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GETTING STARTED: NCF Nurse Groups



InterVarsity

NURSES CHRISTIAN
FELLOWSHIP

Thank you for your desire to start a nurse group! God is moving in the lives of nurses and nursing students, and He is ready to use you to help others know and follow Jesus in nursing. You do not need to have everything figured out to begin. God often works through simple faithfulness, prayer, hospitality, and a willingness to take the next step.

Nurses Christian Fellowship (NCF) exists to see nurses and nursing students know and follow Jesus in nursing. Through biblical community, prayer, encouragement, and faith-sharing, nurse groups create spaces where nurses can grow spiritually as they navigate the unique joys and challenges of healthcare.

This guide provides a simple overview of how to begin a nurse group.

1 Preparing in Prayer

PRAY FOR VISION

Before planning meetings or inviting people, spend time praying about why you want to start a nurse group and what you hope God will do through it.

Ask yourself:

- What excites me about this vision?
- What burdens or opportunities do I see among nurses in my area?
- How do I hope nurses will encounter Jesus through this group?

NCF's vision is to see nurses and nursing students know and follow Jesus in nursing. Your local vision can reflect the needs of your own community.

Example Vision Statement:

"Our vision is to see nurses in Madison, Wisconsin, know and follow Jesus in nursing."

PRAY TO PLAN

Prayer is also important for practical planning. Consider what level of time, emotional energy, and commitment God is calling you to give during this season.

It can be helpful to create a simple, measurable commitment.

Example Commitment:

"I will commit (x) hours each week toward praying for, planning, and leading this nurse group."

GETTING STARTED: NCF Nurse Groups

BUILD A PRAYER & PLANTING TEAM

You are not meant to do this alone. Ask God to show you people who will support the vision through prayer, encouragement, or leadership.

There are often two types of partners:

- **Prayer Partners** — people committed to regularly praying for the group
- **Planting Partners** — people willing to actively help start and support the group

Consider inviting:

- Nurses
- Nursing students
- Church members
- Friends with a heart for healthcare ministry

Keep invitations simple, personal, and vision-focused.

Example Prayer Partner Invitation:

"Hi NAME! I'm praying about starting a Christian community for nurses in our area. Would you be willing to pray once a week for this group?"

Example Planting Partner Invitation:

"Hi NAME! I'm exploring starting a nurse group focused on helping nurses know and follow Jesus in nursing. Would you be open to talking for 30 minutes about helping launch this community?"

2 Planning the Group

Once you have a few partners, gather to pray and discuss group logistics.

Topics to discuss may include:

- Meeting frequency
- Day and time
- Meeting location
- Group format (in-person, virtual, hybrid)
- Outreach and invitations
- Leadership roles

Remember: simple is okay. A nurse group does not need to be large or highly structured to be meaningful and impactful.

PROMOTE & INVITE

Personal invitations are often the most effective. Nurses are busy and may be hesitant to attend something unfamiliar, so warm, personal invitations matter.

Good invitations are:

- Brief
- Personal
- Encouraging
- Low-pressure

Example Invitation:

"Hi! A few of us are gathering on Thursday at 6:00 pm for a nurse Bible study and community time. I'd love for you to come and catch up!"

GETTING STARTED: NCF Nurse Groups

3 First Meetings

Your first meetings do not need to be perfect. Focus on creating a welcoming and grace-filled environment where people feel seen, encouraged, and spiritually refreshed.

Helpful elements for early meetings may include:

- Introductions
- Prayer
- Devotional or Bible study discussion
- Sharing about nursing experiences
- Encouragement and support

Many groups begin with NCF Bible studies or discussion-based gatherings.

Keep expectations realistic:

- Attendance may fluctuate
- Growth often takes time
- Relationships develop gradually

Faithfulness matters more than perfection. **For a first meeting outline, see: First NCF Nurse Group Gathering Outline (Page XX)**

4 Debrief & Reflect

After the first few meetings, take time to reflect with your planting partners or personally in prayer.

Consider questions such as:

- Where did we see God at work?
- What encouraged us?
- What challenges did we notice?
- What should we continue or adjust?

Celebrating small wins is important. Even one meaningful conversation or connection can have a lasting impact.

5 Next Steps & Ongoing Rhythm

As your group continues, begin developing a sustainable rhythm for leadership, outreach, and rest.

You will want to think through:

- How often to communicate with members
- When to take breaks or pause during busy seasons
- How often to evaluate the group's health and direction
- Ways to continue inviting new nurses into community

NCF offers additional resources, Bible studies, and support to help leaders along the way.

Most importantly, thank God for what He is doing. Nurse ministry is ultimately His work, and He delights in using ordinary people to encourage others and point them toward Jesus.

Expectation Sheet

NCF NURSE GROUP LEADER: Job Description and Expectations



AFFILIATE YOUR NURSE GROUP WITH NCF NOW:

NURSES CHRISTIAN FELLOWSHIP ADVANCES ITS MISSION THROUGH:

- Biblical communities
- Faith sharing
- Faith-based resources

Role Summary

NCF Nurse Group Leaders serve as spiritual, relational, and organizational leaders within Nurses Christian Fellowship communities in clinical settings, churches, and local/national regions. They cultivate Christ-centered community among nurses, foster spiritual formation, and advance NCF's mission to integrate faith and nursing practice. Nurse Group Leaders function as stewards of NCF's vision, values, and doctrinal commitments while contextualizing ministry to their local nursing community.

Purpose of the Role

THE NURSE GROUP LEADER EXISTS TO:

- Shepherd a community of nurses toward deeper discipleship in Christ.
- Create spaces for prayer, Scripture engagement, and vocational integration.
- Develop emerging leaders within the group.
- Strengthen the connection between local groups and NCF nationally.
 - Encourage NCF Professional Membership
 - Share upcoming NCF events (Journal Club, etc.)
 - Invite to local and online retreats
- Model Christian leadership in healthcare contexts.

