

# cnm NEWS

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## Shifting the Balance

by Ros Holliday

How do I fit it all in? What should my priorities be? How do I balance work, leisure, church, family? How many times do we ask these kind of questions? Many, if not all of us, struggle with this issue daily. How can I prioritise rightly in the face of so much? This was the question we posed Helen Wilcox who spoke at the 21st June day conference in London.

We were not given a simple or easy answer but were helped to think Christianly about how to stay focussed. In the Bible there are two key commissions, firstly the Creation Commission [Genesis 1 v28] and secondly the Great Commission [Matthew 28 v18-20]. There are two schools of thought regarding these, one which says that only the Great Commission of evangelism is important, and the other that states both commissions - ruling and enjoying creation and evangelism - are

important. After discussion we felt that the second school of thought that embraces creation and evangelism was key, given God's present creation and his new heaven.

*However this did not answer our question. How do I prioritise? How do I live now for the not yet?*

Later on in the morning, we studied three characters from the Bible to see what we could learn. In Exodus 18 Moses needed some advice from Jethro as he was struggling under the weight of so much responsibility. Jethro's advice was to give others responsibility and to delegate, resulting in Moses enduring. The story of Mary and Martha is a well-known passage from the Gospels [Luke 10 v38-42]. Mary is sitting listening to Jesus whereas Martha is rushing around doing the housework. Our first priority should be



listening to God as Mary does, [however doing the housework is important too!] In Paul's letters we can see his priority and worldview [Philippians 3 v12-16]. Paul has a forward view focussed on heaven and he lets heaven and God's future glory shape him.

So how does all this help us to prioritise? The key has to be, like Paul, keeping our eyes on the future glory in heaven, listening to Jesus, like Mary, delegating responsibility, like Moses; embracing both creation and evangelism in order to make decisions about our priorities in God's present creation. Sadly no simple answer, but we did come away from the day with good Biblical principles to base our decisions on. ■

cnm  
in *The Media*  
by Steven Fouch

### The Issue of Overseas Nurse Recruitment

In May CNM was approached by the Times to respond to an article on the increasing recruitment of nurses from developing countries by the NHS. This was in light of the recent reporting in some of the British press of the problems with health professionals who spoke poor English and other supposed problems associated with non-UK nationals working in the British health system. Some of this reporting, especially in the tabloid press was, frankly quite racist and inaccurate.

However, my concern was more on the impact this was having in the developing world.

It is becoming a matter of increasingly high profile concern missionary and overseas development circles that many developing nations are finding that their health systems, which are already under resourced and ill equipped, now so short of staff that they can barely function. ►

# The *Place of Work* at Prayer

There are a lot of ways we can invite God to join us more closely at work. Many of us may mutter a prayer for help as we walk the last yards to our place of work and are pleased to discover that He is there as we give out the medication, organise the staff team or deliver a baby. We can also thank Him when we go home, even if things have not gone smoothly, that we can learn from our mistakes. If we get the chance, let us commit the day to Him. Having a quiet time before work can set us up for the day and keep anxiety away.

*"If any of you lacks wisdom, let him ask of God, who gives to all liberally and without reproach, and it will be given to him. But let him ask with faith, with no doubting"*

*- James 1:5-6a.*

He will help us to know what to do or say when faced with situations, and He will guide us day by day, or in our career. We may spend hours talking with others about these things and forget that God is waiting for us to talk to Him about them. We suffer anxiety because we have not really given Him our worries and left them in His hands, trusting Him to sort things and thanking Him that He will.

*"Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your request be made known to God; and the peace of God, which surpasses all understanding, will guard your hearts and minds through Christ Jesus."*

*- Philippians 4:6-7*

Faith is the antidote to worry, and if that faith is flagging, we need to do something about it. "If God seems far away, guess who's moved!" Growth in faith is our responsibility - reading the Bible, finding a church and going when you can, joining a home group,

having fellowship with other Christians, reading books about it and then putting into practise what we are learning. The best thing for growing faith are the tests we go through - trusting in God when things get tough or feeling shaky and simply hanging on.

