

Editorial Comments

The year 2020 has not only been quite eventful, but also turbulent, not only for nurses and midwives, but other health professionals, scientists, researchers, politicians, as well as religious organizations worldwide, occasioned by the Corona virus pandemic. The World Health Organization (WHO) declared 2020 the year of the nurse and midwife, but they never had a premonition that something sinister would emerge to ravage the whole world. The emergence of the Corona virus pandemic in the year declared for nurses and midwives calls for many questions and interpretations. Why does it occur this year? Is it because the year was declared for Nurses and Midwives to give additional task to their routine duties? For sure it did, and many have died in the process (May their souls rest in peace). Again did the pandemic emerge to expose the difficult condition under which many nurses in many parts of the world worked? For sure it also did, as many health facilities in many parts of the world were caught unprepared, or was it to unravel to the world the important role nurses and midwives play as frontline health professionals? I am sure the world has seen this and there are testimonies from well-placed persons who said without mincing words that nurses are heroes. Maybe God just wanted to show the world that He is still in charge. You may add your own questions and views. Whatever may be the case, coronavirus pandemic has taught many lessons to many people including you and I.

The year 2020 has also been very remarkable for CICIAMS. The 7th Africa Regional conference of CICIAMS scheduled to take place in Nairobi, Kenya, was unavoidably halted, including CICIAMS Executive Board and General Council meetings, scheduled to take place at the conference. However, there was an aspect of the General council meeting that was not postponed - the election into the Executive Board which had to be conducted electronically, perhaps for the first time. The election had to take place in keeping with Article 7 of the CICIAMS standing orders. All the positions on the executive board were contested for, except the post of the Secretary General, whose tenure is not yet completed. Nominations of candidates and applications took place as in previous elections, except the actual voting which was done electronically by member associations in good standing with CICIAMS. At the end of the elections Dr. Rosemary Khosi Mthethwa, emerged as the new CICIAMS International President, replacing Ms Geraldine McSweeney, who had completed her tenure.

Ms. Francisca Malantin was elected the president of the Asian Region of CICIAMS, in place of Dr. Theresa Cheong, who also had completed her tenure. Also in the European region of CICIAMS, Dr. Gosia Brykczynska, was voted in as the new regional president, to replace Ms Mary Dolan, whose tenure had also expired. However, the regional president of the African region, Mrs. Lucy Thanga' and that of the Pan American region, Dr. Marian Nowak, were both re-elected for a second term. Others who were elected were: Mrs. Bolanle Onwubiko, who replaced Mrs. Janet Muchengwa, as the new financial manager/treasurer, Mrs Joyce Asufi, also replaced Dr. Marie Hilliard, as the new Chairperson of the Ethics committee, while Janet Muchengwa, became the new chairperson of the committee on statutes. Mrs. Stella Chisunka, was elected to take over

from Dr. Khosi, as the chairperson of the professional committee, while Dr. Patricia Staley and Anne Lydia Kabimba, maintained their positions as CICIAMS representative to the United Nations and Chairperson of the Midwives committee respectively, having been re-elected for a second term. There was however no valid nominations for the post of the chairperson of the committee on the family.

The elections have come and gone, but not without some impacts on the executive board and individual members. The exit of some of the members of the old executive board has posed serious challenges to the incoming ones. This is because offices in CICIAMS, as an international organization, are quite challenging, and calls for greater commitment and dedication.

I therefore appeal to all members of CICIAMS to cooperate, support and pray for the new executive board to enable it carry out this great task. CICIAMS NEWS congratulates them and wishes them a peaceful and successful tenure in office.

I like to use this medium to sincerely thank and appreciate the outgoing members of the Executive Board, namely, Geraldine, Mary Dolan and Theresa Cheong, for their good works for CICIAMS over the years. May God reward and bless you for your sense of commitment and dedication. Theresa had been CICIAMS representative to the United Nations and UNICEF, as well as a very committed president of the Asian region. Mary Dolan until her exit was an active president of the European region as well as a committed representative to the WHO. CICIAMS wishes them well in their future endeavors. Please continue to guide and advise the incoming board.

