

Nursing with the Heart of Christ

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## Abstract

Within the nursing profession it is necessary for the nurse to learn to have love, compassion, joy, peace, patience, humility, and integrity within his/her character. After reviewing numerous peer reviewed journals and personal examples, the following paper reveals how these traits – love, compassion, joy, peace, patience, humility, and integrity – are beneficial within the nursing profession. The paper defines the mentioned characteristics, shows how they can be used and implemented within the nursing practice, demonstrates how their implementation leads to greater patient care, and then compares these traits and actions to the character and person of Christ.<sup>1</sup>

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<sup>1</sup> Note: Although both males and females serve as nurses in the work force, for the sake of brevity this paper will be gender specific and refer to nurses as female.  
Note: All scripture citations will be taken from the HCSB version.

### Nursing with the Heart of Christ

The nursing profession is an area of sacrifice. The nurse must constantly look to the needs of another person, whether or not the person is kind or grateful in return. It is an area of small reward and often the nurse feels unappreciated. The importance of serving with the heart of Christ can be shrouded in bitterness and anger, leading to dissatisfaction. This dissatisfaction leads to poorer nursing skills which lowers patient satisfaction. However, if the nurse is constantly brought back to Christ to refocus her attention on love, she may then pour out love to the patients, causing greater patient outcomes. The following paper will use a partial literature review, combining evidence and documentation of personal examples, to reveal the impact made upon the healthcare system when nurses implement these specific, Christ-like characteristics into their work – love, compassion, joy, peace, patience, humility, and integrity – as they observe and treat patients with the heart of Christ.

#### **Love**

Love encompasses all Christ-like qualities. It is what binds hearts together. It is what moves a person to continue in faithfulness when nothing is given in return. The extent to which one dies to self is the extent to which one loves. Love should therefore, be all-encompassing of the nursing practice. George Castledine, a professor of nursing, defines love using the Greek roots of the word. He states that *Agape* (one of the Greek words defining love) means: "...to bring forth caring regardless of circumstance; to love completely, wholly, expecting nothing in return" (2011). He points out that this word *Agape* may be the best definition of the love given by nurses to the patients (Castledine,

2011). *Agape* is the love Christ has for the world. So *Agape* love must be what drives a nurse to do her profession and do it well.

What does love look like within the nursing profession, and how does this benefit the nurse? In a study on two nursing homes directed by Jason Rodriguez it was noted that the ties formed between nurse and patient led to feelings reflecting “a greater sense of purpose” for the nurse (Cain, 2016). Many of the patients became “like family,” or even became close friends, which caused the nurses to advocate for them in new ways, loving them in ways unique to each patient (Cain, 2016). He also points out that staff find “meaning and some degree of dignity” in the relationships they form with the patients (Reich, 2015). Love, therefore, as can be seen in this article, is demonstrated when the nurse takes time to get to know the patients. When the nurse stands up for them, seeks to meet their needs, physically and personally, and when she chooses to grant them their own unique requests based on their personal wants, she is loving them (Reich, 2015).

The nurse also finds comfort in the hardest moments through the tight bonds formed with the patients as well as with other nurses. Ann Booth, a labor and delivery nurse, defines certain aspects of love well: “It is crying with and comforting patients...whispering comfort in a patient’s ear...lending a shoulder to another nurse...sharing with each other daily...” that makes the stressful side of nursing well worth it (Booth, 2001). From the examples shown above one can see that forming close relationships within nursing practice gives the nurse a reason to continue in her work. The nurse learns to give comfort, share hard moments, listen, and communicate during the difficult times; these are all traits of love.

Love also benefits the patients who are being cared for by the nurses. In a study performed by Rodriquez he noted that patients were more likely to listen to the nurses, become compliant with policy, and work through difficult issues, when they saw that the nurses really cared about them (Cain, 2016). Booth also pointed out that small amounts of kindness mean a great deal to those who are hurting or suffering (2001).

In another study performed on patient-centered care it was noted that the lack of communication on the part of the healthcare providers, as well as the lack of unique focus directed towards the patients, led to problems with care coordination as well as patients believing that the healthcare system was “poorly organized” (Smith, Saunders, Stuckhardt & McGinnis, 2013). The study pointed out that both clinicians and the patients need to be involved in care – the clinicians have the scientific knowledge, while the patients have the personal knowledge to contribute in order to maintain optimal care (Smith, Saunders, Stuckhardt & McGinnis, 2013). Meaningful engagement is needed in order to understand the patient and select the best care options (Smith, Saunders, Stuckhardt & McGinnis, 2013). The care system must be focused on people’s needs and the patient needs to be seen as a partner in his/her care (Smith, Saunders, Stuckhardt & McGinnis, 2013). This means spending time talking with the patient, communicating the goals, treatments, and options effectively, and allowing the patient to make decisions for himself/herself (Smith, Saunders, Stuckhardt & McGinnis, 2013).

This is what love can do for the patient in the hospital. As pointed out in the articles, when the nurse chooses to love her patient unconditionally, then there is greater collaboration as the nurse is more willing to include the patient in the decisions about

his/her own well-being. Just as a nurse would communicate well with a family member, so will she if she sees the patient as part of her family. Love engages the patient and leads to patience and understanding being given from the nurse. This may lead to more positive outcomes (Smith, Saunders, Stuckhardt & McGinnis, 2013).

The study noted that when more focus was placed on the patients' needs and preferences, the "adverse events decrease, employee retention increases, operating costs decrease, malpractice claims decline, lengths of stay are shorter, and the hospital's costs per case decrease"; simultaneously, the patients had less pain, quicker recoveries, and better emotional health (Smith, Saunders, Stuckhardt & McGinnis, 2013). The patients who stated they were seen as people had more compliancy within the healthcare system policies and treatments, and they followed medication regimens more readily (Smith, Saunders, Stuckhardt & McGinnis, 2013).

