

CARING & THE CHRISTIAN STORY

Purpose: To examine the relationship between faith and nursing

Objectives: After reading this chapter and completing the exercises, you should be able to:

1. Describe the historical relationship between Christian faith and nursing
2. Define Christian nursing
3. Identify your motivation for being a nurse
4. Describe the relationship between personal faith and nursing care

Keywords: worldview, story, narrative, history

Christine, an emergency-department staff nurse in an inner-city hospital, saw two little boys running out of the men's room shouting, "Someone's lying on the floor in there!" Rushing in to investigate, she found a leather-coated man of about thirty lying face down on the floor, cyanotic. She felt a pulse—but no breath. Christine knew he was most likely an overdosed intravenous drug user and HIV-positive, but when help seemed long in coming, she began mouth-to-mouth resuscitation in spite of her fears. Afterward her colleagues said she had been irresponsible. But all Christine could think about was, *if Jesus lived today, would he sit among the HIV-positive and love them?*¹

Rosene, a nurse in an extended-care facility, felt repulsed at first by the "concentrated assemblage of helpless humanity" who surrounded her. But then she prayerfully determined that she would get to know her patients and see in each one the image of God. She gradually began to enjoy the people in her care.²

¹Christine Ann Grem, "Cameo of Caring: George," *Journal of Christian Nursing*, summer 1995, p. 9.

²Rosene M. Dunkle, "Beyond Appearances: Caring in the Land of the Living Dead," *Journal of Christian Nursing*, summer 1995, pp. 4-6.

Marsha, caring for an obscenity-shouting, combative drug abuser, looked into his eyes and saw a person whom God loved.³

Mother Teresa saw Jesus in the sick and dying of Calcutta and took them in to comfort and care for them.

Joy, an American nurse living in Turkey, saw starving babies in an orphanage and organized an ongoing project to provide them with nourishing formula.⁴

What common thread weaves throughout these stories? Each of the nurses responded to her patients from a theological commitment. She saw those in her care as valuable human beings who reflected the image of God. She saw hope in the midst of hopeless situations. She viewed health as a holistic concept that radiates from a vital relationship with God and includes physical integrity, emotional stability and participation in the life of the community. She was motivated by the desire to share the love of God, which she had personally experienced, and she saw nursing as compassionate service to God and her neighbors.

How does what we believe affect the health care we provide? Is there a relationship between the way a society understands the nature of God and the type of health care that develops in that society? We will argue that there is a direct relationship and that if the faith perspective changes, health care practices will change. In fact, we are living in the midst of such changes in North America right now.

Nursing developed out of a Christian worldview. It is important to see that *the changes we are experiencing stem from a growing paradigm shift in our culture*. To fully appreciate this shift, we must first look at who we are and how nursing developed in the first place.

How Did We Get Here?

Optimism ran high in mid-nineteenth-century England. With the rise of empiricism, in which all knowledge is derived from experience, science blossomed and gave rise to high hopes for conquering drudgery and disease. Florence Nightingale went to the Crimea, and by applying good principles of sanitation she made a major difference in the death rate of British soldiers (from 42 percent to 2 percent). But the spectacular success of science and high hopes of the philosophers had an unsettling effect on the common people—and that troubled Nightingale. She wrote to her friend John Stuart Mill, “Many years ago, I had a

³Marsha Niven, “Somebody’s Son: A Patient Only a Mother Could Love,” *Journal of Christian Nursing*, Spring 1992, pp. 28-29.

⁴Joy Sterling, “The American Milk Mama,” *Journal of Christian Nursing*, winter 1996, pp. 28-30.

large and very curious acquaintance among the artisans of the North of England and of London. I learned that they were without any religion whatever—though diligently seeking after one, principally in Comte and his school. Any return to what is called Christianity appeared impossible.”⁵ The people were turning to empiricism and becoming atheists.

