

cnm NEWS

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Conference Report

In early March, CNM and CSNM joined with the Christian Therapists Network (CTN) and the Therapy Students Christian Fellowship (TSCF) at the Quinta in Oswestry for our second joint annual conference. Seventy nurses, midwives, physiotherapists, occupational therapists, nutritionists, dieticians, speech and language therapists and people from many other disciplines met together for a weekend of prayer, worship, teaching, fun and fellowship in the heart of the Shropshire countryside, near the Welsh borders.

The main speaker was Pete Chilvers, a Dentist and UCCF staff worker based in London, who looked at the book of Daniel. In his sessions we explored the place of Christians in the world, and in particular how we can stand out for Jesus in a secular health service, using the example of Daniel and his friends in Babylon as a template.

The seminars helped further explore this theme on subjects including bioethics, preparing for the transition from student to qualified health professionals, complementary therapies, mental health, working overseas, etc. Dr Andrew Ferguson of the Acorn Trust and CMF was one of several speakers who joined us for part of the weekend.

An excellent bookstall gave us a good range of books, from general Christian titles to those more explicitly to do with expressing our faith in our clinical practice, Christian bioethics, etc.



However, for me the best bit of conferences like this is not really the teaching and the seminars, but just the opportunities to meet with other Christians in the NHS, find out what they are doing, struggling with, being encouraged by, etc. We were very pleasant-



ly surprised and encouraged by the number of nurses and midwives and students who turned up with no prior contact with CNM or CSNM and several joined, particularly those from the Shrewsbury/Oswestry/Welshpool area local to the conference centre. A great encouragement since then has been that a group has started meeting at the Royal Shrewsbury hospital (see the Local Group Reports in this edition of CNM News).

Having regular times together in small groups throughout the weekend gave an additional chance to meet with share with others, and gave us a chance to pray for each other's area of work, and any practical issues that we were facing (although I must confess that I was busy running around doing things a lot of the time, and did not get as much of a chance to benefit from these times as I might have – Martha versus Mary as ever!)

I have been involved with these conferences for over five years now – having spoken at almost every therapists conference since 2000 and most of the CSNM conferences. It was good this year to be a bit more of an insider, now being part of the Council of CNM who were co-organising the event. It was also a lot busier! But for me, it is encouraging to see the same faces each year, hearing how things are moving on for people in different places, renewing old friendships, and meeting new people and hopefully

making a few new friends in the process.

As ever, there was such a lot to pack into such a short space of time, but the feedback as been very encouraging, and we are planning another conference at the same time and venue with the therapists next year (March 3- 5 2006,

put it in your diary). Physically demanding (especially the travel), but spiritually refreshing, I am glad to be going back again.

Steve Fouch **CNM Secretary**

Spiritual care; *Right? Realistic?*

Written by Linda Ross

Last year, whilst at the NCFI conference in Korea, Steve Fouch asked me if I would write a paper for the CNM News on spiritual care. Of course I agreed but I have found the task far more difficult than I had imagined. Academic papers are much easier to write because they require you to distance your own beliefs, to some extent, from what you are writing.

I'd like to look at the expectation that nurses should be giving spiritual care and to question if this is right and realistic. Some developments in clinical practice are outlined before touching on some of the challenges Christian nurses may face in addressing the spiritual concerns of those they care for. Finally some ideas for taking spiritual care forward are suggested.

Spiritual care is expected of nurses

As Christian nurses we are very much aware of how important and central our faith is in all we do and in the way we treat others. One of the many triggers for my interest in spiritual care was the selfish concern that should I ever need to go into hospital, how would I be able to practice my faith? E.g. Would I be able to pray and read my Bible, as I would normally do at home?

I'm sure most Christian nurses reading this would consider spiritual care part of their nursing duty. However, all nurses are expected to give spiritual care, regardless of their own religious and spiritual beliefs. The newly qualified nurse should be able to *'undertake and document a comprehensive, systematic and accurate nursing assessment of the... spiritual needs of patients, clients and communities'*

(NMC 2002, p13) and then plan, implement and evaluate care to meet these needs using theoretical and research evidence (QAAHE 2001).