As well as praying for the strength to get through our shift, there are other opportunities for prayer at work if we look for them (and pray for them!). Offering to pray for another member of staff, there and then if there is privacy, or assuring them you will be praying for them. Sometimes there is a moment when you can pray with a patient - most of them are anxious about something. Offer to "say a little prayer with them"; most will be grateful and pleased by this act of kindness. Simply put your hand on their shoulder and ask God to bless them and help them in their need. What happens next is up to God, but you have created a doorway for God's touch on that person. Be praying for healing whether it be physical, mental or spiritual, for yourself, your colleagues and especially your patients. We know that illness is God's enemy - Jesus spent most of His time on earth healing people from illness, so by your job as a nurse you are doing something close to God's heart even if sometimes, their ultimate healing is to leave this earth.

## Quiet Times

*Where do you have yours?*

On the loo can be a place for prayer! Shut away in the bathroom gives us the quiet we need. We may be able to go to the chapel if there is one during our break - it is a good way to switch off from work. Some people can cut themselves off whilst in a crowd travelling to work, and pray. Traffic jams are another place. Whilst walking the dog or in our beds last thing at night.

God does want us for Himself though - let's make sure it is somewhere that the focus can be on "Him and me".

Prayer is our greatest resource, yet can be the one least used. It is hard finding the time for God. We are often tired, rushing to work or trying to relax after a shift. We know that God should come first "But seek first the kingdom of God and His righteousness, and all these things shall be added to you" - Matthew 6:33. Sometimes He can end up getting the dregs of our day, instead of the first fruits. However, He is a God not looking to condemn, but looking to love. When we can set aside a special time especially for Him, He says "Welcome back!" not "Where have you been lately?"

So, we've found the place, we've found the time, what next? Lots of us have a good plan for our quiet times, or we are able simply to worship and be inspired to pray. What we do in our quiet times may change with time, and there are lots of good Bible notes or books available to help us. But on those days when it's hard to concentrate, or if you are seeking inspiration it is good to have plan B. Here is one pattern: -

**Peace** - be silent for a minute or so, still your soul, perhaps repeat the name of Jesus or a Bible verse quietly.

**Recall** - Think of all those things you can be grateful for and thank God.

**Admit** - Ask the Holy Spirit to convict you of any sin in your life. Say sorry to God, then ask for and accept His forgiveness, remembering that you need to have forgiven others to be forgiven yourself. Do this too if you need to.

**Yield** - Commit yourself to Him fully, invite Him to be in charge of your day or a particular situation that may be worrying you.

**Exalt** - Worship God. Reading a Psalm "with great gusto" can help. Using a CD, or concentrating on one of God's attributes.

**Relate** - Your needs, your family's needs, others' needs to God. Pray for the things that come to mind. Using a book to note down your prayer requests can be helpful, as it will remind you to pray consistently for things, and you can also tick them off when the prayers have been answered - very encouraging!

*If you don't normally pray out loud - try it - it's helps concentration no end.* ■

▶ Almost 13,000 overseas nurses were registered in the UK last year. Over 40 per cent were from the Philippines (5,594), which trains extra nurses to work abroad and remit money home, and 14 per cent (1,833) from India. A further 804 came from the European Union. Over the past five years, Britain has taken 6,739 nurses from South Africa - causing Nelson Mandela to appeal to Britain in 1997 to stop poaching South African doctors and nurses. As a result, the Department of Health urged NHS trusts to cease actively recruiting in South Africa but did not formally ban the practice until 1999. That ban included the Caribbean, which had lodged similar protests.

In 2001, the Government extended the ban to all developing countries, except for the Philippines and parts of India, which had indicated that they would allow Britain to recruit. It also published a code of practice for private recruitment agencies, which aims "to promote the best possible standards and discourage any inappropriate practices which could harm other country's healthcare systems". Agencies are invited to sign the code of practice and provide two references from NHS trusts confirming that they are observing it. About 50 agencies are listed on the Department of Health's website as having signed, about half the total believed to be operating in the UK. The remainder, it would seem, do not follow these standards at all.

Figures from the NMC released in May show that 3,472 nurses from countries on this "banned" list were registered in the UK over last year - 900 fewer than the year before, but almost one third more than the 2,638 who were recruited from developing countries in 2001, when the ban came into force.

