

Institute for Christian Teaching
Education Department of Seventh-day Adventists

**BIBLICAL IMPLICATIONS FOR
NURSING THEORY, RESEARCH, AND PRACTICE**

by

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Introduction

To be a nurse is to be a missionary. Nursing deals with human lives that are God's creation. A nurse who is knowledgeable of the UNCERTAINTIES of human theories and science, and who is well-founded in the knowledge of the CERTAINTIES with the Omniscient GOD makes God as his/her partner in her/his nursing profession. A nurse who believes that Jesus is the Creator and who believes that the patient under his/her care is His child is careful in performing his/her duties. The nurse is God's instrument in showing His love and grace and healing to the convalescent. Acknowledging his or her vulnerability to commit errors in the practice of the profession and recognizing God's power to control all things, the Christian nurse commences his/her duty with an armor of God's promises from the Holy Scriptures. The nurse prays for wisdom and understanding that he or she critically needs at all times especially at the clinical area. Christian nurses who regard and rely in the truths of the Bible begin and end nursing with God. By doing so, they realize that as God's instruments, they are in a unique position to bring spiritual aid to patients and the patients' families, and make known to them that God's desire is to make man whole.

The success of a Christian nurse comes from God. Nursing is founded *in* and *within* the Bible; therefore, Christian nurses should know and depend upon the truths in the Bible. They are as valuable as the nursing textbooks, if not more valuable in addressing the issues and concerns in the nursing profession. In the course of the work, the Christian nurse constantly strives to improve the practice of nursing. Through careful and prayerful study, the nurse endeavors to learn how to apply the great truths of the Bible to daily living. The promise is given that those who will to do His will shall receive wisdom and knowledge sufficient for their duties (John 66:28). The Holy Scripture and the books of Ellen G. White contain substantial information, guidelines, principles, and directions that will guide every Christian nurse specifically the Seventh-day Adventist nurse, in meeting the needs of their patients in a competent, confident, compassionate, satisfying manner and, above all, life saving.

As we continue to move away from the historical conception of nursing as a part of medical science, developments in the nursing discipline have been directed by several worldviews (Parker, 2006:5). Yacopetti (2000) as quoted from Powers (1993), and Nagal and Mitchell (1991) stated that a logical positivist philosophy dominated most of science from the 1920's to the 1960's. During that period nursing diagnoses were based on the assumptions of outdated philosophy which had a negative impact on patients. It created dependence on expert nursing, treating the problems that were created socially and scientifically. Valuable holistic theories were not developed until pioneers such as Leininger, Parse and Rogers began to focus on the interrelationships of humans and the environment. The earlier, single approach to practice became unethical and proved to be dissatisfying and limited for practitioners' creativity and autonomy. This conflict in nursing has promoted new approaches to theory development and research; however, the reductionist and categorical approach is still seen to dominate nursing today. Multiple practice methodologies must be incorporated in order to bring a new richness to practice and, ultimately, to advance nursing science. To be congruent with nursing's philosophy, nurses must not only attempt to predict and control, but also to understand, examine, illuminate, and facilitate empowerment for persons interacting with the health care system. A possible way of achieving this, and minimizing the gap in theory, research, and practice, is through adopting additional paradigms to logical positivism.

With what is happening in the world of nursing today do we, as Seventh-day Adventist nurses and student nurses, know or do we know where we are and on what ground we stand? Are we uncertain about what nursing really is? Are we anxious to discover and possess more knowledge and have more confidence in our practice? Are we obsessed to prove something in nursing just for it to be recognized as a profession?

As Christian nurses we should not be anxious where we are and on what ground we stand despite so many worldviews. Shelly and Miller (2006:244) clearly bid us to, instead of looking primarily to nursing history or current practice to find our story, begin with God's story in the Scripture, for that is where Christian nursing began. What is nursing according to the Bible? Seventh-day Adventist nurses as believers of the Bible may ask, "What is the biblical implication of nursing as a science?"

What is Nursing?

Nursing is a unique healthcare discipline in which nurses provide a service based on knowledge and skill (Taylor, et al. 2006). Nursing is an applied science that employs intellectual, interpersonal, and technical skills throughout the nursing process to assist clients in achieving maximum health potential. Clients are active participants in each step of the nursing process through mutual decision making. The nurse functions as a health team member through independent, interdependent and dependent roles within the health care system, serving as the client's advocate and assuming responsibility and accountability to the client (Griffith, 1982:5).

Nursing is based on the integration and application of knowledge from the natural, behavioral, and humanistic sciences where this knowledge base rapidly changes and expands as new theories and research provide more information (Griffith, 1982:3). Nursing is a theory-based practice (Palifko, 2007). Nursing theory describes and explains the phenomena of interest to nursing in a systematic way in order to provide understanding for use in nursing practice and research. Whereas, nursing practice is both the source and goal for nursing theory (Parker, 2006:6,7,10). Theories are not discovered in nature but are human inventions. They are descriptions of our reflections, of what we observe, or what we project and infer. For these reasons, theory and related terms have been defined and described in a number of ways according to individual experience and what is useful at that time (Parker, 2006:4).