In a special way, I wish to appreciate the immediate past international president, Geraldine McSweeney, for who she is for CICIAMS. Geraldine is a woman of substance, whose name is synonymous with CICIAMS itself. In fact, she is CICIAMS personified. Time and space may not permit us to say all the good things we know she has done for CICIAMS, as the immediate past president and as a one-time Secretary General, but it is pertinent just to mention that Geraldine actualized the establishment of CICIAMS General Secretariat in Rome, thereby bringing CICIAMS closer to the centre of the Catholic Church. We cannot thank her enough, but we wish her God's abundant blessings, long life and success in her future endeavors.

Finally, I thank all those who have contributed towards the production of this edition of CICIAMSNEWS. Without you, it wouldn't have been possible. We appeal to all National Presidents to always respond to calls for submission of articles as this is the only way we can keep the publication of this news bulletin active.

Wishing you a merry Christmas and a Corona-free new year, 2021. God bless.

Donatus Akpan
Secretary General



The Importance of the Virtue of Hope in our Work



The World Health Organization (WHO) has designated the year 2020 as the “Year of the Nurse and midwife”, in honour of the 200th birth anniversary of

Florence Nightingale, considered to be the founder of Holistic Nursing.

An African Archbishop suggests that “Hope is the theological virtue which receives the least attention. Yet it is the most needed to keep the flames of faith and love alive” [1].

Hope is expressed and nourished in prayer, especially in the 'Our Father', which summarises everything that hope leads us to desire. Each one of us should hope, with the grace of God, to persevere "to the end" and to obtain the joy of Heaven, as God's eternal reward for good works accomplished with the grace of Christ. In hope, the Church prays for "all men to be saved." [2]

The history of medicine is filled with documentation of the importance of a person's belief in faith and hope. For example, Hippocrates thought that an ill person's mind and soul should be inspired before the illness is treated. St Luke, the physician, is recognized as one of the earliest examples of a Christian ministry that combines medicine with spiritual healing. [3].

Holistic Care

The Spanish verb for hope is 'esperar,' which

also means 'to wait'. This dual definition seems appropriate, since hope can involve the process of waiting for clarification about what is to come.

Florence Nightingale taught nurses to focus on the principles of holism: unity, wellness and the interrelationship of human beings and their environment.' <https://www.ahna.org/About-Us/What-is-Holistic-Nursing>.

Our patients must be allowed faith, trust and hope in our skills in caring for all their needs. One of the healthcare provider's first duties to a client is to inspire hope through the development of a therapeutic relationship and the provision of appropriate and accurate health education and information. Healthcare providers have many occasions for helping to clarify their patients' needs for information, to demystify incorrect perceptions or assumptions, thereby providing reassurance and hope. Hope is a vital element in healing, but it is not the same as the promise of a cure [4].

Patients need to understand that symptom relief is part of treatment, though cure may be impossible. The Nurse's Code of Conduct expects nurses to do no harm, conduct holistic needs assessments, be evidence-based in their practice and act as an advocate for the vulnerable. The Code of Conduct highlights the ethical importance of patient advocacy which is integral to practice for all nurses and midwives:

3.4 “act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care” [5].



Patients warrant nurses and midwives to adhere to the requirements of their ethical code. The key is not necessarily about how long we spend interacting with a patient, but how well we use the time we have with them to communicate hope through respect and empathy.

Secularism

It is argued that a major challenge to the virtue of hope is the culture of the 'New Secularists'. They want only their views and values to be taught and allowed in public life. We need to recognise the new secularism for what it is – an attempt to undermine and destroy Christianity. We need to stand against the fundamentalism of secularism, and we need to stand up for the poor, the young, the disabled and the marginalised (who most need the Good News), by proclaiming the gospel of Christ against the elitism and intolerance of our new fundamentalist atheists.” [6].

