for today's Christian nurses & midwives

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## sp\_tlight

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#### Editors

Steve Fouch Pippa Peppiatt **Design** S2 Design & Advertising Ltd 020 8771 9108

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## inside



## editorial

hat a momentous year it has been! But not quite the momentous year that The World Health Organization (WHO) imagined when it dedicated 2020 to nurses and midwives, celebrating our work across the globe, and highlighting our role in achieving the UN's Sustainable Development Goals. You can read more about these 'SDGs' in Georgie Coster's piece over the page.

The year was chosen to coincide with the 200th anniversary of the birth of Florence Nightingale. It seems ironic that due to Covid-19, nurses and midwives have been too busy this year giving essential care to celebrate, or to be properly celebrated. I was delighted to hear that the WHO have decided to extend this *International Year of the Nurse and the Midwife* into 2021.

In this edition of *Spotlight*, we also want to celebrate the role of nurses and midwives, past and present. From Mary Seacole, an inspirational nurse in the Crimean War, to Mary Hopper, a current midwife member who reflects on her missionary life in Zimbabwe. There's the testimony of a nurse serving a community, another on the Mercy Ships, and more who are faithfully working day by day in the NHS under challenging circumstances.

Here at CMF, we salute you all. 2021 will be your year!

priatt

Pippa



#### Pippa Peppiatt, CMF Head of Nurses & Midwives

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.



## great expectations

**Georgie Coster** looks back and forward to the Year of the Nurse and the Midwife

020's designation as the International Year of the Nurse and the Midwife by the WHO was nothing to do with Coronavirus. The initiative came because entering 2020 signalled a decade left to achieve the United Nations Sustainable Development Goals (SDGs), 17 goals that all UN Member States agreed to strive to achieve by the year 2030. One of the goals is Good Health and Wellbeing, and the WHO recognises that nurses and midwives are absolutely essential to its accomplishment. In 2017, less than half the global population was covered by essential health services.<sup>1</sup>The WHO aspires to see universal health coverage by 2030, and for that to happen, the world needs 9 million more nurses and midwives.<sup>2</sup>

Cue 2020: A year to recognise and celebrate the integral role of nurses and midwives worldwide. A role so vital that even when 50 per cent of the global health workforce are nurses and midwives, we still need nine million more. That's why celebrating would never be enough. The International Year of the Nurse and the Midwife was also a call to action – highlighting the challenging conditions nurses and midwives often face, and advocating for increased investments in the workforce.<sup>3</sup> 2020 of course held further significance because it marked 200 years since the birth of the founder of modern nursing, Florence Nightingale.

However, it was the year that took us all by surprise and it's fair to say that nothing quite went to plan. In some ways, the Coronavirus pandemic was a great help in spotlighting the vital work of nurses and midwives around the world. In our own country, we received a weekly applause and priority access to supermarkets. Perhaps some have been inspired to join the profession and help fill the 40,000 nursing vacancies in health and care settings in England alone<sup>4</sup> (hopefully not just to get to the front of the queue at Asda). But in other ways, 2020 has been a global health disaster.

As part of its Good Health and Wellbeing goal, the UN is aiming to end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce under-five mortality to at least as low as 25 per 1,000 live births by 2030 <sup>5</sup>. However, their statistics expected hundreds of thousands of additional under-five deaths in 2020 alone. Another target was to end the epidemic of malaria, but in late 2020 the UN predicted that Covid-related service cancellations would lead to a 100 per cent increase in malaria deaths in Sub-Saharan Africa.

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2020: The year that was supposed to rapidly accelerate progress towards the SDGs through a concerted focus on nursing and midwifery. Instead, the year where a global pandemic reversed decades of improvement and countries ended the year further from the goals than they were at the start. A year for progression became a year of regression. What a source of depression.

> Or is it? The UN set out a vision for a world free from poverty, hunger and disease. But the Christian knows that as long as we're living in a fallen world, suffering and death is par for the course. We know that their wonderful vision. regardless of ambition and effort, will only become a reality in the new creation. That doesn't mean we don't lament between now and then. We do - as does God. It doesn't mean we don't use our privileged position as nurses and midwives to shape a better world. But it does mean that when our best efforts and initiatives completely backfire and the outlook is bleak, we take heart, because we know a day is coming when all healthcare workers will

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be out of a job. Can you imagine? I dare you. The staffing shortages we know, replaced, and not by a temporary furlough scheme, but permanent eternal redundancy. No illness to treat, no birth pangs to be heard, from your patients or from our world.

