

spring 2017

for today's Christian nurses
& midwives

spotlight

- salt & light
- you are not
your mistake
- nursing in
Israel



spotlight

is the nurses' & midwives' journal of the Christian Medical Fellowship

A company limited by guarantee
Registered in England no. 6949436
Registered Charity no. 1131658

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Subscriptions

Spotlight is sent to all nurse members of CMF as part of the benefits of membership.

Contributions

The editors welcome original contributions, which have both Christian and nursing or midwifery content. Advice for preparation is available on request.

Authors have reasonable freedom of expression of opinion in so far as their material is consonant with the Christian faith as recorded in the Bible. Views expressed are not necessarily those of the publishers.

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Design

S2 Design & Advertising Ltd

020 8677 2788

Print

Solopress

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editorial

How do you eat an elephant? One mouthful at a time, as the old riddle says. How do you change your workplace? One interaction at a time might be the answer.

In this issue we look at what it means to be 'salt and light'. In Matthew 5:13-16, Jesus told his disciples that they are salt and light in the world. Salt is the source not only of flavour but of preservation, and light shows us the truth of what is around us. That is what Christians are meant to be – small beacons of truth, life and goodness wherever we live, work or study.

It sounds great. But in the workplace in particular, it is nowhere near as neat and easy as it sounds.

Jemima shares her story about facing disciplinary and competency procedures, and looks at how we treat each other. How can we be salt and light when a colleague faces a disciplinary?

Steve Fouch, CMF Head of Nursing

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.

Let alone how we can be witnesses when we are the one facing the disciplinary?

Pippa relates the inspiring story of how one nurse helped light the spark that led to the Hebridean revival from 1949-1953, and Rob shares his experiences of living out his faith as an emergency nurse in a major trauma centre.

Wherever we work or study, we have an impact, even if we do not see it. We can take conscious steps and decisions day-to-day that makes us salty and shine light into situations. However, God is the one who is at work, and sometimes we are unaware of how he is working through us to have an impact. So don't be discouraged if you feel you have little impact where you work – it isn't down to you! We hope this issue gives you ideas and encouragement, but also turns you to prayer and reliance on God.

Steve & Pippa

Pippa Peppiatt, CMF Nurses Student Staff Worker

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.



feature

the salt effect

Pippa Peppiatt reflects
on the small acts of
a Scottish nurse

When we think of Christian nurses throughout history who have acted as 'salt and light' in the workplace, we may immediately think

of some well-known examples. Nurses like Florence Nightingale whose moniker is the 'founder of modern nursing' as she fought to improve hospital conditions for the wounded soldiers in the Crimean war, and then helped professionalise nursing by establishing the first nursing school in London. Or Dame Cicely Saunders who founded the modern hospice movement with an emphasis on holistic palliative care that recognised the spiritual needs of dying patients, their family and friends.

Yet the Bible's call for us to be salty doesn't imply a monumental act or achievement. We daily sprinkle salt in small measure on our food or add it to our cooking. It's a regular, measured and simple act that still transforms the taste of our food. In the same way, being salty as a Christian nurse may mean just a small and simple practical act, something we are prompted to do out of compassion that we scarcely give a second thought to, and yet may transform the care and experience of our patients. It may just be holding a patient's

hand, a pause to ask or answer a question or a simple prayer in response to a heartfelt need.

Such was the small act of an unnamed (and largely unknown) nurse I've been reading about who has become my new nurse heroine. One simple act in a makeshift war hospital helped lead to the most recent and significant revival in Britain.

What did she do that caused such an impact?

She sang over her patient, a few lines of a Gaelic hymn, in her native language.

A small 'salty' act, and yet how greatly God used it!

The year was 1918, and the patient was a young Scotsman called Duncan Campbell. He was part of one of the last major cavalry charges of the British Army in Amiens, France. In this battle his horse was shot from under him and he fell, severely wounded. Quickly a second charge was ordered and men of the Canadian Horse Artillery pressed in. As one Canadian's horse struck Duncan in the spine, he groaned aloud; that groan saved his life.

