

CHAPTER 3

Caring from a Christian Worldview: The Agape Model

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LEARNING OBJECTIVES

At the end of this chapter, the reader will be able to:

1. Describe the Christian worldview.
2. Acknowledge the importance of the origin of caring.
3. Discuss how the Fruit of the Spirit may be reflected in nursing care.
4. Explore the personal worldview of the nurse dedicated to the Christian faith.
5. Apply the Agape Model.

KEY TERMS

Agape
Agape Model
Calling
Caring

Caritas
Christian worldview
Fruit of the Spirit
Holy Spirit

Imago Dei
Shalom

We Are Mirrors Reflecting Him

He is the Source; we are the “looking”
glass.

He is the Light; we are the mirrors.
He sends the message; we mirror it.

We rest in Him—awaiting His call.

And when placed in His hands, we do
His work.

It is not about us. It’s all about Him.
(Lucado, 2004, p. 32)

Sarah's shoulder leaned wearily against the doorframe of the hospital room; her head too slowly accepted the welcoming support as she waited for her patient to call her for further assistance. It was during this 11th year of her nursing practice, while serving as a weekend charge nurse on an oncology unit, that Sarah experienced a transformation in her personal philosophy of nursing. Learning the mechanics of the functioning human body and the skills necessary to care for the sick and diseased was a major focus as a novice nurse. As she grew professionally from a novice to a competent nurse, there was a strong desire to provide what many perceive to be expert nursing care; however, the increased expectations of hospital administrators and the introduction to new technology resulted in less time at the bedside of the patient, leading to an increased dissatisfaction in her role.

Sarah was weary of the late and long hours of work and the lack of sleep, and she was battling grief from the recent loss of her husband from the dreaded disease of cancer. **Caring** for those who were experiencing the same disease that was her husband's demise only intensified her numbness. Nursing had become a struggle, a duty—merely tasks to perform and a way to provide a living. That night, however, while Sarah was assisting her patient, the patient became more than just an object of duty.

As a Christian, Sarah's personal values and beliefs—specifically, the knowledge that God is the Creator of all things and that He directed her life's path—were never a question in her mind. But that night, they became more than just “head knowledge.” As she leaned wearily against the doorframe, Sarah questioned in her mind, “Why am I doing this?” Before the thought had completely slipped away, the **Holy Spirit** strongly impressed upon her heart and mind, saying, “This is one of My created beings and I personally placed this patient under your care.” Sarah experienced that night what Nightingale (1992) and others have emphasized as a **calling** from God. Although Sarah's underlying values as a Christian did

not change, her nursing philosophy did. The change did not occur due to her gradual maturity in the profession; instead, nursing became a “calling to serve” as a directive from the Creator Himself.

► Nursing as a Spiritual Calling

Historically, many nurses believe that nursing was founded on Biblical principles and that early Christian women felt called to minister and care for the needs of others. In so doing, they demonstrated, or mirrored, the caring characteristics of Jesus Christ (Newbanks, 2015). Throughout history, there have been numerous examples of the link between serving God and health care (**TABLE 3-1**). One of the earliest accounts of nurses demonstrating caring for others is found in Exodus, when midwives would not kill infant boys, because they feared God more than they feared Pharaoh. The relationship between faith and health was foundational with the teachings of Moses and the Levitical laws. At the time, they probably seemed to be just rules to follow, but now we understand that the principles of epidemiology, aseptic technique, isolation, and hand washing were health laws. One of the most well-known Biblical accounts of caring is the parable that Jesus told of the Good Samaritan. In this parable, we discover a man who met the emergent needs of a stranger and recognize the Good Samaritan as reflective of “a neighbor”; understanding the concept of loving your neighbor as yourself. The utmost model of caring is in the form of Jesus Christ himself as he ministered to the needs of many in life, and in death.

Caring was also demonstrated as ministry by early religious orders as they served the sick. St. Benedict founded the Benedictine nursing order. Military, religious, and lay orders of men including the Knights Hospitallers, the Teutonic Knights, the Knights of

TABLE 3-1 A History of Caring

Timeline	Caring: Reflecting	Major Reference	Contribution to Caring from a Biblical/Christian Worldview
Approximately 1450 B.C.	Hebrew midwives	Exodus 1	Example of the call to love God rather than government authorities.
Approximately 1400 B.C.	Moses/Biblical health laws	Leviticus and Deuteronomy	Links between health laws and prevention—even if the cause wasn't understood.
26–30 A.D.	Jesus Christ	Gospel accounts, Luke 10:25–37	Call for compassion, caring, and agape love; serving the poor and helpless; Good Samaritan.
30–100 A.D.	Early church	Matthew 22:36–50; Matthew 25; Acts 6; James 1:27	Deacons and deaconesses caring for the widows, orphans, and sick; loving God and loving others.
1800s	Sisters of Charity, Sisters of Mercy, Deaconesses at Kaiserwerth	Ann Doyle, nursing by religious orders	Provided care to reflect the love of Christ and call to minister to those whom God loves.
1850–1860	Florence Nightingale	<i>Notes on Nursing</i> , 1860	Presented nursing as a calling—a means to demonstrate God's love.
1976–present	Sister Callista Roy	Roy, C. (1988). An explication of the philosophical assumptions of the Roy adaptation model. <i>Nursing Science Quarterly</i> , 1, 26–34	Roy views human beings as individuals in community with a loving Creator and with others; concept of veritivity. "Persons have mutual relationships with the world and a God-figure" and "God is intimately revealed in the diversity of creation and is the common destiny of creation" (Roy, 1997, p. 45).
1984	Roach	Caring from the heart	Roach's theory of caring brought together aspects of relational ethics, spirituality, and components of caring to inform nursing practice

(continues)

