



## STUDY GUIDE FOR NURSING STUDENTS

### **Brave Love: A Nurse's Story of Courage and Compassion in a Kenyan Hospice**

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This study guide is intended to be used to help the reader of *Brave Love* better understand the importance of loving and caring for people as God first loved and cared for us; to apply the principles found in this book to everyday work, family, and friend encounters—all for the purpose of finding the sacred meaning of our very existence in loving others.

#### **Introduction: The Shelter of Each Other**

1. In this section, the statement, *“A person becomes a person through other people”* was made.
  - How do you interpret this?
  - Is this statement lived out in your professional and personal lives?
  - If yes, how?
  - If no, why?
2. As you begin your nursing career, you will have the privilege to compassionately care for vulnerable people—people who have just received the worst news of their lives, who are frightened, and who are uncertain of their future, finances, and faith. You will remember many of the stories of your patient's struggles and triumphs. You will recall your privilege to care for them, to console their family, and to help them see their way forward in a complex healthcare system.
  - Recall a recent opportunity you had to provide not only physical care, but also psychological, social, and spiritual care.
  - How did you listen, “lean in,” and learn from them?
  - Are there fears you need to face?
  - What injustices do you witness in your clinical settings?
  - Are you willing for God to interrupt your well-thought-out plans for something better?

*“For I know the plans I have for you,” says the Lord. “They are plans for good and not for disaster, to give you a future and a hope.” ~Jeremiah 29:11 (NLT)*

## Chapter 1: Coming Home

1. From her own experience, the author shares that when she is unsure about the next difficult step in caring for a complex patient, she wonders *“what does it look like to love in this situation?”* This question helps her to pause and pay close attention to the one suffering in front of her—not just their disease or disability, but to bear witness and affirm their worth, as well as the God who created them and whose image they bear.
  - What does it look like to affirm your patients?
  - What does it look like to walk with them through their journey of sickness and possible death?
  - Have you ever been on a “grueling journey?”
  - If so, was your journey transformed into a positive opportunity—seeing the value of vulnerability, responding to the spirit of resilience, and experiencing a deeper level of compassion?
  - If yes, how will these qualities enhance your nursing practice?  
**NOTE:** If your “grueling journey” has only brought you sadness and bitterness, with seemingly no way out, find a community that can assist you to hope and love again, so you, too, can begin to heal. There is hope for you!

*“Look after each other so that none of you fails to receive the grace of God. Watch out that no poisonous root of bitterness grows up to trouble you, corrupting many.”*

~Hebrews 12:15 (NLT)



## Chapter 2: The Guiding Question

1. In your nursing career, you will find many more questions than answers. Do we have enough staff today? Do we have the energy and love to care for our complex patients, even though we know the outcomes are poor? Do we have the patience to listen to confused, angry and grieving family members? And in your personal life, are you dealing with complicated issues (caring for a chronically ill child/spouse/parent, living in a loveless marriage, worrying about an unruly teen-ager, struggling with financial issues, coping with your own health issues, etc)?
  - Do you have the capacity and energy to love, even when diseases may be life-threatening and people are not always lovely?
  - Do you have room to love again, not knowing what the outcomes may be?
  - In these circumstances, are you willing to *“choose to try, to give your best, even when it feels like it will not be enough?”*
  - Are you willing to love, even though you know love is costly?
2. In this chapter the author states, *“you are loved and worthy of it,”* speaking to a dying child and his mother. Love, *“being present,” “being with,” “bearing witness,”* undivided attention are vital skills in caring for any human being.
  - How often have you found yourself in this same situation?
  - How frequently do you see, acknowledge, and accept your patients and their families for who they really are—whether rich or poor, young or old, lovely or unlovely, significant or insignificant?
3. When truly loving our patients and their families, it requires:
  - Noting the person’s worth
  - Recognizing their suffering
  - Being willing to *“journey with others”* through joy, as well as pain and sorrow
  - Being vulnerable
  - Following Jesus’ example of loving and being loved in tangible ways.
4. Which of the traits described in #3 above are a part of your current daily practice?
5. Which of these traits are not currently a part of your daily practice?