At the same time, corruption and controversy filled the Church of England. While the church could be rigid in its outward requirements, it tended to be elitist and hypocritical in practice. In the light of the positivism of science and philosophy and the negativism of the church, many of the common people became disillusioned and simply dropped out.

Florence Nightingale seemed most concerned about the ethical implications of religious belief. In her book *Suggestions for Thought* she attempted to develop an alternative concept of God that would appeal to the disenchanting “artisans” (merchants and craftsmen) so they would have a basis for morality. Her theology was far from orthodox—she dismissed the incarnation, the Trinity and the atonement as “abortions of a comprehension of God’s plan.”⁶ However, she considered herself a Christian and her work a “call from God.”⁷

The Enlightenment brought major changes in science, beginning with René Descartes (1596-1650) and his elevation of human reason. The move toward modern science began with British physicist Isaac Newton’s *Mathematical Principles of Natural Philosophy* (1687), in which he postulated that mathematical physics could explain the whole of the physical universe (the “mechanical world”). John Locke (1632-1704) and George Berkeley (1685-1753) continued this move to empiricism, retaining a somewhat Christian flavor that resulted in theological deism.

The twentieth century brought another set of philosophical and theological influences into nursing. New philosophers built on the foundations laid by empiricism, then began tearing them down. The results were nihilism, existentialism and eventually postmodernism. This philosophical ferment laid the foundation for the tension we face in nursing today.

Do the philosophical and theological underpinnings of nursing really matter? Absolutely! For just as Florence Nightingale observed that the common people in her day were becoming atheists and thereby losing their basis for ethical behavior, nurses today are affected by the philosophies of our time. The spirit of

⁵Florence Nightingale, quoted in Michael D. Calabria and Janet A. Macrae, *Suggestions for Thought by Florence Nightingale* (Philadelphia: University of Pennsylvania Press, 1994), p. ix.

⁶Ibid., p. 13.

⁷JoAnn G. Widerquist, “Florence Nightingale’s Calling,” *Second Opinion*, January 1992, pp. 108-21.

service and compassion that once motivated nurses has evolved into a professionalism that demands power, status and appropriate compensation.⁸ We see the effects in a health care system controlled by the bottom line.

What Is Nursing?

In recent history, nursing has been closely associated with medicine and often confused with the medical profession; however, nursing and medicine are two distinct professions with very different histories. Western medicine developed out of a Greek, and later Cartesian, body-mind dualism that viewed the body as object.⁹ The role of the nurse, however, grew out of a Christian understanding of the human person as created in the image of God and viewed the body as a living unity and the "temple of the Holy Spirit" (1 Cor 3:16).

Medicine has traditionally focused on the scientific dimension of the human body, relegating the spiritual and psychosocial dimensions to religion and psychology. The uniqueness of nursing is its emphasis on caring for the whole person as embodied. It is defined as both an art and a science. Anne Bishop and John Scudder insist that nursing is neither an art nor a science but a *practice* that draws on both the arts and sciences.¹⁰ Nursing, even in our most scientifically oriented periods, has always been concerned with the whole person. Nurse theorist Patricia Benner asserts,

Nurses deal with not only normality and pathophysiology but also with the lived social and skilled body in promoting health, growth, and development and in caring for the sick and dying.¹¹

In other words, nurses work from an understanding of the self as embodied and are concerned with how we relate to one another and function in the world through our bodies.

The classic definition of nursing, developed by theorist Virginia Henderson and adopted by the International Council of Nurses, states,

The unique function of the nurse is to assist the individual, sick or well,

in the performance of those activities contributing to health or his recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible.¹²

Henderson further elaborates by listing fourteen activities that a nurse assists patients to perform.¹³ Eight of these activities pertain directly to bodily functions. The remaining six relate to safety and finding meaning and purpose in life—enabling the embodied person to function in relation to other people and the environment in a healthy way.