Within such an encroaching secular culture, the right of conscientious objection for nurses is compromised and threatened. Ethical codes are an excellent means of hope for the practitioner, wishing to work in line with their nursing code's principles which can provide protection for both the patient's benefit and that of the nurse.

Care for the Professionals

Health care is a tough profession. It is physically, mentally, and emotionally draining at times. Yet at other times, we can experience a patient or moment that reminds us why we entered our profession. The cross of Christ, rather than being a decoration or a mark of identity, equates with the essence of our pain and struggle. It tells us that there is hope: *“Nothing in my hand I bring, simply to thy cross I cling.”* [7]

A system of Clinical supervision is a vital method of staff support. It helps to remind busy staff that every patient is individual and unique; it provides support to individuals; encourages communication within the team; and it helps to improve team dynamics.

We need to focus our attention, too, on the formative stages of the professions, while nurses are learning their roles within a

hospital. Modelling hope and compassionate behavior is crucial in the message it sends to all levels of staff, it is especially important when students are in hospital to observe and learn. Effective mentoring is important in teaching settings and for practitioners at the start of their careers. Teaching the virtue of hope and its importance cannot be underestimated for the future workforce

Futile Care

The encroaching climate of unjustified 'futile care' beliefs where the ethos of the Good Samaritan is undermined and often lost, demands the need for patient advocacy. 'Modern Bioethicists' (often with no medical training), may consider the patient care as 'futile', and wasted on a 'futile life' for 'futile costs.' Such a utilitarian approach to human life is similar to the [radical pro-abortion platform](#) where 'choice' is not apparent but a pro-death agenda. The cost of conscientious objection can be high but Christian hope is seen from the beginning of Jesus' preaching in the proclamation of the Beatitudes. They outline the path of trials that await the disciples of Jesus, whose words can only help us in our roles as patient advocate: *“Whatever you did to the least of my brethren, you did it to me”* (Matthew 25:40).

Suffering

Positive, healthy relationships with others and with a higher power, can provide the basis for hope. Without these connections, a sense of loneliness and isolation can lead to a spiritual crisis. Spiritual well-being is a concept, well recognised for its importance as part of holistic nursing care. Regardless of what treatment regime is required for the medical care of a person, nurses should nurture faith and hope in themselves and their own potential to help their patients.

St Paul was well-acquainted with suffering. *“We can boast about our sufferings. These sufferings bring patience, as we know, and patience brings perseverance, and perseverance brings hope, and this hope is not deceptive, because the love of God has been poured into our hearts by the Holy Spirit which has been given us”*. [8].



Research on the effects of hope

Studies have found that intrinsic religiosity and spiritual well-being are associated with hope and positive mood states in elderly people coping with cancer.[9].

Research on the effects of hope and health have found that hope results in:

- a greater number of goals being set by an individual
- more difficult goals chosen,
- more personal happiness,
- less distress,
- better coping skills when dealing with difficult life situations, and
- faster recovery from physical illness and injury.[10].

Conclusion

Having a constant awareness of God, is intrinsically human, “*stamped on our being as an operating system, installed, waiting to be launched...God remembers us before we remember God.*” [11].

Augustine addressed God with his well-known prayer in his book of Confessions: “*You move us to delight in praising You; for You have made us for Yourself, and our hearts are restless until they rest in You.*” [12]. Even when there is nothing left to do medically, we can nurture the patient's faith and hope in something or someone beyond his or herself. Patients are often fully aware when there is no cure for them. They warrant, however, care which is hopeful, holistic, compassionate and spiritually and emotionally healing.

“*The poor and the sick are the heart of God. In serving them we serve Jesus Christ*”(St Camillus, Patron saint of Nursing).

