



AUSTRALIAN
FAITH
COMMUNITY
NURSES
ASSOCIATION

faith in action
hope in expression
love in motion

Whole Health

Volume 24 Number 3 December 2019

I can't wait to tell you that...

... Jesus our 'Saviour is born'

I love Christmas and I enjoy advent! I re-live the anticipation of God's amazing gift of Jesus for our world. The angels announced to shepherds in a field near Bethlehem the "good news of great joy that will be for all the people". Jesus our Saviour was born! The angels burst into song, singing "Glory to God in the highest" (Luke 2:8-14). As Christians our praise continues to ascend to heaven, thanking God for Jesus, and God continues to respond to us by sending His peace. I need peace, our world needs peace, and I know many people are looking for inner peace and they don't know it's a free gift from God.



*"I see a generation rising up to take
their place, with selfless faith...
I see a near revival, stirring as we pray
and seek; we're on our knees...
Heal my heart and make it clean,
open up my eyes to the things unseen,
show me how to love like you have
loved me. Break my heart for what
breaks yours, everything I am for
your kingdom's cause...
Hosanna in the highest..."*

Hosanna lyrics, Hillsong United (2009)

Around 30 years later Jesus entered the gates of Jerusalem as our Saviour. He was recognised as such by the Jews on that Palm Sunday when they shouted "Hosanna in the highest!" (Mark 11:9-10). They were pleading with Jesus to save them! That's exactly what Christmas celebrates—God answered their plea (and our plea) to be saved, and sent His son Jesus to be our Saviour.

In 2020 my response is to shout 'Hosanna' as an exclamation of thanks to God for saving me. The people of our world continue to plead for help. Can we be God's answer to them and show them they have a Saviour through our words and deeds?

We are at the threshold of a new decade and I am excited for what God has in store. You might say I have '20:20 vision'—the term we use to express normal clarity or sharpness of vision. I see before me a new generation of nurses and churches rising to meet God's call to love people in the way God does, as an expression of worship and adoration to Jesus for his saving sacrifice. Hosanna!



Anne van Loon RN PhD
AFCNA Chairperson 2019

Nurses can change the world.

Dr Tedros Adhanom Ghebreyesus, the Director General of the World Health Organisation, was a keynote speaker at the International Council of Nurses congress in Singapore in June 2019. With over 5000 nurses from 140 countries attending the conference he said:

“Health workers must change with changing needs, and in the way care is delivered. We must move from emphasising curative services to services that promote health and are delivered at a primary care level. Nurses and Midwives are an essential part of that transformation.” (O’Connor, 2019, p. 11)

He added nurses and midwives make up around 50 percent of the global health workforce, so they have a “huge contribution and impact” and are especially important in achieving “safe, quality and effective healthcare”. Dr Ghebreyesus said nursing had the power to achieve the WHO vision of “universal health coverage by 2030, which would ensure a healthier, safer and fairer world for everyone”.

With nurses making up 50 percent of the health workforce every faith community is likely to have nurses in their midst. Additionally, God continues to call people into health care as part of the deaconate (helping or serving) ministry of the church. The first deaconesses began the church’s health and care ministry within the early Christian churches (see Romans 16:1). Today’s FCNs continue it by promoting whole health and delivering holistic care at the primary health level in today’s faith community.

So what prompts someone who might already have a very full life with family and commitments to take on more responsibility, and add to their ‘work load’ by volunteering as an FCN in their church? FCNs undertake paid work which is increasingly in environments that fragment care, discount the importance of the human spirit, and they are unable to provide holistic health care. They are often time pressured and feel frustrated about the quality of care they can provide. The FCN role allows time, holistic support and a opportunity to work with people within the context of their daily life and key relationships with family, creation and God. That gift is a motivating factor that allows a nurse to use their professional knowledge and skills and combine these with their personal qualities and gifts, and their Christian faith to serve in ways that facilitate awesome outcomes for people and this is both motivating and satisfying.

FCNs recognise the amazing resource Christians have in their faith and in their faith community. God’s call compels them to action their faith. As an FCN they bring faith to

The Calling

Do you sometimes wonder?
Why you do the job you do?
Did you choose your career?
Or did your job choose you?

Way back before you were born
God knew there was a need
So He picked your fertile heart
And planted a caring seed

Then He waited and watched
Knowing before too long
The desire in you to help others
Would continue to grow strong

He guided you throughout your life
Through the courses that you took
Because you were a chosen one
You are written in His book

The caring heart He put in you
As you put others first
Leaving only one path to take
In you there was a thirst

Not seeking fame or future
Born with a tender touch
You are who you are meant to be
That’s why you care so much

Because caring don’t take practice
It’s not something you rehearse
You answered a special calling
When you became a NURSE.

Hofert, Edwin C. (published on ‘Scrubs’
Facebook p. 1 March 2013, permission
requested)

Inside

Nurses can change the world	2
Whole person health	3
Why should church be involved in health?	4
Benefits of having an FCN	5
Benefits to churches and pastors	6
Navigating community care	7
Year of the Nurse and Midwife	9
See the whole person	9
Professional Development	13
Resources	14
Have your say	15
Membership	17
Prayer points	18

community nursing, and bring nursing to their faith community in ways that promote healing and health in people of all ages.

What enables the FCNs?

- trusting the power of God to make all things new
- responding to God's compelling love
- experiencing Jesus' grace and mercy and sharing it
- empowering by the Holy Spirit to demonstrate the Spirit's healing fruit.

As nurses we have the opportunity to bring great change to our world. Is God calling you to be the change that you want to see in the world?

