



AUSTRALIAN  
FAITH  
COMMUNITY  
NURSES  
ASSOCIATION

faith in action  
hope in expression  
love in motion

# Whole Health

Volume 25 Number 2 July 2020

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

*international Christian health workers are praying together*

The novel Coronavirus—COVID-19—is changing our world. It is having massive health impacts around the globe, redefining social relationships, reshaping the way we do church together, redefining the ways we can provide effective pastoral care while maintaining physical distancing and hygiene requirements, and challenging our personal and national economies. It's hard, it's very challenging, it's tiring for health workers, and it's scary for many communities, BUT it's not all bad!

Many Christians are diligently praying for our world, fully cognisant that our 'shalom' (*whole* health) is inextricably bound to the health of our community. Jeremiah 29:7 instructs us to "*seek the shalom of the city... and pray to the LORD for it; for in the shalom of it, shall you have shalom.*" As we know shalom is much more than peace, it means to be restored to full function, things as God intended them to be, or whole health. In a fresh coming together of Nurses Christian Fellowship Australia (NCFA) and Christian Medical and Dental Fellowship Australia (CMDFA), a partnership of global health workers are meeting to share the complexities of life and work in the midst of COVID-19 from their countries. Gabi Macaulay (NCFA president and AFCNA board member) is inviting you to join them to gather in prayer in the international Zoom prayer meeting conducted by CMDF every Friday night 8 pm AEST. If you would like to join this global prayer action then please send us an email and we will provide you with the Zoom details. Email [afcna@outlook.com](mailto:afcna@outlook.com) or [ncf.australia@gmail.com](mailto:ncf.australia@gmail.com) and let us know of your interest.

Some of the prayer points are:

- That God's name be exalted, the body of Christ united and that people in Australia and around the world may turn to God in this time of crisis.
- That this pandemic may be quickly overcome and people here and abroad, our health workers, our sick, our families be protected.
- That He strengthens us and grants us courage to stand strong.
- That He bring comfort to those who mourn and live in fear, hope and resources to those who are financially compromised and wisdom and courage to our decision makers.



Anne van Loon RN PhD  
AFCNA Chairperson 2020

*'If you do not stand  
firm in your faith, you  
do not stand at all.'  
[Isaiah 7:9]*

# Inside

Finding treasure in the midst of COVID-19.....	3
Australian Faith Community Nurses Association AGM 2020 .....	5
Faith Community Nursing—‘for such a time as this’ .....	6
How do we start a Faith Community Nurse in our church? .....	9
Is God calling you to be an FCN in your church? .....	10
Corona Shock—Cultural Shock .....	11
Moral wellbeing—how do you shape up? .....	15
Wearing a mask during COVID-19 .....	17
Tutorials and sewing pattern for face mask .....	17
COVID-19 symptoms.....	17
E-safety during COVID-19 .....	18
<i>My Choices</i> resource .....	19
COVID-19 resources.....	20
Mental health resources.....	21
Professional development opportunities .....	22
Prayer points.....	23
Donations.....	24
Renew your AFCNA Membership .....	25

## Finding treasure in the midst of COVID-19



“The Kingdom of Heaven is like a treasure that a man discovered hidden in a field. In his excitement, he hid it again and sold everything he owned to get enough money to buy the field. Again, the Kingdom of Heaven is like a merchant on the lookout for choice pearls. When he discovered a pearl of great value, he sold everything he owned and bought it!” (Matthew 13:44-46, NLT)

COVID-19 has handed the world a curveball that has sent individuals and countries reeling as they navigate their way through clusters of infection, trying to keep people safe and healthy, and income moving through the economy to avoid ongoing financial hardship. It is a challenge to see so many health worker colleagues across the globe sacrificing their lives to save others, while some people find having their freedom restricted by staying inside a few weeks and wearing a mask an imposition and refuse to comply with appropriate action! Unplanned disruption to our lives brings out the best and the worst in human behaviour.

As Jesus Christ’s followers we are called to make God’s kingdom come “on earth as it is in heaven” (Matthew 6:10). How is God calling us to do this in these unprecedented times? I believe it starts with recognising the treasures in every life situation.

My father was a prisoner of war in World War 2. He was captured by the Japanese early in the war and sent to Changi prison and from there he went to the Thai-Burma railroad in Chung Kai, Thailand. He survived those long years of trauma and starvation enduring regular dysentery, Beriberi, Malaria, tropical ulcers, and significant injuries from the brutality of the regime. He saw the grave that was dug for him three times. Yet, he used to say to me, “What helped me to survive was to find the treasure in each day. Find something for which you can thank God in every day, because there is always something. Keep your spiritual heart connected to God so that your spiritual core stays strong, because no one can take that away from you. People can remove everything else, but a heart that belongs to God cannot be touched.”

“Above all else,  
guard your heart,  
for everything you  
do flows from it.”  
[Proverbs 4:23 NIV]

I’ve been reflecting on this as we see people across the globe defying public health messages. It’s easy to become despondent, fatigued and overwhelmed by the power of this virus and the havoc it is wreaking on our world, but then I overlook the treasures in each day and every circumstance. It’s easy to criticise what is not meeting my expectations, rather than celebrate what God has given me. COVID-19 has shown me that I focus too much on the present—today. God’s focus is on the macro and infinite, as well as it is on the micro and infinitesimal! My focus should be on bringing to others more of heaven while I am here on earth, and being grateful for the wonder that I am empowered by the spirit of the living God to do this. My peace comes from knowing God’s focus is on the micro as well. God knows the novel corona virus COVID-19 and He will deal with it and use it for His divine purposes, so I need not fear. My focus is to listen, notice, look and see, so I am alert to the treasures in each day, thank God for them, and share them lavishly. Where is the treasure in your day? What is the pearl in your relationship with God? For what will you give thanks today?

Anne van Loon RN PhD



Sometimes I just want it to stop. Talk of COVID, protests, looting, brutality. I lose my way. I become convinced that this “new normal” is real life. Then I meet an 87-year-old who talks of living through polio, diphtheria, Vietnam protests and yet is still enchanted with life.

He seemed surprised when I said that 2020 must be especially challenging for him. “No,” he said slowly, looking me straight in the eyes. “I learned a long time ago to not see the world through the printed headlines, I see the world through the people that surround me. I see the world with the realization that we love big. Therefore, I just choose to write my own headlines.

“Husband loves wife today.”

“Family drops everything to come to Grandma’s bedside.”

He patted my hand. “Old man makes new friend.”

His words collide with my worries, freeing them from the tether I had been holding tight. They float away. I am left with a renewed spirit.

My headline now reads “Woman overwhelmed by the spirit of kindness and the reminder that our capacity to love is never-ending “

This piece was taken from a Facebook post so the author is unknown, but it is a reflection of someone who has changed their perspective to find the ‘treasure’ in each day.

The space between vision and reality involves action and we've been busy

## Australian Faith Community Nurses Association AGM 2020

Join us Friday Sept 18th 2020 at 7.30 pm

5 Lowan Avenue, Glenalta, 5052

You can join us via Zoom; just email us for details.

*Bringing Faith to Community Nursing and Nursing to the Faith Community*

It's a new financial year so your AFCNA MEMBERSHIP IS due.  
Please debit your \$30 membership into our NEW account number  
BSB: 704-922; Acct No. 100012768 and note your name as reference.

### Join the AFCNA Board

If you are interested in serving on the AFCNA Board we would love to hear from you. Distance is no impediment because we use Zoom/Skype/or phones to make our communication work across Australia! We are in great need of a new minute secretary so if you have this skillset and God is calling you to serve in this way, we'd love to hear from you.