The Canadian heard it, returned to pick up the wounded Scotsman and took him to the Casualty Clearing Station. Campbell, though a Christian, 'had been appalled for months at the depravity of his own heart'. Now, thinking his end had come and that he wasn't in a fit state to meet his Lord, he cried out to God and felt the Holy Spirit coursing through him, bringing deep cleansing, a new spiritual power and a profound joy. In this makeshift 'hospital' a highland nurse then came over to Duncan Campbell, and sang in Gaelic the beginning of a popular hymn. His biographer, Andrew Woolsey, in the book *A Channel of Revival* (1984) continues:

Already in an ecstasy of joy, his heart bubbled over with praise to God. He began to quote, also in Gaelic, the 103rd Psalm. It is doubtful if any of the men around understood a word of the language he was speaking, but a stillness came over the ward and the awareness of God captured the consciousness of each one. Within minutes conviction of sin laid hold of them and at least seven Canadians trusted Christ.

The singing of the nurse and the praises of Duncan 'had so charged the atmosphere with

the fear of God that these men were convinced of their sin and gloriously converted'.

We may think the small acts we perform for our patients are insignificant. We may feel too busy, pressured or even intimidated to do much. But God sees the small daily, often unseen, faithful acts of service and he can use them to great effect. If we are faithful in our love, our values and our work, if we remain sensitive to God's Spirit and any opportunities that he may bring our way, the impact could be far greater than we imagine.

But God sees the small daily, often unseen, faithful acts of service and he can use them to great effect.

That highland nurse could never have conceived the lasting result of singing a Gaelic hymn at that moment over her patient, Duncan Campbell. Duncan returned to the UK after the war and became an evangelist and preacher. He described his time on that ward as his personal revival, and from that time on 'he would just speak a word about Jesus and

that would do it, people would be saved'. He's best known for the role he played in the last revival the UK experienced. Between 1949 and 1953, under the preaching of Duncan Campbell, the majority of the population of the Outer Hebrides surrendered their lives to Christ. Empty churches were repopulated with young people, there were miraculous signs and wonders and the entire Hebridean society was transformed by the gospel.

I realise it's rather simplistic to credit the start of revival to any one individual or action. God is sovereign. There were probably many actions, and many people that contributed, including the faithful intercessions of two wonderful women in their eighties, housebound on the Isle of Lewis. But I think it's worth highlighting and remembering this unknown highland nurse's simple act of worship over her patient in a rough war hospital as being a special part of the incredible revival story. 🙏

FIVE MAJOR REVIVALS IN THE UK

1

The Great Awakening
(Wesley & Whitefield)
1727-1750

2

The Ulster Revival
1859

3

The First Welsh
Revival
1859

4

The Second Welsh
Revival
1904

5

The Hebridean
Revival
1949

Ruth Tisdall's elective a nursing role in Israel

In September 2016 I had the opportunity to volunteer for Shevet Achim, a Christian Medical NGO in Israel which brings children from all over the Middle East into Israel to have free heart surgery.

I had been to Israel a few times before but wanted to do something with my nursing to see what it was like to experience something a little closer to real life. Though I am an adult nurse they accepted me with open arms and I was able to visit the children in hospital, monitoring them and providing basic medical care after they were discharged back to the home.

When I found out about Shevet Achim, saw their desire to show love to the children and their

families because of Jesus, I knew I wanted to be a part of it. The application process involved an online form and skype interview. I booked off a week of annual leave and six months later I was boarding the plane to Israel.

A typical day started at 8am with two hours of prayer, bible study and worship. The volunteers were put into teams to make sure everything ran smoothly – from cooking and laundry to visas and medical needs. Free time was on and off throughout the day and everyone came back together in the evening to share a meal. This was a great time of fellowship. We shared 'praise points' from good things that happened during the day, got updates from the hospital team

about how the children were doing and prayed for things coming up, as well as sharing good food.

Initially I wasn't sure exactly what I would be doing because volunteers serve wherever they are needed day to day. I was happy to do anything but did hope I would be able to see a little of the medical care provided in Israel. The Lord was gracious and overall I was able to take the children for their outpatient post op echoes three times over the week and be a house nurse for two of the other days. I would describe the outpatient appointments as organised chaos, but much of the ward care seemed to be similar.

During this particular week, the children I looked after were Iraqi or Kurdish. There was a huge language barrier; however we got by through sign language, simple words and lots of smiling. Some of the volunteers spoke varying levels of Kurdish and Arabic so messages got through.

