



*I can't wait to tell you about...*



Anne van Loon  
Chairperson AFCNA

## Dragon

Have you ever been on a few home visits to people and found it hard to remember exactly what was agreed on by the time you return to the office to document the visits?

Well I have been trialling 'Dragon Dictate' to help with this. It is one of several dictation apps that you can use on your iPhone (free) or android (\$4.99). The program converts speech to text and lets you to send a text message or email with minimal hand use.

I have a friend with advanced MS who uses it in her workplace to communicate. It has enabled her to keep working for the past year with only minimal function of one hand. Dragon has shortcut buttons to push your transcribed text to your phone, Facebook or an email message, but it doesn't store your notes. It could be useful for older people living with muscle weakness, vision impairment, or anyone who has difficulty typing and sending texts.

As with most voice recognition software you need to speak slowly, clearly and keep a steady rhythm. No "like...", "aaaah" or "y'know". I've had some funny translations while learning to use it, but once I learned how to speak, it was more accurate. I have found it best to speak the text as it comes to me without stopping for mistakes and just edit it later. Make sure there is no background noise, droning traffic can hinder recognition. Find a quiet spot and speak about the same volume as you do on the phone.

FCNs could find it helpful for note taking when doing a home visit. You might go to your phone after the visit is over and speak a note into the phone. You might include your assessment, a summary of what was discussed, interventions carried out, care plan changes negotiated and anticipated outcomes and review times. Then you can send it as an email to yourself and transfer the information into your case notes. Always delete the email and ensure the case notes are password protected files on the computer to ensure client privacy.

Give it a go. It's a clever app and it's free!  
<http://www.nuancemobilelife.com>

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## Make a difference to people in need

Following a lengthy time working as a hospital nurse, I trained in the relatively new nursing speciality of Faith Community Nursing, or Parish Nursing as we termed it in the Anglican Church. It was a new concept and not understood by everyone. Older nurses would wonder whether I knew what I was doing; the question of 'what if someone should die' was a concern for some and that issue certainly was considered thoughtfully, because people do die! However, they can also live well until they die with the help and support from a Parish Nurse and caring congregation. Working with an insightful Vicar was helpful.

For me, the issue of trust in the plan that God has for each person, was and remains more important than trying to *be* the God I might desire to see or want to have right now. That was the issue facing Pastor Granger Westburg when he set in place Parish Nursing in Chicago USA in the 1980s. He saw that people who had been hospitalised and were discharged did not have their needs met for ongoing care. Many of these people did not have the finances to receive further care.

As a Christian who trusts in the power of prayer, I have had to work on trusting in God's provision, especially when situations have lead me to the edge of my human knowing; prayer and listening to God were the only alternatives. I remember Helena, an elderly single woman, who had been a teacher, social activist, and loving aunt to many. She developed early dementia and began to be at risk living alone. Helena's sister and her friends didn't want anything to change for Helena. They wanted her to live alone as she had always done. It took many months walking alongside them to encourage them both to explore the benefits that living in a community home might have for Helena. Eventually they chose a large room and made the decision to move. In the early days, as we walked to the front door at the end of my visit, Helena would say she didn't feel as old as the other residents. In time she began to see her living situation as her home and her family. This transition required Helena to trust us, her sister, her friends, her Vicar and her parish nurse. In a trusting friendship, and given time and information, they came to the decision that was best for them and experienced the change with minimal angst.

I grew up in Perth and the church I attended has a window, inspired by painter William Holman Hunt, of Christ standing before a door without a handle. The door has thick bands of ivy keeping it shut. As a child I wondered why. In recent years I have gained an understanding. William Holman Hunt said the shut door represents 'the obstinately shut mind'. Christ

stands at the door of our heart and knocks, waiting for us to open and let him in.

Earlier this year, the destruction of a plane flying in Ukrainian airspace impacted my family. My cousin and his three grandchildren were part of the 298 crew and passengers that died in that disaster. It was unbelievable and indescribable. Our family reeled under the impact it had on the children's parents, my cousin's widow and the extended family. It shattered our confidences in humanity and was extremely challenging to grasp. For me I chose to open the door of my heart—I linked into relationship with people who could help me keep a spiritual perspective on this situation so I could try to get a handle on what it all meant.