For we know that the whole creation has been groaning together in the pains of childbirth until now. And not only the creation, but we ourselves, who have the firstfruits of the Spirit, groan inwardly as we wait eagerly for adoption as sons, the redemption of our bodies. For in this hope we were saved. Now hope that is seen is not hope. For who hopes for what he sees? But if we hope for what we do not see, we wait for it with patience. (Romans 8:22–25 ESV)

**Georgie Coster** is a staff nurse in a Critical Care Unit and CMF Associate Head of Nurses and Midwives

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## proud to be a nurse

Bex Lawton reflects on the highs and lows of nursing

2020 is the Year of the Nurse and Midwife And what a year it's turning out to be?! The WHO say we are 'the backbone to every health system' And during this pandemic the backbone has held the weight of our national health system Protected vital services Flexing, extending, moving With nurses coming out of retirement Shortened maternity leave Nurses being redeployed Coming out of the office and onto the wards Moving out of their family homes to work and protect loved ones National pride in our NHS is at an all-time high And I've never been so proud to be a nurse.

poem

I often feel God's pleasure as I nurse too When I challenge unsafe practice When I take extra time to listen to and reassure anxious parents When I'm thorough and don't cut corners I am His hands and feet Bringing His kingdom on earth as it is in heaven I am Salt, I am Light What a wholesome and honourable picture I paint of our profession? All alory and sacrifice.

But I wonder about the days that aren't so heroic? The mundane days where I'm on the phone chasing results Chasing people, 'Answer your bleep!' Or hectic days when everything runs late 2 o'clock drugs are given at 4 And none of my patients have got the best of me What does God think of my nursing then?

What about the days that I'm not proud of? When I'm cross Maybe because somebody has used the last vial of antibiotic from the box and hasn't bothered to order anymore 'Who does that?! How inconsiderate! What's wrong with people....' Mmm, yes, maybe I've groaned and moaned Or induldged in that conversation about a

colleague even though I felt the prompt not to but I just couldn't help myself ... or didn't want to What then? Still proud of me then, God? I'm learning that what pleases Him is love, faith and obedience. Humble and open hearts Sometimes that looks heroic and newsworthy Seeminaly deserving of a weekly clap But so often its unseen Ordinary and everyday Sometimes I please Him when I'm nursing But sometimes I please Him by not By taking a break By resting Prioritising my family or relationships So yes, I am proud to be a nurse But it's just a fraction of the whole Being His is what truly defines me His love shapes, inspires and drives me And remains unaltered no matter what I do or don't I cannot add to or diminish it Earn it or become disqualified from it His love for me is resolute and unending I am the apple of His eye And He rejoices over me with singing.

**Bex Lawton** is a paediatrics staff nurse and CMF nurses & midwives 'poet in residence'. She also shares performances of her Christian, nursing focused poetry on Instagram as *possiblybex* 

## Mary Seacole a nursing inspiration!

Annie Peppiatt looks at one of the great, inspirational nursing figures of history

image: Albert Charles Challen 1869



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n entrepreneur, a nurse, a mother to many. At the time, her renown matched Florence Nightingale's. Loved and then lost to history, the remarkable endeavours of Mary Seacole have only in recent years been re-acknowledged in British culture. The brave and ingenious Seacole faced war and epidemics to care for her patients. For her work on the frontline of the Crimean War, she became beloved by the British soldiers and public alike, and so is possibly 'the first black woman to make her mark on British public life'.<sup>1</sup>

Born in 1805 to James Grant, a white British army officer, and 'The Doctress' Mrs Grant, a black Jamaican healer. Mary was raised amidst the British slave trade in Jamaica. Although a free person, Mary and her mother had few civil rights. Nevertheless, her mother was respected in the community as a traditional healer who ran Blundell Hall. a popular boarding house in Kingston. In an amalgamated role of general practitioner, nurse, and herbalist, Mrs Grant taught Mary traditional folk medicine, good hygiene, and her practical knowledge of tropical diseases. She may have also passed on a certain drive, compassion, and business acumen to her daughter. Mary was curious about medicine

from childhood. At the tender age of twelve, Mary helped her mother run the hotel and care for the sick or injured soldiers who recuperated there. She travelled multiple times to England as a teenager, learning about modern European medicine while experiencing and defending herself against racism and derision. Over the next few years, Mary's wanderlust and taste for adventure took her to many countries, before returning to Jamaica to nurse her sick patroness.

As a young woman, she married Edwin Seacole. Her husband was sickly, and Mary nursed him until his death in 1844, which was quickly followed by her mother's. Her grief devastated her, but Mary threw herself into her work. She was an active entrepreneur and nurse, treating patients of cholera and yellow fever epidemics in Jamaica, Cuba, and Panama.

While running business ventures like a restaurant, she nursed the poor for free. This selfless exposure to disease led her to contract and then recover from cholera. Mary's skills were recognised, and she was requested to supervise nursing at the British Army headquarters in Kingston. She created the New Blundell Hall to function as both hospital and soldiers' mess.

#### spotlight

With the outbreak of the Crimean War, with soldiers suffering a lack of sufficient medical facilities, Mary asked the British War Office to send her as an army nurse but was rejected. Undeterred, she funded her own passage to Crimea and set up shop by the frontlines. At her own expense, she ran the British Hotel, a restaurant and refuge for the soldiers built from scrap metal and debris.

From baking pastries to administering medicine, Mary did everything she could to bring comfort to those suffering. She loved bright contrasting colours, and conspicuously rode on horseback into the battlefield, nursing wounded men from both sides of the war. In all weather, Mary put herself in the frontlines of the war to help those in need, not only medically but also bolstering morale.