TABLE 3-1 A History of Caring*(continued)*

Timeline	Caring: Reflecting	Major Reference	Contribution to Caring from a Biblical/Christian Worldview
1994	Ann Bradshaw	<i>Lighting the Lamp: The Spiritual Dimension of Nursing Care</i>	An in-depth study of the spiritual dimension of human nature and its place in nursing; presents the Judeo-Christian perspective of a covenant relationship based on love—agape or caritas. Traces the historical development of nursing, with the increasing tensions created by secularization in the profession.
1997	Katie Eriksson	Multiple publications from 1997 onward	Presents the concept of caritas from scripture—agape love—and relates to nursing and caring.
1998, 2008, 2011, 2014	Mary Elizabeth O'Brien	<i>Spirituality in Nursing: Standing on Holy Ground</i>	Multiple works that link the love of Christ with nursing care; specifically, that a nursing encounter is a sacred encounter; using the concept of standing on holy ground.
1999, 2006	Shelly and Miller	<i>Called to Care: A Christian Theology of Nursing</i> (1st and 2nd editions)	Classical work that compares nursing concepts as seen through a Christian worldview versus post-modern nursing theories.
2004	Cusveller	<i>Commitment and Responsibility in Nursing: A Faith-Based Approach</i>	Builds on the scriptural principles of human dignity and the roots of Christian nursing.
2005	Doornbos, Groenhout, and Hotz	<i>Transforming Care: A Christian Vision of Nursing Practice</i>	Responds to the question, “How does a commitment to the Christian faith inform the practice of care?”
2013	Campinha-Bacote	<i>A Biblical Based Model of Cultural Competence in the Delivery of Healthcare Services: Seeing Imago Dei</i>	Presents a Biblical-based model for the process of becoming culturally competent.

St. Lazarus, and the Hospital Brothers of St. Anthony provided nursing care during the Middle Ages (Rieg, Newbanks, & Sprunger, 2018).

Florence Nightingale witnessed quality care by observing Catholic nuns, who she said made better nurses because they were disciplined and well organized; she also spent time with the Protestant deaconesses at Kaiserwerth, who were well known for caring for the destitute and the training school. Nightingale highly valued education and advocated raising the standard of education for nurses, but she also emphasized nursing as a calling—a vocation: “But more than this, she must be a religious and devoted woman; she must have a respect for her own calling, because God’s precious gift of life is often literally placed in her hands” (Nightingale, 1860, p. 71).

The Latin form of the term *vocation* dates back to the 1400s and was defined as “a summons or strong inclination to a particular state or course of action; especially: a divine call to the religious life” (“Vocation,” n.d.). As described by Lundmark (2007), the proper title for nursing was heavily debated by the end of the 19th century by nursing organizations and mainstream nursing—namely, whether nursing should be labeled a “vocation” or a “contract.” Mainstream medical organizations saw nursing as “particularism, scientism, and more of a contract rather than a vocation” (p. 768). The critical factor for these organizations was that higher education and certification provided competent nurses; therefore, they resisted calling it a vocation, which was perceived as a “virtue of obedience to doctors . . . femininity and motherhood” (p. 768).

Although Nightingale valued education and raising the standard for nursing, it was her perception that, in itself, education should not be the standard by which nurses are measured; instead, nurses should be measured by the standard of their relationship with God (Bradshaw, 1994). Lundmark (2007, p. 767) contends that it is important to use theology-based nursing theories so as to understand the concept

of “vocation” as an intrinsic motivating factor for what motivates a person to choose the profession of nursing and to fully understand nursing itself. Bradshaw perceived the concept of vocation to mean that “Nurses . . . choose to become actualized as a caring person” (Lundmark, 2007, p. 770). In the 1960s and 1970s, nursing turned toward secular values; nevertheless, some Christian nurse leaders advocated a return to the link between faith, calling, and nursing care (see Table 3-1). Viewing nursing as a caring vocation influences how one serves the patient and the community in which the nurse works.

Love and charity, or **caritas**, was originally emphasized as a principal idea in Eriksson’s early works (1989, 1997, 2002). Eriksson held that the human being is fundamentally body, soul, and spirit. As such, she asserted that we are religious beings and created in God’s image. Therefore, each person deserves dignity, and nurses must accept the responsibility of serving with love and existing for the sake of others. Although other nurse theorists have used this *caritas* concept, the original scriptures and Biblical understanding of agape love were not preserved in Eriksson’s presentation. Instead, in collaboration with several theologians, Eriksson developed a subdiscipline referred to as *caring theology* (Lindstrom, Nystrom, & Zetterlund, 2018).

Shelly and Miller (2006), in their Christian theology of caring, propose that a Christian nurse serves to provide “care for the whole person, in response to God’s grace toward a sinful world, which aims to foster optimum health and bring comfort in suffering and death for anyone in need” (p. 250). In accepting this worldview, nursing becomes a “calling” to care for the sick, which cannot be separated from its roots of Biblical teachings (Matthew 25:31–46; Luke 10:33–35; 1 Thessalonians 2:6–8).

In 1905, Weber predicted that the advancement of science and technology would be viewed as progress, and that the epistemology would shift such that the religious principles and “notions of divine authority would

fade away and disappear completely” (Fowler, 2012, p. 5). Weber’s prediction is supported by contemporary authors who suggest that the Biblical context has been removed from nursing over the years and the perception of what constitutes nursing is changing (Hawke-Eder, 2017; Liaschenko & Peter, 2004; Salladay, 2000).

The concern of some nurses who hold a **Christian worldview** is that nursing is moving toward becoming an occupation rather than a vocation. In addition, the shift of what constitutes a good nurse is moving toward self-sufficiency, professionalism, and academic knowledge (Hawke-Eder, 2017). “Some argue the shift towards academia has left newly qualified nurses ineffective at both performing practical tasks and the interpersonal skills of caring” (Hawke-Eder, 2017, p. 24). This shift has been subtle, and neither obvious nor easy to detect or analyze. Through the years, nursing has been somewhat redefined as a “scientific discipline as well as a profession that requires education and national examination for licensure . . . with a flexible boundary that is responsive to the changing needs of society and expanding knowledge base of its theoretical and scientific domains” (Shelly & Miller, 2006, p. 243; see also Hawke-Eder, 2017). Although education and national examination are essential to the nursing profession, the emphasis on the art of caring has decreased, to the point that nursing has become more of a financial venture and a source of professional career advancement to many practitioners.

For many who hold a Christian worldview, this shift may not be apparent or realized due to either a lack of understanding of nursing theories of other worldviews or a failure to appreciate the danger of embracing theories that include concepts that are contrary to a Christian worldview (Newbanks, Rieg, & Schaefer, 2018). For instance, Shelly and Miller (2006) emphasize that some theories might “open the door to the spirit world Christians are warned against in the Scripture” (p. 51). 1 John 4:1 addresses this point: “Beloved, do

not believe every spirit, but test the spirits whether they are of God; because many false prophets have gone out into the world” (New King James Version [NKJV]). In the next section, the Christian worldview is explained further within the description of the nursing metaparadigm.