As a Christian nurse, it is vital that one learn to love the patients. If a nurse has not love, she is nothing (1 Corinthians 13:2, HCSB). Ephesians 5 points out that *Agape* love, as noted earlier in this paper, is found in the way Christ loved the church and "gave Himself for her" (5:25). Christ laid His life down as a sacrifice for the church – this is the fulfillment of *Agape* love. There is a great impact made upon the nurse and her patients when she holds this love of Christ in her heart. 1 John states: "This is how we have come to know love: He laid down His life for us (3:16)...if God loved us in this way, we also must love one another" (4:11). Jesus Himself also reminded his disciples "I was sick and you took care of Me...Whatever you did for the least of these brothers of Mine, you did for Me" (Matthew 25:36, 40). Caring for the sick must be done in love, knowing it is

done unto the Lord, not unto men. Jesus Himself also healed many sick, and He loved them as they came to Him (Matthew 14:14). He told His disciples, “Just as I have loved you, you must also love one another” (John 13:34). One of the ways He loved was by healing the sick people. Nurses must learn to love as they heal, just as Christ did.

### **Compassion**

Stemming from the heart of love comes the virtue of compassion. Compassion is also a vital component within the healthcare system. Compassion defined, is “a strong feeling of sympathy and sadness for other people’s suffering or bad luck and a desire to help” (Cambridge Dictionary, 2018). Castledine defines it similarly: “Compassion is about putting yourself into the other person's shoes and feeling sympathy and understanding of their situation” (2005, pg. 1).

It is not enough for a nurse simply to complete a task and leave the room. The nurse must also feel for the patient and desire to alleviate the suffering. One may ask why this is the case. Because this leads to a greater level of care given. The nurse will then begin to do all in her power to stop the pain, because she knows this is the kind of care she would want if she were a patient. As one writer observed: “Competence without compassion can be brutal and inhumane...” (Maxwell, 2017). In the same article, the author states that compassion and competence cannot be divided – a nurse cannot have one without the other and still be a great nurse (Maxwell, 2017). As nursing educator Castledine pointed out, “When there is a lack of compassion, neglect is revealed; and when compassion is implemented, then health care is optimal” (2013).



The reason compassion is so important is because it leads to a clinical practice that rests next to the patient, and does not walk above the patient. When the patient sees how the nurses feel for his/her pain, and how they truly desire to alleviate that pain; and when the patient sees that nurses do not view them as simply a project or task to quickly accomplish; then, the patient feels satisfied, loved, and content. What does this look like on the nurses' part, and how does it lead to better outcomes on the patients' part?

As one nurse wrote, "Compassion is first and foremost a process, one where all participants bring something to the table—life experiences, life expectations—and use them to create something new" (Anonymous, 2013). This nurse shared his personal experience of how he grew to understand an elderly patient by thinking of how his grandmother may have felt in the same situation. He was able to share his life experiences with this patient and cry with her. He spent time with her. He also said: "It's just as much about offering practical help and assistance in a way that shows you are devoting thought to solving the problems another person might face" (Anonymous, 2013). He stated that the place to begin was by having "a general interest" in the patient, listening and desiring to help the person in their pain (Anonymous, 2013).

Compassion begins with listening and seeking to understand the suffering of another. As Castledine states:

In order to care for someone, there are many things one must know, for example, who the person is, what their strengths and weaknesses are, what different needs they have and the physiological and psychosocial reasons behind some of them (2005).

The only way to get to know or understand someone is by talking to and listening to him/her. The nurse must seek to know the uniqueness of her patient as an individual, and desire to have him/her feel better (Castledine, 2005).

A study was performed which studied compassion in the nursing practice as well as how patients viewed compassion, and how they responded to it. Compassion was given this definition: “Compassionate care is not only about relieving suffering, but about entering into a patients’ experience and enabling them to retain their independence and dignity” (Bramley & Matiti, 2014). The study then sought to ask patients what they saw as compassion within the nursing field.

The first overarching theme of compassion, given from the viewpoint of the patients, was in answer to the question: “What is compassion?” The answer was “Knowing me and giving me your time” (Bramley & Matiti, 2014). The patients specifically pointed out that it meant seeing them as more than just a body which needed to function; rather, it was understanding them as a human being with feelings of fear, embarrassment, or discomfort. One patient recalled how the nurse helping him onto the bedpan did not just see it as a chore to be accomplished, but recognized it as an embarrassing and even humbling moment for the patient, and sought to understand his feelings. The patients pointed out that touch and encouragement in hard times were both aspects of compassion they saw within nurses (Bramley & Matiti, 2014).

Patients also saw compassion in nurses who sought to help them regain independence and understood the need for it. The most notable focus, however, was the time a nurse gave to the patient. The patients who saw the nurses try to make time for

them, despite pressures, viewed those nurses as compassionate, even when the time given was brief and fleeting. The patients often acknowledged that the nurses were busy, but knew that when the nurses attempted to give them even a minute, they were being compassionate. Lastly, many patients pointed out that consistent communication between the nurse and patient was directly correlated with compassionate nursing (Bramley & Matiti, 2014).

It can be seen that spending time with patients, developing therapeutic relationships, getting to know them, and seeking to help them through their pain are all ways in which compassion within nursing is conveyed. This is seen in the life of Jesus Christ as well. Matthew states, “When [Jesus] saw the crowds, He felt compassion for them, because they were weary and worn out, like sheep without a shepherd” (Matthew 9:36). Again Matthew points out that Jesus went off to a remote place to be alone, but when He “saw a huge crowd” He “felt compassion for them, and healed their sick” (Matthew 14:13-14). Jesus always saw the suffering and lost-ness of the crowds, and He took time for them, despite desiring to be alone when He Himself must have been weary. The apostle John also brings compassion into a new light, saying:

If anyone has this world’s goods and sees his brother in need but shuts off his compassion from him – how can God’s love reside in him? Little children, we must not love in word or speech, but in deed and truth (1 John 3:17-18).

Compassion, therefore, is feeling the pain of another person and seeking to relieve that suffering; this is an important part of the nursing profession.