Israel challenged ideas and opinions that I didn't realise I had about people from this area of the world. I realised that opinions I'd formed from



reading the news were mostly wrong. The biggest lesson was that no matter where someone comes from their basic needs and emotions are the same.

These people live through horrors and instability and are incredibly resilient. On the surface they look strong but deep down they want the same as you and I do – to be loved, healthy and safe, and they want this for their families too. The only difference between us is that we were born and live in a different country.

The most fulfilling thing is to love and serve others simply because they are loved by Jesus.

I would describe the overall experience as similar to the role of a community nurse in the UK. At the home I was responsible for monitoring the children's wounds for healing and infection, giving them medication, and taking their basic vital signs. As nurses our role is never limited to just medical care and I was also able to help mothers (or the family member that came with them) with the children's general care, feeding and any other needs they had. 🌟

Ruth Tisdall is a staff nurse on a neurosurgical ward



feature

you are not your mistake

Steve Fouch looks at
compassionate responses
to clinical errors

We all face them. Situations when fatigue, overload or simply a momentary lapse of concentration or judgment lead us to do or say the wrong thing in a clinical situation. Most of the time these are minor mistakes that have no serious consequences, but we often live in fear of the clinical error that may harm or even kill a patient or end a career.

Much more difficult though can be the way our colleagues and those in authority treat us when we are dealing with the consequences of such errors.

Jemima has experienced this reality twice. A paediatric staff nurse with many years' experience, she made a drug error on a paediatric ward and was initially taken through a capability procedure, being supervised on all drug administrations by a senior member of staff. However, the Trust then decided to take her to a disciplinary. Though she was eventually reinstated, her colleagues ostracised her and she no longer felt like an accepted and valued member of her previously close-knit team. She decided to leave her job.

Five years later, in a new post at another Trust, she had established herself as a competent nurse with her colleagues but was still suffering

stress, anxiety and self-doubt as a result of her error. On one shift she found herself having to undertake a procedure that no one on her unit had taught her how to do and with no supervision immediately available. Again, she was suspended and taken to a disciplinary. This time she lost her job. In the lead up to this, and during the subsequent tribunal, it became apparent that she had been bullied and intimidated by senior members of the team and had been under considerable emotional stress as a result. Regardless, and despite further evidence from members of the medical team about the quality of her nursing care, she lost her job.

While she accepts her errors were her fault, the bullying and lack of support and training from her seniors were significant contributing factors. But worse than this was that her colleagues, including some other Christian nurses on her unit, totally cut her off. The junior doctors in the unit were highly supportive, but as soon as she was suspended facing disciplinary action no one would return her calls or even acknowledge her presence.

Shocked by this, she began to talk to others who had also been through a disciplinary procedure, both nurses and doctors. What became apparent was that her experiences, both of bullying and shunning by colleagues, were not unique.

25-30%

of NHS staff say that they have experienced bullying from colleagues and managers at some point

From NHS England staff survey 2016

10%

have experienced discrimination in the workplace

UP TO 1/3

of those who experience bullying in the NHS have had to leave their jobs

She has subsequently set up a support group for people who have been through this process. The group exists as an online forum called 'You Are Not Your Mistake'. She has consistently found that doctors support one another much more and much better than nurses.

Why is this the case? In Jemima's experience, nurses tend to be more passive and tend not take a leadership role unless specifically given it, while doctors tend to assume leadership roles more readily. This inclines nurses towards passivity and outwardly accepting the status quo, while moaning behind the scenes and behind each other's backs.

Fear is also a factor. Being seen to be associated with someone who is facing

professional disciplinary action risks guilt by association. Everyone is busy watching their own back and ensuring that their own status is secure rather than supporting their colleagues, for fear it will harm them. Moreover, the NMC is much more likely to bring nurses to competency hearings than the GMC is to bring doctors, so the fear factor can be a lot stronger for nurses.