I wonder how you feel about that? For the qualified nurses amongst you, do you feel you *have been* prepared through your nurse education to practice in this way? And student nurses, are you *being* prepared to practise in this way?

Is it right?

There are those who question if it is right to expect nurses to practice spiritual care, given the other demands on their time together with the fact that a person's spirituality is deeply personal and private. In one sense whether it is right or wrong is an irrelevant question because it is clearly a

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Editorial

Welcome to the summer edition of CNM News. I hope you find it of interest, and as we welcome our new student members, I hope that you find the slightly greater breadth of content stimulating and enjoyable.

For the first time we have a news update from the local groups around the UK. If you have a group going that we have not featured, please let us know and we would be delighted to include you in the next edition of CNM News. It is always an encouragement to see what is happening locally around the country, and we hope to see many more groups up and running in the coming year.

Since the AGM in March, we have co-opted two student members on to the CNM Council to represent the views and needs of our new and growing student membership. They are Richard Greenall studying adult nursing at St Bartholomew's and City University, and Louise Trower studying adult nursing at the University of the West of England in Bristol. Please pray for them in their studies, and as they work with Tim

James in setting up a student ministry within CNM [see Tim's Student Update in this edition]

On May 14 we had a study day at the offices of Christian Medical Fellowship in London. Entitled "Saline Solution" this is a day-long course on witnessing in the workplace and training health professionals in identifying and responding to the spiritual needs of our patients. Fourteen nurses, midwives and students got together for what was an enjoyable and stimulating event, and the feedback from all those who attended has been extremely positive.

Linda Ross's article in this edition of CNM News also addresses the issue of spiritual care, as does the student conference in Glamorgan in September (see back page for details). We are mostly not trained as health professionals to respond to our patients spiritually, but as Christians we have a spiritual hope that we can share, sensitively with our patients and colleagues. Saline Solution courses are happening all across the UK this year – details of local ones appear on the notice board on the back page. Do get in touch if you would be interested in finding out more.

As I write, the CNM Council is preparing

to meet at the end of June, and we will be looking at the options of CNM becoming a registered charity. The fellowship is growing, we are getting more active, and God is providing for us financially in rather unexpected ways (as is His wont!) – so we need to make sure that we are legally and practically equipped to face the demands before us. Please uphold the Council in your prayers (Liz Capper, Angela Thavaraj, Tim James, Sally-Ann Foster, Steve Fouch, Richard Greenall and Louise Trower).

Finally, a regular but important plea. This newsletter is only as good as the articles and news we receive from you, the members. It is *your* newsletter, and as such we desperately want to hear from you. What are the real issues you are facing, the stories and experiences that you can share to encourage and challenge the rest of us? If you have anything, be it a letter to comment on the newsletter, a story, however brief, that could encourage others, or a longer article, please do send it to us. We know that God is doing a lot amongst our members, and we want to see this shared to encourage us one and all, so if you have something, however small to contribute, don't hold it back – it may be just what someone else needs to hear.



Elective Report – *Duncan Hospital, India*

Louise Trower, nursing student Jul- Aug 2004

Introduction

The opportunity to spend four weeks in India to do my elective was one not to be missed. I was based at Duncan Hospital in the city of Raxaul in the State of Bihar in the north east of India, half an hour away from the boarder of Nepal.

Duncan Hospital

Duncan Hospital is part of the Emmanuel Hospital Association, and was set in up in 1930 by Dr Cecil Duncan a Scottish missionary doctor. It treats many patients on a daily basis from India and Nepal.

Arrival

We arrived in Bihar in the dark after a very long (28 hour) train ride from Delhi, feeling tired and a little disorientated. When we got off the train a man from Duncan Hospital fortunately met us instantly. As we drove away in the jeep, I felt nervous and began to wonder what lay ahead for the next four weeks.