After the war, Mary returned to Britain in poverty and ill health. Her care and hard work did not go unrecognised, however – she was celebrated and loved by many. In 1857, over 80,000 people showed their support for Mother Seacole by attending a fundraising gala for her. Mary then became a best-selling author with the release of her lively autobiography. Yet, unlike her white peer Florence Nightingale, Mary Seacole's lifelong nursing efforts were not memorialised in education and were, until recently, largely forgotten.

Mary faced discrimination and rejection as a woman of colour, but her indefatigable kindness and perseverance drove her on. In war and epidemic, Mary offered hope to her patients. She may offer us the same today. She is an example of how we impact others' lives and what can be achieved by a compassionate person determined to shape her own destiny.

**Annie Peppiatt** is freelance editor who has a special interest in promoting underrepresented voices

 blackhistorymonth.org.uk/article/section/bhmheroes/970

## Florence Nightingale

nurse, statistician, activist & mystic

**Steve Fouch** looks at the story of the most influential nurse of all time

he traditional image of Florence Nightingale is that of a willowy woman with a white bonnet, dark dress and miraculously clean pinafore, carrying a lamp aloft, mopping fevered brows of adoring, injured soldiers as she walked her rounds at Scutari Hospital. The 'Lady of the Lamp' of popular mythology was mostly a propaganda message promoted by the War Office. The real Nightingale was more complicated.



## from less than humble beginnings...

Born to a wealthy, Unitarian family in Florence, Italy in 1820, she was named after the city of her birth. From the start, Nightingale had an unconventional upbringing. Schooled in the classics, mathematics and the sciences, she was far better educated than most of her contemporaries. Her family had a political heritage – her grandfather had campaigned against slavery with William Wilberforce. This familiarity with the corridors of power would stand Nightingale in good stead.

During youthful travels across Europe, Nightingale formed what proved to be a lifelong and pivotal friendship with the British parliamentarian Sidney Herbert.

#### nurse

While travelling through Thebes, a few weeks before her seventeenth birthday, she wrote in her diary 'God called me in the morning and asked me would I do good for him alone without reputation'. However, it was three years later when she found her true vocation on a visit to the Lutheran religious community at Kaiserswerth-am-Rhein in Germany. There she observed Pastor Theodor Fliedner and the deaconesses working for the sick Florence QUOTES bit.ly/2La3hxQ

#### 'MANKIND must make HEAVEN

before we can "GO TO HEAVEN" in this **WORLD** 

ITHINK one's feelings WASTE themselves in WORDS; they ought all to be distilled into ACTIONS which bring RESULTS'

> when you have it. is a splendid GIFT - there

| |\/F

is nothing SN

about it'

**sp**\_tlight

and the socially deprived. She regarded the experience as a turning point in her life and returned shortly thereafter to gain formal training as a nurse.

> Returning to London in 1853, she was offered the post of superintendent at the Institute for the Care of Sick Gentlewomen in Upper Harley Street, a position she would hold for little over a year. However, in that brief time, she gained such a reputation for her clinical leadership that when reports of appalling hospital conditions came from the Crimean front, her friend Sidney Herbert, now Secretary of State for War, turned to Nightingale for help.

> So it was that in November 1854, she arrived at Scutari Hospital with a team of 38 personally selected and trained nurses. They found overworked medical staff with insufficient medicines, appalling hygiene, mass infections and high death rates. Ten times as many soldiers died from preventable infections than died of their wounds.

#### statistician

So appalled was she that Nightingale not only began to improve practical care with her team but began a rigorous collection of data on the

'I attribute my SUCCESS to this... I NEVER GAVE or TOOK any EXCUSE'



causes of morbidity and mortality. She seemed to have an instinctual feel for statistics, but also about how to present this data to those in power. So it was that she produced the now-famous polar area diagrams showing beyond argument the shockingly high rates of death among the wounded from preventable infections.

Her diagrams, letters and pleas eventually had an impact. The War Office, at Herbert's insistence, dispatched no less a person than Isambard Kingdom Brunel to design a new, prefabricated hospital, designed to Nightingale's recommendations. The result was Renkioi Hospital, which had a death rate of less than ten per cent that of Scutari. Her recommendation shaped the design and practice of the other field hospitals, and it is reckoned that Nightingale was responsible for reducing mortality rates from 42 to two per cent through improvements in hygiene and aseptic practice, nutrition, ventilation and lighting.

#### activist

After her return from the war, she set about reviewing the practice of her nurses, applying the same statistical rigour that she had used during the war. She published her mistakes and used this information to inform changes that she wanted to bring to nursing practice and hospitals in Britain. She was not afraid to show that her nurses caused deaths and that their practice needed to change.

The statistical data that Nightingale gathered over her time in the Crimean War, and her later collecting similar data from hospitals across England and Europe, led her to design hospitals around what we now know as 'Nightingale Wards'. She developed a school of nursing at St Thomas' Hospital that set the standard for nurse education across the world and establish nursing as a profession with a strong evidence base. Her reputation in the popular imagination and in political circles was now such that she had a great influence on health policy and practice.

However, for all her statistical and scientific rigour and her political influence, Nightingale never lost sight of the need for care and compassion at the heart of nursing.

Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation, as any painter's or sculptor's work; for what is the having to do with dead canvas or dead marble, compared with having to do with the living body, the temple of God's spirit? It is one of the Fine Arts: I had almost said, the finest of Fine Arts.<sup>1</sup>

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The art and science of nursing are inextricably linked, but she also knew that this was only achieved through rigorous training, discipline, and constant, critical, self-evaluation. She understood 'reflective practice' long before the term came into usage.

She remained an active and effective campaigner for public health and social reform for the rest of her life, despite being bed-ridden for thirty years as a result of infections acquired during her time at Scutari.

#### mystic

Nightingale's faith was a huge motivator for her work. Apart from espousing an early call from God, she found herself at home in the liberal wing of the Anglican Church, although she never formally joined. She rejected the theologies of the Incarnation and the Atonement, and settled on a vague, 'God is in everyone' mysticism. For her, faith was always worked out in practical, compassionate care and activism rather than church services.

She had, in short, created a version of the Christian faith that suited her – a postmodern, liberal Christianity familiar to us in the twenty-first century, but which was definitely not biblical Christianity.

#### legacy

The nursing profession, as we know it today, exists primarily because of Nightingale. She saw active compassion, evidence-based practice and scientific rigour as fundamental to good nursing. She also saw the need to use evidence, convincingly communicated, as vital to achieving social and political change necessary to improve public health.

She remains a controversial figure – many have argued that she was never much of a nurse, more an administrator and statistician. Others question how much of her legacy was war propaganda put about to help public support for a failing war effort.

However, when you see her statistical work, read her writings on nursing and observe the impact her approaches to public health, nursing and hospital design had until the early twentieth century, it seems more than fitting that we should celebrate the year of the nurse and the midwife on the two-hundredth anniversary of her birth.

Steve Fouch is CMF Head of Communications

 Nightingale F. Notes on Nursing: What It Is, and What It Is Not. New York: Dover Publications Inc.; New impression edition (2 Jan. 2000) heroines

## the st black nurse in the NHS

**Annie Peppiatt** tells the forgotten story of Chief Kofoworola Abeni

Image: nursingtimes.net

hief Kofoworola Abeni Pratt was a pioneer and a leader. Kofoworola was born in 1915 in Lagos, Nigeria, under British colonialism. From childhood, she wanted to become a nurse, but was discouraged by her father, so she became a teacher. She then married Dr Olu Pratt, a Nigerian pharmacist who later studied medicine in London. Kofoworola immigrated to England in 1946 and pursued her dream of nursing.

She was the first black student to study at the Nightingale School at St Thomas' Hospital, London. Despite experiencing racism, Kofoworola qualified as a state-registered nurse in 1950 and became the first black nurse to work for the NHS.

After a few years of dedicated service to the NHS, Kofoworola returned to Nigeria. After rejection based on her heritage, she persisted to become the first black Matron of University College Hospital, Ibadan. In 1965, she established a nursing school that was instrumental to modern nursing practices in Nigeria. She founded the Professional Association of Trained Nurses in Nigeria and co-founded and edited a nursing journal. A hardworking and determined woman, Kofoworola went on to become Chief Nursing Officer for Nigeria. She was the first black woman to be vice-president of the International Council of Nurses. She was appointed Commissioner of Health for Lagos and President of Nigeria's National Council of Women's Societies. She achieved reforms for doctors, nurses, and public health care.

Her outstanding work has been recognised with a chieftaincy title for services to Nigeria and as an honorary fellow of the Royal College of Nursing, UK. In 1973, she was awarded the Florence Nightingale Medal. Overcoming challenges and prejudice in both the UK and Nigeria, she championed women and was a great nurse and leader.

Annie Peppiatt, a freelance editor who has a special interest in promoting underrepresented voices

#### global

## transforming community health

**Barbara Parfitt** tells us about training community health workers in Pakistan am currently working on a project to develop Parish Community Health Visitors (PCHVs) working in a very impoverished and marginalised Catholic community of some 30,000 people, in Rawalpindi, Pakistan. I was out in Pakistan originally to help set up a nursing college, working in a partnership between PRIME<sup>1</sup> and a Christian dental and medical college. This would have been along the lines of a secular college that I had set up in Bangladesh a few years ago. This had been built upon the ethos of a social business, targeting the poorer young people to give them opportunities to study nursing.<sup>2</sup>

However, after spending two years writing the business plan and securing funding, the new government in Pakistan decided to require medical and dental colleges to reapply for certification to run courses. That basically put an end to the project, as the college was too busy trying to get their medical and dental courses re-registered to consider a new course for nurses.

It was then that I was approached by Father Simon from this small community just outside Rawalpindi. He needed people who could help him caring for the people in his parish. It was impossible for a priest or even two or three priests to meet the needs of this vulnerable, demoralised community that live in fear of discrimination because they are Christians in a Muslim country. He knew about the Nurses Christian Fellowship International (NCFI)<sup>3</sup> work with training Faith Community Nurses (or Parish Nurses), <sup>4</sup> because we had already started an NCFI training program through Nurses Christian Fellowship Pakistan.

But Parish Nurses are costly to train, employ and support, so it was not a sustainable solution for this community. What we really needed to do was to select young people from the community itself who have just finished school and train them up to be healthcare workers, what we would call Parish Community Health Visitors.

