

## CHAPTER 5

# Being a Christian Nurse

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### LEARNING OBJECTIVES

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

1. Explain the difference between *being a witness* and *witnessing to others*.
2. Differentiate between the faith journey phases of cultivating, sowing, and harvesting.
3. Describe what witnesses can do to help overcome each of the three spiritual barriers.
4. Apply knowledge about the eight Saline Process tools to select ones appropriate for someone you know who is on a faith journey.
5. Formulate options for resolving ethical dilemmas in ways that meet the principles of permission, sensitivity, and respect.
6. Describe how the Saline Process relates to being a Christian nurse.

### KEY TERMS

Saline Process  
Spiritual barriers

Spiritual history  
Spiritual journey

Spiritual vitality  
Witness

**W**hat does it mean to be a nurse witness? Is that how you would describe yourself? Is that how God would describe you? People's perception of their identities can have a profound impact on how they live their lives and what they expect out of their lives. When considering nursing as ministry, it is important to reflect on the identity of being a witness that God gives His people and how this identity can

influence and empower them to participate in His work.

### ► Understanding Identity and Being

Christian nurses who view their profession as ministry are called to embrace their identities as being God's witnesses, God's partners,

and God’s nurses. The foundation of this call comes from Acts 1:8: “But you will receive power when the Holy Spirit comes on you; and you will be my witnesses in Jerusalem, and in all Judea and Samaria, and to the ends of the earth” (New International Version [NIV]). In this verse, **witness** is used as a noun, not a verb. This distinction emphasizes that Jesus primarily called His disciples to live life embracing their true identity as opposed to performing religious activities. True identity is not subject to significant variability: It should be consistent through variable conditions. In contrast to the consistency of identity, actions are frequently initiated and paused or stopped. Being a witness, therefore, is an identity to be maintained throughout one’s life regardless of circumstances.

When considering what it means to be God’s witness, it is helpful to distinguish between the contributions of an eyewitness and an expert witness. Eyewitnesses are asked to describe something from personal experience. In contrast, expert witnesses are enlisted to provide precise and accurate information on a topic in which they have achieved a higher level of mastery than would be expected in the general population. In Acts 4:13, Luke recounts how certain authorities responded to testimony given by Peter and John: “When they saw the courage of Peter and John and realized that they were unschooled, ordinary men, they were astonished and they took note that these men had been with Jesus.” The impact of Peter’s and John’s witness did not come from theological expertise, but rather from having spent significant personal time with Jesus. All nurses should be able to provide detailed knowledge in the art and science of nursing that is developed over time through continual study and practice. Nurses who have an ongoing relationship with Jesus should be able to communicate through words and actions how encountering Jesus impacts their lives.

Being in relationship with Jesus is fundamental to being God’s partner. Partnership

involves the idea of a shared goal or vision. If partners are heading opposite directions, relationship problems are predictable, and accomplishment of any objectives may be hindered. In Matthew 10:25, Jesus indicates that the goal of disciples is to become like their teacher. Being in partnership with God challenges His disciples to deliberately choose to seek His presence and understand and embrace His priorities. Although those who partner with God may not see, hear, or feel Him in physical ways, they are never left alone or isolated. In every circumstance, God is available to teach, strengthen, and encourage those who partner with Him.

Being God’s nurse is a special partnership available to Christians who are called not only to live as identifiable reflections of Jesus but also to engage in the healing ministry. They recognize that people are created body, soul, and spirit, and that the ramifications of this creation are eternally significant for each person. Beyond delivering a specified scope of professional skills, nurses are called to have and reflect God’s love and compassion for those with whom they interact. Ultimately, Christian nurses are called to deliver nursing care on earth while living out the culture of heaven.

This chapter expounds on how to live and work in such a way that others are given an opportunity to encounter their living and loving Creator. Christian nurses have the opportunity to be Jesus’s witnesses not only to patients but also to everyone with whom they interact. In this chapter, terms such as *patients*, *clients*, *colleagues*, and *others* can be used interchangeably. This chapter describes a framework for living as a witness: the **Saline Process**. The Saline Process has been implemented in numerous countries throughout the world. As is indicated by the name, witnesses are encouraged to be like saline—a specific solution of salt and water that sustains life. This analogy emphasizes how it is important for witnesses to balance God’s love and truth in their interactions with others. As this chapter unfolds,

the reader will be introduced to key principles and tools in the Saline Process that help healthcare providers ethically and effectively share God's love and truth with people in ways that can help them draw closer to Jesus. As this chapter is only a condensation of some of the key concepts in the Saline Process course, it is recommended that readers interested in learning more participate in a full Saline Process Witness Training.

## ► Being God's Witness

Being created in the image of God (Genesis 1:27) gives people an opportunity to display a degree of His attributes. While Eve and Adam's choice to rebel against God's plan marred that ability, Jesus's declaration that his Holy Spirit-empowered disciples would become his witnesses brings renewed hope for participating in this high calling. Many nurses find it challenging to know how to accurately and effectively accomplish this task in their work environment or in a multicultural setting. Indeed, styles that may be appropriate in one setting may be viewed as offensive in another. God's witnesses desire to reflect Jesus in a way that builds bridges instead of barriers.

