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Suffering & Dividedness: A Journey toward Wholeness in a Healing Profession

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Suffering & Dividedness: A Journey toward Wholeness in a Healing Profession

Suffering is a universal experience felt by all members of the human race. Suffering comes in many forms and is a uniquely intense and individualized experience that may be depicted by feelings of helplessness, loneliness, turmoil, sadness, fear, abandonment, brokenness, despair, as well as physical and spiritual distress (Ferrell, 2008). Poverty, injustice, harassment, abuse, addiction, acts of violence, terrorism, catastrophic natural disasters, pain, heartache, disease, death, and spiritual distress are reoccurring forms of suffering in this world (Yancey, 2013). During these life-altering trials, we often ask, “Why?” Why would such a gracious, loving, all-powerful, limitless God allow suffering and tragedy to exist and permeate our lives? The answer to this question continues to be a mystery; however, God provides opportunities to understand the concept of human suffering through scripture (Stegmeir, 2005). Furthermore, scripture may be used as a tool to equip us to withstand and transform the devastating impact of personal suffering.

As part of the tenure process at Northwestern College, faculty are required to write a position paper that reflects a Christian perspective within their primary discipline. Suffering is universal; however, the author wishes to detail suffering and dividedness from a perspective of nursing care. Distressed patients, ineffective communication, disruptive health-care environments, and internal stressors influence the personal and professional well-being of the nurse. Christian nurses must find their strength and courage through Christ as they enter into the suffering of their patients and create hospitable and compassionate healing environments, restoring wholeness through human connection (Ferrell, 2008).

Dimensions of Human Suffering

Pain and Suffering

The views associated with human suffering are multidimensional and complex. Eric Cassell (1991), a retired medical doctor and adjunct professor of medical humanities at Baylor University, stressed that suffering is an individualized experience and cannot be quantified or measured. He described suffering as "distress brought about by the actual or perceived impending threat to the integrity or continued existence of the whole person" (Cassell, 1991, para. 4). Cassell (1991) emphasized that suffering is often recognized once the sufferer senses a disruption of personal-identity, further leading to emotional upheaval and uncertainty concerning one's life aims and purpose.

Nurses encounter the weight of human suffering daily while caring for patients. Acute physical pain, most often associated with an illness or disease process, is a significant type of human suffering that nurses attempt to alleviate through scientific nursing interventions. The Merriam-Webster Dictionary defines pain as "a localized or generalized unpleasant bodily sensation or complex sensations that causes mild to severe discomfort and emotional distress and typically results from bodily disorder (injury or disease)" (2019, para. 2). The characteristics of physical pain vary depending on where the source of the pain is located in the body. Terms such as sharp, piercing, throbbing, dull, cramping, and aching are often used when describing individualized pain (Adams, Holland, & Urban, 2017).

Similarly, suffering is defined as, "the state or experience of one that suffers" or "pain" (Merriam-Webster, 2019, para. 1). Cassell (1991) emphasized that although pain and suffering are used interchangeably, one may experience suffering without the physical symptoms of pain. Psychological suffering involves a state of prolonged demoralization or depression that can lead

to withdrawal and isolation (Carnevale, 2009; Ferrell, 2008). Over time, emotional turmoil may produce physical symptoms such as pain, nausea, and exhaustion as well as a myriad of disheartening verbal statements, desolate facial expressions, and agonizing thoughts (Carnevale, 2009). Theologian Henri Nouwen (1972) described this type of despair as a black hole. Inside the black hole, the sufferer feels trapped, chained, and paralyzed by his or her own morality while being pulled deeper and deeper into an endless pit full of darkness, shame, guilt, and sorrow.

The Origin of Human Suffering

From the perspective of the Biblical narrative, the origin of human suffering began with Eve, when she defied God and ate the forbidden fruit from the tree of knowledge of good and evil (Genesis 3, New International Version; Stegmeir, 2005). Eve made a choice, placing her desires before God's commands (Stegmeir, 2005). Adam accompanied Eve, tasting the forbidden fruit. The result of their free will and disobedience made them feel ashamed and guilty, stirring a yearning desire to hide from God (Stegmeir, 2005). Since then, our sinful nature drives us into hiding from each other and from him (Genesis 3:7-9). This radical disobedience resulted in depravity; engulfing and corrupting human hearts and enslaving us to evil tendencies such as "blindness, darkness, futility, distorted judgment, perversity, defiance, hardness of heart, and impurity" (Ecumenical Creeds and Reformed Confessions, 1988, p. 133). God did not create suffering in this world, but rather thoughtfully and meticulously crafted our bodies with the choice of free will. This free will provides opportunity for us to reject and disobey him (Shelly & Miller, 2006). God allows immorality because we continually choose it (Yancey, 2013). Therefore, as a result of our rebellious choices, widespread physical and emotional suffering occur (Romans 8:18-39).

Job's Suffering and Messages Revealed

The Biblical book of Job described Job (a righteous, innocent man) and his journey with significant loss, hardship, and faith. Job's suffering was connived by Satan (Job 1, 2). Raiders stole his belongings, his servants were slaughtered, his livestock were attacked, his house was destroyed, and his ten children were killed (Job 1). Job also sustained a horrifying disease that produced painful sores across his body (Job 2:7). During his trials, Job's wife provoked him (Job 2:9), and his friends made direct accusations against him (Job 4-25).

Job was consumed with emotional turmoil, displaying signs of self-pity and anger. Still, Job did not waver in his faith. Although Job felt abandoned during God's silence, he respected and honored God and did not blame God for his suffering (Job 1:21). Job spoke directly to God fifty-eight times (Yancey, 2013) until finally Job heard from God in person (Job 38-41). God did not address why Job's suffering occurred, and instead challenged Job, asking, "Where were you when I laid the earth's foundation?" (Job 38:4; Stegmeir, 2005). God's all-powerful tone continued for some time, emphasizing the magnitude and beauty of creation that he so carefully designed and stressing that there are many things beyond human control. Job understood God's message and the enormity of God's limitless power. While sitting in a pile of ashes, naked and covered in sores, Job responded to God with humility and acceptance, stating, "Surely I spoke of things I did not understand, things too wonderful for me to know" (Job 42:3). The story ends with God blessing Job and providing him with twice as much of what he had before (Job 42:10). God restored Job's livestock and children, and Job's heart was filled with joy and peace.