NCF NURSE GROUP LEADER: Job Description and Expectations

Expectations

- **Affiliate your Nurse Group with NCF**
- Affirm NCF's purpose statement and doctrinal basis.
- Maintain an active membership with NCF.
- Participate in NCF training opportunities at least once per semester (or twice annually).
- Complete required NCF reports and surveys (e.g., semiannual check-ins).
- Submit updated leader contact information annually.
- Maintain regular communication with NCF national staff (minimum once per semester).
- Respond to and follow up with group inquiries
- Identify, mentor, and empower new leaders within the group.
- Plan for leadership succession to ensure the group's sustainability.
- Utilize coaching and resources provided by NCF.
- Respond to all inquiries passed to you from the NCF connections website.
- Develop groups in growing love for all God's people of every ethnicity

Core Responsibilities

- Facilitate regular gatherings (e.g., Bible study, prayer, fellowship, or professional formation).
- Encourage spiritual growth and mutual care among group members.
- Integrate faith and nursing practice through discussion, testimony, and reflection.
- Foster a welcoming environment for nurses at various stages of faith and career.
- Ensure the group reflects NCF's theological commitments and ministry values.

Support and Resources

NCF PROVIDES NURSE GROUP LEADERS WITH:

- Training opportunities and leadership development resources
- Prayer support, connection, and relationship with NCF staff
- Coaching and consultation from NCF staff
- Access to Bible studies and nurse leader resources
- Connection to a national network of Christian nurses
- Nurse Group Leaders receive a discounted membership rate of \$45/year (43% off) using a special discount code. To get the code, email: ncf@interVarsity.org

GROWING YOUR NURSE GROUP: Idea Resource Sheet



As nurse group leaders, we want students and nurses to know and follow Jesus in nursing. We want our nurse groups to be thriving communities where students and nurses encounter Jesus at the intersection of their faith and nursing. However, the realities of the nursing schedule can make attendance challenging. Here are ideas to increase attendance in your nurse groups.

Word of Mouth

Nothing beats a word-of-mouth invitation! If someone has been personally invited, the likelihood that they will attend an event increases dramatically.

- As a community, pray for who Jesus might have you invite to your group.
- Spend a portion of your meeting praying for those people.
- Commit to making invitations to the people you have been praying for.
- Provide your group members with a script if they need help deciding what to say in an invitation.

Example: When I started nursing, I struggled to be part of a regular community. NCF was a community that understood what I was going through, and being a part of it made the scheduling challenge worth it. I would love to have you join our group. Would you like to come?

Follow-Up

Did you know it can take up to seven connections before someone responds to an invitation?

- After you have invited someone, follow up with a text or email. Let them know you are thinking about them and care about them, whether or not they come to your group.
- Send reminders of your meeting time - a week before and a day before.
- If someone misses a meeting, tell them you missed them and are praying for them.

GROWING YOUR NURSE GROUP: Idea Resource Sheet

RSVP

Consider having nurses RSVP for your meeting. It will help them remember and provide information to guide your follow-ups. You could have nurses respond to an email or create a simple Google form.

Vision Casting

Vision leaks! With day-to-day business, we can lose sight of the importance of gathering. **Start each meeting with a simple vision cast of NCF's purpose.** NCF exists to help students and nurses know and follow Jesus in nursing. We are a unique organization that specifically reaches and serves this population! NCF is not something to add to your plate, but a community to carry your plate. As nurses, it can be hard to plug into a regular faith community because of your schedules; NCF gets that. We know that community combats compassion fatigue.



Social Media

We all may have a tenuous relationship with social media, but we know God uses everything for good. Social media is one tool that we can use to help students and nurses know and follow Jesus in nursing. Each generation is on a different social media platform:

- Boomers: email/phone call
- GenX: Facebook
- Millennial: Instagram
- GenZ: TikTok

You do not have to be on all of the platforms. That would be time-consuming and probably not wise. Consider a generation your nurse group feels called to reach and identify which platform makes the most sense to try. Contact NCF if you would like a coaching session on using that platform.

NCF Membership

Encourage NCF professional membership in your group – join at nfc-jcn.org. Connecting to NCF's bigger vision and mission helps local nurses see what is possible. They will hear about updates to our ministry that can support them personally and professionally. We offer 15% off discounts for members of nurse groups. Email NCF@intervarsity.org for a coupon code unique to your group.

GROWING YOUR NURSE GROUP: Idea Resource Sheet

Use Bible Studies

NCF offers over 50 Bible studies for nurses and students, including series on specific topics. Each study is free to download at ncf-jcn.org/resources/bible-studies. Using NCF bible studies provides unique content for the nurses in your group that they cannot get anywhere else.

Journal of Christian Nursing

Take advantage of the *Journal of Christian Nursing*. JCN is a great resource for your group and easy discussion material. Every issue includes a Bible study, multiple one-page columns on various topics, and a Discussion Board column with specific questions for three articles.

Utilize Journal Club

If you are in a state where CE (NCPD) is needed for re-licensure, consider a "Journal Club Watch Party." Quarterly, NCF provides free CE to our professional members through Journal Club – an online Zoom discussion of JCN articles with authors and content experts. Anyone can attend a journal club (they are excellent!), the CE benefit is for members. If your state requires CE for relicensure, kill two birds with one stone and plan to attend as a group.

Meet Ups

Meet in person as often as possible. Nothing beats an in-person connection. Meeting in person solidifies the community and allows for better participation! If geographically this is not possible, consider a few ways to develop community remotely:

- Subdivide into prayer partners (or threes), and have those groups connect via text between meetings for prayer
- Divide into breakouts on Zoom to allow for smaller groups to share more openly and vulnerably

Student Groups

Connect with a local student group. As you build a connection with students, you may have an automatic pipeline for new members. Schedule a once—or twice-a-year gathering with the student group to encourage them and build a relationship.

FIRST NCF NURSE GROUP GATHERING: Outline



This first gathering should feel welcoming, hospitable, visionary, and practical. Since many participants may not know each other, the evening should focus on connection, a shared vision, and the introduction of the broader mission of Nurses Christian Fellowship.

Supplies Checklist

Name tags

Snacks/drinks

QR code for event registration

Sign-up sheet/email list

Printed discussion questions

Small candles or battery tea lights (optional atmosphere)

NCF info handout

1 Welcome & Light Refreshments (10–15 min)

IDEAS:

- Name tags with:
 - Name
 - School/Hospital
 - Favorite coffee/drink
- Snacks or dessert table

LEADER WELCOME:

“Tonight is about connection, encouragement, and discovering what God might want to do through nurses and nursing students in our region.”