► The Nursing Metaparadigm from a Christian Worldview

Our worldview shapes our responses to life’s situations and provides a foundation for our nursing practice. The nursing metaparadigm serves as a framework that nurses infuse with their personal worldview and use to guide their practice. In this chapter, the concepts within this metaparadigm are addressed from the Christian worldview, are based on Biblical truths, and are reflected in the **Agape Model** (FIGURE 3-1, TABLE 3-2; Eckerd, 2017).

The concept of “caring in nursing moves the term *nurse* to the verb form, *to nurse* or *nursing*”—one of the components of the nursing metaparadigm (Newbanks, 2015, p. 4). Tonges and Ray (2011) contend that the concept of nursing is the act of nurses “demonstrating they care about patients” and propose it “is as important to patient well-being as caring for them through clinical activities such as preventing infection and administering medications” (p. 374). If nursing is grounded only in normative science, known as logical, ethical, and aesthetic ways of thinking, and does not include the concept of caring, it will “likely depict cause-and-effect relationships, depersonalization, detachment, and objectification of person” (Boykin & Schoenhofer, 2013, pp. 96–97). Such a view is too narrow to be considered high-quality care because it ignores the person and family and focuses instead on the disease or the injury, thereby justifying the necessity for Christ-centered patient care.

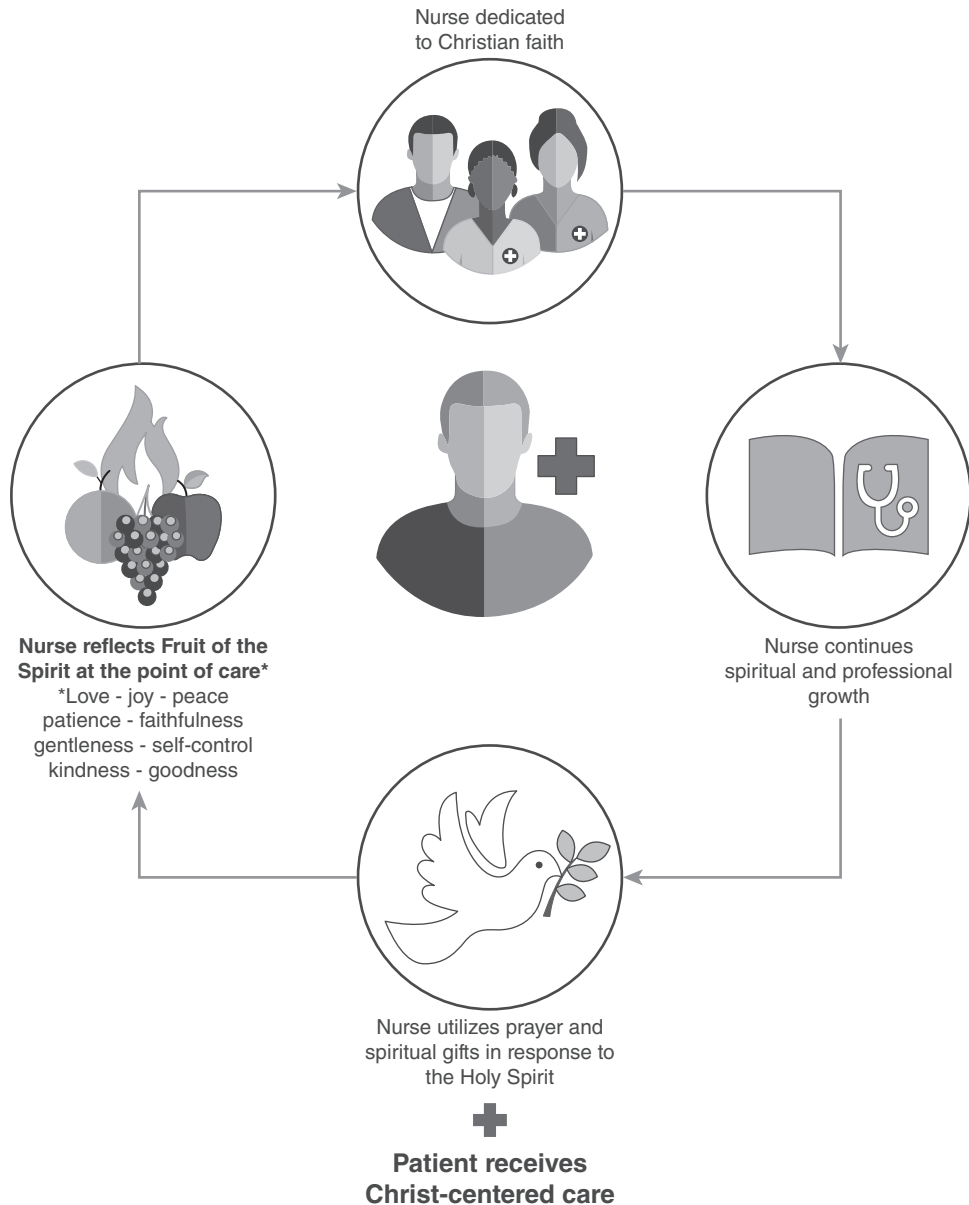


FIGURE 3-1 The Agape Model.

Reproduced from Eckerd, N. (2017). A nursing practice model based on Christ: The Agape model. *Journal of Christian Nursing*, 35(2), 124–130. doi:10.1097/CJN.0000000000000417

Another metaparadigm concept is that of the *environment*. In the Agape Model, this concept is defined as “the spiritual and physical realm where the nurse emulates the agape love of Christ” (Eckerd, 2017, p. 126). Kleffel (2013) maintains that the environment

includes all internal and external conditions, circumstances, and influences affecting the person. The nurse may play a major role in assisting the patient in adapting to internal and external environmental stressors that might affect the individual’s well-being. The nurse

TABLE 3-2 The Agape Model Metaparadigm Concepts

Human being	The recipient of Christ-centered care, inclusive of the patient, patient's family, peers, and those with whom the nurse comes in contact, both professionally and personally
Environment	The spiritual and physical realm where the nurse emulates the agape love of Christ
Health	The optimal system stability and well-being of an individual, which includes the spiritual, emotional, relational, and physical dimensions of the recipient of Christ-centered care
Nursing	The practice of providing care to all humankind, revealing the presence and character of Christ

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reflecting Christ's caring may be instrumental in improving patient outcomes (Leyva, Peralta, Tejero, & Santos, 2015; Nightingale, Spiby, Sheen, & Slade, 2018).