In this regard, it is important for God's witnesses to consider 1 Peter 3:15: "But in your hearts revere Christ as Lord. Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have. But do this with gentleness and respect." A witness's interactions with others should be marked with permission, sensitivity, and respect. This, of course, is expected of any healthcare worker's interactions with a patient, family member, or colleague. Nurses do this when they take vital signs, administer medications, delegate activities to an aide, or consult with other healthcare professionals. God's witnesses need to remember that not only are they created in God's image but they are also called to treat others with the honor due to those who have been created in His image.

## Being Motivated by God's Love

Love for God and others is the core motivation for being God's witness. John reveals that the first step to loving was receiving God's love: "We love because he first loved us" (1 John 4:19). Thus, it is essential that God's witnesses experience His lavish and steadfast love. When nurses are filled with God's love, this love can then overflow to people for whom they care. Loving others includes caring for a person's body, soul, and spirit. While much of nursing care involves addressing a person's physical needs, God's nurses must remember that the body for which they are caring is associated with a spirit and a soul. A person's spiritual health has consequences not only in life on earth but also after passing from this life into eternity. Being motivated by God's love prompts God's witnesses to care not just for people's temporary physical and emotional needs, but for their eternal spiritual needs as well. Answering God's call to be His witnesses demonstrates sincere love for God as well as for others.

## Being Identified as Salt and Light

In further exploring the identity of God's witnesses, it is instructive to consider Jesus's words to his disciples about salt and light:

You are the salt of the earth. But if the salt loses its saltiness, how can it be made salty again? It is no longer good for anything, except to be thrown out and trampled underfoot. You are the light of the world. A town built on a hill cannot be hidden. Neither do people light a lamp and put it under a bowl. Instead they put it on its stand, and it gives light to everyone in the house. (Matthew 5:13-14)

Jesus told his disciples that they were salt. In life and in health care, salt is both common

and essential. In cooking, it is used to season and preserve food; in health care, isotonic saline is commonly used for hydration, irrigation, and cleansing. It's easy to see salt when many crystals are together in a salt shaker. In contrast, when it is mixed in a liter of intravenous fluid or a container of food, it is not visible. Nevertheless, its presence can change hypotonic water into an isotonic solution or give bland food a delicious taste. Salt does these things reliably and predictably because it maintains unique chemical properties.

After Jesus told his disciples that they were salt, he also gave them the identity of light. Like salt, light is both common and essential. Without light, people cannot visually perceive their surroundings. The purpose of light is to illuminate the environment; indeed, as Jesus pointed out, a hidden light is pointless. Without light, people remain in darkness. Light also has specific properties, such as the ability to be reflected. A source of light can be extinguished, but while present, light remains light—whether it is bright or dim, its identity does not change.

What does it mean for God's witnesses to be salt and light? Both salt and light have an effect on their environments. Salt impacts on contact. It can improve the taste of food. It is also essential for maintaining healthy fluid and electrolyte levels in the body. It has cleansing properties. Salt makes things taste better and function efficiently. Likewise, God's witnesses can have contact with people in ways that make the environment more pleasant or comfortable. In a healthcare setting, being salt might look like giving a patient or colleague a word of encouragement or helping a coworker at a stressful time. Keeping one's spoken and body language clean and not engaging in gossip are other examples of being salt. By acting in these and similar ways, God's witnesses can make a positive and noticeable impact on their environment.

While salt works to improve things on contact, light makes things visible. In terms of being God's witness, being light makes God

more visible to those present. One example of this would be offering, with sensitivity, permission, and respect, to pray for someone who is confronting an overwhelming situation. Because the act of being light makes Jesus visible through the witness, it takes more courage than being salt, which is appealing but often invisible. Both salt and light, however, are part of a witness's identity.

In conjunction with maintaining our identity as salt and light, it is important to recognize the effect that a witness's attitudes, words, and actions can have on others. For all God's witnesses, balancing truth and love is important. Continuing the analogy of saline, it is essential that therapies involving sodium be strategically regulated. While an infusion of 0.9% saline can provide life-saving rehydration, a solution of 3.0% saline can precipitate a serious adverse reaction because of its hypertonicity. Conversely, infusing a solution of 5.0% dextrose may be insufficient for restoring health to a hypovolemic or hyponatremic patient. When acting as a witness, only truth without love could provoke a very negative reaction, perhaps similar to an allergic reaction. Only love without truth could abandon a person to an eternity apart from God. An effective witness balances truth with love to provide the spiritual equivalent of 0.9% saline—the exact solution that reflects God's love and truth so as to promote spiritual life and health.

Of course, administering ever-increasing amounts of sodium is generally not therapeutic in patient care. Instead, the goal is to provide the correct dose of the needed element. Both the appropriate amount and the chemical identity of sodium are important. Similarly, one's impact as a witness does not necessarily increase by saying more, speaking more loudly, or working harder. Effectiveness starts with living out one's identity as a witness of Jesus. When one's life is filled with Jesus and his love, that love will overflow from one's heart and mind to one's actions and interpersonal relationships. Thus, being an effective witness comes from overflow, not overwork; it's not

about doing more, it's about truly being who one is called to be.

## ► Being God's Partner

Jesus told his disciples, "You did not choose me, but I chose you and appointed you so that you might go and bear fruit—fruit that will last" (John 15:16). Jesus called his followers to live lives of eternal impact. While much in this physical world will not pass into eternity, a person's soul will. What happens to each soul is important. Peter wrote about God's desire for people to be saved, explaining that God is "not wanting anyone to perish, but everyone to come to repentance" (2 Peter 3:9). Because of Jesus's great love for people, He willingly paid the price of his earthly life to offer reconciliation to all. Recognizing that God wants and offers the opportunity for imperfect people, made acceptable because of Jesus, to partner with Him in bringing others to salvation should give God's partners a sense of humility and sobriety as they live out this calling.