With the funding that I already had, we selected ten young people; four men and six women, and we sent them to a Christian hospital nearby where we funded them to do a year's training as nurse assistants. This gave them the basics of anatomy, physiology, hygiene and care, etc.

With the extra funding that I had been applying for, we had enough to run the project for two years. We got together a core team in partnership with PRIME. Our program leader is

#### spotlight

a missionary nurse working with Interserve. We have had tremendous support from Lahore Anglican Theological College throughout, making this very much an interdenominational approach. Part of the project will be to assess how these PCHVs will make real changes for this community – allowing us to see if this is a model that can be replicated elsewhere in Pakistan and further afield, something. NCFI is very interested in.

The ten young people came back in February, but obviously with the emergency COVID situation, we have not been able to deploy them. But we have continued our training programme using Zoom. They are meeting in the church school, initially for a full introductory week and now twice weekly in the afternoon from two until five for three hours' teaching. We have developed a course of a hundred hours' community education, containing everything that they need to deliver basic care with a spiritual, holistic perspective. However, we have told them right from the beginning, they are not going out to do clinical interventions. They do not have the qualifications, skills or the experience to do that, but they can refer to other services, including the Parish Nurses. They are there to give health education, health promotion,

spiritual support and counselling, and to represent the church.

The PCHVs will work in five pairs, and initially they will create a home profile for every household in their patch (about 50 homes) that they visit every month for the next two years. We received funding for computer tablets that they will use to fill in home profile details and follow up on visits to the homes, including advice and help given, and what the outcomes have been. This data will go directly to the researchers.

#### 2020 – the Year of the Nurse and the Midwife

Most nurses and midwives have a very poor recognition in the developing world. The main problem is the medical profession. Doctors in most developing countries do not allow nurses to fulfil even the possibility of their role. They are not permitted to use all their training and skills, only to do as they are told, and not take any control or make any decisions.

By and large, doctors do not work in the community because they do not get highly paid and they cannot carry out private practice. So, if we want to improve community health, as the World Health Report has shown repeatedly, we need to invest in nurses, midwives, and lower-level community health workers rather than doctors.

In my experience, many of those lower-level workers are smart, skilled and motivated. A lot of them are in that position because they have not had opportunities to get an education or skills training. But if we can give them the skills and the opportunities, they can make a real difference.

## the difference Christians bring to nursing

Obviously, this project is clearly a Christian health outreach to a Christian community, so we can be more open about spiritual needs and spiritual support. But how does it change when we go out into a wider culture?

According to The World Health Organization over 80 per cent of people in the world have a religious worldview of some kind or another. And that actually plays an integral role in their health. If you then ignore that, it is ignoring a key dimension within health and wellbeing for that individual and that community. And while secular nursing education will now bring in spirituality as a dimension of care, it is generally with a very soft understanding of the spiritual aspects of health.

What we bring as Christians is a much stronger, fundamental belief in relationships – relationships with one another and a relationship with God through prayer and worship at the centre of our spirituality.

As a result, we approach people holistically, as spiritual beings in the context of a community, not as isolated individuals. That is what we bring to the care of our patients as Christian nurses and midwives.

Barbara Parfitt CBE, DHC, PhD is Emeritus Professor and the former Dean of the School of Nursing at Glasgow Caledonian University and has been involved in developing nurse education across the globe as well as being part of the leadership of Nurses Christian Fellowship International (NCFI)

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spiritual health

## superheroes are only human too

**Bethany Fuller** reminds us of where our comfort and strength come from

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ho would have thought when the World Health Organisation designated 2020 as the International Year of the Nurse and

the Midwife that it would prove to be so poignant? This year has increasingly seen nurses and midwives, and indeed all health professions, in the public eve. We have been portrayed as superheroes, self-sacrificing beings. But the truth is we are only human too. In this current time of coronavirus, when family are often not allowed to accompany patients into hospital or have very strict and limited visiting hours imposed on them, the role of the nurse and midwife comes to the fore. Being alone in hospital can be so scary. We are often with patients in critical periods of their lives and although it may just be another day on shift for us it's a moment in time the patient may remember for years to come.

We care for others, but when we feel lonely and overwhelmed who is there to care for us?

As this year has progressed, I have been more and more reminded that the only sure thing we have to hold onto is the Lord. Truly he alone is our rock, our solid ground in the shifting sands. The thing about a rock is if you are just passively sitting on it, it will be very easy for waves to drag you down or knock you off, but if you cling to the rock, although the waves may batter you, you will be safe and secure, fastened to the rock which cannot move, grounded firm and deep in the Saviour's love.

So, cling to the Lord and he will refresh and help you when you feel like you've got nothing left to give. Remember Paul's words to the Corinthians: 'Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in our affliction, so that we may be able to comfort those who are afflicted, with the comfort with which we ourselves are comforted by God.' (2 Corinthians 1:3-4)

As we celebrate this International Year of the Nurse and the Midwife and care for our patients, let's rely completely on God for his comfort and strength to be able to demonstrate that mercy, care and compassion of God to those we meet, that he may be glorified.