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Advice to nurses from Blessed Hanna Chrzanowska for these difficult times

In these difficult times it is easy to lose sight of essentials; in the growing pressure to cope and get the nursing work done, we risk forgetting why we became nurses in the first place and where we can and should turn for spiritual support and moral re-assurance. Our role model in these exceptional times should be our patron Blessed Hanna, who clearly stated, that our role is *“to help those who are suffering to carry their Cross, and through them to help Christ. It cannot be otherwise, because after all, our work came into being as work of the Church. From the very beginning we tried to seek inspiration for our work from the pages of the Gospels, where there are so many examples of Christ's relationship with those who are suffering...”*

As Blessed Hanna observed, *“nursing an ill person [-] cannot be restricted to purely physical nursing activities; it has to also have some apostolic character. From the very beginning we have attempted to follow the words of Pope Pius XII from his Encyclical about The Mystical Body of Christ - that “Priesthood among those who are sick lies not only in the hands of anointed priests, but among all those, who perform acts of charity towards the sick.” We try to deliver our nursing care of the sick to the highest possible (professional) standard, but at the same time we are*

developing our work in another [spiritual] direction. In truth it is impossible to speak about two directions, as there is only one direction, because a person is one psychosomatic unit.”

We know that our patients are one psycho-social and spiritual unit – just as we are who are practising nurses and healthcare workers, so it becomes logical and imperative that we make sure that the spiritual dimension of the human person is also addressed not only their physical needs. This should be so both in regards to the sick we are looking after and in regard to ourselves and our families. And there is no better way to support our spirits and nourish our souls and those of our patients than by prayer and enabling the reception of the sacraments. However as Blessed Hanna said, *“...The work we do, the kind of services we deliver, is an apostolate of action, not words, and this helps in preparing the way [for conversion]. How can a suffering man comprehend the depth of Christianity, or even an aspect of Christianity, when he is unwell and neglected, and cannot see any effort being made to bring him physical relief?”*

Whether the patient is religious or not, wealthy or destitute, their spiritual needs remain the same, and as Blessed Hanna noted *“neglect in this sphere is sometimes greater among rich people or*

those from the so-called thinking classes, than among simple folk.” Almost prophetically she observed back in the 1970s that *“...Patients are forced by their illness and pain, which is greater or smaller, less or more immobilising to become isolated from the external world, alone in their flat, spending all their time surrounded by the same people, which is often a very narrow group of people. The sick in effect become increasingly isolated.”* This is exactly what we are witnessing among the frail elderly and chronically sick who are isolating themselves in their homes because of COVID-19 pandemic. Other patients are cared for in hospitals in reverse-barriers nursing conditions that are anti-sympathetic to spiritual reassurance and psychological support. Meanwhile, healthcare workers themselves are increasingly becoming depressed and cannot see much ahead of the next nursing task. In such circumstances, the call to base, i.e. to prayer is all the more important. As Blessed Hanna said, *“In delivering nursing care, it is necessary to take into consideration the psyche of the chronically ill patient, as one cannot limit oneself to what is universally called, charity regarding the soul and body. In our case we care for the infirm body and through this nursing intervention create the possibility for a close relationship between the patient and God.”* In order to create this



possibility – we need to pray for our patients. As Bl Hanna noted, “...the common factor in these acts of conversion was the prayer of the parish nurse.”

Nurses and healthcare workers need to pray for themselves, their families but also their patients. What better intercessory guide can we have than Blessed Hanna herself? Praying for Blessed Hanna's intercession through her litany, or praying the rosary or The Divine Mercy Chaplet, and remembering before the Lord our work, our patients and our families and home life, should be our renewed task. As many a saint has observed, the more work there is to do the more we should pray; even if it just consists of short sighs of Love, or focusing on a cross/holy picture hanging on the wall – for these are all part of the rich bouquet of prayers gathered up and presented to the Lord. Blessed Hanna goes even further suggesting that “We must teach people how to pray at the bedside of the dying and of course, we ourselves must pray, though naturally not necessarily on our knees, and definitely not neglecting our duties.” So, we need to pray and we should be prepared to help others to pray.

