

**Institute for Christian Teaching
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NURTURING FAITH IN COLLEGE NURSING STUDENTS

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Introduction

Nursing education faces multifaceted challenges in the current health care reform movement in the United States. Central to nursing education are knowledge transmission and a high quality of nursing practice. Survival of the nursing profession depends largely on how it responds to society's demands and meets its needs. Nurses are called to provide high quality and cost effective care, including bio-psychological and spiritual care, to clients across the life span in multicultural settings. How can nurse educators ensure that students of the 3rd millennium receive the knowledge and skills to practice competently and effectively? This is a formidable task for education, yet the emergence of more challenges in the society and health care system calls for a comprehensive restructuring of nursing education and practice.

Currently, there is a rapidly growing elderly population in the United States. In the year 2000, individuals 65 years of age and older will represent 12.7 percent of the U.S. population (Frame, 1999) comprising a projected 35 million people (Cheung, 1999). It is also projected that people 75 years and older (older adults) will account for one out of every two older Americans (Cheung, 1999). Another challenge that prompts changes in nursing education is the increase of minority groups in the United States. Andrews (1992), using the US Bureau of Census reports of 1983, maintained that minority groups in the United States will soon constitute more than half of the total population. By the year 2020, demographers estimate that the number of Asian and Hispanic Americans in the United States will triple while the number of African American will double (Schlickau, 1996).

Nursing education programs are designed to ensure that students acquire the knowledge and necessary to be competent along with the capacity for life-long learning. Included in this body of knowledge and skills are 1) the care of elderly population and 2) the care of clients from diverse backgrounds. A third challenge facing nursing education is the age of nursing faculty, nursing students and nurses in the workforce. The average age of a doctorally prepared professor is 54.9; associate and assistant professors are 52.1 and 48.5 respectively (Nursing Economics Data Bank, 1998). Nursing is no longer receiving “traditional” age college students. The average age of the new graduate is 31 years old; with 44 years being the average age for the nurse in the workforce. One half of the nation’s registered nurses will reach or be near retirement within the next fifteen years (Gimple, 1998). The latter challenge coupled with the declining enrollment of the traditional college nursing student constitute the major contributing factors that bring about a nursing shortage. Colby (1998) describes the nursing shortage as a locomotive accelerating down the train track at 110mph, and it stops here at the 21st century station.

Change in the health care system and population demographics; shift in the chronological age of nurse educators, nursing students and working nurses; and emergence of culturally diverse populations have profound implications on nursing education and practice. Among these are reduced mentorship availability, and a decreased number of teachers, students and nurses. These changes call for a restructuring in nursing curricula that will continue to promote quality education and skilled nursing care delivery in spite of the challenges facing the nursing profession. How can a teacher prepare students of the 21st century, to be diverse, genuinely motivated, effective critical thinkers with efficient problem solving abilities and, at the same time, “inspire [them]

with principles of truth, obedience, honor, integrity, and purity” (White, 1903)? How can faith be nurtured in college nursing students? There is a plethora of teaching methodologies that can assist a teacher in meeting learners’ cognitive needs. However, methodologies that inspire nursing students to respond to God’s love and to desire a personal and experiential knowledge of Him are scarce. Student nurses who are exposed during their academic formation to a program that facilitates life-long teaching and learning are more likely to enter the workforce with an inspired value system and eternal virtues. This experience will add meaning to the delivery of compassionate and competent nursing care, while enriching the lives of recipients of such care.

This essay identifies three teaching methodologies specific to nurturing faith in college nursing students in the classroom and clinical setting. They are 1) academic/professional dimension, 2) role modeling dimension and 3) pastoral dimension. True stories and excerpts extracted from students’ classroom and clinical experience will explicate the integration of the concept of faith in teaching and learning, and illustrate how faith and learning can be caught to produce a life-transforming experience.