## Recognizing Barriers to Living Our Identity

An understanding and acceptance of our identity as being salt and light is important to embracing God's identification of us as His witnesses, but how we express this identity is also important. Taylor, Park, and Pfeiffer (2014) conducted qualitative research to better understand how Christian nurses' religiosity impacted their practice, specifically with regard to providing spiritual care. Nurses in the study were motivated to reflect God's love and were open to praying with and for patients, as well as praying for guidance for themselves as they cared for their patients. They also felt building relationships and sensitively following patient responses regarding spiritual care were important, as it was possible for offense to occur if care was provided in a manner unwelcomed by the patient.

Yet, many Christian healthcare workers struggle with knowing how best to provide spiritual care. McSherry and Jamieson's (2011) study of more than 4000 nurses in the United Kingdom (74.3% of whom self-identified as Christian) revealed that 95.5% of them had interacted with one or more patients with spiritual needs. Nevertheless, only 5.3% of the nurses reported feeling that they could always meet the spiritual needs of their patients, and 92.2% stated that they could meet these needs only sometimes. A total of 79.3% either agreed or strongly agreed that spiritual care education for nurses was inadequate.

This theme of inadequate education for addressing patients' spiritual needs was also recognized when Dutch Christian healthcare professionals were surveyed regarding faith and their healthcare practice. Cusveller, van Leeuwen, and Schep-Akkerman (2015) concluded that "Christian professionals do not ask for lectures on the way things are or how things should be in healthcare. They have a need for training, tools, role models, and best practices of transparent participation by Christians in healthcare" (p. 30). Equipping healthcare workers with practical skills and tools to live as witnesses is one of the core purposes of the Saline Process.

## Journeying with Others

When one reads through the Gospels, it becomes clear that Jesus did not have only one strategy for ministering to people. As Jesus joined with what the Father was doing (John 5:19), his interactions with people could look quite different, depending on each person's situation. In John 4, Jesus compared the agricultural process with reconciling people back into a restored relationship with God. This is a useful analogy even today (**FIGURE 5-1**). The goal is a big harvest, but before harvest time, the soil must be cultivated and prepared before seeds can be sown. The soil needs to be cleared of things that would hinder growth, such as rocks, roots, or weeds. Once the ground



**FIGURE 5-1** Cultivating, sowing, harvesting.

Reproduced from International Health Services (IHS). (2015). *The Saline Process trainer's manual*. Southeastern, PA: Author.

has been prepared, seeds need to be planted. While everyone works with a view toward the harvest, if no one participated in the laborious activities of cultivating and sowing, the harvest would be limited or nonexistent. Harvest, then, is not an isolated event, but rather the culmination of a process that unfolds over time. In the same way, a person's moment of reconciliation with God may be preceded by many small steps leading to the confession of Jesus Christ as Lord and Savior.

This concept of people being on a journey toward God can be visualized with the Engel Scale, as modified by IHS Global (International Health Services [IHS], 2015). This process-related model of spiritual decision making was initially conceptualized by Viggo Søgaard while he was studying at Wheaton Graduate School. James Engel subsequently revised this concept and published the model, which depicts the process of someone moving from having no knowledge of the gospel to becoming a reproducing believer (Engel & Norton, 1975). Many modifications of the Engel Scale exist, and the Modified Engel Scale shown in **TABLE 5-1** is derived from the work of Walt Larimore and Bill Peel, in conjunction with Christian Medical and Dental Association (CMDA) USA. The Modified Engel Scale

as used in the Saline Process is a tool to help us understand that the journey to becoming a believer in God can be a process that may occur in stages (IHS, 2015).

The Modified Engel Scale gives God's partners an overview of different stages that may be experienced in someone's **spiritual journey**. Some people may be at a stage in their spiritual journey in which the soil of their hearts needs to be cultivated with love and mercy to prepare their hearts for a future time of sowing. As Paul reminded Christians, God's kindness is a catalyst in bringing people to repentance (Romans 2:4). Other people may be actively engaged in trying to learn who Jesus is or what it would be like to follow him. God's partners need to meet people where they are. Trying to jump ahead into a different season is likely to be frustrating, unfruitful, and potentially harmful. God's partners can trust God to be working at the right pace in someone's life and need to focus on fitting into God's plan by loving and caring for people where they are. In this way, our nursing care becomes patient centered.

For nurses, it is particularly important to trust God's love and plan for the people whom they encounter. Nurses might meet some patients only for a moment, after which they will never care for them again. Nurses might see other patients once but have a longer time to interact. In different situations such as physical rehabilitation or chronic disease, they may experience ongoing encounters with a person. In each situation, nurses need to focus on that moment—connecting and participating by being salt and light. When the interaction is over, they can trust that God will still be working in the person's life, drawing that person to Himself. Progress may seem slow and sometimes may even seem to go backward. The witness's job is not to judge the person, but rather to listen to God's direction of how to give that person a touch from God.