2 Opening Prayer (3 min)

3 Introductions Activity (15–20 min)

OPTION A: AROUND-THE-ROOM INTRODUCTIONS

Ask each person to share:

- Name
- School/hospital/role
- Why did they choose nursing
- One thing bringing them joy or stress right now

OR

OPTION B: “TWO-MINUTE CONNECTIONS”

- Pair people up for 2 minutes each, then rotate once.
- Afterward, ask: “What is one thing you discovered you have in common?”

FIRST NCF NURSE GROUP GATHERING: Outline

4 Vision Casting for NCF (10–12 min)

VISION CASTING SCRIPT

(Feel free to personalize)

Nurses Christian Fellowship exists to help nurses and nursing students know and follow Jesus in nursing.

NCF is more than a Bible study. It is a community where nurses and students can bring their whole selves — their faith, calling, questions, stress, compassion, and hope.

Across the country, NCF groups are creating spaces where people pray together, study Scripture, encourage one another, and explore what it means to care for patients as followers of Christ.

OUR HOPE FOR THIS GROUP IS SIMPLE:

- That no nursing student or nurse would feel alone
- That we would support one another spiritually and professionally
- That we would grow as compassionate leaders shaped by Jesus
- And that God would use nurses to bring hope, healing, and peace into healthcare settings

This gathering includes students, faculty, and nurses from multiple schools and workplaces because we believe every generation has something valuable to offer.

YOU CAN ALSO MENTION:

- NCF focuses on community, outreach, and equipping nurses to integrate faith and practice.
- NCF provides Professional Membership, Continuing Education, The Journal of Christian Nursing, Bible studies, mentoring, leadership development, prayer, and nursing-specific spiritual resources.

SUGGESTED TALKING POINTS:

- Local chapter/regional vision
- Connection to InterVarsity Christian Fellowship
- International community of Christian nurses (NCFI)

Helpful Links

FIRST NCF NURSE GROUP GATHERING: Outline

5 Small Group Discussion (15–20 min)

Break into mixed groups of students, nurses, and faculty if larger than 5 – 6 people.

DISCUSSION QUESTIONS

- What are the biggest spiritual challenges facing nurses and nursing students today?
- What kind of support do you wish existed in nursing education or practice?
- What would make this group meaningful for you?
- How can we pray for one another?

Encourage one person in each group to gather ideas.

6 Share Back & Dream Together

(10 min)

INVITE GROUPS TO SHARE:

- One hope
- One need
- One idea for future gatherings

7 Closing Prayer & Commissioning (5 min)

Closing blessing: “Lord, make us people of compassion, wisdom, courage, and peace in every classroom, hospital, clinic, and conversation.”

Nurse group Bible studies are the bread and butter of our ministry because gathering around Scripture, prayer, and spiritual conversation is foundational to helping nurses grow in Christ. At the same time, sprinkling in other types of meetings throughout the year can strengthen community, create space for outreach, address practical needs, and engage students and nurses at different stages of life and in different faith contexts. A healthy mix helps groups stay both spiritually grounded and relationally connected.

Ideas for Future Gatherings

- Faith & nursing discussions from FAQ’s in Spiritual Care found in JCN
- Prayer gatherings
- Testimony night
- Wellness nights
- Blessing of the Hands service
- Faculty/Student encouragement breakfasts

BUILDING A NURSE GROUP COMMUNITY: How to



Here are some practical, meaningful ways to build community within a nurse group. The strongest groups usually combine **spiritual depth, relational connection, shared mission, and fun.**

Spiritual Connection

- Prayer partners or triads
- “High/low/God sighting” sharing at meetings
- Leaders modeling vulnerability appropriately
- Testimony nights
- Prayer walks
- Scripture encouragement texts

Relational Connection

- Intentional icebreakers beyond surface-level questions
- Monthly socials (coffee, game night, bonfire, bowling, hiking)
- Birthday recognition
- “Family dinners” or potlucks
- Carpooling to meetings or conferences
- Group chats for encouragement, memes, prayer requests, and practical support

Leadership Culture

- Leaders sharing real struggles and lessons learned
- Leaders following up individually during stressful seasons
- Shared leadership roles so people feel ownership
- Checking in with absent members personally
- Creating a culture where questions and doubts are welcomed
- Asking quieter participants for input

BUILDING A NURSE GROUP COMMUNITY: How to

Clinical Support

- Peer mentoring between newer and seasoned nurses
- Resume/interview peer coaching
- Debriefing hard patient experiences
- Prayer/support after difficult days

Mission & Service

- Serving together at shelters, clinics, or community events
- Care packages for nursing students during finals
- Encouragement cards for faculty or nurses
- Mission trips or local outreach
- Advocacy/service projects related to healthcare needs
- Partnering with campus ministries or churches

Ongoing Connection Outside Meetings

- Weekly encouragement text or devotional
- GroupMe/Discord/WhatsApp community chat
- “Coffee with a leader” invitations
- One-on-one check-ins
- Informal hangouts after meetings
- Sharing prayer requests throughout the week

Traditions & Identity Builders

- Annual retreat
- Welcome night for new students
- Matching shirts or simple group merch
- Shared meals at occasional meetings (potluck!)
- Annual service day
- Group photo traditions

What Often Builds the Deepest Community

Ministry experience suggests that people bond most deeply through:

- Shared vulnerability
- Consistent presence
- Serving together
- Small-group prayer
- Informal time outside structured meetings
- Feeling known personally, not just attended to collectively

You do not need to do everything. Often, 2–3 consistent practices create a stronger community than many scattered activities.

LEADING AN ONLINE NURSE GROUP: Best Practices



1 Choose a Platform That Supports Community

Seeing faces matters. Video helps build trust, emotional connection, engagement, and accountability far more than audio-only calls.

COMMON PLATFORM OPTIONS

Platform	Strengths	Challenges	Best Use
Zoom	Reliable, breakout rooms, screen sharing, polls, easy for groups	Free version time limits	Best overall option for most nurse groups
Microsoft Teams	Good for universities/hospitals already using Microsoft	Can feel more corporate/complex	School/hospital-affiliated groups
Google Meet	Simple, browser-based, easy access	Fewer engagement features	Smaller/simple groups
FaceTime	Very personal and simple	Apple-only, poor for larger groups	Small leadership teams or prayer groups

Online nurse groups can be deeply meaningful when they are intentionally designed for both **connection and participation**, not just content delivery. Because nurses are often exhausted, isolated, and on varying schedules, online groups work best when they are simple, relational, and interactive.