Raxaul itself was unlike anywhere else I had been. The roads were a complete chaos of trucks, cars and cyclists swerving and beeping at one another. It wasn't an uncommon sight to see cattle walking up the middle of the road against the traffic. It was a relief to arrive at the hospital and be shown to the Western guesthouse within the hospital grounds and then settling into my new surroundings.

Experience on the wards

Fortunately we were given a choice of which wards we wanted to spend some time on. I opted for one week on paediatrics and two weeks in the labour room. My week on paediatrics was challenging and a great learning experience. Nervously attaching myself to a second year nursing student, I followed her every step during the first shift and had to get used to doing manual blood pressures, having been so used to pressing a button and letting the machine do the rest! The way in which medical resources were used and reused really struck me and how much we take sterile equipment for granted. The biggest

challenge I faced that week, in terms of nursing was laying out the body of a nine year old boy who barely looked five.

My two weeks in the labour room were fantastic. It was a great learning opportunity to practically fulfil some of my midwifery hours, as part of my nursing degree. Having never done any sort of maternity placement I was not quite sure what I was letting myself in for. I stood nervously on my first morning watching the first delivery I had ever seen. I went through a very steep learning curve over the two weeks from merely observing to actually assisting and delivering babies!

Poverty

The main social problem, which I saw face to face whilst at Duncan Hospital, was the poverty. Many patients that were seen were completely illiterate, and had little or no money. One of ways in which Duncan Hospital was helping with this was through community health projects. I was fortunate enough to spend a day with one of the community health teams, who were going in to villages and educating the villages. These projects had been having a real impact on improving the health education of the people, and therefore preventing illness such as diarrhoea.

Life at Duncan Hospital

I was living in the 'Western guesthouse' whilst I was at Duncan. We ate English breakfast and supper and Indian lunch. The guesthouse was extremely spacious and I was lucky enough to have a room to myself, with a huge bathroom, that was so big I used it for skipping into get some exercise! It was so nice not to have television for four weeks. This gave me plenty of opportunities to read, write and build up some really good friendship with the nurses.

Duncan Hospital was such a close-knit community within the confines of the hospital. I soon got to know others and was invited round to the nurse's hostel after work to play basketball with them in the

blazing heat. My faith was stretched and challenged whilst at Duncan, through having to completely rely on God for everything, particularly when going into an 'unknown' situation whether on or off the wards. There were devotions every morning, which took place in the hospital grounds for all the staff, and patient's relatives were welcome. It was the norm to pray before each shift with the nurses and before any operation. On Monday evenings there was English bible study and an English service on Sunday evenings. There were plenty of opportunities to serve whilst there and lead bible studies. It was just so encouraging to work in an environment that was so centred on Christ.

Conclusion

From a nursing point of view I had the opportunity to develop my existing skills, but also have a go at things I had never done before. The contrast in resources was evident particularly in terms of equipment. The most high-tech piece of equipment I saw whilst there was an ultrasound machine in the labour room and a pulse oximeter in paediatrics.

My nursing elective in India completely exceeded all my expectations both from a nursing point of view and most importantly spiritually. I found myself being humbled whilst I was there, and challenged to rethink my priorities when I returned home. I found a new excitement and desire to read my bible daily. I am extremely grateful to the organisations that so generously help to fund my nursing elective.

As we departed the hospital to go to the station in one of the hospital jeeps, we were both prayed for by one of the missionaries. As we drove away in the jeep along the bumpy, muddy roads, waving goodbye to the friends I had made I felt a sense of sadness at what I was leaving behind, but also an overwhelming sense of excitement and encouragement at what I had learnt during my four weeks in India.

Reports from the *Regions*

CNM's life and soul is in its local groups. These vary widely in size and nature, some are well established, some still trying to get off the ground, some multidisciplinary with students, some just qualified nurses and midwives. Here we have some news and updates from all our local groups, and we hope to have a regular slot for this in each edition.