**NOTE:** These skills can take time and patience. Pray for godly wisdom and seek a wise mentor to walk with you as you grow not only in your faith, but in your desire and knowledge to exquisitely care for your patients, their families, your family, friends, and community.

*“May the Lord make your love for one another and for all people grow and overflow...”*  
~1 Thessalonians 3:12 (NLT)



### Chapter 3: Honoring Life

1. Throughout your nursing career, you will be in various situations where you will want to “look away versus looking” or “running out of a room and crying versus staying.”
  - Describe an incident where your compassion was so great that you were able to “look” and “stay.”
  - Describe an incident where you did not have the wisdom and conviction to “look” and “stay.”
2. Paying attention to the unique needs of your patients is vital to excellent patient care. Dr. Joe described the practice of seeing his patients as family members and how it helped him to make sense of any circumstance he was in.
  - How might this practice improve your work with patients you are privileged to care for?
3. Perhaps paying attention and valuing the image of God that is “uniquely imprinted on you” can enlighten the way you approach your work, your family, and community.
  - How can you put into action and live out the fact that the very image of God is “uniquely imprinted on you?”

*“Thank-you for making me so wonderfully complex! Your workmanship is marvelous—how well I know it.” ~Psalm 139:14 (NLT)*



#### Chapter 4: Making Room

1. The author talks about the importance of “*being loving and gentle*” with patient’s and their family’s broken hearts.
  - How have you shown love and gentleness during these circumstances? If so, describe how you have done this?
  - **NOTE:** As a nurse, the one who spends more time with patients at the bedside than any other healthcare professional, you will experience many difficult days. You may be called upon to be “loving and gentle” to a patient that is very unloving and abusive. You may need to spend time just being present with someone—no words, but just “being with.” This can be difficult at first. It is important that early in your career, you identify a mentor who can assist you, who will role model excellent care. A mentor is essential!
2. A sense of community in your workplace as a nurse, at your home, and in your community is vital. Look for *harambee...* “all pulling together.” The sense of community is vital, as you make a commitment to work together with your team. There will be difficult days where you will witness much physical, psychological, and spiritual suffering. One of your team members may be struggling, as they have major issues at home with finances, health, family matters, etc. But there will also be joyous times like sending that baby home from the neonatal intensive care unit after caring for her for 5 months. You and your colleagues will rejoice. One of your staff members is getting married, expecting a baby, graduating with a graduate degree—those will all be times to rejoice with one another. Look for those wonderful opportunities.
3. Practice harambee
  - How can you make *harambee* an important practice in your School/College of Nursing?
  - How can you make *harambee* an important practice in your clinical practice?
  - How can you make *harambee* an important practice in your home?
  - How can you make *harambee* an important practice in your community?
4. Remember, you are never alone.

“Let us run with endurance (patience) the race God has set before us.” ~Hebrews 12:1b (NLT)



## Chapter 5: Being a Neighbor

As a nurse, you will learn the importance of listening. You will see the benefits in your practice when you do this well and, unfortunately, experience the failure if you do it poorly. The gift of listening to your patients and their families is a wonderful event. It builds trust and confidence with them. It is an opportunity to “be present” with people during their most vulnerable times.

1. David Tarus asked the author, *“Do you hear the cries of the poor?”*
  - How would you respond?
  - How do you pay attention to those who are poor? To those who are disenfranchised? Those who are misunderstood?
  - Knowing that God hears the cries of all people, have you ever thought that He also cares how you notice and respond to those in need?
2. A sense of community, of sharing, of encouraging one another is key to a healthy society.
  - In what ways do you contribute to your community?
  - Are there ways you can improve your involvement?
  - What are the barriers that may be preventing you from residing and participating in this type of living?
  - “Noticing, helping, and being helped when needed” are essential acts for being an extraordinary neighbor. What are some ways you can improve your neighboring skills, knowing that “loving-kindness and new mercies are available” every day?

*“The faithful love of the Lord never ends! His mercies never cease. Great is His faithfulness; His mercies begin afresh each morning.”* Lamentations 3:22-23 (NLT)



## Chapter 6: Hospitality

The word “hospitality” is used frequently in our society. As a host, being hospitable can bring stress, anxiety, a perfectionist spirit. Yet, the service of hospitality involves friendliness and a sense of welcoming to our guests. In hospitals, clinics, surgical centers, skilled nursing facilities, dialysis centers—any type of clinical setting, all staff should have a clear understanding of hospitality and the importance of offering it to those who are weak and helpless, those who are suffering, those who are frightened.