One of the people who cared was a Pastoral Nurse in Geelong. She listened to my fears, without trying to find words, and gave me some Prayer Shawls and Healing Hearts to take to Perth for my family. From my church in Malvern, Victoria I received a Prayer Shawl, woven by a 95 year old woman. When I met the distraught parents, I placed the shawl on the children's mother, and as she bent over, I wordlessly stroked her back, over the shawl. I gave them both some Healing Hearts which they immediately just held. That was enough. They wove their children into our hearts at the Memorial Service, and it is my prayer that they will be able to continue to weave their lives together after such tragedy, into a shared future.

So what are the benefits of having a Parish Nurse in your church or workplace? Countless! This ministry is one of ways that Jesus stands at the door of a person's heart and knocks. It opens doors to His love, His light, His hope and His church. It gives people wanting to belong to a church a chance to come through the door and find their place, no matter what their religious affiliation or circumstances might be. Their need is real, and if the church is able to help share God's grace then they are blessed, we are blessed and God is blessed, and healing and health ensue.

Our compassionate actions fuelled by the Holy Spirit can meet specific needs and the ripples that develop extend far beyond our line of sight. The question is: will we stand at the door and knock and bring light, love, peace and hope into another's darkness?

### **Elsbeth Jones**

Former Parish Nurse  
St George's Anglican Church  
Malvern Victoria



## Pocket Hearts and Prayer Shawls



Pastoral Healthcare Network Australia sells pocket hearts similar to the ones Elsbeth received. They can be given to people in their time of grief, illness or suffering as a tactile reminder that they are loved and being prayed for.

Orders: [phnaoffice@gmail.com](mailto:phnaoffice@gmail.com) or phone 5249 5799 or 0408 217 375. (\$5 each plus \$1.00 for postage/handling)

You may like to get people in your church to make some. There are numerous styles and free patterns on the web, so get people to support your community and become creative making pocket hearts and prayer shawls.

Patterns for prayer shawls : <http://www.shawministry.com/instructions.html>. Tips for use and instructions about an accompanying message: <http://www.lionbrand.com/prayerShawlCards/>

## Second Pastoral Care Nursing course in Goroka



Nineteen people completed the second Introduction to Pastoral Care Nursing course to be presented at Goroka in Papua New Guinea's Eastern Highlands. Among them were lecturers from the Lutheran School of Nursing in Madang, as well as other church leaders from Madang and Goroka. Course leaders were the Rev Robert and Mrs Lynette Wiebusch, with input from Goroka nurses who are part of Lutheran Nurses Outreach Ministry. Graduates received their certificates in a service at St John's Lutheran church and, at the end of the service, each graduate was introduced to the congregation.

A joint committee of Goroka and Madang nurses will develop a strategy for expanding Pastoral Care Nursing in PNG, focusing initially on urban areas. Another introductory course is scheduled for Madang next August.

## 'Coaching' *is not* having all the answers

FCNs often face people and families who are experiencing turmoil for various reasons. The typical health care response is to 'help' by telling the person how they might 'fix their problem'. However, we know that knowledge alone does not enable the lifestyle changes that promote health. From the sporting arena, we know that coaching can encourage and empower the person or team to make changes and create a game plan that enables winning. Coaching allows people to be the expert of their own lives, while supporting them to take actions that move them toward their full potential.



Rather than needing to have all the answers, a coach asks questions that stimulate creative thinking and help the person to draw from their personal strengths and knowledge, and discover what God is already doing and preparing in their life. In this way coaching empowers the person to take responsibility for their life around issues that are significant for them.

Insights, ideas, strategies and ideas for action that are generated by the person are more likely to work. Coaching enables a person to grow. It does not tell them what to do, but helps them decide how they want to progress in their life. Coaching is a relationship that equips and empowers. The discipline required by the FCN is active listening and the ability to ask powerful questions.

This requires a strength based approach—rather than seeing the person as someone who needs our 'help', or our 'solution', we approach them as a person who has the capacity to solve their issues, overcome their challenges, and fulfil their God given potential. It takes the perspective that the person knows the intricacies and depth of their life experience and their preferences, making them the authority in what works and does not work for them. God has placed within each person gifts, talents and strengths. The FCNs role, as a coach, is to ask questions that help the person to realise their strengths, shift barriers to movement, and ask questions that reframe the issue. It's about creative questioning that shifts current thinking and enables the person to reimagine their situation.