Health is the optimal system stability and well-being of an individual; it includes the spiritual, emotional, relational, and physical dimensions of the recipient of Christ-centered care (Eckerd, 2017). Holistic health reaches beyond physical, mental, and social well-being to include the spiritual dimension. Research demonstrates a close relationship between an individual's spiritual wellness and the reaction of the immune system function in the healing process (Griffin & Yancey, 2009). Wolterstorff (1994) defined the metaparadigm concept of health from a Biblical standpoint and referred to it as **Shalom**. According to this author, Shalom is "the human being dwelling at peace in all his or her relationships: with God, with self, with fellows, with nature" (p. 251). Shelly and Miller (2006) also support this conceptualization: "Nursing is a ministry of compassionate care for the whole person, in response to God's grace, which aims to foster optimum health (Shalom) and bring comfort in suffering and death" (p. 68).

Unlike other worldviews, the Christian worldview emphasizes that the metaparadigm concept of *person* begins with God as the creator of human beings, created in the image and likeness of God (**Imago Dei**) as physiological, psychological, social, and spiritual beings,

and endowed with intellect, free will, and an indwelling dignity (Genesis 1:26; Howard, 2013; Williams, 2013). Williams (2013) concludes that it comes down to two different concepts: "the image of God is something about us, something we are, or the image of God is something we do" (p. 11). In other words, either *person* is a noun, "something about our being," or it is a verb, "an activity we carry out" (p. 40). Williams (2013) contends:

This imaging God is serious business, so serious that it sits at the very heart of the biblical story. The call to believe the gospel is designed to return us to our first calling, our calling to bear God's image in the world. (p. 44)

We not only bear that image but, according to the teachings of scripture, so does every other human being. Consequently, we are called to treat others as image bearers deserving of respect and dignity.

Ferngren (2009), an early-church historian, proposes that the "teachings on *imago Dei* were formative in shaping Christian views of humanity, ethics, and ministry" (p. 94). Ferngren also maintains that the doctrine of *Imago Dei* spurred Christian charity and philanthropy, provided grounds for the belief that human life possesses intrinsic value as a bearer of God's image, gave a new perception

on embodiment and human personality, and formed the basis for Christian compassion and care for those in need (Newbanks, 2015). The metaparadigm concept of human being in this text is defined as “the recipient of Christ-centered care, inclusive of the patient, patient’s family, peers and those with whom the nurse comes in contact, both professionally and personally” (Eckerd, 2017, p. 126).

When viewed through the lens of a Christian worldview, all of these nursing metaparadigm concepts—nursing, environment, health, and person—are systematically linked and interconnected and reflect the source of caring, caring behaviors, cultural implications, and Biblical scripture (Newbanks, 2015). The origin of caring permeates the framework of the Christian nursing metaparadigm. Just as nursing is considered a central concept in the nursing metaparadigm, so caring is considered a central concept in nursing.

► Origin of Caring

One might say that a Christian worldview is born through the transforming power of the Holy Spirit. Until nurses experience a spiritual “awakening” or transformation of the heart, they will not view their practice from a Christian worldview, reflect evidence of practicing the presence of God, see others through His eyes, or reflect His characteristics (Ezekiel 36:26; 2 Corinthians 5:17). According to Grenz and Olson (1996), our spiritual experiences radically affect our worldview. When one considers the Apostle Paul and his experience on the road to Damascus (Acts 9:1–22), we see that his worldview was quickly transformed after his encounter with Jesus. As Johnson (2008) stated, “Perhaps nurses are born, not made” (p. 21). There may be more truth in this statement than Johnson had intended or meant. Jesus told Nicodemus, “You must be born again” (John 3:7, NKJV); in this context, Jesus was referring to a spiritual birth, or reconciliation to God (Newbanks, 2015).

Jesus described the relationship of himself (the vine) and the disciples (the branches). In John 15:5, he said, “I am the vine; you are the branches. The one who remains in me and I in him produces much fruit, because you can do nothing without me” (Christian Standard Bible [CSB]). This metaphor emphasizes the energy and the strength that the branches receive to produce fruit when connected to the vine, with the fruit being the **Fruit of the Spirit** (Parrott, 2018).

As explained by Lundmark (2007), “God’s love must be the value system that nursing care is dependent on . . . when God is in me, I am who I should be” (p. 774). This concept is also emphasized in 2 Corinthians 5:17: “Therefore if anyone is in Christ, he is a new creation; old things have passed away; behold, all things have become new” (NKJV). A person who is in Christ (freed from sin and created anew in Christ) no longer serves self, but longs to serve God and others. “We were made to live a life that says, ‘Look at God.’ People are to look at us and see not US but the image of our Maker” (Lucado, 2018, p. 22).

For a Christian nurse, the virtuous behavior of caring “requires understanding of Agape love” (Campinha-Bacote, 2013, p. 36). This understanding is not innate, nor does it come from a self-image that promotes pride and feeling good about oneself. Instead, Christian nurses see themselves in the light of God’s grace and forgiveness, and their dependency upon the renewal of the Holy Spirit allows them to be used to “advance His kingdom and bring joy to others” (Hoekema, 1986, p. 110). As Austgard (2008) shared, “it is only the fruit of Christian belief that can bring about the sincere, self-sacrificing love that can elevate nursing to where it should be . . . without love, nursing is nothing more than a simple craft” (p. 315).

