

Religion, Politics and Unconstitutional cum Legal Authority are Incapable of obliterating the inner longing for *Communion* and this fact is equally applicable to *Freedom*.

GIVEN that Reconciliation is an integral part of the whole Ministry of Nursing and in keeping with our Pledge whereby we have made a commitment to ‘Aid the Physician’ – Nurses can learn how to more effectively draw wonderful resources from an unfailing storehouse that will give us the victory over such blatant injustice without recourse to recrimination or vitriolic aggression:

THEREFORE, let each Nurse bring this and every form of unjustified affliction to the God we took our Pledge before, then with faith leave the burden with Him. Having done this we can now ask and receive all the wisdom, insight and understanding we need to be undeterred in our resolve to press on to bring true love, compassion, justice and mercy into the lives of all whom we serve and into the lives of those with whom we serve the peoples of the Nations of the World.

APPROPRIATING THE GIFTS OF FAITH AND STRENGTH

“And you shall know the Truth, and the Truth shall make you free” John 8:32

“Not by might, nor by power, but by My Spirit says the LORD” Zechariah 4:7

*“In returning and rest you shall be saved;
In Quietness and confidence shall be your strength.” Isaiah 30:15*

Leadership is integral to Nursing. All Nurses are leaders and followers. By virtue of our Professional competence we exert an influence on people by our attitudes and our action e.g., as we lead a patient and his family towards health, lead another Nurse to higher professional competence or lead other health workers to effective collaborative effort.

Nurses in specific positions of Leadership have the responsibility to lead other Administrators in Nursing matters.

As Followers every Nurse is influenced to a greater or lesser extent by other people’s attitudes and actions.

Therefore each Nurse needs to first *identify her own standards for quality and service*; to then examine and understand ‘*World standards*’ and then to search out and *appropriate to her/himself God’s standards* in order to effectively fulfill our Pledge *by freely drawing on all the riches of all the resources available* to us and with joy to function effectively and with integrity in this world.

GIVEN that every situation has the potential for conflict and that the creative management of each situation will release and bring to life the capacity and productivity of good **THEN** how important is **Divine Wisdom** to achieve a **Positive Resolution** to the challenges that could well produce a compounding or even a volatile **Negative Resolution**?

Conflict resolution requires assertiveness but not domination. It requires aggressive behavior but not aggression. It means stating our point of view without undermining/ impinging on the rights of others. It requires Nurses to follow the golden rule *“Therefore, whatever you want men to do to you, do also to them, for this is the Law and the Prophets.” Mathew 7:12*

POSITIVE RESOLUTION TO POTENTIAL CONFLICT

Requires a convinced mind on the ends to be achieved and the means to achieve each end. For unless the means arise from and are developed with truth there will be - No Lasting Value - No Strength - No Hope - No Joy.

May each Nurse choose to consciously receive and appropriate the gifts of Faith and Strength.

FREEDOM with CONSTRAINTS

Knowing that the Air force, Military, Naval and Police Nursing Services were under the Ministry for Defense and not having the name of the Major General (Nursing) for the Services I chose to present myself and the Modules to the Principal Matron and Commanding Officer of the key branch of each Institution.

The initial contact through the security barriers in each Service naturally took a little time but never more than one hour before I had a positive response.

In each instance I received a warm welcome, was introduced to the Commanding Officer and given dates for one or more programs. While immediate response was encouraging the outcome of each session will be realized as each Nurse uses and implements what he/she finds of value in the Modules.

Military

On 24 September I had the joy of sharing with an almost full conference room of Nurses from different areas of Sri Lanka. Modules were presented to each Nurse and a supply left to be distributed through the Department of Continuing Education.

A cup of tea provided further significant time with the Coordinator of Continuing Education and the letter of appreciation presented to me proved an unexpected blessing a month later by facilitating my passage through the Security Checks en route to Jaffna.

While greatly encouraged with the interest and response of the Military Nurses I did feel deeply concerned at the high tension level that was evident in almost every Nurse. I was reminded of the situation of the Military Nurses in Base Hospital Srinager and a year later in Ladakh.

What a privilege as a civilian Nurse to be able to cross the very necessary security barriers and with integrity to demonstrate in practical ways genuine love and appreciation and in so doing to encourage our colleagues in the stress filled war zones of the world where Nurses are too often of necessity separated from their wife or husband and children.