There is however, as Blessed Hanna observed, “...A fundamental problem in our apostolate [-] the nature and mystery of suffering. This is a huge problem and it is getting more and more difficult, especially with the spread of materialistic consumption in our society. In such an atmosphere, the spirit of sacrifice is undervalued, or even rendered completely incomprehensible. So it is not easy for the contemporary person to understand the purpose of suffering, which is synonymous

with sacrifice and renunciation.” This problem of secularisation of our society and therefore all that affects the patient cannot be ignored. This is happening all around us.

But Catholic nurses should try and stay focused on their patients, and try to deliver holistic care without neglecting their patient's spiritual wellbeing, even if the patient is consciously unconcerned about spiritual matters. In fact, the more serious the illness the more likely the patient or the family at some point will challenge its cause, question the sense of it all, and try to query the inexplicable. As Blessed Hanna said, “...Based on [my] observations and on our own experience we can assure you, that in most cases the answer to the question “Why me?”, or “What is this for?”, is best answered simply, by ‘this is God's mystery, in the same way as God's mystery is the Suffering of Christ’. I have noticed, that even a rebellious patient, awaiting discussion on this subject, someone who is full of internal turmoil, yet faced with such a response ceases to discuss, calms down, and becomes more trustful. And this is the foundation upon which other truths will grow, the full truth, the one which will bring liberation to the sick. And the ill need liberation so desperately. They cannot escape the enslavement of their bodies, but they can drop, or at least relax their spiritual fetters.”

She goes on to say, “The fact that we ourselves, at least as long as we are healthy, are not afraid of death that is quite another matter. However, it does not mean, that we do not acknowledge the fact of the fear of death existing among our patients. Such fears exist and are quite natural. The fact that

most patients hold on so desperately to the thin thread of life is on one hand proof of their having been brought-up without adequate understanding of death, but on the other hand it demonstrates how precious the gift of life is to everyone. How strongly old people fight for their life - the question: “Am I dying?” is quite frequent. And such questions should be answered individually... At times like that we can only behave with tact and respect.” Blessed Hanna has given us this sensible nursing advice, and it is now up to us to reflect upon it.

Finally, and in conclusion some friendly words from Blessed Hanna, “First of all we must be humble. We are not in a position to understand completely the nature of suffering, to feel the pain caused by long immobilisation; we do not know what really happens in the soul of an ill person. We mustn't lord over them, we must only serve. Otherwise we would not be following the example of Christ. We cannot go to our patients with the conviction that we will raise them to some spiritual heights. Whose? Ours? God help us! Don't delude yourselves, that we will inevitably deepen their faith. Very often the situation is quite the opposite, it is they who deepen our faith and enrich us. It is precisely those silent and meek patients, who manage to keep to themselves their 'holiest of holy spaces in their innermost soul.”

Based on the writings of Blessed Hanna; Transcript of talk delivered by Bl. Hanna Chrzanowska

14 February 1973, in Warsaw, to The Bishops Conference on Pastoral Work

2020: THE YEAR FOR THE NURSE AND MIDWIFE; A YEAR INDEED

By IYARE, BEATRICE EHIGIATOR (RN; RAEN; RM; RNE) - NIGERIA



The year, 2020, is declared the International Year for the nurse and midwife, by the World Health Organization (WHO), to mark the bicentenary of the birth of Florence Nightingale, the founder of modern nursing. In declaring 2020 the year for the

nurse and midwife, WHO recognizes the wonderful contributions both professions make in global health, especially when she considers the associated risks faced by nurses and midwives resulting from acute shortages of members of these two professions. Other reasons WHO set 2020 aside to honour the nurse and midwife are:

- For the release of the first state of the World's Nursing Report prior to the 73rd World Health Assembly in May 2020.
- Culminate the Nursing Now Campaign.
- Recognize the contribution of the majority of worldwide work force of over 50%.
- Bring to the attention of the world the shortfall in global health workforce.
- Finally, as a support medium for nurses and midwives who help boost the economic growth of different nations of the world. The number of female nurses are more than the males in every nation of the world, no wonder the gender inequality faced by these special professionals.