O'Connor, T 2019, 'Nurses—a "force to reckon with"', *Kai Tiaki Nursing New Zealand*, Wellington, Vol 25, No. 6, p. 11.
<https://search.proquest.com/openview/9d051b354196b3ee267b22525903a932/1?pq-origsite=gscholar&cbl=856343>

Anne van Loon RN
AFCNA Board

FCNs—your partner in whole person health

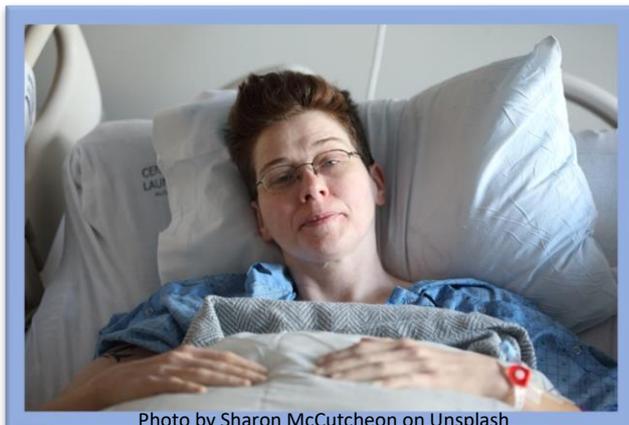


Photo by Sharon McCutcheon on Unsplash

Jan is a 64 year old woman living alone. She has no relatives living nearby. Jan was discharged from hospital two days after bilateral mastectomies with four wound drains in situ. The pastoral care team visited with food and prayer. The Faith Community Nurse (FCN) helped Jan work out how to sleep with her wound drains in place. The FCN answered Jan's questions about her postop pain medication. She explained the discharge instructions so Jan could understand them, and journeyed with Jan for several weeks until she recovered. Jan

said the FCN was a "God-send" adding, "She was instrumental to my recovery. I would have been lost without her."

Australia's health system is under pressure. Our population is ageing and living longer, which means more illness as people age. Hospital bed occupancy is close to 100%.¹ People such as Jan wait for beds and are discharged early. Half of all Australians live with chronic conditions and younger people in their 30s are showing signs of developing chronic illness!² Around 45% of Australians will experience mental health difficulties in their life time.³ We need to rethink how we provide health and care support in this country.

FCNs add a health dimension to pastoral care that makes a real difference. Just ask Jan! The complexity of the health, aged, disability and community care systems, make them challenging to navigate. FCNs can help. They can locate resources, facilitate referrals, advocate for the person and their family. FCNs journey alongside people and help them manage their condition. They provide people with time to listen and emotional and spiritual support. FCNs apply their knowledge, skills and spiritual gifts to provide holistic care.

Faith Community Nursing is a ministry 'for such a time as this'.

AFCNA would like to help your faith community to commence the FCN role and prepare nurses and other workers to make a tangible difference in your community via health and pastoral care ministry. Christian churches can make significant changes in Australia's health outcomes.

References

1. AIHW 2019, Hospitals at a glance 2017–18, Australian Institute of Health and Welfare: Canberra, ACT. <https://www.aihw.gov.au/reports/hospitals/hospitals-at-a-glance-2017-18/contents/hospital-resources-and-diversity>
2. AIHW 2019, Chronic diseases, Australian Institute of Health and Welfare: Canberra ,ACT. <https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/chronic-disease/overview>
3. ABS 2019, Mental health in Australia: a quick guide, Australian Bureau of Statistics: Canberra, ACT. https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1819/Quick_Guides/MentalHealth

Why should a church be involved in health?

It is not a charitable choice, but a commandment to “Love one another” as Christ loved us.

The ministry of Jesus was to preach, teach and heal. He came to bring justice, show **compassion**, restore us, and transform our lives now and for eternity. For that we worship him as “living sacrifices”.

“Therefore, I urge you, brothers and sisters, in view of God’s mercy, to offer your bodies as a living sacrifice, holy and pleasing to God—this is your true and proper worship.” Romans 12 :1

As those who follow Jesus Christ, we seek to love God and our neighbour with our whole being, because God commands it.

“You shall love the LORD your God with all your heart, with all your soul, with all your strength, and with all your mind, and your neighbour as yourself.” Luke 10: 21

Jesus’ focus was on freeing the oppressed, reconciling the broken, enriching the poor, releasing the captive, welcoming the isolated, sheltering the homeless, providing for the most vulnerable with acts of love, justice and proclamation of the good news (Luke 4:18; Matt. 25:31ff). Christians are instructed to go and do the same. It is not a charitable choice, but a commandment to love one another as Christ loved us (John 13:34). It is the mission of the whole church, but various aspects of this mission (and roles relating to it) are best undertaken by people with specific knowledge and skills. These roles are always carried out on behalf of the whole church. It’s the reason we have faith-based hospitals, community services, aged care services, etc. that work on behalf of the whole church.

We are moving into a new decade with a host of different and difficult challenges, many of which are undermining our Christian values, and adversely impacting our whole health as individuals, as families and as communities. As Christians we need to respond to these issues with love, to be salt and light in our community. AFCNA believes an FCN role is a great benefit to the church for such a time as this.



Photo by Joel Overbeck on Unsplash

Benefits of having a faith community nurse

This question comes up repeatedly in conversations about faith community nursing. Here is my explanation of the benefits of having a Faith Community Nurse (FCN) as part of the health and pastoral care ministry within your church.