I believe if we all took a fresh look at how we prayed for these Nurses and their families the Lord would show Nurses in every nation how to more effectively reach out and care for each other.

Air force

My initial visit was to Katunayake with two cartons containing 44 sets of Modules, introduced me to the changes that had taken place in the Health Services with the DHS now based at Ratmalana.

At Ratmalana it was a privilege to meet the DHS – a Nurse who spent time sharing with me prior to setting dates. As the Air Commodore was unavailable I phoned him later receiving a warm response that eliminated the need for an interview.

The DHS came to Colombo to meet me and collect additional boxes of Modules for the large number of Nurses he had deputed from both Hospitals for a valuable ½ day of sharing.

As I introduced the Nurses to the various facets of each Module they obviously enjoyed singing and I enjoyed the rich blend of male and female voices of Nurses Singing With A Difference.

At the end of the session I introduced the special helpful references in the Nurse's New Testament in English explaining that they were gifts from Gideon's International and not Nursing With A Difference Then placing what I had on the table along with some in Sinhala. I spent a few minutes talking with individual Nurses at the conclusion of which every New Testament had been taken.

Before being escorted back to Colombo I was treated to a special lunch.

Navy

My initial visit was notable for the significant number of Nurses and Doctors to whom I was introduced.

My second visit was an interactive sharing session with the Commanding Officer and both Medical and Nursing Officers during which a delicious morning tea was served and following which The Commanding Officer presented me with a beautifully cased and inscribed sailing ship from the Officers of the Health Directorate of the Sri Lankan Navy and an invitation to return for a ½ day interactive session using the Modules.

Arrangements were made to collect me as well as the required no of Modules and New Testaments in the three languages.

The sensitivity of the C.O to the natural inhibition of the younger Nurses to interact freely in the presence of senior Medical Officers resulted in input from every Nurse present in the 3rd session and their thought inspiring lovely singing from the Modules brought an appreciative audience out of the adjoining rooms.

Following distribution of the Modules and New Testaments I was asked for 3 more sets of the latter which I delivered next day.

We were all treated to a special lunch before I was escorted to my next appointment, this time by two younger Nurses who were full of questions and ideas.

Police

On my initial visit the CNO introduced me first to the Medical Director who gave approval for planning dates and times, then to the Superintendent of Police who gave official permission for entry into the Hospital for the purpose of donating the Modules in conjunction with guidance for use sessions as determined by the CNO to minimize language difficulties and with due consideration to pre planned institutional commitments.

Two subsequent visits gave opportunity to introduce the Modules and interact at some length with the planning Nurses who stipulated the need for special sessions with the recently joined newly graduated Nurses.

My request for official transportation of the required number of modules was not possible, however, the Coordinating Nurse undertook to personally pay for a three wheeler Rickshaw.

The night prior to the scheduled program the Coordinator informed me that the decision had been reversed for security reasons. This date pre-scheduled by several weeks, occurred the week the Modules and I were banned from National Hospital. Had the Police who were No doubt informed of the DD's decision to ensure I did not enter National Hospital, in the course of duty reported this to the SSP who had given me such a good hearing and response earlier?

It was too late to regret I had not spent more time with the obviously keen, newly qualified Nurses with whom I had been invited to spend as much time as I could spare then and there. I could have given them the modules I had with me, even though I was on my way to another appointment.

Time did not now permit me to retrace my steps to provide proof of the outstanding response by the three other Defense Service Institutions.

Had I 'struck while the iron was hot' we may not have lost this opportunity thereby failing and disappointing the Police Nursing Officers. Arab Proverbs "If thou canst not take things by the head then take them by the tail." and "Occasions like clouds, pass away." Persian Proverbs "A poor man waited 1,000 years before the gate of paradise; then, while he snatched one little nap, it opened and shut." and "The stream which has passed down does not come back to its former channel."

I believe that the quality and depth of professional sharing with the Nurse Administrator planning group, and more extensively so with the Coordinator will bare at least some fruit. *May God grant it so.*

Gideon Resources Available for Nurses in Sri Lanka

Shortly after my arrival I had a persistent deep desire to see if Gideon's International were represented in Sri Lanka.

Reason: In 1954 I had been presented with the little white Nurse's New Testament that had our pledge opposite the map of the world, a little white satin ribbon to mark references and small enough to slip into a uniform pocket.

This New Testament had been specifically prepared for Nurses with an extensive practical list of references that would strengthen and encourage us, help us to comfort those in need and enable us to withstand the storms and stresses that are an inevitable part of a Nurse's life.