Because of our fallen nature, humans are not able to reflect agape love without having experienced reconciliation with God and an infilling of the Holy Spirit (Romans 5:5; Galatians 5:22). Agape love is “a love that is selfless,

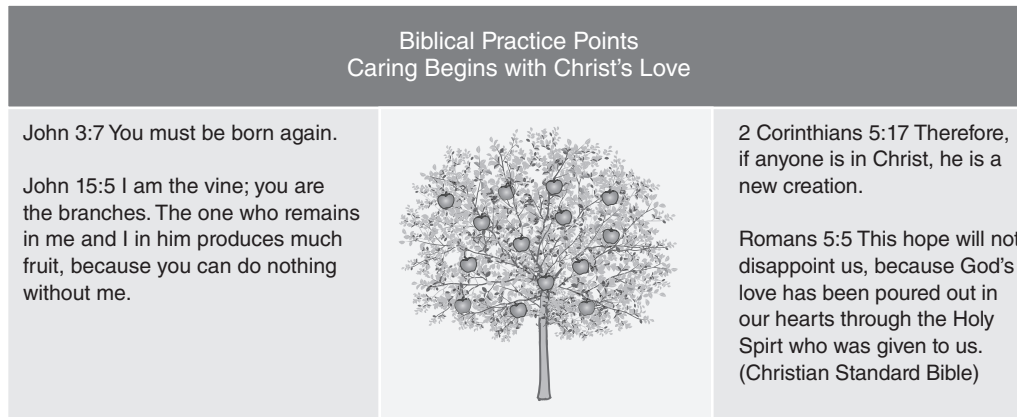


FIGURE 3-2 Biblical practice points.

unconditional, and voluntary loving-kindness” (Campinha-Bacote, 2013, p. 36). We can teach students to care for patients with skills learned through educational strategies. But as the Apostle Paul stressed in Romans 3, compassionate Christian caring, or agape love, comes from the heart as a result of Christ within us; it is not intrinsic to human nature, but rather is a gift from God (Campinha-Bacote, 2013; Shelly & Miller, 2006). Competence without caring often results in robotic, “going through the motions” care. In contrast, bearing the image of God through caring is something that affects our being and is evidenced in the activities we carry out. Selfless caring is reflected as Christian caring. It is who we are, because it is who He is in us (**FIGURE 3-2**).

“It is important the nurse understand the origin of his or her caring and the behaviors that reflect caring, as the capacity to demonstrate caring, or lack thereof, is reflected in his or her nursing practice” (Newbanks et al., 2018, p. 160). Bringing students to the point of reflecting by way of “reexamining, reevaluating [and perhaps even] revising their convictions about God, [themselves], and our world” (Grenz & Olson, 1996, p. 125) may assist them in their practice and help them to answer the question of “why” they do what they do. Providing students with the opportunity to reflect on their worldview for

nursing practice—specifically, the presence or lack of caring—is a needed activity that promotes change. Understanding that the source of caring is God and recognizing how caring is demonstrated will provide a foundation for incorporating caring within practice (see **BOXES 3-1** and **3-2**). This reflection may play a major part in this “awakening” or transformation process.

► The Agape Model

Every nurse dedicated to Christ has a story to be told regarding the Holy Spirit’s influence on his or her practice. This Christian faith-based model is applicable to the clinical nurse, the missionary nurse, the school nurse, the community health practitioner, the nursing educator, the administrator, the advanced practice nurse, and even the new student nurse. When the dedicated nurse commits his or her practice to the Lord, amazing things happen. The purpose of the Agape Model (Figure 3-1) is not only to validate this gold standard of care but also to encourage the novice nursing student to be intentionally bold in his or her practice. The application of this model to the dedicated nurse is limitless, and consists of the highest level of professional, personal, and spiritual standards.

BOX 3-1 Research Highlight

In 2016, Kim and Patterson wanted to see if caring could be taught in a classroom setting. Data were gathered over a four-year period on a total convenience sample of 238 students in a psychiatric–mental health course in a BSN program. Students engaged in a self-awareness, reflective exercise; data were then gathered on an author-developed questionnaire to see if self-awareness actually influenced caring behaviors. The findings support that using self-awareness strategies and quiet time with silence and reflection did have a positive effect on caring behaviors in nursing students.

Modified from Kim, M. S., & Patterson, K. T. (2016). Teaching and practicing caring in the classroom: Students' responses to a self-awareness intervention in psychiatric-mental health nursing. *Journal of Christian Nursing*, 33(2), E23–E26.

BOX 3-2 Evidence-Based Practice Focus

In Dr. Newbanks's (the lead author for this chapter) final project for her doctorate of nursing practice (DNP), she used a critical review of existing literature to develop a middle-range theory on caring from a Christian worldview. Dr. Newbanks discovered that there was a paucity of research on caring from a Biblical worldview. A middle-range theory on Christian caring could guide Christian nurses in their nursing as ministry. Integrative review findings represented by 25 philosophers and nursing theorists showed that "qualitative research was most prevalent (27%) with phenomenological studies (12%) as the second most prevalent type of research study noted" (p. 41), suggesting that caring from a Christian perspective is in its infancy, and that much more research is needed. Characteristics of caring were explored and found to include 15 unique aspects when using a Christian worldview: agape love, accountability, charity, forgiving, faithfulness, generosity, goodness, joy, justness, long-suffering, peacefulness, self-control, self-giving, warmth, and willingness.

The author recommended four areas as ripe for research initiatives: (1) differences in perspectives of characteristics of caring, (2) a 360-degree evaluation of the characteristics of caring, (3) patients' agreement with the study findings, and (4) a Delphi study to confirm the characteristics in this study. Her complete paper on this project is available from ProQuest at the web address listed here.

Modified from Newbanks, R. S. (2015). An integrative critical literature review toward the development of a middle range theory on caring from a biblical Christian worldview (Order No. 10600632). ProQuest Dissertations & Theses Global: Health & Medicine. (1925343218). Retrieved from <https://0-search-proquest-com.oak.indwes.edu/docview/1925343218?accountid=6363>.

The Agape Model is a tool that describes the development and the character of a nurse who is dedicated to Christ. It is a reflection of the character of Christ manifesting agape love in the nurse's professional and personal life. **Agape** is considered God's self-sacrificial love, love that is charitable, caring for strangers, and love in action versus purely emotional (Eckerd, 2017; MacArthur, 2005). Scripture confirms the critical nature of this sacrificial love: "Truly I tell you, whatever you did for one of

the least of these brothers and sisters of mine, you did for me" (Matthew 25:40, New International Version [NIV]).