As people encounter God's message of reconciliation, they may have different responses. Luke recounts an example of this

**TABLE 5-1** Modified Engel Scale

<b>Disciple</b>	Chooses to live by faith	+5	<b>Multiplying</b>	<b>Speaks to:</b> The whole person <b>Addresses:</b> Social barriers <b>Overcomes:</b> Isolation <b>By:</b> Participation in body <b>Goal:</b> Growth <b>Answers:</b> Will I live for Christ? <b>Example:</b> Jerusalem church (Acts 2:41–47) and Samaritan awakening (Acts 8:4–8) <b>Tools:</b> Prayer, questions, gospel presentation, spiritual referral team
	Chooses to share faith with others	+4		
	Makes Christ-like choices	+3		
	Joins in community life	+2		
	Assimilates God's Word	+1		
<b>Believer</b>	Trusts in Christ	0	<b>Harvesting</b>	<b>Speaks to:</b> The will <b>Addresses:</b> Volitional barriers <b>Overcomes:</b> Indecision, unwillingness to change <b>By:</b> Prayer and persuasion <b>Goal:</b> Trust Christ <b>Answers:</b> Will I trust Christ? <b>Example:</b> Paul before Agrippa (Acts 26:1–29) <b>Tools:</b> Prayer, questions, gospel presentation, spiritual referral team
	Turns from self-trust	-1		
<b>Seeker</b>	Sees Christ as the answer	-2		
	Recognizes own need	-3		
<b>Spectator</b>	Considers the truth of the gospel	-4	<b>Sowing</b>	<b>Speaks to:</b> The mind <b>Addresses:</b> Intellectual barriers <b>Overcomes:</b> Ignorance, misconceptions, error <b>By:</b> Presentation <b>Goal:</b> Understanding <b>Answers:</b> Who is Jesus? What does he want from me? <b>Example:</b> Ethiopian eunuch (Acts 8) <b>Tools:</b> Prayer, faith flags and faith stories, truth prescriptions, gospel presentation, spiritual referral team
	Understands the implications	-5		
	Aware of the gospel	-6		
	Recognizes relevance of the Bible	-7		
<b>Skeptic</b>	Looks positively at the Bible	-8	<b>Cultivating</b>	<b>Speaks to:</b> The emotions <b>Addresses:</b> Emotional barriers <b>Overcomes:</b> Indifference, fear, and antagonism <b>By:</b> Your presence <b>Goal:</b> Trust you <b>Answers:</b> What's in it for me? <b>Example:</b> Nicodemus (John 3) <b>Tools:</b> Prayer, questions, spiritual history, faith flags and faith stories
	Recognizes difference in the messenger	-9		
<b>Cynic</b>	Aware of the messenger	-10		
	Going own way	-11		
	Avoids the truth	-12		

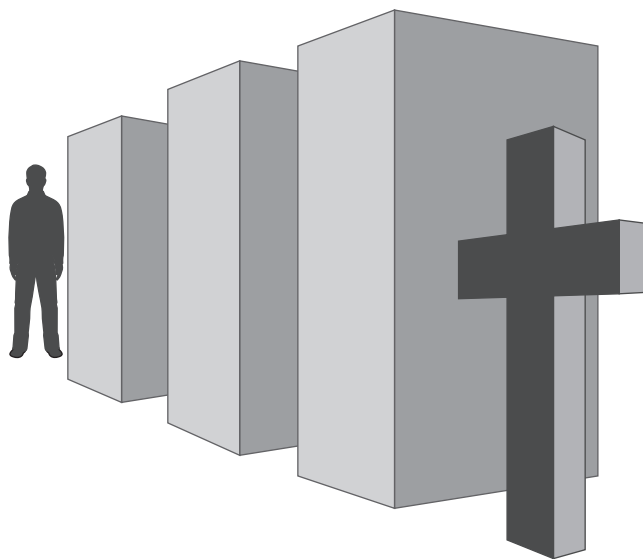
phenomenon in Acts 17:16–34. After Paul arrived in Athens, he began to share the gospel with Jews and philosophers. Eventually, he was invited to expound on this message in front of an assembly. After Paul concluded his presentation, the response of the listeners was recorded: “When they heard about the resurrection of the dead, some of them sneered, but others said, ‘We want to hear you again on this subject.’ After that, Paul left the Council. Some of the people became followers of Paul and believed” (Acts 17:32–34a). This passage includes three types of responses to the gospel. The first response mentioned was not simply voicing disagreement with the message, but also expressing negative emotions. The next response was wanting to hear more, a more thoughtful reaction that engaged the intellect. Finally, the passage describes people who expressed belief in Jesus’s resurrection and made a commitment to follow Paul’s teaching. Other passages of scripture describe times when people decided not to follow Jesus. One example is the rich ruler who walked away from Jesus after being told to sell his possessions and give to the poor (Luke 19:16–22). This

type of response involves volition—making a choice to do or not do something. These three types of responses (emotional, intellectual, and volitional) can still be encountered today.

## Overcoming Spiritual Barriers

The three types of responses reflect different types of barriers that prevent people from putting their faith in Jesus, which can be viewed as **spiritual barriers** (FIGURE 5-2). While only God can remove spiritual barriers, witnesses can help lower barriers through understanding each of these barriers and responding appropriately.

Emotional barriers are frequently the result of bad experiences with religion. Sadly, too many people have experienced rejection or abuse from the church or religious people. Some people may blame God for difficult situations in their lives. If they are confronted with a religious message, they may react angrily. In this situation, God’s witness should remember that “A gentle answer turns away wrath, but a harsh word stirs up anger” (Proverbs 15:1). It is God’s kindness that leads people to repentance



**FIGURE 5-2** Spiritual barriers.

Reproduced from International Health Services (IHS). (2015). *The Saline Process trainer's manual*. Southeastern, PA: Author.



