

**Presentation of abstracts presented at NCFI's 50th Anniversary
Conference
"Strengthened to SERVE: a Christian Response to Global
Health Needs"**

Held at Jos, Nigeria, 14th to 18th September 2008

The abstracts are organised according to the three main theme of the conference:

1. Global issues
2. Global response
3. Equipped to serve

If you want to read more of what was presented, please contact the presenter of the actual paper. You will find an e-mail address on each abstract.

1. Global issues

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Trafficking and prostitution, a global and a personal challenge	
<p>Globalization represents many new challenges, and amongst them what is known as trafficking. In Norway we experience that most subjugated women come from Nigeria and eastern Europe especially from Albania and Bulgaria.</p> <p>Prostitution appears in many forms. This abstract will exclusively consider women who are forced into prostitution by trafficking.</p> <p>What's trafficking? <i>Trafficking</i> means the recruitment, transportation, transfer, harboring or receipt of persons caused by threat or use of force or other kinds of coercion, abduction, fraud, deception, abuse of power, a position of vulnerability or the giving/receiving of payments or benefits to achieve the consent of a person having control over another person; all with exploitation as the purpose. Exploitations include, at a minimum, prostitution of others or different kinds of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.</p> <p>Trafficking could be part of organized crime, but not necessarily.</p> <p>Who are the victims? Typically underprivileged young women/girls have been kidnapped, fooled or offered to travel to Europe/Scandinavia for work. Parents have been misled to believe that a new and better life is waiting for their daughters in the richest parts of the world and have sold them, not knowing better.</p> <p>I'm working with women who are forced to prostitute themselves, some because they are addicted to drugs, but mostly I congregate women who come to Norway by trafficking. These women often travel illegally, something which makes them very vulnerable and exposed as they have no legal rights. They live as slaves, working every night, never knowing when or if they ever will be set free.</p> <p>What can be done? I'm afraid this challenge is here to stay. As long as there are men buying sex, there will be prostitution and trafficking as a consequence. Anyway I find it important that people are enlightened concerning this issue, especially we who work in healthcare. We will meet these women in our occupation, and we should know something about their history and how to interact with them. Normally we cannot help them out of their unfortunate situation, but we can make their meeting with healthcare as pleasant as possible. This as an alternative to closing our eyes, not knowing or being too covered or judgmental to deal with it.</p> <p>Learning outcome/aim of presentation:</p> <p>Give the listeners a brief introduction concerning the prevalence of trafficking, particularly from Nigeria and Albania.</p> <p>How women experiencing this may go through emotionally, physically and socially.</p> <p>What we do in Norway to alleviate their situation, showing love and giving spiritual care.</p> <p>Reflect regarding attitudes, conscious and subconscious, when meeting with prostitute women.</p>	

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Migration, sexuality and HIV/AIDS: A study of cross border traders in the Bawku Municipality of the Upper East Region of Ghana

Learning aims:

1. To highlight the vulnerability of cross border traders to the spread of HIV/AIDS
2. To sensitize Christian nurses and other stakeholders to adopt pragmatic strategies to minimize cross border HIV/AIDS transmission

Purpose: The study was carried out to assess the knowledge, attitudes and practices of cross-border traders to HIV/AIDS prevention in the Bawku Municipality which was among the highest HIV/AIDS prevalence areas in Ghana.

Methods: A cross-sectional descriptive design was employed to conduct this study. 432 cross border traders were interviewed through convenience and purposive sampling, using quantitative and qualitative approaches. Chi-square tests and Multivariate Logistic Regression analysis were employed to determine the influence of key independent variables such as gender, age, education and religion; with condom use as the dependent variable.

Results : The study found that about one in two respondents (49%) were more likely to have sex during trade; males were 55% more likely than females to have sex (P=0.005). About one in three (32%) respondents were less likely to use condoms during sex. Traders whose ages were between 15 to 34 years were about 6 times less likely than traders who were 35 years or above to use condom (P<0.001); Muslims were about 2.5 times less likely than Non-Muslims to use condoms (P=0.042), and the non-educated were 55% less likely than the educated to use condoms (P=0.028). There was no significant difference in condom use between male and female traders (P=0.726).

Conclusion: The study showed that the nature of cross border trade makes traders, especially the youth, highly vulnerable to HIV/AIDS. It was recommended that stakeholders should focus on condom promotion targeting cross border traders, especially the youth, in their HIV/AIDS campaign efforts. Further study is needed to assess health seeking behavior of traders in border towns vis-à-vis STI/HIV/AIDS treatment and prevention.

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Nurses Christian Fellowship Australia: Caring for Christian Nurses for 80 years.	
<p>Introduction: This paper will give a brief history of the achievements of Nurses Christian Fellowship in Australia since its inception in 1913 and its involvement in Nurses Christian Fellowship International. It will include photographs and stories of early days and current practice in Australia. Lastly it will discuss hopes and expectations for the future.</p> <p>The aim of this paper is to</p> <ul style="list-style-type: none"> • recount some of the stories and experiences of Christian nurses in Australia and the impact Nurses Christian Fellowship has had on their lives, • recall the early days of nursing, • consider current training and practice, and • explore future hopes and expectations of Nurses Christian Fellowship. <p>Nurses Christian Fellowship first came into existence in Melbourne, Australia in 1913, the earliest known group in the world specifically for Christian nurses. It became a national body with a Federal Constitution in 1928. In 1957 Australia was one of the founding bodies of Nurses Christian Fellowship International. I first joined the Australian Nurses Christian Movement, Nurses Christian Fellowship Australia since 1970, 41 years ago when I began my nursing training at a local hospital. The warmth and fellowship I received from the members of this group nourished and sustained me on my pathway to becoming a nurse. With the political decision to transfer nursing from hospital based training to the university sector this closeness has been stretched. In those training days nursing was our whole life. We lived in the Nurses Home and shared the joys and sorrows of shifts with the comfort of our fellow nurses. Since 1985 nursing training in Australia has been very different. Students attend mass lectures and tutorials at a university. They may join a Bible study or prayer group which is comprised of students from a variety of disciplines. Many of these students juggle study, family commitments and part time work. The pace of life is frenetic. Once out in the workplace new graduate programmes move them from one department to another and they may struggle with new environments. Nurses can continue to feel lonely and unsupported throughout their working life. They struggle to give good quality care in a profession they love, but it is not always easy. The current situation in many of Australia's hospitals has a focus on management and financial constraints rather than patient care and staff support. "Nursing developed out of a Christian worldview. It is important to see that <i>the changes we are experiencing stem from a growing paradigm shift in our culture</i>" (Shelley and Miller, 1990, p.14). In this paper I will discuss the role Nurses Christian Fellowship Australia has played in supporting Christian nurses in teaching hospitals; some of the difficulties faced by Christian nursing students finding fellowship in the universities, and explore ideas for enabling Nurses Christian Fellowship to care for and strengthen Christian nurses in the future.</p>	

