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**THE GRS MODEL:
A GUIDE FOR NURSING STUDENTS TO BE EFFECTIVE
CHANNELS IN PROVIDING SPIRITUAL CARE**

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Introduction

Spiritual care is an unavoidable and indispensable matter in nursing, to provide holistic care, which is the ultimate goal of nursing. Care for the whole person requires attention to all of the dimensions that make us human, including the spiritual dimension (Sorajjakool & Lamberton, 2004).

There have been numerous debates regarding the concept concerning the spiritual dimensions among nursing scholars. In 2006, the leading nursing journal, "*Journal of Clinical Nursing*" had a special edition solely devoted to spirituality and spiritual care. It also stressed the centrality of spirituality in nursing practice (Swinton & McSherry, 2006). Most recently, Taylor (2008) presented the data validating the intricate relationship of spiritual care research in nursing literature. Nevertheless it raises many questions about the scope of nursing and spiritual care and provides the stimulus for further spiritual care study.

There are two main traditions in the study of spiritual care: The Christian world view and the New Age perspective. Nevertheless, both have common factors which underscore the spiritual aspects of nursing. Barnum (1996) presents that a nurse's own spirituality will not only affect how he/she copes with life, but will influence the methods by which she brings spiritual care to the patients based on the New Age perspective. Cerra & Fitzpatrick (2008)

states, that nurse's self-awareness about his or her spirituality would be the first step in preparing nurses to provide spiritual care to patients based on the Christian view.

In spite of having a common factor, there are different definitions of spiritual care. The first difference lies in the definition of spiritual care. While the Christian view emphasizes the nurse's supporting and facilitating a patient's relationship with God (Shelly and Miller, 2006), the New Age perspective underlines a self-centered relationship/transpersonal caring relationship (Watson, 1988). The second difference has to do with the role of the nurse. Whereas the Christian view underscores that a nurse should be a channel between the patient and God, God's instrument for spiritual care (Miller, 2004), whereas New Age stresses the role of a nurse as healer, and thus, the nurse healer view him/herself as an instruments of healing. Nurses become channels for energetic healing on emotional, mental, spiritual and physical levels (Jackson, 2004).

In fact, the goal of spiritual care is more than bringing comfort or better coping skills. This essential spiritual relationship leads to the restoration of personal relationships and an opportunity where spiritual needs can be met. Therefore, the nurse's own spiritual experience is very important to meet the patient's spiritual need and to support a patient's relationship with God.

In that sense, nursing educators should assist toward improving the ability of nursing students to provide spiritual care in class and in clinical practice.

This study has been done to present a model that may be practically applicable to the nursing students who want to be an effective channel between God and the care-receiver based on the Christian world view, a model for spiritual-care-nurse.

Purpose of study

This paper will present the practical method on how the Christian nurse can be a good channel to provide spiritual care with their clients, based on the Seventh-day Adventists' view of spiritual care and its contribution to Christian nursing practice. This paper will use the GRS model that Jesus Christ utilized in His healing ministry introduced in the four gospels with the help of Ellen G. White's writings such as the "Ministry of Healing, Desire of Ages, and Steps to Christ." The study will give some answers to the following questions:

1. How should the SDA nursing student be prepared to be a proper representative in the school environment?
2. Where does GRS come from?
3. How was the GRS model developed?
4. What is the student's experience after applying the GRS model in their clinical nursing practice?

Assumptions:

1. Human beings are created in the image of God. It means that humanity has a personal and dynamic relationship with God
2. Human beings are physically, psycho-socially, and spiritually integrated beings with intrinsic values.
3. The ultimate purpose of Christian nursing is to provide holistic care to restore the image of God during and after the illness.
4. Illness is a consequence of sin. Sin affects the whole person - physically, mentally, socially, and spiritually. Sin is primarily a condition, not just an action.

Factors in the formation of a Christian nurse

There are several factors that a Christian nurse should qualify him/herself to provide spiritual care. The following are the factors in the formation of character development Christian nursing student.