Nurses play multiple roles in health care delivery, they serve as managers, educators,

advocates, primary care givers, counselors etc. After obtaining their basic education, some go further to specialize in Accident and Emergency, Reproductive Health, Ear, nose and throat nursing, psychiatry/mental health, orthopaedic nursing, peri/post-operative, ophthalmic, anaesthetic and so on. These make them experts who utilize various skills/techniques in the care of the patients who present with different kinds of problems. There is a call to service as the Nurses Anthem phrases "we are specially ordained for this vocation; yes I'm proud to be a nurse". The Catholic Nurses Nigeria anthem puts it this way "workers with Mary" the mother of Jesus Christ. Something unique also took place this year despite all the chaos, the Nigerian Medical Association through their National President, Dr. Francis Adedayo Faduyile, on 7th of April acknowledged for the first time openly the enormous contribution of these great professionals who sometimes work under intense pressure, subjected to high workload and very inhumane conditions in a very fragile health care system. The nurse/midwife earned this respect finally from the medical profession who before now always claimed autonomy in the care of patients. A tree they suddenly realize does not make a forest. To God Almighty be the glory.

When WHO declared 2020 the year of the nurse/midwife she had no idea there was going to be a pandemic that will affect millions of people across the globe within a short span of time. She had no idea nurses/midwives would be caught up in situations of vulnerability. WHO in my opinion thought "these groups of health care workers should be celebrated, appreciated, showcased and applauded openly world-wide for their marvelous contributions to humanity". Then the unpredictable happened and panic swept through the whole world within a very short period of time. The hard working, confident,



passionate nurse/midwife had to work under the most intense pressure to care for the numerous cases of COVID-19 patients with little or no protection. They had none to little interactions with other colleagues for moral support. They suffer isolation with their patients. Paradoxically, for the nurses it means the reward for good work is more work and death, because rather than being celebrated as intended by the WHO, nurses and midwives have turned out to be mourned and sympathized. There was high mortality rate among the infected cases and the nurses/midwives, the empathic care givers were not left out; (CNN report of 10th May 2020 confirmed 4,040,289 cases and 279,565 deaths globally). The mocking face of 2020; the year for the nurse/midwife kept staring as if to say, "you are a nurse/midwife; work and salvage the situation now". There was absolutely no sympathy. A quote from Jesus' encounter with the bad thief on His crucifixion "If you are the son of God, save yourself and save us" came to mind. In the nurses' case, "care for yourself and care for us if you are actually the manager, care-giver, educator etc". How very sad! They paid the ultimate price in the line of duty. They received little care and compassion, most of them could not spare any thought for themselves rather they were eager to find solution to help those numerous patients. It was worse than what was experienced in times past in Africa when the dreaded Ebola reared its ugly head, worse than Lassa fever that claimed lives within some African countries, Nigeria, Liberia and Congo being hit the most.

In some States of the United States of America, they worked without Personal Protective Equipment (PPE). United States is a developed country but during the pandemic some nurses had no PPE; (imagine then what happened in countries like Nigeria). Their employers whose duty it was to protect them made inadequate provisions for these very essential items. They were forced to work exposed as their complaints fell on deaf ears. Those who refused to work were sacked. That's 2020 for you, the year for the nurse/midwife; a year of global confusion; a year indeed.

The insensitive rulers/politicians/administrators of our time showed little sympathy; like Jesus Christ; our Saviour, some fell and rose to work again, others fell and never rose. They paid the ultimate prize; martyrs of our time. The nurse always cares for the physical, the spiritual and the emotional man.