But even countries not on the "banned" list are feeling the effects of this trend. A recent BBC report on Newsnight (August 27 2003 - see <http://news.bbc.co.uk/2/hi/programmes/newnight/3184479.stm> for a transcript and on-line video clip) highlighted how much nursing staff in the Philippines are, quite literally training to work overseas and never practice in their own country. As a

consequence some Filipino hospitals were functioning with one trained staff nurse for fifty patients. Furthermore, doctors, dentists, and other health professionals are now re-training as nurses too in order to get work overseas that can pay ten to twenty times as much as salaries in the Philippines. A similar pattern is replicated in other developing nations. The media are waking up to this now, and approaching Christian organisations like CNM for our perspectives, and it is a chance for us to speak out on an issue that many Christian organisations have been concerned about for many years.

For instance, the impact of this vast migration of nurses on the work of Christian mission hospitals is particularly devastating. Offering lower salaries and fewer opportunities for training and career advancement than private and some government hospitals, many mission hospitals cannot recruit staff, or train nurses only to see them leave for the cities or the West within a few years. Maintaining a viable service and Christian witness becomes extremely hard as a consequence, and the communities that they serve suffer dreadfully.

As I outlined in the very brief letter I was asked to write on the matter for the Times, the reality is that this brain drain is caused by a number of complex factors. Each year, the NHS loses 9% of its entire workforce, leaving it to find around 100,000 employees annually just to stand still. Chronic recruitment and retention problems are widespread, notably in accident and emergency, intensive treatment and theatre nursing, as well as midwifery. In addition the Royal College of Nursing reckons there are 73,000 nurses aged between 50 and 55 who are expected to retire over the next five to ten years. We are not training enough nurses to keep pace with these mounting shortfalls. Furthermore those that qualify often do not stay in practice for more than a few years. Pay, working conditions and general low morale in the NHS is causing a mass exodus from the profession.

This vacuum creates a strong pull to recruit nurses from other parts of the world. Couple

this with the huge wealth inequalities between the rich and poor nations, creating a huge push to nurses to come and work in the West where they can earn many times more than at home in better conditions and with more chances for further training and professional development, and you can see at once that any attempt to address this situation cannot be dealt with by isolated policies. For instance, just stopping official recruitment doesn't plug the gap.

If people cannot work here, they'll go to other nations with fewer scruples about where they recruit their staff from, or use British agencies that do not sign up to the DoH guidelines. Unless we can improve the working conditions and incentives for our own staff, and address the huge inequalities of wealth globally, we will see a continuing, life threatening haemorrhage of nurses and doctors from the poorest nations.

How does this affect us in practice as Christian nurses? Certainly most of us will have African, Caribbean, Filipino, and Indian colleagues, and we cannot sit in judgement on them for leaving their countries to come here to work - if we were in the same situation most of us would do the same to give our families a chance of a decent quality of life. Indeed, Asian and Caribbean nurses have been the backbone of the NHS for decades.

They may well need our support and friendship as they struggle to live and work in an alien culture. Many will be Christians, and we can help support them in finding and integrating in to a local church. But we also need to be thinking about how we can lobby our trusts to ensure that the agencies they use are following DoH guidelines on recruiting from developing countries. We can also think about linking in with groups like the World Development Movement and other organisations campaigning to see structural changes in inequalities between nations.

Jesus always stood on the side of those pushed to margins - the poor, the forgotten and the unloved. Scripture rails again and again at the rich who exploit the poor for their own profit. God cares about these injustices - that women in Malawi die on antenatal wards because of a lack of skilled midwives; that there are not enough nurses to provide adequate care to the critically ill in parts of South Africa. These are all symptoms of the same problem. However, one of the wonderful truths of the gospel is that whatever small thing we can do in response to God's prompting, He can turn to something that will bear greater fruit than we can see.

It is encouraging that CNM is now being approached by the media to speak on these issues, and it gives us a chance to speak a Christian perspective into such situations. Please pray that such opportunities continue to present themselves and that we are empowered by the Holy Spirit to respond appropriately with a voice that echoes God's heart.

## GOD IS WORKING TODAY AMONGST NURSING STUDENTS

'TODAY'S STUDENTS WILL SHAPE TOMORROW'S WORLD'

**CHRISTIAN UNION GROUPS EXIST TO MAKE DISCIPLES OF JESUS CHRIST IN VIRTUALLY EVERY UNIVERSITY AND IN MANY OF THE COLLEGES OF ENGLAND, WALES AND SCOTLAND. THE SIX GROUPS TOGETHER FORM THE CU MOVEMENT, WHICH IS A CENTRAL PART OF UCCF.**

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