### **Joy**

In a job that is intense, stressful and often overwhelming, it can be easy for the nurse to forget to have joy. This affects not only the quality of work, but also the quality of patient outcome within the hospital. Joy, defined as “an intensely positive, vivid, and expansive emotion that arises from an internal state or results from an external event or situation,” is difficult to find, and often challenging to maintain within the nursing field (Albaugh, 2005). Joy is something that must be attained before it can be given out in the work field. Middaugh, a medical surgical writer, points out that success does not lead to joy or happiness, rather joy or happiness leads to success (2005).

Joy is found through four major pathways, the top one being connections, specifically between the nurse and the patient (Albaugh, 2005). Just as loving the patient builds greater connections and has greater outcomes, Albaugh writes that connecting with and building relationships with the patient causes the nurse to have greater joy and feel a deeper meaning in her work (2005). When the nurses were able to help their patients understand their illness and make informed decisions about their own care, and assist them through the terrible times, there was greater joy in the nurses’ career because there were greater levels of recognition and achievement, two of the four major pathways which lead to joy in the nursing profession. It was also found that when nurses felt as though they could not provide quality care to their patients, there was a lack of joy (Albaugh, 2005).

A nurse can have joy by understanding what matters within the nursing practice. This connects back to love and compassion. As a nurse learns to love and feel

compassion for the patient, she will be more likely to make deep connections with the patient. These connections lead to stronger relationships, greater accomplishments and achievements along with recognition of the good that is being done as the patient begins to feel better and recover (Albaugh, 2005). Middaugh recognized that joy grew from employees who saw the results of their work and how it benefited their patients, which led to greater satisfaction as this joy became contagious (2014). Joy grows from doing the things of eternal significance. Joy leads to a better mood, which leads to “greater helping behavior, enhanced creativity, integrative thinking, inductive reasoning, more efficient decision making, greater cooperation, and the use of more successful negotiation strategies” (Middaugh, 2014). The three most meaningful parts of work, which nurses often forget because they are so caught up in task-oriented projects, are “to relieve pain; to restore hope; to bring beauty into the world” (Middaugh, 2014). When a nurse is loving and compassionate, she will want to relieve the pain of the patient, build connections which foster hope, and focus on the beautiful during the dark times in the hospital.

Richard Ricciardi, Doctor and Nurse Practitioner, summarized it well when he stated:

At the frontlines of care, nurses often feel joy when they provide evidence-based care in an environment that is focused on patients and based on relationships. Like many clinicians, nurses thrive on their connections with patients and the professional vow to provide the best possible care. If those connections are lost,

whether due to time constraints or other factors, a nurse may drift into burnout and eventually, a loss of joy (2017).

God created people to make connections – with Him, and with each other. In John chapter 15 Jesus commands His disciples to remain, or abide in Him and in the Father [God]. He then states the reason: “...so that My joy may be in you and your joy may be complete” (John 15:11). Then He continues by telling His disciples to love one another as well. It must begin with loving and abiding in God; then the joy will come, and this joy and love from God will drive nurses to love their patients.

### **Peace**

Peace is a virtue that is often difficult to attain, yet it is an invaluable attribute within the nursing profession. Peace is about being still and silent; ridding oneself of worry or annoyance (Cambridge Dictionary, 2018). It is often viewed as a steady state of tranquility within a person that is not easily disrupted by outward circumstances. This can often be called mindfulness within the nursing profession; mindfulness often leads to an inner feeling of calm (Cambridge Dictionary, 2018). The nurse is constantly surrounded with a plethora of activities and tasks to be completed. There are patients calling for assistance, medications to be given, admission and discharge paperwork to be filled out, and quick charts to be completed. In the midst of all of this, the nurse must learn to be completely calm within herself so that she does not burn herself out amidst all of the stress of the job environment. Learning to do this is called mindfulness, and this is directly correlated with peace (Nhatn & Kotler, 1991).

Mindfulness is a state in which the nurse is intentionally aware of the “present moment” and is accepting of the situation in which she finds herself (Pipe, FitzPatrick, Doucette, Cotton & Arnow, 2016). This means she is able to focus on her patients and the task at hand and not allow the numerous other tasks to pull at her mind, taking her away from the moment and her present duty. Mindfulness creates a “realistic picture of the present” and allows the nurse to connect better with the patients (Pipe, FitzPatrick, Doucette, Cotton & Arnow, 2016).

It has also been discovered that being a mindful nurse leads to less depression and anxiety, and usually compassion is an end result (Pipe, FitzPatrick, Doucette, Cotton & Arnow, 2016). The reason for this is the nurse is stepping out of her busy world and into each individual patient’s world, taking the time to listen, connect, and understand the patient. This causes the patient to be more satisfied, and the nurse to realize there is greater purpose and meaning in her work. Another study shows that when the nurse learns to think of and focus on the patients to satisfy their needs, she has less anxiety and stress, finds peace within and is even more likely to stay in her current job situation because of the interconnectedness she feels (Valizadeh, Zamanzadeh, Jasemi, Taleghani, Keoch & Spade, 2015).

The previous study focused on how the nurse was able to find peace from within and it directed the focus to two very important actions the nurse needed to take: 1.) Create close relationships and connections with the patient, and 2.) Follow the beliefs and convictions felt while on the floor (especially in relation to caring about the patient despite the numerous tasks crowding the mind) (Valizadeh, Zamanzadeh, Jasemi,

Taleghani, Keoch & Spade, 2015). The nurses interviewed all said that they felt more fulfilled in their jobs when they took time to be with the patient, get to know him/her, and build relationships through being a good listener and loving the patient in the best way possible for that moment. They said they were able to find inner peace, relieve any guilt they may have had for not caring for the patient, and learn greater communication and insight skills. The nurses were also able to complete their tasks with more confidence and skill because they weren't stressed or anxious about the circumstances surrounding them. Many nurses even pointed out that they felt at peace with their stance before God when they took time to be completely present with the patient and look beyond the routine into the spiritual meaning behind treatment and care (Valizadeh, Zamanzadeh, Jasemi, Taleghani, Keoch & Spade, 2015).