(Romans 2:4). Through their presence, witnesses build trust and consistently reflect God's gentleness and kindness while depending on God to lower emotional barriers.

Other people may simply not be aware of God's plan for reconciliation. They may be open to learning more if this plan is communicated with permission, sensitivity, and respect. Paul wrote in 2 Timothy 2:24–25 that a witness must be able to teach in a manner that is humble and avoids arguing. Witnesses should communicate truth with patience and gentleness, trusting God to bring others to a knowledge of Himself.

When people understand God's invitation to follow Him, they are confronted with making a choice that will change their life. Depending on their culture, the cost of following Jesus may include rejection by family members, loss of employment, or even possible death. For everyone, it includes recognizing Jesus as Lord and Savior and coming into alignment with God's authority. As witnesses interact with people encountering volitional barriers, God is calling for His people to stand in the gap (Ezekiel 22:30) and be steadfast in prayer (James 5:16). God's witnesses can be assured that their prayers have great effect as God works in lives to lower volitional barriers.

As indicated in the Modified Engel Scale (Table 5-1), different people may face different barriers at different times in their lives. Some people may progress in a linear manner through the different barriers, while others may go back and forth, and some may experience only one or two barriers. A witness's loving presence to overcome emotional barriers, the presentation of Biblical truth to overcome intellectual barriers, and prayer and persuasion to overcome volitional barriers are reflected in Paul's exhortation to the Colossians:

Devote yourselves to prayer, being watchful and thankful. And pray for us, too, that God may open a door for our message, so that we may proclaim the mystery of Christ, for which I am in chains. Pray that I may proclaim

it clearly, as I should. Be wise in the way you act toward outsiders; make the most of every opportunity. Let your conversation be always full of grace, seasoned with salt, so that you may know how to answer everyone. (Colossians 4:2–6)

## ► Being God's Nurse

Those who embrace the call to be one of God's nurses have the opportunity to bring a heavenly perspective and understanding to the ministry they offer through nursing (**BOX 5-1**). Doing this successfully requires that Christian nurses maintain **spiritual vitality** and influence while being diligent to always interact with others using permission, sensitivity, and respect. Through recognizing the spiritual barriers of those they encounter, they can make wise choices in how to best offer others a touch from God and a glimpse of who He is.

## Maintaining Spiritual Vitality and Influence

Nurses who seek to live as God's witnesses need to maintain spiritual vitality. Spiritual vitality refers to the condition of one's spiritual health, which is maintained and increased by drawing life from Jesus. As recorded in John 15:5, Jesus testified: "I am the vine; you are the branches. If you remain in me and I in you, you will bear much fruit; apart from me you can do nothing." Spiritual vitality is achieved by staying connected to Jesus. This can be experienced in several ways, such as by participating in personal and corporate worship, reading the Bible, praying by oneself or with partners, confessing one's failures, and receiving forgiveness. Being in an accountability or mentoring relationship can facilitate growth and provide encouragement. Even if people have drifted away from God for a season, God is ready to welcome them back. Maintaining

**BOX 5-1 Outstanding Nurse Leader: Dr. Barbara Ihrke**

Barbara Ihrke

Dr. Barbara Ihrke has been a nurse for more than 40 years and is currently the leader of the nursing program at Indiana Wesleyan University. She describes being a witness of Jesus as her identity—a normal, everyday part of who she is. She credits the Saline Process Witness Training (SPWT) with freeing her to be a witness and releasing her from expectations that some Christians have in regard to outcomes. As a nurse, Ihrke says that focusing on harvesting in the healthcare setting might be appropriate about 1% of the time, but that one can always cultivate and sow. She has found faith flags and faith stories to be the tools she uses the most.

As head of the nursing program, Ihrke often works with visiting scholars and professors from other countries. On one occasion, when arranging a meeting with a visiting professor who had previously identified herself as being from a different religious background, Ihrke mentioned that she would be

available after her morning routine of reading and exercise. The professor asked what Ihrke read each morning, and Barbara replied that she read the Bible. The professor verbalized interest in beginning to read the Bible, and eventually made a decision to trust in and follow Jesus.

This is one story of Ihrke's use of faith flags in everyday life. In this situation, the faith flag led to a conversation, and eventually a commitment to Christ. At other times, when there isn't any interest in further conversation, Ihrke isn't discouraged, as she trusts God for the outcome. Faith flags and stories have become an everyday part of her life as a witness to Jesus.

a connection with Jesus is essential for God's witnesses to have positive spiritual influence.

While witnesses endeavor to stay connected to Jesus, as part of humility it is important to recognize that the goal is not pretending to be perfect or denying weaknesses. Even with one's best intentions and efforts in being a witness, there may be times when mistakes are made or events take an unexpected turn. Scripture is filled with followers of God who didn't always get it right, including Abraham, Moses, Miriam, David, Martha, and Peter. One's failures and mistakes will never surprise God. When honestly evaluated, failures may even provide opportunities for growth and maturity. The Holy Scripture promises that those who humble themselves before God will be uplifted (1 Peter 5:6). God makes it clear that His desire for those who have fallen short of the desired standard is restoration, and He wants those who follow Him to be sensitively involved in this restoration process (Galatians

6:1). The whole body of Christ will benefit if witnesses stay connected to Jesus, stay connected to each other, don't give up on each other, and keep each other accountable in a spirit of love and humility.