Knowledge

In Christian education, academic integrity and excellence should be preserved. At the same time, the principle of faith and learning should be integrated into the curriculum, teaching methodology and extra curricular activities (Amertil, 1999). Especially for nursing students, critical and analytical thinking in nursing processing are important for their professional tasks.

Ellen G. White states:

“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.” (1903)

Attitudes

All Christians are called by God to live out their lives for ministry. Especially, nursing as a Christian ministry requires professional preparation. Professionalism and ministry are not mutually exclusive, however. Therefore, Christian nurses should engage in scientific, evidence-based practice and, an act of ministry. Moreover, they participate in ministry that could not exist without professional training (Doornbos, Groenhout, Hotz, 2005).

On the other hand, the Christian nurse can treat the patient as a person with human dignity. Sutton & Cusveller (2004) claimed that human dignity derives from the fact that each one of us-whatever our shortcomings and weaknesses, is created in the image of God.

Skills

Nurses who in spiritual care, need observation and communication skills (Miller, 2004). It is because the nurse provides insight to enhance the patient's relationship with God. In other words, the spiritual maturity of the nurse and his/her ability to give spiritual care is related to developing expertise in observing and communicating the love and acceptance of God.

Values

Grppma (2009) claimed that a shift is occurring in nursing from efficiency-based practice(1940s to 1970s), theory-based practice(1970s to 1990s), evidence-based practice(1990s to 2009) toward values-based practice. (2009 to present). As a Christian nurse, part of our response to suffering is to develop, teach, and model Christ-centered values as found in Scripture. Values such as compassion(Matt. 14:14), integrity(Ps. 18:25), servant leadership(Mar. 10:45), forgiveness(Matt. 6:12), critical thinking(Dan. 2:14) and Sabbath rest(Exodus 16;23). She concluded that nurses living out Christ-centered values can transform the nursing profession.

Importance of the Spiritual Domain

From the perspective of Christian faith, illness is a consequence of sin, the fundamental disorder that affects us all. An attempt to overcome illness and recover health is part of God's saving work in the world (Rice, 2006). Illness distorts patient's physical, mental, emotional,

social, religious, and spiritual realities and engenders chaos. Patients want help-external help and social needs, and internal help for their religious and spiritual needs.

Sorajjakool & Lamberton (2004) claim that illness is a “whole person” problem. It involves human existence in all its dimensions. Every physical problem has emotional, spiritual, or social impact. According to Elder (1997), illness is multidimensional brokenness with loss of integration. It creates neediness and patients want help: medical help, emotional and social help, and help from their religious and spiritual roots. Neediness overwhelms every dimension and facet of the patients’ life. The patients who have experienced isolation and loneliness, anger, fear, loss, and grief need help. They need some kind of relationships. They need help in terms of their religious heritage and their spirituality, their self perceptions, and their encounter with the Transcendent. Scientific medicine cures but does not heal. It restores the anatomy and physiology, but not broken relationships and a broken heart (Elder, 392).

The GRS Model

Trafecanty (2006) notes that Christian nursing care, emulates Christ and the model of caring seen throughout the Bible in God’s care for his people and God’s empowering of his people. As Christian nurses, it is our duty to develop, teach and model Christ-centered values as found in the scriptures (Grypma, 2009). This view of caring is a significant distinction of Christian nursing.

The following explanations of the GRS model illustrates the life of Christ as it relates to the sick and suffering.

The ministry of healing in the life of Jesus

Classical Greek, the language of medicine's birth, does not differentiate "healing" and "saving" or "health" and "salvation." Translators interpret the Greek verb *sozo* as "to heal" or "to save" and the noun *soteria* as "health" or "salvation" depending upon the setting. Salvific notions such as "rescue from death," "restoration to relationship" and "wholeness" also apply to healing and health. For health care to be healing, it must improve and integrate the multiple facets of life (Elder, 1997, pp. 99-100).

Healing is prevalent in the gospels. Jesus was so focused on the health of people that he performed more miracles of healing than any other category of ministry (Trudy, 1997).