When the nurse is able to enter into the state of peace and mindfulness, “the moments which always before seemed small and insignificant suddenly become deep and profound experiences while cherished human relationships are established which exceed tasks (Pipe, FitzPatrick, Doucette, Cotton & Arnow, 2016). This directly correlates with the love and compassion that must be given to the patient. When the nurse is able to love and have compassion on the patient, she is more likely to have an inner peace and mindfulness of the situation. Similarly, when the nurse is able to practice mindfulness and be present with the patient, she makes better connections and feels greater compassion and even love for the patient. All of these interconnected characteristics – love, compassion and peace – lead to a greater feeling of purpose and joy for the nurse and lead to greater satisfaction for the patients in the hospital setting. The studies show



that there is greater productivity, creativity, resiliency and higher levels of prolonged “energy when mindfulness is practiced (Pipe, FitzPatrick, Doucette, Cotton & Arnow, 2016). The evidence also points to organizational and hospital system improvement with the practice of mindfulness in patient-centered care (Pipe, FitzPatrick, Doucette, Cotton & Arnow, 2016).

Peace is a quality the Lord Jesus Christ had while He walked on the earth. “My peace I leave with you, My peace I give to you. I do not give to you as the world gives. Your heart must not be troubled or fearful” (John 14:27). Jesus spoke these words in the midst of His own great inner turmoil. Two chapters earlier He had just said to them, “Now my heart is troubled...” (John 12:27). Jesus knew He was going to be betrayed into the hands of sinful men and crucified. He saw the present darkness coming – “The light will be with you only a little while longer!” – and He was broken for the lost; yet He still told the disciples to have the peace that He had (John 12:35). This seems to be a contradiction, but it is not. It was possible for Jesus to have the peace of the Father as He did what He knew He was called to do, no matter how difficult it was going to be. He knew that obedience was what mattered.

So it should be with the nurse. The nurse is called to a very difficult, busy, and stressful career – a vocation that seems overwhelming at times – yet she can still have the inner peace with the Father that Jesus Himself had as she walks in obedience to God.

Do not worry about anything, but in everything, through prayer and petition with thanksgiving, let your requests be made known to God. And the peace of God,

which surpasses every thought, will guard your hearts and minds in Christ Jesus (Philippians 4:6-7).

This is a promise from God. When the Christian nurse turns to God in prayer and allows Him to use her to impact the lives of the people she cares for, then the peace is able to come; this peace *surpasses* every thought – all the busyness, stress, and anxiety – and it guards the heart and the mind. What a beautiful thing God’s peace is to the nurse.

### **Patience**

Patience is often one of the most difficult virtues of Christ to attain. Patience usually involves waiting, and often people may be able to wait, but they do not do it gracefully. Patience is “the ability to wait, or to continue doing something despite difficulties, or to suffer without complaining or becoming annoyed” (Cambridge Dictionary, 2018). Patience is found in the small, monotonous, ritualistic tasks of the day. When the same things must be done over and over and over again, the same task repeated one thousand times, here is where patience is found (Sutherland, 2014).

This is difficult for the nurse. The nurse must give the same medications again and again, at the same times, day after day; the nurse must repeat the same assessment day after day, multiple times a day, month after month; the nurse must repeat the same instructions, the same education for multiple patients, sometimes multiple times for one patient, daily. One can see why learning patience is invaluable in the nursing profession. A nurse needs to learn patience in order to more effectively care for the sick and suffering. How can patience be learned and implemented? What benefit does it have?

Shannon Needleman, a nurse, wrote on patience and how to have it for the people in the hospital. She pointed out that seeking to have patience means “to see our patients and families as individuals that may be battling with the most unpredictable, difficult time in their lives” (2013). She wrote that having patience means listening and taking time to truly care for the hurting. She states, “It’s easy to get lost in the monotony of our daily tasks and forget that our patients deserve our patience” (Needleman, 2013). She points out compassion and patience are intertwined, and when the nurse steps back from thinking ahead to all of her daily tasks, and seeks to see the patient as an individual, then the nurse can recognize how that patient is often desperate for compassion (Needleman, 2013).

Patience often grows in a nurse when the nurse decides to slow down, take time to sit and listen, and learn to love the patient, laying aside all annoyances for the sake of relationship. This is directly connected to love and compassion. When nurses seek to have love and compassion, patience stems from these virtues; then nurses are able to gain a greater connection with people, and they often gain a certain gratefulness for life that is otherwise lost. They are in a place filled with unique opportunities to reach into patients’ lives and emotionally connect, offering relief from pain and alleviation to suffering (Needleman, 2013). This connection helps patients find joy and can help them recover more quickly as they are provided with the emotional connections they need in order to recover well. Needleman states that when nurses learn patience it impacts every area of their lives and helps them grow with their families and friends as the nurses learn greater things through the wisdom and experience of the patients (2013).

Learning patience in the hospital also benefits the nurse in many ways. She is able to acquire information that would normally be lost in the rush of the hospital setting. One Emergency Medical Technician (EMT) pointed out that during the rapid assessment and documentation, information can often be left absent because the health professional was not patient enough to wait and hear the complete answer to the questions asked. He pointed out that there have been many times when he almost lost important answers to questions asked of the patient, simply because he was too impatient to wait and listen, and he wanted to move on rapidly. He said that taking the time to slow down and really listen to the patient has helped his practice incredibly well – in more ways than one (Smith, 2008).

Having patience with people establishes trust. Smith points out that by taking a few extra minutes to be kind and professional by talking to the patient and showing how much one cares, a bond is established which leads to trust. This is vital if the health care professional wants information from the patient. If there is a lack of trust, then information is withheld and care for the patient will not be accurate or complete. Smith also points out that when questioning the patient it is easy to get frustrated, impatient and annoyed when answers are not forthcoming. He writes that patiently waiting a little bit longer usually reveals the accurate answer, because the patient is not being ornery, he/she is simply trying to recapture the memory or thought and actually does know the answer (Smith, 2008).