If you are interested in joining one of these groups, contact details are on the back page. If you want to get one going in your hospital or local area, do contact us and we will do all we can to help you.

① *Swindon*

Christian Fellowship for Health Care Staff is what we call our group in Swindon, as we seek to include doctors, nurses, midwives, support, workers, physios, occupational therapists and anyone else who wishes to come.

We have sixteen regular members and others who are interested come as and when they can. We meet once a month at 7.30 p.m. on a Monday evening in the Swindon Intermediate Care Centre, [SWICC] at the Great Western Hospital.

Our programme runs from September to July and takes a month off in August.

Highlights this year have been included, Tear Fund video with a Trade Craft sale and Harvest Supper in October, while in December we had our Carol Service for patients and staff followed by a Fellowship Supper. In January we had a New Year "Thoughts" and Social evening, and in March an Easter Celebration for patients and staff with singer and songwriter Bill Eteson.

In the other months we have been doing a series of Bible Studies, based on Rick Warren's book "The Purpose Driven Life" when we each had a key verse memory card to help us focus on the following aspects.

What on Earth am I hear for?

You were planned for God's pleasure.

You were formed for God's Family.

*You were created to become like Christ.
You were shaped for serving God.
You were made for Mission.*

During some of our meetings we take time for sharing with a quiet time for reflection and prayer. We seek to offer each other support in our busy professional lives and also in our personal lives.

We have been collecting school bags containing exercise books and other equipment required for the children in Armenia. Without this provision the children are not admitted to school, so poor families cannot send their children to be educated without this help and support from "Armenia Ministries".

Our meeting in July is traditionally a BBQ to which our partners and friends are invited.

We are due to have a planning meeting soon to prepare our next programme, when we hope to get our members from other parts of the world to talk about their faith and their home countries.

We will also be preparing for the Carol Service for the SWICC patients in early December. This year we have been asked by the Chaplains to organise the Staff Carol Service, which we shall hold in the Education Centre lecture Hall on Monday December 19th. 4.00 p.m. A group of us also go carol singing around the wards on Christmas Eve accompanied by instrumentalists, followed by mince pies and coffee.

Ruth Paddon

② *Shrewsbury*

② present we have three members although, there are one or two others who come periodically, this is down to timetabling and placements of the different cohorts. We meet on a fortnightly basis in the school of health where we are based.

At present the group is in a state of flux because we have changed the focus of our meetings slightly, from discussion/bible study meetings on various nursing and mid-

wifery issues found on the UCCF website, to a devotional time in which hopefully we can support each other through prayer and discussion.

The main aim of the group is to support each other and encourage each other in the Lord, and to be as evangelistic as possible.

John Johnson

Bristol

③ joined the Bristol group when Angela Thavaraj was leading it. Now that Angela has moved to London, I have taken over running the group with the help of my next-door neighbour Brenda. We are still a group of nurses from different disciplines, and different organisations in Bristol. We meet every other month on a Monday night at my house, where we first have a meal together as the fellowship is an important part of the meeting. As nurses we encounter the pain of illness and death, the joys of pregnancy and birth, as well as the strain and problems of disability, so it's good to talk, sharing our experiences as well as our frustrations. It's good to laugh, relax and 'let our hair down'.

After the meal we either have a speaker, or a Bible study. The speakers we have had recently include a lady from the Acorn Foundation talking about Christian listening. A hospital chaplain who is also a member of the crisis team in Bath talked about his work, and on another evening a hospice chaplain talked about 'the cost of caring', (what it costs us emotionally and spiritually to do our job). We have also talked about the Assisted Dying Bill for the Terminally ill, and we might well do this again. One of our doctors testified how becoming a Christian has changed her life and talked about her work for Tear Fund. Tim James has reported on the Quadrennial Congress of NCFI in Korea and next meeting I am thinking of telling everyone about our own Joint National Conference at the Quinta Centre in Shropshire and doing a Bible study from Daniel.