The Agape Model describes how the nurse, enabled by the Holy Spirit, shows respect regardless of cultural differences or worldviews. Such a nurse is able to achieve excellence in all acts, attitudes, behaviors, thoughts, and deeds. Additionally, the Agape Model defines scriptural guidelines and encourages Christ-like qualities that exemplify the excellence of

the nurse dedicated to Christ in the delivery of professional standards of care. All core beliefs in this model are found in the Bible, which is considered the ultimate authority, supporting the practice of a nurse dedicated to Christ (Eckerd, 2017).

Statement of Faith

The Agape Model is rooted in a straightforward, Biblically based, nondenominational Statement of Faith:

God exists in three persons: Father, Son and Holy Spirit. God created the heavens and earth and all things exist by and through Him. The Bible is the inerrant, authoritative Word of God, and together with the indwelling of the Holy Spirit, guides all personal and professional conduct and care provided by the nurse dedicated to Christian Faith. As an offering to God, the dedicated nurse strives for a life reflective of the dedication to a calling from God and belief in the crucifixion and resurrection of Jesus Christ as Lord and Savior, offering salvation and eternal life to all who seek him. (Eckerd, 2017)

The nurse's dedication to Christ is supported by the Statement of Ethos:

The Agape Model is dedicated to a lifestyle reflecting the character of Christ in both professional and personal life. The reflection is visualized through care, incorporating the Fruit of the Spirit (Galatians 5:22–23) and achieved through committed professional and spiritual growth because of faith, prayer, the use of spiritual gifts and the leading of the Holy Spirit. The nurse dedicated to the Christian Faith is respectful of cultural differences and worldviews and offers

the highest level of excellence in all acts, attitudes, behaviors, thoughts and deeds. This commitment to excellence is viewed as worship and an offering to God. (Eckerd, 2017)

The dedicated Christian nurse's practice and ministry will reflect every aspect of the Agape Model. The Model consists of four intentionally simple constructs (Figure 3-1):

- The nurse is dedicated to Christian faith.
- The nurse continues spiritual and professional growth.
- The nurse utilizes prayer and spiritual gifts in response to the Holy Spirit.
- The nurse reflects the Fruit of the Spirit at the point of care.

The Nurse Is Dedicated to Christian Faith

The Agape Model's main assumption is that the nurse is dedicated to Christ (**FIGURE 3-3**). Becoming a follower of Christ requires that the believer accept Jesus Christ as Lord and Savior. Now a disciple, the believer receives the indwelling of the Holy Spirit. It is the Spirit of God within the believer that sets the dedicated nurse apart by influencing a lifestyle manifestation of the Fruit of the Spirit (Eckerd, 2017).

A	Accept Christ as Savior
G	Grow spiritually and professionally
A	Anticipate Holy Spirit intervention
P	Prayer and spiritual gifts
E	Embrace Fruit of the Spirit

FIGURE 3-3 The Agape Model mnemonic.

Reproduced from Eckerd, N. (2017). A nursing practice model based on Christ: The Agape model. *Journal of Christian Nursing*, 35(2), 124–130. doi:10.1097/CNU0000000000000417

The nurse dedicated to the Christ also views the nursing practice as a calling or ministry rather than a job. Having been chosen for the profession of nursing, the dedicated nurse views his or her practice as holy ground (Eckerd, 2017; O'Brien, 2011). The dedicated nurse receives Godly instruction from the Holy Spirit, allowing for dedication in service to others, such as is described in 2 Corinthians 5:14–15: “For Christ’s love compels us, because we are convinced that one died for all . . . that those who live should no longer live for themselves but for him who died for them and was raised again.”

The Nurse Continues Spiritual and Professional Growth

The American Nurses Association’s (ANA) *Code of Ethics for Nurses* states, “The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence and continue personal and professional growth” (ANA, 2015, p. 19). As dedicated nurses committed to our profession, we must fully understand the need for continuing education, which ensures that we apply the highest and best practices in nursing. This practice was encouraged by Florence Nightingale (1860, 1992) in her *Notes on Nursing*, and it continues today through peer-reviewed research and solid, evidence-based practice.

The New Testament of the Bible is rich with instruction for disciples. The nurse dedicated to Christ is encouraged in Colossians 3:10–11 to “put on the new self, which is being renewed in knowledge in the image of its Creator . . . because Christ is all and is in all.” Through thoughtful, committed study (2 Timothy 2:15; Romans 12:1–2), the dedicated nurse turns from earthly to Christ-like behavior as an act of worship and under the influence of the Holy Spirit (Eckerd, 2017).

The Nurse Utilizes Prayer and Spiritual Gifts in Response to the Holy Spirit

Communication with God is often accessed through prayer. Dedicated nurses frequently turn to prayer in matters of strength of spirit, guidance, wisdom, knowledge, discernment, boldness, intervention, and any other petition in line with Biblical teaching. Important elements include forgiveness, faith, trust, thanksgiving, praise, and requests for meeting the spiritual, emotional, and physical needs of self and others (Eckerd, 2017). Dedicated nurses consider it an honor to pray for their patients as an integral element of spiritual care. The Apostle James (5:16) tells us that “the prayer of a righteous person is powerful and effective.” Nursing research underscores the physical and emotional benefits of prayer in terms of a “positive association between prayer and wellbeing” (Hollywell & Walker, 2008).

Spiritual gifts are imparted by God Himself. Romans 12:68 and 1 Peter 4:10–11 reveal that all Christ-followers are given at least one spiritual gift, handpicked for us, matched to our specific God-given attributes and abilities (Eckerd, 2017). According to Kinghorn (1981), “A spiritual gift is a divine, supernatural ability given by God to enable a Christian to serve and to minister . . . a special tool for ministry” (p. 8). The nurse dedicated to the Christian faith is encouraged to periodically complete a spiritual gifts inventory, such as Kinghorn’s (1981) *Discovering Your Spiritual Gifts*. This type of inventory may increase the awareness of one’s spiritual gifts, which can then be intentionally practiced. The nurse dedicated to the Christian faith understands that the influence of the Holy Spirit connects the spiritual gift of the dedicated nurse to the needs of the patient at a predetermined spiritual intersection.