Faith Nurtured in the Classroom

Normally in any clinical nursing course, teachers begin in the classroom with the content of the subject – be it medical/surgical, mental health, pediatrics, or parent-newborn nursing. After a few days of classroom teaching, both teacher and students meet in the clinical setting where students will critically apply and demonstrate theoretical knowledge gained by providing “wholistic” care to clients. The evidence of the delivery of faith-nurtured-care rests largely on the teacher; and on his/her ability to demonstrate God’s love, grace and steadfastness through content delivery in the classroom and

simulation laboratory. Responding to a teaching call in a Christian institution is a very challenging undertaking. It requires the integration of the three teaching methodologies in every subject taught and the involvement of both the teacher and learners.

The diagram below provides an understanding of the trajectory and the outcomes of the implementation of the teaching methodologies.

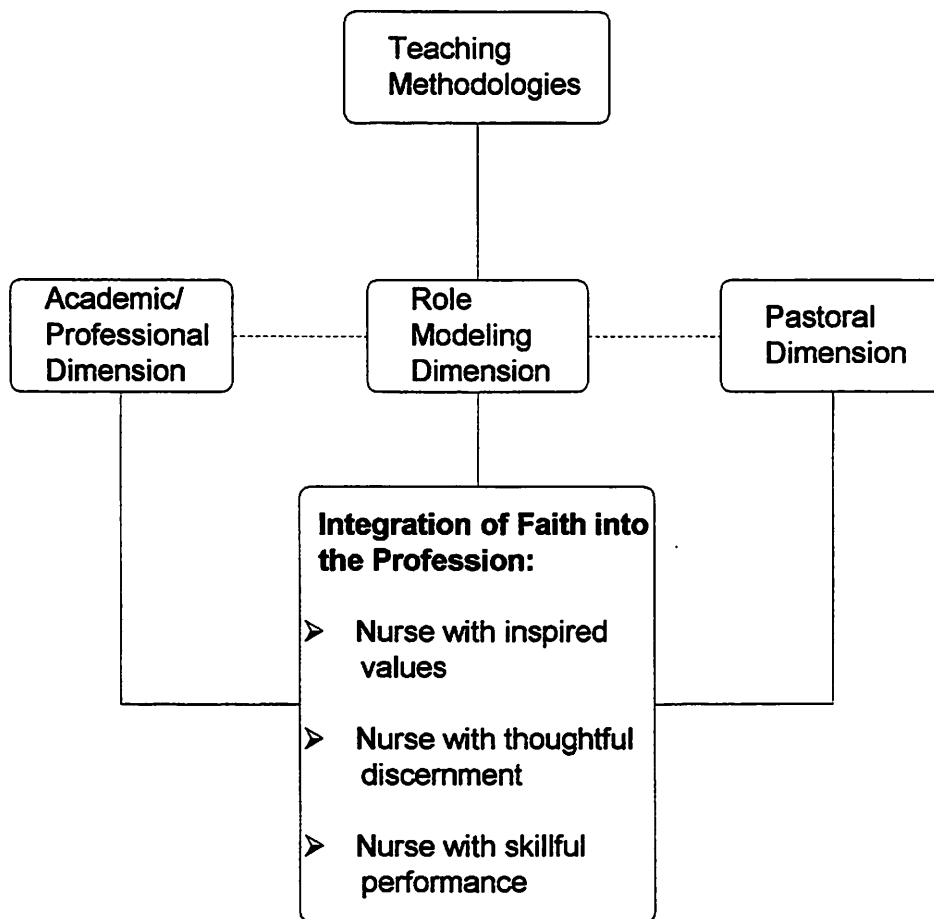


Figure 1. Dimensions of Faith Integration in Teaching and Learning

Academic/Professional Dimension

In the business community a high quality product is greatly valued. To achieve this end, great effort and energy must be invested in the development, refinement and marketing of the product. Even after all these endeavors, consumers' satisfaction with

the product provides the input for its future success, failure or refinement. Similarly, in the Christian education community, the success of our teaching (product) must be geared toward meeting the students' (consumers') satisfaction.