**Bethany Fuller** is a third-year nursing student at Surrey University

#### Reflections on serving as a midwife in Zimbabwe

May Hopper tells her missionary story

had been to church as a young person, but it was as a student nurse that I became a true Christian, accepting the Lord as Saviour in the linen cupboard at Brighton General Hospital! A missionary nurse working in India, had come to visit the ward as part of her homeland experience and led me into the presence of Jesus that Sunday afternoon back in the early 70's. As God worked in my life bringing much needed healing along with meaning and purpose, I realised I too would offer to work overseas. After completing two years in Bible College, I then trained as a midwife at the Mothers' Hospital in East London and qualified in 1980.

Watching *Call the Midwife* would give you a great idea of my 'patch'. The experience of working with an amazing group of co-workers from a vast array of cultures and countries was second to none, as we looked after the women and their families who also represented many different cultural groups and had varied experiences and expectations around childbirth. None appeared averse to being in a faith-based environment.

In August 1980 I left the UK to work as a nurse/ midwife in the rural areas of Rhodesia, which later became Zimbabwe. I could see God's hand on this from years previously. When young, I had two dolls – Elizabeth, a white doll and Topsy, a black African doll. I apparently was heard telling Topsy that one day I would go to her country and be with babies just like her!

This was the beginning of an amazing experience in a wonderful land that knew war, civil unrest, famine, drought, disease and poverty. I very quickly realised my intention of going to give was almost nothing compared to what I would receive and learn from those fantastic people.

I was privileged to work at two mission hospitals as a midwife and tutor, though the job

description changed significantly and very quickly. Learning to drive an armour plated ambulance, changing a fan belt, diagnosing and treating a variety of diseases I had never seen before, sorting out a nest of green mambas outside my porch, mending solar panels, attending water baptisms in the river, preaching in church, teaching without many of the resources available in the UK, learning and carrying out many procedures reserved only for doctors in the UK, familiarising with a completely different culture and language and realising many of the concepts and beliefs learned in the UK were unrealistic and inappropriate here. There was no Shona word for some English words and one quickly learned the reality of there being more than one way to achieve anything!

The people were so welcoming. It was humbling that though many were very poor, they would give their last chicken when we visited to bring mother and childcare to their village.

Women would be brought to the hospital on ox and carts with homemade wooden wheels and often travel for days. Some would live in the onsite Waiting Village for their baby's arrival. Others would arrive on the bus at 5am along with other patients and goats, chickens, wardrobes and coffins on the roof of the bus, which would leave on its return journey at 3pm – possibly with a patient on a drip needing to be transferred to a neighbouring hospital, again accompanied by all manner of things!

It was an enormous privilege to help women with their birthing process and to enable men and women to become midwives. However, an added and essential part of the mission work was that of praying. This included praying with every mother and baby at the time of birth, morning chapel before work began, prayers on the wards every day and with students before class and exams, prayer and comfort for those experiencing loss and heartache, and Bible studies with colleagues. The local people often expected prayer – many questioned our views of God, but few stood against him at that time.

In 15 years of living in Zimbabwe, I learned much. We shared fellowship with people from many nationalities as we worked and lived together, helping each other to grow in good and tough times, accepting each other, and experiencing Christian love in action. I made friends for life and they have become my family. Looking back, I can only praise and thank God for it all. There were some huge challenges.... But above all, I give glory to him for his provision, his grace and his presence.

Mary Hopper is a retired midwifery lecturer and missionary midwife



## eclipsed by COVID

How can we encourage others when good plans seem thwarted? Asks **Rachel Grubb**  hen they said 2020 was the year of the nurse they weren't joking' – this quip made me sigh and

smile wryly when it rolled by on Facebook last spring, but I also remember clearly thinking 'the year of the nurse? I had no idea!' Recently I asked a few of my colleagues if they knew much about it; they didn't. Assuming we are not anomalies, what hope is there for the WHO 2020 Year of the Nurse and the Midwife if our own awareness is so low, let alone that of the policy makers and general public the campaign hopes to impact.

COVID-19 has affected us all, be it the death of a loved one, the threat to health, isolation, loss of perceived security or the disruption of the best laid plans. The WHO goals for the year of the nurse and midwife – culminating in facilitating global access to healthcare by 2030 – certainly seem fine and noble, to be deeply desired and prayed for by every Christian. It seems right that we should lament the disruption of this initiative as we lament all of the disruption, disappointment and heartache of past months. But as Christians we also recognise, we are uniquely placed to respond:

'Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have'. (Peter 3.15) We have eternal security through Jesus Christ, we have all the wisdom contained in the Bible, record after record of how God has caused things of beauty to rise from ashes. The world desperately needs the wisdom, security, peace and courage we know as Christians, not to mention knowledge of the love of God and we can prayerfully consider how he is asking us to bear witness right now. We all have a testimony to share. We are all role models and leaders in some capacity.

And perhaps there is hope for the Year of the Nurse and the Midwife. In the UK the Clap for Carers raised the profile of health care professionals beyond what anybody could have imagined. Patient facing workers report a renewed relationship with the public and WHO has announced the Year of the Nurse nd the Midwife will extend into 2021. So maybe those objectives will be met after all, just not in the way planned.