1. The author talked about referring to people who come to the hospital for care as “guests.”
  - Does seeing your patient(s) as a “guest” reflect a new meaning of them and your role in caring for them?
  - What would it look like to be hospitable in providing guest (patient) care?
  - How might your conversation be different with your guest and their family members?
  - How would you imagine what a kind and welcoming environment would look like?
2. Being respectful and honorable in our care of those who are so vulnerable must be intentional.
  - What part does role-modeling this concept have in changing practice?
  - How could you best role-model this as a student nurse?
3. Being respectful and honorable in our care of our team members must also be intentional.
  - What part does role-modeling this concept have in building stronger, more caring healthcare teams?
  - How could you best role-model these actions as a student nurse?
4. While the author speaks about hospitality and the role of the host, she also articulates the role of the guest. She stated that when she was a guest, there were many days that were “messy.” She and her family felt needy and had to come “*to the end of ourselves more than once.*”
  - As a nurse, there will be many days where you, as the host, will have “guests” who are depleted, frightened, and unsure of their future. They will be depending on you, as the “host” to provide kindness, love, direction, and empathy. How have you already, as a student, been able to “host” your “guests?” Did this come naturally? Did you feel un-prepared?
  - These concepts will come more easily, over time, as you have opportunities to make these practices your compass. It will become normal and an important part of your practice. Again, a mentor is vital.



*“Have fervent charity among yourselves; for charity shall cover the multitude of sins. Use hospitality one to another without grudging.” ~1 Peter 4:8-9 (NLT)*

## Chapter 7: Impossible Things Together

1. As Eliud broke the world record of running a marathon in less than 2 hours, the author reminds us of the importance of
  - Not giving up when we are exhausted
  - Not quitting when the run gets tough
  - Not stopping after many failures

These concepts are vital life-long lessons, whether running a marathon, raising children, working under almost impossible conditions, volunteering in community projects, and/or fighting a serious and life-threatening illness.
2. Has there been a time in your life that you have had a dream and have worked hard, been disciplined, focused on your goal, and fought for that right with all of your might?
  - What kept you going during those difficult times?
  - Who encouraged you? Who believed in you?
  - What life lessons did you learn from all your hard work?
3. The author beautifully described various people she met along the way in starting Living Room and in witnessing her boys suffering during their bone marrow transplants.
  - How were these two events drastically changed because of ordinary people being willing to do extraordinary things—sharing themselves and working in concert with dreams that seemed almost impossible to envision?
4. Do you ever envision the impossible, the difficult, the time-consuming effort to improve someone’s life?
  - How would Shadrack’s life have been different if a group of people had not dreamed and envisioned a way to get him back to school, to be with his friends and continue his education?
  - **NOTE:** There will be opportunities in your nursing practice to advocate for your patients. Whether it is allowing a child’s pet to come into the hospital to visit him, working with a new amputee who wants to run again, or honoring a patient’s request to die at home versus dying at the hospital—all of these are examples of listening and being present with your patient and honoring their requests, to the best of your ability. Advocating can be strenuous but keep your eye on your goal. There are many situations you will not be able to fix during your career, but you do have the opportunity to advocate and to hopefully make the impossible possible.

*“Therefore, since we are surrounded by such a huge crowd of witnesses to the life of faith, let us strip off every weight that slows us down, especially the sin that so easily trips us up. And let us run with endurance the race God has set before us.” ~Hebrews 12:1 (NLT)*





## Chapter 8: Brave Love

1. The author stated *“love is a willingness to be present when it is uncomfortable, and a mother’s love involves showing up with vulnerability for our children in whatever ways might be required of us.”* This statement could also apply to nursing students/practicing nurses showing up to care for their patients/families.
  - Think about an opportunity you have had during your clinical rotations when you felt uncomfortable and vulnerable when trying to advocate for a patient.
  - Were you willing to be “present,” to “bear witness,” and to be “vulnerable” so you could do whatever was needed to make the situation better for the patient/family?
2. In this chapter, the author shared a story about a 16-year-old girl who was being transferred from the hospital to Kimbilio Hospice because of her advanced cancer. The young girl was not afraid to go to the hospice but was sad and so disappointed that her life would soon end. No one could “fix” her declining health and it was difficult to know what to say to make the dire situation better.
  - If you were caring for this patient, what would your words and/or actions be?
  - Would you be willing to be present with her and face both your fear and pain, as well as her’s? If so, what would that look like?
  - If you were to offer a blessing to this young girl, what would it be?