In the classroom, knowledge conveyed to the students must be complete. Its wholeness is determined by the level of teaching, the transmission of the subject content and the effective nurturing of faith throughout the curriculum. The level of teaching must not only be confined to didactic learning, but also to critical thinking and listening, probe questioning, discussion and problem solving. These are academic tools teachers must make available to students and "what can be done with them is limited only by the imagination of those using them" (Mischel, 1993). Paul (1990), commenting on Socratic probe questioning, contends that this method of questioning fosters an analytical attitude that allows students to develop, explore and evaluate their thinking. Excellence in academic teaching is a goal for which every teacher should strive. It is the result of intelligent effort and not accident. It aims at development and refinement of talents, critical thinking and problem solving skills in the preparation of life-long learners.

On the academic level, faith must be nurtured in each student. All throughout the program students act and interact on the basis of their faith in the institution. It requires faith to come to class, participate in discussion, complete assignments, study and take exams. Students are guided by the faith and vision that all of these academic efforts will be realized in the acquisition of a diploma. Faith in this context is viewed as hope or trust. Students hope that the teacher will deliver the content of the subject and hope to graduate. They have no guarantee that they will receive a college degree or a diploma but they keep working at it. These actions and interactions support the biblical definition

of faith, “now faith is the substance of things hoped for . . .” (*Hebrews 11:1). The student keeps working for something even when there is no empirical evidence or proof that a tangible reward is guaranteed. The student hopes to receive a reward.

On an integrated level (academic and religious training), faith is the catalyst that gives meaning to teaching and learning. Faith broadens the teacher’s and student’s worldview by connecting academic limitations to divine truth and knowledge. Ellen White (1903) contended that education, apart from the Truth and wisdom of the great Teacher, is folly. Regarding Jesus’ teaching approach, she maintained: “He [Jesus] taught that heaven and earth are linked together, and that a knowledge of divine truth prepares man better to perform the duties of daily life”. Christian teachers are faith mediators among the classroom, curriculum and religious activities. Teachers’ mediating abilities are tools that enhance and nurture faith in teaching and learning.

In Christian education, academic integrity cannot be preserved if there is no integration of God’s faithfulness, compassion and friendship. The principle of faith should be integrated into the curriculum, teaching methodology and modeling to provide the learners with intellectual and spiritual growth that is needed to face the complex and unstable world in which they live. Integrated education cannot be overemphasized for it shapes students’ thinking and actions. Critical thinking and listening play an important role in Christian education. Students should recognize that they do not fully know or comprehend what they have merely memorized (Paul, 1990). Ellen White (1903) shared some of her inspired thoughts on this topic when she wrote:

1. True education does not ignore the value of scientific knowledge or literary acquirements; but above information it values power; above power, goodness; above intellectual acquirements, character.

2. The education that consists in the training of the memory, tending to discourage independent thought, has a moral bearing which is too little appreciated. As the student sacrifices the power to reason and judge for himself, he becomes incapable of discriminating between truth and error, and falls an easy prey to deception.

The Bible, in the second letter of Peter, supports the acquisition of meaningful and intellectual achievement. Peter invites his readers to add to their “faith virtue, to virtue knowledge, to knowledge self-control, to self-control perseverance, to perseverance godliness, to godliness brotherly kindness, to brotherly kindness love” (2Peter 5:5-7). All other knowledge in Paul’s terms is “superficial and transitory.”

Role Modeling Dimension

Role modeling is a form of silent communication where instructions are more caught than taught. This is the time when learners stretch their imagination to understand and interpret teachers’ behaviors. Bandura (1977) maintains that behaviors are learned through observation of models. Learners can develop strong bonds with their role model (teacher) through observation. Teachers’ role modeling strategies in the classroom strongly influence learners’ thinking and attitudes. This is the time when unspoken instructions resound across the classroom and are caught by students for better or worse. It is for better, if the teacher’s silent instructions harmonize with his/her verbal instructions and life style. It is for worse, if non-verbal teaching conflicts with the teacher’s verbal instructions and life style.