#### who knew?

Now to him who is able to do immeasurably more than all we ask or imagine, according to his power that is at work within us. (Ephesians 3:20)

**Rachel Grubb** is a community palliative clinical nurse specialist working in the west midlands

testimony

## serving as a nurse in community

**Denise Blough** share the challenges and rewards of being a nurse in a Christian community

Photo: Danny Burrows



was born in my parents' home town in New York but spent most of my childhood in Australia. After high school I decided to take a gap year and spend some time with my grandparents who lived in the UK. I'm still here and just starting my final year of nursing school at King's College London.

I suppose I did not grow up in a 'typical' setting. My parents are members of the Bruderhof community, an international community movement based in the USA but with communities all over the world. It operates on two simple rules: love your neighbour and share everything (OK, maybe not your toothbrush).

Members pool income, talents and energy to take care of one another and reach out to others in order to create an embassy for God's kingdom here on earth. This requires a life of discipleship and sacrificial commitment, but peace and justice become a reality when we truly love our neighbour as ourselves. For me nursing is an extension of loving your neighbour and a way of serving God while on this earth.

I decided I wanted to be a nurse when I was about two years old and never changed my mind. I always had big dreams of being a missionary nurse in a resource-poor third world country – and maybe I still will but one thing I have learned during nursing school is that all you have to do to be a missionary is step into a hospital. The current Covid 19 crisis has highlighted this in a way that few other situations could. Whether patients have Covid or not, being stuck in a hospital without family and friends visiting is a frightening experience. I have found many opportunities over the last weeks to be that friend to the patients on the wards. God has given us nurses and midwives the unique opportunity to be his hands and feet to the most vulnerable in our society.

As a member of the community I have promised to go wherever I may be needed. This could mean staying here in the UK or moving to the States, Australia, Germany or South America. Each of our communities has unique nursing opportunities such as caring for mothers and babies, older people, or members with other illnesses or health needs. Unlike other nurses I will not be able to choose my career path, but I have chosen the path that matters to me most and will bring me the most peace - that of serving Jesus and my brothers and sisters in Christ.

**Denise Blough** is a third-year nursing student at King College London

inspiration 🐘

## the fine art of **.**

**Denise Blough** reminds us that there is more to nursing and midwifery than academic and technical skill "Nursing is an art: and if it is to be made an art, it requires as exclusive a devotion, as hard a preparation, as any painter's or sculptor's work; for what is the having to do with dead canvas or cold marble, compared with having to do with the living body, the temple of God's spirit? It is one of the Fine Arts: I had almost said the finest of the Fine Arts." Florence Nightingale<sup>1</sup>

decided I wanted to be a nurse when I was about two years old and never changed my mind. You know – the pretty blond type with the first aid kit and cap that you get in a toy set. However, when I moved to London three years ago to begin working towards my nursing degree, I didn't really know what to expect. Of course, I know now, working in a hospital you never do. My first few days of placement on a busy hospital ward left me shell shocked and not sure I knew what I was getting myself into. I was either lost, out of my depth or desperately trying to remember the door code.

I'm now a final year student starting to think about qualifying; a prospect both terrifying and exhilarating. I think I am starting to catch a glimpse into what Florence Nightingale, the founder of modern-day nursing meant when she called nursing the finest of fine arts. Nurses hold lives literally in their hands. With each small decision and clinical judgment, they make, they are affecting someone's life for better or worse. A good nurse must be competent. That's not all though; nurses interact with just about every sector of society, all with one thing in common; they are ill, and they need our help.

Patients more often than not are being faced by one of the most challenging times of their lives and they are vulnerable. That is when compassion and empathy kicks in. Caring is an art; and nurses should be masters of it.

During my time as a student nurse I have worked alongside many nurses; I have learned about the kind of nurse I want to become, and (unfortunately) the kind I don't. It has been a privilege to watch great nurses, masters at their trade, and to learn from them. Say what you will but a nurse like this is a true artist of human emotion equal to any of the great names of fine art.

**Denise Blough** is a third-year nursing student at Kings College, London

 Nightingale F. Notes on Nursing: What It Is, and What It Is Not. New York: Dover Publications Inc.; New impression edition (2 Jan. 2000)

## international NURSES together

**Pippa Peppiatt** shares about the global network of which we are a part

s CMF, we are part of the NCFI family (Nurses Christian Fellowship International), the worldwide Christian nursing fellowship. For a bit of background info, NCFI globally is broken down into six regions, our own being Europe. Most of the stronger fellowships here are in the Nordic countries (Finland, Denmark and Norway), Britain and Spain.

Rosa Lopez, the regional chair, says 'The challenge for NCFI in Western Europe is encouraging and supporting the established nursing fellowships in the face of secularism, and helping them to connect with and support

networks

Eastern European Christian nurses working in their nations. In the East it is about developing supportive communities for Christian nurses and connecting those leaving to work in the West with Christian fellowships in their host countries. Training in spiritual care, leadership and witness are also a key part of our work, and sharing the resources and learning that we are all doing through the internet and conferences. This is hard, because Europe is a very multilingual region, and there is no one common language that is widely used.'

