

Institute for Christian Teaching
Education Department of Seventh-day Adventists

**THE LIFE OF CHRIST AND ITS RELEVANCE TO
MODERN PROFESSIONAL NURSING**

by

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Prepared for the
International Faith and Learning Seminar
held at
Helderberg College, Somerset West, South Africa

November 28 - December 10, 1993.

**171-93 Institute for Christian Teaching
12501 Old Columbia Pike
Silver Spring, MD 20904 USA**

BACKGROUND OF THE STUDY

Ever since humans started caring for one another, nursing has often been perceived as a religious calling. But with the ever increasing trend towards professionalization, the view of nursing as a religious calling has diminished. Nursing today is viewed as a scientific profession. (Jones, 1977)

Since the time of the Crimean war, nursing has gone through many stages in its search for professional identity and meaning. For Nightingale, the maintenance of good hygiene was the goal for nursing. The means to achieve the goal was by providing a good environment for the nature to take its course. (Meleis, 1985. p. 17)

Prior to the development of a systematic approach to patient care, patients were often reduced to their medical diagnosis. For example the medical physician would ask a nurse "where is my amputation I did yesterday?" The nurse would answer "it is in ward D." Because of the surgery performed on the patient, the patient lost his name and became his medical diagnosis.

From a reduced conception of a human being as an "illness" or a "surgery" with signs and symptoms, nursing models in the late 1950's refocused nursing attention on the patient as an individual with a set of unique needs. Today, the education and practice of nursing utilize a variety of world views stemming from the simple needs approach to the more complex humanistic views.

The modern professional nurse therefore, defines nursing, health, illness and patient according to his or her own world view. This paper will explore the dimensions of modern nursing as illustrated by the needs, the system and the humanistic models for nursing education and practice. It will also endeavour to answer the question, What is Christian nursing? Specific examples of faith from the life of Christ as He ministered among the sick will be used.

CONCEPTUAL FRAMEWORK FOR NURSING EDUCATION AND PRACTICE**NEEDS APPROACH**

The needs approach to nursing is based on Maslow's hierarchy of basic human needs. Though not a nurse, Maslow provided nurses with basic guidelines for delivering patient care. Each need category is studied in terms of physio-logical, psycho-social and mental aspects that affect one's state of health. (Peterson, 1974)

According to Maslow, humans experience needs in the form of physiological, safety, love, esteem and self actualization (Maslow 1970). A nurse who uses this frame of reference in delivering patient care will provide oxygen, food, exercise and good hygiene to ensure both external and internal body

homeostasis. He/she will provide a safe environment so that the patient may feel secure and protected. He/she will aid patients in giving and receiving love. Receiving and giving love will enhance self worth and self actualization which denote a higher level of self development.

Nurses guided by needs model will spend time assessing and prioritising patient needs and attending to those needs which would be identified as urgent. Often the physiological needs are perceived as more urgent than the psycho-social and spiritual needs. From needs model nurses like Dorothy Johnson, Sister Callista Roy etc., developed the conceptual frame work for nursing interventions based on behavioural system's model.

THE SYSTEMS APPROACH

The system's approach was developed to strengthen the needs model. It was noted that the needs do not exist in isolation. A person was seen as a system striving to adapt to environmental demands. Their point of departure will be outlined in relationship to the concepts used in nursing.

* Human Nature. According to the behavioral systems model, man is composed of different subsystems or structures which all function together to maintain balance. Man is a system of behaviour characterized by repetitive, regular, predictable and goal directed actions. Behaviour is determined by complex interaction of physical, psychological, mental and social factors. Man is still reduced to biological parts that can be separated for study and for nursing purposes.

* Health. Health is experienced when the behavioral system is stable. It is manifest in effective and efficient attainment of goals by the system, and by an experience of general harmony between and within the subsystems.

* Illness. Illness is experienced by the system whenever there is a dis-equilibrium within the system. Any physical, psychological or social factor that alters the normal function or behaviour of the subsystems will lead to illness.

* Healing. Healing is a result of functional balanced behaviour of the system. Healing is demonstrated by the behaviour which is purposeful and predictable.