Christian education is holistic in nature. It covers the full spectrum of a student’s educational life. It is not limited to conveying epistemological contents from any book or explicating knowledge derived from theories, concepts or constructs; instead Christian

education, as exemplified in the life of Christ “opens to men the deepest truth of science” (White, 1913). Higher education educates for life now and beyond (White, 1903).

Through role modeling, inspired values and eternal virtues are passed on to learners.

Both the teacher and learners are influenced by the interaction that exists between teacher and learners during non-verbal teaching. Role modeling gives students the opportunity to see beyond what has been spoken and uncover the truth about teachers’ dedication to true education and personal interest in students. The nonverbal teaching demonstrated through observable behaviors penetrates the realm of consciousness of the learner/observer and influences his/her response to nursing practice. This role modeling dimension, when transmitted properly, carries the student to a level of creativity where changes in the health care system become opportunities to focus on strategies that will heighten the quality of nursing care delivery in spite of the limited resources.

Social learning theorists maintain that the interaction between an individual and the environment is highly complex and individualistic. Mischel (1993) affirms that people behave according to how they see things. If students perceive behavior that is consistent with great virtues — faith, courage, honor, love, service and determination — it is likely that their behavioral expectancies will reflect what they have seen. The teacher in turn can observe his/her reflection mirrored in the classroom and hope for long lasting results as students become health care providers in their respective communities.

Jesus, the greatest teacher who ever lived, left us many examples on which to pattern our lives. His life experiences illustrated His teaching. He was the Living Word. In teaching His disciples the principles of love, service and humility, Jesus gave an unprecedented example. He knelt down and washed His disciples’ feet; and He bade

them to follow His example. People marveled at His teachings. Ellen White (1903), referring to Jesus' embodiment of His teaching affirmed: "What He taught, He lived.... What He taught, He was". There was no dichotomy in His lifestyle. His life experience reflected wholeness and unity.

Pastoral Dimension

I assume that many Christian teachers consider the classroom as a sacred place. Akers (1993/94) contends that Christian teachers are pastors who preach [teach] in the classroom [sanctuary] and have students as their parishioners. Before the teacher delivers the academic (verbal) content, God's presence is acknowledged through prayer. Prayer reassures students that what they are about to undertake requires divine wisdom for understanding and success. Offering genuine prayer on behalf of our students before the class begins cultivates and prepares their spiritual and intellectual terrain to receive the integrated knowledge (academic and spiritual) that will nurture their faith and their desire to learn. The act of praying for our students in the classroom gives them a sense of community, togetherness, love, trust and belonging.

Pastoral dimension does not mean that only the teacher can offer prayer in the classroom. An evidence of maturing faith in the classroom is students' willingness to offer prayer before the class begins. It is rewarding to hear students from another faith ascending to the throne of God on behalf of the class and the whole institution, asking for a renewed spirit, strength and the ability to uphold of our global mission for service. It is equally uplifting to hear students who have not been to church for many years finding themselves praying in class for divine guidance. Character building is a never-ending

process. It is evident that the nursing shortage will affect nursing education and practice, however, the values instilled in students during their nursing training through the pastoral dimension can only heighten their virtues and strengthen their commitment to a noble cause – quality nursing care.