**NOTE:** The author showed her vulnerability by meeting and loving this precious girl where she was—amidst her deep sadness, hopelessness, and sense of impending death. This chapter talks about providing love in difficult times. In situations such as this, extending love just means to be quiet, to be willing to listen, and to be available to stay with them, “even if for a moment.”

*“Always be humble and gentle. Be patient with each other...because of your love.”*  
~Ephesians 4:2 (NLT)

## Chapter 9: Interruption

1. Every day in your nursing practice, you will assess and manage patients with a variety of diseases, symptoms, socio-economic and diverse backgrounds, cultural practices/attitudes, and personalities. Whether you are caring for a severely premature baby with multiple anomalies, a single teen-aged girl with a complicated pregnancy, a 20-year-old engineering student with deep depression and psychosis, a 35-year-old mother and wife with stage IV ovarian cancer, a 52-year-old woman with cirrhosis of the liver, or an 86-year-old man with dementia, heart failure, and diabetes—each has their own story. Perhaps it is a story of growing up in a loving home, or maybe experiencing trauma when they were young, falling into major financial difficulties, or struggling with a body and mind that are slowly deteriorating. Each story of every person you will care for during your career will be unique. In each of these circumstances...
  - What would hope look like in the middle of the stories, when the outcome is questionable?
  - What would “providing mercy” to these patients look like in a tangible way?
  - What would providing care to the disenfranchised look like from a justice and fairness standpoint?
  - Are you willing to “stand-in-the-gap” for those who are voiceless, those who are in severe physical, psychological, and spiritual pain?
  - Would you be willing to be “present” and to “bear witness” with your patients who are suffering, even though you may feel out of your comfort zone?
  - What would hope look like in these circumstances?
  - What would love look like in these circumstances?
  - Would you be available to ask AND respond to the same question as the author, *“What brave simple thing can I do today to help ease someone’s suffering?”*

**NOTE:** As a nursing student, these questions may be difficult to answer at this time. However, you will work with nurses and other healthcare professionals who are more experienced and will hopefully be able to guide and encourage you in these instances. Time and experience are excellent teachers.

*“I will be glad and rejoice in your mercy, for you have seen my troubles and you care about the anguish of my soul.” ~Psalm 31:7 (NLT)*

## Chapter 10: Life Found in the Dark

1. In your personal and professional life, you will witness and experience great pain, sorrow, and suffering. Many times, those problems will not be able to “be fixed.” You will care for, support, and encourage your patients, family, and friends who are experiencing great hardships. The author described the need to sometime just provide space and permission to one who is grieving, to mourn with them, to sit with them and to love them through the extremely difficult time.
  - As a nursing student, describe a time you were with a patient who needed you to sit with them, and just listen and love them. Were you able to do that? Did you feel you had the “resources within” to provide that sacred care? If not, would you be more aware now to provide that care?
2. Providing hope can be a daunting task, especially if circumstances indicate that a life-long disability, or perhaps even death is imminent. In these situations, it is important to provide hope in something. As with Jacob and Chepkoech, their injuries could not “be fixed.” Yet, they both, at some point in their long journeys, were able to experience various levels of hope. Whether it was hope to find new meaning and purpose in life or to dream about becoming a surgeon, there was some sense of living not just for today, but with some level of resolution to move forward. Both Jacob and Chepkoech were able to discover what was important to them. They made the decision to accept their situation and to learn how to move forward and not be defined by their circumstances.
  - How do you give hope in these instances? Do you find out what is important to them? What are their wishes? Their dreams?