We have anything between four and sixteen people coming to the meeting. At the

We have anything between four and sixteen people coming to the meeting. At the moment we have no students, as they have now got their qualifications. So all you students out there reading this who have qualified and have moved on, just come along! Not everyone who comes to our meeting is a member of CNM but I'm working on it!

We normally finish our time together with prayer, including prayers about whatever the topic was and prayers for each other and our places of work. Quite often we are the only Christian in our workplace and the support and prayer we give each other are very important.

Lisca Meijer

Cardiff

A small group of us meet monthly. The aims are to encourage Nurses and Midwives to discuss and pray through professional/practice issues; promote outreach and support to colleagues and students. The format we follow is to meet at my home and have a simple supper for those who have said they would like it at 6.15 to refuel and give opportunity for fellowship and news sharing. Then at 7pm we look at a passage of scripture together and talk through the implications for our day to day lives and practice. We have about 8 people who come though often it is only 3-5 at one time. We try to finish promptly at 8.15pm. We feel this gives a chance for people to go onto something else if they want to do so.

This month we have had the encouragement of a midwife go out to South Africa to begin practising there. Maybe later in the year we will put on a bigger event to bring more folk in. Meanwhile it is an important time for those that come with an opportunity to share some good things but also some difficult issues.

In September 05 there is to be a student conference on "Spirituality in Care" from a Christian perspective at The University of Glamorgan. The conference organisers have asked for scenarios where there has been a dilemma. We spent one session reflecting on situations that members had experienced when their beliefs or Christian standards had been challenged in their practice. This was revealing and very useful.

We know of a number of folk who plan to join us sometime meanwhile if you are interested contact me phone number 029 2061 0669

Liz Capper

London

We give thanks to God for our meeting in

(5), which was the first gathering of the London Prayer group after many months of being dormant. Seven of us gathered together in Dulwich to share a meal and to catch up before turning to prayer. In the past the meetings have included a short Bible study and we hope to be continuing this format in subsequent meetings. We also spent time discussing the plans for the group and organising future meetings, which we are aiming to hold on a monthly basis on the third Monday of each month. We meet at 6.30pm for the meal and aim to start praying at around 7.30, finishing the evening between 8.30 and 9pm.

The group has historically met in Southeast London, as this is where the majority of members live. However, London is a big place! We appreciate that it is not convenient for everyone and so are praying and exploring the possibility of starting a group in Central London. Our hope, therefore is to eventually have two groups in London.

Although this is an exciting idea, it also requires people to be committed and to come forward to help in the organisation and planning of the meetings. We are currently considering possible venues and once we have finalised details we will be informing our local members.

Please be praying for wisdom, enthusiasm and for people to get involved. We had a wonderfully encouraging meeting, sharing and praying for the future of the group and for one another in our personal joys and struggles at work.

We thank God for His faithfulness and are looking forward to greater things!

Angela Thavaraj

Birmingham

Birmingham has just met for the first time in quite a while, and they hope to begin more regular meetings in the coming (6) mths. Watch this space!