As the story of Job revealed, we recognize that some suffering is caused by Satan (Job 1, 2). Satan produced Job's suffering and pain and will prey on all human vulnerabilities (1 Peter 5:8-9; Rev 2:10). We also must understand that suffering is not always a consequence of sin and

we cannot place blame on those who suffer (Job 1, 2; John 9:1-7). Job was a good, righteous, God-fearing man, undeserving of the suffering that afflicted him. In the Old Testament, Abel (Genesis 4) and Uriah (2 Samuel 11) were also innocent men subjected to unwarranted suffering. Likewise, in Jesus' teachings, he also tried to correct the belief that suffering is usually caused by sin (John 9; Luke 13:1-5).

Still, others are persecuted and suffer because of their allegiance to and love for Christ (2 Corinthians 6:4-10; 2 Timothy 1:8; 1 Peter 4:12-15). The apostle Paul provided excellent examples of his sufferings and persecution as a Christian missionary. Paul was imprisoned, endured lashings and beatings, was shipwrecked, experienced misfortune and hardships while traveling, and was engulfed by anxiety and concern for all churches (2 Corinthians 11:23-28; Hanson, 2012). Consequently, we may not know the cause of one's suffering; our attempts fall short (Yancey, 2013) and may only augment the pain. This knowledge is reserved only for God.

When we call out to the Lord during our trials, we may hear only silence. The deafening silence often causes us to question if God is listening and if he cares about our pain. God's silence prevailed throughout the cries heard from Job's grieving heart. Also, the book of Psalms captures feelings of deep human sorrow in the form of poems and questions concerning suffering and injustice (Yancey & Stafford, 1992). Psalm 22, credited to David (Yancey & Stafford, 1992), described a man crying out in misery yet marveling at God's goodness and power, then ending with agonizing words that represent suffering:

> My God, my God, why have you forsaken me? Why are you so far from saving me, so far from the words of my groaning? O my God, I cry out by day, but you do not answer, by night, and am not silent. (Psalm 22:1-2)

Jesus spoke these same words in the ninth hour of the crucifixion as he hung broken and beaten on the cross (Mathew 27:46).

Despite these aching cries for help, the book of Job discloses that God is never completely silent and that we are not alone in our suffering (Yancey & Stafford, 1992). Job's friend Elihu summarized that God is present in dreams, visions, past blessings, and in nature's beauty (Job 33; Yancey & Stafford, 1992). God is present and chooses to work within and walk alongside us in our suffering (Shelly & Miller, 2006; Yancey, 2013). God shares in our adversities and feels more distress, sorrow, and grief than we do, for we are his children and are "precious and honored in his sight" (Isaiah 43:4). God's overwhelming love for us led him to experience and endure suffering first-hand through the crucifixion of his son, Jesus Christ. The suffering that Jesus confronted on the cross displayed that "God suffers with us and for us, as one who takes our sin upon himself with a love we don't deserve" (Stock, 1987). Jesus, our Immanuel, is "God with us" (Matthew 1:23; John 1:14).

Victory and Redemption

We rejoice because "he has risen" (Mathew 28:6); Christ's resurrection illustrates God's all-mighty sovereignty and love. Christ's victory over sin, evil, and Satan reveals hope and a new promise that creation will be restored. We may not understand why suffering occurs, but we can respond, just as the apostle Peter proclaimed, "Rejoice that you participate in the sufferings of Christ so that you may be overjoyed when his glory is revealed" (1 Peter 4:12). What an excellent reminder as we ponder the mystery behind human brokenness and tragedy! Personal suffering brings us into communion with God (Stock, 1987), and trusting that the Holy Spirit will strengthen and transform us to the "likeness of his son" (Romans 5:3-4) brings hope and healing. Our personal trials awaken our hearts and minds to God's grace, comfort, and wisdom

(Yancey, 2013). We begin to listen to his messages with new insight and clarity. By holding tight to His promises, we begin to see light in the midst of utter darkness and despair. As we endure these agonizing hardships head-on, we begin to experience personal enrichment and growth. We become dependent on God, and this reliance provides opportunities for us to discover God's redemptive transformation in our lives (Yancey, 2013).

Through Holy Communion, we are reminded of Christ's suffering for us (Mathew 26:26-28). Stock (1987) passionately emphasized, "We bear in our bodies his broken body, poured out for the world" (p. 7). As part of our self-identity, we must expect to experience suffering as part of our Christian discipleship (Hanson, 2012). When we feel physical and emotional pain, we must remember what a privilege it is to suffer for Christ (Philippians 1:29). God uses our suffering to refine, mature, and discipline us, building character (Shelly & Miller, 2006; Stegmeir, 2005). Throughout our times of hardship, God's power and love are undeniable. Paul's thorn revealed that God taught him a lesson about grace and dependence (2 Corinthians 12:7-10). God told Paul, "My grace is sufficient for you, for my power is made perfect in weakness" (2 Corinthians 12:9). God's power provides us emotional and spiritual healing, compassion, and hope, helping us survive insurmountable loss and hardship.

One of our greatest gifts is to give and receive love (Cloud & Townsend, 1992). The Bible tells us that we should [l]Love the Lord your God with all your heart and with all your soul and with all your mind"… and "Love your neighbor as yourself" (Matthew 22:37-39; Cloud & Townsend, 1992). His love for us equips us with compassion and empathy, so that we can help others enduring similar struggles (2 Corinthians 1:3-4; Shelly & Miller, 2006). Christians offer a loving, sympathetic presence to others, instilling hope and optimism amidst a cloud of anguish and defeat. God has called us to "bind up the brokenhearted" (Isaiah 61:1). Our direct encounter

with personal suffering equips us to identify in greater detail with and respond more sensitively to another's suffering (Hanson, 2012). Our calling as Christians is to show love, enter into the suffering of others, and alleviate the pain they are experiencing.

Spiritual Nursing Responses to Human Suffering

Nurses are confronted with human suffering daily. Christian nurses are called to enter into another's personal suffering through compassion and spiritual support (Deal, 2011; Donley, 1991). One of the most basic Christian nursing responses to suffering is offering compassionate accompaniment, by sitting with and quietly listening to another share their personal afflictions (Donley, 1991). By accompanying the sufferer in their pain, a deep sense of the Lord's love may become visible through the comfort and support of others (Shelly & Miller, 2006). This personal communion establishes safety, giving the patient an outlet to express difficult feelings, with the nurse becoming a vessel for anger, sorrow, anxiety, and uncertainty (Ferrell, 2008; Hemberg, 2017). Nurses can also pray with patients of the same faith and offer encouraging, supportive scripture verses. Other times, nurses can simply listen and be present. This compassionate approach demonstrates patience, hope, and trust, emphasized in James 5:7-11.

