



Office of Religious Diversity Annual Assessment Report: Learning
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Name of Department: Office of Religious Diversity (ORD)

Name of Contact Person: Diane Dardón

Name of Person(s) completing report or contributing to the project: Diane Dardón, Abdul Malik Ryan, and Katie Brick

I. Abstract

The purpose of this project was to assess DePaul nursing students' learning around pastoral agency in nursing care, which is an internationally recognized tool for promoting healing and excellence in health care that undergirds Vincentian values of caring for those in greatest need and uplifting human dignity. All incoming students in DePaul's nursing program were introduced to pastoral agency in nursing through a 2.5 hour presentation developed and presented by the Office of Religious Diversity (ORD) Protestant Chaplain entitled, "End of Life: Death and Dying--A Pastoral (Vincentian) Perspective," as part of the master level nursing curriculum.

The methodology consisted of completion of a post-presentation survey that was voluntary and anonymous. Through five class presentations 129 nursing students participated in the presentation and 128 completed the survey providing qualitative data.

The majority of respondents (99%) were able to name at least one way in which they anticipated incorporating pastoral care into their nursing career, thus indicating a basic understanding of the topic and indicating how they might apply this learning to their daily lives and work. Eighty-four percent further articulated understanding of the topic by describing at least one area for continued growth/study around pastoral issues related to death and dying. In addition, the vast majority of participants indicated in class, through the survey and in pastoral conversations following the presentation that they found the presentation helpful and very important to their nursing career.

As a result of this assessment project recommendations include continued and expanded learning opportunities for nursing students around pastoral agency, particularly around end of life issues and inter-faith competency.

II. Assessment Question

To what extent are DePaul's Master's level nursing students who participated in the end of life presentation able to articulate basic understanding of pastoral agency as it directly relates to nursing care particularly around end of life issues? (See Appendix I for Pastoral Agency definition)

III. Learning Outcomes Assessed

Departmental Level 1

Students who participate in Office of Religious Diversity programs will integrate their spiritual/religious/philosophical traditions and beliefs into their daily lives.

Program Level 1

Students who participate in the Office of Religious Diversity educational programming will apply what they learned to their daily life and world understanding.

IV. Introduction & Context

University Context

This project focused on learning among Master's level nursing students at DePaul University. The ORD Protestant Chaplain was invited by School of Nursing faculty to speak to nursing students about end of life issues specifically from a pastoral perspective. An entire class period (2.5 hours) was devoted to this topic through which curricular and co-curricular learning unfolded, Vincentian values in nursing were expounded upon, and material critical to real-life pastoral nursing care was introduced. The curricular presentation was given to five new cohort classes that met during fall and winter quarters. (See Appendix II for curricular topics)

This project specifically assessed learning around “specialized knowledge and skills from within a specific discipline” (University Goal 1) while also integrating learning through curricular and co-curricular partners (University Goal 5). In addition, this project was congruent with the Vision 2018 goals and objectives that call for enhancing academic quality and supporting educational innovation (Goal 1) and strengthening connections between curricular and co-curricular programs (Goal 3, Objective 3A).

This assessment project directly correlated to Divisional Learning Outcome 1 that stresses integration and application of knowledge “across curricular and co-curricular experiences in order to advance academic, personal and career growth.”

Finally this project contributed to the Office of Religious Diversity goals by specifically assessing students' abilities to “apply what they learned to their daily life and world understanding.” This project also uplifted the departmental commitment to collaboration throughout the university.

Supporting Scholarship

This assessment project grew out of extensive, current and growing research and literature stressing the importance of incorporating pastoral agency into nursing and training of nurses. This literature guided the development of the end of life presentation curriculum and informed the assessment for the project.

According to the International Journal of Psychiatry in Medicine 2003 article, “The Quantity and Quality of Research on Religion and Spirituality in Four Major Gerontology Journals Between 1985 and 2002,” there has been a huge rise in conversations and literature around the importance of spirituality in health care. Authors Andrew Weaver, Laura Flannelly and Adrienne Strock explain that this movement began around 1985 (p. 41) and continues today with particular attention given to specific healthcare issues such

as palliative care. Most recently, Oxford University Press published a series of books in conjunction with the Hospice and Palliative Nurses Association that focuses on nursing issues relating to death and dying. The latest volume, *Spiritual, Religious, and Cultural Aspects of Care* (2016), was just released this year and in the final chapter authors Valerie Cotter and Anessa Foxwell state the following:

Providing holistic palliative care requires a broad range of skills. Astute management of physical symptoms and a solid command of technical skills must be matched with an ability to provide psychosocial and spiritual care for patients and families at a time of great vulnerability. To nurture these latter skills, nurses should continually reflect on and evaluate their own hopes, beliefs, and biases and identify how these factors influence their care. (p. 110)

The psychosocial and spiritual care for patients and their families as well as nurses' self-care were the very topics addressed through the end of life presentation offered by ORD staff to DePaul's nursing students. The need for and challenges around addressing such issues is also articulated in a 2007 study presented in the *Holistic Practice Journal*, "Do Pastoral Care Providers Recognize Nurses as Spiritual Care Providers?".