Along with encouraging spiritual vitality, the Saline Process identifies five specific characteristics that contribute to a person's spiritual influence, referred to as the Five C's:

- Christ-like Character
- Professional Competence
- Compassion
- Wise Communication
- Courage

God's nurses should reflect Christ-like character in their words and actions. Thankfully, they do not have to do this in their own power. In Galatians 2:20, Paul explains: "I have been crucified with Christ and I no longer live, but Christ lives in me. The life I now live in the body, I live by faith in the Son of God, who

loved me and gave himself for me.” Witnesses have the opportunity to show the Jesus in them to those they encounter. They can show Jesus to others as they respond to both ordinary and stressful situations with love, humility, integrity, and wisdom.

In addition to demonstrating Christ's character, God's nurses should strive to deliver professionally competent care to their patients. Christian nurses must avoid relegating the provision of physical care to a subordinate level, while prioritizing spiritual care. The Bible teaches us that human beings are made in God's image (Genesis 1:27) and that we are to treat the body with respect (1 Corinthians 6:12). Therefore, instead of providing only cursory or outdated physical care, God's nurses should be delivering the best possible evidence-based care to their patients.

In maintaining spiritual influence, showing compassion is also important. While compassion comes easily to some nurses, others may feel awkward giving emotional or spiritual comfort to people in distress. Even those to whom compassion comes easily may find times when they have nothing left to give. Yet, all of God's nurses need to be faithful in reflecting God's character of compassion. In 2 Corinthians 1:3–4, Paul explains that as Christians receive comfort from a compassionate God, they can extend this comfort to those who are suffering. If patients face the fear or loneliness of being ill or the loss of being able to care for themselves, nurses can use their compassionate presence, gentle words, and appropriate touch to bring comfort.

Another characteristic of spiritual influence is wise communication. Proverbs 18:21 reminds us that “The tongue has the power of life and death,” and Colossians 4:6 instructs that our conversation should be “seasoned with salt.” Undoubtedly, communication entails much more than words. People communicate by the tone of their voice, the volume of their voice, the expression of their face, and in many other nonverbal ways. Just as technical skills can be honed with practice, so nurses can seek

to improve their effectiveness in communicating therapeutically. Along with the way, striving for cultural competence in caring for patients from diverse backgrounds should not be neglected, as different cultures may express needs differently, and appropriate strategies for meeting these needs may vary by culture. God's nurses can make a habit of praying for guidance to make each patient encounter therapeutic. Sometimes even a brief comment or gentle touch can make a big difference to distressed or lonely people.

The last of the Five C's is courage. For the gospel to be clearly understood to the degree that someone can choose to put their faith in Christ, more than kindness is required—the message of Jesus must be communicated. In some places, spiritual care or nurse-initiated conversations related to spirituality are discouraged or restricted. Receiving training in how to ethically and appropriately provide spiritual care can help witnesses take steps forward in sensitively communicating about Jesus. Besides becoming equipped, partnering with others in prayer and accountability is another way to help build courage. While challenges may occur, it is important to never give up the pursuit of Christ-like character, professional competence, compassion, wise communication, and courage.

## Creating a Safe Environment

A safe environment helps people feel accepted and at ease. If a patient wants to discuss something of a personal nature, nurses should help create spaces that protect patient confidentiality consistent with ethical nursing practice. If spiritual topics are addressed, it is important for witnesses to avoid using words that contribute to misunderstanding or negative emotional responses. Some people have spiritual barriers that make them uncomfortable discussing spiritual issues. Pursuing spiritual conversations or topics in these situations can create feelings of unease and add further barriers.

**BOX 5-2** Research Highlight

Taylor et al. conducted descriptive and correlational research investigating nurses' opinions related to (1) having religious or spiritual conversations with patients, (2) sharing their personal religious or spiritual beliefs with patients, and (3) praying with patients. Participants were also asked questions regarding their personal religiosity, prayer, tendency to share personal religious beliefs, and tentativeness of their convictions. The majority of the 445 participants were Christian (92.9%), female (92.1%), from the United States (90.8%), and not employed by a religious organization (65.4%). The vast majority of respondents held the opinion that these activities were appropriate either in certain circumstances or in any situation. Notably, only 1.6% believed that nurses should never discuss religious or spiritual matters with patients except during screening, and 11.8% believed that nurses should discuss them only after patient initiation. Similarly, a minority of respondents believed that disclosing one's personal spiritual or religious beliefs and praying with patients should be done only at patient request (28.8% and 24.8%, respectively) or never (6.7% and 6%, respectively). With respect to a nurse's personal spiritual life, higher intrinsic spirituality scores were associated with belief in the appropriateness of disclosing beliefs and initiating prayer, while higher scores related to the tendency to share personal beliefs were associated with agreement about the appropriateness of all three activities. Spirituality of nurses was associated with belief in the appropriateness of self-disclosure and prayer in nursing.