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<p>To assess the knowledge and attitude of young Christian people concerning AIDS</p>	
<p>Objective: The aim of this study was “to assess the knowledge and attitude of young Christian people concerning AIDS”. Because these young Christian group of people are our future who needs to be strong and be a witness of Lord our savior.</p> <p>Background: Problem: Minimal work has been done to educate Christian young people about this problem, we need to emphasize out own young Christian people that their conduct is very important. We must convince our young people that drug use and improper sex are the biggest avenues to get HIV/AIDS. The latest estimates by UNAIDS, 2006, shows that 8.3 million people were infected with HIV in Asia at the end of 2005. More than 2/3rd of them in India and there are out breaks in Bangladesh and Pakistan. The concentrated epidemic among drug users in Pakistan is estimated to be about 500,000 of whom an estimated 100, 1000 were injecting drugs. The country still needs to improve its prevention efforts if it is to avoid serious HIV outbreaks.</p> <p>A survey in progress among Christian young people to assess the knowledge of and the attitude towards HIV/AIDS. The study is in progress in different churches base on convenience sampling. Procedure: a questionnaire was developed and content validity was obtained after being reviewed by content experts, pilot tested was carried out. In order to collect data, written permission was taken from Bishop (a head of many churches) in addition once the permission is granted; Pastors in charge of specific churches were also approached and were explained about the study. A consent form is made to take permission and consent was taken from individual participants also.</p> <p>So far survey result from the pilot testing shows that there is great need of educating our young Christian people to have correct information’s about HIV/AIDS and there are lots of social issues attached towards following health promotion. Moreover on open ended question about what is the best way of disseminating information on HIV/AIDS was to get our religious leaders/ Pastors to be aware of this infected disease and to get nurses to speak to their congregation about this wretched disorder.</p>	

2. Global response

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Bringing God near: The Nurse's Process of Providing Spiritual Care in Health Ministry	
<p>Purpose/Aim: Few research based guides are available for spiritual care-giving by nurses in the congregational setting, where integration of faith and health are central to nursing practice. The purpose of this study was to develop a substantive theory to explain the process parish or health ministry nurses (PNs) use to provide spiritual care to people under their care.</p> <p>Design: A grounded theory approach was used to explore and describe the processes PNs experience and use as they give spiritual care to patients/parishioners in the congregational setting.</p> <p>Population/Sample: Ten American RN's participated in this research. Each took a basic PN course and worked as a PN for at least one year in a Christian church. Three had academic preparation beyond the BSN level and three had some formal theological education. Most were employed part-time and received a salary.</p> <p>Methods/Setting: Data were collected by means of tape recorded, transcribed interviews of the PNs who described multiple incidents of spiritual care of individuals and families. More than fifty incidents of spiritual care-giving were reported and analyzed. Care-giving occurred in patient homes, churches and hospitals.</p> <p>Results: The theory emerged from a core category: "Bringing God Near" (BGN). The essence of the spiritual care giving process for PNs, Bringing God Near is what nurses do as they assess spiritual needs and concerns of the patient and family and address these in ways that nourish or support them spiritually. Bringing God Near begins with the PN focus on facilitating integration of body, mind, and spirit as part of the healing process. Phases in the process include: trusting God, forming relationships with the patient/family, opening to God, supporting/nourishing faith and recognizing spiritual renewal or growth.</p> <p>Conclusions: Spiritual care-giving is a unique way nurses care. The person of the nurse is one way for God's healing love and care to be offered to and received by the patient. The PN's spiritual challenge is to respond to what God is directing the nurse to be and do with the patient/family to strengthen them spiritually and help restore their health and well-being.</p> <p>Implications: PNs and faculty who prepare PNs will find this theory useful as a guide for focus and action through the various phases of the process. It will also assist teachers of spiritual care with curriculum content and generate ideas for the practice of skills for parish nursing and other settings where spiritual care is offered to patients.</p> <p>Participants will: Understand the process and activities nurses in Christian health ministry use when giving spiritual care to patients. Identify areas for skill development to enhance spiritual care-giving abilities of nurses.</p>	

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Renewed Spiritual Identity: Receiving Spiritual Care from a Parish Nurse	
<p>Purpose: What can patients expect when they receive spiritual care by a parish nurse/faith community nurse (PN)? What is the patient's perspective of the process and outcomes? The purpose of this study was to explore patients' experiences of receiving spiritual care and develop a grounded theory using Glaser's methods. Twenty patients living in three regions of the USA participated. Each PN/PT dyad was referred through a health ministry network. Patients were given spiritual care over several visits. Data were collected by tape-recorded interviews transcribed verbatim.</p>	
<p>Description of Theory: Constant comparative methods were used for data analysis. Through memoing and theoretical coding, a theory was constructed from codes and categories. Titled "Renewed Spiritual Identity," the theory was developed from patient stories. The relationship with the PN began when the patient faced a health challenge and sought/welcomed assistance. Patients experienced a process that included: "finding a safe place", "releasing burdens," "changing perspectives" and "joining or rejoining the faith family." Within each of these phases were two or three dimensions that revealed inner spiritual developments as they unfolded. After experiencing care from the nurse, all of these patients became engaged or revitalized in caring for others in their communities.</p>	
<p>Importance: Patients who receive spiritual care from a PN experience change. They are renewed inwardly, and see themselves as "different" afterward. A sense of gratitude to God and to others pervades their approaches to life, and a sense of renewed spiritual energy informs their involvement in the church and care for others. The patient's vulnerability and response to spiritual care creates a pathway toward spiritual growth and development. A caring professional nurse who provides spiritual care to congregation members in times of distress or questioning brings healing to the individual and empowerment to the faith community.</p>	
<p>Conclusion: Knowing the process helps PNs understand and describe more clearly what they do, and the results of their work. Sharing its value with others within and beyond faith communities enables closer collaboration between spiritual care providers such as clergy and chaplains, allied health care workers, community members and professional nurses. Further exploration of spiritual care from patient's perspectives will assist nurses to link a broader range of spiritual activities with tangible health outcomes.</p>	
<p>Participants will: Understand the changes patients experienced as they received care from a Christian parish nurse. Compare the responses to spiritual care of their patients with those seen in this study.</p>	