Lastly, physical therapist and physician Anne Swisher points out that there is another benefit in having patience in the medical field. Not only does patience lead to

greater connections, greater healing power for the patients, greater levels of trust, and more accurate information acquirement, it also leads to more effective research and teamwork efforts which then leads to greater effectiveness in healthcare practices.

Swisher shows how having patience in performing research studies to search for the most effective treatments and procedures leads to greater health care. “Studies...take time and patience, but they provide practice-changing evidence” (Swisher, 2013). Research for improving critical care environments as well as research for chronic health problems is needed to improve health and wellness. “I am happy to see that others are taking the time to patiently collect data...so that research can help advance our practice” (Swisher, 2013). Swisher ends with this statement: “Only by being patient and persevering can effective teams be created and maintained” (2013).

It is clear patience is beneficial to nurses as well as the people being treated. To truly learn patience one must look to the ultimate source of patience – Jesus Christ. He alone was the perfect example of what a patient person should be. David Mathis, theological writer, states, “Knowing ourselves as deeply sinful goes hand in hand with knowing Jesus as supremely patient (Mathis, 2016). Mathis points out Christ’s patience with the disciples as He explained to them time and time again that He is God (John 14:8-9). Jesus was patient with the crowds of sick people who came to him again and again yet did not fully understand Him. He was patient with His followers who continued to have hardened hearts and did not fully believe, and He said to them, “You unbelieving and rebellious generation! How long will I be with you? How long must I put up with you?” (Matthew 17:17). He was patient with Peter who denied Him thrice, and afterwards Peter

writes, “The Lord does not delay His promise, as some understand delay, but is patient with you, not wanting any to perish but all to come to repentance” (2 Peter 3:9). Peter writes it again, saying, “...Regard the patience of our Lord as an opportunity for salvation...” (2 Peter 3:15).

Jesus’ life constantly reflected patience. He continued to walk among the wicked in supreme and perfect patience, loving despite the persecutions and tortures he faced. He continues to show His supreme patience in forgiving sinners time and time again as they cry out to Him daily (Mathis, 2016). His example should be one that the Christian nurse follows closely. If Christ Jesus can be patient every second with the most wicked of sinners – as Paul wrote:

“Christ Jesus came into the world to save sinners”—and I am the worst of them.

But I received mercy for this reason, so that in me, the worst of them, Christ Jesus might demonstrate His extraordinary patience as an example to those who would believe in Him for eternal life (1 Timothy 1:15-16),

then nurses can learn to be patient with the people they serve who are pitiful and in need of help. The patients in the hospital need Christ as much as nurses do. Nurses must see their position before God and know that God loved them enough to be patient with them, so they too must love the sick enough to show great kindness and patience towards them.

### **Humility**

At the heart of Christ is humility. Humility is what drives the mind and heart to seek knowledge, love and relationships. It is the basis of one’s relationship with God. Since humility is so important in the relationship between God and the nurse, it is also

vital in the nurse's relationship with her patients. George Castledine searched the Latin word for humility and discovered this definition: "Having or showing a low estimate of one's own importance...the quality of being modest, reverential, even politely submissive, and never arrogant, contemptuous, rude or even self-abasing" (2011).

Castledine further points out that humility is something which often grows within a person, slowly and unexpectedly; it is not something one talks about, because it is hard to determine when someone has reached true levels of humility. It reflects caring and compassion and it seeks to love the patient unconditionally because it does not think too highly of itself (Castledine, 2011).

Humility is choosing to do any task, no matter how small, simply out of love for God and others. It takes the nurse farther than pride. Pride ends at the end of oneself, but humility continues when self is used up completely. One student nurse wrote about watching humility played out within the nursing field. He was placed under the charge of a higher-up nurse who was dividing up tasks for the other nurses. He said he walked with her into another room where there was a patient who needed to use the commode. The doctors and nurses on the medical ward were too busy to see to the patient. Without a moment's hesitation the head nurse instructed the student nurse on how to help the patient to the restroom, and she herself helped get the commode and the toilet paper. The student realized that this nurse was humble enough to stoop to a lower task out of love for the patient (Gunputrao, 2008). Humility is doing anything for the sake of another.

One nurse even acknowledges that the root of love is humility (Vries, 2004).

Vries points out that washing the feet of a patient, in a loving, respectful manner is an act

of humility, especially when the nurse does this out of care for the patient and not out of duty or obligation because her job has ordered it be done. Yet she also shows, through her studies, that humility often cannot be defined – it is something seen in one’s actions (Vries, 2004).

Vries conducted a study on foot washing among nurses – choosing a lowly task, often given to the Certified Nurse Aide’s (CNA’s) – to help the nurses learn humility. Nurse after nurse pointed out afterwards how it made the patient feel joyful and happy, and how it helped the nurse feel better about her job. The nurses concluded that washing patients’ feet was enjoyable and relaxing and caused happiness and comfort to come for both nurse and patient, manifested by lightness and shared connectedness (Vries, 2004). The nurses shared how the patients who were aggressive and used foul language, remained silent; the patients who were irritated, suddenly cooperated; the patients who saw fault, suddenly could find nothing wrong with the nurses; the patients who did not know the nurses’ names, suddenly knew them; all of this occurred because of the humble act of washing the patients’ feet (Vries, 2004). The nurses began to share how the subservient position, servant’s attitude, humble action, and kneeling posture all led to goodness and kindness being equated with the action (Vries, 2004). Many of the nurses said this was a therapeutic action which helped build a nurse-patient relationship. In studying the love nurses should have for the patients, Vries also shows that in this action of humility “there was willingness and commitment of the nurse to want the good of the other, without reciprocity,” and she points out they had to perform an action outside their role of duty (2004). She shows this action of lowliness may be what leads nurses to



greater “interconnectedness” with the patients; and this act humbles the nurses as well as the patients whose feet are being washed (Vries, 2004).