This was not achieved this time around. There was no room for tender touches, no time for soft whispers of comforting words, no provision for sick-calls to their priests/pastors, no last sacrament for the dying; how very sad! The trauma was unbearable, many nurses cried, many prayed, many sought the internet to send messages they thought could help others take precautions. They saw their patients die in their numbers without a last wish, a last request, a last opportunity to pray with, sing, hold hands and give comfort. A patient was here now, the next moment he was gone, so was the nurse/midwife, the care giver. It was so frustrating that most of them became shadows of themselves, 2020: the year for the nurse/midwife; a year indeed.

Like the founder of modern nursing Florence Nightingale, the nurse/midwife worked tirelessly, though surrounded by darkness in broad day light, they keep the light of Christ burning to emulate their heroine, to stand firm in the line of battle, to look up to the rugged cross of Christ alone for help and comfort. Social distancing did not keep them away from Christ, their rosary was their constant companion, the blood of Christ by which they were consoled kept them safe, they forged ahead, day in day out; that is how the year of the nurse 2020, left the celebration mood to a sad one, filled with fear and anxiety. Those drafting the proposed report really have a task at hand, it is going to be an unpleasant one. Emotions will run high in response to all the recent happenings. One then wonders what the selfish leaders of our time will do. Will they correct their mistakes or will they like Pharaoh, continue to harden their hearts? Although it is very obvious that COVID-19 was no respecter of persons, most people still do not want to understand.

As we honour our fallen heroes/heroines, let us remember that God loves us and that He called us to work in this vineyard to bring healing to the needy. He loves us and cares for us; that is why Jesus Christ sacrificed Himself for us to live while we were yet sinners. God created all men in His own image and likeness, therefore let us treat the person next to us as Christ. The bible says "if you do not love your neighbor you cannot say you love God". May God continue to empower us with the grace to work for Him in His vineyard, amen! May the Lord reward us with everlasting life as we continue to nurse unto Christ, amen!



A “NEW NORMAL” OF “HEART” DURING COVID-19

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At the end of 2019, the WHO reported a new novel viral pneumonia that had originated from the Wuhan province of China (WHO,2020a). By 20 April 2020 this virus had spread to more than 200 countries around the globe, with 2,314,621 total confirmed cases and 157,847 death cases. More than 50% of the transmissions were classified as coming from cluster cases (WHO,2020b).The respiratory droplets and physical contact have been confirmed as the primary routes of transmissions (WHO,2020c)

Furthermore, as of this writing there are no vaccines or any other effective treatments for this new disease. Therefore a number of basic measures have been recommended to guard against the transmission of the coronavirus, such as frequently washing our hands and disinfecting our hand by alcohol-based disinfectant, avoiding touching our face, covering our mouth and nose with our elbow or tissue when coughing (and disposing of any tissues immediately after using them). Finally, maintaining a distance of at least one meter from other people in order to keep you safe from the droplets in the breath of others that may include the COVID-19 virus. All of these measures were recommended by WHO (WHO,2020d)

Unfortunately, after all the efforts to prevent the spread of the virus, the number of those infected has still been growing steadily. And because merely maintaining social distancing seems not to work effectively, many countries decided to proceed to a complete lockdown, such as India, China, France, Italy, New Zealand, Poland and the UK (Business Insider, 2020).However, in Japan, although never enforcing a complete lockdown, they announced the state of emergency in the first week of April 2020. It covered seven prefectures (Tokyo, Kanagawa, Saitama, Chiba, Osaka, Hyogo and Fukuoka) (NHK,2020). And again, in the end the measures taken seem to ineffectively decrease the number of new cases, hence by now all of Japan is under a nationwide state of emergency (BBC,2020).