*“For everything there is a season...a time to cry and a time to laugh. A time to grieve and a time to dance.” ~Ecclesiastes 3:1, 4 (NLT)*

## Chapter 11: Stubborn Hope

1. Throughout your nursing career, you will witness many difficult issues. In your personal life you will experience despair, anxiety, confusion, disappointment. It will be important for you to care for yourself so you can care for others-- not just physically, but psychologically, socially, and spiritually. A sick nurse cannot care for the sick patient. It will be important for you to care for yourself—This takes work and proactive attention on your part. No one can do this for you.
2. For you to provide hope to those who so depend on you, you must be healthy holistically. You need to have the energy to care, love, “stand in the gap,” celebrate, and mourn. How do you care for yourself
  - Physically?
  - Psychologically?
  - Socially?
  - Spiritually?
3. The author talks about lamenting, *“an innate awareness that what is should not be.”* Perhaps this is a word you don’t think about often. It means expressing great sorrow, mourning, and expressing regret or confusion. While hope does permit us to weep and to weep with others, *“our hope can be only as deep as our lament is...our lament as deep as our hope.”*
  - Do you lament with your patients? With your family/friends who are suffering?
  - Is it possible to offer hope without lamenting?

*“...you will weep and lament. You will grieve, but your grief will suddenly turn to wonderful joy.” ~John 16:20 (NLT)*



## Chapter 12: Joy and Sadness

1. The author talks about sadness, joy, grace, and gratitude in this chapter. She shares that it is possible for both joy and sadness to coexist—that sadness *“isn’t the opposite of joy. Fear is.”* In addition, *“When we push away joy, we squander the goodness that we need to build resilience, strength, and courage.”*
  - Are these new concepts to you? If so, are you willing to incorporate these thoughts and actions into your own life for a more healthy and sacred journey?
  - Are you willing to be vulnerable in an effort to experience joy among your sadness and disappointments?
  - What are ways you can slow your busy life down, to really enjoy the goodness that surrounds you, and to be aware of the importance of saying “thank-you?”
2. Our bodies, souls, and minds need to reflect on the compassion, grace, and gentleness that many have bestowed upon us, despite the sadness we may feel.
  - Do you have a routine of reflection?
  - How can you graciously encourage those who are sad by providing them with compassion, grace, and gentleness that has been richly bestowed upon you?

*“But the fruit of the Spirit is love, joy, peace, longsuffering, gentleness, goodness, and faith.”*  
~Galatians 5:22 (KJV)

### Chapter 13: A Mother's Love

1. There is something sacred about a mother's love. We all know what it looks and feels like, but it is difficult to articulate. The author shares her own experience in mothering her children and describes love as *"more than words spoken from our mouths. It must be lived out in the patterns and actions of our lives."*
  - Describe your journey of "doing justly" and "loving mercy" even when you are not sure what may be on the other side of the situation.
2. Once you become a practicing nurse, you will see and care for many broken people—people in horrific car accidents, women addicted to alcohol and illicit drugs giving birth to their baby, a young man who attempted suicide, a woman with a fungating tumor growing on the outside of her chest, a man with amyotrophic lateral sclerosis (ALS) who has lost the strength to move his arms, legs, and body and to breathe, a woman with Alzheimer's disease who no longer recognizes her loved ones. While all of these people have bodies and minds that are broken, our hope is that they will be "restored and made new." What would that look like? While it is not possible for everyone to be physically or mentally restored/repared, some will be "restored and made new, even if it is in death." The author recommends that we *"live out the value of accompaniment, of walking alongside our patients and their families."*
  - What are tangible ways, as a nurse, that you could live out the concept of "accompaniment" in your own practice?
  - Have you had the opportunity to already "accompany" patients and their families during their most difficult times of life? If so, please describe.
  - How can you put into practice the model of "accompaniment," making it a natural and sacred part of your nursing practice?