The nurse dedicated to Christ is guided by God Himself through the Holy Spirit. He guides us in the spirit of truth, holiness, wisdom, grace, and understanding, and is our

Godly counselor. The Holy Spirit has chosen to work through us to reveal the agape love of Christ to all. It is through the presence of the Holy Spirit in the dedicated nurse's life that our patients experience the love of Christ.

The Nurse Reflects the Fruit of the Spirit at the Point of Care

In Galatians 5:22–23, Paul summarizes the attributes of Christ in nine characteristics: love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control. Once believers accept Christ as their Lord and Savior, they are enabled, through the Holy Spirit, to reflect the character of Christ in their actions, attitudes, behaviors, thoughts, and deeds (Eckerd, 2017). All nurses dedicated to the Christian faith possess all elements of the Fruit of the Spirit. As we are conformed to the image of Christ, the Fruit of the Spirit is more fully evidenced and demonstrated by the nurse's life, reflecting the agape love of Christ to all persons.

By implementing the Agape Model, the immediate benefit to the nursing profession becomes a Biblically defined view of compassionate care, such as that demonstrated by Jesus in Mathew 14:14: “When Jesus went out He saw a great multitude; and He was moved with compassion for them and healed their sick.” Additionally, by offering such Christ-inspired care, the *Code of Ethics for Nurses*, Provision 1, is fulfilled: “The nurse practices with compassion and respect for the inherent dignity,

worth and unique attributes of every person” (ANA, 2015, p. 1). Application of the Fruit of the Spirit, whether in practice or in the dedicated nurse's personal life, is synonymous with excellence in the eyes of God (Eckerd, 2017). The Agape Model offers the highest and best care that a nurse dedicated to the Christian faith can offer.

Because The Agape Model's focus is on the character of the nurse, it benefits all aspects of patient care. The freshness of approach and delivery will serve to further elevate the nursing profession as a gold standard of care, while setting an example of excellence. Although the primary goal of The Agape Model is for the nurse to emulate the character of Christ, the secondary goal will result in elevated patient satisfaction and outcomes. (Eckerd, 2017)

► Application of the Agape Model

The use of the Agape Model in practice is applicable to multigenerational nurses who practice in every healthcare setting. Dedicated nurses should stand out in their personal, professional, and spiritual life by reflecting every aspect of this model within their daily lives, because it represents their life in Christ (**CASE STUDY 3-1**). Just as Christians are recognized

CASE STUDY 3-1

You arrive on your medical–surgical unit and receive the shift report from the outgoing nurse. The nurse provides a comprehensive report of the patient in room 326, including the patient's physical diagnosis and current assessment data. The patient, Ms. Chase, is a 62-year-old widowed female who lives alone and was admitted yesterday for an exacerbation of chronic obstructive pulmonary disease (COPD). She has a history of bipolar disorder and diabetes mellitus type 2. The patient is a full code, and her oxygen saturation level is stable at 95% on 2 liters of oxygen per nasal cannula.

Her vital signs are as follows: blood pressure, 138/84 mm Hg; heart rate, 76 beats per minute—rate is regular with no abnormal heart sound auscultated; respiratory rate, 18 breaths per minute and unlabored with no abnormal lung sounds auscultated. Oral temperature is 98.8°F. The patient denies pain, with a reported pain level of 0/10. The remainder of the report, including lab values, is unremarkable, except that the night shift nurse adds that the patient has been noncompliant with breathing treatments and the incentive spirometer. The nurse goes on to state, “She is a pretty miserable. If I were you, I would try to stay out of her room as much as possible. She likes to be left alone.”

Prior to arriving for each scheduled shift, you undergo a great deal of preparation both mentally and physically. You don the proper attire and equipment; you anticipate the events of the day and mentally prepare to face the challenges. Equally as important as preparing yourself physically and emotionally, as a nurse dedicated to the Christian faith, you prepare for the shift by asking the Holy Spirit to guide you through each and every encounter with patients, family, and coworkers.

Questions

1. As a nurse dedicated to the Christian faith, what steps would you take to prepare yourself prior to arriving for your shift each day?
2. As you prepare to enter the patient’s room to meet and assess Ms. Chase, how would you anticipate the Holy Spirit guiding you in demonstrating the Fruit of the Spirit (**TABLE 3-3**) in delivering compassionate care for this patient? Explain your answer.
Upon assessment, you note that Ms. Chase’s oxygen saturation has dropped into the low 90s and her respirations have increased to 22 breaths per minute and are labored. You notice that her nasal cannula is on the bed. While you are reapplying and adjusting her nasal cannula, Ms. Chase suddenly tears it from her face and asks, “Why is this happening to me? Is God punishing me for all of the bad things that I have done in my life?”
3. After addressing the patient’s physical needs and ensuring adequate oxygenation and stabilization of her vital signs, how would you approach applying the Agape Model to provide comfort for this patient in light of her previous question about God and His perceived punishment?

Additional resources for case study: NCF Spiritual Care Materials, <https://ncf-jcn.org/resources/spiritual-care-resources>

for their fruit, nurses dedicated to the Christian faith will bear fruit in their practice that will be evident to surrounding constituents.

Dedicated nurses (**BOX 3-3**) should integrate Biblical principles, as described in the Agape Model, into every moment of every day, as they interact with their patient as well as with coworkers and others. Furthermore, Christian faculty within faith-based universities should consider integrating the Agape Model into their curriculum. Christian nursing faculty have an obligation to mentor nursing students and to model the likeness of Christ. The Agape Model offers the framework to do just that, while

setting the expectation for every nurse to provide Christ-centered, evidence-based care.

► Conclusion

This chapter has highlighted the historical journey of caring from a Christian worldview, to enable the nurse to appreciate the roots of Biblical-based caring. The Agape Model was introduced as a framework for providing compassionate care. The challenge for each nurse is to personally reflect on the origin or source of his or her caring.

BOX 3-3 Outstanding Nurse Leader: Jennifer Scott, RN

Jennifer Scott

There is no better feeling in my nursing practice than to reflect the heart and character of Christ. I am more than privileged to have been picked by God to represent Him in the field of nursing. The Holy Spirit is the catalyst that took me from a conventional nurse to a kingdom nurse. By allowing the Holy Spirit to lead me in my personal life and nursing practice, I feel so much more love, guidance, calmness, and comfort. I know God's plan for me is to be a Christ-centered nurse, and I rely on the Holy Spirit to guide me. Just looking into someone's eyes

or using a simple touch, I will sense the prompting of the Holy Spirit and know in my spirit how God wants me to help people physically, spiritually, or mentally.