It was great for us in the UK to host a European NCFI conference here last year and to build relationships with our nursing brothers and sisters in the rest of Europe. It made us realise how blessed we are with our own resources at CMF and how the Lord is enabling us to invest in the next generation of younger nurses and midwives being trained and released into leadership. This is an acute area of need for many of the European nurse fellowships where faithful older nurses have served for years (and decades!) but are struggling to raise up younger leaders.

Wanting to share some of our experience and resources, we responded positively to an invitation to speak at Danish (DKS) annual conference last March – just before lockdown happened. I enjoyed trying to encourage and help the current leaders to reach out and plan for leadership opportunities for student and young nurses. We hope this will be an ongoing relationship with Denmark.

On an international level, this year's World Congress in Colorado was cancelled due to Covid travel restrictions. It is now being planned as a virtual conference for July 2021, with the title 'Opportunities and Challenges in Nursing Today: A Christ Centred Response'. The good news in that now all of us can easily (and cheaply) tune in and join in from all over the UK – without even leaving our couches! Please keep an eye on this link for more details: ncfi.org/events/ncfi-world-congress-2021

Please join us in praying for our international partners in nursing and in the gospel. If any of you would like their regular newsletter so you can pray specifically, register on their website at *ncfi.org/resources* 

Pippa Peppiatt is CMF Head of Nurses & Midwifes

mission 🚦

### PRICA MERC

## nursing the world over

**Lizzie Chitty** tells us about her time with Mercy Ships

have wanted to be a nurse in Frenchspeaking Africa since I was 16 years old but I couldn't have imagined the adventure God would take me on when I walked up the gangway of the world's largest civilian hospital ship. The command to love God as well as love and serve others form the core values of Mercy Ships, an organisation which uses the 2000 year old model of Jesus to bring hope and healing to the forgotten poor through direct surgical care and capacity building training in some of the poorest nations in West Africa.

I have served in five different countries on six different trips, working across a number of surgical specialities in a few different capacities including ward nurse, women's

sp\_tlight

health nurse and infection prevention and control nurse. My favourite group of patients to work with was our obstetric fistula ladies who were survivors not just of a traumatic birth but also the stigma that comes with an injury that makes you constantly leak urine and/or faeces leading to isolation and despair.

Putting their trust in our crew of 450 volunteers from over 35 nations, these ladies come for a 45-minute surgery but get so much more than they could have bargained for. Throughout their stay in hospital, crew from all departments come and visit these ladies to paint their nails or play board games with them whilst they recover from surgery, showering love on these ladies who often have been shunned from their own communities because of how they smell and their inability to bear more children. Once they have been healed, our hospital chaplaincy team organise a ceremony where the lady gets a new dress, puts on makeup and dances with the crew members marking a

re-entry to society and hope for the future. It is a beautiful illustration of the words in Isaiah 61 which is often auoted in the ceremony especially the words 'he will give a crown of beauty for ashes, a joyous blessing instead of mourning, festive praise instead of despair' and a joy to see how surgical care can be so life transforming. Not only have I nursed some of these ladies after surgery but also have been involved in the training of local nurses at a clinic in Madagascar that continues this work years after the ship has sailed away from the country.

Volunteering for Mercy Ships has inspired me to expand my skills in surgical nursing by taking a new direction in my career this year by becoming a theatre nurse and with a second ship coming into operation next year, I am praying for doors to be open to volunteer again.

**Lizzie Chitty** is currently a critical care nurse in Nottingham For more information, see *mercyships.org/volunteer* 

# an invitation to NAM fest

**Pippa Peppiatt** encourages us to join with a new event for nurses and midwives this May e've heard in this Spotlight that, despite it being 'Our Year' for nurses and midwives, it's turned out to be an unusually tough

and challenging one.

So, to help us celebrate and encourage each other, we're holding our first-ever national gathering, (online) on Saturday, May 15th.

It's called **NAMfest** (Nurses and Midwives festival!), and we want to bring together and connect Christian nurses and midwives from around the British Isles.

It's a great chance to introduce NEW nurses and midwives to CMF and bless them, so please get the date in your diaries and get busy inviting your friends and colleagues to join in too!

This afternoon of fun and fellowship will include a mixture of short inspiring addresses by key nurses and midwives, worship and prayer, art and poetry, short seminars, a chance to connect in regions and meet others more local to you, a quiz with a difference, and lots of stories of hope from those working in different areas of nursing and midwifery. And if you have other great ideas, let us know. We are so excited to create this forum to seek God together and to have fun in the process!

And it doesn't stop there! Throughout 2021 we are running a campaign called '**A Force for Hope**', to bring Christians in nursing and midwifery together to bring change to our nation and our world.

'A Force for Hope' will include events, resources to help you pray and get friends and colleagues involved, and more. Watch *Spotlight* and the CMF website for more news and updates in the weeks and months to come. So, let's come together in 2021 to celebrate nurses and midwives in this country and the world over, and to praise and serve the amazing God who has called us into these incredible professions!

For more information on **NAMfest** go to cmf.li/NAMfest-21

Pippa Peppiatt is CMF Head of Nurses & Midwives

nurses & midwives

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A force for

#### An online celebration for Nurses & Midwives

OCMF

book online at: cmf.li/NAMfest-21



15 May 2-5pm