More recent definitions, while not completely denying the need for physical care, reflect a growing paradigm shift by focusing more on the psychosocial aspects of care and less on the physical. For example, Martha Rogers states, "Professional practice in nursing seeks to promote symphonic interaction between man and environment, to strengthen the coherence and integrity of the human field and to direct and redirect patterning of the human and environmental fields for the realization of maximum health potential."¹⁴

Jean Watson asserts, "At its most basic level nursing is a human, caring, relational profession. . . . Caring in nursing is a 'human mode of being'; caring is a basic way of 'being-in-the-world' and creates both self and world."¹⁵

Rosemarie Rizzo Parse further expands this approach to nursing: "The nurse centers with the universe, prepares, and approaches the other, attending intensely to the meaning of the moment being lived by the person or family."¹⁶

With the present tumultuous change in the health care system, nursing struggles to redefine itself. While theorists move toward the psychosocial and ethereal, practitioners are positioning themselves for professional survival. Both teeter on a precipice, in peril of losing the true essence of nursing entirely. The former are looking more like shamans and the latter like physician-technicians. Neither embraces the full concept of *nurse* that grew out of the Christian gospel.

We will define Christian nursing as *a ministry of compassionate care for the whole person, in response to God's grace toward a sinful world, which aims to*

⁸Suzanne Gordon and Sioban Nelson, "An End to Angels: Moving Away from the Virtue Script Toward a Knowledge-Based Identity for Nurses," *American Journal of Nursing* 105, no. 5 (2005): 62-69.

⁹Bonnie Bullough and Vern L. Bullough, "Our Roots: What We Should Know About Nursing's Christian Pioneers," *Journal of Christian Nursing*, winter 1987, p. 12.

¹⁰Anne H. Bishop and John R. Scudder, "Nursing as a Practice Rather Than an Art or Science," *Nursing Outlook*, March-April 1997, pp. 82-85.

¹¹Patricia Benner, ed., *Interpretive Phenomenology: Embodiment, Caring, and Ethics in Health and Illness* (Thousand Oaks, Calif.: Sage, 1994), p. xvii.

¹²Virginia A. Henderson, *The Nature of Nursing: Reflections After 25 Years* (New York: National League for Nursing Press, 1991), p. 21.

¹³Ibid., pp. 22-23.

¹⁴Martha E. Rogers, *An Introduction to the Theoretical Basis of Nursing* (Philadelphia: F. A. Davis, 1970), p. 122.

¹⁵Jean Watson, "Nursing's Caring-Healing Paradigm as Exemplar for Alternative Medicine?" *Alternative Therapies*, July 1995, p. 67.

¹⁶Rosemarie Rizzo Parse, *Illuminations: The Human Becoming Theory in Practice and Research* (New York: National League for Nursing Press, 1995), p. 82.

foster optimum health (shalom) and bring comfort in suffering and death for anyone in need.

A Brief History of Nursing

Although some forms of health care were provided in ancient cultures,¹⁷ nurse historian Patricia Donahue states, "The history of nursing first becomes continuous with the beginning of Christianity."¹⁸ Nurse historians Dolan, Fitzpatrick and Herrmann state,

The teachings and example of Jesus Christ had a profound influence on the emergence of gifted nurse leadership as well as on the expansion of the role of nurses. Christ stressed the need to love God and one's neighbor. The first organized group of nurses was established as a direct response to His example and challenge.¹⁹

The impetus for this movement came when the first-century Christians began to teach that all believers were ministers who were to care for the poor, the sick and the disenfranchised (e.g., Mt 25:31-46; Heb 13:1-3; Jas 1:27). As the churches grew, they appointed deacons to care for the needy within the church.²⁰ Eventually, more men and women were added to the roll of deacons, and their designated responsibilities grew to include caring for the sick.²¹ Phoebe, the deacon mentioned in Romans 16:1-2, is often considered the first visiting nurse.²²

By the third century, organized groups of deaconesses were caring for the sick, insane and lepers in the community.²³ In the fourth century the church began establishing hospitals. Most of these hospitals did not have a physician; they were staffed by nurses. There were several periods when the early church did not condone the practice of medicine, which they viewed as a pagan art.²⁴ Nurse historians Lavinia Dock and Isabel Stewart state,

¹⁷These health care providers included midwives, shamans and wise women, but none of these roles meet the criteria for professional nursing as defined in this chapter.