Helping the sufferer discover meaning behind the suffering encountered is another spiritual response (Deal, 2011; Donley, 1991; Shelly & Miller, 2006). A patient's religious or spiritual beliefs may have a direct influence on their discernment of personal suffering (Deal, 2011). Questions related to why the suffering has occurred or the timing of the suffering may be explored collectively, by the patient and the nurse (Donley, 1991). Helping the patient find meaning out of their hardship offers understanding, support, empathy, and spiritual growth. When patients are able to uncover meaning behind their suffering, they become increasingly prepared to withstand suffering (Deal, 2011).

In addition to compassionate accompaniment and meaning-giving, another holistic, Christian nursing response is to help remove and alleviate patient suffering (Donley, 1991). Scientific nursing interventions allow nurses to carefully attend to the physical bodies of their patients through "competent care for pain and other physical symptoms; relieving physical problems, and reducing psychological, social, and spiritual distress" (Ferrell, 2008, p. 246). Other comfort measures include keeping the patient clean; offering a caring touch through massage, backrubs, gentle repositioning techniques; or simply holding a patient's hand (Shelly & Miller, 2006). In addition, nurses also attend to the needs of family members during times of distress. Through encouraging words and assurance, nurses can help facilitate strength and comfort with their loved ones (Shelly & Miller, 2006).

How Human Suffering Impacts Christian Nurses

Nurses may assume their personal and professional identities as healers (Rowe, 2003). However, entering into human heartache and turmoil day after day challenges novice, experienced, and veteran nurses in overwhelming and profound ways (Gaudino, Braband, & Rogers, 2017). This emotional toll can leave nurses "feeling hopeless, powerless, and isolated" when they feel that their attempts at alleviating their patients' suffering have failed (Gaudino, Braband, & Rodgers, 2017, p. 17; Eifried, 2003). Frequent contact with pain and emotional distress may "lead caregivers to question their identity, wholeness, or integrity as healing persons" (Rowe, 2012, p. 21). Thus, the frequent exposure to human suffering in nursing practice can lead to the wounding of the healer (Rowe, 2012).

Wounded Healers

Henri Nouwen (1972) emphasized that the wounded healer must be prepared to care for personal wounds while also attending to the wounds of others. The Talmudic story below

portrays the compassionate presence of our Messiah, carefully attending to and binding his wounds, one at a time, and waiting patiently for the instant in which he will be called (Nouwen, 1972).

> Rabbi Yoshua ben Levi came upon Elijah the prophet while he was standing at the entrance of Rabbi Simeron ben Yohai's cave. He asked Elijah, "When will the Messiah come?" Elijah replied, "Go and ask him yourself." "Where is he?" "Sitting at the gates of the city." "How shall I know him?" "He is sitting among the poor covered with wounds. The others unbind all their wounds at the same time and then bind them up again. But he unbinds one at a time and binds it up again, saying to himself, "Perhaps I shall be needed: if so I must always be ready so as not to delay for a moment." (Taken from the tractate Sanhedrin, as cited by Nouwen, 1972, p. 81-82)

Jesus does not have to prepare himself when we cry out for help because he is already equipped to answer. Christ's wounds represent not only pain and sin; they also symbolize his victory, liberation, and healing powers (Vander Zee, 2012). Our personal scars embody the burden of human life; however, despite these deficits, we can never wander too far from God's love and forgiveness. As Vander Zee (2012) accurately expressed, "In Jesus's wounds, the wounds of human life are never far from the heart of God" (para. 26). Nouwen (1972) used this story to depict and explain woundedness and healing, two topics that are rooted in the work of helping professions, such as ministry, healthcare, psychology, teaching, and social work. Thus, this section of the paper will illustrate how this legend can be applied to nursing practice by focusing on two ideas: the wounded nurse and the healing nurse.

The wounded nurse.

What wounds do nurses bear? The foundation and heart of nursing practice relies on compassion, defined as a “sympathetic consciousness of others’ distress together with a desire to alleviate it” (Merriam-Webster, 2019, para. 1). A Christian nurse has an instinctive longing to nurture and to join into another’s suffering, often welcoming and claiming the pain and sorrow as her or his own (Harris & Quinn Griffin, 2015). This is quite a heavy burden to bear, especially when nurses are frequently incapable of extending human compassion to themselves, condemning themselves to a personal and professional lifestyle of dividedness (DeGroat, 2016). This dividedness prevents nurses from embracing God’s love and the love of others, often subjecting them to isolation and enslaving their hearts to feel only inadequacies, failures, guilt, and personal imperfections (DeGroat, 2016).

There are many threats found in nursing practice that impact this dividedness, leading to a festering of wounds that have never healed. Encountering upsetting patient scenarios similar to past events experienced by the nurse may leave her feeling vulnerable, triggering discomfort and heartache (Rowe, 2003). For example, a nurse who was abused at an early age by someone she loved and trusted may feel engulfed by pain and anger while caring for a child in the emergency department displaying similar signs of abuse that she once concealed.

Other times nurses may hold unrealistic expectations for themselves, such as being able to prevent diseases and deaths from occurring (Rowe, 2003). Despite the enormous strides in medicine, research, and technology, nurses must be mindful that sometimes they are helpless, powerless, and lack control over the progression of diseases and death (Rowe, 2003). These high expectations may even be placed on patients during treatment and recovery processes. If patients

fail to achieve goals, become noncompliant, or decide to stop treatment, nurses tend to bury these inadequacies internally (Rowe, 2003).

Patients may also hold high expectations for nurses. Technological innovations and increased autonomy allows patients to explore personal health issues outside the scrutiny and advisement of healthcare professionals (Rowe, 2003). Patients frequently "Google©" their symptoms, causing a series of distressing thoughts, anxieties, and expectations concerning their "self-diagnosed and unconfirmed" illness as well as potential treatment options. Patients armed with this information can be significantly challenging for the nurse, as she is usually the first person to greet, listen to, and assess the patient, bearing witness to unrealistic health demands. When the nurse is unable to meet unreasonable patient expectations, she is likely to become frustrated and overcome with discontent (Rowe, 2003).