In Hebrews 11:1, Paul wrote: “Now faith is the substance of things hoped for, the evidence of things not seen.” This theoretical definition of faith is universally accepted by those who recognize the authority of the Bible. Faith is an expression of trust that lacks empirical evidence (Greenwalt, 1994). Belief, hope, expectation and trust are attributes of faith. By faith, teachers at Atlantic Union College (AUC) accept the challenge of the pastoral dimension (prayer in the classroom), hoping that its use will strengthen learners’ faith in God, and revive faith in those where the seeds have been planted but have not been nurtured. In the classroom, faith is operationally defined by students volunteering to pray, and giving testimonies regarding the power of prayer. Their reflective journals and verbal reports – “. . . prayer gives me a chance to renew my relationship with God,” “. . . prayer allows me to reflect on God’s saving grace. . . ” or “. . . prayer changes my life” – provide evidence of the impact of prayer on their lives. So based on the above observation, I maintain that prayer in the classroom is a means of nurturing faith in college nursing students.

Faith Nurtured in the Clinical Setting

Compiling stories of students’ experiences during their nursing practice has been one of the academic exercises that has strengthened my role as a nurse, teacher and administrator. The purpose of this exercise is to provide evidence about how well

classroom knowledge is understood, assimilated, embedded in thought processes and applied in clinical areas. In this section, faith nurtured in the clinical setting will be addressed in a different format than the one used above to illustrate the integration of faith in the classroom. Two stories occurring in the clinical setting and the instructor's office respectively will be shared. Both examples encompass all three teaching methodologies. The first nursing experience, involving two nursing students and their teacher, will demonstrate how faith and learning nurtured in the classroom is transmitted at the patient's bedside. The subsequent example depicts humility as a catalyst for the integration of faith and learning and as a drive motivating the teacher to become a co-learner with the student.

Example 1.

Two nursing students in the Atlantic Union College Associate Degree Program were assigned to care for a 53 year old patient, Mrs. Marlow (not her real name), who had multiple complications following major abdominal surgery and several subsequent surgeries. Before relating the story, a brief description of the students' backgrounds will validate the outcome of faith nurtured in the classroom and its transmission to the patient's bedside.

Student 1. Lory, (hypothetical name), was originally from Ghana, Africa, and had been in the U.S. for several years. She was in her mid 20's, and a Christian of a different faith who had chosen to transfer her credits from a secular college to AUC. Lory had little knowledge about AUC or the Seventh-day Adventist (SDA) faith. Her goal was to come, get a nursing degree and move on.

Student 2. Marlissa, (borrowed name), was from the U.S. and a member of the dominant culture. She was a young SDA in her late teens who began her nursing career at AUC. One of her goals was to graduate from AUC and pursue her education in nursing.

With the above description, the story unfolds as follows: Mrs. Marlow had been away from her home for nine months due to multiple abdominal surgeries and serious complications. She was repeatedly admitted to the hospital and discharged to a skilled rehabilitation center where continuity of care could be ensured. Her husband had some knowledge of the high skilled nursing care involved in treating her abdominal wounds. There were four infected abdominal wounds, three medium and one large; two small ones and three drains (to drain fluid out of the wounds). Because high nursing skill and a high level of care were needed to treat the wounds, and for fear of more complications, Mrs. Marlow and her physician agreed to utilize the nursing care services from a skilled rehabilitation center for each discharge.

On a certain Monday (the usual clinical day), students and teacher met in the hospital conference room on the assigned unit for worship. Students received reports regarding their assigned patients and discussed the total care of the patients. One prayer was usually offered during worship. This time gave the student or the instructor the opportunity to pray for the spiritual, emotional and physical healing of each patient. Prayer was also offered on behalf of the nursing staff and students who would be caring for the patients.

At their first introduction, Lory and Marlissa had developed a good rapport with Mrs. Marlow. With the supervision and assistance of their instructor, they had gently and compassionately cared for her on the first week (Monday and Wednesday only). The wound dressings were supposed to be changed once on the 7-3 shift and whenever necessary. After each dressing was changed, the teacher noticed a deep look of emotion mixed with sadness, compassion and helplessness on the students' faces. At the end of each shift, students and the instructor gathered in the conference room for a post-conference. This time gave them the opportunity to reflect on the emotional and physical care they had implemented, discuss what they had learned and ask each other critical questions regarding patients' response to the care, their feelings about the experience, etc.