¹⁸Patricia Donahue, *Nursing: The Finest Art—An Illustrated History* (St. Louis, Mo.: Mosby, 1985), p. 93.

¹⁹Josephine Dolan, M. Louise Fitzpatrick and Eleanor Krohn Herrmann, *Nursing in Society: A Historical Perspective*, 15th ed. (Philadelphia: W. B. Saunders, 1983), p. 43.

²⁰James Monroe Barnett, *The Diaconate: A Full and Equal Order* (Valley Forge, Penn.: Trinity Press, 1995), pp. 28-42.

²¹David Zersen, "Parish Nursing: 20th-Century Fad?" *Journal of Christian Nursing*, spring 1994, pp. 19-21, 45.

²²Dolan et al., *Nursing in Society*, p. 45.

²³Mary Haazig, "Historical Presence of the Nurse in the Church," in *Oneness in Purpose—Diversity in Practice* (Fair Ridge, Ill.: National Parish Nurse Resource Center, 1989), p. 3.

²⁴Bullough and Bullough, "Our Roots," pp. 11-12.

The age-old custom of hospitality . . . was practiced with religious fervor by the early Christians. . . . Their houses were opened wide to every afflicted applicant and, not satisfied with receiving needy ones, the deacons, men and women alike, went out to search and bring them in.²⁵

Nursing in the Middle Ages centered in monasteries. Women who wanted to serve God and care for the sick joined together in monastic orders. In the late Middle Ages, the Knights Hospitallers of St. John, a military nursing order, built a hospital in Jerusalem, as well as others along the route of the Crusades. While the original intent was to care for pilgrims to Jerusalem, they also cared for Muslims, Jews and Christian crusaders.²⁶

The Renaissance through the eighteenth century brought a dark period in the history of nursing. As Catholic religious orders were disbanded or suppressed in Protestant countries, hospitals deteriorated. Nursing ceased to be a public role; it moved out of the church and into the home. However, some religious orders in southern Europe continued providing nursing care, including those established by St. Francis of Sales (1567-1622) and St. Vincent de Paul (1581-1660).²⁷ However, care deteriorated even among the religious orders as nuns were not allowed to touch any part of the human body except the head and extremities and were often forced to work twenty-four-hour days.²⁸

By the nineteenth century, except for a few nursing orders of nuns, nursing was disorganized and corrupt. Dolan, Fitzpatrick and Herrmann describe hospitals in Philadelphia in 1884:

Hospital patients were penniless folk, usually homeless and friendless. In most of the city hospitals the nursing was done by inmates usually over 50 years old, many being 70 or 80. . . . There was practically no night nursing, except for the "night watchers" provided for women in childbirth and the dying.²⁹

Charles Dickens portrayed nineteenth-century nursing in the character of Sairey Gamp in his novel *Martin Chuzzlewit*.³⁰ A self-seeking alcoholic, Gamp has become the symbol of nursing at its worst. Dickens focused public attention on

²⁵Lavinia L. Dock and Isabel Maitland Stewart, *A Short History of Nursing, From the Earliest Times to the Present Day* (New York: Putnam, 1931), p. 51.

²⁶Verna Benner Carson, *Spiritual Dimensions of Nursing Practice* (Philadelphia: W. B. Saunders, 1989), p. 57.

²⁷Ibid., pp. 59-60.

²⁸Dolan and Stewart, *A Short History of Nursing*, p. 99.

²⁹Dolan et al., *Nursing in Society*, p. 157.