This study points out an important matter in the humility of the nurse; humility leads to a greater willingness to learn and listen. The nurse will learn new things from the patient and realize that she does not know everything. This allows for greater patient care and helps the nurse-patient relationship in multiple ways, one of which is cultural. In one study conducted by multiple nurses, one nurse pointed out that having cultural humility meant being open, self-aware, egoless, self-reflective and self-critical (Foronda, Baptiste, Reinholdt & Ousman, 2016). The writers stated that humility leads to nurses who “generate supportive interactions” and they saw that when nurses sought to apply humility to their cultural care “respect, mutual empowerment, sustainable partnerships, trust, and mutual understanding” resulted (Foronda, Baptiste, Reinholdt & Ousman, 2016). “Optimal care results in effective treatment, decision making, communication, understanding, quality of life, and improved care. Lifelong learning, which includes transformation, overlaps with self-reflection and critique. In fact, cultural humility entails a continuous process of self-reflection and learning” (Foronda, Baptiste, Reinholdt & Ousman, 2016).

Humility, therefore, leads to greater interconnectedness between patients and nurses, higher levels of learning for both parties, and better cultural care and competency. The nurse must be humble enough to know she has much to learn; she must be willing to listen, subservient and gracious enough to stoop to the lowliest of tasks. This type of humility is seen in Christ Jesus.

Perhaps one of the most famous passages for humility used in the Holy Scriptures is Philippians 2:5-8, where it states:

Make your own attitude that of Christ Jesus, who, existing in the form of God did not consider equality with God as something to be used for His own advantage; instead, He emptied Himself by assuming the form of a slave, taking on the likeness of men. And when He had come as a man in His external form He humbled Himself by becoming obedient to the point of death – even to death on a cross!

There is no greater humility displayed in all of human history. Jesus commands His followers to be as He is – this entails being humble. The nurse must realize she is not above any of the patients she cares for within the hospital setting. She must acknowledge that every person is deserving of dignity and respect, regardless of which state of life he/she is residing. Humility does not demand for itself, it seeks the good of the other. To demonstrate utmost nursing care, the nurse must first be humble.

### **Honesty**

Lastly comes the virtue of honesty, or integrity. Honesty is defined as a person who is “truthful or able to be trusted; not likely to steal, cheat, or lie” (Cambridge Dictionary, 2018). The difficult part of honesty within the nursing field is that so few people are supportive of complete honesty. Many people say one should be honest, but do not believe in the full depths of honesty, saying that a few deceits and small white lies are allowable. When it comes to charting, business, research and small mistakes, there is a

large temptation to be deceitful and cover up, or quickly move past the dilemma or problem, and truth is therefore compromised.

Honesty is needed on multiple levels, one being the level of research. One study performed revealed a researcher who made up a fictitious therapeutic practice. This led to changes in drug treatment. When the “researcher” revealed that the discoveries had been invented there had already been devastating consequences done to the nursing practice as well as damage done to patients (Egry, Barbosa & Cabral, 2015). Honesty was thrown out for the sake of money and fame. There are multiple other reasons for why honesty is often disregarded.

It is pointed out there is “a critical shortage of nurses, and growing exhaustion among nurses who practice in systems where their professional integrity and ethical practices are compromised” (Tagliareni & Perkins, 2008). The rapidity by which a nurse must complete her daily tasks at the bedside is increased exponentially when there is short staffing. This reason alone leads to more mistakes and omissions in charting and procedures. The nurse must then either admit her mistakes, or cover them up. Frankly, it is far easier to cover them up. However, covering up mistakes causes the patients to suffer. Tagliareni and Perkins point out how integrity respects the dignity and moral wholeness of every person, without conditions or limitations; and when integrity is lost, the dignity and moral wholeness of a patient is forgotten, leading to deficient quality of care (2008). The National League for Nursing (NLN) board of governors pointed out how open communication along with ethical decision making and humility lead to a culture of integrity, especially when these principles are expected, encouraged and even

demonstrated consistently among nurses (Tagliareni & Perkins, 2008). The NLN asks the question: Whom do we really care about? (Tagliareni & Perkins, 2008) In seeking to care for the patient, full honesty must be displayed. Injuries occur to patients and patient care is devalued when the nurse is not honest – especially in areas of charting.

In a nurses' study that was performed it was discovered that the nurses who did not understand why they were giving patients specific treatments, or felt as though they hadn't explained procedures well enough to patients, felt dishonest. They pointed out that they felt pressured to speed up care and did not feel supported in giving complete, honest answers to patients (Erichsen, Danielsson & Friedrichsen, 2010). Within this study the nurses pointed out that honesty must be a lifestyle, and it is a basic human need; they needed it and their patients needed it as well (Erichsen, Danielsson & Friedrichsen, 2010). The nurses believed honesty was directly related to empathy; it is a realization of the dignity of the human being and it directly affects the care given. Honesty realizes all human beings must hear the truth in order to preserve their dignity and morality. Similarly, the nurses acknowledge that full honesty gave hope to the patients and built trust, whereas dishonesty was always revealed in the end and devastated the trust in the relationships with the patients (Erichsen, Danielsson & Friedrichsen, 2010). In the end the nurses admitted to honesty being a virtue which is grounded in the belief that what you would expect others to do for you, you must also do for them (Erichsen, Danielsson & Friedrichsen, 2010).

There is another aspect to honesty which must be implemented within nursing practice – this is the honesty displayed to patients who have chronic medical conditions,

or who are dying. Within the same study the nurses realized they owed the patients honesty when discoursing with them about their medical diagnoses. They found that sharing honest information laid a foundation for all good, caring relationships because this laid a cornerstone of rapport, trust, confidence and security for the patients and it also led to openness between patients and nurses (Tagliareni & Perkins, 2008). The nurses realized that when they shared openly the patients were not afraid to ask questions and it created an environment of growth despite the illnesses of the patients. A policy of open honesty from nurses to patients also helped preserve the patients' autonomy, and harbored greater relationships. All in all, the study acknowledged that honesty could be improved within the health care field (Tagliareni & Perkins, 2008).