Does your church have people who have long-term health needs who require pastoral care support? Each church has people who go on and off their church's pastoral care list for years, if not decades. These people move from one illness episode to the next episode and pastoral care reacts to each occurrence as it arises. A health focus adds to pastoral care an empowering approach that enables the person to make supported life changes that can help them to live in ways that facilitate movement forward to fullness of life (see John 10:10), as the person learns to exercise effective stewardship of their health. An FCN provides that focus.

*Faith
Community
Nurse—
God's heart in
health care.*

Faith Community Nurses support the person within the key relationships that are fundamental to good health and wellbeing—relationship with family, with other people, with God, and with the creation.

Employing this health emphasis adds depth and quality to your church's pastoral care. FCNs have the health knowledge and skills to work with the person on goal setting, self-care strategies, educating the person on condition self-management, working with their strengths using health coaching approaches to empower the person to action change. The FCN encourages like-minded people within the faith community to become part of this broader health and pastoral care ministry that focuses on empowering people, restoring them to health, and loving them into the community of faith. FCN ministry offers capacity for outreach that meets genuine need with the strengths, gifts, skills and knowledge of nurses and the team of pastoral care workers to show authentic, caring and hope-filled community that reflects Jesus Christ.

FCNs work within the Christian faith community, which can be a church, school, community service, aged care, or other entity conducted under the auspices of the church. This ministry is an effective way to serve your local community. Nurses are repeatedly the most trusted profession in Australia,¹ which is a good thing at a time when trust in the wider church is diminished by the historic child sexual abuse cases that have come to light over recent years. As regulated health professionals FCNs must practice according to law and are accountable to legal and ethical codes of conduct, so the community can add this protection to the trust and respect nurses already enjoy.

An FCN is a professional registered nurse who is passionate about caring for others in a holistic way that attends to body, mind and spirit. They bring professional knowledge and skills which are coupled with their Christian faith and their unique personal qualities and gifts, to show God's love to people in practical ways that nurture whole health and right relationships.

*Faith Community
Nurses promote health
and provide care of the
whole person—body,
mind and spirit.*

1. Roy Morgan, 2017, Image of Professions Survey 2017: Health professionals continue domination with Nurses most highly regarded again; followed by Doctors and Pharmacists <http://www.roymorgan.com/findings/7244-roy-morgan-image-of-professions-may-2017-201706051543>

Benefits an FCN brings to churches and pastors/priests:

- **Greater depth to pastoral care:** FCNs bring unique knowledge, skills and attitudes to bear on pastoral care situations across the lifespan.
- **Better quality of pastoral care:** current pastoral care practice is a *reactive* response to a current situation e.g. ‘casseroles and cards’ or ‘tea and sympathy’ when a person is sick. FCNs add a *proactive* approach that provides support that empowers people to be stewards of their health and wellbeing in all dimensions, so the person can experience quality/fullness of life.
- **Broader focus to pastoral care:** FCNs respond reactively in times of crisis, but they also use proactive responses that seek to prevent illness, injury and abuse and promote health. They use restorative practices that aim to keep/return the person back to their place in the family and the faith community. FCNs add a prophetic voice of the gospel in their care by bringing God’s word in prayer, encouragement and conversation to ignite hope, and help the person find meaning in their experience and lean into their faith in Jesus Christ.
- **More time availability for person/family:** The FCN’s focus is entirely on the health and pastoral care of individuals, families, the faith community, and the wider community that your church serves.
- **Significant outreach capacity:** An FCN and the health and pastoral care team may focus their support on specific populations in your community as an outreach activity. This can provide excellent points of contact for churches, so they can bring the restorative hope of the gospel to people at their point of concern, e.g. children and families, older people, mental health, disability, chronic conditions, addictions, etc.
- **Whole person approach to pastoral care:** FCNs are able to care for the whole person in their social context and their key relationships. They understand the body, the mind and the spirit and can translate information in each of these dimensions into caring practice. This helps the person make sense of their situation and can help to grow their faith. That dimension of care is largely absent, because it is discouraged or disallowed in most secular healthcare contexts.
- **Longer-term and intentional journeying:** FCNs bring generalist health and community care knowledge and skills to provide care management with people living with chronic conditions, plus they help to support their families. They know how, when and what to access to support people in the community.
- **Effective partnership in pastoral care:** Good communication between pastor and FCN ensures the pastor knows when their support is required. They are released from providing multiple visits to people, which challenges time and availability for other tasks.
- **Greater trust in church:** Nurses are the most trusted and respected professionals in Australia. This point is becoming increasingly important to the broader community.



*Faith Community
Nurses bring faith to
community nursing
and community
nursing to faith!*

AFCNA 2019

Anne van Loon RN
AFCNA Board

Navigating community care—an FCN helps

'Dani' is 68 years old and is a member of her church. She regularly attends and participates in activities when her health allows. Dani lives alone in a SA Housing Trust unit (government housing).

Dani lives with Parkinson's disease, Schizophrenia and Depression. She was admitted to a major metropolitan hospital with chest pain and received investigations that led to cardiac surgery. Her recovery was complicated by infection which led to a prolonged hospital stay and subsequent decline in her physical, mental and spiritual health.

Discharge date drew near and the church pastor was contacted by hospital staff. He was told Dani would return home and the church would need to assist her with personal care, meal preparation, transport to health appointments and oversee her medication use! The hospital staff advised that Dani's family had travelled from Sydney but were returning home and they were unable to support her from Sydney. The pastor was told by hospital staff, "Your church will just have to help!"