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Even though nurses have difficulty agreeing on precise definitions of nursing, theory-based nursing directs nurses toward a common goal, with the ultimate outcome being improved patient care (Yacopetti, 2000). Since the 1960s nursing scholars have been developing nursing theories. This growing interest emerged from the desire to clarify the nature of nursing. There is no consensus among the disciplines as to what a theory is; however, Parker (2006:4) stated that Parsons (1949), as often quoted by nursing theorists, wrote that theories help us know what we know and decide what we need to know. These theories have some basic assumptions (*jumping-off points; what is assumed to be true*), such as patients need nurses.



Nursing theory is dependent on the imagination and questioning of nurses in practice and on their creativity to bring ideas of nursing theory into practice. In order to remain dynamic and useful, our discipline requires openness to new ideas and innovative approaches that grow out of members' reflections and insights (Parker, 2006:8). Nurses need nursing theory upon which to base their principles of care. All theories portray a unique picture that can guide nursing practice. Some nurses draw from more than one theory to develop effective approaches to client care (Taylor, 2002:41).

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With the present tumultuous change in the health care system, nursing struggles and frantically scrambling to redefine itself in order to advance (or even to survive). While theorists move toward the psychosocial and ethereal, practitioners position themselves for professional survival; whereas, the Christian nurse responds to her patients from a theological commitment (Shelly and Miller, 2006). The current upheaval in health care delivery presents an opportunity to reassess what we have in nursing, and to determine where we want to go. Many of the trends are contradictory that lead to fragmentation of the profession (Shelly & Miller, 2006: 243).

Human knowledge of all kinds is always in flux, requiring that we accept it tentatively or provisionally (Harris, 2004). God however, has a specific meaning for us to gain from His Words. Harris (2004:237, 238), on the other hand, warns us to be very cautious about snatching at any scientific theory which, for the moment, seems to be in our favor. If we try to base our apologetics on some recent development in science, we usually find that, as we put the finishing touches to our argument, science has changed its mind and quietly withdrawn the theory.

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Theories cannot be proved or disproved: the data collected either support or fail to support the theory (Palifko,2007). But, for whatever it takes and nursing theorists are uncertain as it may seem of their propositions of what nursing really is, a nursing theory is needed for nursing practice to be guided. Nursing research is fundamentally essential for new knowledge to be gained; thus, the nursing discipline keeps abreast with the changes imposed by science. In a secular point, figuratively, nursing as a science shows the interrelatedness of nursing theory, research, and practice. This is a nonreversible or unidirectional causality. Figure 1 shows this interrelationship.

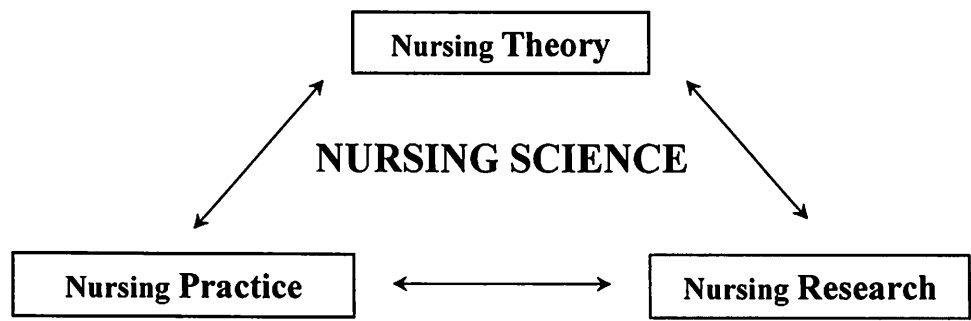


Figure 1. The interrelatedness of nursing theory, research and practice

It is a widely held belief that nursing science is developed predominantly through a combination of theory, research, and practice. Each component enjoys periods of popularity, which is often dictated by the prevailing ethos of the time. Which elements have the most influence on how health care is delivered is determined in part by the way it complements the other realms of health care. How these components collectively assist nursing practice does not attract overwhelming consensus, and it continues to be one of the major issues debated by clinicians, academics, researchers, politicians, and administrators. Identifying ways to facilitate the collaboration between these aspects of health care remains crucial to nursing's development and the betterment of health in society (Yacopetti, 2000).

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Nursing theories are valuable in research, education, and practice. It increases the nursing profession's body of knowledge by generating research to guide and improve practice (Taylor and Lillis, 2006). Nursing theory used as the theoretical framework of a research study is essential for the continued development of nursing theories; research findings will support theory or will suggest the modification of a theory. When a specific nursing theory is used as the framework for nursing practice, the focus is on the intervention. The intervention that is designed in the planning phase of research utilization must be consistent with the theory. There is also a close relationship between nursing research and research utilization because of the focus of both on nursing practice (Zerwekh & Claborn, 2006).

Now that we have seen the uncertainties and the flaws of human theories, as Seventh-day Adventist nurses, let us ponder on the questions: "Where do we draw our knowledge to develop effective approaches to client care? Where are we in the certainties of God's Words in the context of His time 'the Alpha and Omega', Omniscient and Omnipresent? "The science of nursing is without beginning and without end, however, it is always changing. Whereas, God's nature is also without beginning and without end but has been constant and has consistently withstood the tests of time. Let us now look into what the Bible has to say about nursing.