If you want your health and care ministry to engage in coaching Mission Australia has a *COACH* program which matches disadvantaged families and young people with trained volunteers from church communities to enable them to move into a brighter future for themselves. Further information <https://www.missionaustralia.com.au/coach>

In South Australia we have another coach program called *Family by Family* which is a network of 'sharing' families helping 'seeking' families make the changes they want to make. *Family by Family* find and train families who have been through tough times, but have come out the other side with more ups than downs, and link them up with a family who want some help making their own life changes. The families work together on achieving their goals to enable them to move toward thriving lives. Further information [leanne@familybyfamily.org.au](mailto:leanne@familybyfamily.org.au)

The *Model for Healthy Living* developed by the Church Health Centre provides a good resource to work with people around all the aspects of their lives that contribute to health and wellbeing. The FCN can then use coaching skills to enable the person to set personal goals in each area that will move them into a healthier future. Further information [http://www.chreader.org/contentPage.aspx?resource\\_id=712&listWebPage\\_id=1](http://www.chreader.org/contentPage.aspx?resource_id=712&listWebPage_id=1)

A good resource to start learning about coaching individuals and communities is Keith Webb's book *The Coach Model for Christian Leaders*, <http://keithwebb.com/coach-model>.

# Supporting the family living with mental illness

**1. Do not blame the family.** The family of the person living with mental health challenges can neither cause nor fix their family member's illness. They need understanding and support as they can feel embarrassed about their family member's behaviours from time to time.

**2. Show compassion and empathy.** The family are often tired, frustrated and this is best ameliorated by your understanding and encouragement. Let them talk about what it is like and vent if they need to, without judgement or fear. That enables them to go back and continue to patiently walk alongside their loved one as the journey is a long and lonely one for many family members. The less hostile or critical they are with their family members the less likely that person is to relapse; supporting the family has a direct impact on wellbeing of the person.

**3. Know what you are dealing with.** It helps to find out a bit about the illness that the family are dealing with, so educate yourself from reliable sources. This helps to build your tolerance, understanding and empathy. For example:

- Mueser KT, Gingerich S (2006) *The Complete Family Guide to Schizophrenia: Helping Your Loved One Get the Most Out of Life*. NY, USA: The Guilford Press.
- Torrey EF (2013) *Surviving Schizophrenia* NY, USA: Harper Collins
- Miklowitz, DJ (2011) *The Bipolar Disorder Survival Guide: What You and Your Family Need to Know*. NY, USA: The Guilford Press.

**4. People cannot 'snap out of it'.** Diseases such as schizophrenia, bipolar and deep depression have serious symptoms for the person. Families and friends often want the person to 'snap out of it'. The person's thoughts and actions are usually not under their control and it is not wilful strange behaviour, but a manifestation of the illness. The person usually does not have insight into their bizarre behaviour so they cannot comprehend the impact it has on others.

**5. Keep the expectations realistic.** After a person has been admitted into hospital well intentioned people may think that the person is 'fixed' before discharge. Some mental illness is chronic. It can be managed but it may never be completely cured. Continually fine tuning the expectations along the trajectory of the illness helps to maintain an optimistic and realistic set of expectations for everyone.

**6. Keep the stressors on the family low.** Support them as they require. Ask them how it would be best to provide them with the support they need to continue to be an effective carer. Consider short and longer respite help if it's needed. Don't step in and take over. Rather, ask how you can best help and stick to that.

**7. When the family do reach out for support—provide it.** The stigma of mental illness stops a lot of people asking for help. Many have had bad experiences from well-intentioned people. Appropriate support



that bolsters the family's strengths can build resilient families. Helping them find networks of people coping with similar issues can help.