2 Prioritize Faces Over Perfect Production

Encourage cameras on when possible, but without shaming people who are tired, at work, or overwhelmed.

Helpful practices:

- Leaders should model camera use
- Begin with a casual conversation to warm people up
- Use names frequently so people feel seen

LEADING AN ONLINE NURSE GROUP: Best Practices

3 Keep Meetings Interactive

Online fatigue happens quickly. Aim for different forms of participation every 5–10 minutes.

Ways to engage:

- Polls
- Chat responses
- “Raise your hand” questions
- One-word check-ins
- Breakout discussions
- Prayer pairs
- Scripture reflection questions

4 Use Breakout Rooms Once You Get Beyond 5–6 People

Large-group discussion online becomes difficult fast.

Breakouts help:

- Quieter people participate
- Relationships deepen
- Prayer becomes more personal
- Discussion feels safer

Best practices for breakouts:

- Ideal size: 3–5 people
- Give ONE clear prompt before sending people out
- Put instructions on a slide or in chat
- Keep rooms short (8–15 minutes)
- Debrief afterward in the main room

5 Use Simple Slides

Slides help people stay focused and reduce awkwardness online.

Helpful slide content:

- Welcome slide
- Meeting agenda
- Discussion questions
- Scripture passage
- Prayer prompts
- Announcements

Avoid:

- Too much text
- Long lectures
- Reading slides word-for-word

6 Start and End Consistently

Predictability helps tired nurses engage.

A healthy rhythm:

- Welcome/check-in
- Icebreaker or relational question
- Scripture/discussion
- Breakouts/prayer
- Announcements
- Closing prayer

LEADING AN ONLINE NURSE GROUP: Best Practices

7 Keep the Energy Warm and Conversational

Online groups become lifeless when they feel like a class lecture.

Helpful leadership habits:

- Smile and use names
- Leave space for silence
- Normalize participation
- Invite quieter people gently
- Share authentically as a leader
- Keep teaching portions shorter online

8 Be Flexible With Nursing Schedules

Nurses often:

- Work sporadic shifts
- Join tired or stressed
- Healthy expectations:
- Grace over guilt
- Record teachings if appropriate
- Offer multiple connection points
- Keep attendance expectations realistic

9 Protect Emotional Safety

Nursing conversations can become vulnerable quickly.

Set expectations:

- Confidentiality
- Respectful listening
- No fixing or interrupting
- Space for emotion and prayer

10 Consider Hybrid Carefully

Hybrid (some in-person, some online) is usually harder than fully online unless you have:

- Good microphones
- A dedicated online host
- Strong audio setup
- Otherwise, remote participants often feel forgotten.

11 Aim for Connection More Than Perfection

We rarely remember flawless slides or polished teaching. We remember:

- Feeling known
- Being prayed for
- Honest conversations
- Leaders who cared
- Friends who checked in

For online nurse groups in particular, relational warmth matters more than technical excellence.

NCF CONTACTS AND Q&A: NCF is Here to Support You



Contact Us

For questions related to nurse groups, membership, websites, leadership support, or general NCF resources, **please reach out to:**

JEN WOJTYSIAK

COLLEEN CHRISTENSEN

MAIN NCF OFFICE

You are not expected to figure everything out alone! NCF is here to support you. **Please reach out if you need help with:**

- Starting or growing a nurse group
- Bible study ideas
- Online meeting platforms
- Leadership challenges
- Group dynamics
- Membership questions
- Technical or website issues
- Finding resources
- Connecting with other nurse leaders
- Prayer support

When reaching out, it is helpful to include:

- Your name
- Your group or location
- A brief description of your question or issue

Q&A: Answers to Your Questions



Q How do I find resources for my nurse group?

NCF offers a variety of resources to support nurse groups, including Bible studies, leadership tools, meeting ideas, devotionals, and spiritual care materials. These resources are designed to help leaders facilitate meaningful discussions, build community, and integrate faith with nursing practice.

Visit the NCF website under Nurse Leader Resources and Bible Studies:

Q How do people join NCF professional membership?

NCF professional membership helps nurses stay connected to Jesus, receive amazing resources, and gives opportunities for involvement. **Membership can be completed online through the official registration page.**

Q How do I find or start a nurse group?

NCF provides guidance for both finding existing nurse groups and starting a new one in your area. Whether you are looking for community or feel called to lead, the website offers practical next steps, leadership support, and opportunities to connect.

Start a Nurse Group

Find a Nurse Group

Q&A: Answers to Your Questions

Q What if attendance is low?

This is very normal.

- Continue consistently, pray faithfully, and focus on relationships over numbers.
- Check out our Growing your Nurse Group resource: Growing your Nurse Group
- Reach out to NCF for coaching.
- Get a Nurse Group Mentor

Q What if difficult topics come up?

Create a grace-filled environment where people feel safe sharing honestly and respectfully. In any nurse group, people may come from different life experiences, faith backgrounds, denominations, or stages in their spiritual journey, so it is important to lead with humility, compassion, and curiosity rather than trying to “fix” every situation in the moment.

If a difficult, emotional, or off-topic issue arises, acknowledge the person’s concern and thank them for sharing. It can be helpful to gently redirect the conversation by saying something like, “That’s an important topic, and I want to make sure it gets the attention it deserves. For the sake of time, let’s connect more after the meeting.” This helps keep the group focused while still honoring the individual.

As a leader, you do not need to have all the answers. Your role is to create a



safe and welcoming space, encourage respectful dialogue, and point people toward Christ. If a situation feels especially complex or sensitive, reach out to NCF staff for guidance, prayer, and support.

Q What if I can’t get members to talk?

Building trust and conversation often takes time, so do not assume a quiet group means the meeting is unsuccessful.

Here are some practical tips to encourage discussion:

- Start with easier, low-pressure questions before moving into deeper spiritual conversations.
- Give people time to think before expecting an answer. A few seconds of silence can feel long, but it often helps people gather their thoughts.

Q&A: Answers to Your Questions



- Ask open-ended questions instead of questions with “yes” or “no” answers.
- Invite people to share experiences rather than “correct” answers.
- Use smaller groups or pairs if the group is larger than 5–6 people.
- Share first, providing a model for length, content, and vulnerability. Leaders often set the tone for openness.
- Affirm and thank people when they share, especially quieter members.
- Consider having people write for a minute before discussing.