Nursing in the Bible

The term *nurse* in the Bible implied a woman who fed and cared for infants and young children, not today's professional role. However, health care figured prominently in the life and teachings of Jesus. He healed the sick, cared for the poor and oppressed, sought out those whom society had rejected, and instructed His followers to go and do likewise. Health care – including the physical, psychosocial, and spiritual dimensions—soon became the concern of the whole church (Shelly & Miller, 2006:244).

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The *Acts of Charity* of the early church included such admonition as "Give food to the hungry," "Clothe the naked," and "Visit the sick." Fortunately, this visitation was expanded to include the actual care of the sick at home. Women's groups—widows, virgins, and

deaconesses—acted on the principle that service to man was the equivalent of service to God. They served joyously as an expression of their newly found faith. In reality, they were imbued with the concept that “*Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.*” Until today many carry on the Lord’s command to “Heal the sick;” and young people of today and tomorrow may still wish to serve God through nursing the sick (Spalding, 1969).

God gave us the Bible to guide us in our nursing practice. Scheresky & Stevens (1979, August 3) reiterated that the Bible was scientifically correct thousands of years before the physiological fact was discovered by man. Therefore, let us be thankful for such a book and heed its instructions (*Leviticus 18:5*). White (1943:41, 42, 52) tells us that missionary nurses who care for the sick and relieve the distress of the poor will find many opportunities to pray with them, to read to them from God’s Word, and to speak of the Saviour. They can bring a ray of hope into the lives of the defeated and disheartened. Their unselfish love, manifested in acts of disinterested kindness, will make it easier for these suffering ones to believe in the love of Christ. The physician (nurses too) has precious opportunities for directing the patients to the promises of God’s Word. He is to bring from the treasure house things new and old, speaking here and there the words of comfort and instruction that are longed for. Let him study the word of God diligently, that he may be familiar with its promises. It was by His word that Jesus healed diseases and cast out demons; by His word He stilled the sea and raised the dead, and the people bore witness that His word was with power. He spoke the word of God, as He had spoken to all the prophets and teachers of the Old Testament. The whole Bible is a manifestation of Christ. So with all the promises of God’s Word. In them He is speaking to us individually, speaking as directly as if we could listen to His voice. It is in these promises that Christ communicates to us His grace and power. Received, assimilated, they are to be the strength of the character, the inspiration and sustenance of the life. Nothing else can have such healing power. Nothing besides can impart the courage and faith which give vital energy to the whole being

The nurse has precious opportunities for directing the patients to the promises of God's word.

Shelly & Miller (2006:244,256) laid out several characteristics of Christian nursing that stand out in the Scripture: (1) Nursing is a response to God’s grace that flows from a dynamic personal relationship with God. (2) It is a ministry of the church and functions in the context of the body of Christ. (3) It recognizes the role of sin in the world created good, and it seeks to restore justice and righteousness. (4) It views the person as created in the image of God. (5) It is demonstrated in compassionate care that is characterized by the fruit of the Spirit. The common theme in all these aspects of Christian nursing is the glory of God. Nurses, committed to Jesus Christ, holistically caring for the sick, the poor and the needy, demonstrate the character of God to the world. They bring the light of Christ into dark situations with humility, love, passion, and power

Nursing is a response to God's grace that flows from a dynamic personal relationship with God.

Ellen G. White (1943:89) in her book *Ministry of Healing* expounded and made clear the real meaning and purpose of what caring for the sick, the poor, and the needy is. She wrote that we should ever remember that the object of the medical missionary work is to point sin-sick men and women to the Man of Calvary, who taketh away the sin of the world. By beholding Him, they will be changed into His likeness. We are to encourage the sick and suffering to look to Jesus and live. Let the workers keep Christ, the Great Physician, constantly before those to whom disease of body and soul has brought discouragement. Point

them to the One who can heal both physical and spiritual disease. Tell them of the One who is touched with the feeling of their infirmities. Encourage them to place themselves in the care of Him who gave His life to make it possible for them to have life eternal. Talk of His love, tell of His power to save.

During His ministry, Jesus devoted more time to healing the sick than to preaching. His miracles testified to the truth of His words, that He came not to destroy, but to save.

What is the relationship of Jesus to the work of caring for the sick that we nurses and doctors have to point people who are afflicted with maladies to Him? Ellen G. White (1943:1, 12,13) wrote, "Our Lord Jesus Christ came to this world as the unwearied servant of man's necessity." He "took our infirmities, and bore our sicknesses," that He might minister to every need of humanity (Matthew 8:17). During His ministry, Jesus devoted more time to healing the sick than to preaching. His miracles testified to the truth of His words, that He came not to destroy, but to save. Wherever He went, the tidings of His mercy preceded Him. Where He passed, the objects of His compassion were rejoicing in health and making trial of their new-found powers. The Saviour made each work of healing an occasion for implanting divine principles in the mind and soul. This was the purpose of His work. White further stated in pages 31, 40 & 41: "At the bedside of the sick no word of creed or controversy should be spoken. Let the sufferer be pointed to the One who is willing to save all that come to him in the faith. Earnestly, tenderly strive to help the soul that is hovering between life and death. It was His mission to bring men complete restoration; He came to give them health and peace and perfection of character. The gospel is to be presented, not as a lifeless theory, but as a living force to change the life."