Pastor asks the Nurse for help

The pastor contacted a registered nurse ('Jenny') in their church, who is a member of AFCNA. The pastor confidentially shared Dani's situation and asked for Jenny's advice and assistance with what the church should do. Jenny is experienced in community care and she suggested the following:

- The relationship between church and Dani was clarified as church is a spiritual family who provide love, care and support. However, this relationship must not cross-over the responsibilities of Dani's natural family.
- The church is able to assist with emergency support for people, but it is not able to provide direct care in an ongoing manner. The church had members who were qualified nurses or care workers, but their relationship with Dani was not to be her direct care provider.
- Jenny identified available services that could support Dani who were funded by State or Federal funding to provide community support.
- Dani was 68 so she was able to access services via 'My Aged Care' which enabled her to be supported in her own home or residential respite or in a residential care.
- Dani was entitled to access State health support via a hospital-to-home program and could also access ongoing cardiac rehabilitation from hospital services.
- Danie had existing mental health needs and she had clinicians who had been actively supporting her to stay living in her home within the community. These services had not been advised about Dani's hospital admission.
- Dani lived in a SA Housing rental property and was eligible for support and advice regarding her tenancy.

Discharge planning case conference

Jenny recommended that the pastor request a Discharge Planning Case Conference as soon as possible so Dani's support needs were clarified and an action plan commenced where all parties (especially Dani) were aware and agreed on their part in supporting her. The pastor requested that Dani's case conference be conducted before her family returned to Sydney, and this occurred. Those present included: Dani, her family from Sydney, her GP practice nurse, her mental health service provider, a representative from SA Housing, the hospital social worker, discharge planner, nurse manager and the pastor.

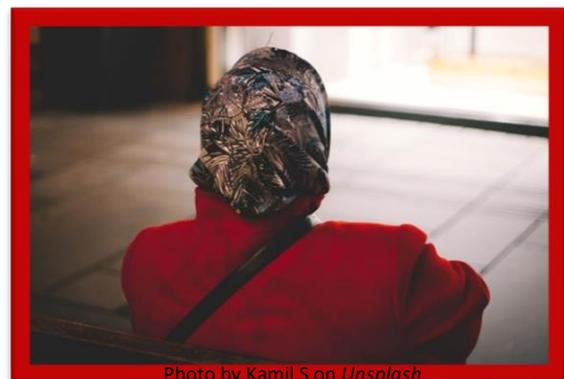


Photo by Kamil S on *Unsplash*

Everyone agreed Dani should get an Aged Care Assessment (ACAT) in view of her current health and support needs and her history of significant care requirements. All agreed the best form of support for Dani was to move into residential respite with a view to permanent residential care.

Dani was happy with this plan. She told the planning meeting that she was exhausted post operatively and hadn't been coping well at home for some time. She didn't want to tell anyone because she was distressed that this was happening to her. She said she was feeling very lonely; her medication compliance was a challenge because she often forgot to take it. She struggled to do basic home duties and meal preparation.

Various options were discussed with Dani including Hospital-to-Home services, outpatient clinics for cardiac rehabilitation, mental health services, and community care via the Commonwealth Home Support Program, or Home Care Packages. She felt these supports did not have capacity to meet her immediate needs and it was decided returning home had significant risks.

The ACAT for permanent care was undertaken and they liaised with Dani, her family and care providers. She was approved for residential respite and permanent placement in residential care. Dani and her family visited several residential care facilities and chose one they all liked. The hospital social worker liaised with SA Housing to discuss Dani's departure from her rental housing and supported Dani's application to enter care.

How the church helped

The pastor and the church helped Dani and her family pack up her home and transport furniture to the facility. Pastoral care visitors met with Dani on a regular basis to address her loneliness, and picked her up for church each Sunday.

Dani was supported during a time of significant transition. Her relationships with her family were enhanced. Dani's relationships with her church family were

maintained. She now lives in an environment that supports her clinical care needs, but she has social support via the residential care facility's social programs.

Dani's comment



Dani later commented: "This is the best thing that could have happened to me. I don't miss my medications anymore and I am feeling physically stronger. I am happily busy as there are a lot of things for me to do here. I have joined the craft group which I was nervous about at first, but I love it. One of my paintings is in an exhibition! I am able to go to church and I attend all the church lunches, and I have lots of visitors from church. I have asked if I can start a little bible study here at the home. I am stronger and much happier than I have been for a very long time."

The Faith Community Nurse role

Jenny did what a Faith Community Nurse would do. She used her knowledge and experience to guide people in the most appropriate way to support Dani. Jenny helped with resources and referral suggestions, and advocated for Dani and the pastor. Jenny educated the pastor on what was feasible support, and enlisted others in the church to participate in supporting Dani with her transition in an ongoing way. Jenny's knowledge of how to request the appropriate processes such as a discharge planning meeting, an ACAT assessment, her knowledge of various community care options enabled Jenny to support Dani as her sister in Christ, and her pastor and the pastoral care team maintained appropriate boundaries and right relationships within the church family.

Jacqui Bowden RN
AFCNA Board

"We know recovery from mental distress and illness is not just possible, but likely – especially when we offer human connection and support in our community."

SA Mental Health Commissioner, Chris Burns CSC 2019

Celebrate the 'Year of the Nurse and Midwife' in 2020

2020 is the international 'Year of the Nurse and Midwife' and the 200th anniversary of Florence Nightingale's birth. AFCNA will celebrate nursing's Christian roots by promoting Faith Community Nursing as a fresh iteration of the deaconess role for this century.

Florence Nightingale responded to God's call into Nursing and moved countries to train at the Lutheran Deaconess Institute in Germany so she was well prepared theologically and practically to be the best nurse to the whole person. You don't have to go that far for quality theological and practical FCN training in 2020, because AFCNA provides it to your home computer via our education hub.