The overarching theme of Jesus' preaching, according to the first three Gospels, was the "kingdom of God" or the "reign of God." He addressed concrete human needs across the entire scope of our existence. His concern for spiritual well-being comes most readily to mind, especially when we think of his various sermons and discussions. His concern for physical health is demonstrated in his miraculous healings. But even a brief look at his ministry reveals that all aspects of human life concerned him. Jesus' miracles show what life will be like when God's reign is fully realized. When God's plans for human beings are finally fulfilled, suffering will be a thing of past. In God's kingdom, we will be free from all the destructive elements that dominate and intimidate us now. There will be no disease, death, or demonic possession. Jesus' miracles show that God's kingdom is not only a reality yet to come, it is present now in significant ways as well. They show the ultimate order of things, and show that God is in charge now. Though blighted by sin, this is still "our Father's world" (Sorajjakool & Lamberton, 2004, pp. 18-19).

Ellen G. White elaborates:

“The Savior in his miracles revealed the power that is continually at work in human’s behalf, to sustain and to heal him. Though the agencies of nature, God is working, day by day, hour by hour, moment by moment, to keep us alive, to build up and restore us.” (1943, pp. 112-113).

In fact, we know that ultimate healing cannot occur unless our patients are placed in the hands of Jesus, the Great Physician (Isa. 53:5).

Basic Concepts of the GRS model

The GRS model illustrated in the life of Christ has a cycle, or a recurring curve of giving Himself to God to receive power from above, and receiving power to share His caring ministry to the physically and spiritually sick. These three aspects alluded in the life of Christ will be briefly explored through the four gospels.

A. "Giving" in the life of Christ (Giving Himself to God)

First of all, Jesus Christ gave or surrendered Himself to God the Father to offer salvation for humankind. In other words, He who is God in essence had ceased Himself to be God during His incarnation on earth. The first four chapters of the Desire of Ages have much on this topic. Later Jesus invited others to such a powerful experience of living. "Give, and it will be given to you"(Luke 6:38).¹ Jesus emphasized that "giving" was a prerequisite for "receiving." The apostle Paul well summarized the life of Christ in a perspective of submission and service.

As shown in the statement above, Jesus Christ was Himself God. Elsewhere in the New Testament, the divinity of Christ has been declared as well, mainly in two places among others:

¹ "If you give, you will receive" (New Living Translation). Unless otherwise indicated, all the Bible verses in this paper are from the NIV.

the Gospel of John and book of Hebrews. John the apostle affirms that Jesus Christ was the Word, who is God and became man (Jn 1:1, 14). In the book of Hebrews, the author also confirms the divinity of Christ (Heb 1:3). During His incarnation on earth, as Paul declared, "Though he was God, he did not demand and cling to his rights as God" (Phil. 2:6, New Living Translation), "but did emptied himself" (2:7, Young's literal translation). Among many reasons why Jesus became man, His being a living role-model may be one, but to be a great Example, "He had to be made like his brothers in every way" (Heb. 2:17).

Jesus Christ's submission to God, or emptying himself, means his full surrendering to, and his full dependence upon God, to accomplish his purpose on earth for man's salvation. Among many others, Christ's full surrendering to, or His full dependence upon God [His giving] is found in His prayer, in His will-surrendering to God, and in His following an "appointed time," that is, "my time" for His destiny, the cross.

First of all, in His prayer Jesus Christ fully relied upon God. By giving Himself to God in prayer, He started His daily life and performed many miraculous activities. A representative prayer of Christ is found in Mark 1:35 (cf. Matt 14:23; Lk 5:16). Sometimes He prayed all night (Lk 6:12). One of the best illustrations that Christ was fully dependent upon God in terms of prayer may be found in His miracle of feeding five thousand people (Mk 6:35-44). His miracle was realized through a prayer of faith, "Taking the five loaves and the two fish and looking up to heaven, he gave thanks and broke the loaves" (v. 41).