Four concepts common in nursing theory that influence and determine nursing practice are (1) the person (patient), (2) the environment, (3) health, and (4) nursing. Each of these concepts is usually defined and described by a nursing theorist, but the definitions and the relations among them may differ from one theory to another. Of the four concepts, the most important is that of the person. The focus of nursing regardless of definition or theory, is the person (Taylor, et al., 2006: 78). However, in the Biblical perspective, a person is created by God in His image (Genesis 1:26, 27), to live in a loving relationship with God, self and others (Deuteronomy 6:4-6; Matthew 22:37-39) and to act as responsible stewards of the environment (Genesis 1:26). *Second*, every person is separated from God by sin, but the relationship is restored by grace through faith in Jesus Christ, in whom we are redeemed and made holy by the Holy Spirit (Romans 3:22-28 ; 1 Corinthians 6:11). *Third*, the person is a physically, psychosocially and spiritually integrated being with intrinsic values and significance (Psalms 8:4-8; 1 Thessalonians 5:23; Hebrew 2:11-17). *Fourth*, each person is responsible not only to live a healthy lifestyle (1 Corinthians 3:16-17; Ephesians 5:29'), and to promote health (Exodus 15:26; 3 John 2), but also to find meaning in suffering and death (Roman 5:3; 1 Corinthians 15:54'; 1 Thessalonians 4:13-14). Therefore, viewing the patient as separate from his Creator limits one's understanding of the world.

Through His servants, God designs that the sick, the unfortunate, and those possessed of evil spirits shall hear His voice.

A Christian nurse believes that a human person is God's creature. Sinners, though we are, make us qualified to encourage the sick and suffering to look at Jesus Christ. Where are we as Christian nurses in the scenario of being a medical missionary? Again, Ellen G. White (1943:63) made it clear to us: "He who becomes a child of God should henceforth look upon himself as a link in the chain let down to save the world. One with Christ in His plan of mercy, going forth with Him to seek and save the lost. Furthermore, the work which the

disciples did, we also are to do. Every Christian is to be a missionary. In sympathy and compassion we are to minister to those in need of help, seeking with unselfish earnestness to lighten the woes of suffering humanity.”

The missionary can not only relieve physical maladies, but he can lead the sinner to the Great Physician, who can cleanse the soul from the leprosy of sin. Through His servants, God designs that the sick, the unfortunate, and those possessed of evil spirits shall hear His voice. Through His human agencies He desires to be a comforter such as the world knows not. The Saviour has given His precious life in order to establish a church capable of ministering to the suffering, the sorrowful, and the tempted. A company of believers may be poor, uneducated, and unknown; yet in Christ they may do a work in the home, in the community, and even in “the regions beyond,” whose results shall be as far reaching as eternity (White, 1905:64). To Christ’s followers today, no less than to the first disciples, these words are spoken: “*All power is given unto me in heaven and in earth. Go ye therefore, and teach all nations.*” “*Go ye into all the world, and preach the gospel to every creature*” (Matthew 28:18, 19; Mark 16:15).

Such, being the case, is very clear for us Seventh-day Adventist nurses who believe in the Bible and the Lordship of Jesus Christ that caring for the sick, which is the main task of nurses, is the ministry of God, our Lord Jesus Christ. It is not a thought invented by human minds just like any nursing or medical theories, but it is the truth clearly spelled out in the Holy Scripture, the Bible. It is clear that Christian nursing begins with God and therefore, should end with Him—God the Creator of heaven and the earth. That in all things He is; “To God be the Glory.” That when man fell into sin and suffered the consequences, it is His mission to make them whole again. In Matthew 8:17, the burden of disease and wretchedness and sin He came to remove. It was His mission to bring to men complete restoration; He came to give them health and peace and perfection of character.

Our Lord Jesus Christ came to this world as the unwearied servant of man's necessity. He took our infirmities, and bare our sickness.

Contradictory to the usual idea, nursing is not a theory for a Christian nurse, it is not an assumption that a sick person needs the assistance, care, and love of a nurse. But nursing is God’s truth designed for His ailing and dying created beings who desire restoration and life eternal. Nursing, similarly with medical work, is God’s truth. It is His ministry of healing! It is not a human invention like what the secular theories are claiming, but it is part of God’s saving grace. Ellen White (1905:88) reiterated, “Christ’s method alone will give true success in reaching and healing the people. The Savior mingled with men as one who desired their good. He showed His sympathy for them, ministered to their needs, and won their confidence.” Then He bade them, “Follow Me.” Christ’s way, if it becomes our way, can make a difference (II Timothy 2;24,25).

Nursing is not a theory for a Christian nurse, it is God's truth. It is His ministry of healing.