³⁰Charles Dickens, *Martin Chuzzlewit* (New York: Books, Inc., 1868). Sairey Gamp is introduced in chapter 19 and continues as a key figure for the remainder of the book.

the nursing care being provided by alcoholics, prostitutes and women who were uncaring and immoral.

Reform again came through the work of the Christian church. Elizabeth Seton established the Widow's Society, a Protestant mission in New York, to care for poor women in their homes—to nurse and comfort them. She later joined the Catholic church and eventually established the Sisters of Charity at Emmitsburg, Maryland. Mother Mary Catherine McAuley founded the Sisters of Mercy, who ministered to the poor and sick in Dublin, Ireland, and eventually spread to other countries, including the United States. Elizabeth Fry, an American Quaker in London, began a campaign of prison reform that eventually developed into the Society of Protestant Sisters of Charity, whose primary objective was to supply nurses for the sick of all classes in their homes.³¹

Fry had a strong influence on a German Lutheran pastor, Theodor Fliedner, and his wife, Frederika. Seeing the pressing needs of the poor and the sick in their community, the Fliedners decided that the church must care for these people. They turned a little garden house into a home for outcast girls and eventually organized a community of deaconesses to visit and nurse the sick in their homes. That experiment quickly grew into the Kaiserswerth Institute for the Training of Deaconesses, with a huge complex of buildings, including a hospital, and educational programs for nurses and teachers.³²

About the same time, a young woman in England, Florence Nightingale, felt God calling her to future service. She responded to that call by becoming a nurse, studying first at the Kaiserswerth Institute, then at Catholic hospitals in Paris. Nightingale went on to single-handedly reform nursing, bringing it back to its Christian roots and setting high educational and practice standards.³³ However, her theological influence also set the stage for an ongoing struggle between those of her followers who wanted to be viewed as “professional” (secular) and those who understood nursing as a calling from God—a conflict Nightingale herself did not envision.

About this same period, churches in Europe and the United States began establishing hospitals with schools of nursing. William Passavant, a Lutheran pastor and pioneer in hospital development, visited Kaiserswerth. He brought deaconesses to Pittsburgh, Pennsylvania, to staff his first hospital and teach in the nursing school, rather than choosing secular nurses. Passavant described the

tension that he observed between Christian service and professionalism in an address given in 1899:

The deaconess has a Biblical office, the nurse a worldly vocation. The one serves through love; the other for her support. In the one case we have an exercise of charity as wide in extent as the sufferings and misery of mankind; in the other, a usefulness circumscribed by the narrow circle of obedient help given to the physicians and surgeons. Above all, the deaconess cares for the body in order to reach the soul. She works for eternity. The trained nurse, like the man whose vocation brings him to the sick-bed, is, as a rule, quite content to pass by unnoticed the possibilities of an eternal future in the demands of the present welfare of the patient.³⁴

Influential nursing leaders at the turn of the century railed against the idea of nursing as a religious calling for several reasons.³⁵ British empiricism left many thinking people of the time disillusioned with the church and placing their hopes in science. Also most nurses in the religious orders and deaconess communities worked under oppressive conditions, resulting in chronic fatigue and a high mortality rate among nurses.³⁶

At the same time, the American social context included a strong sense of progress and an assumption that freedom and democracy would eventually create a pure, rational society. But rapid industrialization had left society with a loss of community and large populations of disenfranchised poor.

Roles of a Deaconess and a Nurse 1899—William Passavant

Deaconess

Biblical office

Serves through love

Exercise of charity as wide as suffering

Cares for the body to reach the soul

Works for eternity

Nurse

Worldly vocation

Serves for her financial remuneration

Usefulness circumscribed by the system

Concerned for present welfare of the patient

Unconcerned with eternal future

³¹Dolan et al., *Nursing in Society*, pp. 137-39.

³²Abdel Ross Wentz, *Fliedner the Faithful* (Philadelphia: Board of Publication of the United Lutheran Church in America, 1936), pp. 55-83.