*"The Spirit of the Sovereign Lord is upon me...He has sent me to comfort the broken-hearted." ~Isaiah 61:1 (NLT)*

## Chapter 14: Sickle Cell

1. The description of sickle cell disease (SCD) in children and the lack of access that many Kenyan parents have to seek regarding diagnosis and treatment of the disease is agonizing. To think that up to 90% of Kenyan children with SCD die before they turn five years of age is heart-breaking. It is estimated in the United States that SCD affects 100,000 Americans (CDC, 2023). According to the American Society of Hematology, the average life expectancy for those in the United States (US) who are insured is 52.6 years (ASH, 2023). The author described the barriers in getting diagnosed and treated in Kenya. People living in rural communities and the poor in both the US and Kenya have far more disadvantages in seeking help, as major healthcare facilities tend to be located in and around cities and suburban areas. Most people are not educated about SCD and thus may not know the signs and symptoms in order to seek medical attention for their child. Today, there are no hospitals in Kenya that can provide blood and marrow transplantation (BMT), the only cure for SCD at this time. In the US, only 20 – 30% of children who need a transplant have a matching sibling who can donate (Children’s National, 2023).
  - Have you cared for a child or adult with SCD? If so, what was their plan of care?
  - Did you feel their pain was controlled in the clinic and/or hospital?
2. Besides pain from vaso-occlusion, SCD can cause other debilitating complications such as infection/sepsis, acute chest syndrome, stroke, cerebral vasculopathy, splenic sequestration, and priapism. Because no one spends more time at the bedside or in the community assessing and managing these patients than the nurse, it is vital that you know at least the basics about this devastating disease and how to treat the symptoms.
  - Review SCD care plans at your clinical setting (i.e., clinic, in-patient setting, emergency department)
3. Perhaps you have experienced pain—either physical, psychological, and/or spiritual pain that affected your life years ago and/or you are still living with pain.
  - What insight and/or knowledge have you gained from that experience?
  - Have you been able to share your experience with others?

REMEMBER: The author states that by offering insight and knowledge we have gained from the experience of pain to others, it is a way that reinforces “love makes us brave.”

*“He will wipe every tear from their eyes, and there will be no more death or sorrow or crying or pain.” ~Revelation 21:4 (NLT)*



Centers for Disease Control and Prevention (CDC). (2023). [Learn More About Sickle Cell Disease | CDC](#)  
Children's National Hospital. (2023). [Blood and Marrow Transplant for Sickle Cell Disease | Children's National Hospital \(childrensnational.org\)](#)

## Chapter 15: Grief

1. Throughout your nursing career, you will experience much grief--witnessing your patients receiving the worst news of their life, assessing your patient's soul pain, clarifying the "Do Not Resuscitate" option with a young mother, standing vigil as you observe your patient take his last breath, and saying "good-bye" to the family as they get on the hospital elevator for the last time. The author penned a quote from Henri Nouwen, *"Do not hesitate to love and to love deeply. You might be afraid of the pain that deep love can cause... Every time you experience the pain of rejection, absence, or death, you are faced with a choice. You can become bitter and decide not to love again, or you can stand straight in your pain and let the soil on which you stand become richer and more able to give life to new seeds."*
  - In your personal and/or professional life, do you tend to lean more to the "bitter" or the "stand straight" option when loving deeply?
2. As a nurse, it is important that you be "present" with patients when they have received bad, unexpected news about their health, as well as with their families. This is hard. We want to be sure we say the only words that would bring comfort. But as the author suggests, it is not *"about a specific timeline or 'getting it right.' Rather, it's about showing up and being willing to sit in silence, to feel the gravity of loss, to be uncomfortable."*
  - Have you had this opportunity to be "present," to "show-up," to "bear witness" when someone is grieving? If so, how did you feel? Do you remember if you said anything? If you could re-do the experience, would you do it differently?
  - Are you willing to witness the "messiness" and the tears involved in grieving?
  - Do you have a person that you can confide in when the suffering and grief become too much for you?

**NOTE:** Being with people during their most difficult time takes great courage. Fortunately, there is grace and mercy provided when we "mess up." Over time, witnessing the struggle of your patients can take its toll on you if you do not mourn these losses, as well. You, too, must find a time and a place to grieve all the death and suffering you have seen. Take good care of yourself holistically. Have boundaries in your life—work hard, but play equally as hard. Find a faithful acquaintance that you can confide in when the grief overtakes you. We were not meant to do this work alone. As mentioned earlier, we can't have sick nurses caring for sick patients.