As a believer and follower of Jesus Christ, the Christian nurse will make herself a tool for Him Who desires healing for all His created beings in her work as a nurse. In the nursing practice, the Christian nurse follows Jesus Christ’s methods of healing. In nursing research and in every way, the Christian nurse continues to look for evidences that would unfold God’s truth about human nature, so that he/she can wholistically meet their client’s needs the way God wants it to be. By doing so, His love and goodness will also be felt and witnessed by

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both the client and the nurse. Their faith in Him will be strengthened. By such act, as Christian nurses, they will be inspired continually and will not be weary in their work, in their profession. In effect, it would increase their confidence that they are serving a living God, spiritually alive beside them, protecting them from committing errors so that the patients' life will always be safe. That they may constantly see God's desire for their patients and for themselves to have a satisfying life promoting experience. White (1943:51) indicated that it is only through the grace of Christ that the work of restoration, physical, mental, and spiritual, can be accomplished. Figure 2 shows nursing in the context of the Bible.



Figure 2. Nursing in the context of the Bible

The depth and breadth of nursing practice and nursing research are determined by the individual nurse's understanding and knowledge in nursing, its integration and synthesis through domains of cognitive, psychomotor, affective/spiritual domains of self. Shelly & Miller (2006:52) stated, "What we believe about God shapes our understanding of human persons and the environment in which we find ourselves. That, in turn, informs our concept of health and directs us to the means by which we nurture one another toward health and healing."

One who is called Christian is one who accepts the responsibility and challenge of presenting Jesus to men.

A Christian nurse is a nurse who believes in Jesus Christ. One who is called Christian is one who accepts the responsibility and challenge of presenting Jesus to men. That is primary, it must take first priority in life. Whether we assist patients with ambulation or clean a floor, or deliver clean linen for the patients, or transcribe physicians orders, we are first representatives of Christ. The manner we speak, the way we work, the way we use our time, the way we work together will be evident if we are, in deed and in word, true Christians. Our work is to present Jesus (John 17:3, Scheresky & Stevens, 1979: Sept. 25).

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Christ spoke to the people: "I am the light of the world. The man who follows me will never walk in the dark, but will live his life in the light" (John 8:12). Consider where the Christian nurse is in the relationship. Christ is the light. He is the original, the eternal One. The Christian is the reflector of the beauty and the brilliance of the source of light. The Christian's shining is not his own, his light is derived, borrowed from the first. So the

Christian nurse must be an accurate reflector. Unlike the moon which is not visible when it is not reflecting, the nurse reflects an image even though it may be distorted. The patient sees the nurse as a representative of the hospital and of Christian concern whether she presents an accurate picture or not (Philippians 2:11-15, Scheresky & Stevens, 1979:May 28).

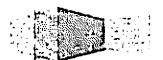
The nursing theories were invented by nursing scholars to guide our nursing practice and we are to give it due credit. However, we must not dichotomize the sacred and the secular as Fowler (2009) emphasized it and as he quoted Schaeffer (1970), “Knowledge is power, but it is power for good only when united with true piety. It must be vitalized by the Spirit of God in order to serve the noblest purposes. The closer our connection with God, the more fully can we comprehend the value of true science; for the attributes of God, as seen in His created works, can be best appreciated by him who has a knowledge of the Creator of all things, the Author of all truth.”

Biblical Implications for Nursing Research

Research as a scientific inquiry is a process that uses observable and verifiable information (data, collected in a systematic manner, to describe, explain, or predict events). It is conducted to validate and refine current knowledge or to develop new knowledge (Taylor, et al, 2006). According to the National Center for Nursing Research (NCNR), nursing research is the testing of knowledge that can be used to guide nursing practice. It is concerned with examining questions and verifying interventions based on human experiences. Research about nursing education, administration, and practice all affect patient care directly or indirectly (Taylor, et al, 2006:84). Its ultimate goal is improving client care (Zerwekh & Claborn, 2006). Unless the research findings of nurse researchers are used by practicing nurses to improve the quality of patient care, clinical nursing research is useless. Much of what bedside nurses routinely do constitutes research. The nursing process (i.e. assessing, diagnosing, planning, implementing, and evaluating) represents the basic framework of the research process (Taylor, et al, 2006:84).

With God, if one starts with a problem, it ends with a solution with comfort, strength, peace, and hope.

In secular research, by mechanism, it starts with a problem and it ends with a problem. Research as a user of theories has to prove if the theory is true or not. And whatever has been discovered in research may even help a theory or a new theory is born. Things are cyclical and problems are always there and possible solutions be recommended to address the problems identified. With God, if one starts with a problem, it ends with a solution *with comfort, strength, peace and hope*. Proverbs 2:3–5 tells us that if we want better insight and discernment, and search for them, as we would lost money or hidden treasure, then wisdom will be given us, and knowledge of God Himself. We will soon learn the importance of reverence to the Lord and trust in Him, for the Lord grants wisdom. His every word is a treasure of knowledge and understanding.



As we care for the sick people, do we as Christian nurses; have an evident objective that Jesus is the Creator? How can we be confident in giving Christian nursing care when in reality we are not convinced that He is the Creator? If we confess that God is the all wise Creator, then He has perfect knowledge of everything we want to know or do. The truth about the physical order is known perfectly to Him, the truth about humankind and society, and the truth about everything we ever wondered about in our most perplexed moments – *all truth is God's truth, wherever it be found*. He remains the upholding principle for the whole scheme of creation. The laws of science which He made, are as true today as they were when they were first ordained. Many of these *laws man is just now discovering*. Yet they have been in effect on this earth since the time it was created. How assuring it is for us to know that one who created us continues to sustain us and care for us. That reassurance can give us the confidence we need to do the work He has given us today (Col. 1:15).