### Do you have administrative skills?

AFCNA is looking for a new secretary for the year 2020/21. Our current secretary Judy King has done an amazing job for many years and we are extremely grateful for her assistance. She is stepping down due to ill health and we need a new administrative whizz to keep our minutes and admin up to standard. We have a wonderful board, so your volunteer commitment would be four quarterly meetings with a report and an AGM, plus a few hours each month to update administrative matters. If you have the time, talent and feel God's call to assist AFCNA in this way we would be very pleased to hear from you. Please note, you do not need to be a nurse to be our secretary! If you would like to discuss this opportunity further, please contact us on [afcna@outlook.com](mailto:afcna@outlook.com) or ring our Chairperson on 0409 921 337.

P: 0409 921 337

E: [afcna@outlook.com](mailto:afcna@outlook.com)

W: [www.afcna.org.au](http://www.afcna.org.au)



AUSTRALIAN  
FAITH  
COMMUNITY  
NURSES  
ASSOCIATION

# Faith Community Nursing—‘for such a time as this’



Unsplash: Georg Arthur Pflueger

Faith Community Nurses (FCNs) are able to provide health support that blesses individuals, families and communities. They add depth and breadth to practical pastoral care and provide effective scope for community outreach. During this COVID-19 pandemic health systems everywhere are under extreme pressure. FCNs can provide whole health support to people isolated in their homes with pre-existing chronic health conditions via telehealth and careful interaction that meets COVID-19 guidelines. FCNs can translate health messaging for your faith community. They

can help your faith community understand preventative health and care measures such as, caring for a febrile person, cough etiquette, sustaining mental health during isolation, keeping your immune system strong when you are house bound, maintaining core strength to prevent falls, managing children’s mental health during lock-down, etc.

## What can a nurse bring to pastoral care that’s unique?

Over the years we have often been asked “Why does this role have to be a nurse?” The Rev Granger Westberg<sup>1</sup> gave us his answer way back in 1990 when he noted parish nurses were bilingual in the language of faith and of health. He noted nurses had grounding in the sciences and the humanities, giving them a broad generic knowledge base to see the whole person’s needs well before any other worker had perceived them. He felt nurses were the key member of the holistic health team, because they “had the sensitivity—the peripheral vision (intuitive knowledge) I call it, to see beyond the patient’s problems and verbal statements.” They “could hear things left unsaid” and they were “the best listeners.”<sup>2</sup>

The trust nurses established within their relationships meant people readily opened up to them and they could undertake candid discussions when chaplains, priests and pastors struggled. AFCNA ran a focus group to see what others felt were the unique contributions of a nurse in the ministry of pastoral care within a church. Below are the top 10 attributes in three key areas where participants believe nurses bring unique contributions to their church: knowledge, skills and personal qualities.

## Unique knowledge

1. ‘Multilingual’ in the languages of faith, health and community care
2. Holistic approach to health—body, mind, spirit
3. Broad health knowledge spanning many fields
4. Able to provide care management in a person’s home
5. Make ethical decisions based on shared Christian values
6. Understand how to navigate systems to get resources/services
7. Can successfully navigate transition between services with people
8. Understand health promotion and illness/injury/abuse prevention
9. Can effectively translate information and knowledge for people
10. Work to a professional standard and are accountable to regulatory laws

---

<sup>1</sup> Westberg, GE & Westberg McNamara, J, 1990, *The parish nurse: Providing a minister of health for your congregation*, Minneapolis, USA: Augsburg Press.

<sup>2</sup> Slutz, T, 1999, ‘Parish nursing’, *Responsive Communities*, Vol 1 (2), The Polis Center: University of Indianapolis, retrieved 21 July 2020, <https://archives.iupui.edu/bitstream/handle/2450/3644/v1n2-aug1999.pdf?sequence=1&isAllowed=y>

## Unique skills

1. Build relationships using refined interpersonal and communication skills
2. Coordinate care creatively - consider person's preferences and offer options
3. Able to answer person's questions or find out answers
4. Manage care using goal setting, coaching, monitoring and evaluating skills
5. Able to locate the right resources and make timely referrals
6. Work with/for the person, advocating and mediating (at their request)
7. Case management skills to talk to service providers with/for the person
8. Sound teaching skills to make information accessible
9. Good problem-solving skills
10. Recognize person's social context and plan care accordingly

## Unique qualities

1. Trust and integrity as the most trusted professional in Australia
2. Focus on quality of life for the whole person with an emphasis on spiritual care
3. Compassionate attitude – demonstrate 'fruit of the spirit' in their care
4. Have a shared faith and common values with the person
5. Provide a Christian perspective that ignites hope and alleviates fear and suffering
6. Share religious activities to provide spiritual care, e.g. pray, read Bible, communion
7. Demonstrate spiritual maturity to sit in difficult spaces with humility and patience
8. Rely on God and the power of the Holy Spirit to maintain stability under pressure
9. Accessible because they are part of the faith community
10. Give time and presence to listen and be with people which systems can't provide.

## Faith Community Nursing is a reinvigorated 'Diakonia' role for this age

When Jesus Christ told the parable of the Good Samaritan he ended with an appeal to his disciples and followers to "Go and do likewise" (Luke 10:37). The "likewise" Jesus is commanding us to do, is to show compassionate service and generous mercy to all in need, but especially our enemy or the outsider of our day. It's a command, not an option. Just as "love your neighbour" (Luke 10:25-29) is a command, and not a charitable choice. It's a command to action, not just words. It is not enough for us to just think about caring for others, or to get out of acting by providing money for others to do it. Jesus commands each one of his followers to *do it*. Serving with actions is for our good as well as the good of the person receiving. When we provide acts of service and acts of mercy we are experiencing the gospel in deed and so is the person who receives that service. When we put our faith into action we are blessed, the person is blessed, and God is blessed. It is a win-win-win situation. Jesus says, "Go and do likewise" because it is good *for* us to be servants not good *of* us to be servants. When we recognise this, our attitude shifts and we love in word and deed by serving with humility as Jesus Christ served us.

Nursing has its roots in the deaconess role of the early Christian church and the religious orders of Roman Catholic and Protestant sisters in later centuries. Those early deacons and deaconesses founded hospitals 'nosocomium' as places for the sick to be nursed to health. They provided shelter and hospitality for the poor, the refugees, and pilgrims as part of their Diakonia service. This vocational call into nursing is documented throughout Christian history, starting in the Bible with Phoebe of Cenchrea (60 CE) who opened her home to care for the sick (Romans 16:1-2). The call moves throughout history, waxing and waning with the varying interpretations of the church concerning disease, suffering and the body. However, nurses have always had an active role on behalf of the church in caring for the sick, the poor, the vulnerable and the disenfranchised.

This call continues today as nurses are invited to be an active part of a health and pastoral care ministry working within the faith community and beyond. Faith Community Nurses continue to provide compassionate service to all, but especially the most vulnerable in our community. FCNs

focus their support on the whole person—body, mind and spirit—with a focus of intentional care of the spirit.

The rise in mental health issues, stress, family break-down, early discharge from hospital, isolation and loneliness, chronic conditions and disabilities, public health issues such as COVID-19, and the requirements of an ageing population, make Faith Community Nursing (FCN) a role that can add breadth and depth to the pastoral care of your church. This ministry provides an innovative outreach opportunity to the many people in our community in great need. FCNs care for the whole person; they promote health, healing, hope, peace, justice and faith for all.

Today's Christian churches can reintroduce a health focus to their pastoral care and employ a Faith Community Nurse (FCN), either salaried or as a volunteer<sup>3</sup>, to effect health support. As the whole world grapples with the COVID-19 pandemic and its ongoing health impacts, faith community nursing is a role "for such a time as this" (Esther 4:14).

Anne van Loon RN PhD

## John Wesley's Principles (written in the 18th century)

### A political manifesto for today?

This simplified list of principles compiled in 2017 by Gary Best, historical consultant at the New Room in Bristol, England (a Methodist chapel and museum built by Wesley in 1739). When you read them they are just as relevant in 2020.