AFCNA is participating in the global Nightingale Challenge 2020 by aiming to train 20 new FCNs and praying in faith that 20 churches will benefit from adding an FCN to their health and pastoral care ministries. Please pray and support us to meet this bold challenge. Consider how you can help introduce the concept of faith community nursing to another nurse you know, or share the benefits of an FCN with your church connections. Start praying for God's spirit to lead the way in 2020. AFCNA will launch our 'Foundations of Faith Community Nursing' course and further professional development topics via the education hub in 2020. STAY TUNED.

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.

Nightingale, F, 1860, *Notes on Nursing: What it is and what it is not*, p.84

Use your faith to see the whole person

Have you ever reflected on how your Christian faith affects the person in your care? As a Faith Community Nurse or pastoral care worker you may presume that your faith has little impact on the person you are caring for. From my experience as a care recipient, this is far from true.

I have been living with (I prefer to say 'live with'—like you live with a difficult housemate, rather than 'I have'—which implies I own it) an un-diagnosed neurological condition for the past decade. I am a registered nurse with additional qualifications and experience in chronic condition management, and I am a board member of AFCNA. I'm also a single parent.

WISH

I will use the acronym WISH to tell you some of my story and how I wished professionals had seen me as a whole person. Let it remind you of how you can positively impact someone else's experience.

- W Whole
- I Individual
- S Spiritual fruit
- H Hope



The beginning of my 10 year journey

In 2009 during a work meeting I noticed sensory changes in the last two fingers in my left hand and some weakness. After the meeting I went to the toilet and noticed the left side of my face wasn't smiling, so being a nurse, I ignored my symptoms and went home to bed! When the symptoms didn't recede after a couple of hours, I was taken to the emergency department (ED) of a local private hospital where I was treated for a hemiplegic migraine and discharged.

A couple of weeks later I was out to dinner with some friends and the weakness in my left arm became so pronounced I couldn't even hold my fork. This time I went to a public hospital ED, and after a long night there by myself I was transferred to a medical ward where I awoke the next morning to two very young and bubbly OTs talking to me about whether I'd be able to drive because I had had a stroke! At no stage had I been told this was my diagnosis.

Spiritual fruit (S) and the Individual (I)

As a Christian health or pastoral care worker you can respond in ways that demonstrate the fruit of the Spirit in your interactions with people. They will feel better for it.

"But the fruit of the Spirit is love; joy, peace, forbearance, kindness, goodness, faithfulness, gentleness and self-control" Galatians 5:22-23

Allow the spirit of God to work in you so the fruit of the spirit enables you to demonstrate empathy and compassion that will enable you to consider things from the person's perspective.

Don't assume they know or understand the same as you do, or understand the same as another person with the same condition. You can check what a person knows and understands, before blurting out scary information.

A nursing history

I was in a six-bed bay in a medical ward where I had been a student nurse and the Clinical Nurse Consultant remembered me. They put me to work as a guinea pig for a student nurse to practice taking a nursing history and I was grateful for the distraction.

A third-year student came in and took my history very seriously. I tried not to lead him in what I thought were things that he should be picking up on, but he kept missing my hints. When we began to discuss discharge planning his focus was on my ability to climb the steps to my house.

Throughout the interview I had told him I was a single parent of two teenage children. I said I did not have family help in this state. I explained that as a single parent, I needed to work to provide for my family. He missed it all! He saw me as a diagnosis and a problem to be solved, e.g. how would I climb steps, as my left leg was also affected? What he couldn't see was me as a whole person and the context in which I was living my life.

Whole person(W)

A person is more than their medical diagnosis. Each person has a story and multiple dimensions to their life. A tool to help you picture this is the [Model for Healthy Living](#) assessment wheel. Take time to consider the person's roles, activities, support systems, relationships, the impact of their illness on them and the coping skills they have to manage it, and their values, beliefs and culture. This will help you understand the complex context of a person's life in order to focus your care.

*"You treat a disease: You win, you lose.
You treat a person,
I guarantee you win—
no matter the outcome."
Patch Adams*

After more testing the doctors decided I hadn't had a stroke, but they had no answer to what was causing my symptoms. I was discharged. I continued to deteriorate and eventually ended up in a private hospital where the diagnosis was again hemiplegic migraine. I left the hospital with

significant left-sided weakness, and it took more than a year to recover. As a consequence, my chaplaincy role and ministry leadership role had to stop.

Recurring themes

Fast forward three years and I had a recurrence of left-sided weakness, but this time the onset was rapid and complete. My GP sent me to a different neurologist who diagnosed me with possible Multiple Sclerosis (MS). I had just completed a six-month nursing refresher course to enable me to return to hospital work, and he banned me from working in a hospital.

Now I was unemployed, trying to support two children through school, and I also had to stop voluntary ministry. I commenced rehabilitation to try and regain strength, energy and balance.

I was able to get work on a chronic condition project through a disability job provider that allowed me to pace myself. I gradually increased my hours and gained permanent employment. Throughout this time, I had additional symptoms which were intermittent. My neurologist's solution to managing these symptoms was always 'rest', e.g. "Don't do the housework! Don't mow the lawns!"

Three years later the cycle repeated again with the most extreme left-sided weakness I had ever experienced, I couldn't even access our shower, which is over a spa bath. When I eventually saw the neurologist, his suggested solution was to stop work and have a holiday! I tried to explain again that I was a single parent and I had to work to support my children (one was at uni and still living at home, and the other was studying interstate). He only saw the medical problem and gave me some unhelpful solutions! He was not able to see me as whole person in the context of my life.