That this was an internationally accepted resource for Nurses was reinforced in Colombo when meeting a visiting business woman in the field of education. As this well traveled woman of standing shared some of her deeper concerns, I brought out the little white New Testament for Nurses. Her eyes lit up as she recalled 'My Mother had one of those; she would never be without it.' 'Was your Mother a Nurse?' I asked and received the expected affirmation.

In 17 years in India I have not till this day been able to obtain this resource for Nurses although Gideon's have a similar little blue edition which I have used extensively but always with a little sadness that the Nurse's special was not available. The white has a definite appeal for Nurses.

Gideon's is an organization with very strict rules e.g., only Gideon's are supposed to distribute Gideon materials. The Gideon's Women's Auxiliary as part of Gideon's has certain freedoms and it was a group of these ladies who made our presentations in the 1950's. As a spinster I do not qualify to be an Auxiliary as a woman must be married to a Gideon. I may say '**What nonsense' but such nonsensical discrimination is too often a fact of life.**'

Having stepped out of the HCF Office on the 2nd of my 3 visits I retraced my steps to enquire if Gideon's were in Sri Lanka. My joy on phoning to hear that the little White New Testaments for Nurses were available was interrupted with a query 'Are you an Auxiliary?' I laughed and said we would talk about that when we met knowing full well that if I said no I would not be received.

I went immediately to the Gideon's Office to leave a short time later with a supply of my treasured resource for the Nurses of Sri Lanka. I returned several times at 6.45am and even after 10.00pm at night to get fresh supplies until I was given the last in stock.

In one Teaching Hospital at the end of my session I showed the Nurses a sample and received an immediate request for 25 sets i.e. one each in English with the references and one each in Sinhala. After several days of searching, on my last evening one of the Gideon's arrived with the requested supplies and undertook to personally deliver the 25sets to the Special Duty Matron while the Nurse who was my hostess took another five sets.

In another city it was around 11pm on my last night that contact with Gideon's was made, the gentleman arrived 6.45am next morning with the supply.

My last effort saw a young Buddhist Nurse helping me find a Gideon contact. With no name, address or phone number I had opted to find a YMCA member. Nurse took me quite a distance to a Church where a Nurse friend had once taken her. While the Pastor made the contact for me, I discovered on his bookshelf a yellow with age, somewhat battered copy of the Nurse's New Testament which I was able to borrow to show the Nurses next day. The Gideon lived around 45 km away so while we never met the link with Nurses was made and name and phone numbers left with the CNO.

In the exercise I had undertaken Gideon's input had not been thought of or planned. In the situation that prevailed in Sri Lanka it would have been most inappropriate and an utter waste of time and energy for me to try to get an invitation for the Gideon's whereas I was privileged to share my own experience and introduce the Nurses to resources other than the Modules that had enriched my professional life

Let us therefore, come boldly to the Throne of Grace that we may obtain mercy and find grace to help in time of need." Hebrews 4:16

Trade Union versus Professional Activities

Nursing Backdrop to Reality

A retrospective analysis over 5 decades provides insight into cause and effect leaving no doubt that the rise of Trade Unions and of break away union groups in the Health Services is one of the most sinister results of initially insidious but now blatant increasing Medical privatization of the Health Services that is directed at breaking Government Health Systems.

That Union activity has shifted from the motive of acting as checks and balances in bringing about justice and mercy in conditions of appointment and salary scales to being a well orchestrated complicity (partnership in wrong doing) as well demonstrated. Sri Lanka is no exception.

The tragedy in this scenario is the use and abuse of Nurses, ancillary and auxiliary staff who are conned into being puppets and the meat in the sandwich with shame and degradation as their only reward.

I was asked on many occasions within my first month in Sri Lanka whether I would be willing to meet "The 'Priest' our union leader." I welcomed the opportunity and always replied in the affirmative.

One Nurse who in her own words 'Had the ear of the 'Priest' assured me she could use her influence and he would provide me accommodation in his hostel for Nurses and I could conduct English classes each evening for the resident Nurses.

My purpose to meet the Principal PBSON on one occasion was deferred; she was in discussion with the Secretaries and a few members of two Unions. I was invited to join their lively discussion.

Those present were unanimous in their request for me to meet their leaders specifying the time they would meet me next day to confirm the appointment and time given by their leaders.