Nurses can improve honesty by owning their mistakes. They can also learn to chart and document accurately and correctly, acknowledging when they have left something out, and going back to recheck with the patient for further clarification. Nurses can also apply honesty in their research. In other ways they can learn to be completely truthful with the things they say to their patients, no matter how hard it may be to tell the patient the truth about his/her illness. Honesty can always be implemented within the nursing profession.

Jesus is honest. He is truthful. He is authentic. There is nothing false within Him. As it is stated, "...God, who cannot lie..." (Titus 1:2) and yet again; "God wanted to show His unchangeable purpose...so that through two unchangeable things, in which it is impossible for God to lie...;" therefore, it can be seen that God does not lie. (Hebrews

6:17-18). Jesus also commands Christians to be “holy as I AM holy...” (1 Peter 1:16).

Therefore, Christians must seek to be honest as this is a part of Christ’s holiness.

Isaiah states, “no deceit was found in His mouth,” (Isaiah 53:9), and Peter restates this as well, quoting the ancient prophet (1 Peter 2:22). Multiple times throughout the scriptures the followers of Christ are commanded to “speak truthfully to your neighbor,” put off “falsehood,” “do not lie to each other”; it is a command that Christians must seek to follow (Colossians 3:9, Ephesians 4:25). When the Christian nurse is honest she is able to better care for her patients. Patient-care is more effective, trust and rapport are built, less mistakes are made, and greater love and dignity are given in the wake of honesty. It takes humility to be honest, and it takes honesty to be a good nurse.

### **Implications for Patient Care**

The impact upon the patient population is wonderful when nurses implement these Christ-like virtues into their practice. It is found that what leads to the greatest patient outcomes is a high rate of patient safety; but what leads to a high percentage of patient safety is clear communication with the patient, patient-centered timely care, inclusion and value of the patients’ needs and collaboration with the patient – all of these lead to greater outcomes for the patient population. It was also noted that a nursing culture built upon strong values and on integrity leads to better patient outcomes and greater patient safety. Finally, it was noted that the work of nurses to come alongside the patient in compassion, build deep relationships, communicate well, be transparent and honest and anticipate needs, all led to improved outcomes for the patient population

(Hughes, 2008). As can be seen in the above paper, all of these outcomes result from the virtues of Christ found within nurses.

In a study conducted on spirituality within nurse and patient relationships, it was discovered that the implementation of sacrificial love led to greater relationships which were maintained through hard times. This led to greater coping abilities for the patients as well as positive behaviors, healthier healing environments and greater understanding in relationships. Patients were able to overcome fears and establish trusting relationships with nurses through the love shown. Sacrificial love is needed in order for nurses to desire to care for patients and have honest communication, compassion, and patience (Penman, Oliver & Harrington, 2009). Humility is necessary for the nurse to have this kind of love, because she must realize that she is in need of love from God as much as the patients she attends (Mathis, 2016). Joy and peace cannot be found apart from purpose and purpose is found when nurses love their patients and feel as though they are making a difference in the patients' lives (Cain, 2016). All of the traits described are interconnected and they cannot be interchanged; the nurse cannot have one without the other.

There is a need within the nursing profession for the heart of Christ to be displayed. People need to know Christ Jesus and they will only know Him when the actions of love match the words of love spoken to the lost, dying and broken world. Nurses must display love, compassion, joy, peace, patience, humility and integrity to their patients, because these virtues are at the core of Jesus Christ's heart. When these virtues are displayed within the nursing profession quality care and patient satisfaction will increase. Patients will feel truly loved and will respond with kinder reactions. As the

heart of Christ is lived out fully there will be greater purpose and meaning to the Christian nurse as she seeks to live a life of service to the King.



## References

- Albaugh, J. A. (2005). Resolving the nursing shortage: Finding passion and joy in nursing. *Urologic Nursing*, 25(1), 53-54. Retrieved from <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/220152511?accountid=12085>
- Anonymous. (2013). Are you for real? A personal view of compassion in nursing. *British Journal of Healthcare Assistants*, 7(11), 527.
- Booth, A. (2001). Why I love nursing: Directed steps. *Journal of Christian Nursing: A Quarterly Publication of Nurses Christian Fellowship*, 18(2), 36.
- Bramley, L. & Matiti, M. (2014). How does it really feel to be in my shoes? Patients' experiences of compassion within nursing care and their perceptions of developing compassionate nurses. *Journal of Clinical Nursing*, 23(19-20), 2790-2799. DOI: 10.1111/jocn.12537
- Cain, C. L. (2016). Labors of love: Nursing homes and the structures of care work. *Contemporary Sociology: A Journal of Reviews*, 45(3), 342-344. <https://doi-org.ezproxy.liberty.edu/10.1177/0094306116641407kk>
- Cambridge Dictionary. (2018). *Cambridge University Press*. Retrieved from <https://dictionary.cambridge.org/us/dictionary/english/compassion>
- Cambridge Dictionary. (2018). *Cambridge University Press*. Retrieved from <https://dictionary.cambridge.org/us/dictionary/english/mindfulness>
- Cambridge Dictionary. (2018). *Cambridge University Press*. Retrieved from <https://dictionary.cambridge.org/us/dictionary/english/peace>

Cambridge Dictionary. (2018). Cambridge University Press. Retrieved from

<https://dictionary.cambridge.org/dictionary/english/patience>

Cambridge Dictionary. (2018). Cambridge University Press. Retrieved from

<https://dictionary.cambridge.org/us/dictionary/english/honest>

Castledine, G. (2005). Recognizing care and compassion in nursing. *British Journal of Nursing, 14*(18), 1001.

Castledine, G. (2011). Humility in nursing. *British Journal of Nursing, 20*(8), 527.

Castledine, G. (2011). Love in nursing practice. *British Journal of Nursing, 20*(4), 263.