8. **Encourage Involvement with MH team.** Urge the family to be a part of the MH team's case management of their loved one. In this way they have input into a care plan that is more likely to work toward recovery. They may need support to do this if they lack confidence.
9. **Pray for the family.** The person living with MH issues and their family may want the regular support of prayer. Recognise that they may need this kind of prayer support for a long time. Recovery is possible but it may take time and relapses may occur.
10. **Include and embrace.** The family and the person living with mental illness are an important part of your faith community. Including them is not an act of compassion or charity, it is actually important for the health and wellbeing of your whole community. Each person as an image bearer of Christ has been created with unique gifts, strengths and talents that are needed by the body of Christ—your church. They are an important and necessary part of your community and need to be included and embraced as equals. This can mean church may get 'messy' at times and it can be challenging, but it is essential if we are to reflect what it means to be made whole in Christ.

Anne van Loon, RN, PhD

Tartakovsky, M. 2011, '15 ways to support a loved one with serious mental illness', *Psych Central*. Retrieved on November 14, 2014, from <http://psychcentral.com/lib/15-ways-to-support-a-loved-one-with-serious-mental-illness/0007039>.

## Health and Care Ministry training opportunity

Health and Care Ministry (HCM) is a practical expression of Jesus' call to follow him and aims to encourage Christians to live their lives in ways that are just, honest, ethical and compassionate. South Australian FCNs and others interested in HCM have an amazing opportunity to receive training and support in their HCM from Baptist Care. This ministry development is open to people from any denomination.

Workshops for 2015	Venue: Baptist Care House	Dates
<b>Introduction to Health and Care Ministry</b> Biblical principles behind HCM and practical issues including models, teamwork, boundaries, self-care in ministry, health and care activities and ethical practice		Mon 9 <sup>th</sup> & Tues 10 <sup>th</sup> February 9.30 am–4.30 pm
<b>Developing Thriving Communities</b> How to promote the health of the community using an 'Asset Based Community Development' approach that works with a person's or community's strengths, rather than simply meeting their deficits. It will show you a more empowering approach to community care by viewing people as the experts of their own future.		Mon 2 <sup>nd</sup> & Tues 3 <sup>rd</sup> March 9.30 am–4.30 pm
<b>Becoming an Informed Friend</b> Equips HCM workers to journey alongside someone living with a chronic condition to befriend, enable, encourage and support as needed		Mon 4 <sup>th</sup> & Tues 5 <sup>th</sup> May 9.30 am–4.30 pm
<b>Coaching for Healthy Living</b> Uses the Church Health Centre's Model for Healthy Living (see July newsletter for details and <a href="http://www.chreader.org">http://www.chreader.org</a> ) as the basis for developing your coaching skills to enable people to maximise their personal health and wellbeing, regardless of their health status		Mon 15 <sup>th</sup> & Tues 16 <sup>th</sup> June 9.30 am–4.30 pm
<b>Prepared to Share—Mental Health Support</b> Prepares you to share effectively in the life of someone living with a mental health condition. HCM workers need to equip themselves and other volunteers in order to nurture a compassionate and empowering community that is inclusive and embraces our most vulnerable people, such as those living with severe and persisting mental illness.		1 or 2 day workshop Mon 14 <sup>th</sup> & Tues 15 <sup>th</sup> September 9.30 am–4.30 pm

These workshops are open to anyone with an interest in HCM for only \$50/day (includes course materials and lunch). However, for those who want to dig a little deeper and develop their skills further, these workshops can be accompanied by further assignments and some additional exploration to become Certificate IV in Pastoral Care.

Residents of SA also have the opportunity to do their Cert IV in Pastoral Care under the 'Skills for All' subsidised training. The SA Government is sponsoring some TAFE courses under this program, which means you pay only the \$342.50 administration fee and achieve a savings of almost \$2,000 on this certificate course! To take advantage of this amazing opportunity you need to enrol immediately for 2015 through Tabor Adelaide and select the 'Baptist Care Option' in the enrolment process. The Government reviews monthly which courses will receive 'Skills for All' funds and can cease that funding at any time. Once you are enrolled they are committed to sponsor your study. Therefore people wanting to study next year will need to make the decision now and enrol immediately.

### Certificate IV in Pastoral Care—Baptist Care option

There is also a Baptist Care option of Tabor Adelaide's Certificate IV in Pastoral Care. The curriculum focuses on promoting pastoral health and providing a pastoral care ministry within your church and local community. This course commences in February 2015 and ends in November 2015. It requires attendance at all of the above workshops and some additional Monday mornings during school terms. If you want more information email Vicky Legge at Baptist Care ([vlegge@baptistcaresa.org.au](mailto:vlegge@baptistcaresa.org.au)) or phone her on 8273 7100 (Mon–Tues).