Holistic nursing practice guidelines harness and incorporate the power of evidence-based practice, new and changing healing modalities, and alternative and complimentary therapies. However, in spite of the recent proliferation of literature on spirituality and spiritual care, intrinsic and extrinsic barriers continue to inhibit the advancement of the spiritual dimension in clinical settings. Intrinsic barriers often relate to nurses' attitudes toward spiritual care, educational preparation, and comfort level with giving spiritual care. (Cavendish, Edelman, Naradovy, Bajo, Perosi and Lanza, p. 94)

The study goes on to explain that hospital chaplains understand that nurses and chaplains face many of the same issues and that chaplains generally perceive nurses to be on the front line of providing spiritual care. However, chaplains also recognize that nurses may not have the training, attitude or personal grounding to provide effective spiritual care. (Cavendish, Edelman, Naradovy, Bajo, Perosi and Lanza, p. 95)

For nursing students at DePaul University who participated in the end of life presentation, this training has begun and the results of the assessment project indicated the ability for these students to understand ways in which they can bring pastoral agency into their careers as well as their desire for additional training in this area.

This assessment project also drew upon the training and expertise of the ORD Protestant Chaplain, which includes Clinical Pastoral Care training as well as Hospice Training and twenty years of pastoral care in parish and campus ministry settings and under circumstances of everyday life as well as in community crises. The chaplain integrates pastoral care theory of accompaniment into her work as well as the service model of pastoral care that focuses on the holistic needs of the patient/client as well as the family, friends, and support systems/care takers. The work of Carol Taylor and Susan Walker around compassion and compassionate care heavily influence the chaplain's work also. In

addition the chaplain drew upon her scholarship in Vincentian and Catholic values that were integrated into the curriculum.

(Works Cited in Appendix VII)

V. **Data Collection & Methodology**

Data Collection

Data for this project was collected through a post-presentation survey (see Appendix III). The survey asked two specific questions that qualitatively measured learning outcomes. The post-presentation questions directly correlated to the program learning outcomes by seeking responses that indicated students' abilities to articulate whether or not they gleaned a basic understanding of pastoral agency in nursing so that they might apply these new concepts to their work.

Every student who enrolls in DePaul's Master's level nursing program enters into a learning cohort, which moves through a series of core courses together. For the past two years the end of life presentation was integrated into the curriculum of one of the first cohort courses. Therefore, the larger population and the specific student sample were the same and consisted of all students who entered as new students in DePaul's 2015-16 School of Nursing program.

One hundred and twenty nine students were present in the five classes during which the end of life presentation was offered. Of these students, 128 chose to complete the survey.

Data Analysis

The data gleaned from the surveys was analyzed by the ORD Protestant Chaplain after it was collated and recorded in its raw state by ORD support staff.

The data was analyzed by coding student responses for answers that matched the curricular content presented in the classroom (See Appendix II). Successful learning was achieved if students were able to identify at least one element from the presentation that they anticipated they would apply to their nursing work. A second way in which success was measured came through students' abilities to describe one topic that was introduced in the presentation which they wanted to further explore. Students who were able to identify a way in which they could incorporate elements of pastoral agency into their nursing work and describe information for further study as directly correlated to the curricular presentation successfully displayed a basic understanding of pastoral agency in nursing.

Participant Consent

At the beginning of the learning experience students were informed that they would be asked to participate in an anonymous post-presentation survey. They were informed that completion of the survey was optional.

Following the presentation students were invited to complete the surveys and were reminded that taking the survey was optional with all responses remaining anonymous. Students were also told that the survey information would be used for the purpose of the assessment project and for further development of presentation materials.

Students who agreed to complete the survey were informed that their consent to participate in the anonymous assessment project would be indicated by their submission of the completed survey.

The surveys did not include or ask for identifying information.

Raw data from each survey was collated and entered into a spreadsheet. Once entered the data was reviewed to ensure accuracy and completeness. Spreadsheets are stored in a private and secure digital file and hard copies of the surveys will be destroyed upon completion of the project.

VI. Data & Results

A total of 129 students participated in the end of life presentation. All were invited to participate in the assessment project by completing the post-presentation survey. One hundred and twenty eight students chose to participate in the project, yielding a 99% response rate. However, each assessment question yielded differing response rates as 99% responded to the first survey question but only 93% (119 students) responded to the second assessment question.

All participants in this project were Master's level students enrolled in DePaul's nursing program. The assessment project was based on responses provided by nursing students who were in the seventh week of their first core course in the two-year nursing program.