For the second week (Monday), Lory and Marlissa were assigned to the same patient. This time, after they had changed the multiple wound dressings, Marlissa ran out of the room in tears. The instructor immediately left the patient's room to comfort Marlissa, leaving Lory with the patient. Marlissa could not hold back her tears after seeing that no improvement had occurred since she had begun to care for Mrs. Marlow, the previous week. Marlissa voiced her feelings and requested that the teacher, Lory and she pray for the patient. The instructor asked Mrs. Marlow if she would accept prayer. Mrs. Marlow agreed by saying "I am a born-again Catholic; please pray for me. My

experience here has been a blessing, because members of my family have returned to church as a result of my condition.” The instructor, Lory, Marlissa and Mrs. Marlow held hands to form a circle and earnest prayer was offered for Mrs. Marlow’s recovery. The instructor and Lory rested their hands on the abdomen of the patient during the prayer session. On Wednesday when the students returned to the unit to take care of Mrs. Marlow, the large deep wound had closed up to the size of a large strawberry. The medium ones were even smaller. On the third week, Mrs. Marlow was discharged from the hospital.

This example left a lasting impact on the students’ minds. There is a great dynamic involved in this true story. Note the diversity of the group: the instructor, a French-speaking Seventh-day Adventists (SDA) of African descent from the West Indies; the patient, a Caucasian, of the Catholic faith; one student, a SDA Caucasian; and the other student, an African non SDA. All were diverse yet united in faith and truth. The relationship that had started in the classroom between the instructor and learners had taken on a broader scope in the clinical setting. The students’ worldview expanded beyond the classroom setting.

This experience brought about a new meaning in their nursing education. Faith, hope and love were all in action in this story. The integration of faith and learning was experienced first hand through practice. Because integrated nursing and spiritual care are taught in the classroom, nurtured faith had been demonstrated in this real life situation. Praying with this patient demonstrates the implementation of the pastoral dimension. One notices that the patient’s room became the sanctuary with the instructor and learners as co-learners and pastors. Role modeling and academic/professional dimensions merged during the performance of the procedure where the teacher assisted and supervised students in their role. The integrity of performance was flawless for the level of instruction they had received; skillful performance, thoughtful discernment, safety and professionalism were demonstrated with the utmost competence. Hergenbahn and Olson

(1999) reflecting on Locke's view of the empirical theory of human nature assert, "What you become as a person depends on what you experience." Hergenhahn and Olson later contend "What characterizes a person at any given time is a function of what that person has experienced in his or her lifetime". These students experienced the compassion and faith demonstrated by the Good Samaritan as he cared for the wounded man, took him to the inn (hospital) and paid for his follow-up care and accommodations. The Samaritan's faith compelled him to care, to serve, and to provide physical, spiritual and emotional care to the "despised" Jew; a faith that led to restoration of the body; a faith that transcended prejudice and physical barriers; and finally, a faith that centered on greater love.

This experience also shows that it is vitally important for instructors to teach and model the value system that makes them not only professionally competent but humane. The spiritual and physical touch of the students and teacher was an addition to competence. Science says that this mysterious "something" works. Psychology supports that the state of mind, the sense that someone cares has a positive effect on blood pressure, heart rate, ability to sleep and a total sense of well-being so vital to getting well.

Example 2.

The second story took place in a teacher's office with an Eastern European student. This student had an appointment, after the following event, to see her clinical instructor who also taught theory of that particular clinical course.