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<p>Healing Prayer: Nursing Implications</p>	
<p>Purpose: To prepare nurses to incorporate prayer into a wholistic model of nursing practice</p> <p>Objectives and outcomes:</p> <ol style="list-style-type: none"> 1. List four points in a rationale for nurses to utilize prayer in spiritual care. 2. Describe the relationship between forgiveness and healing. 3. Participate in an exercise in praying for physical healing using 5-step method 4. Participate in an exercise in praying for inner healing using 6-step process 5. Clarify uncertainties about the process of healing prayer <p>Content Outline:</p> <ol style="list-style-type: none"> A. Foundations for Prayer in Nursing, including theoretical and theological rationale, overview of healing prayer research, precedents and principles for prayer ministry in nursing. B. Forgiveness and Healing, including biblical direction and research support of the importance of forgiveness for self and others. How to pray with someone in need of forgiveness. C. Physical Healing, including questions about healing, empirical evidence, rationale for healing prayer and guidelines for praying with patients will be explained and demonstrated. D. Healing the Inner Self, including definition, biblical foundations and nursing rationale, with steps to praying for inner healing will be explained and demonstrated E. Question and Answer period 	

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Strengthened to Serve: Renewing the Call to Care	
<p>Global and local health challenges can result in discouragement among caring nurses. The needs can be overwhelming. Internal and external factors can distract from maintaining our calling to care for others through nursing. Motivation can diminish. What will bring renewal and refreshment?</p>	
<p>As Christians we can envision what God can do to transform our situations. Jesus lived in our broken world. He dealt with people who were suffering as well as challenges in the health care system of His day. Christ can replenish hope and strength through the example and resources He provides. God cares for us and the people we serve.</p>	
<p><i>Learning outcomes:</i> through participation in the seminar the nurse will be able to</p> <ol style="list-style-type: none"> 1. Explore a biblical view of nursing as ministry 2. Contrast secular and Christian views of caring as they apply to nursing 3. Identify factors that enhance and inhibit caring behaviors in nursing practice 4. Describe God's resources to strengthen caring in global health challenges 5. Apply strategies to foster caring in nursing practice 	
<p><i>Content:</i> historical and contemporary examples of nurses who were "called," biblical perspectives from Isaiah and the life of Christ, critique of selected nursing literature on caring, characteristics of caring work environments, vision for God transforming nursing challenges, strategies for making a difference in nursing and healthcare, lifestyle to renew caring in nursing.</p>	
<p><i>Teaching methods:</i> lecture, group discussion, handouts, audio-visual media, personal reflection, bibliography</p>	
<p><i>Potential effects</i> of the seminar: One example happened during the leadership track at the NCFI conference in Korea. Nurses discussed what would happen if Jesus' prayer, "Your kingdom come, your will be done on earth as it is in heaven," would be answered in nursing. God increased their hope. Some responses: Christ's Kingdom growing will bring true compassion, justice and peace to people and policies. Work environments will be changed. Patient care will be improved. Spiritual care of nurses and patients will result in people discovering a life-giving relationship with God through Christ. Nurses will be encouraged as they realize God has called and equipped them.</p>	

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Nurse working in psychiatry/Trauma Therapist	
Introducing Nurses Bible	
<p>Outline:</p> <ul style="list-style-type: none"> • To talk about Nurses Bible – which we believe to be a world first and the major involvement of Nurses Christian Fellowship. Encouraging Gods gift of creativity and team work and the value of prayer groups in hospitals and the support accountability, strong bonds etc., that develop. • To share some of the stories by nurses and encourage others that, 'nothing is too difficult for God.' To inspire others to be creative and use all the gifts God has given them. That we do have strength, dignity, resources and wisdom beyond ourselves to draw on and that God uses ordinary everyday people like us as his instrument. • To share practical ideas on prayer groups in the work place. • To encourage health professionals to see their job as a vocation. • To show a 3 min short skit on DVD re the privilege we have as nurses being Jesus hands, that we can all make a difference and all are equipped to serve. • To give opportunity for questions if time permits <p>Learning outcomes: That nurses would be challenged and encouraged to look at creative ways to spread the good news, seek other Christian nurses in their workplace, give and receive encouragement and prayer support to fellow workers and change the spiritual dimension of their environment because God has equipped us to serve.</p>	

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How to identifying and addressing the spiritual care needs of your patients	
<p>Learning Outcomes:</p> <ol style="list-style-type: none"> 1. Recognition that scientific research indicates a correlation between spirituality and positive patient health outcomes, 2. Awareness of the Biblical call for integrating personal faith with excellence of healthcare practices, 3. Understanding of the training and mentoring process in developing the competency of nurses in the delivery of spiritual care, focusing in particular on the example of the INTERNATIONAL SALINE as a proven methodology enabling Christian healthcare professionals to develop knowledge and skills for sensitively integrating the reality of Jesus into their patient care regimes. <p>Why Training and Mentoring matters. The presenters will make a case for how skilful patient spiritual care strengthens the “healthcare excellence quotient” in patient care delivery:</p> <ul style="list-style-type: none"> • Highlights of scientific research findings related to positive patient health outcomes and personal faith, • Research findings regarding patient receptivity to spiritual care provided in office and clinical settings, • The Biblical model and call for Christian healthcare professionals, • The need for proper training and ongoing mentoring to ensure spiritual excellence, and to strengthen care provider confidence. <p>What INTERNATIONAL SALINE is. It is a healthcare professional-specific training and mentoring process consisting of:</p> <ul style="list-style-type: none"> • An interactive one-day educational session built around five critical questions, • Mentoring relationships to encourage graduates in their personal faith and the integration of their faith into their clinical practice, • On-going interaction and follow-up via personal coaching contacts and an interactive website, • Available up-to-date resources for graduates. • We shall also explore the practicalities of how the INTERNATIONAL SALINE programme works in practice. When national interest is expressed, IHS provides nine-step criteria for further consideration. Once there is agreement the nine-step criteria are in place, IHS or its ministry partners: <p>The INTERNATIONAL SALINE process is based on a Biblical view of patient care excellence. It provides an example of a proven methodology, including experiential education combined with post-training encouragement and coaching for those Christian healthcare professionals dedicated to integrating faith in Jesus with excellence in healthcare practice.</p>	