Second, Jesus' dependence upon God was shown in surrendering His will to God. A representative verse is: "For I have come down from heaven not to do my will but to do the will of him who sent me" (John 6:38, 39; cf. 4:34; 5:30). In fact, Jesus had his own authority to take up or lay down His own life (cf. John 10:18). This means that He had fully surrendered His will

to God (Phil 2:8).

Third, Jesus' full dependence upon God was manifested in following God's "appointed time" for His destiny. When there was no more wine at a wedding, Mary, Jesus' mother, asked Him to do something. For the first time, Jesus mentioned, "my time has not yet come" (John 2:4). From this occasion on, Jesus had kept mentioning the same expression exclusively in the gospel of John until His last moment (7:6, 8, 30; 8:20). In 12:23, Jesus had related His time with "to be glorified": "The hour has come for the Son of Man to be glorified." Right after Judas Iscariot's betrayal, Jesus affirmed that the time for His death came near and implied what his ultimate destiny would be (cf. 13:31). Again in His prayer, Jesus said, "Father, the time has come" (17:1; cf. 13:1), from these verses, we see that Jesus had fully surrendered Himself to God, which may be the only means to receive power from His Father.

The last moment of Jesus' life on the cross was characterized by his full dependence upon God, or surrendering his will fully to the Father (Lk 23:46). Thus, Jesus Christ had ended His earthly life, characterized by his full dependence upon God and "giving Himself fully to God."

B. "Receiving" in the life of Christ (Receiving power from God through the Holy Spirit)

"Giving" Himself to God opened the way of "receiving" power from above to perform miracles and do other activities. In this regard, Jesus' life was closely related to the work of the Holy Spirit. In fact, His life on earth had begun with the Holy Spirit. First of all, His birth had come to be realized through the power of the Holy Spirit (cf. Lk 1:35). When Jesus Christ was baptized, a time that marks the start of His official ministry, the Holy Spirit came upon Him (Matt 3:16; cf. Jn 1:32). Luke further epitomized the life of Jesus related to the work of the Holy Spirit (Acts 10:38). Earlier in His ministry, Jesus quoted a scripture from Isaiah (Lk 4:18-19; cf.

Isa 61:1, 2) and applied it to His own mission (Luke 4:21). Luke's text affirms the fact that the work of Jesus Christ was intimately associated with the anointment of the Holy Spirit.

The purpose of receiving the power of the Holy Spirit was to share. As Luke 4:18-19 stated, it had paved the way for Jesus to share the good blessings that He received from above with people who were in need of physical, mental, social, and spiritual help.

Schoonover-Shoffner (2009) affirmed that spiritual care is about being deeply moved for those in care. As a Christian it means watching and listening carefully and deeply to the Holy Spirit who dwells within me (John 14:16-17), believing God knows this person, how best to meet their needs, and that he will guide me in what wants to do (John 14:26)). This relationship with the Holy Spirit is born out of pursuing God in personal Bible study, prayer, meditation, worship and active service..

C. "Sharing" in the life of Christ (Sharing the good blessings with people)

One time Jesus underscored His mission on earth, by saying that "For even the Son of Man did not come to be served, but to serve" (Mark 10:45). He came to this world to share heavenly blessings with people. Again, Luke's statements well introduced the mission of Jesus which was based on the outpouring of the Holy Spirit (4:18-19). Jesus came to this earth: (1) to preach good news to the poor, (2) to proclaim freedom for the prisoners, (3) to recover of sight for the blind, (4) to release the oppressed, and (5) to proclaim the year of the Lord's favor.

The poor, the prisoners, the blind, and the oppressed may be understood in two ways: literal or spiritual, or both. Since in His lifetime Jesus never liberated prisoners, the prisoners may not be literal. In the writer's opinion, Jesus met the physical need of the people (Numbers 1, 3), their mental need (4), their social need (5, Jubilee, cf. Lev 25:10, 15, 24), and their spiritual need (1, 2,

3, 4). All the miracles that Jesus wrought may belong to one of these categories. (cf. Rice, 2006).