Nurses also face overwhelming demands from the organization in which they are employed (Kelly, Runge, & Spencer, 2015). Although healthcare organizations are where patients go for healing, often the environment for nurses, doctors, and other healthcare staff is one of missed communications, errors, and stress. Such demands include staffing shortages, heavy patient acuity levels, taxing nurse-patient ratios, limited resources, and significant-cost cutting measures, all within an unsupportive and often toxic workplace environment (Harris & Quinn Griffin, 2015; Jackson, 2004; Kelly, Runge, & Spencer, 2015). These weighty demands impede on the nurse-patient relationship. As organizational expectations increase, nurses have little time to be present and actively engaged with their patients each time they enter their room (Jackson, 2004). Nurses encounter genuine guilt when they feel that they have not been able to accompany their patients during their most troubling times. Nurses yearn to simply be present in the moment--to hold the hands of their patients as they face pain, anxiety, sorrow, and fear and to

actively listen while patients speak of their suffering and grief (Jackson, 2004). Unfortunately, the demanding time constraints placed on the nursing staff interfere with a nurse's desire to perform holistic and compassionate work.

Facing moral and ethical dilemmas in the workplace only furthers the dividedness that nursing staff encounter. The American Nurses Association's *Code of Ethics for Nurses with Interpretive Statements* defines moral distress as "the condition of knowing the morally right thing to do, but institutional, procedural, or social constraints make doing the right thing nearly impossible" (Rushton, Schoonover-Shoffner, & Kennedy, 2017, p. 82). For example, a patient's family may request several medical interventions for their loved one in order to prolong life. However, an experienced and competent nurse may believe that these efforts will only prolong the patient's suffering. The personal and professional impact of moral distress in the workplace is alarming, causing nurse burnout, lack of empathy, job dissatisfaction, high staff turnover rates, and decreased quality of patient care (Rushton, Schoonover-Shoffner, & Kennedy, 2017; Weber, 2015).

This lifestyle of personal and professional dividedness creates disruption and turmoil, affecting the physical, emotional, and spiritual health of nurses. Chuck DeGroat (2016), an experienced Christian counselor, a pastor, and associate professor of pastoral care and counseling at Western Theological Seminary in Holland, Michigan, described this divided-self as failing to thrive. Nurses become fatigued and cynical; they may lose the compassion that originally motivated and inspired them to become a nurse. Thus, this dividedness has severe consequences on nursing practice and patient care.

Compassion fatigue.

The repeated efforts that nurses employ to ease another's suffering may leave the nurse feeling depleted and emotionally exhausted (Louw, 2015). Also, this exhaustion combined with personal inadequacies, failures, and guilt may lead to a concept known as compassion fatigue. Walker and Avant (2005) defined compassion fatigue as "the physical, emotional, and spiritual result of chronic self-sacrifice and/or prolonged exposure to difficult situations that renders a person unable to love, nurture, care for, or empathize with another's suffering" (as cited by Harris & Quinn Griffin, 2015, p. 82). A sense of professional helplessness develops, and the nurse is not able to deal with suffering in a meaningful way. The inner hope of the nurse becomes diminished, leading to spiritual exhaustion and devastating feelings of failure (Louw, 2015). During these troubled times, nurses may lose their spiritual insight and project their feelings of frustration and disappointment onto God (Louw, 2015).

Nurse burnout has been described as a response to prolonged and repeated job stress; often caused by increased workload demands, strenuous physical labor, lack of organizational leadership, and conflicting personal beliefs with administrative values (Frederick, Dunbar, & Thai, 2017). Emotional exhaustion, lack of motivation, disengagement, and depersonalization of patient care often arise from nurse burnout (Frederick, Dunbar, & Thai, 2017; Sorenson, Bolick, Wright, & Hamilton, 2016). Nurse burnout and compassion fatigue are often used interchangeably. However, a prerequisite for compassion fatigue requires the use of sincere compassion, whereas nurse burnout does not (Harris & Quinn Griffin, 2015). Harris and Quinn Griffin (2015) expressed that "nurses must possess compassion to experience the fatigue of it" (p. 82). Hence, a considerable difference in compassion fatigue and nurse burnout is the nurse's diligent and continual demonstration of compassion towards colleagues, patients, and families

(Harris & Quinn Griffin, 2015). This relentless, compassionate giving of one's self may deplete the nurse's healing energy toward her patients.

The manifestations of compassion fatigue are numerous and target the holistic health of the nurse. Symptoms of compassion fatigue include spiritual emptiness, extreme weariness, detachment from colleagues and patients, depression, lack of motivation, exhaustion, career dissatisfaction, and feelings of helplessness and despair (Harris & Quinn Griffin, 2015; Houck, 2014). Physical symptoms may also exist and include frequent headaches, gastrointestinal disturbances, and sleep irregularities (Harris & Quinn Griffin, 2015; Sorenson et al., 2016).

The spiritual and emotional conflict that compassion-fatigued nurses experience impact their job performance. Feelings of desperation and complete emptiness lead to poor clinical judgement, medical errors, decreased quality of nursing care, and patient disappointment (Harris & Quinn Griffin, 2015). As nurses become aware of their limitations, they discover their own woundedness and tend to distance themselves from their patients in order to disguise their own distress and anxiety (Gaudino, Braband, & Rogers, 2017; Missouridou, 2017). By putting on a fake mask, the wounded nurse detaches herself from her patients (DeGroat, 2016). This false image provides protection and allows her to feel in control despite the intense unraveling of her demoralizing situation. In addition, the nurse's half-hearted efforts leave her feeling further divided, weary, and fatigued. The nurse's behavior creates additional pain for her or his patients, as the nurse can no longer empathize with the suffering that patients are experiencing (Eifried, 2003).

The term *countertransference* has been used in the fields of psychology and psychotherapy to describe the healer's unconscious emotional reaction to the patient's wounds (Jackson, 2004). These unconscious reactions are often tied to the personal conflict and

unhealed wounds residing deep within the healer. Thus, the healer's reactions can undermine and interfere with the therapeutic process willed for the patient (Jackson, 2004).

A critical intervention intended to generate healing relies on the opening and expansion of one's self-awareness (Conti-O'Hare, 2002; Corso, 2012). Self-awareness can be a powerful tool, used to help nurses transform and transcend past personal and professional dividedness. As nurses are able to move beyond or transcend their wounds, they become authentically present and committed to sharing a deep empathy and loving energy toward those in need of healing (Jackson, 2004).

Healing through self-reflection and self-compassion.

It takes great courage and self-awareness for nurses to face their limitations and adversities, and attend to their unhealed wounds. Fortunately, God encourages everyone to reflect and look deep within ourselves to find our inner light (DeGroat, 2016). This inner light is anchored to God's steadfast love and mercy, and he urges us to find our true self. Discovering our inner light is one of the first steps aimed at healing our internal wounds towards a journey of becoming whole. A life of wholeness allows us to flourish and our grace becomes a "nourishing gift to others" (DeGroat, 2016, p. 85).