1. Reduce the gap between rich and poor
2. Seek to ensure full employment
3. Introduce measures to help the poorest, including a living wage
4. Offer the best possible education
5. Empower individuals to feel they can make a difference
6. Promote tolerance
7. Promote equal treatment for women
8. Create a society based on values and not on profits and consumerism
9. End all forms of enslavement
10. Avoiding engaging in wars
11. Avoid narrow self-interest and promote a world view
12. Care for the animals with which we share our planet.

(Source: <https://www.methodist.org.uk/media/10392/john-wesleys-manifesto-newdocx.pdf>)

---

<sup>3</sup> Nursing is a regulated health profession in Australia therefore all nurses require professional indemnity insurance even when they are practising voluntarily. You will need to check with your church's insurer to see if your FCN will be covered. This is seldom a problem, but you must check before you start the FCN role

## How do we start a Faith Community Nurse in our church?

Here are 6 simple steps that are explained in more depth in the fact sheet titled *Steps to start Faith Community Nursing* which is part of the **FREE [AFCNA Introductory Pack](#)** of information available from AFCNA. Contact AFCNA on [afcna@outlook.com](mailto:afcna@outlook.com) or click on the links on our web page [www.afcna.org.au](http://www.afcna.org.au) to request your free pack which will arrive in your inbox almost immediately. Then follow these 6 steps:

- 1. I'm interested—pray and learn** by reading your FREE *Introducing Faith Community Nursing* booklet and the accompanying fact sheets so you can prayerfully consider their contents. Take time to reflect on how the FCN role will enhance your faith community's mission and ministry.
- 2. Plant the seed—share the vision** of possibilities an FCN ministry can bring your church with interested folk and your leadership. You can request an AFCNA representative to provide a free presentation tailored to your faith community in person, or via video-link.
- 3. Planning your next steps—nurture growth** of the concept in your faith community. Get approval from your leadership and request your [AFCNA Planning Pack](#) which includes the *Planning Faith Community Nursing* booklet and accompanying fact sheets, and all the editable documents you need to recruit your FCN, establish good governance and safe, accountable practice. NB Nurses are regulated by law and standards are the same in a voluntary or salaried role. A *Planning Pack* has everything you need for this step for a small co-contribution of **\$50** AFCNA members (\$100 others).
- 4. Appoint your FCN**—use documents from the [AFCNA Planning Pack](#) to appoint your FCN and get started. Then get your [AFCNA Documentation Pack](#) that includes the *Documenting Faith Community Nursing* booklet and accompanying fact sheets, plus all of the editable documents (forms, policies, procedures) for a small co-contribution of **\$75** AFCNA members (\$150 all others). [NB Your FCN receives the three packs FREE during the AFCNA *Foundations of Faith Community Nursing* course.]
- 5. Preparing your FCN**—Your FCN needs to be prepared professionally and theologically for the autonomous FCN role in a faith community context, by doing the internationally recognised [Foundations of Faith Community Nursing](#) (revised 2019) course [36 hours online or face to face]. AFCNA includes all the teaching, workbooks, resources, plus the AFCNA Planning and Operational Packs with editable documentation and support materials for one low co-contribution of \$300 for AFCNA members and \$400 all others.
- 6. Supporting your FCN**—Your FCN needs ongoing encouragement, prayer and support from your faith community. [AFCNA annual membership](#) (only \$30 for 2020) provides access to AFCNA's *National Mentor* for prayer, debrief, or discussion on practice issues; access to the *Members' section* on the AFCNA website with resources, editable templates, teaching plans for FCNs to use in their practice; and free/discounted online courses. [NB Nurses have mandated professional development quotas even if they are practicing as volunteer FCNs.]

AFCNA is here to help your faith community get this ministry started. It can seem overwhelming, but it's not. We've created all the documents you are likely to require, and made it easy and affordable. You are not obligated to use any of these, they are there to help you and simplify getting started. Please contact AFCNA [afcna@outlook.com](mailto:afcna@outlook.com) if you need more information, or if you want the more detailed information packs go to <https://afcna.org.au/afcna-packs/>

# Is God calling you to be an FCN in your church?

If you would like to join your Christian faith with your professional nursing practice to make a real difference in people's lives, then this may be the ministry God is calling you to enter.

Faith Community Nursing allows you to think globally and act locally by considering the health of our planet and its people, and take local action with your faith community and the community it serves. As an FCN you respond to Christ's love by using your

personal gifts joined with your nursing knowledge and skills to make a real difference to the health and wellbeing of all. You'll be part of the Christian church's response to Jesus' message: "... whatever you do for one of the least of these children of mine, you do for me." [Matthew 25:40]

As an FCN you care for body, mind and spirit to restore and nurture whole health, in and through Jesus Christ. Your FCN ministry allows you to put your faith into action to promote health, healing, hope, peace, justice and faith, because "...faith by itself, if not accompanied by action is dead!" [James 2:17]

## What would I do as an FCN?

As an FCN you provide your faith community with direct access to confidential, personal and professional health counselling and education tailored to personal needs. You'll be a resource person to support people with referral, advocacy and care management. Best of all, you'll provide spiritual care, giving people time to listen, pray, encourage and provide faith support.

The **HEALTH** focus of your FCN role includes:

- Health promotion
- Education and health counselling
- Advocacy and referral
- Listening and visiting
- Training and coordination
- Hope and spiritual care

**"...faith by itself, if not accompanied by action is dead!"**

[James 2:17]

To learn more visit our website [www.afcna.org.au](http://www.afcna.org.au) and look at our fact sheets and do the **FREE** ['Introducing Faith Community Nursing'](#) workshop which takes about an hour online.

## How do I become an FCN?

To practise as an FCN you must hold current and condition free registration as a nurse with the Australian Health Practitioner Regulation Agency (AHPRA) [www.ahpra.gov.au](http://www.ahpra.gov.au). Ideally, you will have more than 3 years clinical experience and a genuine faith in, and love for Jesus, which will sustain you and others you work with. You also need additional training to prepare for this specialist role and its autonomous nursing practice. AFCNA will prepare you using the internationally recognised [Foundations of Faith Community Nursing](#) course. This course can be done online or face to face (COVID-19 limitations may impact this format) and further information is available on our website.



## Corona Shock—Cultural Shock



Whichever country we grow up in and whatever social circles we belong to, our environment influences us. We are told how to behave, taught what to believe, and given acceptable guidelines on how to live appropriately within our 'culture'.

Over the course of my life, I have been exposed to some very different cultural contexts besides Australia. Although I was born here and went to school and university here, I moved to Switzerland when I was 24 years old. Despite growing up with a Swiss father, it took time to acclimatise myself to that culture when I was a resident there. Where Australia is considered 'laid back', open and applies a "she'll be right" attitude, Swiss people highly value punctuality and efficiency. They place a lot of importance on it, and society functions to that end. "Near enough isn't good enough" .... rather, perfection is expected. Trains leave the platform as scheduled when the seconds hand reaches 12. To be seen as appropriate, their expectation is that you arrive early, not just ON time, to any appointment.

They also highly value the environment and cleanliness. I learned when I was hiking with friends that it was not acceptable to throw my apple core over the side of the mountain, rather, I must take it home and recycle it into the compost. There is a sense of order, respect and formality. Their glass recycling is even sorted, not just by the fact that it is just glass, but by the *colour* of the glass.

In the hospital environment where I worked, I was addressed formally as Frau (Mrs) preceding my surname (I was only 24 years old, and not married) but there was a strong sense of hierarchy, and the default was always formal. Here in Australia, a Consultant Doctor or a CEO would usually address me by my Christian name and, overall, things just feel a little more casual.