This time I pushed through to maintain paid work but gave up all ministry, which had a detrimental effect on my mental health. So a year later the losses, the battle to provide for my family, not having an actual diagnosis, coupled with my stubborn independent nature that would not ask for help, contributed to my descent into darkness and deep despair.

I have a brilliant GP who cares for me in a very holistic way. She sent me to a psychologist under a government subsidised mental health care plan. On my first visit the woman said to me, "I have hope that you will feel different at the end of treatment, trust me I'm a professional!" I left her office feeling different. She hadn't done anything to address the depression or even made a diagnosis at that point. She was the professional and she had hope that my future would be different, and when my hope bank was overdrawn to the point of empty, I clung to that hope.

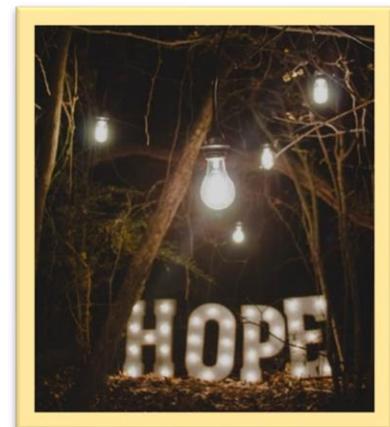
Hope (H)

Studies show the amount of hope the worker has will affect the hope of the patient and their family. If the worker has hope for a positive outcome, it ignites within the person a spark of hope.

Dameron says, "Unlike other nursing skills, hope is not a skill we develop. Instead, hope is given by God... He is the source of all real hope..." and concludes "As our heart is filled with Living Hope we rest assured that hope will naturally overflow to our patients, families, and colleagues." 1

"As a nurse, we have the opportunity to heal the heart, mind, soul and body of our patients, their families and ourselves. They may forget your name, but they will never forget how you made them feel."

- Maya Angelou



As a Christian worker YOU are a purveyor of hope. You may not be able to articulate your Christian faith, but the hope that you have, the hope that you show, will create hope in the people for whom you care.

Another thing that helped to bring healing from the depression was returning to ministry where I was using my God given gifts to serve others.

Another three-year cycle

When I began experiencing increasing symptoms again, my GP and I decided to seek another neurological opinion. After a three-minute visit to get results this specialist asked me, 'What is the most difficult thing you are managing at the moment?' It was a great lesson in the art of asking a question to hear the person's perspective. It allowed me to define the problem and what was important to me, which may not be what the health professional thought it was.

I'm still without a clear diagnosis. My ministry is in hiatus—again. God and I have had some words but I have learnt that God is faithful. He is present in the MRIs, in the waiting room, He hears my cries and comforts me. I am grateful.

The difference having a nurse with faith can make



In a workplace where your faith and the person's faith can be acknowledged, you could ask, 'How is this affecting your life? How is it affecting you spiritually?' If they believe in God you might ask, 'How are you going with God at this time?' to open the opportunity for the person to talk. If you are allowed, you can offer to pray with/for the person. If you are not permitted to express your faith, you can always pray in silence for them and you can allow your faith to shine in the way you perform your care.

In summary here is my WISH list:

- W Whole**—See the person as a whole person in the context of their life.
- I Individual**—Ask them what they understand about their situation and what is the most difficult thing for them right now?
- S Spiritual fruit**—Be a person that shows the fruit of the spirit in your interactions.

“But the fruit of the Spirit is love; joy, peace, forbearance, kindness, goodness, faithfulness, gentleness and self-control” Galatians 5:22-23
- H Hope**—Be a 'bank of hope' from which the person can borrow or withdraw. Whatever the circumstance be purveyor of near hope and future hope in your interactions.

Reference: 1. Dameron, C. 2014, The Importance of Hope. *Journal of Christian Nursing*. 31(2):77, April/June 2014.

Vicky Legge RN
AFCNA Board

Professional development opportunities

Boundaries and limits that stick

FREE online mini-course

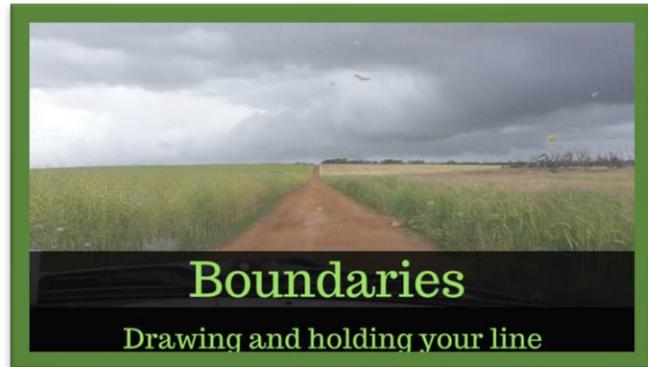
Many FCNs and pastoral care workers burn-out because they have not learnt how to establish and maintain healthy boundaries. It can be a challenge when your heart wants to show care, but your time is limited and demands just keep growing. You may find it difficult to say 'no' or worry that you may offend.

The Boundaries mini-course covers:

- the concept of boundaries
- an exercise to practice saying 'no'
- recognition of when your boundaries are being crossed
- ways to create boundaries that stick

It includes: video, worksheet and resources.

You can access this course at this link <https://australian-faith-community-nurses-association.moodlecloud.com/login/index.php>.