Egry, E. Y., Barbosa, D. A. & Cabral, I. E. (2015). The many sides of research integrity:

For integrity in nursing! *Revista Brasileira de Enfermagem, 68*(3), 327-329. DOI:

<http://dx.doi.org/10.1590/0034-7167.2015680301i>

Foronda, C., Baptiste, D. L., Reinholdt, M. M. & Ousman, K. (2016). Cultural humility:

A concept analysis. *Creative Nursing, 22*(3), 210-212. Retrieved from

[https://search-proquest-](https://search-proquest-com.ezproxy.liberty.edu/docview/1807050111/fulltextPDF/423623BFD52443C2)

[com.ezproxy.liberty.edu/docview/1807050111/fulltextPDF/423623BFD52443C2](https://search-proquest-com.ezproxy.liberty.edu/docview/1807050111/fulltextPDF/423623BFD52443C2)

[PQ/1?accountid=12085](https://search-proquest-com.ezproxy.liberty.edu/docview/1807050111/fulltextPDF/423623BFD52443C2)

Gunputrao, S. (2008). A lasting lesson in nursing procedure – and humility. *Nursing*

*Standard, 22*(21), 33. Retrieved from

[http://go.galegroup.com.ezproxy.liberty.edu/ps/i.do?p=ITOF&u=vic\\_liberty&id=](http://go.galegroup.com.ezproxy.liberty.edu/ps/i.do?p=ITOF&u=vic_liberty&id=)

[GALE|A174972937&v=2.1&it=r&sid=summon&authCount=1#](http://go.galegroup.com.ezproxy.liberty.edu/ps/i.do?p=ITOF&u=vic_liberty&id=GALE|A174972937&v=2.1&it=r&sid=summon&authCount=1#)

Hughes, R. G. (2008). Patient safety and quality: An evidence-based handbook for

nurses. *Agency for Healthcare Research and Quality*. Retrieved from

<https://archive.ahrq.gov/professionals/clinicians-providers/resources/nursing/resources/nursesfdbk/nursesfdbk.pdf>

Maxwell, E. (2017). Perspectives: The primacy of compassion in nursing, necessary but not sufficient? *Journal of Research in Nursing*, 22(1-2), 169-172. DOI: 10.1177/1744987116685634

Middaugh, D. J. (2014). Can there really be joy at work? *MedSurg Nursing*, 23(2), 131.

Retrieved from

[http://link.galegroup.com.ezproxy.liberty.edu/apps/doc/A367797638/GRGM?u=vic\\_liberty&sid=GRGM&xid=1e6a13ef](http://link.galegroup.com.ezproxy.liberty.edu/apps/doc/A367797638/GRGM?u=vic_liberty&sid=GRGM&xid=1e6a13ef)

Needleman, S. (2013). Patience vs. patients. *Longhorn Nursing*. Retrieved from

<http://sites.utexas.edu/nursing/2013/05/13/patience-vs-patients/>

Nhát, H., & Kotler, A. (1991). *Peace is every step: The path of mindfulness in everyday life*. New York, N.Y: Bantam Books.

Penman, J., Oliver, M. & Harrington, A. (2009). Spirituality and spiritual engagement as perceived by palliative care clients and caregivers. *Australian Journal of Advanced Nursing (Online)*, 26(4), 29-35. Retrieved from

<http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/204203735?accountid=12085>

Pipe, T., FitzPatrick, K., Doucette, J. N., Cotton, A. & Arnow, D. (2016). The mindful nurse leader: Improving processes and outcomes; restoring joy to nursing.

*Nursing Management* 47(9), 44-48. DOI:

10.1097/01.NUMA.0000491135.83601.3e

- Reich, A. (2015). Labors of love: Nursing homes and the structures of care work. *American Journal of Sociology*, 121(3), 987-989.
- Ricciardi, R. (2017). Embracing the joy in nursing. *AHRQ Views*. Retrieved from <https://www.ahrq.gov/news/blog/ahrqviews/joy-nursing.html>
- Smith, M. (2008). Patience: it's more than a virtue. *EMS: Emergency Medical Services Magazine*, 37(4), 24. Retrieved from <https://search-proquest-com.ezproxy.liberty.edu/docview/212134957/fulltextPDF/5019495DAF424AE6PQ/1?accountid=12085>
- Smith, M., Saunders, R., Stuckhardt, L. & McGinnis, J. M. (2013). Engaging patients, families and communities. *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*. Washington, DC: National Academies Press. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK207234/>
- Sutherland, D. (2014, April). Waiting on another: Where do you find the patience? *Presbyterian Record*, 138(4), 40. Retrieved from [http://link.galegroup.com.ezproxy.liberty.edu/apps/doc/A366460833/AONE?u=vi\\_c\\_liberty&sid=AONE&xid=c3a23117](http://link.galegroup.com.ezproxy.liberty.edu/apps/doc/A366460833/AONE?u=vi_c_liberty&sid=AONE&xid=c3a23117)
- Swisher, A. K. (2013). Patience and patients. *Cardiopulmonary Physical Therapy Journal*, 24(2), 24. Retrieved from <https://search-proquest-com.ezproxy.liberty.edu/docview/1369308704?pq-origsite=summon&accountid=12085>

Tagliareni, M. E. & Perkins, I. (2008). Integrity in nursing: The NLN's mark. *Nursing*

*Education Perspectives*, 29(4), 190. DOI:

<http://www.nln.org/nlnjournal/index.htm>

Valizadeh, L., Zamanzadeh, V., Jasemi, M., Taleghani, F., Keoch, B. & Spade, C. M.

(2015). Going beyond-the-routines view in nursing: A qualitative study. *Journal*

*of Caring Sciences*, 4(1), 25-34. DOI: 10.5681/jcs.2015.003

Vries, K. D. (2004). Humility and its practice in nursing. *Nursing Ethics*, 11(6), 577-86.

DOI: <http://dx.doi.org.ezproxy.liberty.edu/10.1191/0969733004ne740oa>