Practicing in Canada, I regularly assess the spiritual needs of my patients and their families. My desire is to provide the best care possible for them by showing them the agape love of Christ. By allowing the Holy Spirit to guide me, I can actually feel the difference in the connection I have with my patient.

Every life situation and patient circumstance is different, and I learn from each one of them. By studying the Bible and worshiping God, I'm growing in my faith and desire to become more focused on my profession. I am able to love more, care more, forgive more. By applying my professional instincts, knowledge, and training, and integrating my faith and the guidance of the Holy Spirit, I am sharing the agape love of Christ.

I believe that prayer is so important in everyday life and have come to realize that my nursing practice is a calling. I am doing God's work. I am serving as a conduit to provide excellent care to all, regardless of the circumstances. When you thank God for your blessings and ask God for guidance by embracing the Fruit of Spirit, you are emulating the love of Christ, providing patients with exceptional care focused on their individual needs. This can be demonstrated by a simple touch or look, or the way you perform a nursing intervention.

TABLE 3-3 Fruit of the Spirit Manifested in the Nurse Dedicated to the Christian Faith

Love	The highest expression of dedication and appreciation for the sacrifice of Christ; it requires doing no harm (nonmaleficence), a core element of healthcare oaths and nursing morality (ANA, 2015). The Holy Spirit influences the nurse dedicated to Christian faith in anticipating actions and motives, working to keep the patient free from actual or potential harm. As an act of worship, the nurse dedicated to Christian faith displays caring that goes beyond reasonable, acceptable nursing care, acting as a willing vessel allowing patients to experience God's love and care.	Matthew 7:12; Romans 13:10; 1 Corinthians 13:4–5, 13; Colossians 3:14
Joy	Unlike human happiness, true joy comes from Christ and is present regardless of circumstances. Supernatural joy serves as an insulator and helps provide confident service in the face of undesirable situations. The nurse dedicated to Christian faith has confidence that prayer produces divine results and joy in that God controls all circumstances.	John 16:24; Romans 12:15, 15:13; 1 Corinthians 9:22

Peace	Internal calmness received from God that can be passed to an anxious patient; reflected as confidence in the outcome, regardless of the situation. There are no earthly limits on Godly peace. A peaceful spirit protects the nurse as well as the patient from a sense of chaos. This peace reflects Shalom and secures composure, dissolves fear, and maintains harmony (MacArthur, 2005). Perfect peace comes from God and is often coupled with joy.	John 14:27; Romans 15:13; Philippians 4:4–8; 2 Thessalonians 3:16
Patience	Calm acceptance of people or circumstances results in respect and high regard for others. Combined with prayer, patience allows the dedicated nurse's anxiety to be replaced with focus and confidence and may help diffuse patient anxiety. The nurse dedicated to Christian faith waits on God and the prompting of the Holy Spirit and responds accordingly. The reward is endurance, renewed strength, and divine support, providing the patient with freshness in the delivery of care.	Psalms 75:2; Ephesians 4:2; Philippians 4:6
Kindness	Treating others as God has treated us. The nurse dedicated to Christian faith approaches the patient with knowledgeable, professional confidence and uses tenderness in words and actions. The dedicated nurse's character reveals tenderness generalized to all mankind.	Proverbs 31:26; Ephesians 4:31–32
Goodness	Generosity that springs from kindness. Beneficence, an ethical principle, focuses on the desire to help and advocate for others (ANA, 2015). The nurse dedicated to Christian faith elevates this virtue to a spiritual level by demonstrating the goodness of Christ to others.	Romans 15:14; Galatians 6:10; 1 Timothy 6:18
Faithfulness	The framework required for love and grace flowing from God to the patient. The nurse dedicated to Christian faith remains confident and faithful that the Holy Spirit will direct steps, thoughts, and actions. Daily renewal of the mind and heart is nurtured through scripture and prayer, leaning on God's revelation through the Holy Spirit for understanding.	Luke 16:10–12; Romans 12:2; 2 Corinthians 5:7; 1 John 1:3
Gentleness	Gentleness allows the nurse dedicated to Christian faith to temper aggressiveness in a calm, respectful, and nonthreatening manner. The nurse dedicated to Christian faith invites the Holy Spirit's oversight in striving for gentleness.	Colossians 3:14; 1 Peter 3:15; James 3:17
Self-control	Provides the discipline necessary to be above reproach in character, diligently remaining on task and focusing on the well-being of the patient.	1 Corinthians 9:24–27; 2 Timothy 1:7; Titus 1:8

TABLE 3-4 Applying the Agape Model: Biblical Practice Points

<ul style="list-style-type: none"> ■ Pray before every interaction with your patient. ■ Be intentional to demonstrate the Fruit of the Spirit in your practice. 	<ul style="list-style-type: none"> ■ Identify spiritual distress in your patients. ■ Implement individualized nursing interventions. 	<ul style="list-style-type: none"> ■ Identify and develop your God-given spiritual gifts. ■ The results may reflect improved patient outcomes.
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► Clinical Reasoning Exercises

Explore the Agape Model website and articles at <https://agapenursingmodel.com/>. Use your Bible as a reference while reading and learning.

1. Discuss the Agape Model with another nursing student in a group setting.
2. Read Exodus 3:4–5. Why is the nurse–patient encounter considered holy ground?
3. From a Christian worldview, discuss what is considered a sacred encounter.
4. How does this apply to you and to your patient?

► Personal Reflection Exercises

You have prepared yourself physically, emotionally, and spiritually to care for your clients, including Ms. Chase (Case Study 3-1). You have educated yourself on the Agape Model (TABLE 3-4) and understand the importance of displaying the characteristics of the Fruit

of the Spirit. You are also familiar with identifying spiritual distress and regularly use evidence-based nursing interventions to assist the patient.

1. What else can you do to ensure that your nursing practice is based on the agape love of Christ?
2. Are you familiar with your own spiritual gifts?
3. Do you believe that your spiritual gifts can lead to change in your approach to patient care and may influence patient outcomes? If so, how?

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