* Nursing. Nursing is a science that deals with the patient's subsystems to help the system maintain balance. Nursing is an external force that functions through control and modification of the system's behaviour. (Meleis, 1985, p. 198)

The system is constantly adapting to its environment. According to the adaptation model, Man is a bio-psycho-social being. He is in constant interaction with a changing environment, and he has to adapt to his environment. The

adaptation is a response³⁰⁰ to the stimuli a person is exposed to. Man has four modes of adaptation: 1. Physiological needs; 2. Self-concept; 3. Role function; and 4. Independency. The ultimate goal for human existence is to achieve dignity and integrity.

Health is a state of adaptation that is manifest in free energy release to deal with other stimuli. It is a process of promoting integrity while adapting to the demands of the environment. Illness therefore, is an inevitable dimension of the person's life. It results from maladaptation of an individual to his/her environment. Healing comes from proper adaptation which is manifest by goal attainment and maintenance of integrity. Nursing enhances the adaptation of the patient in four modes mentioned above to free energy to respond to stimuli. Nurses should strive to maintain human dignity and integrity. (Meleis, 1985, p. 213)

The system's model also views man as a system that can be separated into parts for nursing purposes. The system's approach to nursing was intended to provide nurses with the ultimate truth about nursing, illness, health and a patient. But the system's model did not fully accomplish the intended role. The truth was derived from one source i.e. the science. The main source of truth, i.e. God, was not included in the search for truth. As Taylor (1986) states:

"Truth in the final analysis, all comes from God, and the more accurately humans perceive bits of truth, the more these bits are seen to harmoniously fit into one ultimate truth in which there can be no discrepancy!"

Truth that comes from science, reason, experience, intuition and inspiration should be combined in the development of the body of knowledge.

THE HUMANISTIC APPROACH

The humanistic approach to nursing and nursing education sees man as an open energy freely choosing meaning in situations. The values of a human being are demonstrated in the choices of meaning that he/she gives to the situations (Parse, 1987, p. 161). According to this world view, health is an open process of becoming experienced by humans. It is the human's pattern of relating value priorities. It is an intersubjective process of transcending with the possibles and a rhythmically co-constituting process of the man - environment interrelationship. (Parse, 1987, p. 162)

The humanistic world view of nursing emphasizes human caring. According to Watson (1988), illness is seen as disharmony within a person's inner self. Illness may be a disease of the mind, body or soul. Illness denotes the discrepancy between one's I and one's ME, or between self as perceived and self as experienced (Riehl-Sisca, 1989, p. 226). According to this

model, health is also associated with the degree of congruence between the self as perceived and the self as experienced.

Watson suggests that the goal of nursing should be to help persons gain a greater degree of harmony within the mind, body and soul, which generates self-knowledge, self-reverence, self-healing and self-care processes. Nursing consists of knowledge, thoughts, values, philosophy, commitment and action with some degree of passion. (Watson, 1988, p. 53)

Watson's model of human caring is based upon the assumptions that, (1) Care and love are the most universal, most tremendous, most mysterious of cosmic forces; (2) People need each other in loving and caring; (3) The science of nursing is a caring science. Its ability to sustain its caring ideal and ideology in practice will affect the human development. (Watson, 1988, p. 32.)

Watson goes on to prescribe ten primary carative factors that form a structure for studying and understanding the caring process. To mention but a few, she talks of formation of humanistic-altruistic system of values, nurturing hope and faith, cultivation of sensitivity to one's self and others, and development of a helping-trusting human caring relationship, promotion and acceptance of expression of positive and negative feelings...etc. (Riehl-Sisca, 1989, p. 227). The main focus of all these carative factors is on human value.

THE CHRISTIAN APPROACH TO NURSING

Looking at the above mentioned models from a Christian perspective one has to ask, What is Christian nursing? What is the ultimate goal of a Christian nurse? Is it to help the system to adapt to its environment? What is the value of a human being?