After living in Switzerland for a while, I joined as crew of the *M/V Anastasis*—a hospital ship run by an international, Christian non-profit organisation. With around 40 different nations serving as crew, it could be viewed as a mini United Nations. Further layers of culture were that it was a Christian community, a service-oriented 'mission', and also the fact that on a ship, it had to function within Maritime law. All of those factors brought a unique set of values and cultures we needed to adjust

to. For example, everyone knew that children were not allowed to serve themselves in the food line, and that families got served food first; kids are impatient when they are hungry and for the good of everyone, it was an unspoken rule that mothers jumped the queue ahead of everyone else to get their families meal. As soon as we signed on as volunteer crew, we were made aware that that the Captain (Master of the Vessel) was responsible for us all, so rules were rules, and everyone was educated about the possible consequences if they were broken. We understood not only that they would be enforced, but that those boundaries were in place for our own safety.

The ship travelled to many nations. When on the African continent, the culture adjustment in serving our patients was evident. I witnessed patients spitting on the floor, instead of in the kidney dish we provided. That was normal for their cultural/hospital context, but it greatly challenged my own perspective. In Africa, I quickly learned that relationship is valued above almost everything, trumping time and task. If you are rushing to a meeting but come across the path of someone you know, it would be considered absolutely rude not to stop and ask how they and their family are doing, their chickens, their business, their aunties etc. and that challenged what I had learned in Switzerland about being early rather than just on time!

When we were representing the mission organisation in a church service in Africa, we would be invited to stand up and give a greeting on behalf of the crew, or our country, without warning or preparation. One step further, which was even more of a cultural divide, revealed our hosts expectation of us to deliver the sermon. Denying politely was considered offensive by our local hosts.

If you were to ask me how I thought I did with all those cultural adaptations and transitions, I would respond that I managed them reasonably positively. At times I was taken by surprise, but I rose to the challenges before me. I didn't get too frustrated; rather, I quickly got to the point of acceptance that it was the way it was. On reflection, can say that when I CHOSE to be in a different cultural context, I was conscious that I had placed myself in that situation and therefore felt it was my responsibility to adapt. I had the expectation that things would be different to what I was used to.

I teach cultural safety to undergraduate nursing students and have taken students on service-learning trips to the Solomon Islands. When considering "cross cultural mission", there are courses designed to prepare one to leave their home culture, and to live in another country. Sometimes it involves language learning, but at the very least, it always includes how to act in a culturally appropriate way so as not to offend the hosts, nor devalue the work being done. When we were sailing into a new country, we were briefed about what to expect, what was acceptable, what was not, which phrases were more appropriate than others, whether there was a curfew, what was deemed polite and what would be guaranteed to offend our hosts.

So, fast forward to Australia's new cultural context due to the COVID-19 pandemic that began here in February. Suddenly our culture—things we love and things that are familiar—changed. I was thrust into adjusting to a new cultural context that was *not* of my choice. In fact, throughout the world, whether in Australia, Switzerland, Africa, or on board a hospital ship, people are being asked to respond in markedly different ways from what they are used to.

At the moment, we are not allowed to hug our friends, or family from another household. We can't even sit next to them at the table and socialise. Without warning, and without preparation, we need to adjust to this new way of living—the way we connect, work, teach, learn, shop, move and just be. Although the revealing of this pandemic has been a moment by moment process, we received no orientation course, we had no warning, and it has imposed upon us many changes.

We haven't had to leave our home country or cross borders. The whole world has had no choice but to adjust to the pandemic culture. Suddenly, we have lost control of the way we live our lives. This can be disorientating, losing what we know as familiar and shifting our usual identity. The things we know and hold dear, have been unwillingly, and possibly permanently, changed.

It's common to experience culture shock when you're suddenly transplanted into a foreign setting. This is a normal reaction to a new environment where you are no longer in control as you have been at home. Any level of culture shock is disruptive to a person. We are physically, emotionally and spiritually asked to respond to a change of routine, friendships and value structures in tangible ways.

There are a number of models that describe culture shock and a brief look can put them into three phases:

1. **Honeymoon** (elation or optimism): I don't know if this stage is really applicable for me in pandemic culture mode other than being pleased that working from home meant I didn't have to drive 3 hours each day. Momentarily I was happy that, all of a sudden, I gained an extra 12 hours in my working week. I imagined saving around \$70 a week in petrol. That phase didn't last long; reality set in quickly, and my expectations remain unfulfilled.
2. **Frustration**: the challenge of learning new skills under pressure, being forced to change practice (lack of control), and the general fatigue of trying to understand how to adapt to the new environment that can leave us feeling overwhelmed and even angry. I have identified that things which don't usually phase me, like misplacing my glasses or the car keys, evokes an overly emotional and defensive response. (As I am typing this article Mr Whippy has been driving around the streets for the past hour playing *Auld Lang Sine* and it's getting on my nerves!) If you are overseas, this is when homesickness can kick in. You miss your usual routine, life as you knew it, and long to go home to what is familiar.
3. **Assimilation and acceptance**: As we inevitably become more comfortable in the new normal and surroundings, the feelings in the frustration stage should start to fade. Becoming familiar with our new normal (for however long that is) will mean navigating through uncharted waters to develop new routines and fresh ways of doing things. While 'acceptance' doesn't mean we understand our new culture inside and out, we will hopefully still flourish, accepting that it is different from what we've always known and done.

So, I ask myself, why is this transition to our new "normal" (pandemic living) with all the challenges of online teaching and learning so hard, when I have made the adjustment to switching cultures so many times before? Wouldn't you think that if I had survived the switch a number of times before, just maybe, it would be easier this time?

But, although I've adjusted quickly to some things, others have been arduous. I've had a mini crisis or two, and been ashamed of the way I responded, but the stress can be attributed to feeling a loss of personal control. I have unfulfilled expectations. I have to grieve the loss of what is familiar. I often have an image in my mind of the way I think things should be—and through my Swiss lens, it should be perfect! A perfect body, a perfect career, a perfect lifestyle, a perfect online course, a perfect PhD thesis, but in reality, I can't live up to the expectations I have placed on myself. I constantly fall short of the ideals I hold, or think others set in place, for me. That leads to disappointment and a sense of failure.

But, through this time, I have identified two concepts that I need to revisit, to push back against those feelings.

1. Recognise that feelings are a poor guide to truth; and it is not my place to hold control of all things.
2. I need to choose to embrace this new normal for my own (and others') good.

At the end of last week, I had a mini meltdown, caused by the belief that I couldn't live up to my strict standards and achieve what I thought I should. But I was reminded again that I need to be willing to let go of my unfulfilled expectations and embrace humility. Jesus said in John 16: 33, "I have told you these things, so that in me you may have peace. In this world you will have trouble. But take heart, I have overcome the world." In this world you will have much trouble... life on earth

has setbacks and failures. We work towards a goal, only to see it thwarted. Unfulfilled expectations can be painful.

To make a successful transition to this pandemic identity, however short or long, I (we) need to embrace the inconvenience and adapt for the good of ourselves and others, just as I did when I was living and working in other cultures overseas. I now need to go online to teach, I need to maintain social distancing, I need to shop differently, and so forth. It is my responsibility to reframe this now as my choice.

As a believer in Christ, I am asked to lay down my own ways, and let Jesus be King of my life. God reminded me of this truth through Colin Buchanan, a Christian children's songwriter and performer, when I overheard these catchy lines of his song on the radio... "Jesus is the mighty, mighty king... God made Him the boss of everything..." Sonja is not the boss, oh no... (see [https://www.youtube.com/watch?v=pOE595gaD\\_M](https://www.youtube.com/watch?v=pOE595gaD_M)).

I've come to realise that some lessons I need to revisit over and over. Sometimes I don't remember, and I make the same mistakes, falling into the same trap. I need to remind myself and depend on others around me to remind me, to make that right choice for my good and the good of others. I need to give up control and trust in God's ways and timing.