The laws of science which God made, are as true today as they were when they were first ordained and many of these laws man is just now discovering.

Christian nurses who, in the first place, believe that God is the Creator and Father, then those about us are our brothers and sisters. When we remember that “Our Father” made our patients and their significant others, our fellow workers as well as ourselves, and that His holy concern is great for them as it is for us, it makes our vision less selfish and our love for others more real. Learning to know God as “Our Father” makes our work much lighter and easier. When we realize that the tasks that we must do are the needs of the children of “Our Father,” they cease to become a drudgery, and become a labor of love. For then we serve because our brother and our sister need us, and “Our Father,” has given us the talent of time, and strength, and knowledge to meet those needs (Scheresky & Stevens, 1979: Feb. 3).

Learning to know God as “Our Father” makes our work so much easier. When we realize that the tasks that we must do are needs of the children of “Our Father,” they cease to become drudgery and become labors of love.

We are to do research to acquire more knowledge and be more efficient in our work and be more competent in our practice. The main purpose of every research we do is to improve client care. The statement of E.G. White (1943:38, 39) for the physician is also highly applicable to nurses: “The physician who desires to be an acceptable co-worker with Christ will strive to become more efficient in every feature of his work. He will study diligently, that he may be well qualified for the responsibilities of his profession, and will constantly endeavor to reach a higher standard, seeking for increased knowledge, greater skill, and deeper discernment. He who does weak, inefficient work is not only doing injury to the sick, but is also doing injustice to his fellow physicians. The physician who is satisfied with a low standard of skill and knowledge not only belittles the medical profession but does dishonor to Christ, the Chief Physician.”

We as creatures are not free to define our own values, goals and limits, but must discover those designed for us by our Creator.

The fact that we are created by God to live in relationship with Him are also created for God (Col.1:16). He has plans for us whom He had created. Therefore, we as creatures are not free to define our own values, goals, and limits, but to *discover* those designed for us by our Creator (Fish & Shelly, 1977:27). One of the ways to discover His design is to research *some* characteristics inherent to man as God created them to be. By doing so, *first* and for the most part, we can fully understand our patients and that, by understanding them, we can be sensitive to their needs. Our sensitivity to their needs would entreat us to meet their needs



wholistically, leaving them, though sick, yet are satisfied. *Second*, we can be strengthened more faithfully to the truth that is in Him. As Ellen G. White (1943:41) points out in her book *Ministry of Healing*, “The medical worker who knows that Christ is his personal Saviour, because he himself has been led to the Refuge, knows how to deal with the trembling, guilty, sin-sick souls who turn to him for help. He can tell the story of the Redeemer’s love. He can speak from experience of the power of repentance and faith. In simple, earnest words he can present the soul’s need to God in prayer and can encourage the sick one to also ask for and accept the mercy of the compassionate Saviour. As the mind of the sufferer is directed to the Saviour, the peace of Christ fills his heart, and the spiritual health that comes to him is used as the helping hand of God in restoring the health of the body.”

As nurses who are to assess human responses we should always watch for the individualities of our patients, and treat them as Jesus would. Here are some of those characteristics inherent to man that we should consider in our patients to improve our care for them and our practice. *First*, “every human being, created in the image of God, is endowed with a power akin to that of the Creator - individuality, power to think and to do” (White: 1905:17). The Creator made us responsible. He gave us the capacity to reason, to set priorities, to assign values (Scheresky & Stevens, 1979: July 30). *Second*, God created us as social beings. We all need friends who claim us as their own. It is not enough to possess things or even be able to do many things, unless there is someone with whom they can be shared (Scheresky & Stevens, 1979: May 27). Maintaining good relations with others is essential for a productive, happy life. Being human means more than body or mind. It is really impossible to live a complete life without other human beings. Our life is truly enhanced only in relationship to others because our need for others begins even before conception. We belong to something before we exist (Gladson, 1988:56,57). God’s purpose of creating a person a free moral agent who wants to somehow decide for himself and as a social being is evident in one of the recent nursing researches of the Adventist University of the Philippines done at Manila Adventist Medical Center, Philippines by Nabaraj Neupane.

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One hundred (100) medical-surgical patients, aged 18-75 years were quantitatively surveyed. Twenty respondents were given first qualitative questions since the study was triangulated to come up with a comprehensive result. The following were considered in the study: *a*) time spent by the doctors, *b*) encouragement from the doctors and family/significant others, *c*) options given to patients regarding medication, *d*) surgical interventions and diagnostic procedures, and *e*) trusting relationship with the family/significant others. Such factors affected the patients’ participation in medical decision making. According to Neupane, encouragement from family/significant others, and options specifically for medications are the best predictors of patients’ participation in medical decision-making. Qualitatively, information, fast recovery, patients’ decision making and trust in God were the factors identified by the patients that influenced their medical decision making. One of the qualitative questions was: ‘How do you understand patient’s participation in medical decision making?’ Out of the twenty informants, ten answered that they made a decision together with the doctor or it was a shared decision making, not just the doctors or the nurses decision.