Self-reflection begins when we start truly analyzing our lives, recognizing our deepest desires, and peeling off the many false identities that we embrace. A common misconception is that these false identifies will bring us what we have been longing for, such as personal fulfillment, esteem, or beauty; but often they create even more dividedness and exhaustion (DeGroat, 2016). Our inner voice can be harshly critical and extremely shameful, telling us that we are "not strong enough" or "not good enough." The emotions that are triggered by this inner voice are often devastating, and our immediate reaction is to turn to something that can secure us

to make us feel worthy, happy, intelligent, or beautiful (DeGroat, 2016). Instead of turning to God, we cling to a life of dividedness and quick fixes to ease the sting of shame. We hide in addictions, work, entertainment, social-media, and cosmetic improvements (DeGroat, 2016). Repeatedly, we run away and hide in these self-assured therapies to escape the intimidation and fear projecting from our innermost self towards a life of perfectionism that we will never achieve. Unfortunately, these reactions only permit us to experience a lethargic half-life, rather than a life of abounding wholeness that God desires for all his children (DeGroat, 2016).

DeGroat (2016) reminds us that instead of running away from these overbearing and hurtful voices, we must confront them and hear what they have to say. Self-reflection requires us to utilize our curiosity in order to understand the messages that our inner voice is trying to reveal. Often times, these voices provide us a glimpse as to where our energy is being depleted (DeGroat, 2016). As we confront this "inner critic," we must rely on God's strength because these dark voices that are part of our shadowed-self merge to become part of our whole-self (Epstein & Altman, 1994). Self-reflection provides an opportunity for one to face, learn from, and join the disconnected parts of oneself on a powerful journey to becoming whole (Epstein & Altman, 1994).

In order for healing to occur, we must allow ourselves to become vulnerable and show ourselves self-compassion. Permitting ourselves to feel God's love and presence and accepting the support offered from our loved ones encourages us to follow the path to wholeness. Unburdening ourselves can be exhausting, but Jesus encouraged us to find rest in him (Matthew 11:28-30).

Self-compassion requires us to be mindful and keenly aware of our emotions and thoughts (Wiklund Gustin, 2017). Being kind to oneself and offering a supportive inner voice

provides encouragement and empowers us to be accepting of ourselves just as God created us. Having compassion for ourselves motivates us to lovingly care for every broken part of our being. We have the opportunity to experience God's freedom by extending grace, love, and compassion to the darkness lying within us (DeGroat, 2016). As we become united with our whole self, we begin to acknowledge our dazzling and beautiful inner light. This inner light radiates "love, joy, peace, patience, goodness, faithfulness, gentleness, and self-control" (DeGroat, 2016, p. 162). As we embrace God's presence, love, and freedom and awaken our inner lights for all to see, people around us begin to feel the Holy Spirit at work. A life of wholeness energizes us to be present and connected with others while being entirely attuned to others' needs and not our own (DeGroat, 2016). Living in unity and in communion with God equips us with the perseverance to overcome life's burdens, granting us unlimited grace and humility to extend love, compassion, and empathy unto others.

The healing nurse.

Christian nurses working towards a life of wholeness maintain their stamina, strength, and stable-center through their reliance on God. Nurses who are aware and attentive to their wounds can become a powerful source of healing when tending to the pain and suffering of another (Corso, 2012). Through intense self-reflection and self-compassion, God's endless love flows through their pain, awakening their senses to an overwhelming feeling of liberation and adoration from the Father. God's overwhelming love creates space in their hearts for patients to feel welcomed and accepted amidst the pain and heartache they are experiencing. The journey to a life of wholeheartedness tells us

> “that we can only love because we are born out of love, that we can only give because our life is a gift, and that we can only make others free because we are set free by Him whose heart is greater than ours.” (Nouwen, 1972, p. 91)

When nurses find their true self, they can be free to let others enter into the space they have created, accepting them for who they are and allowing them to express themselves and their vulnerabilities without fear, shame, or intimidation (Nouwen, 1972). The hospitality that the nurse demonstrates is inviting, allowing the patients to recognize and share their anguish and distress with the nurse. A healing nurse must be able to emulate an authentic presence with his or her patient through active listening, transparency, and sharing in the weight of pain and suffering though compassionate accompaniment. This intimate and personal interaction allows the patient and the nurse to understand that suffering is “integral to our human condition” (Nouwen, 1972, p. 93) and our wounds symbolize hope and liberation in a transformative journey to becoming whole. We are all united in suffering and this concept is revealed in 1 Corinthians 12:12-26.

The end of the Talmudic story describes Rabbi Joshua ben Levi going to the Messiah at the gates of the city:

> “Peace unto you, my master and teacher.” The Messiah answered, “Peace unto you, son of Levi.” He asked, “When is the master coming?” “Today,” he answered. Rabbi Yoshua returned to Elijah, who asked, “What did he tell you?” “He indeed has deceived me, for he said, “Today I am coming and he has not come.” Elijah said, “This is what he told you: “Today if you would listen to His voice.” (Nouwen, 1972, p. 95)

Exerting a healing presence in the midst of profound human dividedness and wounding can be significantly challenging and exhausting for Christian nurses. However, finding their true self

and dwelling in unity and communion with their Savior provides nurses refuge and strength to be therapeutic vessels for their patients. When nurses live a life of wholeness, or shalom, they allow God to cleanse and purify their wounds (DeGroat, 2016) so that they can readily respond to the wounds of others, following in the healing and faithful footsteps of Christ.

Self-Compassion, Care, Spiritual Renewal, and Resilience in Nursing Practice

The journey to healing and wholeness is a life-long process. As nurses mend their own wounds, they are overwhelmed with gratitude recognizing that their wounds can be a powerful source of healing to others (Epstein & Altman, 1994). Finding the courage to share their wounds with others displays leadership, growth, humility, and wisdom. Furthermore, nurses develop a sense of community with their supporters and the healing energy that resonates from these relationships empowers them to stay grounded and deeply rooted to Christ's steadfast love. His undeniable mercy provides nourishment as nurses transcend past the dividedness that has consumed their lives. Their wounds are gradually transformed into gifts that may be used to aid in the healing of others. However, nurses must recognize that self-compassion, care, and spiritual renewal are essential requirements for their holistic health.