³³Mary Lewis Coakley, “Florence Nightingale: A One-Woman Revolution,” *Journal of Christian Nursing*, winter 1989, pp. 20-25.

³⁴William Passavant, quoted in C. Golder, *The History of the Deaconess Movement* (Cincinnati: Jennings and Pye, 1903), p. 585.

³⁵See, for example, Diane Hamilton, “Constructing the Mind of Nursing,” *Nursing History Review* 2 (1994): 3-28; and Dock and Stewart, *A Short History of Nursing*, pp. 241-83.

³⁶Dock and Stewart, *A Short History of Nursing*, pp. 256-57.

Upper-middle-class women, as keepers of the culture's mores and unable to hold paying jobs, became social reformers. Out of these developments, public health nursing arose. Nurse historian Diane Hamilton comments about these nurse reformers ("inventors"):

Thus, both nursing and religion, if pursued compassionately, healed wounded minds, bodies, and spirits. Although the nurse inventors intended an unyielding boundary between religion and nursing, the kindred missions of religion and nursing rendered the boundary translucent. They envisioned that secular nursing would emulate the values of the religious sisters without accepting their rules, regulations, and cloistered life. Compassion, once associated with God's authority, would, according to the nurse inventors, be replaced with compassion based on commitment to the authority of humanity and its social progress.³⁷

Other nursing leaders during the same period insisted that the intimacy inherent in nursing practice required religious goodness, credulity, discipline and obedience. Charlotte Aikens, in a 1924 nursing ethics text, acknowledged "religion" (defined as "the relation which an individual fixes between his soul and his God") as the basis for nursing ethics.³⁸ Rebecca McNeill wrote in the *American Journal of Nursing* in 1910 that the "ideal nurse" must be a Christian.³⁹

Adding to the tension between the secular and religious influences in nursing was the common practice of deaconess hospitals' establishing schools of nursing based on the Nightingale system, so that, until the establishment of baccalaureate nursing programs, the two philosophies—service and professionalism—developed side by side. As a baccalaureate nursing student in the early sixties, I (Judy) felt caught in the middle of this tension. When I wrote a class paper for a course in nursing leadership, I chose to defend the idea of *service*. In the process, I raised the ire of my instructor.

At the end of the nineteenth century and beginning of the twentieth, the evangelical missionary movement developed. Early missionaries went to Asia and Africa, communicating the gospel primarily through education and health care. Florence Nightingale also sent out "missioners" to all English-speaking countries.⁴⁰ Although they determined to be secular, most drew their motivation from Christian faith and often worked through religious orders or mission hos-

³⁷Hamilton, "Constructing the Mind of Nursing," pp. 21-22.

³⁸Charlotte A. Aikens, *Studies in Ethics for Nurses* (Philadelphia: W. A. Saunders, 1924), pp. 51-52.

³⁹Rebecca H. McNeill, "The Ideal Nurse," *American Journal of Nursing* 10, no. 5 (1910): 595.

⁴⁰Dock and Stewart, *A Short History of Nursing*, pp. 187-91.

pitals. As missionary activity spread around the world, nursing worldwide could trace its roots to both Florence Nightingale and a Christian worldview.

Nursing Today

With the current rise of alternative spiritualities among nursing leaders, revisionist approaches to nursing history have attempted to bypass the Christian roots of nursing. More recent nursing histories look instead to animistic "medicine men and women" and shamans, Greek and Roman goddesses, Egyptian priestesses, Ayurvedic medicine, and healing traditions based on *chi* energy.⁴¹

The practical result of these approaches seems to be a move away from the physical care of the body.⁴² Increasingly, nursing as practiced by advocates of alternative healing occurs more in the mind and less with hands-on physical care. While "caring" is taught, it is more of a detached presence than a doing of those things that communicate compassion.⁴³

At the same time nursing is facing a major restructuring and redefinition based on bottom-line economics. American Nurses Association research has indicated that the reduction of registered nurses in hospitals is causing unsafe conditions for some patients. The most frequently reported explanations for the nurse cutbacks were economic reasons.⁴⁴