That the Nurses who had been so enthusiastic and sure of my meeting their leaders because of their positions and influence and their genuine commitment to good in Nursing, were deflated was evident by their subsequent evasive manner – attitude and behavior.

**"Men Loved Darkness Rather Than Light,
Because their deeds were evil,
For every one practicing evil hates the light, neither comes
To the light, lest his deeds should be exposed." John 19-20**

One of the sickening experiences was to enter the National Hospital when the workers were gathering at the main entrance to continue strike action.

Looking over the sea of faces one wondered just how much each individual really understood?

From the entrance I walked the long corridors saddened to see the host of young men and women emerging from the different wards, greeting each other with obviously guilty smirks and smiles, having left busy wards unattended when their help was very much needed. While nauseating to behold, this gave hope - these young people's consciences were not completely dead – BUT they were brainwashed and tragically in this situation by at least some of the Clergy who in every religion are expected to be God's purveyors of true justice and mercy in this world.

Brainwashing Involves

Inculcation

Information without understanding can be beaten/knocked/drummed/ground/drilled into one's head.

Propaganda used to propagandize and disinform

To ensure one is misinformed, misguided, misled and misdirected. and therefore mistaught.

Counter-indoctrination by subverting, alienating and winning away through corrupt practices.

ANALYSIS OF SOME OBVIOUS UNMEET NEEDS OF NURSES IN SRI LANKA

There are certain conditions and facilities that form basic essential requirements to the development of Nursing.

Control of the number of Entrants into Schools and Colleges of Nursing.

Nurses in Sri Lanka freely acknowledge that this is not so – pressure comes from both the Union and Medical Profession vis-à-vis the Ministry of Health, who while demanding quality Nursing and complain as so many did to me; deliberately obstruct the path of justice.

More than 150 of a class of 311 Post basic students sit in a narrow room where well over half the students can have no eye contact, let alone see the words being mouthed by the tutor. One microphone waved around in the hand of the tutor trying desperately not to use her hands to turn notes or for meaningful gesticulation, results in the majority of Nurses not hearing a word or only ‘catching bits of what is said’.

Add to the above, teaching is primarily done in Sinhala with limited reference materials in English, the Tamil speaking Nurses whose English is in the main of a slightly higher standard than that of the Sinhala speaking Nurses, are forced to struggle through the motions of learning for 18 months while their hearts and minds yearn to be fed

Why when the Principal Tutor makes a Cut off point in numbers, though still too large, that could have been divided into two

Why do these facts continue to kill the spirit of Nursing within each category of Nurse?

groups for effectiveness, she is ordered to take much larger numbers to compensate for Government decision to cancel earlier intakes. *Nurses know the Union and the Government connive to this end.*

The staff and faculty are frustrated with the result that teaching becomes a ‘dry as dust uninspiring duty with no job satisfaction.’ How do you teach creatively when there can be no interaction The PBS students all Nurses with several years experience to their credit, are frustrated beyond measure, treated like little children, e.g., all lining up to sign in and off duty a procedure which takes MORE than ½ hour twice a day because of the large numbers.

Assignments are done but with a sense of futility, how can a tutor mark so many with any degree of accuracy or justice?

To change out of a sari into uniform in a tiny confined poorly ventilated space in the heat without elbow space to move, is both degrading and unnecessary.

These are the Post-Basic students undertaking the eighteen month Administration and Teaching Course!

The degree of attitude change, behavioral modification, increasing maturity, creativity in ideas and real competence in management and teaching that has been acquired in 18 months by PBS students is easily identified by *the lack of job satisfaction and creativity in overcoming challenges in Nursing services and education; in useful research and most significantly by their sense of helplessness and frustrated resignation in accepting the status quo by both past and present students.*

The Principal and staff worked hard to make the 44th Anniversary of the Post Basic School of Nursing and the first ever celebration, a success. I had been invited to speak for 7mins. On arrival one of the organizing committee, obviously embarrassed, informed me that I had only 5mins.at the end of the program. I appreciated and understood their dilemma but chose not to play into the hands of the oppressors by offering to withdraw for while I was not banned from the PBS all Nurses were under great pressure. ‘Who was watching and who was reporting who was talking to me’?

The carefully planned timing was totally disregarded by each speaker with the ‘Lucky Chance Wheel’ and prizes taking a significant slice of time.