You can also gently invite participation without pressuring anyone:

- “Would anyone be willing to share?”
- “What stood out to you?”
- “Did anyone relate to that in your nursing this week?”
- Remember that relationships and trust usually grow over time. Some members may listen quietly for several meetings before feeling comfortable contributing more openly.

Leading an NCF nurse group is about creating a space where nurses can experience Christian community, encouragement, prayer, and spiritual growth together. You do not have to lead perfectly — simply showing up faithfully matters deeply.

Thank you for serving nurses and helping create places where faith and nursing connect.

HEALING ENCOUNTERS WITH JESUS: An 8 Part Series



Jesus was more than just a great teacher and a strong moral influence for the people who crowded around him long ago. His power to heal demonstrated his divine identity and intended mission. With compassion and dignity, Jesus brought health and wholeness to the sick and suffering. People who encountered Jesus were never the same again.

How do we encounter Jesus today? Invite your friends, classmates or coworkers to discuss these stories using the questions designed for those in the nursing profession. Learn how to do a nursing assessment on characters from the Bible and how to apply Scripture to nursing by putting faith into practice.

STUDY HOPE FOR THE HELPLESS (PART 1)

Jesus takes the initiative to intervene with a helpless and hopeless invalid.

STUDY HOPE FOR THE HELPLESS (PART 2)

Jesus offers holistic care for a man who needs more than just physical healing.

STUDY SEEING AND BELIEVING

Jesus interacts with a blind man who was persistent in asking for help in this story from Luke 18:35-43.

STUDY AN EMBARRASSING PROBLEM

Jesus handles a woman's chronic health issue in public. See how she approaches Jesus in Mark 5:25-34.

STUDY JUST SAY THE WORD

An influential man who is outside of the faith community comes to Jesus with a request. See what Jesus does in Luke 7:1-10.

STUDY PARALYZED NO MORE

How do nurses identify spiritual or non-physical needs? See how Jesus intervenes to treat a quadriplegic in Luke 5:18-26.

STUDY THE BLAME GAME

What can nurses learn from Jesus when a man is blamed for causing his illness? See how Jesus responds in this story from John 9:1-7.

STUDY A TOUCH OF LOVE

Jesus is not timid about touching someone with a repulsive illness in this story from Luke 5:12-13.



STUDY 1

HOPE FOR THE HELPLESS (PART 1)

Nurses want patients to be healthy, but they can feel helpless when caring for patients who are frustrated by ineffective treatments or who have given up hope because of endless suffering. How can a nurse make a difference in a seemingly hopeless situation, or offer hope to a patient or family? It is not just our patients that can be in hopeless situations, we can experience hopelessness as well.

What is a difficult area of your life where you feel helpless or it's hard to have hope?

READ JOHN 5:1-9 (NIV)

Some time later, Jesus went up to Jerusalem for one of the Jewish festivals. ² Now there is in Jerusalem near the Sheep Gate a pool, which in Aramaic is called Bethesda and which is surrounded by five covered colonnades. ³ Here a great number of disabled people used to lie—the blind, the lame, the paralyzed. ^[4]^[b] ⁵ One who was there had been an invalid for thirty-eight years. ⁶ When Jesus saw him lying there and learned that he had been in this condition for a long time, he asked him, “Do you want to get well?”

⁷ “Sir,” the invalid replied, “I have no one to help me into the pool when the water is stirred. While I am trying to get in, someone else goes down ahead of me.”

⁸ Then Jesus said to him, “Get up! Pick up your mat and walk.” ⁹ At once the man was cured; he picked up his mat and walked.

BACKGROUND

Shrines to gods of healing were common in the ancient world. Living with a disability was much more difficult than it is today. Many with disabilities would seek healing by going to a shrine, like in the John 5 passage, to worship and purify themselves in the shrine pool.

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Footnote: ^[4]^[b] John 5:4 Some manuscripts include here, wholly or in part, paralyzed—and they waited for the moving of the waters. ⁴ From time to time an angel of the Lord would come down and stir up the waters. The first one into the pool after each such disturbance would be cured of whatever disease they had.

ASSESSMENT

- What physical, emotional, social, and spiritual needs do you see in this man who can't walk? What do you think his life has been like?
- What did the man's response to Jesus' question reveal about his attitude toward his situation?
- **What do you like about the unique ways Jesus cares for this man?**

PUTTING FAITH INTO PRACTICE

- How can you care for people who express unfulfilled hope or deep frustration in a difficult situation?
- What do you tend to place your hope in? How satisfied have you been with those things?
- If Jesus invited you to place your ultimate hope and faith in him, how would you respond? **What would it take for you to trust Jesus with your life and follow him?**



MY RESPONSES

TYPE YOUR RESPONSES INTO THIS BOX!

CALL TO FAITH

A call to faith is an intentional invitation at your NCF meeting for students and nurses to respond to Jesus in several ways, including an invitation to follow him for the first time. At some point during the 8-week Bible study series, make space for a clear call to faith—inviting participants to respond to the gospel. Trust God’s leading on when and how, and feel free to extend the invitation more than once as the Spirit prompts.

BEFORE

PRAY: Ask God to move in powerful ways and pray that God will prepare hearts to respond to him.

PREPARE: Calls to faith are not something we do every meeting; practicing what you want to say can be helpful, including how you’ll transition to the response and connect it to the passage and your personal story during your meeting.

DURING

SET UP: Say something like: “As we close our discussion today, I want to create a space for us to respond to God and the hope he offers us through Jesus. We are all on a journey with Him; some of us have been with Him for a long time; we have said yes to Jesus and accepted His death on the cross as our punishment for our wrongdoing. Some of us are still curious about Jesus, and we fall everywhere in between. Tonight, we will make space for you to identify where you are in your journey with Jesus and take the next step.”

PRAY: Open in prayer, making room for silence. Ask your participants to prayerfully consider the responses on their card and choose one. End in prayer.

RESPONSE: Print the response card at the end of this bible study. Have one card printed for each person attending.

SHARE: Have people share their responses. Share yours first to break the ice.

CELEBRATE those who’ve decided to follow Jesus!