Not only does the health care industry want to streamline the work force to save money, but some nurses themselves seem to be more motivated by economic considerations. Nurse educator Susan Stocker writes,

I'm seeing an increasing number of students who are not entering nursing for the same reasons you and I did. They don't have a caring attitude. They have a goal and that goal is to get a job that pays a decent wage. The end. What impact will that have on the professional organization and the profession?⁴⁵

Why are we in nursing? Is it only to earn a decent wage? Are we hoping to gain power and prestige or academic status? While nurses have traditionally entered nursing to serve God and care for the sick, those motivations seem to be rapidly changing. Too many nurses start lining up at the time clock to punch

⁴¹See, for example, Lynn Keegan, *The Nurse as Healer* (Albany, N.Y.: Delmar, 1994), pp. 182-88.

⁴²Margaret J. Dunlop, in Patricia Benner, *Interpretive Phenomenology* (Thousand Oaks, Calif.: Sage, 1994), p. 31.

⁴³Verna Carson, "Caring: The Rediscovery of Our Nursing Roots," *Perspectives in Psychiatric Care*, April-June 1994, pp. 4-6.

⁴⁴American Nurses Association, *Summary of the Lewin-VHI, Inc., Report: Nursing Report Card for Acute Care Settings* (Washington, D.C.: American Nurses Association, 1995).

⁴⁵Susan Stocker, "Pretty Scary Stuff," *The American Nurse*, September 1995, p. 6.

out while patient call lights flash. Others retreat to academia to avoid the unpleasant tasks of staff nursing.

Tanya, a senior in a nursing program where students were allowed to choose their clinical areas, smugly related that she had managed to arrange all of her clinical experience in psychiatric settings. She had never done any physical care. When asked how she hoped to function as a graduate nurse, she adamantly stated, "I didn't go into nursing to carry bedpans."

Jesus Christ has called us to a different vision for nursing. He touched lepers (Lk 5). He applied mud compresses (Jn 9:6). He washed feet (Jn 13). Jesus clearly proclaimed, "Whoever wishes to become great among you must be your servant, and whoever wishes to be first among you must be slave of all. For the Son of Man came not to be served but to serve, and to give his life a ransom for many" (Mk 10:43-45).

As Jesus began his ministry he proclaimed,

The Spirit of the Lord is upon me,
because he has anointed me
to bring good news to the poor.
He has sent me to proclaim release to the captives
and recovery of sight to the blind,
to let the oppressed go free,
to proclaim the year of the Lord's favor. (Lk 4:18-19)

Throughout the Gospels, physical healing was intimately linked with the proclamation of the gospel. Jesus sent his followers out with instructions to heal the sick and to tell them, "The kingdom of God has come near to you" (Lk 10:9). He underlined our responsibility to provide physical care by explaining in Matthew 25:35-36, 40:

I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me. . . . Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me.

However, he did not stop there. Throughout the Gospels we see how the ultimate purpose for physical healing was to restore people to a vital relationship with God and the community.

If that is the case, nursing cannot work toward the goal of health without including the clear proclamation of the gospel, as well as providing physical care with a servant attitude. Nursing as a vocation, or *calling*, from God, must return

to its roots in the church and Christian faith in order to work toward the goal of true health. Furthermore, if we hope to maintain a strong Christian worldview in nursing, our faith must be nurtured in a Christian community and informed by a clear theology. True nursing cannot be divorced from the Christian story.

For Further Thinking

1. What motivated you to become a nurse?
2. What did you learn about nursing history as a nursing student? How does that knowledge shape the way you view nursing?

Theological Reflection

Read Matthew 25:31-46, Hebrews 13:1-3, James 1:27 and 1 Peter 2:9.

1. What does each passage say about the relationship between faith and caring for others?
2. To whom should we direct our compassion? For what reasons?
3. How do these passages describe the environment in which we care?
4. What is the nature of health—the goal of our caring?
5. What is involved in providing care?