Self-Compassion, Care, and Spiritual Renewal

Self-compassion and care are vital to the nurse's well-being (Farina, Minerva, Glunt, & Bernardo, 2018). Self-compassion refers to treating oneself with kindness and support and embracing an inner dialogue that is comforting, understanding, and empathetic (Wiklund Gustin, 2017). Compassionate self-care allows nurses to feel entitled to their reactions, acknowledging that feelings of powerlessness, fear, and anxiety are normal when encountering personal suffering and when entering into the suffering of others (Wiklund Gustin, 2017). Self-

compassion allows for acceptance of oneself rather than a constant urge to evaluate or criticize oneself. Finding our true-self facilitates growth and development and promotes personal health.

The American Nurses Association *Code of Ethics for Nurses with Interpretive Statements* (2015) emphasizes the importance of self-care. Provision Five calls attention to self-care and is highlighted below:

> Fatigue and compassion fatigue affect the nurse's professional performance and personal life. To mitigate these effects, nurses should eat a healthy diet, exercise, get sufficient rest, maintain family and personal relationships, engage in adequate leisure and recreational activities, and attend to spiritual or religious needs. (American Nurses Association Code of Ethics for Nurses with Interpretive Statements, 2015, p. 19).

Likewise, self-care also encompasses solitude. Solitude provides the nurse authentic quiet time by oneself, presenting an opportunity for self-discovery (Duffy, 2009). Self-discovery prompts nurses to become aware of their needs, feelings and impulses (Duffy, 2009). During this private time nurses may also engage in mindfulness practices that promote physical, mental, and spiritual well-being. Mindfulness practices include, but are not limited to, deep relaxation and meditative practices, yoga, imagery, and prayer (Farina et al., 2018; Duffy, 2009). Such interventions require nurses to stay open and aware, directing their attention inward to achieve a state of calmness and serenity. Research concludes that mindfulness strategies may lead to a reduction of stress in healthcare workers (Brennan, 2017; Kelly & Tyson, 2016).

Christian nurses need to be "attuned to the proddings of the Holy Spirit" (O'Brien, 2018, p. 86). By allowing nursing care to be guided by the Holy Spirit, nurses must pay close attention to their spiritual self-care (McMillan, 2016). A stressful and difficult shift may empty the nurse's empathetic and compassionate attitude as they are constantly giving therapeutic vigilance

but not receiving from others (McMillian, 2016). However, the emptiness that they experience may be seen as an opportunity in which God can replenish their vessel with the fruits of the spirit: love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control (Galatians 5:22). Jesus stated, “I am the vine; you are the branches. Whoever abides in me and I in him, he it is that bears much fruit, for apart from me you can do nothing” (John 15:5). Living a committed and obedient life deeply rooted in Christian faith provides us with spiritual strength to live according to God’s design and purpose. As the Holy Spirit flows through us, our lives are transformed to produce fruit, pleasing to God. A life of wholeness is enriched by these nine Godly attributes and equips nurses with the strength to persevere past personal wounds and the suffering found in the nursing profession.

Frederick, Dunbar, and Thai (2018) emphasized that reconnecting with God through the Holy Spirit may be a positive coping strategy when faced with stress, worry, and professional burnout. Spiritual renewal practices may include scripture reading, prayer, and mindful mediation (Frederick, Dunbar, & Thai, 2018). For example, these authors described the use of the Jesus Prayer, an ancient spiritual practice. The Jesus Prayer states, “Lord Jesus Christ, Son of God, have mercy on me, a sinner” (Frederick, Dunbar, & Thai, 2018, p. 274). By inhaling and stating, “Lord Jesus Christ, Son of God,” one experiences the breath of the Holy Spirit and stating “have mercy on me, a sinner” during exhalation allows the release of guilt, shame, anxiety, and worry (Frederick, Dunbar, & Thai, 2018). Thus, the Jesus Prayer reconnects us with the Holy Spirit through attentive breathing exercises.

Resilience in Nursing Practice

Reclaiming abundant joy in life involves the use of personal characteristics such as hope, faith, optimism, self-awareness, flexibility, humor, social support, and perseverance (Stephens,

2019). These qualities promote resilience in nursing practice. Resilience is described as "the ability to recover or bounce back in a healthy, adaptive way after experiencing challenges or stress; resilience is an important emotional competency because resilient individuals typically grow stronger in this process of renewal" (Finley, 2018, p. 1186). Facing adversities, overwhelming stress, and multiple personal and professional responsibilities require nurses to develop robust knowledge, skills, and attitudes necessary to withstand reoccurring challenges in practice (Finley, 2018; Stephens, 2019).

Individual traits that reflect resilience and wellbeing include self-confidence, resourcefulness, curiosity, level-headedness, flexibility, and emotional stamina (Brennan, 2017). Moreover, resilient nurses are capable of eliminating internal and external negativity by staying committed to adaptive coping strategies such as finding a work-life balance, exercising, engaging in family activities, social networking, socializing with friends, enjoying hobbies, and participating in spiritual practice (Brennan, 2017). Concentrating on what truly matters in life and devoting daily time and energy to these activities helps enhance personal resilience (Stephens, 2019).

Role-modeling humility in nursing practice empowers nurses to confess when they are feeling fatigued, stressed, and depleted. Nurses have a personal responsibility for maintaining their personal health (Stephens, 2019). Furthermore, Provision Five of the *Code of Ethics for Nurses with Interpretive Statements* (2015) emphasizes that "[t]he nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth" (p. 19). Advocating for oneself and discussing personal feelings of distress and exhaustion with family, friends, colleagues, clergy, or a counselor is an essential component of self-care

(Froneman, Du, & Koen, 2016; Harris & Quinn Griffin, 2015, Turner, & Kaylor, 2015). Thus, resilience is enhanced through strong support systems and adaptive coping strategies.

Also, providing time for meaningful reflection fosters resilience (Finley, 2018). During times of distress, nurses may make poor decisions based on their emotional reactions and limited information. Thoughtful reflection allows nurses to broaden their perspective, acknowledging that an informed perspective, grounded in evidence, enhances clinical decision-making skills (Stephens, 2019). Taking time to pause to process emotions and thoughts provides nurses protection against work-related stress and nursing burnout (Finley, 2018).