Even if you choose to do the course through Baptist Care you need to enroll at the Tabor website <http://www.taboradelaide.edu.au>. Select the 'APPLY NOW' button which takes you to the VET Application Form. Complete the form and under the option 'I wish to apply for...' select 'Certificate IV in Pastoral Care (Baptist Care Option)'.

### Certificate IV in Pastoral Care for Nurses

Baptist Care is also offering nurses the opportunity to complete the accredited Certificate IV in Pastoral Care. This is an affordable way for nurses to equip themselves with the foundation skills they require for the FCN role in an accredited course. When enrolling, please let Vicky know that you are a Registered Nurse. AFCNA will acknowledge your completion with a *Certificate in Foundations of Faith Community Nursing* on notification of your successful completion from Baptist Care.

This is an amazing opportunity and we recommend your prayerful consideration about your involvement. Tabor Adelaide enrolls Christian students from any denomination. All are welcome to apply. THIS IS A LIMITED OFFER SO YOU MUST ENROL NOW!



Vicky Legge RN, Dip Min/Theol, Cert IV PC, Cert IV TAE  
Educator at Baptist Care

*Let us not love with words  
and speech but in actions  
and in truth.*

1 John 3:18

*Love cannot remain by  
itself, it has no meaning.  
Love has to be put into  
action and that action is  
service.*

Mother Therese



# AFCNA Prayer points

- Existing FCNs will be inspired, enabled, empowered and equipped to be effective in their places
- Board: that our decisions, governance, plans for 2015 will have integrity, innovation and be in step with God's plan for FCNs in Australian and internationally
- 'Give me 5' membership drive will grow new members and that existing members would become active in ministry, professional development and networking
- Planned new resource material will be helpful and effective
- Baptist Care's preparation courses for pastoral health and care ministry will enable more Christian churches to consider HCM as a 'door opening' ministry that heals and restores.
- Australian churches will encourage health and care ministry and facilitate new FCN positions
- Strengthening of existing networks with Church Health Centre, NZFCNA, APNRC, LPNN, NCF and new networks to develop
- LPNN and Rev Robert and Lynette Wiebsuch as they prepare people for HCM and FCN roles in Goroka Papua New Guinea.
- FCNs in Pakistan who continue to minister and train despite difficulties. Pray for their leadership, safety and that God will bless this ministry, in spite of the obstacles, as it brings healing and hope to people living there.



## Give me 5

We are asking everyone to take up the 'give me 5' challenge.  
It's simple—during 2015...

**5 newsletters** Give away 5 copies of the AFCNA newsletter each time it arrives in your inbox. There is a PDF link to the newsletter on our webpage ([www.afcna.org.au](http://www.afcna.org.au)). You can also print five copies and prayerfully place them into the hands of 5 people or in 5 places such as your church, café, hairdresser, GP waiting room, workplace, library, hospital, university...

**5 members** AFCNA is asking everyone to invite five people to become members during 2015. You can place the newsletter and a membership form in the hands of another potential member that God lays on your heart.

**5 minutes** Then take 5 minutes each week to pray for AFCNA, the 5 newsletters, the 5 potential AFCNA members and watch God mobilise people by his Holy Spirit to become faith in action, love in expression and hope in motion in their community.

Go on... give me 5

# Faith in action

I recently met Claire, a 30 year old registered nurse at a chronic disease management seminar. She asked me what I was currently doing so I shared with her about my role as a health and care ministry consultant with Baptist Care in South Australia. I explained about my passion for nursing as a vocational call from God to put my faith into action and be an expression of God’s love in my community to ignite hope and bring healing. I told her that faith community nurses (FCNs) were actively involved in promoting health, preventing disease, injury and abuse, and helping people to effectively manage existing conditions so they can have a full life. We spoke for a long while about the Christian principles behind the FCN and health and care ministry (HCM) role such as justice, stewardship, compassion, relationship, transformation and healing<sup>1</sup>.