According to Taylor, 1986; Christian nursing is defined as "an accountable, professional service which, beyond supporting medical care,

1. provides care reflecting the value of the individual created in God's image and redeemed by divine sacrifice, and which
2. promotes health and prevents, resists or combats disease and its complications via the patient's own decision-making responses translated into self care behaviours which move the patient towards harmony with divine law and acknowledges his/her potential of glorifying God by increasingly reflecting His image." (p. 198)

From a Christian perspective nursing is a scientific and a spiritually based intervention of a professional in the life

of a person to restore health through promotive, preventive, curative and rehabilitative measures. Nurses should have the knowledge, the attitude and skills needed to assist a patient/client physically, spiritually, mentally and socially, so that the image of God can be reflected in humans.

When living in this earth Christ left no human need unattended. The sons and daughters of woe were the subjects of the great Physician's (Nurse's) ministry. He attended to the physiological needs, social needs, psychological needs, and spiritual needs of all His patients in one intervention. He never separated his patients into parts for healing purposes. For example, He healed the physical maladies and gave a psychological reassurance of sins forgiven. Christ never separated the needs of His patients, but for the purpose of clarity in this paper an attempt to discuss each aspect separately will be made.

CHRIST AND PHYSIOLOGICAL NEEDS:

"Give them to eat" Mark 6:37. This was the command of Jesus Christ to His disciples. As there were only five loaves of bread and two fishes to feed the starving multitude, He looked up to heaven and asked His Father to bless the little He had. Christ was trying to teach Christian nurses that even to supply physiological needs they need not depend upon their own strength. As He was dependent upon His Father, Christian nurses can also depend upon Him. Another lesson that can be drawn from this incident is that we should share with others what we have. Often we hesitate to give what we have to others because we fear that we will spend it all and remain with nothing. "The more we impart, the more we shall receive" (White, E.G. 1898; 369).

Christ always smiled in acknowledgment of expressions of gratitude for relief from pain or any discomfort from those He ministered unto. It was His joy to lift the burdens of the sin-stricken suffering world (White, E. G., 1902, p. 2). He diligently observed His patients. This is seen in the story of a woman who was sick for twelve years. She believed that if only she could touch Jesus she would be healed. Jesus was not unmindful of this touch of faith. He immediately attended to the woman's needs. "Such trust should not be passed without comment" (White, E.G. 1898, p. 344).

Christ could notice many things on His patients that others including His disciples, passed by. A Christian nurse should learn of Christ. "Learn of me" (Matthew 11:29).

Christ was a perfect pattern of what Christian nurses should be. He was elevated above the common affairs of this world, yet He did not exclude Himself from society. He dined with publicans and sinners. He played with little children and took them in His arms and blessed them. He knew the right action and right words to say in every social occasion. "He graced the wedding feast with His presence" (White, E.G., 1987, p. 54).

Often when we think of Christ we imagine someone who is ever serious, who has no time to play. Yet Christ played with little children. He even sang for them songs of praise and they brought flowers to Him as a sign of appreciation. Children were His heritage, He knew that He had come to save them (White, E. G., 1982, p. 57). The value that Jesus attached to those He ministered unto was far beyond physical or social needs. When Christ met the funeral, He did not pass by indifferently. He paid attention to all social aspects of life. Often filled with sadness as He looked upon death, He wept with the mourners. Only if the modern nurse can learn of Christ, can she/he be able to supply all the needs of his/her patients.

CHRIST AND PSYCHOLOGICAL NEEDS:

"Come unto me all ye that labour and are heavy laden, and I will give you rest." (Matthew 11:28.) Jesus was not only talking about physical rest, but total peace of body and soul. He was mainly talking about "rest" from the burden of sin, rest from guilt, rest for forgiveness. This is the divine healing of the whole person by the great "Nurse." How can the modern nurse help the patient rest in peace even when faced by the shadow of death? Only through the study of Christ and by being transformed into His likeness.

Jesus rested in peace in His Father's care even when the storms tossed the sea. While the disciples cried in helpless fear, and while the tempest raged, the Prince of Peace slept peacefully. The disciples were so absorbed in their efforts to save themselves that they even forgot that Jesus was on board. Only when the death was before them did they remember Who created the sea in the first place. In their despair they cried, "Master! Carest not that we perish?" As he woke up, perfect peace was seen in His face. No trace of fear could be observed in His words or look for He had His complete trust in His Father. (White, E. G., 1898, p. 337).