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<p>Theological Reflection: Comfort for Christian Nurses.</p> <p>Introduction: This workshop will help us to develop further resources, enabling us to find satisfaction in our work and care more effectively for ourselves and others. We will look at some models of Theological Reflection then put what we have learnt into practice. Theological Reflection: Comfort for Christian Nurses.</p> <p>In this workshop we will;</p> <ul style="list-style-type: none"> • share some aspects of our nursing experiences then • look at models of Theological Reflection, such as Killen and de Beer (1995) to enable us to develop our own reflective abilities and • explore opportunities to find peace and contentment in our lives, "...contentment is knowing I already have everything I need in Christ" (Smalley, p.11, 1990) through Theological Reflection. <p>In today's fast paced world of nursing we can feel stressed and overwhelmed. The responsibilities of work, family, study and church, although worthwhile in themselves, can become burdens and we feel at risk of being crushed by them. "Those who work with the suffering suffer themselves because of the work" (Figley, p.5, 2002). As Christians we long for the green pastures and still waters of Psalm 23, but this peace and solitude eludes us. We can even feel guilty and selfish about time out for ourselves. We know our spiritual batteries are running on empty. During His ministry on earth Jesus took time out to be with His Father, to recharge His spiritual batteries. He modeled the behavior he wants us to emulate. One way in which Christian nurse can achieve this is through Theological Reflection. This practical workshop offers a quiet place, free from distractions, to reflect on our role as Christian nurses. We will look at some models of Theological Reflection, then take time to explore one or two specific issues in our lives and be with the Lord, allowing His presence to bring peace and comfort.</p> <p>Figley, (2002) Treating Compassion Fatigue, Brunner-Routledge, New York. Killen, P.O. and de Beer, J. (1995) The Art of Theological Reflection, Crossroads, New York. Smalley, G. in Hawkins, D., Minirth, F., Meier, P. and Thurman, C. (1990) Before Burnout, Moody Press, Chicago.</p>	

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How to be a reflective nurse practitioner	
<p>The aim of this article is to create awareness among nurses on the current concept of reflection, identifying the different models and demonstrate the ability to apply it in practice. Key message is that all nurses must be able to reflect record in a diary and from there develop critical thinking ability.</p> <p>Learning outcomes: At the end of the session participants should be able to; Demonstrate the understanding of the concept of reflection Identify the different models of reflection Reflect on a situation using a specific model.</p> <p>Learning steps: Discussion Activities on different models of reflection.</p> <p>ABSTRACT Being a reflective practitioner is essential to being a nurse and indeed is an expected outcome of all health care programmes. Reflection facilitates understanding of both oneself and others within the context of practice and encourages thinking about practice. Nurses must learn about the importance of reflection as a way of linking theory to practice; and emphasis lay on using regular reflective group session with peers, and keeping reflective journal, and log of diary. This paper discusses the value of introducing the components of reflection into everyday Professional nursing practice. The purpose is to explore how reflection can be effectively used in practice thereby making the 21st century nurse become a reflective practitioner. It is also valuable to consider the importance of reflection as a learning tool to foster critical thinking and awareness. Keeping a reflective account or diary can enable nurses to gather both subjective and objective data from a variety of rich sources. Reflection - on action and reflection - in - action will therefore be considered. Bolton (2005) states that reflective practice requires us to do more than just look back on our professional practice but act to promote changes and development. In summary, nursing is an intimate process, expert communication helps in understanding the illness and the disease, provides unique way of helping. But there is no way to guarantee the success of caring. The only hallmark of the expert nurse is the recognition of his or her weakness or strength and the ability to shape his or her practice towards the identified strength, hence evolving as a reflective nurse practitioner. Reflection is therefore involves looking beyond the immediate situation and delving below the surface in order to provide care relevant to the particular context of the patient or client. . It is therefore the intention of this article to focus on definition of reflection, types of reflection, models of reflection and the practical approaches to reflective processes.</p>	

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Patients' Vulnerability and Nurses' Power – Exemplified with Patients going through Diagnostic Workups in Hospital	
<p>The diagnostic phase is reported to be the most stressful time of the illness period. Patients' inner preparative work for receiving a diagnosis is apt to be overlooked since it often is hidden due to the vulnerability of the situation.</p> <p>A grounded theory study with in-depth interviews of 15 patients at a gastric ward will be presented. "Preparative Waiting Theory" accounts of how patients work to prepare themselves a diagnosis and life afterwards.</p> <p>"Preparative waiting theory" will be discussed in relation to the ethical demand nurses face caring for such vulnerable patients who work on figuring out what is at stake in their lives. Nurses have power in the health care system to care for and follow up or overlook patients appeal for being taken care of while put in our hands.</p> <p>Learning outcomes:</p> <ul style="list-style-type: none"> - Get insight into how it is experienced to go through the diagnostic phase - Understand more about how patients, due to uncertainty of the situation, are vulnerable related to family, health care professionals, and God. - See trust as a life phenomenon. In health care trust means to rely on others competences and willingness to look after rather than harm, which means that health care professionals' power must be used in the best interest of patients. 	

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It's a Small World After All: Promoting Cultural Competency on a Med-Surg Unit	
<p>The European-American Christian Assistant Nurse Manager with the most diverse workforce anywhere has a story to tell.</p> <p>Travel accessibility coupled with income disparities and a universal nursing shortage has resulted in a swell of nurses from the international community embracing the American health care system. Managing a 43 bed medical-surgical unit staffed with registered nurses from every continent bringing their native language, worldview and culture can lead to discord and dissension affecting patient care. I will demonstrate the methods we use to exemplify inclusion and interconnection among staff resulting in improved recruitment and retention of nurses as well as greater patient satisfaction.</p> <p>Nurses from various cultures all labor together to improve patient safety, communication, as well as the needed skills required by the patients they care for on a daily bases. All examples of every day events that bind the nurses with the focus on patient care, all affirmed for their contribution to the work place, as they develop a vision for the common good, keeping focus on the patient as central.</p> <p>The entire team, including management, attended a diversity/team building seminar participating in exercises to enhance listening and communication skills. We learned how to tell a co-worker "this is what I get from you" as well as inventory contributions from each individual. This followed by an exercise in "this is what I need from you" listing one behavior or approach of desired modification. The objectivity of this technique provides an avenue to communicate "feelings" information in a safe manner, using "I" messages.</p> <p>Results of this communication technique included creating a level playing field with no moral high ground all contributions being considered and valued.</p> <p>With the continual movement and relocation of nurses, the unit invites interviews from prospective applicants on a regular basis. Recently we interviewed a nurse from Tibet, one from India and a European American nurse who worked in international mission. His stepmother was from the same neighborhood in a rural town in the Philippines as another staff nurse. The diversity of the unit played a role in attracting each of these nurses.</p> <p>This unit is a pilot for the development of staff from different cultures. The ideas and techniques that have been successful, such as studying a culture of the month and having a pot- luck meal highlighting food from that culture, being shared with the other units in our 300+ bed metropolitan teaching facility.</p>	