Two bible verses that have helped ground me through this time are:

"If anyone wants to follow me, let him deny himself, take up his cross daily, and follow me" (Luke 9: 23).

"Do not be conformed to this world, but be transformed by the renewal of your mind, that by testing you may discern what the good and acceptable and perfect will of God is" (Romans 12:2).

We also need to remind each other as believers. The writer of Hebrews tells us to "Encourage one another daily..." (Hebrews 10:25). We need reminding that God has our backs. Through this time of adjustment, we can continue to trust Him. Trust Him to teach us, to help us hear His voice as we seek His wisdom, and to be our strength when we are weak, and when we are tempted to take control.

*Lord in your mercy... hear our prayer.*

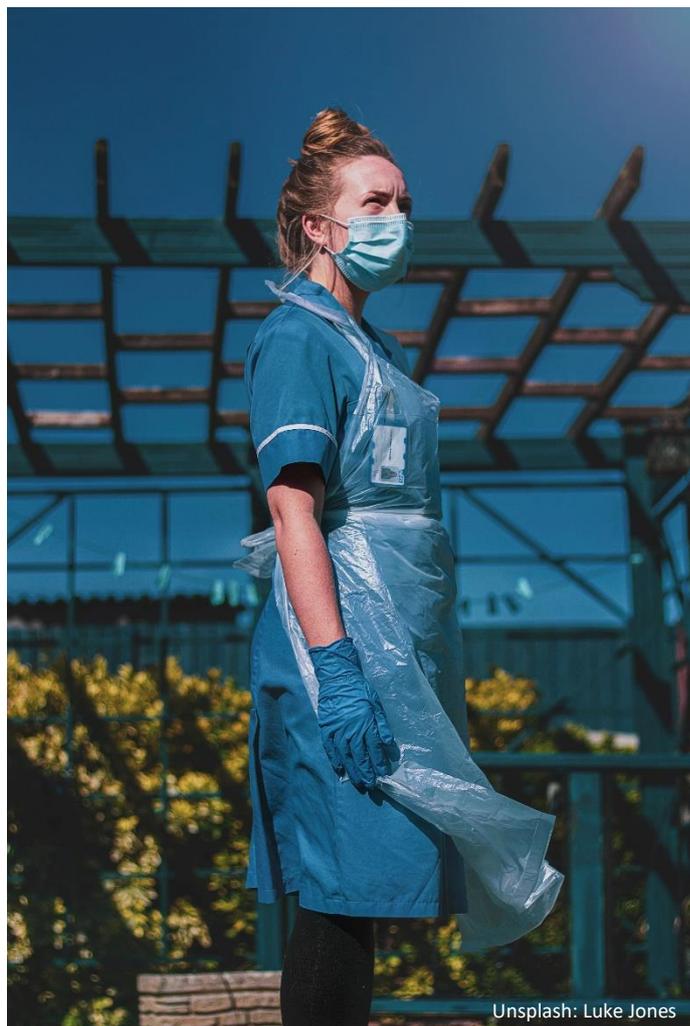


**Sonja Dawson** RN, DipAppsc, BN, MN, PhD(Candidate)

Sonja is a Lecturer in Nursing at Avondale College of Higher Education in Sydney. She is currently completing her PhD at University of Technology, Sydney undertaking an ethnographic investigation of nurses' experiences working on Mercy Ships. Sonja has volunteered for 12 years with Mercy Ships in West Africa with her most recent assignment being 6 months in 2016/2017.

This article was first published in *Faith in Practice*, June 2020, by Nurses Christian Fellowship Australia. Reprinted with permission from the author and NCFCA.

## Moral wellbeing—how do you shape up?



Unsplash: Luke Jones

COVID-19 has changed the world beyond recognition in just a few months. Restrictions, hand sanitisers, social distancing and face masks have become second nature and health care workers have become the leaders of change, transition and flexibility.

During this time of change have you considered the impact of moral injury to yourself or the healthcare workers around you? We are often focused on physical, emotional, spiritual and psychological care towards both our patients and colleagues however the impact of moral injury is gaining traction in academic circles.

**Moral injury** can be defined as profound psychological distress that results from actions or the lack of them, which violates a person's moral or ethical code.<sup>4</sup> Essentially, one's moral or core values and the standards by which they choose to live have been injured or even violated. There is a residual feeling of being powerless, frustrated, or sad.

We have been watching a pandemic of unprecedented proportions unfold. As

nurses we find our colleagues both local and overseas without enough PPE, our patients with no available ventilators which results in dire consequences, and the spread of the virus through communities (including the health workers' families) at an alarming rate. We see the impact of self-isolating and the heartbreak of people (sometimes our relatives) dying alone.

Practising nurses need a level of confidence in confronting complex situations to reduce the potential for moral injury and the prevent moral distress and burnout.<sup>5</sup> Unlike Post Traumatic Stress Disorder (PTSD), moral injury is not classified as a mental illness. Similarly, the term moral distress occurs when the practitioner knows the ethically correct action to take, but feels powerless to take that action.<sup>6</sup> For healthcare teams working in overstretched critical care environments potential morally injurious events (PMIEs) can lead to negative thoughts, and deep feelings of guilt or shame.

---

<sup>4</sup> Williamson V, Murphy D, and Greenberg N, 'COVID-19 and Experiences of Moral Injury in Front-line Workers', *Occupational Medicine*, 2020;70(5):317-319. <https://academic.oup.com/occmed/article/70/5/317/5814939>

<sup>5</sup> Rushton CH, Batcheller J, Schroeder K, Donohue P. 'Burnout and Resilience Among Nurses Practicing in High-Intensity Settings.' *Am J Crit Care*. 2015;24(5):412-420. doi:10.4037/ajcc2015291

<sup>6</sup> Epstein, E and Delgado, S 'Understanding and addressing Moral Distress', *Online Journal of issues in Nursing*, 2020; 15(3):manuscript 1. <http://ojin.nursingworld.org/MainMenuCategories/EthicsStandards/Resources/courage>

**Moral distress** may be seen as the condition of knowing the morally right thing to do, but institutional, procedural or social constraints make the doing the right action nearly impossible. This in turn threatens core values and moral integrity.<sup>7</sup>

For instance, during this pandemic there has been cause in many countries to introduce policies on who would receive the use of a ventilator, knowing that to go without is very likely to result in death. There is a need to consider complex comorbidities, predisposing conditions and prevailing circumstances, and then develop policies that attempt to de-personalise the impact of making such horrendous moral and ethical decisions.

Living and working through these situations leaves moral residue. The accumulating feelings of loss, lack of resources and choices, take a big toll on our moral integrity. This accumulating toll is known as **Moral Residue**.<sup>8</sup> It is described as lingering negative feelings after a morally problematic situation has passed in the face of moral distress. The individual has compromised him or herself or allowed others to be compromised which results in loss of moral integrity.

As health care workers we have the incredible gift of staying with our patients as they draw their last breath and close their eyes for the last time. We find comfort in saying to family, "We did all we could." However, when moral injury has occurred, we find ourselves saying, "We did all we could with what was available." It leaves a very different residue in our mind and spirit and the lingering tension of a heavy heart.

So, how is your moral wellbeing faring? Are your core values being challenged and your capacity to give the best nursing care compromised? Do you take the time to consider the impact it is having on you and your ability to unpack your feelings to limit moral residue?

When we are caring holistically for one another, let's not forget the possibility and impacts of moral injury. Let's develop strategies to work through this emerging situation and engage in healthy coping techniques. We will discuss these further in our next edition of *Whole health*, but in the interim you can connect with Nurses Christian Fellowship Australia via email or phone (M: 0412 862 776, <https://ncf-australia.org/contact-us/>) and Australian Faith Community Nurses Association (M: 0409 921 337, [afcna@outlook.com](mailto:afcna@outlook.com)) and we will be there to listen, debrief, chat, pray and encourage you.