Modified from Taylor, E. J., Park, C. G., Schoonover-Shoffner, K., Mamier, I., Somaiya, C. K., & Bahjri, K. (2018). Nurse opinions about initiating spiritual conversation and prayer in patient care. *Journal of Advanced Nursing*, 74(10), 2381–2392. doi:10.1111/jan.13777

Nurses should avoid consciously or unconsciously manipulating people to make religious commitments based on some indication that they might receive better care, less expensive care, or some other benefit. Judgmental attitudes or harsh words also create spiritual barriers. Nurses need to remember that it is God's kindness that encourages people to turn to Him (Romans 2:4), not their sermons, conditions, or condemning attitudes. Nurses need to discern where patients are on their faith journey and respond appropriately (**BOXES 5-2** and **5-3**). Creating a safe environment requires the nurse to focus on helping overcome patient barriers in an effective manner.

## Using Eight Practical Tools to Help People on Their Faith Journey

The Saline Process describes eight tools that can be used at different stages of a patient's journey. These tools, when applied with permission, sensitivity, and respect, can help remove

**BOX 5-3** Evidence-Based Practice Focus

Although spiritual care is always part of holistic care, many nurses do not receive formal education about how to actually provide it. Wittenberg et al.'s 2017 study surveyed oncology nurses about their experiences with spiritual care. Nurses reported that patients most often were the ones who initiated conversations about spiritual care, and this occurred mainly when they faced end-of-life or were experiencing spiritual distress. Approximately one-third of the nurses in this sample shared their own personal stories of faith with patients when appropriate and used similar strategies discussed in this chapter; they reported that this intervention also strengthened their own faith. The findings from this survey demonstrate the need to include in the curriculum ways for nurses to address spirituality with patients.

Modified from Wittenberg, E., Ragan, S. L., & Ferrell, B. (2017). Exploring nurse communication about spirituality. *American Journal of Hospice and Palliative Medicine*, 34(6), 566–571.

emotional, intellectual, and volitional barriers. The eight tools are prayer, questions, spiritual history, faith flags, faith stories, truth prescriptions, gospel presentation, and the spiritual referral team.

The first tool, prayer, is used throughout the entire process. In everything that is done, prayer is useful for guiding and empowering the life of a witness. Nurse witnesses commit to pray for their workplaces and to continue to seek God's leading in their lives. When possible, it is helpful for nurses and other Christian healthcare workers to pray together. Discernment should be used when considering praying for patients or praying with patients. Nurses are also obligated to adhere to the policies and procedures of the facility regarding spiritual support to patients.

The second tool in the Saline Process is questions. Questions, when used effectively, communicate care and interest in a person's life. The right questions help people express their physical, psychosocial, and spiritual needs. A skilled nurse will use a variety of question types, such as open and closed, probing, and reflective questions. As competent and genuinely compassionate care is delivered, trusting relationships can be built that open doors for deeper conversations. Gently asking wise questions may uncover deeper needs that only Jesus can meet. In the midst of asking questions, listen carefully to what the patient is sharing; also listen carefully to the Holy Spirit, who can direct each conversation. Many times, patients have spiritual needs, but they may be hidden behind physical, emotional, and social problems. Guided by the Holy Spirit, nurses' questions can show interest in each patient's life and help uncover possible barriers between that patient and Jesus.

As nurses perform health assessments on their patients, they need to remember to ask questions not only about their patients' physical, emotional, and social health, but also about their spiritual conditions. It is important to recognize that people's spiritual beliefs can impact their healthcare decisions (Silvestri,

Sommer, Zoller, & Nietert, 2003). **Spiritual history**, the third tool, is a specific set of questions about a person's spirituality. A variety of standardized spiritual histories have been developed, including FICA (Pulchalski & Romer, 2000) and HOPE (Anandarajah & Hight, 2001) (see the *Spiritual Assessment* chapter). Among the standardized spiritual histories, different terminology is used. When conducting a spiritual history, it is helpful to phrase questions using words familiar to the patient. Depending on the situation, the nurse can discern if it is most appropriate to ask the entire set of questions or if only one or two questions are warranted.

Faith flags and faith stories are two tools that identify the nurse as a follower of Jesus and give an idea of what this means. A faith flag consists of two key elements: (1) expressing common ground related to the patient's situation and (2) making a statement that identifies the nurse as a follower of Jesus. For example, if the patient expresses sorrow about a loss, the nurse might compassionately say, "I also had a time of grieving, but God gave me peace in the midst of it." If the patient asks the nurse to explain, a faith story related to the situation could be shared. The nurse should receive permission prior to sharing a personal experience with the patient. Because the faith story is about a personal experience, the nurse must be careful not to insert opinions or suggestions about what the patient should do. The faith story takes only one or two minutes to relate. Both faith flags and faith stories need to be communicated using words that are common in everyday language that someone without Bible knowledge can understand. Referencing specific churches or denominations should be avoided, as the goal is pointing people toward Jesus. In sharing faith flags and stories, the nurse needs to be careful not to create barriers or an unsafe environment.

The sixth tool is the truth prescription. A truth prescription gives the patient something to do, read, or watch that helps the person experience Biblical truth in a personal way. For

example, when caring for a patient who is fearful, if the patient is open to it, the nurse might recommend reading Isaiah 41:10 three times a day: “So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand.” Another truth prescription could be watching a Christian inspirational movie or taking action to restore a relationship. Truth can have a powerful impact on a person; thus, as with the principle of a saline solution, it is important to regulate the strength and frequency to promote a therapeutic effect.