Furthermore, creating a resilient workplace requires help from management at every level within a healthcare organization (Brennan, 2017; van Wijlen, 2017). Healthcare leaders must be alert to the needs of their staff, be equipped to recognize the signs and symptoms of physical and emotional exhaustion, and intervene to provide support services as needed. Acknowledging worker contributions fuels resilience and revitalizes nursing staff (Harris & Quinn Griffin, 2015; Kelly, Runge, & Spencer, 2015). Encouraging timeouts for nurses working in high acuity settings is an essential intervention when they vocalize feelings of physical and emotional depletion. Timeouts allow a nurse to step away for five to ten minutes to reflect, refresh, and allow the mind and heart to be refilled (Harris & Quinn Griffin, 2015). Finally, regularly scheduled debriefing on patient care units provide opportunities for nursing staff to discuss stressors and prolonged difficult patient situations. Open dialogue focusing on events, actions, perceptions, feelings, and cognitive processing enhance coping strategies and aid in reframing challenging situations and communication among nursing staff (Harris & Quinn Griffin, 2015).

Conclusion

In order for past wounds to heal, nurses must recognize their humanity and vulnerability. Through chaos, disorder, and dividedness, nurses find their personal strength through Christ. Found at their center and united with God, their true self radiates a spectacular inner light that becomes a nourishing gift to their family, friends, colleagues, and patients. With God's strength, nurses transcend past personal pain and distress and become increasingly empathetic and sensitive to the suffering of others. Nurses enter into the suffering of their patients to alleviate pain, provide compassionate comfort, and create healing environments. As long as they stay anchored to God, nurses can create peaceful, loving, and hospitable relationships with their patients, relieving distress and restoring wholeness through human connection (Ferrell, 2008). The writer in 1 Corinthians 12: 12-26 emphasizes that we are all united in suffering (O'Brien, 2018) and are called to show love and concern for others.

> As a body is one though it has many parts, and all the parts of the body, though many, are one body, so also Christ. For in one Spirit we were all baptized into one body, whether Jews or Greeks, slaves or free persons, and we were all given to drink of one Spirit;…The eye cannot say to the hand, "I do not need you," nor again the head to the feet, "I do not need you." Indeed the parts of the body that seem to be weaker are all the more necessary, and those parts of the body that we consider less honorable, we surround with greater honor and our less presentable parts are treated with great propriety. …But God has so constructed the body… that the parts may have the same concern for one another. If one part suffers, all the parts suffer with it. (1 Corinthians 12: 12-26).

References

Adams, M.P., Holland, N., & Urban, C. (2017). *Pharmacology for nurses: A pathophysiologic approach* (5th ed.). Boston, MA: Pearson.

American Nurses Association. (2015). *Code of ethics for nurses: With interpretive statements*. Silver Spring, MD: American Nurses Association. Retrieved from https://www.nursingworld.org/coe-view-only

Brennan, E.J. (2017). Towards resilience and wellbeing in nurses. *British Journal of Nursing, 26*(1), 43-47. doi:10.12968/bjon.2017.26.1.43

Cassell E. (1991). Recognizing suffering. *Hastings Center Report*, *21*(3), 24. Retrieved from http://ezproxy.nwciowa.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=106099281&site=ehost-live&scope=site

Carnevale, F. A. (2009). A conceptual and moral analysis of suffering. *Nursing Ethics, 16*(2), 173-83. Retrieved from http://dx.doi.org.ezproxy.nwciowa.edu/10.1177/0969733008100076

Cloud, H. & Townsend, J. (1992). *Boundaries*. Grand Rapids, MI: Zondervan.

Compassion. (2019). In *Merriam-Webster Dictionary*. Retrieved from https://www.merriam-webster.com/dictionary/compassion

Conti-O'Hare, M. (2002). *The nurse as wounded healer: From trauma to transcendence*. Sudbury, MA: Jones and Bartlett Publishers & National League for Nursing.

Corso, V. M. (2012). Oncology nurse as wounded healer: Developing a compassion identity. *Clinical Journal of Oncology Nursing*, *16*(5), 448–450. Retrieved from http://search.ebscohost.com.ezproxy.nwciowa.edu/login.aspx?direct=true&db=rzh&AN=104421545&site=ehost-live&scope=site

Deal, B. (2011). Finding meaning in suffering. *Holistic Nursing Practice, 25*(4), 205-210. doi: 10.1097/HNP.0b013e3182271db

DeGroat, C. (2016). *Wholeheartedness: Busyness, exhaustion, and healing the divided self*. Grand Rapids, MI: Wm. B. Eerdmans Publishing.

Donley, R. (1991). Spiritual dimensions of health care: Nursing's mission. *Nursing and Health Care, 12*(4), 178-183.

Duffy, J.R. (2009). *Quality caring in nursing: Applying theory to clinical practice, education, and leadership*. New York, NY: Springer Publishing Company.

Ecumenical Creeds and Reformed Confessions. (1988). *Human corruption, conversion to God, and the way it occurs*. Grand Rapids, MI: Faith Alive Christian Resources.

Eifried S. (2003). Bearing witness to suffering: the lived experience of nursing students. *Journal of Nursing Education*, *42*(2), 59–67. Retrieved from http://search.ebscohost.com.ezproxy.nwciowa.edu/login.aspx?direct=true&db=rzh&AN=106821405&site=ehost-live&scope=site

Epstein, D. & Altman, N. (1994). *The 12 stages of healing: A network approach to wholeness*. San Rafael, CA: Amber-Allen Publishing and New World Library.

Farina, S.M., Minerva, E., Glunt, J., & Bernardo, L.M. (2018). Introducing mindfulness practices for self-care: Outcomes of a brief education session. *Journal for Nurses in Professional Development, 34*(4), 194-198. doi: 10.1097/NND.0000000000000456

Ferrell, B. R., & Coyle, N. (2008). The nature of suffering and the goals of nursing. *Oncology Nursing Forum*, *35*(2), 241-247. Retrieved from http://link.galegroup.com.ezproxy.nwciowa.edu/apps/doc/A177025008/AONE?u=nwcollege&sid=AONE&xid=7b77228b

Finley, R.S. (2018). Reflection, resilience, relationships, and gratitude. *American Journal of Health-System Pharmacy, 75*(16), 1185-1190. doi:10.2146/ajhp180249

Frederick, T. V., Dunbar, S., & Thai, Y. (2018). Burnout in Christian perspective. *Pastoral Psychology, 67*(3), 267-276. Retrieved from http://dx.doi.org.ezproxy.nwciowa.edu/10.1007/s11089-017-0799-4

Froneman, K., Du, P., & Koen, M. (2016). Effective educator-student relationships in nursing education to strengthen nursing students' resilience. *Curationis, 39*(1), 1595-1595. doi:10.4102/curationis.v39i1.1595

Gaudino, R., Braband, B., & Rogers, A. (2017). Entering into suffering: Being transformed and transforming the healer. *Journal of Christian Nursing, 34*(1), 17-23. doi: 10.1097/CNJ.0000000000000335