*"I pray to you, O Lord, my rock. Listen to my prayer for mercy as I cry out to you for help, as I lift my hands toward your holy sanctuary."*

~ Psalm 28:1a, 2 (NLT)

## Chapter 16: Belonging

1. The Cambridge Dictionary defines belonging as "one of humanity's most basic needs." The author gave the example of the Good Samaritan—many passed the injured Jewish man lying on the road and witnessed his suffering, but only one man stopped. Stopping was a tremendous cost to the Good Samaritan...there always is when you halt and pay attention to what is in front of you. The Samaritan, seeing the attacked man had been stripped of his clothes, beaten, and left to die, witnessing great pain and suffering, and feeling compassion for him, stopped. The Good Samaritan had to change his plans, as he was going to be late for his meeting or perhaps heading home from a long week at work. He took the extra time to assess and bandage the man's wounds. Perhaps the Samaritan shared a piece of his garment with the injured, naked man, to allow for some dignity. He gave up his ride in order to place the man on his donkey's back. This forced the Samaritan to walk to the next town, while he attended to the man. Once in town, he stopped at an inn and continued to assess and care for the man throughout the night. The next day the Good Samaritan had to get back to his original journey. However, his compassion and mercy were displayed as he paid the innkeeper to take care of him. "If his bill runs higher than this, I will pay you the next time I'm here." (Luke 10:35 NLT)
  - If you were on that road and saw the man in agony, begging for help, would you pay attention? Would you stop?
  - Or would you be afraid that the people who robbed the man may also hurt you?
  - Is your life so busy and hectic that you would not have time or energy to see or assist a naked, injured man along the side of the road?
  - If you stopped, what would have caused you to do so?
  - Would you have seen the man's worth?
  - The two men were different nationalities. Would this have caused you to think of all the injustices that had been placed upon you by this man's race before helping?
2. The author states, "*We are only able to recognize others' suffering when we begin to grasp that we truly need each other.*" That's what "belonging" looks like—being a part of a community, seeing injustice and advocating for justice, witnessing pain and offering relief, perceiving barriers and offering solutions, observing cruelty and providing mercy.
  - What areas in your clinical practice do you see injustice, pain, suffering, barriers, and cruelty? What do you see as your role in advocating against these actions?
  - What areas in your clinical practice do you see justice, relief of pain, solutions, and mercy? What is your role in promoting and advancing each of these actions?



- How can you begin today to make your “little light shine” in order to better incorporate Micah 6:8 (see below) into your everyday nursing and personal practice?

*“The Lord has told you what is good, and this is what He requires of you: To do what is right, to love mercy, and to walk humbly with your God. ~Micah 6:8 (NLT)*

### **In Conclusion.....**

Dear Nursing Student,

Thank you for reading this book and responding to questions that hopefully will assist and encourage you in the days and years ahead as you care for the sick and injured. You have paid a high price to be where you are today. You have given up valuable time to be with family and friends in order to attend nursing lectures, to study, and to concentrate on clinicals. You have had endless hours of homework, developing care plans, observing various procedures, participating in interdisciplinary rounds, joining family meetings, seeing new life born and old life die. You have been called to be caregivers of the ill and the broken. You have the weight of preventing pain/other serious symptoms and treating them. You will have numerous opportunities to witness sorrow and joy, hatred and love, anger and peace, tragedy and hope. Your life will be filled with dichotomies, but you will still be able to serve with love and respect. This is the time to set your compass on a life of giving, providing compassion in all situations, and promoting love, grace, blessing, and honor to all you will have the privilege to care for.

You are just starting and the world is waiting for you. It is vital you take good care of yourself. Protect yourself from anything that can cause you harm. Know that your life and your work will be sacred and precious. Trust in the One who created you, who has given you the gifts and talents to do this work. Take it seriously. In order to truly love, you must be brave. You have a lifetime of work ahead, so use it seriously. Be committed to service. Be prepared to be the eyes, ears, heart, hands, and feet of Christ, loving exquisitely.

The apostle Paul wrote in 1Timothy chapter 1 that he was grateful to Jesus who had given him strength to do his work and he was humbled that God considered him trustworthy to serve Him (verse 12). He went on to say how generous and gracious the Lord was, as he filled him “with the faith and love that comes from Christ” (verse 14). May you always recognize that it is Christ Himself who gives you the grace, passion, love, and strength to do what He has called and equipped you to do. May you rest in these promises as you let your “little light shine.”