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<p>Experiences of re-building life of post-renal transplantation patients</p>	
<p>The purposes are: (1) to understand the factors that impact a post- renal transplant patients’ return to a healthy lifestyle in their home, and (2) to meet their needs.</p> <p>The nurses can use this information to better understand their experience and to develop appropriate self-management care plans. The method of this qualitative study was to explore the experiences of post-renal transplant patients with re-building life over one year in a medical center in middle Taiwan. Six patients were recruited and received a semi-structured interview, which was taped and video-recorded and then analyzed and categorized.</p> <p>The results indicated that the experiences of re-building life could be summarized into three themes, including,</p> <ol style="list-style-type: none"> 1. Physical care behavior: efforts to protect body within perception of burden, making a regular following-up due to complication, wish to escape from the suffering and gain a support, urge to learn skills for keeping from renal function degeneration 2. Psychosocial adaptation: seeking relief of stress towards disease, updating the role in uncertainty, upholding the support system in close family relationship 3. Life attitude transformation: engaging for a positive response to seek live value, inspiration to endureances of life throughout physical and mental challenge, thinking a meaning of disease and preparation for death. <p>The findings of this study provide health professionals an insight in understanding the experiences and perception of post-renal transplant patients, and a reference for providing caring services to them. There are various problems for post-renal transplant patients who have undergone the renal transplant experience. Patients and their families often ask nurses for health information. Nurses can develop and provide appropriate holistic care planning in follow-up interventions at the ambulatory department.</p>	

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<p>The Challenges of Teaching a First Year University Seminar in HIV/AIDS: Report of eight years experience from a Christian Nurse Educator in a public university</p>	
<p><i>This seminar is a report of eight years experience teaching “Understanding HIV Disease”, a First Year Seminar (FYS) offered yearly at the University of Massachusetts Boston (U.S.A.). U Mass Boston is an urban commuter public university with a diverse student body of over 12,000 students, including many immigrant students. The first year seminars seek to enable students to develop the following general education capabilities: Careful reading; Clear writing; Critical thinking; Information literacy and technology; Working in teams; Oral presentation; and Academic self-assessment. Designed for new students, many FYS are offered, and this is the only FYS offered by the College of Nursing and Health Sciences and the only topic offered with a scientific focus. The course’s prerequisites assume only a High School level course in Biology. The course description is as follows:</i></p> <p>This course provides a comprehensive overview of HIV disease. Scientific perspectives from virology, immunology, medical and epidemiological literature will be presented. This will be followed by examining selected works from the humanities that examine the lived experience of persons with HIV disease. Finally, the relationship between HIV disease and society will be examined, including social, cultural, economic, policy, and moral/ethical issues. Focus will be on integration of multiple perspectives in order to develop a comprehensive understanding of HIV.</p> <p>Over time, the course has evolved to maintain state of the science HIV content and to move beyond the North American AIDS experience to develop understanding of the Global HIV Pandemic, especially the challenges of the African AIDS epidemic. In addition, each student is encouraged to be an AIDS educator in their own spheres of influence. Many of the topics covered raise issues that are challenging to core Christian values. The experience acquired of presenting scientifically sound, evidence based comprehensive HIV content while maintaining an open identity as a Christian will be discussed. The objectives for this seminar are:</p> <ol style="list-style-type: none"> 1. Identify appropriate level course content and materials (syllabus, textbook and other course content) for the university seminar in HIV/AIDS. 2. Describe how teaching strategies and course requirements support the FYS capabilities. 3. Identify strategies for respectful inclusion of students with multiple divergent faiths in the same classroom, especially Christian, Muslim, and Jewish students. 4. Discuss ways that Christian students were assisted to express themselves in class and in course assignments and ways that the professor was able to communicate her Christian beliefs in the public secular classroom. 	

3. Equipped to serve

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Challenges of Teaching Multicultural Nursing for BSN Students	
Purpose 1. To equip BSN students to be culturally competent health professionals. 2. To familiarize BSN students with the roles and functions of cultural & religious beliefs in people's lives, which determine people's attitudes toward lifestyle and health.	
Methods In this global era, nurses in any countries need to be culturally competent. Japanese nurses are not exceptional. After the amendments of immigration laws in 1990, nurses in Japan have seen more patients of different ethnic backgrounds than ever before. However, multicultural education is not yet familiar for Japanese nurses, so that migrant patients are misunderstood and mistreated by them. My aim is to equip nursing students to provide quality nursing care for immigrants. Based on my overseas experiences and researches, I have developed and conducted the courses of International nursing (since 2001) and Multicultural nursing (since 2007) in a BSN program in Japan. In these courses, cultural theories and culturally sensitive nursing cares are introduced. The courses include field activities, which require the visits to churches, immigrant kids' schools, gathering of particular ethnic groups etc.	
Outcomes Up to 2007, in total 330 students took up one of these courses. Successes are: 1) Students become aware of the fact a number of immigrants work and live within their same communities. 2) Some students start supporting migrant people's activities (learning Japanese, childcare etc). 3) Students come to know the people's religious beliefs and how religions are deeply rooted in their culture and daily lives (Taylor, 1989). Over 80 % of Japanese are nominal Shinto Buddhists or Atheists, so these courses provide opportunities for nursing students to learn how vital religions are for people's lives, and how strongly they relate to people's worldviews, which determine their attitudes toward health. Challenges are: 1) Fighting against a sense of individualism among students of new generations, who do not care about neighborhood in their communities and around the world. 2) Lack of human resources to teach multicultural nursing courses.	
Discussions In Japan, teaching multicultural nursing gives me opportunities to introduce students about the meaningfulness of religions for people's lives and how they function as parts of their lives. I have to be fair to count Christianity as one religion out of many since where I work is a public school. I would appreciate opinions and advices of NCFI members on the potentials and challenges of multicultural education for nursing students and nurses in your country's settings.	