As the only overseas Nurse present and privileged to be invited to speak on such a special occasion I had prepared and did not intend taking more than 5 mins. I had hardly greeted the assembly when a note was thrust in front of me by an agitated Nurse *‘Time was up!’ Had the stop watch stopped before I started?*

How sad to witness the fear that dominates the behavior of Nurses under oppression.

Schools of Nursing

Central to the development of Nursing Services is the foundation laid during the process of Nursing Education offered each entrant into each School of Nursing.

A Chocolate Factory!

Even a chocolate factory has to have set standards and norms if the product is to be acceptable with a substantial return on investment guaranteed.

Consider the difference between the 'gut rotting effects' and the pleasure principle involved in the end product of *each chocolate* for the consumer and for the Manufacturer!

There would be no bone of contention if the Medical Profession or the Union understood the reality of and responsibility to provide adequate supervised patient care experience for students to apply the theoretical concepts in Nursing. These professionals are not trained or skilled in Ward Management or Patient Care.

GIVEN even minimal standards of Nursing practice cannot be developed without well prepared Tutors and Nursing Service personnel **THEN** with the best will in the world the limitations of the PBS exceed by far its capacity for quality control and output. *The raison d'etre of its existence* and I can say with confidence the sincere desire of the Principal and Staff.

Schools of Nursing with excessively large intakes of students, minimal staffing levels and inadequate classrooms are being forced to actively contribute to the downward escalation in Nursing competency. As so many thinking Nurses in Sri Lanka clearly stated '*They – the powers that be*' have no concern for quality, *their focus is confined to the numbers game that looks good on paper.*

Mental Health and Nursing Education

Due to the devastating effects of communal violence plus the many years of civil war, mental health is currently a top priority in Sri Lanka.

Female medical wards which generally speaking have a much lower bed occupancy than their male counterparts, have throughout Sri Lanka a much higher occupancy rate e.g., an allocated 60 bed Ward area can have 80 and very often well over 100 female patients. When asked the reason why? The response by the Nurse in each situation was both immediate and similar 'Breakdown in health due to the inability to cope with the compounding trauma of all the years of tension'.

The revolving door syndrome continues. The CNO of the main Mental Hospital and the P.T. of the School of Nursing that have specialized in this area of teaching, battle against horrendous odds caused by edicts that sound good but by their corrosive nature bring benefit to neither patient nor Nurse.

The Sri Lankan Nursing Council Act - PASSED 15 YEARS AGO - STILL NOT CONSTITUTED?

It is not in the interest of the Medical Profession – Ministry of Health or the Union for the Nursing Council to become a reality. With no recourse to justice Nurse's wings are not only clipped but paralyzed. With no checks and balances the *sugar daddy saviors* are free to get rich at the expense of Nursing. The Giant Octopus spreads its tentacles to engulf all.

A Nurse!

Now consider the expectation and responsibilities

Of each young Nurse aspirant?

Of the Nurse Administrator who will engage her or his services once qualified?

Of the Patient and his or her family?

As long as the production of Nurses is left in the control of Mammon's men, the same men clothed in their various professional garbs will complain publicly while continuing to tighten their Midas grip to diminish the efficacy of Nursing by every conceivable and unconceivable means.

NURSES BE ENCOURAGED

When 10 from 12 chosen leaders said "We are not able to go up against the people they are stronger than we...we were like grasshoppers in our own sight, and so we were in their sight." The whole nation was made to wander forty years when they could have achieved their goal in 1 year. Numbers 13-14.

On the other hand one man, Nehemiah with the gracious hand of God upon him, achieved in 52 days what a whole Nation had struggled for 15 years and still not achieved.

Do Churches and Prayer Halls Meet Nurse's Needs?

That Nurses have unmet spiritual needs is an undeniable fact. Yet inspite of this, Nurses are expected to care for the spiritual needs of patients and their families and where necessary help them to a peaceful death. At the same time Nurses are expected to be 'secular' or 'non-religious'. In addition Nurses are expected to perform the rituals decreed by which ever religious Pundit is in power. Surely only unreligious religious pundits could be so crass and insensitive to the actual needs of people – in this instance Patients and their families and Nurses and their families.

Near to National Hospital are two large very nice Churches: The Dutch Reformed Church and the Cinnamon Garden Baptist Church. While both offer really good quality inspiring programs of worship not one Nurse formed a part of either congregation nor of the only other Church I attended. All but one of the many Churches I passed when traveling round Colombo were locked during the day.