As John the apostle stated, Jesus' "sharing" activities go beyond our imagination: "Jesus did many other things as well. If every one of them were written down, I suppose that even the whole world would not have room for the books that would be written" (21:25).

The GRS model illustrated in the life of Jesus Christ may be summarized in one sentence as follows: Jesus gave (surrendered) Himself to God to receive power through the Holy Spirit for sharing heavenly blessings with people, particularly in spiritual care. The reason why spiritual care is mentioned is that the ultimate purpose of Jesus' ministry is to restore people from their sins (Matt 1:21).

In this regard, one of the miracles may exemplify some aspects of spiritual care in terms of the GRS model, especially that aspect of sharing. There was a paralytic man carried by four men to Jesus (Mk 2:3-12). Here we see two types of healing wrought by Jesus: physical and spiritual. Instead of telling him to "get up, take your mat and go home" (v. 9) first, rather Jesus told him, "Son, your sins are forgiven" (v. 5). While the attention of the people was focused on the physical healing, Jesus' main concern was on the spiritual healing. It was a well-known belief in those days that physical disease was a result of sin (spiritual). For holistic healing, spiritual healing must precede the physical one.

In the paralytic's case, once the spiritual healing was done, the physical healing naturally followed: "Son, your sins are forgiven" (v. 5, spiritual healing) was followed by "get up, take your mat and go home" (v. 9, physical healing). Since God is the only One who can forgive sin (v. 6), forgiveness indicates that the paralytic was restored to God (spiritual healing).

Spiritual care in its biblical sense can take place when one has a right relationship with God. In other words, spiritual care cannot be done without having a relationship with God.

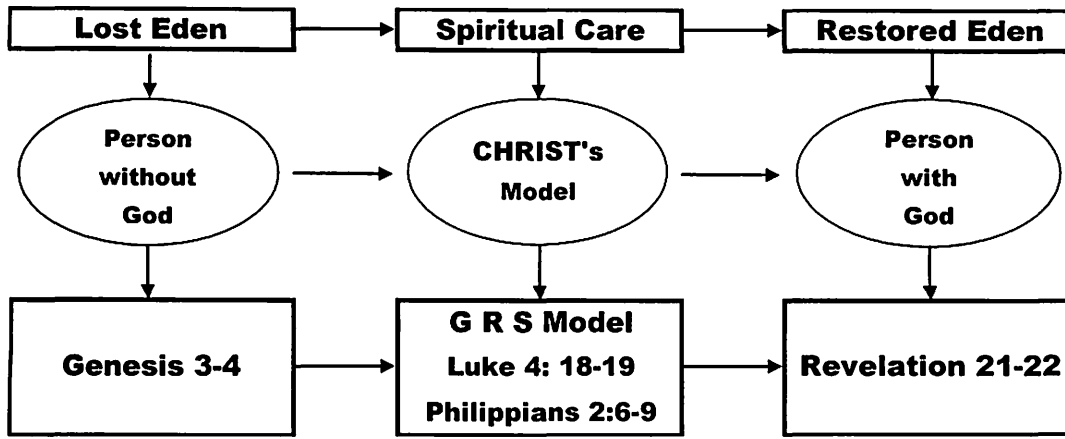
Jesus' "giving" Himself was climaxed at the cross, which was expressed in His prayer on the cross (cf. Luke 23:46, Giving). Before the cross, Jesus had promised the outpouring of the Holy Spirit (cf. John 14:26, 26). After the resurrection, Jesus reconfirmed to the disciples that they should wait for the promise that the Father promised them (cf. Lk 24:19; Acts 1:4).