May I finish with one of my favourite verses:

"For we are God's handiwork, created in Christ Jesus to do good works, which God prepared in advance for us to do." (Ephesians 2:10, NIV)

God has positioned us in nursing and sometimes our roles place us in the middle of morally injurious events. We need to build our moral resilience by engaging with the living word of God in Scriptures, experiencing the powerful impact of prayer time, and engaging in fellowship with each other.



**Gabi Macaulay RN, RM, GradDipMid, GradDipTheol, M.Min.**

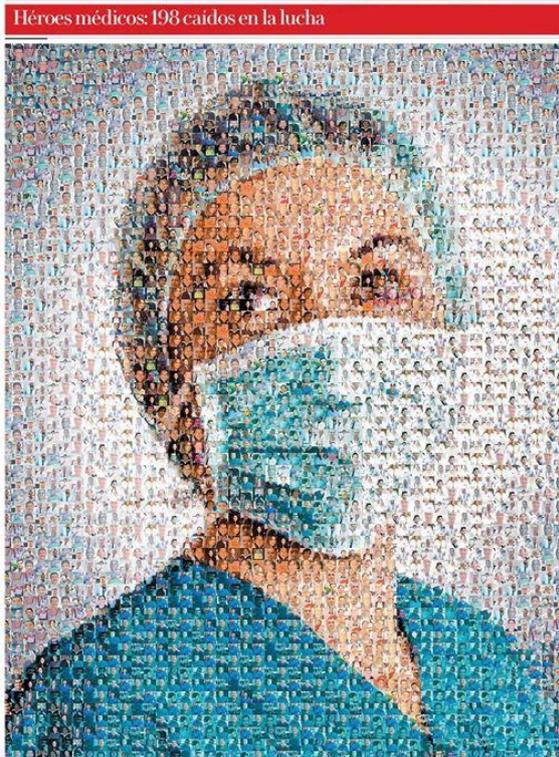
Gabi is a Clinical Facilitator with UTS in Sydney teaching nursing students. She continues work as a clinical nurse in the Emergency and Critical Care context. She has volunteered on medical ships in Papua New Guinea and served with Samaritan Purse's disaster relief team in the Caribbean after Cyclone Dorian in 2019, and in Australia after the 2020 bushfires. Gabi is the current President of Nurses Christian Fellowship Australia and serves on the Board of the Australian Faith Community Nurses Association.

---

<sup>7</sup> ibid

<sup>8</sup> Epstein EG, & Hamric AB 'Moral distress, moral residue, and the crescendo effect'. *Journal of Clinical Ethics*, 2009;20(4),330-342.

## Wearing a mask during COVID-19



This picture is made up of the ID cards of 198 Mexican health care workers who have lost their lives fighting COVID-19

The Center for Disease Control in USA has comprehensive information about when to wear a mask how to make a mask, when not to wear a mask, and how to care for and clean your mask. This website is well worth a close look. Cloth face coverings are now being recommended because they provide a simple barrier to help prevent respiratory droplets traveling into the air and consequently onto other people when a person wearing cloth face covering coughs, sneezes, talks, or raises their voice. As such it provides source control. COVID-19 mainly spreads among people in close contact within about 1.5 metres/6 feet), so using cloth face coverings is important in settings where people are close together and physical distancing is difficult to maintain.

Cloth face masks or coverings should not be worn by children under 2 years old; anyone who has trouble breathing and anyone who is unconscious, incapacitated, or otherwise unable to remove the cloth face covering without assistance. People should not wear cloth face coverings once they become wet e.g. while swimming or in intensive exercise. The CDC site has a list of situations where caution is advised.

[Source: Center for Disease Control <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>]

## Tutorials and sewing pattern for face mask

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-make-cloth-face-covering.html>

<https://www.gathered.how/sewing-and-quilting/sewing/how-to-make-a-face-mask-2-ways-to-sew-your-own/>

### COVID-19 symptoms

#### Monitor yourself for symptoms including:

- fever
- chills
- cough
- sore throat
- runny nose
- shortness of breath
- loss of taste and smell

#### Other symptoms may include:

- body aches
- diarrhoea
- fatigue
- muscle aches

**Then go for testing and isolate yourself immediately awaiting test results.** This first period from when symptoms become apparent is the critical time for virus transmission.

## E-safety during COVID-19

The increase in physical and social distancing has led to isolation during COVID-19 and Australians have adjusted to a lifestyle with increased reliance on the internet for their daily activities like work, shopping, communicating and some entertainment. A research report conducted in May 2020 by the safety commissioner highlights some challenges people are experiencing.



The internet is seen as essential to undertaking activities such as:

- work (58%)
- paying bills and banking (56%)
- communication and social interactions with family and friends (43%)
- accessing news and information (43%)
- entertainment (35%)

However, only a third of adults felt very confident that they had the skills and access to information they require to feel safe online. 56% felt somewhat confident and 8% did not feel confident at all. There may be a place for faith community IT experts to support people with lessons and information to develop their confidence because confidence decreased with age. There appears to be an increase in negative online activity during COVID-19 with 26% of adults receiving repeated unwanted messages or contacts. I think this is a problem with telephone landlines and mobile phone too, where scam calls are an almost daily occurrence. Disturbingly, 12% of respondents were also being sent unwanted inappropriate content such as pornography or violent content.

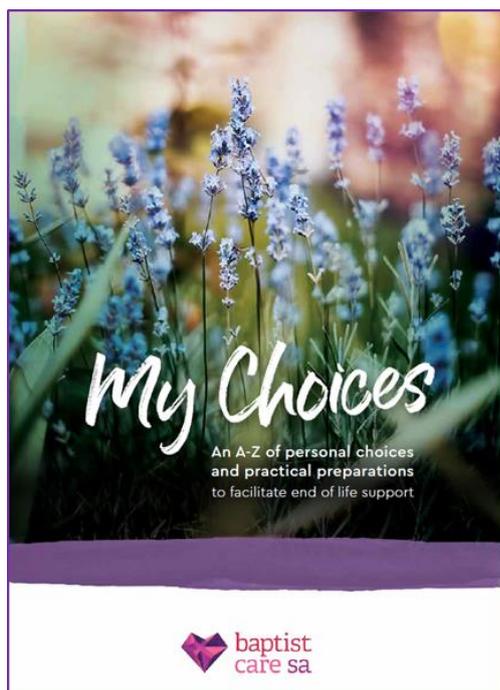
Adults with children at home were twice more likely to undertake an activity online a lot more during this period than adults without children and they were more likely to identify the internet as essential. Clearly younger generations move around the cyber world with ease and this will increase their vulnerability and the need to protect our children in ways that parents have not had to do in the past. Again there is an important place for experts within churches to help parents to understand this new paradigm and navigate it effectively with their children.



Looking forward, what people wanted from the internet included up-to-date, accurate and reliable information (32%) which means there is also a need to assist people to the right sites for reliable information. This is also true about COVID-19 where misinformation, myths and blatant untruths abound. It is also a challenge when the evidence changes such as the perspective about mask wearing. The mixed messaging is adding to the important responsibility FCNs have in using and sharing reliable credible sources and so they provide accurate information to their congregations and their community and debunk the lies.

Source: 'COVID-19 impacts on Australian adults' online activities and attitudes' retrieved 22 July 2020, <https://www.esafety.gov.au/sites/default/files/2020-06/Covid-19-impact-on-Australian-adults-online-report.pdf>

## My Choices resource



Making decisions is a part of everyday life. It includes making difficult choices such as: What job will I take? Will I marry? When should I retire? How do I want to spend my final days? How do I want to be cared for? What will happen if I became suddenly ill and can no longer communicate with my family? Would they know how I prefer to be cared for? Would they know where my important paperwork is? Would they know what payments to stop? What friends would I want them contact and how will they reach them?