How much easier nursing would be, if all nurses could have that faith of Jesus. "We battle with the storm alone, forgetting that there is one who can help us. We trust in our strength till our hope is lost" (White, 1898, p. 33; Matt. 8:23-24). Christ was ever helpful, ever ready to speak words of hope and sympathy to the discouraged and bereaved. From

His lips there never came a word that should not have been uttered.

CHRIST AND SPIRITUAL NEEDS:

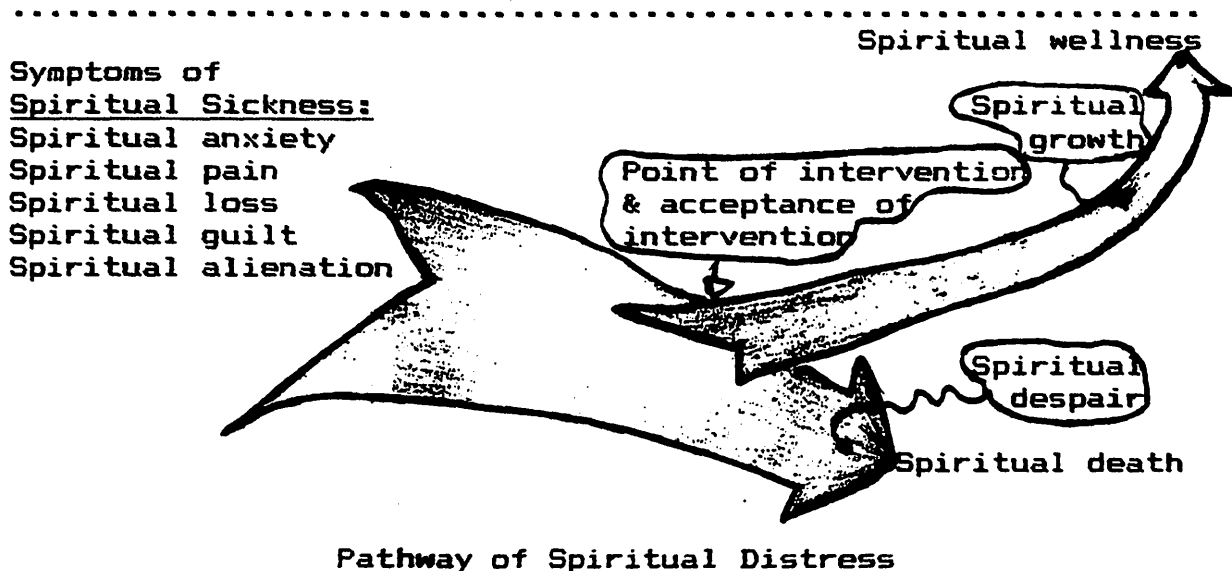
Spirituality involves the personal quest for meaning and purpose in life. Spirituality relates to the inner essence of a harmonious interconnectedness with self, others, community, nature, and the ultimate Other (God). Spirituality is the integrating factor of the human person. Wagner (1988) states that "if spirituality is understood as having to do with fundamental matters, with our lives at their deepest, with what counts most for us, it cannot be segregated from any aspect of our existence."

Spiritual well-being is defined by Burkhardt (1989) as "the health of the totality of the inner resources of a person. A perception of life as having meaning." Spiritual well-being can be viewed as life's affirming relationships or interconnectedness with self, others or the significant Other - God.

Spiritual needs are experienced when there is a lack of any factor or factors necessary to establish and/or maintain a dynamic personal relationship with self, others and with God. These factors may include lack of meaning and purpose in life, lack of love, trust, hope, relatedness and forgiveness. (Piles, 1989 pp. 18-22). Krohn (1989) also states that "all patients deserve a holistic care that includes spiritual needs as well as physical, emotional and psychological needs." When spiritual needs are not met, patients or clients will experience spiritual distress.