Claire asked what kind of support a nurse could receive in the FCN role and I explained that the Australian Faith Community Nurses Association (AFCNA) was developed in 1996 as an ecumenical professional association that gave FCNs education, professional development, networking and support for the health and care activities they carried out within their communities. Some denominations also provide networks such as the Lutheran parish nurse network ([lwiebusch@alc.org.au](mailto:lwiebusch@alc.org.au)) and the Catholics via the Australian Parish Nurse Resource Centre ([leonie@apnrc.org.au](mailto:leonie@apnrc.org.au)).

Claire asked me ‘What do you mean by “health and care ministry” of a FCN?’ I explained that an FCN’s role has two main foci:

**Health** a *proactive* approach that seeks to prevent injury, abuse and illness by focusing attention on the pre-conditions that promote holistic health. These include nurturing healthy relationships within all the dimensions of the person, between the person and others, between the person and God, and between the person and the created environment.

**Care** a *reactive* approach that focuses activities on the actual needs of the person, families and communities to bring hope, provide restoration, healing, support and compassionate care.

Each FCN provides a variety of activities to people across their life spans. The FCN is usually supported by other health professionals and people within their faith community who have a passion and gifting for pastoral health and pastoral care ministry and volunteer their skills to this ministry of the church. I sketched it out the following diagram to describe the difference more fully.



continued overleaf

<sup>1</sup> For a more in-depth article on Health and Care Ministry see [www.afcna.org.au](http://www.afcna.org.au) articles of interest

## Australian Faith Community Nurses Association MEMBERSHIP 2015

Name ..... Address .....

..... Postcode ..... Phone (.....).....

Mobile..... Email .....

1. I am happy to be included in AFCNA networking via the AFCNA data base Yes  No  (privacy assured)
2. Practising FCN/Health Ministry Yes  No
3. Current AHPRA Registration Yes  No
4. I consent to my details being shared with AFCNA members' prayer network. Yes  No
5. Newsletter: email or Australia Post (please circle preference)

Signed: \_\_\_\_\_

**Full membership** (\$30.00/year)  **Concession** (\$20.00/year)  **Donation:** AFCNA General Fund

**Electronic transfer:** Australian Faith Community Nurses Association Incorporated BSB: 704 - 922; Account No. 100012768 Please insert your name as the reference code

**Make cheques payable to:** Australian Faith Community Nurses Association

**Mail to:** Treasurer, Australian Faith Community Nurses Association, PO Box 2707, Kent Town, SA 5071

.... continued

Faith community nurses are:

- ♥ faith in action
- ♥ love in expression
- ♥ hope in motion

and provide holistic health and care ministries in their churches and communities.

I invite you to join us and become active members of AFCNA. As James 2:17b says '...faith by itself, if it is not accompanied by action, is dead'. God calls his church to follow Jesus' lead and express love in word and deed. What a mission what an opportunity!

Anne van Loon RN PhD  
AFCNA Chairperson 2014-2015

### Membership Reminder

It's time to renew your AFCNA membership in June so get in early. It's only \$30 for the year and this allows AFCNA to keep you networked with newsletters, conduct conferences, and develop resources including the website which will be due for upgrades soon. Your fees enable us to provide scholarships to support FCNs, and keep an ecumenical Christian presence in the profession of nursing via CONNO membership. Please renew and invite others to join our worthwhile cause. Your membership is vital!

Please submit your photos and stories for *WholeHealth* to [afcna@afcna.org.au](mailto:afcna@afcna.org.au) or send to chairperson [annevanloon@internode.on.net](mailto:annevanloon@internode.on.net).

Ph 08 8278 8274. Deadline for next issue: 27 February 2015.

Your snippets and stories are essential for the content of the newsletter to be both informative and share the joys and opportunities of the FCN role.

**Disclaimer:** In no event will AFCNA be liable to anyone for any decision made or action taken by anyone in reliance on information in this newsletter.

### OUR AIMS

- Provide education, resources and networking for nurses working in faith communities
- Provide resources, education and consultancy to faith communities to enable viable health & care ministry
- Liaise with government and other organisations to further the FCN ministry
- Enable FCNs to meet their professional practice requirements

### CONTACT US

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Facebook: [Australian and New Zealand Faith Community Nurses Associations](#)