COVID-19 is highlighting the need to be prepared for the end of life. Thinking about these issues and having discussions about them *long before it is necessary* is really helpful to you, your family and your caregivers. It reduces your stress and their stress. This is even more essential if your family and significant people live far away. Baptist Care SA have produced an excellent resource to prompt your thinking about these issues and your end of life support to assist you in creating a

personal record—either electronic or hard copy, or a mixture of both to document your choices.

The *My Choices* resources include:

- *My Choices* guide book: (costs \$15) explain how to use the indexes and worksheets
- *My Choices* A-Z indexes free to download
- *My Choices* worksheets free to download

Order or download from:

<https://baptistcaresa.org.au/resources/my-choices-resource#my-choices-worksheets>

Baptist Care SA's church support team offer FREE workshops for your church and community group on this important subject using this resource for South Australian churches.

Wellbeing word finder

B E N E F I C I A L V G X Z A O B Y E S S Y T P R  
 H K A M E Q D Z C A R H L W S I P S A E H E C W S  
 P U X K U I P V N G V Z K H O C H Z M U P U S D O  
 D T P G E M O T I O N A L N V A I L I P H G Z I I  
 D C O M M U N I T Y J X Y N W R Z P P H B E C S C  
 P T B M E F T U W V C M O D J E G W U O V J M T E  
 N U U O V G L Y X Y C N U J K W L B C R W L L A J  
 T F T G D J D Y I C I G P V G U L W I I R J F N D  
 K R M S A I B P Q V R R H S F D O A V C C B S C T  
 H Q C O M P A N I O N S H I P I Y N L R P I Q I I  
 A A Q P S I X F J U X O Q O G H Y B C P L Q A N B  
 A S V O A A O Q Y T K B A A M X D O A L Z L B G Y  
 L C K E Z E K W D K O I U K V G G V G W Y R O K L  
 S W I J N U X J U O V J T H M I P B H W I Z R B L  
 A W E K U T A G C L F T W Z C F Y M K I G F I U S  
 F W K L I S O L A T I O N F Q O C N B J O V G D V  
 E Q I A L W B N F B O C N N E C T I O N M I K B  
 T H N F W N J W P L V L B N U G V S R Y P N N I C  
 Y F S I I M E S D I O F U G T U L H M S N F A X O  
 L R H S S I A S H O O U P D X G Y E R A T U L V M  
 J F I K O M K C S N R D R L B E Q Z T X Y X R I P  
 Q S P T O C C I C Y B Q T I W E L L B E I N G M A  
 V A L E V F I U T M F B H N S I V U K A W X Z N  
 R F Y E C W K A Y K L E R R P H L N O X H Z P O Y  
 I S X B N B C O L Z E S N H N B Y K G X Q A P R V

Companionship	Beneficial	Distancing	Connection
Aboriginal	Community	Wellbeing	Emotional
Isolation	Euphoric	Flourish	Wellness
Social	Kinship	Company	Haven
Safety	Care		

Let's keep our community safe, strong and healthy.

Please visit [health.nsw.gov.au](https://health.nsw.gov.au) for the latest information on COVID-19.

**COVID-19**  
SLOW THE SPREAD

AHAMRC

## COVID-19 resources

**COVID hotline** 1800675 398

**Current COVID-19 info from Australian Government website**

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

**COVID-19 resources from Australian Government**

<https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources>

**Supporting mental health** Get reliable mental health information to pass on to your faith community

**WHO COVID-19 website** <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

[WHO: mental health considerations factsheet](#)

[Australian Government: Health to health COVID 19 support](#)

[Coronavirus: how to protect your mental health article](#)

[Beyond Blue: looking after your mental health during the coronavirus outbreak](#)

[Mental health and coronavirus \(COVID-19\) information for seniors \(Word\)](#)

[Mental health and coronavirus \(COVID-19\) information for parents and families \(Word\)](#)

[Mental health and coronavirus \(COVID-19\) information for those in isolation \(Word\)](#)

**Beyond Blue** offers practical advice and resources at [beyondblue.org.au](https://beyondblue.org.au). The [Beyond Blue Support Service](#) offers short term counselling and referrals by *phone* and *webchat* on 1300 22 4636.

**Lifeline** tips, resources, advice, crisis and suicide support *Phone*: 13 11 14 (24 hours/7 days) *Text*: 0477 13 11 14 (pm–midnight AEDT, 7 nights) *Chat online*: [www.lifeline.org.au/crisis-chat](https://www.lifeline.org.au/crisis-chat) (pm–midnight, 7 nights)

**Phoenix Australia, Centre for Post-Traumatic Mental Health**, advice, tips resources at [phoenixaustralia.org](https://phoenixaustralia.org)

**Telecross REDi COVID-19** Australian Red Cross phone-based support for people impacted by self-isolation/self-quarantine: *Phone*: [1800 188 071](tel:1800188071) *Online*: [register.redcross.org.au](https://register.redcross.org.au)

**Church based COVID-19 resources** at this website <https://www.covid19churchsummit.com/>

**Letter box cards** to offer assistance in your street “If you are self-isolating, I can help cards” from *Viral Kindness* [https://drive.google.com/file/d/1L\\_8Go1zQ572fBZtElFfQZI9vNEwK7Rf/view](https://drive.google.com/file/d/1L_8Go1zQ572fBZtElFfQZI9vNEwK7Rf/view)

**Home isolation fact sheet** (available in multiple languages)

[Australian Government: Home Isolation Factsheet](#)

**Hand washing is an important message to share** World Health Organisation (WHO) posters [https://www.who.int/gpsc/5may/How\\_To\\_HandWash\\_Poster.pdf?ua=1](https://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf?ua=1) and for display where you wash your hands as a reminder.

This short video is also helpful

<https://www.facebook.com/speckles.blades.9/videos/561117228090818/>

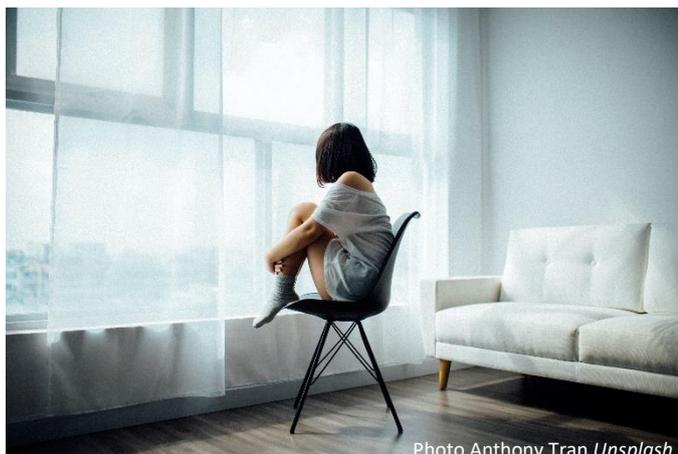
**COVID-19 wellbeing for elders** from AH&MRC and NSW health includes ideas for schedules, puzzles to get home the health messages (see illustration) [https://www.ahmrc.org.au/wp-content/uploads/2020/05/AHM\\_Wellbeing-for-Elders\\_Online.pdf](https://www.ahmrc.org.au/wp-content/uploads/2020/05/AHM_Wellbeing-for-Elders_Online.pdf)

## Mental health resources

**Lifeline Australia 13 11 14** a crisis support service offering short term support at any time for people who are having difficulty coping or staying safe [www.lifeline.org.au](http://www.lifeline.org.au)

**Beyond Blue 1800 512 348** Coronavirus Mental Wellbeing Support Service. <https://coronavirus.beyondblue.org.au/>

Regional Access Program (country areas) 24/7 [1300 032 186](tel:1300032186)



**Eheadspace 1800 650 893** online and webchat support and counselling for 12-25 year olds, their family and friends [www.headspace.org.au/eheadspace/](http://www.headspace.org.au/eheadspace/)

**MensLine** professional telephone and online support and information service for Australian men Phone 1300 78 99 78 (24 hours a day, 7 days a week). [MensLine online counselling](http://MensLine.org.au)

**Mindspot** free telephone and online service for people with stress, worry, anxiety, low mood or depression. It provides online assessment and treatment for anxiety and depression and can help you find local services. Call 1800 61 44 34 (8 am-8 pm, Monday-Friday; 8 am-6 pm, Saturday).