Hannah Patient

North Kent

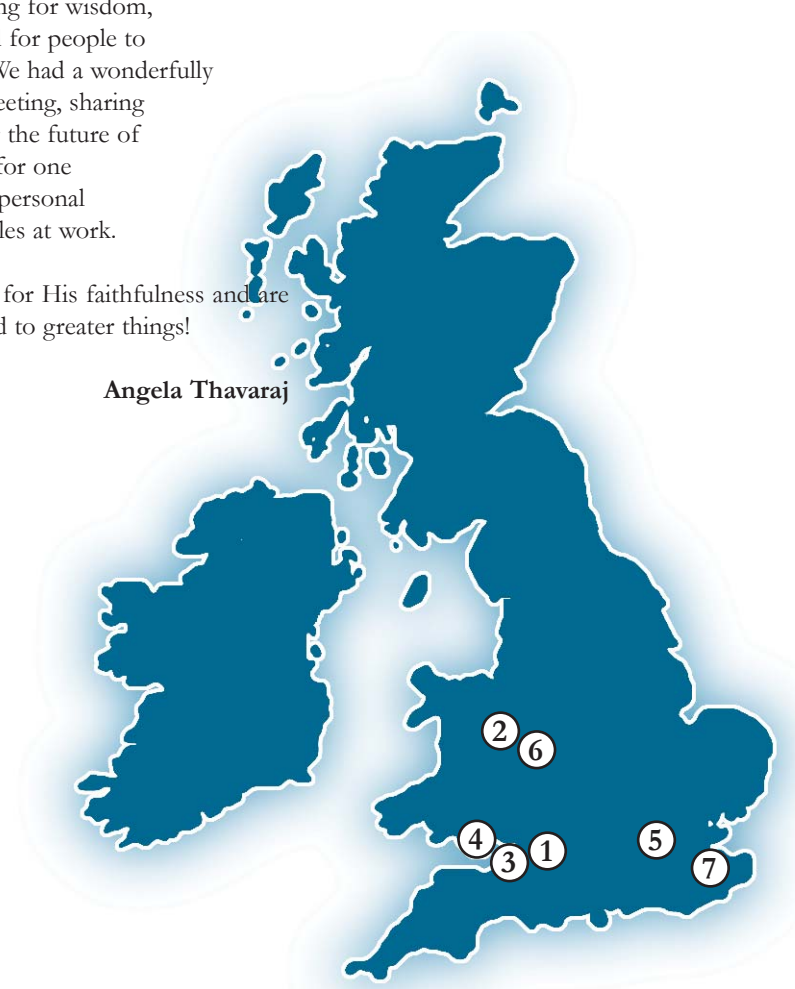
North Kent is still trying to find a time and venue that works for the eighteen or so members in the region. However, we are (7)attered over quite a large area, and getting together in one place is proving difficult to arrange. We have tried to have two meetings so far in the Medway Towns (most of our members are in the Medway and Maidstone area), but no one was able to make them! Nevertheless, there is an enthusiasm to meet, so please pray that we can overcome the logistical problems.

Steven Fouch

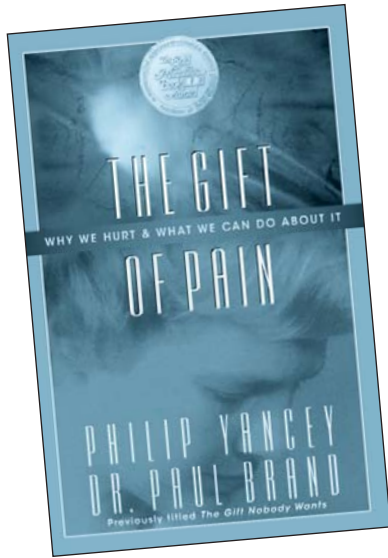
Students

At present there are no formal CNM student groups running, but we hope to have several up and going soon, plus we are linking in with several CSNM linked groups around the UK that are still running. Watch this space for more news and information.

Tim James



Book *Review*



Book: The Gift of Pain
(previously called “The Gift Nobody Wants”)
Author(s): Phillip Yancey and Paul Brand
Publisher: Zondervan
Price: £9.99
ISBN: 0-310-22144-7

Other books by the same authors:
“Fearfully And Wonderfully Made”, “In His Image”

Reviewer – Richard Greenall, third year student nurse, London

Short description: Easy to read. A missionary biography, but also a textbook on pain. An encouraging book that gives you something to really think about, saying that pain is vital to living!?! I learn about leprosy, India, Pain, and Paul Brand’s amazing life.