AFTER

Connect with each person about what they shared on their response card that they turned into you and invite them to take the next step.

Spend a few minutes in silence as you determine how Jesus is leading you to respond. Check one:

- ☐ **Commit my life**
I have decided to become a follower of Jesus.
- ☐ **Renew my faith**
I am already a follower of Jesus but have given Him a new area of my life. (vocation, relationships, etc.)
- ☐ **Lead with Jesus**
Jesus is calling me to take a risk for him. I am committing to: _____.
- ☐ **Seek the truth**
I am not ready to commit my life to Jesus but would like to talk with someone to learn more about Him.

Name: _____

Phone: _____

Email: _____



Spend a few minutes in silence as you determine how Jesus is leading you to respond. Check one:

- ☐ **Commit my life**
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Name: _____

Phone: _____

Email: _____



STUDY 2

HOPE FOR THE HELPLESS (PART 2)

How do you respond when a patient or person in your life undergoes extreme measures for physical healing or makes an important life alteration but does not make the internal changes necessary for sustaining change?

Think of an example and discuss it in your group.

REVIEW JOHN 5:1-9 (part 1) AND READ THE REST OF THE STORY FROM JOHN 5:8-20 (NIV):

BACKGROUND

John 5:8-20 takes place in Jerusalem at the Pool of Bethesda, where Jesus heals a man who had been disabled for 38 years. The passage highlights the miraculous healing and the resulting controversy with the Jewish authorities. Jesus commands the man, *"Get up! Pick up your mat and walk."* The man is immediately healed and follows Jesus' instructions. However, carrying his mat on the Sabbath becomes a point of contention because Jewish leaders considered it a violation of the Sabbath law. Later, Jesus finds the healed man in the temple and tells him, *"See, you are well again. Stop sinning, or something worse may happen to you."* This command serves as a call to repentance, inviting the man to turn toward Jesus entirely.

⁸ Then Jesus said to him, "Get up! Pick up your mat and walk." ⁹ At once the man was cured; he picked up his mat and walked. The day on which this took place was a Sabbath, ¹⁰ and so the Jewish leaders said to the man who had been healed, "It is the Sabbath; the law forbids you to carry your mat."

¹¹ But he replied, "The man who made me well said to me, 'Pick up your mat and walk.'"

¹² So they asked him, "Who is this fellow who told you to pick it up and walk?" ¹³ The man who was healed had no idea who it was, for Jesus had slipped away into the crowd that was there.

¹⁴ Later Jesus found him at the temple and said to him, "See, you are well again. Stop sinning or something worse may happen to you." ¹⁵ The man went away and told the Jewish leaders that it was Jesus who had made him well.

¹⁶ So, because Jesus was doing these things on the Sabbath, the Jewish leaders began to persecute him. ¹⁷ In his defense Jesus said to them, "My Father is always at his work to this very day, and I too am working." ¹⁸ For this reason they tried all the more to kill him; not only was he breaking the Sabbath, but he was even calling God his own Father, making himself equal with God.

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ASSESSMENT

- What was the man's condition when he met Jesus for the second time? What concerns did Jesus express?
- How did the Pharisees exert a powerful influence in this story? What pressures did they put on the healed man and on Jesus? **What influence(s) might a patient have in their life, inhibiting or making change more difficult?**
- What outcome did the man experience because of his encounter with Jesus? What outcome did Jesus want this man to experience? How do the two outcomes compare?
- What can you learn from Jesus to help you care for a patient who seems unmotivated to change?

PUTTING FAITH INTO PRACTICE

- **Jesus finds the man at the temple; he pursues the man. How does knowing Jesus individually pursues us make you feel? Where do you need to turn fully to Jesus? Are there places you need to allow his forgiveness and love to heal you?**
- How can you help your patients understand that health is multidimensional: physical, emotional, mental and spiritual? What could you say to help patients consider their spiritual health and need for Jesus' healing?



MY RESPONSES

TYPE YOUR RESPONSES INTO THIS BOX!



STUDY 3

JESUS HEALS A BLIND BEGGER

It's not unusual for nurses to become frustrated when patients are demanding or push their call buttons frequently. Take a closer look at how Jesus responded to a blind man who persistently called on him for help. See how people in the crowd were affected by a different type of blindness.

When have you been frustrated by a patient or perhaps a classmate or colleague? How did you respond?

BACKGROUND

Background: Luke 18 recounts the story of Jesus healing a blind beggar near Jericho. This event takes place during the final stretch of Jesus' ministry, just before his triumphal entry into Jerusalem and the events of Holy Week. At this point, Jesus' reputation as a healer and teacher has spread widely and large crowds are following him. The blind man, upon learning that Jesus is passing by, cries out loudly and persistently, begging for mercy. The man addresses Jesus as "Son of David," a Messianic title that reflects faith in Jesus as the promised Savior.

READ LUKE 18:35-43 (NIV)

³⁵ As Jesus approached Jericho, a blind man was sitting by the roadside begging. ³⁶ When he heard the crowd going by, he asked what was happening. ³⁷ They told him, "Jesus of Nazareth is passing by."

³⁸ He called out, "Jesus, Son of David, have mercy on me!"

³⁹ Those who led the way rebuked him and told him to be quiet, but he shouted all the more, "Son of David, have mercy on me!"

⁴⁰ Jesus stopped and ordered the man to be brought to him. When he came near, Jesus asked him, ⁴¹ "What do you want me to do for you?"

"Lord, I want to see," he replied.

⁴² Jesus said to him, "Receive your sight; your faith has healed you." ⁴³ Immediately he received his sight and followed Jesus, praising God. When all the people saw it, they also praised God.

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ASSESSMENT

- What was the blind man's overall condition? Consider his physical, spiritual and emotional health.
- Why were the people rebuking the man? **What did the blind man "see" that was not apparent to the crowd?** What is the relationship between seeing and believing in this story?
- What assessment question did Jesus ask the man? How can you use this question in your nursing practice?
- **Mercy is defined as compassion or forgiveness toward someone who does not deserve it.** How does Jesus show mercy in this passage? How can you grow in showing mercy towards your patients and others?