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Palliative Nursing – A Personal Journey	
<p><u>Aim of paper:</u> To stimulate nurses' interest in palliative nursing and challenge NCF worldwide and Christian nursing institutions to support the development of palliative nursing based on Christian values.</p> <p><u>Learning Objectives:</u> At the end of the presentation, participants will –</p> <ol style="list-style-type: none"> 1. Recognize and embrace the challenges in palliative nursing 2. Support efforts to develop Christian character development through NCF, institutions 3. Engage in research in palliative nursing and share findings <p><u>Outline of Paper</u> Palliative nursing, a personal journey started with the author's clinical attachment with a home care hospice service in Singapore. The attachment was part of a course requirement. Journaling enabled the author to recognize that palliative care is :</p> <ul style="list-style-type: none"> ➤ Knowing where the patient is at, that is, at what stage of the disease ➤ Knowing the emotional impact in relation to loss of manhood or womanhood and sexuality ➤ Acquiring knowledge and skills to manage emotional and spiritual issues like anger, depression, anxiety, suicidal thoughts, fear of suffering and death, grief and bereavement <p>Reflective practice through journaling brought much self reflection on self, nursing practice, Christian values and the need to make that journey of discovery a firsthand experience. The needs in multifaceted of care require that a nurse in palliative setting be equipped to deal with end of life issues including good communication skills, facilitating care with multidisciplinary members of the teams, recognizing the timing for information of family members and patients, handling emotional and spiritual needs of both patients and family. At the same time, it requires the author to know the scope and boundaries and limitations of her own knowledge, skills and profession. Importantly, the ability to build trust between nurse and patient and family is indispensable. A nurse who fails to do this will not be in a position to address needs of both patients and family.</p> <p>While it is acknowledged that it takes nurses with much compassion and emotional resilience to work in palliative setting, not many understand how one develops compassion. How does an individual or NCF or an institution start to develop compassion among nurses? The author hopes to stimulate interest and discussion at the conference.</p>	

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<p>Primary Health Care and Strategic Partnership: A Capacity Building for Faith-Based Communities</p>	
<p><i>“I believe that the Christian Family must be the epitome of healthy living in the community. The church (the body of Christ) is given the mission to share the Gospel in the community to translate the Word of God into practical living and validate its teachings. A manifestation of a healthy behavior and transformed life is inescapable. This creates an impact in the community.”</i></p> <p>This paper presentation will provide a comprehensive understanding of primary health care as an approach in health care delivery systems including a biblical perspective of man as caretaker of God’s creation, the role of strategic partnership in addressing the priority health problems in slum areas,(need for a clean environment, clean water, proper waste and garbage disposal and reduction of pollution. PHC emphasizes the prevention of leading diseases in the slum community, such as respiratory diseases (PTB, pneumonia, asthma), malnutrition, diarrhoea, dengue fever, typhoid fever, hypertension, leptospirosis (a disease transmitted through the mucous membrane and open wound from the urine of infected rat with leptospirosis, and STD/HIV/AIDS.) and endeavor to advocate for faith communities to adapt and implement a contextualized community-based health care programs.</p> <p>Specific Objectives: At the end of the seminar the participants will be able to:</p> <ol style="list-style-type: none"> 1. Relate the Biblical perspective of man as caretaker of God’s creation; 2. Obtain comprehensive information about the relevance of the strategic role of primary health care in addressing priority health problems in the slum community; 3. Define the roles/responsibilities of slum dwellers, local officials, traditional leaders, health professionals, like-minded organizations, and the church in responding to the pressing health problems and issues in the slums 4. Determine how group processes can be developed to establish a partnership for the benefit of the slum dwellers, particularly improving the health status of women and children. (in reference to Millennium Development Goal 4 and 5)and 5. Endeavour to empower churches and faith communities in transforming slum communities through training and equipping in primary health care delivery, capacity building on transformational urban leadership development, and lifestyle evangelism. 6. Challenge themselves become advocates for faith communities to integrate health care programs into their ministries. 	

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Community: Global Partnerships As Capacity Building For HIV AIDS	
<p>Objectives:</p> <ol style="list-style-type: none"> 1. Challenge Christian nurses to respond to capacity building opportunities to change the world for Christ. 2. Explore opportunities for creating global communities, through technology, for improving HIV/AIDS care. <p>Basic health care services are unavailable in many parts of the world. HIV/AIDS has created enormous challenges in an already strained health care system in Africa. In response to this global challenge, individuals, organizations, and governments have collaborated to initiate many global health care goals and initiatives to increase and improve the health of all people. In order to provide healthcare where resources are limited, capacity building is viewed as imperative in providing sustainable health care programs. Capacity building is a broad term that describes activities that seek to improve the lives of individuals through training, partnerships, and the use of technical assistance. Nurses constitute the largest healthcare workforce globally and are accustomed to working closely with community members to resolve healthcare issues. Christian nurses need to be involved in capacity building efforts due to the significant impact they can have on programs in local and global communities. Christian nurses need to recognize their unique ability for capacity building through their relationship with Jesus Christ, who is the source of all resources and wisdom. The question is how can Christian nurses contribute to capacity building efforts?</p> <p>One method for capacity building can be through the use of advanced technology as nurses in developing countries partner with their counterparts in developed countries. Since Christian nurses are motivated by the heart of Christ to serve and love their fellow man, these nurses can assist policy makers to ensure that any technology or partnerships will be for the benefit of those who need the resources most. Christian nurses would be more open to God using them to influence capacity building decisions that reflect His will for all people in any given situation. As nurses partner together to achieve better health care for all, through the use of technology, the world will get smaller and smaller. As a result, a paradigm shift in how we as nurses define community will mean that communities will no longer be understood as people in the same geographical area, but people sharing the same vision, goals and partnering together to achieve those goals and improve healthcare for those with HIV/AIDS. We challenge Christian nurses to explore capacity building as a means to serve Christ through serving others. "For even the Son of Man did not come to be served but to serve and to give his life as a ransom for many" (Mark 10:45 NIV).</p>	