Right after the ascension of Jesus, the disciples followed the same model in the first three chapters of Acts. In Acts 1:8, "receiving" and "sharing" are implied.²

As already mentioned, Christ's GRS model is exactly repeated in the first three chapters of Acts. In chapter 1, we see the disciples, women, Mary, the mother of Jesus, and His brothers were gathered together at the upper room to give themselves to God in prayer [Giving] (Acts 1:12-14). In chapter 2, at Pentecost they were filled with the Holy Spirit [Receiving] (Acts 2:4), and they began to speak in tongues (sharing in the preaching ministry, Acts 2:6-8). Finally, in chapter 3, Peter and John, when they met a man crippled at the temple gate, they cured the crippled man in the name of Jesus Christ of Nazareth (sharing in the healing ministry, Acts 3:2-8).

In this paper the writer tried to show that the way of restoring the relationship with God can be established through the GRS model illustrated in the life of Jesus Christ. The epitomic diagram for the GRS model in the life of Jesus and its copy model in the activities of the apostles is illustrated as follows:

² "But you will receive power when the Holy Spirit comes upon you [Receiving]; and you will be my witnesses [Sharing]."

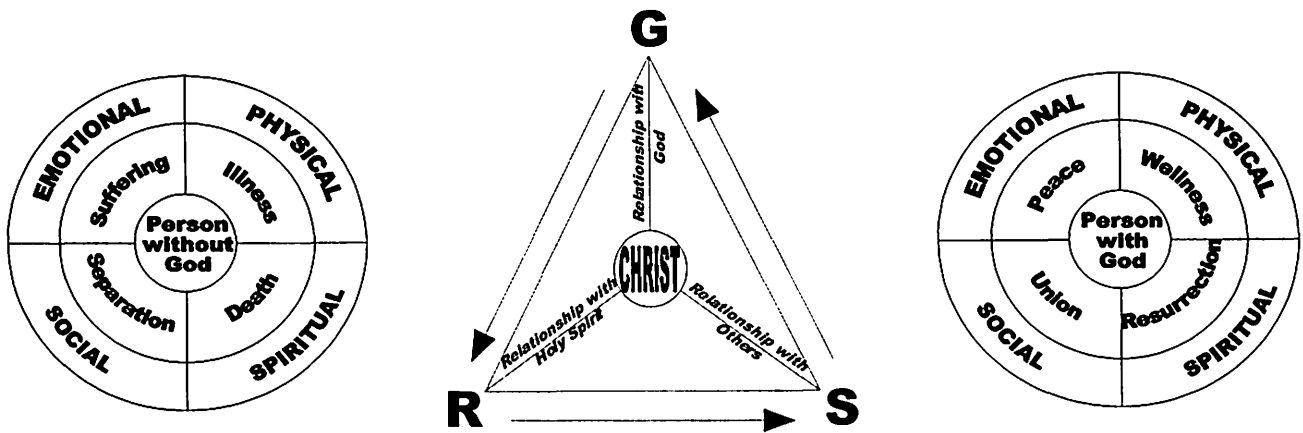


(broken relationship)

(bridge to restoring relationship)

(restored relationship)

Fig. I Overview of Christ's GRS



(broken relationship)

(bridge to restoring relationship)

(restored relationship)

Fig. II Christ's GRS Model

Characteristics of the GRS model

The GRS model diagram above may be described into 3 steps as follows:

GRS model is mainly composed of three parts: giving, receiving, and sharing. Each part does not

stand independently, rather closely related to each other.

1. Giving (Seeding Stage)

In this stage nursing students are expected to have an intimate relationship with God the Creator as one of the most significant characteristics. It may be called a “personal relationship with God.” Then, how can the students get into this status, called “personal relationship with God”? The Bible clarifies this condition to be such (Jn 1:12). In this verse two verbs are used to define the condition of getting the relationship with God on the part of the students: “receive” and “believe.” In other words, this process may be achieved by way of “self-giving” to God, by giving one’s talent, time and treasure. Personal/public evangelism, Bible classes, week of prayer, will contribute to bring the student closer to God. All religious curriculums are an effective tool for the students’ giving themselves to God.