**Suicide Call Back Service** mental health support, call back service: 1300 659 467 or online at [suicidecallbackservice.org.au](http://suicidecallbackservice.org.au) (24 hours a day, 7 days a week)

**Coronavirus (COVID-19) Hotline** If people feel less connected they can call coronavirus hotline (1800 675 398) and press 3 to be connected to a volunteer from Australian Red Cross who can link you with local supports.

**Thirrili [1800 841 313](tel:1800841313)** (a mental health support line for Aboriginal consumers)

## Youth focused mental health and support services

**Headspace** 1800 650 890 or online at [www.headspace.org.au](http://www.headspace.org.au)

**Kids Helpline** 1800 55 1800 or [kidshelpline.com.au](http://kidshelpline.com.au)

**Youth Beyond Blue** [1300 224 636](tel:1300224636)

**ReachOut** online at [reachout.com.au](http://reachout.com.au)

**SANE Australia** 1800 187 263 or online at [sane.org](http://sane.org)

**Orygen Digital** 1800 888 320 or online at [Moderated Online Social Therapy platform](http://Moderated Online Social Therapy platform)

## Specialist areas

**1800Respect** confidential counselling, information and support for people impacted by sexual assault, domestic or family violence and abuse via phone or online chat. Phone: 1800 737 732 (24 hours a day, 7 days a week) [1800Respect online chat](http://1800Respect.org.au)

**Directline** confidential alcohol and drug counselling and referral service. Phone: 1800 888 236 (24 hours a day, 7 days a week) [Directline online counselling](http://Directline.org.au)

## Professional development opportunities



### What's new re AFCNA?

AFCNA is currently experiencing a surge of interest in every mainland state of Australian about the FCN role and people are obtaining the FREE [\*Introducing Faith Community Nursing\*](#) booklet and fact sheets that make up the AFCNA [\*Introductory Pack\*](#). We have our first cohort of students enrolled and starting [\*Foundation of Faith Community Nursing\*](#) course.

### What's new on the website

You will see that we have simplified our website with four entry portals to obtain up to date information:

- [\*I want to become a faith community nurse\*](#) if you are a nurse interested in the FCN role
- [\*I am a faith community nurse\*](#) information to support your FCN practice
- [\*My church wants a faith community nurse\*](#) for churches who are seeking more information about the FCN role
- [\*I want to partner with AFCNA\*](#) for interested community members who want to know more about FCN and/or partner with us by sharing their gifts, skills and resources with us to help us achieve a quality ministry for all Australians

We welcome new members and subscribers to help us carry forward our vision of 20 new nurses in 20 new churches in 2020 as together we see God's kingdom come and health reclaimed as part of the church's ministry.

### What's new in our Education Hub?

[\*Introducing Faith Community Nursing\*](#) FREE online course of approx 1 hour introducing the FCN role

Visit the hub here <https://afcna.teachable.com/> for:

- [\*Boundaries\*](#) FREE short course for a taste of what the Education Hub offers
- [\*Lifelines—a Christian journaling workshop\*](#)
- [\*How to make a change that sticks\*](#)
- [\*Restoring Balance—avoiding compassion fatigue\*](#)

AFCNA Members: to access your discounted price for courses log into the Members' area using the [\*log in\*](#) button in top menu.

[\*Foundation of Faith Community Nursing\*](#) 36 contact hour online course has just commenced. You can find out more and register your interest in the next course on the website.

## 20-22 April 2020 Westberg Symposium



The Westberg Institute, in partnership with the Nursing Division of the Spiritual Care Association to present the 2021 Westberg Symposium at the 'Caring for the Human Spirit' Conference April 12-14, 2021 in St Louis, MO.

Information and registration:

<https://westberginstitute.org/symposium2021/>

Inquiries: [hintons@churchhealth.org](mailto:hintons@churchhealth.org)

## NCFI World Congress 2020



Opportunities and challenges in nursing today: A Christ centred response. Tentative dates are July 12-16 in Denver Colorado. Information: [www.ncfi.org](http://www.ncfi.org)

## Lutheran Parish Nurses International annual study tour 2021

Details of the LPNI 2021 study tour to eastern USA on 15-21 September 2021 are available on the LPNI web site at [www.lpni.org](http://www.lpni.org). An itinerary and registration form for the tours are available from [robert.wiebusch@lca.org.au](mailto:robert.wiebusch@lca.org.au)

### Prayer points

- Thank God for new volunteers sharing their skills to support AFCNA
- Thank God for prayer meeting of Christian health care workers re COVID-19
- Continue to pray for global health workers who are on the frontline battling this pandemic
- Pray for AFCNA's vision to get 20 FCNs prepared for 20 churches. Pray about your involvement in this 2020 'Nightingale Challenge'. Can your church host an information night about FCN? 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 for AFCNA's first cohort of students doing the online Foundations course
- Pray for FCNs and other Christian nursing colleagues in NZFCNA, UKPNRC WI, NCFA
- Pray that God will call new FCNs and churches to start this role
- Pray for current FCNs across Australia, and for new FCN to heed God's call to ministry
- Pray for funding for AFCNA and NZFCNA as we cannot continue this ministry without it
- Pray for AFCNA and NZFCNA boards as they have AGMs and seek to direct their organisation's vision and mission for FCN and attract skilled board members willing to take up this ministry

## 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.



### 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.

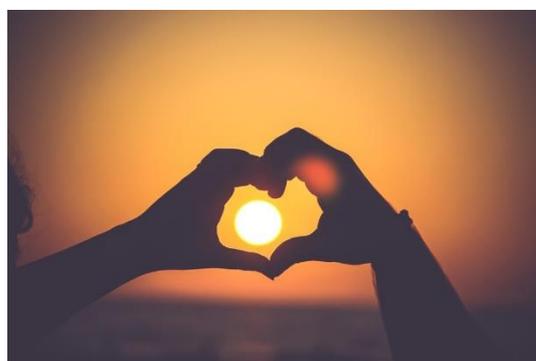


### You can make a one-off donation or you may wish to donate on a regular basis via:

- **AFCNA Website** at <https://afcna.org.au/donate/>
- **Direct Deposit:** Australian Faith Community Nurses Association Inc.
- **New Account:** BSB **704-922** Account: **100012768** 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](mailto:afcna@outlook.com) or [afcna@afcna.org.au](mailto:afcna@afcna.org.au) and we will be pleased to discuss this with you.

Partner with us

# Renew your AFCNA Membership

and invite others to join

**It's a new financial year time to renew your membership. It is vital to our work.**

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](http://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

Signed: \_\_\_\_\_

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

**Electronic transfer (New account):** Australian Faith Community Nurses Association Incorporated  
BSB: 704-922 Account No. 100012768 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



Partner with us to meet our 2020  
**Nightingale Challenge** of  
**20 FCNs for 20 churches in 2020**

If you can share a gift, a talent, your knowledge and skills, or your donation, it will help us meet this goal together to celebrate the International year of the Nurse and Midwife

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

Deadline for next issue: 30 October 2020

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

Australian Faith Community  
Nurses Association Inc.

PO Box 2707  
Kent Town SA 5071

Email: [afcna@outlook.com](mailto:afcna@outlook.com)

Webpage: [www.afcna.org.au](http://www.afcna.org.au)

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