Hanson, B. (2012). School of suffering. In M.T. Lysaught & J.J. Kotva (Eds.). In *On Moral Medicine: Theological Perspectives on Medical Ethics* (3rd ed.). (Chapter 9, Section 62). Grand Rapids, MI: Eerdmans. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=579971&site=ehost-live&scope=site

Harris, C., & Quinn Griffin, M.T. (2015). Nursing on empty: Compassion fatigue signs, symptoms, and system interventions. *Journal of Christian Nursing, 32*(2), 80-87. doi: 10.1097/CNJ.0000000000000175

Hemberg, J. (2017). Finding keys for alleviating human suffering. *International Journal of Caring Sciences, 10*(1), 47-53. Retrieved from http://search.ebscohost.com.ezproxy.nwciowa.edu/login.aspx?direct=true&db=rzh&AN=123010433&site=ehost-live&scope=site

Houck, D. (2014). Helping nurses cope with grief and compassion fatigue: An educational intervention. *Clinical Journal of Oncology Nursing, 18*(4), 454-458. Retrieved from https://doi-org.ezproxy.nwciowa.edu/10.1188/14.CJON.454-458

Jackson, C. (2004). Healing ourselves, healing others: First in a series. *Holistic Nursing Practice*, *18*(2), 67–81. Retrieved from http://ezproxy.nwciowa.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=106733323&site=ehost-live&scope=site

Kelly, L., Runge, J., & Spencer, C. (2015). Predictors of compassion fatigue and compassion satisfaction in acute care nurses. *Journal of Nursing Scholarship, 47*(6), 522-528. doi: 10.1111/jnu.12162

Kelly, M., & Tyson, M. (2016). Can mindfulness be an effective tool in reducing stress and burnout, while enhancing self-compassion and empathy in nursing? *Mental Health Nursing*, *36*(6), 12–17. Retrieved from http://search.ebscohost.com.ezproxy.nwciowa.edu/login.aspx?direct=true&db=rzh&AN=127544240&site=ehost-live&scope=site

Louw, D. (2015). Compassion fatigue: Spiritual exhaustion and the cost of caring in the pastoral ministry. Towards a ‘pastoral diagnosis’ in caregiving. *HTS Teologiese Studies/Theological Studies, 71*(2), 1-10. doi: 10.4102/hts.v72i2.3032

McMillan, K. (2016). Employee spiritual care: Supporting those who care for others. *Journal of Christian Nursing, 33*(2), 98-101. doi: 10.1097/CNJ.0000000000000258

Missouridou, E. (2017). Secondary posttraumatic stress and nurses’ emotional responses to patient’s trauma. *Journal of Trauma Nursing*, *24*(2), 110–115. Retrieved from https://doi-org.ezproxy.nwciowa.edu/10.1097/JTN.0000000000000274

Nouwen, H.J.M. (1972). *The wounded healer: Ministry in contemporary society*. New York, NY: Image Books Doubleday.

O'Brien, M.E. (2018). *Spirituality in nursing: Standing on holy ground* (6th ed.). Burlington, MA: Jones & Bartlett Learning.

Pain. (2019). In *Merriam-Webster Dictionary*. Retrieved from https://www.merriam-webster.com/dictionary/pain

Rowe, J. (2003). The suffering of the healer. Nursing Forum, 38(4), 16-20. Retrieved from http://dx.doi.org.ezproxy.nwciowa.edu/10.1111/j.0029-6473.2003.00016.x

Rowe, J. (2012). Nurses' perceptions of the suffering of the healer. *International Journal for Human Caring*, *16*(3), 21–27. Retrieved from http://ezproxy.nwciowa.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=104432192&site=ehost-live&scope=site

Rushton, C.H., Schoonover-Shoffner, K., & Kennedy, S.M. (2017). Executive summary: Transforming moral distress into moral resilience in nursing. *Journal of Christian Nursing, 34*(2), 82-86. doi: 10.1097/CNJ.0000000000000386

Shelly, J.A. & Miller, A.B. (2006). *Called to care: A Christian worldview for nur*sing (2nd ed.). Downers Grove, IL: InterVarsity Press.

Sorenson, C., Bolick, B., Wright, K., & Hamilton, R. (2016). Understanding compassion fatigue in healthcare providers: A review of current literature. *Journal of Nursing Scholarship, 48*(5), 456-465. doi: 10.1111/jnu.12229

Stegmeir, D. (2005). Why in the world is their suffering? *Journal of Christian Nursing, 22*(3), 16-20. doi:10.1097/01.CNJ.0000262305.54157.42

Stephens, T.M. (2019). Building personal resilience. *American Nurse Today, 14*(8), 1-8. Retrieved from https://www.americannursetoday.com/building-personal-resilience/

Stock, J.N. (1987). A pastor responds: God works through suffering. *Journal of Christian Nursing, 4*(3), 6-7.

Suffering. (2019). In *Merriam-Webster Dictionary*. Retrieved from https://www.merriam-webster.com/dictionary/suffering

The New Student Bible: New International Version. (1992). Grand Rapids, MI: Zondervan.

Turner, S.B., & Kaylor, S.D. (2015). Neuman Systems Model as a conceptual framework for nurse resilience. *Nursing Science Quarterly, 28*(3), 213-217. doi:10.1177/0894318415585620

Vander Zee, L.J. (2012). *He showed them his wounds*. Retrieved from https://www.reformedworship.org/article/december-2012/he-showed-them-his-wounds

Van Wijlen, J. (2017). Healing the healer: A caring science approach to moral distress in new graduate nurses. International Journal for Human Caring, 21(1), 15-19. doi:10.20467/1091-5710.21.1.15

Weber, E. (2015). Moral distress, workplace health, and intrinsic harm. *Bioethics, 30*(4), 244-250. doi:10.1111/bioe.12181

Wiklund Gustin, L. (2017). Compassion for self and others as key aspects of well-being in changing times. *Scandinavian Journal of Caring Sciences*, *31*(3), 427–433. Retrieved from https://doi-org.ezproxy.nwciowa.edu/10.1111/scs.12536

Yancey, P., & Stafford, T. (1992). Cries from the heart: Songs for sorrow as well as joy. In *The New Student Bible: New International Version* (pp. 493-494). Grand Rapids, MI: Zondervan.

Yancey, P. (2013). *The question that never goes away: What is God up to or not in a world of such tragedy and pain?* Grand Rapids, MI: Zondervan.