CASE STUDY: Amy & Flora

Amy, a junior nursing student, was assigned to care for Flora, an eighty-five-year-old woman with bilateral gangrene of the lower extremities secondary to diabetes mellitus. Flora's treatment regimen included maggot therapy. She was on strict contact isolation due to methicillin resistant *staph aureus* (MRSA).

Amy came to clinical well prepared but with some obvious apprehension as she began her day. She donned a gown, gloves and mask before entering Flora's room for an initial nursing assessment. The usual morning care followed: breakfast, medication administration, bathing and tedious dressing changes.

Flora was hearing impaired, so Amy leaned close to her and spoke clearly in her ear. Flora chewed her food slowly, but Amy very deliberately helped her take each bite of breakfast, a process that took over thirty minutes. Flora was afraid and in pain, so Amy touched her gently and combed her hair carefully, gave good skin care and held her hand.

Flora said she couldn't remember when her family last visited, so Amy read each of her greeting cards to her and listened as Flora reminisced about family. Amy opened the curtains to let Flora feel the warmth of the sun and see the activities outside her window.

Flora was confused, due to sleep deprivation, so Amy developed a plan for a soothing bedtime routine. When Flora refused to take her medications, Amy helped her with each pill, calling pharmacy to get liquid meds where possible. Flora dreaded the painful dressing changes to her lower extremities, but Amy carefully explained each step in the process and used strategies to minimize the pain Flora experienced. When a wandering maggot escaped from under the edge of the dressing, Amy unobtrusively removed it.

Amy was weary as she came out of the room after morning care, sweat matting the hair around her face as she sat down for the first time in two hours to do her charting. When her instructor returned later, she found Amy back in isolation gear, sitting in Flora's room, holding her hand. When her instructor asked Amy why she returned to Flora's bedside, she replied, "I saw Jesus going back into that isolation room to bring comfort to a lonely woman, but I knew Flora would not be able to see him, so I went instead."

(Adapted from Carol Bence, "I Went Instead," *Journal of Christian Nursing*, spring 2003, pp. 4-5.)

Discussion Questions

1. In what ways does Amy's care for Flora illustrate the principles given in the Bible passages above?
2. How did Amy's personal faith affect her nursing care?
3. What did Amy's care for Flora imply about the way she viewed her patient?
4. How did Amy alter Flora's environment to enhance her care? What seemed to enable Amy to endure the discomfort in her environment?
5. What seemed to be the goal of Amy's care for Flora? How do you think she viewed health?
6. Describe one of your most difficult patients. How could you apply similar approaches in your nursing care for this person?

2

REVOLUTION IN THE NURSING PARADIGM

Purpose: To examine the relationship between shifting worldviews and the changes occurring in nursing practice

Objectives: After reading this chapter and completing the exercises, you should be able to:

1. Describe a worldview
2. Define the four major concepts of the nursing metaparadigm according to the modern, postmodern and biblical worldviews
3. Describe how this struggle between worldviews affects your nursing practice
4. Identify the worldview reflected in a nursing theory

Keywords: paradigm, worldview, nursing theory, modern, postmodern, biblical

Sonja faced a dilemma. Working on a large AIDS unit over several years, she grew to care deeply for the men and women who were frequently readmitted as a result of their immunosuppression. She grieved when they died, and recommitted herself to making the lives of other patients as comfortable as possible during their last days. Her sense of being called by the Lord gave her strength for what was often exhausting work.

Increasingly, however, Sonja began to think that the option of physician-assisted suicide made sense for her patients. Many on her unit were seeking help of organizations encouraging "the right to die" as a way of ending prolonged suffering. Some of her colleagues argued that helping these patients end their lives was an act of compassion. Sonja felt confused. According to her Christian worldview, she could not deliberately end the life of anyone in her care. Yet watching her patients suffer moved her to wonder if she should