LIVING OUT MICAH 6:8
AS A FAMILY NURSE PRACTITIONER

by Marcia (Knaus) Williams ’94, M.S.N. ’13
My Cedarville Master of Science in Nursing (M.S.N.) program prepared me to help offset the growing shortage of primary care providers. In the face of overwhelming need and minimal resources, I learned to display the heart of my Father in heaven. God refers to Himself as holy with a nature that is right and perfect. I am called to be an image bearer of that perfection and holiness I see in Him and conform to His nature as I care for my patients.

Training to become a Family Nurse Practitioner (FNP) at Cedarville was a natural progression from the strong Bachelor of Science in Nursing program. Courses included theory, government policy, spiritual care, and health care research, along with specialty course instruction over two to three years and 640 clinical hours. These specialty classes included study of adult, pediatric, maternal, and older adult populations.

I researched poor health outcomes for a vulnerable population, collaborated with other disciplines (athletic training, nutrition, team physician, counseling); presented findings to Cedarville University Athletic Director Alan Geist ’83, athletic trainers, and coaches; and implemented a screening policy for female athletes still in use at Cedarville. The M.S.N. program taught me how to develop diabetes programs, educational instruction for staff, and pediatric obesity screening, which I use in my women’s and family medicine practice now.

With the demands of balancing full-time motherhood, employment, and student responsibilities, the guidance, support, and prayers that I received during my graduate studies from School of Nursing professors and staff were essential to completing my studies and thriving in my new role. By continuing to hold up high academic standards, gracefully portraying vision during times of uncertainty, and providing spiritual care to their students, the faculty modeled the type of care I now strive to provide for my patients.

I am practicing in a population in Dayton, Ohio, where health disparities such as diabetes, maternal and child mortality, obesity, cardiovascular disease, and cancers are prevalent. My M.S.N. program taught me that such need requires more than medical attention, but a Micah 6:8 mindset: to do justice, to love kindness, and to walk humbly with my God.

Justice seeks health equality, researches modifiable risks, and lobbies for changes in policies that jeopardize the health of those I am called to serve. Modifiable risks include things that can be prevented or controlled, such as increasing exercise to 150 minutes per week and achieving a 7 percent weight reduction to control or delay diabetes progression. Looking at the context of the problem and the dynamics of its effect on the patient and family acknowledges God’s ultimate control and provides an impetus for action on their behalf.

Kindness is shown in giving the most powerful resources at my disposal, including prayer, listening, and seeking to understand how the situation impacts the family unit. It motivates me to research a new health concern I have observed in practice when I would rather take a break. Studying the Bible allows me to know what God knows and says about health, the patient, and her environment.

Humility is required as I face a host of unknown heartaches and challenges that await me each day. The patient endurance I need comes as I walk with my Father and seek to show His love and care to those placed in my path and obey the discernment the Holy Spirit provides.

Some of my most successful days are when I hear from my patients, “I knew you would check my labs, refill my medications, and make sure I was doing OK, but I really came this morning because I knew you would pray with me.” I am thankful for the opportunities to laugh, cry, celebrate, and walk alongside my patients during their difficult life journeys.

The qualities I hope to emulate in my practice — tireless compassion, steadfast hope amidst discouraging circumstances, and quality care to families — were imprinted on me at Cedarville. They were modeled through the faculty, developed during assignments, and continue to be lived out in me as a nurse leader who reflects the Great Commission to a needy world.

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