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Church and the care of people living with HIV and AIDS in post-war Kivu/Democratic Republic of Congo	
<p>In the Democratic Republic of Congo, the spread of HIV and AIDS constitutes a real treat to the community. The impact of the six-year-war in the DRC is most severe in the eastern region that lies on the borders of Rwanda and Uganda. During the invasion of the country by foreign soldiers rape was used as a weapon of war, mostly in the eastern part. Moreover, several social infrastructures were destroyed, including roads and health facilities. This situation has compounded the spread of HIV that the region experiences now.</p> <p>At present people living with AIDS are desperate because they mostly depend on the help from their families. The reason is that either they do not have enough means to pay expensive bills in the few medical centers still operating in the region or the bad state of roads enhances the seclusion in their homes of the patients who cannot support painful traveling. Many people who could live longer are dying because of the lack of adequate care and treatment.</p> <p>If a global response has to be given in this region, the involvement of the Church is vital. In my opinion the Church of Christ has in its theological teachings all that is needed in order to respond positively to the HIV epidemic and improve the disproportionate response of the government and society to the AIDS tragedy.</p> <p>I suggest that the Wesleyan doctrine of social holiness could be used by the Free Methodist church in Congo, one of the most popular churches in the Kivu region, as a theological framework for Church's intervention. This doctrine has been the driving force behind Wesleyan social reforms in the past and is expressed in extending God's love and mercy to people who live in misery ad marginalized. In Wesley's view personal holiness is meaningless if it is not lived out in family or community. He argued, "The gospel of Christ knows of no religion but social, no holiness but social holiness" (Wesley, <i>Works</i> 14:321).</p> <p>My argument is that the doctrine of social holiness could be used to mobilize the community of believers to participate in the global response to the HIV pandemic. The result, in my opinion is that many other denominations could follow the example and join hands with other stake holders (Governments, NGOS and International community) in offering a global response to HIV and AIDS in Kivu.</p>	

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BSN	
Spiritual Care In Niger	
<p>The Lord has called us to be a health care giver in different countries. Each country has its' own health problems so as Niger where I serve as a missionary nurse. How can I minister to so many poor and sick people?</p> <p><input type="checkbox"/> What do I face in Niger?</p> <p>A. Poorest medical standard in the world. B. What do I see in Galmi hospital where I work? C. What do I see in villages?</p> <p><input type="checkbox"/> What are our responsibilities as a health care giver?</p> <p>A. Are we overwhelmed because there are so many sick people? B. How are we doing in terms of health teaching? C. Are we satisfied when they are healed physically?</p> <p><input type="checkbox"/> How can we share the Good News? Let us learn from Jesus' example(John 4:1-42)</p> <p>A. Accepting for she is B Teaching her with dignity C. Being honest with her life style Outcome of His example: She became the messenger of hope to bring the Good</p> <p><input type="checkbox"/> How can we apply His example?</p> <p>A. Learning from the Word of God B. Being filled with the Holy Spirit <input type="checkbox"/> Good Ways to Produce a Great Crop C. Being transformed more like Jesus Christ</p> <p><input type="checkbox"/> God's reminder to me as a missionary nurse. How about you?</p> <p>A. Are we glorifying God? Reflection on Romans 1:21 B. How are we sharing the Good News? Reflection on Romans 1:24</p> <p><input type="checkbox"/> God's way of equipping us</p> <p>We have the idea that God is going to do some exceptional thing that He is preparing and fitting us for some extraordinary thing by and by, but as we go on in grace, we find that God is glorifying Himself here and now in the present minute.</p>	

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Hear Their Cry!!! Who Will Raise the Roof for Them?	
<p>Mark 2:3,4--"Then they came to Him, bringing a paralytic who was carried by four men. And when they could not come near Him because of the crowd, they uncovered the roof where He was. So when they had broken through, they let down the bed on which the paralytic was lying." (New King James Version, 1983, Thomas Nelson, Inc.)</p> <p>Over 2,000 years ago, a helpless man was unable to get to the healer. His compassionate, persistent friends uncovered the roof so this man could get through the crowd. Even with the advance of science today, the global health issues continue to increase and access to the healers has "roofs to be removed."</p> <p>Organizations such as WHO, NGO's and United Nations all develop strategies to alleviate this suffering, but more needs to be done. Often the healer of today is seen as scientific medicine or one of the listed organizations. This God given knowledge and compassion is wonderful, but doesn't always provide both physical and spiritual care to the individual. Nurses working in medical models such as these are many times limited by time and work load which keep them from offering spiritual care, or raising the roof to get to the Great Healer.</p> <p>The newest specialty in nursing, Parish Nursing, focuses on preventive health care and meeting spiritual needs rather than only giving care to the sick. With this approach, the "roof is often uncovered" to help people get to Jesus, the "Great Healer."</p> <p>A Parish Nurse serves under the umbrella of the church, but is also a professional person who offers only care allowed by their educational and legal qualifications. Primary focus is on prevention of illnesses and deliberately meeting spiritual needs.</p> <p>Emphasis will be on how a Registered Nurse can become prepared to serve in a church congregation and raise the roof to help people get to the Great Healer.</p>	

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From The Inside out	
<p>The Aim Of The Presentation: To explore how the background and experiences of nurses and would be nurses can affect their service and consider ways through which they may be strengthened from the inside out.</p> <p>Objectives:</p> <ul style="list-style-type: none"> a) List issues that affect nurses' service and ways to help or re-culture those affected b) Explain what is God's part and our part in being strengthened and strengthening others . <p>Outline:</p> <ul style="list-style-type: none"> A. Introduction A. Factors that weaken the nurse from inside out B. Strengthened from inside out : - Gods work in our hearts and our part C. Instruments for strengthening others: - God's part in outreach, and our part. <p>Key Contents: Nurses are bred in the community in which they are a part, and are affected by attitudes and behaviors in that community often exhibiting those same attitudes but for a firm resolve to be otherwise or by Divine intervention. A person can give only what they are and have.</p> <p>The negative impact of a person's background/upbringing; the inner attitudes influenced by daily experience; and pressures related to the work system e.g. shortage of staff are some of the factors that weaken the nurses in their service.</p> <p>The Bible shows what is God's part in our being strengthened from the inside out, that is, salvation, deliverance, peace etc and our part, that is a forgiving attitude, love, faith, hope and joy as working from the inside out.</p> <p>NCF as an organization and its Members are God's instruments in reaching out to nurses and student nurses – first as examples and then as pointers to what God is able to do to strengthen nurses, student nurses and would be nurses from the inside out.</p>	