'I tell you, use worldly wealth to gain friends for yourselves, so that when it is gone, you will be welcomed into eternal dwellings' (Luke 16:9). From this verse Jemima felt that God was telling her she would lose her job, but that this was the best course. It encouraged her to set things right with her colleagues before she left. She subsequently spoke to

From the Nursing
and Midwifery
Council Annual
Fitness to Practise
Report 2015-2016

IN
2015-16
the Nursing and Midwifery
Council received
5,415
fitness to practice
referrals

960
of those cases concluded
at a hearing, with
809
concluding with a sanction
against the complainee

both her managers and colleagues, including her Christian friends. One of the issues they raised was that they felt she had become very negative and not like her old self. She realised that the process had changed her – making a positive, confident and capable person into someone negative and lacking in self-confidence. She felt that the culture of the ward as well as the disciplinary process had contributed to this.

Overcoming the leadership deficit

A good leader recognises the skills and the weaknesses in their colleagues and seeks to encourage people's strengths and the sharing of skills between team members. They support and supervise in areas of weakness, getting those stronger in that area of practice to teach

those who are weaker. This is not just good management; it also requires a degree of pastoral care. It is about concern for team members as people, not just as co-workers or subordinates. It means being willing to gently but firmly confront errors and problems, but in a constructive manner with the aim to build up and develop rather than criticise and tear down.

This made Jemima realise that workplace culture shapes us as professionals and that, again, requires good leadership. But that leadership is not just for the senior staff member, it is taken on by all staff who assume appropriate responsibility for their team and themselves, regardless of who is in charge. It is about being proactive in building a team

rather than waiting on someone else to lead. And the core quality needed by such leaders is compassion – not just for patients, but for colleagues.

It is this that shapes culture, which shapes the team that gives care. It is about catching people on a negative pathway before they tip over the edge into a more serious level of incapability. Burnout happens when staff not only stop caring, but are no longer bothered by the fact that they do not care. An uncaring leadership team accelerates this process; a compassionate leader will anticipate and help prevent such a downward spiral.

Jemima learnt through this process that her identity and security cannot rest in her work or her professional status – it has to rest on Christ. We are not our profession, we are not our mistakes – if we let these define us, we are missing out on who we really are in Christ.

Secondly, she realised that forgiveness was key. Owning up to her own errors and accepting responsibility was the first step. But she also had to forgive those who let her down or ostracised her. In doing this, hard and painful though it was, she was able to let herself and her former colleagues move on. More widely than our personal spiritual

responses, we need to recognise that our professions and the NHS as a whole need some fundamental, cultural changes.

Firstly, as professionals we need a focus on and make space for self-care; rest, spiritual refreshment, and a willingness to seek help. A real weakness faced by doctors and nurses alike is that we find this really hard to do. We need to care for ourselves before we can really care for our patients and our colleagues, but so often we put ourselves last – to the detriment of all.

Second, there needs to be an emphasis on developing real leaders. Not managers, but nurses and doctors who lead out of a biblical sense of serving their colleagues and patients, bringing the best out in every team member. Compassion and vision are key qualities.

Finally, we need to be building community – teams that look after one another and know what they are there to do. Fear, self-interest and self-preservation are not good motivators. As Christians, we also need to be building a spiritual community in our workplaces – praying together as well as working together. Workplace fellowships are a vital part of building a good workplace culture.

As Christians we should be at the forefront of changing NHS culture from the inside. We need to grasp a biblical model of Christian leadership for our workplaces, leading by example. We also need to care for ourselves by nurturing our spiritual lives with our church families.

Jemima has moved on to a new role now, but her passion is to see more support and care for one another among the health professions, and in particular to see Christians leading and encouraging others by example.

At the 2017 CMF National Conference, we will be running a two-part seminar entitled 'An introduction to biblical leadership for nurses', a course developed by the Nurses Christian Fellowship International. If you want to know more about this, or any of the other issues raised in this article, please contact the Nurses team at CMF on nurses@cmf.org.uk. 🌱

upcoming events

1

CMF National Conference – Staffordshire

Including a seminar stream on biblical leadership for nurses
28–30 April 2017

Book online: bit.ly/2gzmgxL

2

Who Is My Neighbour? – Edinburgh

A chance to explore your calling to overseas mission as a health professional
3 June 2017

Book online: bit.ly/2nvhGVl

3

I was lost – Leicester

Learning about refugee and asylum seeker health
10 June 2017

Book online: bit.ly/2nvqw5k

4

Saline Solution – Cumbria

Training in being a effective witness for Jesus in your workplace
10 June 2017


Book online: bit.ly/2nvp9U5

5

Developing Health Course – London


Training for those working or seeking to work in overseas healthcare mission
2–14 July 2017

Book online: bit.ly/2nvwqnd



Do everything without
grumbling or arguing, so that
you may become blameless and
pure, 'children of God without
fault in a warped and crooked
generation.' Then you will shine
among them like stars in the sky,
as you hold firmly to the word of
life. And then I will be able to
boast on the day of Christ that
I did not run or labour in vain.