PUTTING FAITH INTO PRACTICE

- Spending time with Jesus allows us to grow more like him as we consider and reflect on his character. How can you spend time with Jesus this week so he can see you and you can see him in new ways?
- **Pair up in two's or three's for the week. Pray over the coming week that Jesus would grow his character trait of mercy in each of you. Text each other throughout the week and remind one another of God's mercy towards you.**



MY RESPONSES

TYPE YOUR RESPONSES INTO THIS BOX!



STUDY 4

AN EMBARRASSING PROBLEM

Some health problems are downright embarrassing, and patients may naturally be shy about revealing their physical condition to others. In this story, Jesus is not shy about discussing a **vulnerable** problem in public, but how he intervenes may surprise you.

What are your favorite ways of receiving love and care? Or share a story when someone cared for you well.

BACKGROUND

In biblical times, blood was considered a source of ritual impurity and being in contact with blood could make a person “unclean” or “impure” in the eyes of the law, particularly in the Old Testament. This concept of cleanliness and impurity was deeply tied to the holiness code found in Leviticus, one of the books of the Torah (the first five books of the Bible).

READ MARK 5:25-34 (NIV)

²⁵ And a woman was there who had been subject to bleeding for twelve years. ²⁶ She had suffered a great deal under the care of many doctors and had spent all she had, yet instead of getting better she grew worse.

²⁷ When she heard about Jesus, she came up behind him in the crowd and touched his cloak, ²⁸ because she thought, “If I just touch his clothes, I will be healed.” ²⁹ Immediately her bleeding stopped, and she felt in her body that she was freed from her suffering.

³⁰ At once Jesus realized that power had gone out from him. He turned around in the crowd and asked, “Who touched my clothes?”

³¹ “You see the people crowding against you,” his disciples answered, “and yet you can ask, ‘Who touched me?’”

³² But Jesus kept looking around to see who had done it.

³³ Then the woman, knowing what had happened to her, came and fell at his feet and, trembling with fear, told him the whole truth. ³⁴ He said to her, “Daughter, your faith has healed you. Go in peace and be freed from your suffering.”

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ASSESSMENT

- **Given the background information about blood,** what do you think this woman's life was like before she met Jesus? **How might people and society have treated her?**
- What surprises you about Jesus in this story? What do you think it meant for this woman to hear, "Daughter, your faith has healed you. Go in peace and be freed from your suffering"?
- **What strikes you as unique about the way Jesus cares for this woman?** What attributes of Jesus' care would you like to model in your own care for others?

PUTTING FAITH INTO PRACTICE

- This woman was subject to bleeding for 12 years! What chronic issues in your life do you want to place at Jesus' feet? What could be keeping you from approaching him? Pray with another person this week for courage to approach Jesus and entrust your life into his care.
- **Spend time in prayer this week, ask Jesus - who is someone in your life that could use care?**



MY RESPONSES

TYPE YOUR RESPONSES INTO THIS BOX!



BACKGROUND

At the time, Judea and Galilee were under Roman rule. Centurions were military officers in charge of about 100 soldiers, representing Roman authority in the region. Jews generally resented Roman rule, but this centurion was respected by the Jewish elders.

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STUDY 5

JUST SAY THE WORD

Who is someone in your life that's been a real faith inspiration for you?

How has their faith influenced you?

READ LUKE 7:1-10 (NIV)

¹ When Jesus had finished saying all this to the people who were listening, he entered Capernaum. ² There a centurion's servant, whom his master valued highly, was sick and about to die. ³ The centurion heard of Jesus and sent some elders of the Jews to him, asking him to come and heal his servant. ⁴ When they came to Jesus, they pleaded earnestly with him, "This man deserves to have you do this, ⁵ because he loves our nation and has built our synagogue." ⁶ So Jesus went with them.

He was not far from the house when the centurion sent friends to say to him: "Lord, don't trouble yourself, for I do not deserve to have you come under my roof. ⁷ That is why I did not even consider myself worthy to come to you. But say the word, and my servant will be healed. ⁸ For I myself am a man under authority, with soldiers under me. I tell this one, 'Go,' and he goes; and that one, 'Come,' and he comes. I say to my servant, 'Do this,' and he does it."

⁹ When Jesus heard this, he was amazed at him, and turning to the crowd following him, he said, "I tell you, I have not found such great faith even in Israel."

¹⁰ Then the men who had been sent returned to the house and found the servant well.

ASSESSMENT

- What needs do you identify among the various people in this story?

PERSON	NEED

- What surprises you about Jesus' "intervention" with the sick servant?
- What do you notice about the role of faith in this healing encounter with Jesus?**
- What qualities of the centurion do you most appreciate? Given the background of this situation, why might his response and faith be surprising? How does the centurion's response to Jesus provide an example for you?

PUTTING FAITH INTO PRACTICE

- What are you doing right now that requires great faith? What opportunities is Jesus giving you to deepen your faith in him -- in nursing school, in patient-care or other work settings, or in your personal life? **Be as specific as possible.**
- What bold step of faith can you or your small group take this week? **Ask a friend to pray for you and hold you accountable to tak that step.**



MY RESPONSES

TYPE YOUR RESPONSES INTO THIS BOX!



STUDY 6

PARALYZED NO MORE

Nurses are trained to assess physical needs, but how do you learn to identify non-physical needs in patients? Think about a time you noticed an emotional or spiritual need in a patient. If you are doing this study in a group, share about your assessment and interventions in this situation. Then see how Jesus addressed both physical and non-physical needs of a quadriplegic in this story from Luke's Gospel.

READ LUKE 5:18-26 (NIV)

BACKGROUND

Luke 5 tells the story of Jesus healing a paralyzed man who was brought to him in a dramatic way when friends lowered the man through the roof of a house just to get to Jesus. This event occurs early in Jesus' public ministry, as his teachings and miracles are drawing increasing attention and crowds. The religious leaders, Pharisees, and teachers of the law, however, have begun to scrutinize Jesus' actions. Significantly, before healing the man physically, Jesus forgives his sins, sparking controversy among the religious leaders who see this as blasphemy since only God can forgive sins. Jesus then heals the man to demonstrate his authority both to heal and to forgive, revealing his divine nature.

¹⁸ Some men came carrying a paralyzed man on a mat and tried to take him into the house to lay him before Jesus. ¹⁹ When they could not find a way to do this because of the crowd, they went up on the roof and lowered him on his mat through the tiles into the middle of the crowd, right in front of Jesus.

²⁰ When Jesus saw their faith, he said, "Friend, your sins are forgiven."