Flore (hypothetical name), a 19 year old student, had come to the U. S. to study nursing at Atlantic Union College. She was an average student in her theoretical courses. Her clinical activities reflected a classic case of dualism where nursing theory and practice become two separate disciplines. Theoretical knowledge apparently was placed

in a sealed and separate epistemological compartment that the student could only unseal when in the classroom. Flore was unable to apply the theoretical knowledge in the clinical setting. This led the instructor to wonder about her mental capacity regarding knowledge application in a professional field such as nursing. Despite repeated verbal instructions and skill demonstrations, Flore's performance showed no improvement. In fact, when asked to provide rationales for any simple procedures, Flore remained speechless as she stared at the instructor in desperation. The instructor, burdened by the student's ill performance and inability to apply theoretical nursing knowledge to the clinical setting, drew up several teaching strategies that could make Flore proficient in her clinical practice. Every attempt failed. The instructor, frustrated with the student's poor clinical performance and concerned for the patient's safety, invited the student to come to her office the day after the clinical experience. At the appointed time, the student came to the office. In the meeting, the instructor observed the defeated demeanor of the student. In a sensitive manner, the instructor narrated the student's performance in the clinical setting. She also pointed out the danger of the dichotomization of theoretical knowledge and clinical practice. Finally, the instructor asked the student to come up with strategies that could be used to improve her clinical performance and promote her success in the nursing program. The next day Flore came to the instructor's office and handed her a letter containing the recipe for her success in nursing. She began the letter by thanking the instructor for the time invested in her learning experience and the opportunity provided her to be successful. Then Flore listed several strategies that could be used to facilitate her success both in the classroom and the clinical setting. One of the strategies she mentioned was **affirmation**. To her, receiving affirmation for the least activity or performance, such as coming to clinical on time, reviewing her assignment for the day or doing and recording a patient's vital signs accurately, (which we instructors sometimes take for granted), would heighten her interest and motivation for learning. After reading her letter, the instructor prayed with the student and promised Flore that she would try to use the suggested strategies as much as possible.

Flore's suggestions were extremely helpful. She successfully completed both the associate and baccalaureate degrees at Atlantic Union College. She is a caring Christian nurse in a suburban area hospital, hoping to enter the nurse practitioner program soon.

This story vividly places the instructor in a partnership role, where she humbled herself to be taught by the student. It also confirms that the integration of faith and learning requires humility to travel alongside the student and develop a community of teaching and learning. As Palmer (1993) clearly maintains, "...real learning does not happen until students are brought into relationship with the teacher, with each other, and with the subject." He continues: "... Good teachers bring students into living

communion with the subjects they teach.” The pastoral, role-modeling, and professional dimensions of teaching were all demonstrated in this story. It becomes evident that faith and learning cannot be taught in isolation. It requires an active interaction between the instructor and the learner in order to realize the outcome of the “living communion” with the subject, learner and instructor.

Conclusion

Jesus, prototype teacher of the next millennium, stretched the imaginations of His disciples beyond their concrete natural world so that they could comprehend eternal truths. His disciples responded to his teaching and acted on the basis of faith in their Master. They received instructions to go and teach others; and therefore, they went and passed on the knowledge they had received from the Master. They, like Jesus, were committed to the service of others (Matt. 14:18, 19). Their lives were changed as in the case of Peter. Peter was commissioned by Jesus to “tend my sheep” and then “feed my sheep.” The disciples came from all walks of life to become teachers of the Word, leaders of great multitudes and administrators of great institutions through the teaching of Jesus. This is the hope of every teacher: to teach students to become strong men and women of faith, capable of making a difference in others’ lives.

Faith and learning at Atlantic Union College is a composite of academic and spiritual knowledge taught and caught in the classroom, the clinical setting, on campus grounds and in religious activities. The academic and spiritual knowledge are inseparable. The college community hopes that the concept of the integration of faith in all aspects of students’ scholastic lives will produce men and women of faith, courage,

honor and integrity who will dedicate their lives to service. White (1903) summarized that true education aims high, and is of broader scope than non-Christian education. True education means more than academic achievements. It has to do with the whole person and it prepares students for the joy of service in the marketable world and for greater joy in the world to come.

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*All Bible quotations in this text are from the New King James Version.