While the practical inspirational material from the Dutch Reformed Church has been shared with many Nurses, the notes I received in the early morning Sinhala and Tamil Service in the Baptist Church proved to be at least part of the answer for a Nurse Administrator an hour later in Hospital. As someone had loaned me the English version during the Sinhala Tamil Service, I was familiar with the content.

My prayer: that Church doors will be opened during the day so that Nurses passing to/off duty and those living in the Nurse's Quarters may drop in to sit quietly for a few minutes to garner fresh strength and inspiration as I have done from time to time over the years

YMCA Colombo has a lovely practice – two Chapel Services in the early morning and others during the day and evenings when many people working in the vicinity or passing by enter to be refreshed.

My second prayer: that these Churches will be filled and overflowing with thousands of Nurses and their families to the extent that many services will be needed to accommodate both Nurses timings and numbers for one purpose alone, ***that all the fullness of God's love may flow out and into the hospital.***

I attended only four Services in three Churches in Sri Lanka. This decision enabled me to meet specific requests and to facilitate effective Ward management by Nurses on duty. At times I was traveling between cities and three times when much in need of physical rest I used the day as a personal retreat.

Two Hospitals had a Church, an HCF Prayer hall was next to one, both doors were locked between services! Having ascertained that some Nurses would like to meet for specific prayer I tried unsuccessfully to get a key. Some male Nurses were worried in case I had not been given permission!

An unexpected informal meeting with the Secretary of one Church provided insight into their activities. In response to my question ***“Do you have specific prayer for Nurses?”*** this somewhat elderly gentleman looked in disgust and exclaimed 'Nurses!' followed by a negative comment on the unacceptable behavior of Nurses. One is left to wonder how many religious leaders practice religion but do not heed the commandments ***“Love your neighbor as yourself”*** and the new commandment that Jesus gave ***“Love one another, as I have loved you, that you also love one another”?***

While not discrediting the position of the Authorities, be they religious or administrative, I was acutely aware that Nurse's spiritual needs are not being adequately met. On the one hand there is limited access on the other there are the regular rituals of flowers, obeisance and ceremonies. In the middle stands the Nurse bowed with burdens that few care to know about and for which many despise her/him, even as she/he works to ***meet the spiritual needs of each patient including helping him to a peaceful death!***

Ill Equipped – Who Cares?

**With Nursing Education so restrained and constrained
Religion so encrusted and encased
Administration so constricting and suffocating
How may Nurses develop the virtues expected of them?**

Nurses Equipped to Help Nurses!

Singing cheers and encourages when it comes from the heart and goes to the heart.

The songs imbedded in each Module form part of what makes the Nursing With A Difference Modules effective teaching aids.

Crossing the barriers of culture, religion and politics, is an ever present challenge to every Nurse if he or she is to be a truly effective Nurse.

“Let there be love shared among us” is the last song on the last page of the last Module “Technology” that deals with the Patient, Technology, Critical Care and Nursing Management. Set to a simple but vibrant tune with words that bring life, purpose and hope. This short, pithy and meaningful song was sung on the rare occasions that we waited for Nurses to **hand over** prior to assembling; it was sung spontaneously when appropriate during a session and very often at the conclusion of a session.

The thoughtful way in which Nurses joined in singing this and other songs from the Modules, often several times to master the tune, left an indelible imprint. That this encouraged language facility was obvious when Nurses initially hesitant, would sing with more confidence and correct enunciation of words the second time. But perhaps the greatest value was the impact of singing what was dear to the heart of each Nurse that draw us together in the presence of the One God and Father over all.

At the conclusion of almost every session I turned to the most senior Nurse present stating *“With your permission I would like to thank God for this time of sharing and ask His blessing for each Nurse and this Institution may I?”* The response was always an immediate ‘yes’. At times when taking several sessions in a day, the coordinating Nurse introducing me would add ‘and she will pray for you’.

Appreciation was expressed in many ways as Nurses talked with me. Around 6.30pm at the conclusion of a session with the last large group of Nurses my ‘AMEN’ was accompanied by a clearly audible unanimous ‘AMEN’ that sprung spontaneously from the heart of what sounded like each Nurse present.

‘AMEN’ is a strong assent to a prayer,

In the busy-ness of life Nurses need to be constantly regenerated and inspired. The only sure resource and power supply for all Nurses comes from the God of all creation before whom we took our pledge.