The Review

This is not just another book about the “why pain?” issue. Instead, it is the story of Dr Paul Brand’s life from childhood in India, to retirement in America as a world-renowned hand surgeon and leprosy specialist. Following his parents’ medical and missionary work, in the hills of South India, and his own career in India, this book shares some of Paul Brand’s reflections on pain, and why we need it, especially regarding the painlessness of people suffering from leprosy (Hanson’s disease). Much of the second half of the book is about the pioneering hand surgery that Paul Brand performed, and the changed lives of His patients. After so much experience with those who feel no pain, Paul Brand has some very interesting insights, so much so, that the title of this book, if you hadn’t noticed, refers to pain as a gift. It’s well worth a read!

Hold on . . .

While this book has some great conclusions about pain and why we have it, its not the ultimate answer to the common Christian question, “Why pain?” If your looking into the pain issue for yourself or for answers for others (say, your patients), read this book - it will help a lot. However don’t make it all you read. Good books with other perspectives and theories as well are: **The Problem of Pain** by CS Lewis, **If I Were God I’d End All The Pain** by John Dickson, **Windows of Hope** by Muriel Huntley, **Where Is God When It Hurts** by Phillip Yancey, and last but is always first - the **Bible** by God! ■

Student *Update*

The words ‘How great is our God!’ from a recent Christian song have been spinning around my head the last few weeks. Within CNM much work has taken place and blessings unfolded since our previous newsletter...Our God is truly great!

You may recall from the last CNM News that the work amongst Christian student nurses and midwives (known as CSNM) is no longer a ministry of UCCF, but this important work has been handed over to CNM to carry forward. CNM Council decided that the title of CSNM was no longer warranted, as we want students to be an integral part of CNM. The student work within CNM is now referred to as ‘**CNM – Students**’.

For any work to continue it has been necessary to set up a student team of willing volunteers (both students and qualified) known as ‘Student Representatives (Reps)’ who wish to be involved with carrying this vital work forward. The ‘Student Teams’ objectives are to envisage, plan and carry out God’s work amongst student nurses and midwives within England and Wales. The team will meet 3-4 times a year, report and be accountable to the CNM Council and will be led by myself as elected Student Liaison. Two student representatives from this team will also attend CNM Council meetings as co-opted student representatives. We will be introducing individuals on the Student Team in the next CNM News!

God has already provided a fantastic weekend conference for students this year in late March at Quinta [see *the Conference Report in this edition*]. The Student Team will now begin planning for the conference in 2006...details to come later this year! The team will also be working on other projects such as new membership forms, a student website, student publications, evening events and one-day conferences.

What can I do? CNM is always looking for articles or news to enter YOUR CNM News publication. Perhaps you’ve been on a recent elective, faced an issue on placement surrounding yours or a patients spirituality, or a particular experience/reflection you would like to share with other members.... then get writing!!! Articles can be as short as you want it to be (max 600 words).

What else can I do? **Pray!!!** Please pray that God would raise up more individuals to be a part of this team. Specifically, we are looking for students within the areas of midwifery, mental health, and learning disabilities to be represented on the team. Please also pray for students across the country on clinical placements and for the first Student Team meeting, which will be taking place in Swindon this June.

If you wish to be more involved, discuss any ideas or ask any questions about the student work, please contact me via CNM.

God Bless

Tim James.
Student Liaison. ■

▶ *Continued from page 2*

clearly a requirement. Nevertheless it is a question that frequently crops up. Even if spiritual care did not feature in nursing codes of ethics or nurse education guidelines, it has always been at the very heart of nursing.

Both Hippocrates and Plato considered the spirit to have a significant effect on health. Plato considered it a 'great error' that 'there are physicians for the body and physicians for the soul, yet the two are one an indivisible'. Historically the body and spirit were cared for together in the religious orders of the day. It was only with the escalation of medical science and the emergence of the medical model of treatment that care of the body and spirit became separated. Holistic care, and hence spiritual care, is central to nursing today and is reflected in models and theories of nursing, both old (e.g. Nightingale and Henderson) and new (Rogers, Watson). The rise in interest and practice of complementary therapies is perhaps one example reflecting a general dissatisfaction with and recognition of the insufficiency of the medical model.