(Philippians 2:14–15)



We all know how it goes. The bus was late, it was wet, we got elbowed on the way out of the bus, and now we are sitting down to start handover and we learn that we have an extra list on today. Someone raises an eyebrow and mumbles, 'Well that's all we need!', and off it goes. Everyone has a moan and we find ourselves readily joining in to vent our petty frustrations.


Moaning and grumbling are everyday occurrences. We all do it! Have you ever been in a queue and someone barges in ahead? Have you, rather than challenge the person who barged in, turned around instead to the person behind you and moaned to them about queue jumping? It's easier to moan to a sympathetic listener than confront the actual problem.

Being salt and light at work is not always easy, and this is one of the harder ones.

Do we raise concerns and issues with people directly, firmly and fairly? This may lead to an uncomfortable confrontation, or having to make an official statement – it's risky and a lot of hassle. Though the easy option of moaning may make us feel better in the short-term, over time it creates a negative atmosphere that can really sour a team or a workplace.

When you refuse not only to initiate a moan, but also refuse to join in when others moan, it shows. People notice that. If you positively counter a moan, even if it is to acknowledge there is problem but to suggest a constructive way of dealing with it, it changes the temperature. Yes, some people may not like it, and they will soon learn not to bring you into their moans. But others will be thankful that you are someone who brings a positive attitude to problems, and will make a bee-line for your constructive advice.

Being salt and light at work starts with the small things, like not moaning. Through those small things, God works out much bigger ends. 🌱



interview

on the frontline

Rob Crouch is an Emergency Nurse in a major trauma centre

What area of nursing or midwifery are you in?

I work in emergency nursing, in a major trauma centre, pre-hospital care with an Air Ambulance Service as well as an academic as Professor of Emergency Care.

Why did you choose this specialty?

When I first qualified I really didn't like nursing! I started in A&E as the last placement on a rotation – from day one in A&E I knew it was for me. Every day was different, things changed rapidly and four hours was considered a long-term relationship with a patient. Basically I need frequent new challenges.

What motivates you in your job?

Umm that is tricky. I have multiple roles which make up my job. Clinically, I still feel it is a privilege to treat patients and relate to their loved ones at times of real crisis in their lives. In the Emergency Department and with the Air Ambulance these can be life-changing and sometimes life-ending events. In my other roles I am involved in developing and supporting others or developing ideas for research, which make a difference to care in the medium to long-term, so it is both the immediate and the long-term effects that motivate me.

What does a typical day look like for you?

That's easy – I don't have a typical day! Some days are clinical, some are spent doing research or research supervision, some are spent developing services and chairing demanding meetings, some days include all of those things. Each day always involves good coffee – a skinny flat white if you are offering!

What are the particular challenges of your job?

Staying focused on the bigger picture – keeping the multiple aspects of my job in balance whilst trying to stay grounded in the reality of clinical practice and what really matters to patients. I work with a great team who keep me firmly grounded and also tell me if they think my latest idea really is just mad and will never work.

What are the particular blessings of your job?

When I am clinical it is definitely the privilege of interacting with patients and their loved ones at times of need. In my non-clinical roles it is developing people and services.

Any advice for student nurses and midwives reading this?

Nursing offers incredible opportunities – don't be afraid to try different avenues. From my experience, a portfolio of roles helps with maintaining a career in nursing.

What things can we be praying for you?

Strength for each day and a continued witness through how I live and work. 🍊

'A TREASURE TROVE OF
GODLY WISDOM!

— LIZ CAPPER, FORMER CHIEF NURSE
AT THE HAMMERSMITH HOSPITAL, LONDON.

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