2. Receiving (Growing Stage)

Once the students are accepted as children of God by committing themselves to Him, the next stage is called “growing stage.” This may be achieved by having a “dynamic relationship with the Holy Spirit.” The Holy Spirit is the best teacher to make the students grow in their spirituality (Jn 14:26). Then, how can the students have a dynamic relationship with the Holy Spirit? Such relationship could be accomplished by offering prayer and Bible reading, under the guidance of the Spirit. Eventually, they would receive power from above.

3. Sharing (Fruit-bearing Stage)

The ultimate goal of the GRS model is to share something that has been received (Matt 10:8). This maybe called “mutual relationship with others.” Real Christians are proactive in their daily Christian lives. He/she who has received should give to someone else. Without surrendering ones-self to God, there is no receiving of his power from above. Without receiving power from God, there is no power to share and give. Therefore, these three elements go hand in hand. Personal relationship with God will bring to a dynamic relationship with the Holy Spirit, resulting in the stage of sharing, mutual relationship with others.

I would like to point out that the GRS model could be a good model as a bridge for broken relationships with God, to a restored a relationship with God. In the center of the GRS model, Christ’s example is foundational and centric to Christian modeling.

Teaching Nursing Students to Apply the GRS Model

Application of the GRS model:

The GRS model was introduced to the students in the second semester of the first year. The following steps were administered in applying this model. First, students were required to read a book, the Ministry of Healing, and to find a GRS model in the healing ministry of Jesus Christ. Second, students were asked to apply GRS model in the week of prayer based on the personal relation with God. Finally, students were assigned to write a poem, showing their desire that their family and themselves should have a good relationship with God by applying these three principles of the GRS model.

In their clinical practicum, students were required to apply this model to the patient with the help of the chaplain’s office and clinical instructor. The following are the actual statements that the students write about their experiences.

“This was my first experience of praying for the care-receiver. It was a trembling and exciting one. To my big surprise, it gave me an emotional strength when I saw patient giving me his/her thankfulness.

“It was my great surprise that God answered to my prayer. By my poor prayer, care-receiver seemed to be comfortable in his/her heart.”

“The Bible text that I tried to find to meet the spiritual need of the patient, rather, became a real source of my comfort.”

“I felt God's presence when the patients were participating in our worship together by way of singing and listening to the words.”

“I became realized that the role of nurse in spiritual care is to become a channel to connect God with care-receiver.”

“I realized that I should be spiritually filled first before giving spiritual care.”

“I had deep desire to learn Bible and God more through applying this GRS model.”

“By writing the findings from the application of GRS model in the prayer note daily, my prayer habit became systematic. I could find and recognize my prayers answered in the list.”

In conclusion, students realized the importance of the GRS model in the sense that they knew how to pray and how prayers were answered. They also experienced that their own spiritual growth was developed by helping the patients meet their spiritual needs through prayer, singing, listening to God's words, and being together with them. More than anything else, they recognized the significance of the subject - spiritual care.

The most effective element of applying GRS model was the mutual spiritual growth between the nursing students and clients together. Mostly in other nursing practice, nurse is the one who gives care and hope to the clients. After applying the GRS model, almost all nursing students acknowledged that they learned a lot by receiving comfort from their patient/clients. The key element of spiritual care is to be blessing both as care-giver and care-receiver together.

Conclusion

In the biblical sense, spiritual care has to do exclusively with the relationship or connectedness with God. It is because spiritual disease and suffering, and ultimately death, is the

result of sin. Man cannot solve this problem but God can. Therefore, spiritual care in its biblical sense cannot occur without restoring the relationship with God.

Christ's GRS model will show how the right relationship with God can be actualized. If nurses living in this 21st century apply this model for their patients in their spiritual care, there will be a revolution in their healing ministry. During His earliest years, Jesus Christ was dedicated to one purpose: He lived to bless others (DA 70). That which he had received, He began at once to impart (DA, 78).

The GRS model is a very effective approach to provide spiritual care to various kinds of clients. Nursing students may also experience it as a channel between God and the client. Lastly, the application of the GRS model can help nursing students grow spiritually. It is also desirable to include in nursing practice, for nursing students and nurses, to enhance their spiritual maturity.

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