Lutheran Parish Nurses International annual study tour

The LPNI 2020 study tour will be held in July 2020 with a visit to Alice Springs, Australia. An itinerary and registration form for the tours are available from robert.wiebusch@lca.org.au

Westberg Symposium

Theme: Caring for the Human Spirit Conference

Date: 20-22 April, 2020

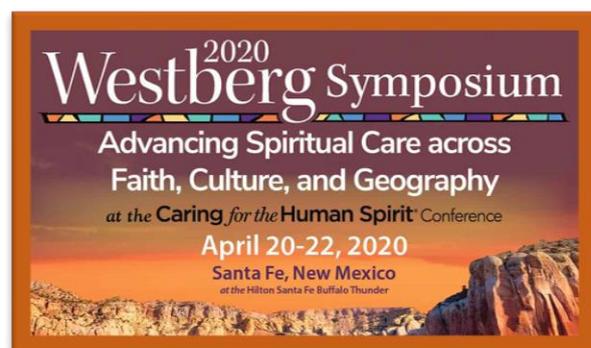
Where: Santa Fe, New Mexico

The Westberg Institute, in partnership with the Nursing Division of the Spiritual Care Association to present the 2020 Westberg Symposium at the 'Caring for the Human Spirit' Conference.

Information and registration:

<https://westberginstitute.org/symposium2020/>

Inquiries: shinton@spiritualcareassociation.org



Host a 'Connections' workshop

One in five Australians lives with disability (ABS 2015). These people often want to be connected into community and have equal opportunity to join in church and community life.

Baptist Care SA is providing 'Building Inclusive Communities' workshops in churches of any denomination across South Australia during the first half of 2020. Your church is invited to host a workshop in your community.

A 'Connections' workshop covers:

- benefits, ideas, strategies, tools that promote inclusion
- how to work with the NDIS in your church
- speakers who are people living with disability or their carers

To enquire: churchsupport-team@baptistcaresa.org.au

Project Team: Sophie 0418359225 or Anne 0409 921 337



Photo by Nathan Anderson on Unsplash

Resources

Catholic Health Association in USA have many interesting webinars and learning resources on their website regarding eldercare, palliative care, nursing and pastoral care.

Take a look <https://www.chausa.org/online-learning/detail/ministering-to-the-mission-strategic-spiritual-care-during-organizational-transition>



Interesting FCN article by Carmella Jones on Faith Community Nursing titled 'Nurses link health, spirituality in the parish' in Health Progress, 2010 <https://www.chausa.org/docs/default-source/health-progress/community-benefit---nurses-link-health-spirituality-in-the-parish-pdf.pdf?sfvrsn=0>

Sonder nursing forms and templates useful for community referrals for South Australian FCNs <http://sonder.net.au/clinical-resources/>



Supporting children with disability and their families in your church – a resource to develop a spiritual care plan for the special needs of families in your church who live with children who have disabilities <https://www.keyministry.org/church4everychild/2019/11/5/how-to-develop-a-spiritual-care-plan-for-special-needs-families-in-your-church>

Harnessing millennials as volunteers: interesting points on how to harness millennials as mental health support volunteers, noting if you don't get them excited early, you may not get them at all <https://www.keyministry.org/church4everychild/2019/11/19/millennials-as-mental-health-ministry-volunteers>

The Kite App: Kite App for phones has 14 mini personal development programs called “Kites” to help mums with challenges of life. Include sleep, stress management, relationships, guilt, coping with juggling. There’s even a “mum friendly” technology detox. You create your journey and start and stop “Kites” as you wish <https://www.thekiteprogram.com/>



‘The Love Diet: Healing through Community’ You Tube video or podcast from *the Doctor’s Pharmacy*, with James Maskell and Tawny Jones. “Success comes from support. We are actually more strongly impacted by our peers and social networks than by our genetics—this is huge when it comes to changing our health.” Recommend a listen for all FCNs.
<https://drhyman.com/blog/2019/11/13/podcast-ep80/>



‘The Daniel Plan- Faith, Food, Fitness, Focus, and Friends’ free resource files to help you promote and customise *The Daniel Plan: 40 Days to a Healthier Life* for your church from Saddleback church. Just good healthy living using friends and peer support to improve participation <https://danielplan.com/tools/>

FCNs—have your say

Productivity commission consultation re mental health

There are currently “1 million Australians experiencing mental ill health who are unable to get the help they need. This is adding to their physical and mental distress, relationship breakdown, stigma, and loss of life satisfaction”, say the Productivity Commission in their draft report November 2019 available at <https://www.pc.gov.au/inquiries/current/mental-health#draft>.

Read it and leave a comment, or attend a public hearing to be held across Australia from November 2019 to early 2020.

To find dates for your region see <https://www.pc.gov.au/inquiries/current/mental-health/public-hearings>.

To lodge a submission to the Commission see <https://www.pc.gov.au/inquiries/current/mental-health/make-submission#lodge>. The final report will be presented to the Federal Government due May 23, 2020.

“...the economic cost of mental ill-health and suicide is up to \$180 billion a year – or \$500 million a day...” in Australia!

Productivity Commission (Draft Mental Health Report, Nov 2019)

Make a submission to Aged Care Royal Commission

The Aged-Care Royal Commission is actively under way and you can still make a submission via their [online submission form](#). Alternatively, you can download and complete the form offline and email it to ACRCenquiries@royalcommission.gov.au or send it to the Royal Commission at GPO Box 1151, ADELAIDE SA 5001.