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Parish Nursing Gone Global – Coming to a city, town or village near you!	
<p>The participant will be able to: Identify the Biblical roots of Parish Nursing, 2 models of Parish Nursing that can be adapted to their situation, benefits of Parish Nursing and Spiritual Care to their community, patients and their families plus resources available for starting a Parish Nurse program in their community.</p> <p>Key Content: Biblical roots of Parish Nursing Unique role of the Parish Nurse intentionally caring for the spirit and assisting the person and family to find Shalom, despite the presence of illness Varied roles of the Parish Nurse, providing wellness education to all ages from womb to 100 years of age, care to the HIV/aids pt, and during endemics. Describe two models of Parish Nursing and how they work in the community and can be adapted to a particular location. Present resources for: beginning and sustaining a Parish Nurse Program in their area & participating in an International Parish Nurse exchange program.</p> <p>This will be a PowerPoint presentation, Q&A opportunity with two International Parish Nurse Educators and an opportunity to network with other Parish Nurses.</p>	

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<p>Cultural care - for the nurse who lives in a globalize society. TRANSCULTURAL NURSING</p>	
<p><u>PURPOSE</u></p>	
<p>The purpose of this paper is to offer insights that will contribute to help the practice of nursing keep up with the intercultural changes that have taken place in society as a result of the globalization process.</p>	
<p><u>LEARNING OBJECTIVES</u></p>	
<p>To identify cultural care as an integral part of nursing theory.</p>	
<p>To be prepared to give responsible care, coherent with the values, beliefs and cultural context of the nurse.</p>	
<p>To apply and use cultural care, systematically, in daily practice, based on the nurse's personal subjective vision and his/her ethical convictions and practices (Objective vision).</p>	
<p>To recognize the need to include the spiritual dimension in transcultural nursing care.</p>	
<p><u>SUMMARY</u></p>	
<p>Caring, from the perspective of Transcultural Nursing Theory, means to go from paternalistic, vertical care to a relationship based on dialogue and communication, recognizing that the other person has different forms of knowledge, but at the same time shares common elements regarding the world and life. When we identify the cultural dimension of our day to day activities, a door opens before our eyes that expose a reality that transforms our discipline. Madeleine Leininger is a mentor of the Transcultural Model. As we reflect on her theoretical assertions, we will realize that besides providing spiritual care to nurses, we can contribute, in university schools of nursing, to the development of care that will prepare nurses to recognize the influence of cultural differences on nursing care, health and illness. The premise of equality among human beings transcends racial and cultural differences. There is much evidence in the gospels that Jesus cared for those who were different. In the same way Christian nurses should respect what we do based on the Love that became flesh in Jesus Christ and on the Word, "Love your neighbor as yourself".</p>	

<p>Barbara Ann Parfitt CBE, PhD, MSc, MCommH, ALBC, RGN, RM, FNP.</p>	<p>B.A.Parfitt@gcal.ac.uk</p>
<p>Family-Centered Health Care: The Contribution of Family Health Nurses in Scotland and Tajikistan</p>	
<p>Background: According to current WHO Europe policy, the delivery of health care must shift away from an acute, hospital-focused service, and towards a community-based service. Family Health Nursing offers a possible new model for the delivery of community nursing services. Family Health Nurses work to a generalist model, delivering clinical care, promoting families' health, and organizing community health initiatives.</p> <p>Objectives: This presentation reports on the evaluation of the piloting of Family Health Nursing in Scotland and Tajikistan.</p> <p>Methods: Both evaluations use qualitative and quantitative research methods to assess the perspectives of the Family Health Nurses, their professional colleagues, and family members, on the implementation and success of the role. In this presentation the qualitative analysis is considered and informed by Stufflebeam's CIPP (context, input, process and product) Evaluation Model.</p> <p>Results: Regarding Context, Scotland and Tajikistan have very different health services and nurse education infrastructures. Nonetheless, both countries saw the need to explore alternative models with a view to developing sustainable services to meet future health needs. Regarding Inputs, a high level of education and skill among Family Health Nurses proved crucial. For the Process of implementation to be successful depended upon the support of other health professionals, in an integrated team-working model. In both countries, the Product of Family Health Nursing was received favourably by families, and specific added value was identified.</p> <p>Conclusions: Family Health Nursing has significant potential, but its success depends upon whole systems change towards family-focused care provided by integrated teams.</p> <p>Learning Outcomes:</p> <ul style="list-style-type: none"> • An increased understanding of the importance of Family Health Nursing in contributing to community based services. • An understanding of the common issues faced in community based services in both a developed and a developing country. • An introduction to the use of qualitative research methods for evaluation 	

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Innovations in improving quality of care in a low resource setting: A challenge for Christian Nurses	
<p>OBJECTIVES:</p> <p><i>By the end of this session, participants will be able to:</i></p> <ul style="list-style-type: none"> ▪ Describe the trials of improved practices (TIPs) ▪ Describe how simple interventions can influence behaviour change in health care providers ▪ Discuss the challenges to implement Christian principles in quality of care <p>TIPs are an action research method used to formulate feasible and improved practices. The method asks people to carry out, for a trial period, the behaviours that the program believes it will be promoting.</p> <p>In the first year of the PEPFAR/USAID-funded Prevention of Medical Transmission of HIV project in Zambia, the team worked with the Government in two pilot districts and carried out TIPs survey in order to learn the current practices by providers and community members; propose and discuss one or more new behaviours to try during the trial period; and learn if the clients were willing to try out new practices. A rapid randomised trial was conducted covering 12 facilities. This survey was also repeated in three districts in the scale out phase.</p> <p>Poor hand hygiene was one of the noticeable gaps during TIPs surveys at only 10% in the pilot phase and in the scale out phase hand washing was observed at 33% and use of handrub at only 12%. Busy providers, without adequate space, facilities, and sometimes without water, did not practice basic hand hygiene, which is the single most important procedure in the prevention of infection. It is recorded that frequent hand washing after contamination can be reduced by as much as 45%. Hand washing compliance rates among health care workers range from 25 to 50% in the US.</p> <p>One of the innovations that generated measurable results in key areas of provider practices; raising the standard of health care provided was the introduction of alcohol handrub and the use of running water from buckets. To address this gap, the providers were introduced to waterless handrub, which is a very simple innovation which can be prepared using locally available alcohol and glycerine.</p> <p>As a result of this innovation, hand hygiene practices improved and were observed in clinical practice at 66% during the pilot TIPs survey and during the scale up program to hand washing improved to 66% while the use of handrub went up to 59%.</p>	