As emotional and intellectual barriers are removed, the time may come when people want to hear an explanation of God’s plan for salvation. In 1 Peter 3:15, witnesses are instructed to always be ready to give an answer when asked about their hope in Christ. Giving a gospel presentation usually works best if the witness has practiced and become comfortable with explaining the message. Several different methods may be used to help explain how to be reconciled to God. Similar to faith flags and stories, a witness should be able to explain the gospel message clearly and concisely in common, everyday language.

Paul encouraged Christians to “make the most of every opportunity” (Colossians 4:5). As God’s witnesses, nurses should be alert for ways to partner with God in being salt and light. At some points in the patient’s spiritual journey, it may be best to make a referral to someone better equipped to help the patient. This may be due to time constraints faced by the nurse, lack of expertise, the need of the person to connect with someone who has been in a similar situation, or the patient leaving the healthcare setting. A useful tool at this time is the spiritual referral team. It is helpful for a nurse witness to develop a list of people who have the potential and are willing to follow up on a variety of spiritual needs. These people should exhibit Christ-like character, professional competence, compassion, wise communication,

and courage and should always maintain confidentiality. Examples of people on a spiritual referral team may include a person who has gone through a similar experience, a colleague, a hospital chaplain, or a pastor. Before referring the individual, be sure to obtain the consent of the person being referred.

## ► Conclusion

Effective spiritual care is patient and moves according to God’s timing. Because of the eternal ramifications related to people being reconciled to God, witnesses might feel a sense of urgency for getting others to make a statement of faith in Jesus. However, God’s witnesses can have confidence that God, “who wants all people to be saved” (1 Timothy 2:4), is already at work in each person’s life. As Christian nurses care for others, they need to trust God’s love and sovereignty. While God works in people’s lives, God’s partners need to stay connected to Him, listen to Him, and join Him in what He is doing.

Nurses can provide excellent holistic care to their patients each day in a way that positively impacts their physical, emotional, social, and spiritual health (**CASE STUDY 5-1**). To accomplish this, God’s nurses need to be filled with God’s love. They need to maintain professional competence as well as their own spiritual vitality, viewing themselves as God’s partners as they encounter people at various phases on their journey to Jesus. Empowered by the Holy Spirit, nurse witnesses are salt and light when they give patients a touch of God’s compassion and communicate God’s truth with courage. Ensuring permission, sensitivity, and respect, they can use the eight Saline Process tools to help lower spiritual barriers in those persons with whom they interact. In this ministry, nurses can focus on being witnesses who view each patient interaction as a divine appointment, reflecting God’s love to the patient and trusting God for the results.

## CASE STUDY 5-1

Nurse Sarah works in the orthopedics department in a large hospital. Two weeks ago, a 25-year-old female, Jessica, was brought to the emergency department via ambulance for severe trauma after a motor vehicle accident. She had an elevated blood alcohol level on arrival. She required emergency surgery for her multiple injuries. Jessica was transferred yesterday from the intensive care unit to the orthopedics department, where she is continuing her recovery and will soon begin physical therapy.

As Sarah was checking Jessica's peripheral IV, she noticed scarring on Jessica's wrists. When reviewing Jessica's past medical history, she noted there had been a prior suicide attempt. Jessica's emergency contact is listed as her aunt. Sarah suspects that Jessica's current health problems are more than just physical and wants to follow up with her before she is discharged.

### Questions

1. If you were Sarah, how would you start this conversation?
2. What are some questions that Sarah can ask Jessica to learn more about her emotional and social problems?
3. Based on this scenario, which spiritual barriers do you suspect may be present in Jessica's life? What are some ways Sarah could be salt and light without creating any new spiritual barriers in Jessica?

## ► Clinical Reasoning Exercises

1. Interview a Christian who decided to follow Christ after becoming an adult. Ask the person to describe reasons for not choosing Christ before this time. Identify which types of spiritual barriers were experienced and how the barriers were overcome.
2. Read the article by Saguil and Phelps (2012). Practice taking a spiritual history with one friend or colleague using one of the methods described in the article. Describe in your journal how healthcare decisions might be impacted by the person's spiritual worldview. Based on what the person told you, what are appropriate ways for you to be a witness to Christ for this person? Evaluate how well you think the interview process went. Are there things that you would do

differently the next time you take a spiritual history?

3. Identify a challenging time in your life in which you experienced God's help. Construct a faith story by writing a three- to four-sentence description of this event and the way in which Jesus helped you. Identify how you could find common ground with a patient through this situation (e.g., dealing with anxiety, disappointment, or loneliness). Using the area of common ground, write a single-sentence faith flag.

## ► Personal Reflection Exercises

1. Think of a situation at school or work when you were the only Christian in the midst of others who did not have a relationship with Jesus. Did they know

you were a believer? How did you let them know this? If they did not know you were a believer, why do you think this was? How did being a Christian affect your relationship with this group? Do you think that you were able to be salt and light in this situation? Why or why not?

2. Was there ever a time when you saw or heard about a Christian talking about Jesus or religion to someone who was not yet a follower of Christ in a manner that you felt was inappropriate or unhelpful? Why did you think the Christian's actions were not helpful? How did the listener respond? How did you respond to the situation? Can you think of a better way that the Christian may have communicated in that situation?
3. Have you ever had the opportunity to work with a team of other Christians in a school or healthcare setting? What were the benefits to you personally with respect to working as a team with other Christians? What were the benefits to the work/setting/patients because there was a team of Christians collaborating? What were the challenges of working on this team?

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## Recommended Readings

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