Likely around the world, all state of emergency measures impacted many sectors of life, from big businesses, those in the medical field or the everyday lives of ordinary people. But nevertheless, the most vulnerable community that was hit by this pandemic has been the elderly. According to a 2014 report, 33% of the Japanese population is more than 60 years old (Japanese Statistical yearbook, 2016).In addition to the issue of a shrinking population of Japanese due to the low fertility rate, many elderly people today are living in nursing homes.

In this case the writer would like to bring attention to one nursing home named COCORO, written as “kokoro” in standardized Hepburn romaji, and translated in English is “heart”. Therefore, the title of this article is the new normal of “heart” during COVID-19. Cocoro is in Hiroshima, western Japan. The nursing home consists of 80 elderly people with 100employees. Mainly the clients of Cocoro are elderly people around 90 years old and who still can do their daily activities. Before the advent of the COVID-19 pandemic, all the clients at Cocoro were actively involved in their daily lives, preparing food, enjoying their free time, and, while at Cocoro, doing social activities such as singing together, playing games, or engaging in light exercise routines. On special occasions such as New Year's, Cocoro opens their facilities so that family members related to the clients and people living in the area

can attend and participate in doing Mochitsuki, an activity to prepare mochi or sticky rice cakes using wooden hammers. (Note: In Japan, New Year's is a bigger holiday than Christmas, and mocha has been eaten for New Year's since at the Heian period, (794-1185.) At that time, mocha was eaten in hopes that it would give your teeth and bones strength for the New Year because any mocha set out as an offering had become tough to eat by the beginning of the new year. Further, the word "mocha" sounds similar to the Japanese word for "to hold" or "to have," so mocha is eaten in hopes of gaining good fortune over the coming year.)



Mochitsuki event during new year between the clients, family of the clients or neighbors



Making cake together as a part of daily activities at Cocoro

But when the COVID-19 pandemic outbreak came to Japan in early January, and finally the government announced the state of emergency affecting all of Japan's prefectures, Cocoro decided to do some countermeasures to protect their clients and staff. Starting from the beginning of April, all visitors were prohibited to visit their family members in the nursing home, except in emergency situations. But as compensation in order to enable the clients of facility and their family members keep in communications, Cocoro provided clients with web communication. This affordance was a novel way to introduce the elderly to the new technology given that such technological systems were



unavailable to the clients when they were young.



Clients of Cocoro communicate through skype with their family

Furthermore, although normally Cocoro provides services for daily visitors to the elderly around the nursing home, in order to prevent the spread of infections, the service has been stopped temporarily. And also, all employees who can work from home are encouraged to do so during the crisis. Nevertheless, although all activities such as hanami/viewing cherry blossoms were stopped to prevent clients from becoming infected by the virus, so Cocoro continues to bring the seasons inside through seasonal dishes and decorations.



Sakura Mochi, mostly eaten whenspring comes

In the end, the staff at Cocoro were trying their best to provide the “normal life” to their clients and support the clients, family and all workers during this hard time for all of us around the world. Hopefully everything will be getting better soon and we can face this world with a renewed vigor. Regards from Japan



Cocoro staffs and the clients of Cocoro



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THE NURSE

Nurses, our heroes!
Nurses, we
salute you!
You're special
You are brave!
You're out of the ordinary!
Compassionate, caring and kind!
You're fighters!
Humane and yet human!
You're always in the front line for all medical emergencies,
Minus protective gear, you care! Always calm and focused!
You've nursed patients with Corona in ICU, isolation rooms!
You've calmed the raging relatives!
You've directed the doctors "Dr, he seems not to respond to
treatment. He still has spiking fevers, the cough is still dry,
weakness still persists, generally I'll patient"
If not for your bravery, where would patients be?
Yes, chosen, heroic and noble
Nurses, you are conquerors
Yes, Nurses, I salute you
Yes, Nurses I pray for you!
God has huge protection for you!.

By Anne Kabimba, Kenya