When Nurses together in the office/ward/unit station take a few minutes to draw apart from the busy-ness, and with thankful hearts present specific needs to our Heavenly Father, then with faith ask for His intervention and enabling, they will receive many encouragements.

Nurses who together sing with praise and thanksgiving to the God of Creation as they commence duty or over a cup; of tea, are better equipped to go to the patient’s bedside with a new song in their heart and with fresh insight to help patients meet their physical, mental, emotional and spiritual needs.

Inherent in the vary nature of Nursing is our *Calling into Nursing*. If it were not so anybody could be a Nurse, but this is not so. All peoples are precious in God’s sight and He has chosen us to be Nurses to bring warmth and love, hope and healing through our specific individual and collective capacity and skill to care for the sick in every situation and from every walk of life.

Let us be strengthened by the Truth that when we draw near to God He surely draws near to us and remember Jesus’ promise that He would never leave us or forsake us. This knowledge brings assurance that the ground we stand on is Holy ground and He wants to sanctify, bless and make our work holy.

God’s Word

**“Draw near...for the ground on which you stand is Holy ground...and
Lo I am with you always.”** James 4:8; Exodus 3::5; Mathew 28:20.

7th CHALLENGE

Stress Management...

It would be unrealistic not to experience a degree of stress when going alone to traverse a strange country torn apart by communal strife, civil war and insurgency for more than 20 years; armed with, ***A Visa valid for three months***; a list of names and phone numbers of people who could be helpful; US\$400; Responsibility to sell 1000 sets of Modules - proceeds of which were already earmarked for helping Nurses in nine States of India; no specific base from which to work or live and with no facility in the two key languages Sinhala and Tamil.

The Sermon on the Mount Mathew Chapters 5-7 particularly Chapter 6, had been much in mind as I prepared to leave India for Sri Lanka ***“But seek first the Kingdom of God and His righteousness and all these things will be added to you.”***

Rapport is mutual understanding and respect. Senior Nurses were discussing in Sinhala, I caught the gist and stated “Before answering your question let me make it very clear I am not a Missionary. I am a Nurse and I have chosen to become a Christian the same as you are Nurses and have chosen your particular faith”. With joyous expressions they exclaimed ‘She is the same as us, we are one’!

My commitment was to consecrate each moment of each day and each person I met to the LORD so that we would all come to know and do the Will of God in His way which is so much higher than our ways. My vision and the vision of each Nurse had to be brought into His focus if our limited vision was not going to actively prevent an outpouring of His blessings. ***This is the grace of God working in each of our lives just where we stand in life and before Him.***

Constantly aware of the need not to pre-empt or go ahead under my own steam, I had to be alert sensitive and responsive to the leading of the Holy Spirit whose work is to bring the fulfillment of God’s plan for Nurses and Nursing both into and out of each Nurse’s life. ***How often did I fail?***

Insight, wisdom, perseverance, patience and grace to withstand the destructive elements that are a reality in the Health Services and to respond with sincerity and love, were essential if the purpose of my visit was to be realized. ***To what extent did I succeed?***

Purpose of Visit: To encourage the Nurses in Sri Lanka through my own professional expertise in terms of input in response to their expressed needs, by introducing them to the use and availability of Nursing With A Difference Resource materials using the Modules/video film as practical examples.

From the time I left Colombo in October to visit the other Provinces, a new significance of the first miracle that Jesus performed of ***turning water into wine at the end of the wedding*** began to unfold.

Every day and every situation had brought some incident that was cause for thanksgiving and praise in Colombo; ***BUT now it was as if the Nurses were expecting me.*** Doors were opened in Nurse’s Quarters and homes with countless expressions of loving care and concern by Nurse’s and attendants.

Special thoughtfulness in relation to my comfort with concern over what foods I enjoyed e.g. without a word my liking for vegetables was noted and I was treated to an abundance of delicious vegetables. One Nurse’s husband returned from work early to take us to the historical sites before dark.

With no time to waste there was no standing on ceremony, but rather an unspoken understanding - we had work to do and it must be done, and within minutes of arriving in a hitherto unknown city and hospital we were Nurses united in a bond of caring and sharing. How my heart was warmed.

Manifestations of Stress

As a composite whole the human body is designed to take only so much mental, physical, emotional social and spiritual stress without recourse to aid.

Life is a process of learning how best to manage.

While past experience adds to our skill in stress management it is insufficient to meet the ‘stress of the moment’. If it were, there would be no stress!