Findings of the Disability Royal Commission

The report to the parliament from the Royal Commission inquiring into violence, abuse, neglect and exploitation of people with disability has tabled disturbing findings <https://engage.dss.gov.au/royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability/consultation-report-terms-of-reference-for-a-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability/>

Donations

AFCNA is very grateful to receive all donations. They contribute significantly to our long-term financial well-being and you are partnering with us in a significant and vital way so we can continue to grow and develop Faith Community Nursing in Christian faith communities across Australia and internationally.



Our Aims

- Provide education, resources and networking for nurses in faith communities
- Provide resources, education and consultancy to faith communities
- Liaise with government and other organisations to further FCN ministry
- Facilitate FCNs in meeting their professional practice requirements

You can give a gift as a:

- Tribute to honour a person
- Thanksgiving gesture
- Part of your tithe
- Gift for a special occasion (birthday, anniversary, retirement, birth)
- Just because you can.

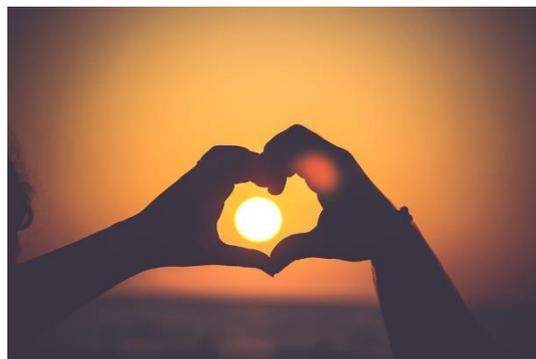


You can make a one-off donation or you may wish to donate on a regular basis via:

- **AFCNA Website** at <https://afcna.org.au/donate/>
- **Direct Deposit:** Australian Faith Community Nurses Association Inc.
- **BSB 704 -874 Account: 100009636** Please insert your name as reference code and mark as 'Gift Fund' donation.
- **Post cheque to:** AFCNA (Attention Treasurer): PO Box 2707, Kent Town DC, SA 5071.

You can make a difference forever with a bequest

We would be pleased if you would name AFCNA as a beneficiary in your will. It is not difficult, and you can designate any amount or percentage of your estate. As you make plans for your estate, AFCNA would be honoured if you would consider a bequest to our organisation that can further AFCNA's ministry to facilitate Faith Community Nursing in Christian faith communities Australia and internationally.



If you want more information please contact us at afcna@outlook.com or afcna@afcna.org.au and we will be pleased to discuss this with you.

Renew your AFCNA Membership and invite others to join

It's a new year and a new decade! Your membership is vital.

You are invited to commence or renew your AFCNA membership. It's still only \$30 and your membership allows AFCNA to keep you networked with newsletters, conferences, resources, access to the online education portal, and our website members only content www.afcna.org.au. Your fees also enable us to provide scholarships to support FCNs and keep an ecumenical Christian presence in the profession of nursing via CoNNMO membership.



Please renew your membership and invite others to join us as we seek to develop pastoral health and care ministry via faith community nurses. Your membership is vital.

You can sign up and pay via the net at <http://afcna.org.au/members-options/> or complete and send us the form below, paying with a cheque or via internet transfer.

Australian Faith Community Nurses Association MEMBERSHIP 2020

Name Address

..... Postcode Phone (.....).....

Mobile..... Email

1. I am happy to be included in AFCNA networking via the AFCNA data base Yes No (privacy assured)
2. Practising FCN/Health Ministry Yes No
3. Current AHPRA Registration Yes No
4. I consent to my details being shared with AFCNA members' prayer network. Yes No
5. Newsletter: email or Australia Post (please circle preference)

Signed: _____

Full membership (\$30.00/year) **Concession** (\$20.00/year) **Donation:** AFCNA General Fund

Electronic transfer: Australian Faith Community Nurses Association Incorporated BSB: 704-874;
Account No. 100009636 Please insert your name as the reference code

Make cheques payable to: Australian Faith Community Nurses Association

Mail to: Treasurer, Australian Faith Community Nurses Association, PO Box 2707, Kent Town, SA 5071



Prayer points

- Thank God for new volunteers sharing their skills to support AFCNA
- Pray for AFCNA's challenge - 20 FCNs in 20 churches in 2020
- Pray about your involvement in AFCNA's 2020 'Nightingale Challenge'
- Can your church host an information night?
- Is God calling you to be an FCN?
- Can you support the work of AFCNA in some way with your gifts, financial donations, telling others about us?
- Pray the people will use the online education hub and that it will bless FCNs
- Pray that God's call into the FCN role will be heard by nurses and that God would raise up FCNs
- Pray for current FCNs across Australia, for healing and health impact in their ministry
- Pray for funding so AFCNA can continue its important ministry
- Pray for AFCNA Board as they seek to direct the vision and mission into the future God has for us
- Pray for upcoming Westberg Symposium in 2020.

Please submit your photos and stories for *WholeHealth* to afcna@outlook.com or send to annevanloon@internode.on.net.
Ph 08 8278 8274.

Deadline for next issue: 3 February 20

Your snippets and stories are essential for the content of the newsletter to be both informative and share the joys and opportunities of the FCN role.

Disclaimer: In no event will AFCNA be liable to anyone for any decision made or action taken by anyone in reliance on information in this newsletter.

OUR AIMS

- Provide education, resources and networking for nurses working in faith communities
- Provide resources, education and consultancy to faith communities to enable viable health & care ministry
- Liaise with government and other organisations to further the FCN ministry
- Enable FCNs to meet their professional practice requirements

CONTACT US

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Kent Town SA 5071

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Webpage: www.afcna.org.au

Facebook: [Australian Faith Community
Nurses Associations](https://www.facebook.com/AustralianFaithCommunityNursesAssociations)