical seasons of nature, festivals, birthdays and anniversaries, but also the different times of our lives. A season of learning and growing; of falling in love; perhaps of marrying or of becoming a parent; of caring for parents; of coping with disability and illness for yourself or a loved one. Times of loss and times of new beginnings.

Then there are career seasons; training, qualifying, taking up new responsibilities, senior roles, and retirement.

Some seasons come and go quickly never to be seen again; some come by several times; some seem to last for years; some we are glad to see the back of and some we wish could stay forever.

You may be in the middle of a season in life right now, or on the cusp of a change. Maybe you have just started training or have recently qualified or started a new job in a new city, and feel a mixture of apprehension, fear, loneliness, anticipation and excitement. You may have just taken a promotion and have new responsibilities and new leadership roles to fulfil.

Maybe you have been in the same place and in the same role for years, and are either content or itching for change, but not sure where to go next. Maybe your season is one of sorrow and grief, or one of overwhelming pressure and intensity, or maybe it is one of rest and restoration.

Remember this one thing: The Lord is with you in **whatever** season you are in right now. Give it to him, with all your hopes or fears, boredom or excitement. Listen to him – what is he saying to you at this time? Seek his will – what does he want to do in you and through you in this period? Walk with him through this season – its highs and its lows – and remember that you do not walk through it alone or by accident. 🌱

Steve Fouch



7 days of prayer

for nurses & midwives

Steve Fouch reflects on the
#ThankGodForNurses week
of prayer in May 2018

#Thank
GOD
FOR NURSES

When we first thought of the idea of encouraging prayer for all of those in nursing and midwifery, we hardly expected the response we got. Our initial idea was simply to encourage as wide an audience of believers as we could to pray for those in the caring professions and to give thanks to God for all that they do.

It turns out that a lot people out there really do value what you do.

Nearly 6,000 people were reached through the social media campaign, and we had nearly 500 engagements or responses to the prayer posts that went out daily between 12-18 May 2018.

We had messages of support from all over the world, requests for hard copies of the flyers and bookmarks from all over the country, and groups of nurses, doctors and home groups in churches up and down the land, all praying for nurses and midwives across the UK and beyond.

We have so many ways as Christian nurses and midwives to have a positive influence in our workplaces and professions and in wider society. So many opportunities to live out and

share the good news of Jesus with everyone we meet. Praise God that we have the Holy Spirit to equip us and an army of saints praying for us!

So, thank you to all of you who prayed and encouraged others to pray – because God hears the prayers of his people (Psalm 17:6), and he answers those prayers (1 John 5:14). Whether you can see it or not, those prayers have made a difference.

So, because we want to see God at work in nurses and midwives, in our professions and our health service, we will be holding another week of prayer from Sunday 12 May to Saturday 18 May 2019. Put it in your diary now. More details will follow in the New Year, but in the meantime, CMF has a new prayer news feed on the PrayerMate app for iPhone and Android. So, if you want to pray more for others in nursing and medicine, do look it up under the 'Wider Society' heading in PrayerMate.

And if electronic means are not your thing, watch this space for a more traditional prayer diary coming out later this autumn for all the work of CMF, our members, the professions, the health service and the wider world. 🌱

on the frontline

We talk to **Kate Walker** about her work as a practice nurse

What area of nursing are you in?

I'm currently a practice nurse in Camden, London

Why did you choose this speciality?

I didn't... It found me! I actually trained as a paediatric nurse and worked in a London hospital as a staff nurse and then as a junior Sister. It was only after completing my master's degree in Global Health and Development last

year, that I realised my passion lay in public health. In trying to find ways to build up public health experience, I stumbled into practice nursing and haven't looked back since!

What motivates you in your job?

Knowing that I am helping patients make positive changes to their lives and delivering interventions which can prevent and reduce disease and disability.

What does a typical day look like for you?

Whilst the structure of my day is consistent (ten or twenty minute consultations with patients from 9am until approximately 5pm) the content varies a lot. A typical morning or afternoon could consist of dressings, travel advice/ vaccinations, smear tests, chronic disease management (COPD/diabetes/ asthma), smoking cessation advice... any number of things! I also run a weekly baby clinic and women's health clinic.

What are the particular challenges about your job?

I am the only nurse in the practice four out of five days a week, so I find it hard not having another nurse to bounce ideas off. I also find that I am treated like another GP by both patients and colleagues — so I have to be really aware of my limitations and boundaries.

What are the blessings of your job?

First and foremost it would have to be my relationship with patients. I feel so fortunate to be in a position where I can love and serve people, to act as Christ's hands and feet, and hopefully deliver the compassion they deserve. I'm also blessed with having great colleagues and a wonderful social life... no nights or weekends for me!

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

Scary! The transition was slow, as I took a year out after qualifying to volunteer abroad and then spent the first year in an outpatients' department. Stepping back on to the ward after two years away was terrifying and a definite drop in the deep end, but I was fortunate to have really supportive colleagues and a fantastic mentor.

Any advice for student nurses and midwives reading this?

You can do it! We've all been there and know how daunting the transition is. The key is to recognise that you're not expected to know it all. Acquiring the necessary knowledge and skills takes time, so treat it as such; pick a skill or disease to focus on each week and build from there.

What can we be praying for you?

I find it all too easy to sit back in the slow lane and just meet each day as it comes. Please pray that I may be motivated to maximise the opportunities my role provides, to strive for excellence in practice and have the energy and enthusiasm to serve my patients wholeheartedly, just as Jesus would do. 🌸

do you have questions about faith at work?

- Is expressing my faith legal?
- Is it practical?
- Do I have time?
- Would I get into trouble?
- How can I get involved?

SALINE SOLUTION

Saline Solution is a day course designed to help Christian healthcare professionals bring Christ and his good news into their work. It has helped hundreds become more comfortable and adept at practising healthcare that addresses the needs of the whole person.

bringing faith into healthcare

Future Saline Solution
Courses in 2018:
6 October - Glasgow
10 November - Exeter
17 November - Belfast
8 December - London

for more details of these & future courses
visit: cmf.org.uk/nurses/events