We nurses share a unique and privileged relationship with our patients that puts us in an ideal position to 'flag up' and hopefully respond to their spiritual concerns. We have more contact with the patient than any other health professional, we share the patient journey (whether at a distance or more intimately) from the moment the patient enters our care until their discharge or death. We are also the co-ordinators of care, choosing to refer to other members of the healthcare team, including chaplaincy, or not. If we do not address patients' spiritual concerns, whether by referring or responding personally, it is possible that these concerns may go unheeded which could hinder recovery. If the objective of nursing care is to promote healing, health and wellbeing, perhaps ethically it would be more appropriate to ask if it is right for nurses not to be involved in spiritual care?

Is it realistic?

There's little doubt that nurses should be giving spiritual care, but is it realistic?

My own feeling is that, whilst the expectation is right, we don't yet possess the tools to equip us to achieve the level of competency expected by the NMC. First, we have a limited knowledge base. Although a number of chaplaincy guidance documents have been produced (e.g. SEHD 2002, DH 2003), guidelines for nursing practice are

limited. Second, the research base is limited. Whilst there has been a proliferation in nursing research on spiritual care in recent years, this had largely been at the exploratory and descriptive level using small sample sizes. How then can spiritual care be evidence based? Further, the debate as to what 'spirituality' actually is continues. One could then question whether we can research 'it' and produce guidance on 'it' if we don't know what 'it' means. Finally, it would be unrealistic to expect nurses to become competent in an area of practice without receiving teaching input. Yet, the teaching on spiritual care appears piecemeal and is very often non-existent.

Some developments

Despite the lack of a knowledge base, some developments in practice are taking place. There are now many workshops and study days being run by NHS Trusts across the country to give staff the opportunity to consider the many issues relating to spiritual care. Many Trusts have produced spiritual care audit tools and there are nurses developing spiritual assessment tools for use in their practice. Such developments are encouraging and are to be commended.

Challenges faced

There are still many issues, however, that need to be considered, discussed and debated relating to the nurse's involvement in spiritual care. For example, as Christian nurses, how do we:

- Give spiritual care without proselytising?
- Help patients from other faiths to meet their spiritual needs?
- Respond when asked to carry out tasks/procedures at odds with our Christian values and beliefs?

Other challenges that Christian and non-Christian nurses alike may face in relation to spiritual care include:

- Getting the balance between maintaining patient confidentiality and sharing information with the team when a patient divulges their deepest spiritual concerns?
- Collaborating with and referring to chaplaincy services
- Can nurses who are atheists or agnostics be expected to be sensitive to and to deliver spiritual care when they may deny the existence of a spiritual dimension?
- What if a nurse feels unable to personally respond to a patient's spiritual needs? By referring to someone else, are they 'ducking out' because they feel inadequate or are they acting in the best

interests of the patient, ensuring that their needs are addressed rather than being ignored?

The way forward

Clearly opportunities for nurses to develop their skills in the area of spiritual care are greatly needed. There needs to be investment in nurse education. Issues such as what is taught, how it is taught, who teaches it and where it comes in the curriculum, need to be considered and are currently being debated in the nursing literature. Opportunities also need to be available for nurses to discuss and debate the issues relevant to their practice in seeking to address the spiritual concerns of their patients/clients. The many conferences and study days on this very issue may well provide such a forum.

One example is the international conference hosted by Glasgow Caledonian University in May 2004. Students from nursing and the other health care professions met to explore some of the issues for them as Christians in giving spiritual care. Over 100 students gathered from as far afield as Norway, the Netherlands and Malta to hear from experts in the field and to debate and discuss issues that were important to them in seeking to address the spiritual needs of patients of all faiths and none. Given the success of this conference, we are hosting a second conference in the School of Care Sciences at the University of Glamorgan on 9th September this year, so there will be a chance for those who were unable to make the first one, to join in, as well as for 'old timers' to continue their exploration. Hope to see many of you there!

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