One of the literatures quoted by Neupane (2009:125) from Sellers (2004) regarding the importance of doctors, nurses, and family/significant others, relationship to patients is “a trusting relationship between a patient and his/her physician. This is the most important basis for realistic and good decision-making. It is even better if the trusting relationship extends to the family. For multiple reasons, trust in the healthcare system is becoming more difficult to achieve. Physicians must see to it that patient’s trust is maintained to the end, and that they must not abandon their patients. Fish & Shelly (1977:29) affirm that “as human beings we find meaning and purpose in the context of relationships. When a person lacks significant relationships, if not set in the larger context of a relationship with God, he easily becomes exploitative and insecure. Only a relationship with God gives life in the face of failure, suffering, and death. That we are spiritual beings, which means having a close relationship with God, is basic to our functioning. We receive love and relate with God through Jesus Christ. Jesus came to rescue humanity from death by restoring the God-man relationship to give them eternal life.

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Nursing research gives us scientific rationale or reasons for every nursing interventions we give to our patients. It is much easier for us to give good nursing care when we understand the reason for the task to be done. For example, it is easier to encourage a patient in early ambulation when we understand that it will help him to recuperate by increasing circulation. It is easier to remember to make the bed right and wrinkle free when we know that this will help to prevent pressure areas and possible decubiti. A good nurse manager always gives a reason for an order whenever it is possible to do so. The manager knows that nurses who are receiving directions will better understand the importance of their task when they know the reasons for it. They can intelligently become involved in the work to be done.

God gives us directions but not without explanation and reason. He recognizes the capacity to think and to understand that He gave to each of us, and He assures us that His strength will be with us. He will help us to accomplish His purpose in our lives.

As our Heavenly Father, God gives us directions but not without explanation and reason. He recognizes the capacity to think and to understand that He gave to each of us, and He assures us that His strength will be with us. He will help us to accomplish His purpose in our lives. His help can make us strong and God’s purpose of a successful, effective Christian life can be a reality. As Christian nurses, let us follow His commands. In His strength, let us not be afraid because He has told us what to do and why (Isaiah 41:10; Scheresky & Stevens, 1979: Nov. 11).

Biblical Implications for Nursing Practice

Every nurse’s philosophy, developed through education and practice, forms the basis for providing nursing care. Nurses demonstrate both a personal and a professional philosophy through their values, beliefs about concepts such as goodness, health, illness, accountability, and ethics. In the same way, nursing education and nursing practice settings provide

education or patient care based on philosophic beliefs about humans, health, teaching, and learning, and quality patient care (Taylor, et al, 2006). A Christian nurse who has a clear understanding of Christian theology, along with a vital faith relationship with God, will give him/her the discernment to choose wisely and faithfully from the increasing array of current health care fads - a nurse who can view nursing through the eyes of faith (Shelly & Miller 2006). Christian nurses have a model of servant leadership in Jesus Christ (Matthew 22:37). A Christian nurse believes that the characteristics nurses need most are compassion, competence, faith, integrity and responsibility. These values are consistent with what Jesus requires of us. When we work, we serve according to the way we relate ourselves to life and our understanding of why we are here. And if we have faith and trust in Our Heavenly Father, we can accept His guidance and His instruction. He can keep our working lives and our personal lives on course (Scheresky & Stevens, 1979: Sept. 28).

No matter how complicated the tasks and uncertain events may seem to be in our work everyday, as Christian nurses we must be comforted with the truth that such work is God's ministry. God has promised to be with those

As nurses and as Christians, we have goals of service to others and goals of Christian living. We ask Him to keep us in course, and help us attain our goals as we go about our work each day. No matter how complicated the tasks and uncertain events may seem to be in our work everyday, as Christian nurses we must be comforted with the truth that our work is God's ministry and God has promised to be with those who follow Him. In Psalms 32:8 He says, *"I will instruct thee and teach thee in the way which thou shalt go: I will guide thee with mine eye."* Science and the Bible are showing us that God is greater than we have ever dreamed of. And we can take courage in His promise when he said, *"Lo, I am with you always, even unto the end of the world"* (Matthew 28:20).

We nurses must lift our heads out of the charts and schedules and details and take a wider look. Think of the lives we touch. Remember that we do the work of the Master Himself when we help in the healing process. We are a part of something big and wonderful and great. We are helping people through a difficult and trying time. We should often take time to take a broader view of our work and service and life. If we will do this, it can be reflected in our face - our smile, our voice - and we will go on our way satisfied, knowing that we are fulfilling our purpose for being there in the hospital and as a nurse. When we serve the Lord "in sincerity and in truth," when our service is wholeheartedly based on our firm conviction that His way is best for us, our every act will reflect His truth, and we shall be genuine. The truth of God in the life provides a stabilizing core to the character, and one can be genuine in every aspect of living for the real Christian life has nothing to hide, nothing to gloss over (Psalms 119:18; Scheresky & Stevens, 1979: April 10, Feb. 8).

When we serve the Lord "in sincerity and truth," when our service is wholeheartedly based on our firm conviction that His way is best for us, our every act will reflect His truth, and we shall be genuine.