²¹ The Pharisees and the teachers of the law began thinking to themselves, "Who is this fellow who speaks blasphemy? Who can forgive sins but God alone?"

²² Jesus knew what they were thinking and asked, "Why are you thinking these things in your hearts? ²³ Which is easier: to say, 'Your sins are forgiven,' or to say, 'Get up and walk'? ²⁴ But I want you to know that the Son of Man has authority on earth to forgive sins." So he said to the paralyzed man, "I tell you, get up, take your mat and go home." ²⁵ Immediately he stood up in front of them, took what he had been lying on and went home praising God. ²⁶ Everyone was amazed and gave praise to God. They were filled with awe and said, "We have seen remarkable things today."

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ASSESSMENT

- If this man was your patient, what might be your assessment of his condition and a plan for treatment **based off this passage? What are his potential physical, social, emotional, spiritual needs?**
- How did various people in this story respond to Jesus' intervention? What stands out to you about the friends of the paralyzed man?
- What do you learn about nursing from the example of the friends in the story?

PUTTING FAITH INTO PRACTICE

- What connections do you see between physical health and spiritual health **in your own life and in the life of your classmates?**
- How can you be like the friends in the story and bring your **friends or patients** to Jesus? What are ways you can do this in the next week?



MY RESPONSES

TYPE YOUR RESPONSES INTO THIS BOX!



STUDY 7

THE BLAME GAME

When someone is feeling sick, nurses work to figure out what's going on and find the best way to help. Sometimes it's easy to spot the problem, but other times, it's more complicated. A person's health isn't just about their body—it's also connected to their mind, emotions, relationships, and even their spiritual life. Check out how Jesus tackled the cause and healing of a man's blindness!

READ JOHN 9:1-7 (NIV)

¹ As he went along, he saw a man blind from birth. ² His disciples asked him, "Rabbi, who sinned, this man or his parents, that he was born blind?"

³ "Neither this man nor his parents sinned," said Jesus, "but this happened so that the works of God might be displayed in him. ⁴ As long as it is day, we must do the works of him who sent me. Night is coming, when no one can work. ⁵ While I am in the world, I am the light of the world." ⁶ After saying this, he spit on the ground, made some mud with the saliva, and put it on the man's eyes.

⁷ "Go," he told him, "wash in the Pool of Siloam" (this word means "Sent"). So the man went and washed, and came home seeing.

ASSESSMENT

- What do you think about the disciples' question at the beginning of the passage?
- What does Jesus say about the cause of the man's illness? What surprises you about how Jesus interacts with the blind man?

BACKGROUND

John 9:1-7 tells the story of Jesus healing a man who was blind from birth, a miracle that challenged societal and religious beliefs at the time. In the first century, many Jews believed that illness or disability was a direct result of sin—either the person's or their parents'. When Jesus' disciples asked about this, Jesus rejected that idea, instead revealing that the man's blindness was an opportunity for God's power to be displayed. By healing him with mud and washing in the Pool of Siloam, Jesus not only restored the man's sight but also symbolized spiritual enlightenment, contrasting the blindness of the Pharisees who refused to see the truth.

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MY RESPONSES

TYPE YOUR RESPONSES INTO THIS BOX!

- Have you ever heard another healthcare worker tell a patient that an illness was caused by the person's actions or lifestyle choices – and you didn't think that assessment was completely fair? How did you feel when you heard this? How can you avoid making assumptions and placing judgment on others?
- From a nursing standpoint, what do you learn from how Jesus responds to those who want to place blame for the man's blindness?
- What do you notice about Jesus' power from this story? How does this impact the way you view his authority over the health of your patients?

PUTTING FAITH INTO PRACTICE

- The disciples assumed the man's blindness was caused by sin. **In nursing school or in your practice, have you ever found yourself making quick judgments about a classmate, professor, patient, or colleague? How can you practice more curiosity and empathy instead of assumption in your studies and clinical experiences?**
- Jesus' healing power reveals His authority over sickness. **How does this impact the way you pray for, support, and encourage your patients, others, and even yourself as you experience the challenges of nursing?**



STUDY 8

A TOUCH OF LOVE

Physical touch is one of the *Five Love Languages*, as described by author Gary Chapman. For some, nothing feels more meaningful than a caring, appropriate touch. In this story, see how Jesus uses the power of touch to bring healing and hope to someone with an illness that others found unsettling.

READ LUKE 5: 12-13 (NIV)

¹² While Jesus was in one of the towns, a man came along who was covered with leprosy. When he saw Jesus, he fell with his face to the ground and begged him, "Lord, if you are willing, you can make me clean."

¹³ Jesus reached out his hand and touched the man." I am willing," he said. "Be clean!" And immediately the leprosy left him.

See also [Mark 1: 40-41](#) and [Matthew 8: 2-3](#).

BACKGROUND

Luke 5:12-13 tells the story of Jesus healing a man with leprosy, a disease that carried intense social and religious stigma in the first-century Jewish world. Lepers were considered unclean under Mosaic Law (Leviticus 13-14) and were forced to live in isolation, away from their communities. People feared physical contact with lepers, as it was believed to cause both ritual impurity and the spread of disease. Despite these taboos, Jesus does the unthinkable—He reaches out and touches the man before healing him, demonstrating his compassion and authority over sickness. This moment not only restores the man physically but reintegrates him into society, challenging the rigid purity laws of the time and showing that Jesus' mission was to bring healing and restoration to the outcast.

ASSESSMENT

- What needs do you assess in the man who approached Jesus? Consider the whole person and address his physical, emotional, social and spiritual needs.
- Picture yourself as the man with leprosy. How do you feel as you interact with Jesus? How do you think this man's life was changed?

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MY RESPONSES

TYPE YOUR RESPONSES INTO THIS BOX!

- What characteristics of Jesus' interactions with the man would you like to reflect in your nursing practice?

PUTTING FAITH INTO PRACTICE

- Identify a classmate or patient who seems to be struggling (physically, emotionally, socially, or spiritually). Take one intentional action to support them, such as offering to study together, listening to their concerns, or helping with a small task.
- If you encounter a patient who may feel ashamed or rejected (due to illness, disability, or personal circumstances), make an intentional effort to treat them with warmth and dignity. Address them by name, make eye contact, and ensure they feel heard and valued.