Stuart (1989) et al define spiritual distress as "a disruption in life principle that pervades a person's entire being and that integrates and transcends biopsychosocial nature. It is related to love, hope, trust, forgiveness, meaning and purpose in life." The manifestations of spiritual distress include a variety of characteristics such as a broken relationship with oneself, others and God. Carpenito (1989-90) states that spiritual distress is a human response to several factors which may include death or illness of significant others, embarrassment in performing spiritual rituals, divorce or separation from loved ones, or pathophysiological changes, etc.

Spiritual distress may be viewed in a pathway moving from spiritual illness to spiritual despair and on to spiritual death. Spiritual alienation, spiritual anxiety, spiritual guilt, spiritual anger, spiritual pain and spiritual loss are all symptoms of spiritual sickness. Spiritual illness can receive intervention. If the patient accepts the intervention, this can lead to spiritual growth and spiritual health.



In general, health professionals agree on the fact that a person is not just the body and mind, but also the spirit. However, even where a person's spirituality is acknowledged as important, it is often overlooked in health assessment and in nursing education. Nurses are concerned with human responses to actual or potential health problems. Spiritual distress is one way of responding to health problems.

The acceptance of Spiritual distress as a human response to actual or potential health problems is an indication that all human beings have an inborn need to worship someone or something. All human beings need power beyond scientific and nursing interventions to sustain life and to make meaning out of it.

God is the source of life and the agent of continuing life support.

"The beating heart, the throbbing pulse, every nerve and muscle in the living organism are kept in order and activity by the power of an infinite God."
(White, E.G., p. 18)

The concept of creatorship is the underlying reason for the need to worship God. As Taylor (1986) says, "It is the Creator - Creature relationship that is the basis for true worship." p. 51. In Revelation, John writes, "Fear God and give glory to him; for the hour of his judgement is come; and worship him that made heaven, and earth and the sea, and the fountains of water." (Revelation 14:7)

Because of the illness, suffering and death that is brought to this earth by the adversary, the devil, nurses often hear expressions of doubt about God's worthiness for worship. A Christian nurse should remember that the same God who is the

Creator is also the Judge³⁰⁶ and the Redeemer. Indeed, He is worthy of human worship.

Many patients today die with feelings of guilt and lack of hope and forgiveness because of their ways of life which condemn them. A Christian nurse should be able to relieve such feelings and restore hope and forgiveness. In John 8:5-11, we get the case of a woman whose guilt had been proven; the hope of forgiveness for her sin seemed beyond reason. She had no case to plead, but Jesus did not only offer her forgiveness but also freedom from condemnation. "Neither do I condemn thee."

Patients who are feeling guilty, want to hear these words, "I have blotted out, as a thick cloud, thy transgressions,...return unto me for I have redeemed thee. (Isaiah 44:22) "As far as the east is from the west, so far has he removed our transgressions from us. (Psalms 103:12)

CONCLUSION

In this paper different world views have been analyzed. Their relevance to total patient care was also searched. It is clear that all other world views are in one way or the other lacking in providing total patient care except for the Christian approach. Even the most appealing humanistic view leaves a patient empty of a transcendent relationship with his/her creator. To provide patient care needs, one must understand of the person as a unique individual created in the image of God and redeemed by Divine sacrifice.

Adopting a Christian world view and learning of Christ's methods of delivering patient care is the best holistic approach for the modern nurse. Christ never separated the needs of His patients. In one intervention He touched the physical, psychological, social and spiritual aspects of the sufferer. Seerveld (1981) gives this warning against separating a person into parts. He says, "Scientists must beware of the temptation to parcel a man into pieces even only as a working method, for such a working method really presumes that the human creature is a synthesis of separate, functional compartments: (p. 75)

A Christian nurse will learn of Christ and learn His methods of delivering patient care. He supplied all needs of His patients. "But my God shall supply all your need according to His riches in glory by Christ Jesus". (Philippians 4:19) White (1923) states that,

"We are slow to realize how much we need to understand the teachings of Christ and His methods of labour. If these were better understood, much of the instruction given in our schools would be counted as of no value." (p. 391)

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