Being a graduate of a Catholic university for my BS Nursing and into my clinical exposure for my Masters degree at Manila Sanitarium and Hospital (now Manila Adventist Medical Center), I noticed something different among nurses in the way they cared their patients. My curiosity deepened

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when some patients and their relatives mentioned of their admiration of the nurses' behavior, and the unique hospital psychosocial and physical environment. Out of curiosity, I was able to conceptualize a problem for my thesis proposal - evidences of what the nurses were doing that deeply touched the lives of their patients.

The study was conducted among 150 admitted adult patients who were admitted at MAMC for 3 days and above. Questionnaires contained items about their spiritual needs for meaning & purpose in life, love and relatedness, and forgiveness. Sixty nurses who cared for their patients were measured according to their awareness and preparedness towards satisfying their patients' spiritual needs. The results showed that, generally, nurses were highly aware and prepared to meet the patients' spiritual needs. In effect, patients were highly satisfied with nurses in meeting their spiritual needs. Both the Catholic and the Seventh-day Adventist older female patients, single and married and who stayed longer at the hospital and were cared for by older nurses, tended to be more satisfied with the spiritual care given them. All of the test items were factor-analyzed to extract the underlying dimensionality of the instrument. The new dimensions of spiritual needs that were extracted for nurses' *awareness* were 1) religious beliefs and practices; 2) verbalized feelings about God, significant others and prayer; and 3) discussion on outlook about health and illness. On the other hand, the dimensions for nurses' *preparedness* were 1) satisfying discussion about God's love and purposes; 2) assisting to meet religious needs; and 3) caregiver's availability/sensitivity to the expressed needs. Moreover, the dimensions for *patients' level of satisfaction* with nurses in meeting their spiritual needs were 1) expression of concept of God or Deity and personal meaningful relationships with Him; 2) expression of caring and support from nurses; and 3) assistance to meet religious needs.

The study above signifies that the nurses' awareness of the patient's spiritual need was more of religious beliefs and practices. The nurses were prepared to give a satisfactory discussion about God's love and purposes. That, in turn, made the patients highly satisfied because what the patients needed most spiritually were an expression of the nurses concept of God or the Deity and a personal, meaningful relationship with Him, and an expression of caring and support from nurses. Incidentally, the nurses met their patients' spiritual needs and, in turn, made them highly satisfied. Guerra (1996:19) quoted from Frankl (1972) and Leggieri (1986) that a person who senses God's direction in his life is able to adapt to unexpected changes. Knowing that God never fails him gives him hope, even when his usual support systems fail. During crises, belief in God's presence can often hold men together when they are unable to reach for any strengths within themselves. It can help sufferers to hang out to the ultimate meaning of existence.

If we can truly say that we worship the Creator and Him only, then our code of conduct and our work will attain high standards of integrity.

The glory of the Lord was revealed in those 60 Seventh-day Adventist nurses. In Matthew 5:16, we are told that when the Lord comes to the heart, His glory makes a difference. In effect, our patients and our co-workers will recognize us for what we are—real Christians who worship God. Shelly & Miller (2006:297) once again reveal that if we can truly say that we worship the Creator and Him only, then our code of conduct and our work

Nursing for a Christian nurse will be life-receiving, life promoting and life accomplishing practice, where every nurse cares as Jesus cares for each of us – with a compassionate heart, competent faith, conscientious deeds and a committed call to care.



will attain high standards of integrity. At any rate, nursing for a Christian nurse is life-receiving, life promoting, and life accomplishing, where every nurse cares as Jesus cares for each of us—with a compassionate heart, competent faith, conscientious deeds, and a committed call to care.

CONCLUSION

The nursing profession faces many challenges in attempting to integrate itself with other well-established approaches to illumination within health care circles. We, as Seventh-day Adventist nurses, should continue what Jesus Christ had started. Let us run the race of our nursing profession in general, our nursing competence in particular, for Him and with Him. We should consider and should stand unwavering with whatever secular worldview of nursing orients us, that in some way far leads to the fragmentation of the nursing profession, thus losing its identity in the arena of health science. The uncertainties of nursing theories should make us look back to the theological roots of nursing to be certain of what we are doing and to maintain the heart and soul of the nursing profession.

Our philosophy, beliefs, and the way we understand things greatly influence our way of rendering nursing care. We, as Christian nurses, have to predominantly base our knowledge on the Word of God, the Holy Bible. Nursing is not a human invention but it is God's restoring work exemplified. The essence of the care for the sick does not demand an explanation, but it is a fact that a patient needs a nurse, a nurse who will draw him close to God. A person who is sick is faced with his mortality; by realizing so, he needs his Creator to control everything for him and to restore him.

Nurses need to remind themselves that they do remain the largest (and therefore potentially influential) group in the provision of health care. We are to remember that we do the work of the Master Himself when we help in the healing process. We are a part of something big and wonderful and great. We help people through difficult and trying times. We are not only nurses but we are Christian nurses ordained by the Great Physician and Healer to do the work for Him while we are waiting for His return. Believing that Jesus is coming soon, we need a growing number of Christian nurses who can view nursing through the eyes of faith to Jesus.

Let us press on to the mark of a Christian nurse in the discipline of nursing enshrouded with the principle that nursing is not a theory for those who profess to be Christians, but the Truth of His ministry – God's healing ministry. To be a nurse is to be a missionary.



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