One hundred twenty five (98%) respondents were able to identify at least one way in which pastoral agency could be integrated into their work. The majority of these (2 students) indicated specific ways in which pastoral agency would be integrated into their work during end of life situations.

The following represent appropriate responses to survey questions:

Please describe at least one way in which you see yourself engaging in pastoral caretaking in your work as a nurse, particularly when dealing with patients, family members and others who are dealing with death and end of life issues.

Response Samples (full list of responses found in Appendix IV)

Curricular topics: Characteristics/Tasks of Pastoral Agent/Pastoral Caregiver

- Listening, empathy, encouragement.
- The way we give care, implementing empathy, compassion, knowledge of other religions etc. Just being there for the patients 100%
- Holistic care of a patient especially in the face of death
- Nursing is not all about academics. The real part of nursing is about being there for the people and helping them with everything, not just the physical.

Curricular topic: Vincentian values in nursing

- Care for the whole person. Dignity of life and death
- Dignity, respect, compassion- these are all things nurses can bring

Curricular topic: Caring for the caretaker

- Take care of yourself and to be aware of everything around you. It will help me shape the way I perform my job and shape the kind of nurse I want to be.
- Communicate with patients and each other to provide culturally competent care.

- Consoling the family. Consoling peers.

One hundred and nineteen students (93%) were able to recognize one pastoral care area for further exploration.

The following represent appropriate responses to the question:

What end of life and/or pastoral care topic would you like to further explore as you prepare for your nursing career?

Response Samples (full list of responses found in Appendix V)

Curricular topic: Realities of death and dying

- The actual death and dying practice of different faiths and cultures
- Working with terminally ill; collaborating with chaplains; advocating for dying patients
- Words of comfort to use when you don't know what to say
- I would like to explore the whole concept further. Three hours wasn't enough for me. It was very interesting.

Curricular topic: Caring for the caretaker

- More about self-care-I think sometimes it's hard to know that you need help coping too.
- Debriefing process for nurses after death

Curricular topic: Responding to spiritual needs/inter-faith perspectives

- Learning about other religions
- Basic concepts (why do people use prayer?) As a frame of reference for people who have not grown up with faith
- Exploring the theology around dying and helping patients and families better come to terms with the process
- Roles of chaplains in hospitals

Additional data gleaned from the survey results follow:

- One student offered commentary indicating discomfort in integrating pastoral agency into her nursing career. ““I am an atheist and I don’t believe. I won’t use pastoral agency in my work.”
- The pastoral act in which most participants said they would engage was prayer with patients/families. Twenty three percent of participants said they would pray with/for patients, family and friends during end of life care taking.
- There was a strong interest in inter-faith and/or cultural issues regarding pastoral care and death and dying. This was the area most often mentioned in survey responses with 29% of all responses referring to these topics. Of particular interest was the 22% of participants specifically indicating an interest in learning more on inter-faith and/or cultural issues around end of life care.

Program Level Learning Outcome	Department Level Learning Outcome	Number of Students Assessed	Number of Students with Acceptable or Better Performance
Students who participate in the Office of Religious Diversity educational programming will apply what they learned to their daily life and world understanding.	Students who participate in Office of Religious Diversity programs will integrate their spiritual/religious/philosophical traditions' beliefs into their daily lives.	128	125

The data was analyzed by coding student responses for answers that matched the curricular content presented in the classroom. Student responses that directly aligned with at least one of the main topics presented indicated achievement of program learning outcomes.

VII. Discussion & Interpretation of Results

The responses provided through the post-presentation survey indicated immediate success among the vast majority of students in articulating a basic understanding of pastoral agency in nursing.

Key Findings

The learning assessment questions provided qualitative data that indicated the following:

- The vast majority of participants (98%) were able to demonstrate a basic understanding of pastoral agency in nursing by articulating at least one way in which they anticipate integrating pastoral agency into their nursing career.
- The majority of participants (93%) described an area of pastoral care they wanted to further explore. In order for students to describe areas for further exploration they must first have a basic understanding of pastoral agency in nursing. Eighty three percent of the participants had sufficient understanding of pastoral agency in order to describe a topic for further exploration.
- Interest in inter-faith and/or cultural issues was significant with 29% of participants referring to this topic and 22% interested in gleaning more information on the topic.
- Thirty two students indicated that pastoral agency would not only be an important part of their work around end of life issues but within all aspects of their nursing.

What Was Learned

- The majority of nursing students who participated in the presentation were able to articulate a basic understanding of pastoral agency in nursing.
- Responses indicated that the majority students found value in incorporating pastoral agency into their nursing work and/or in learning more about pastoral agency/topics in nursing.
- Several participants indicated their enthusiasm over a pastoral approach to nursing while only one student offered a commentary that did not indicate a positive response to integration of pastoral agency in nursing. This student stated, “I am an atheist and I don’t believe so this information wasn’t helpful to me.”
- The survey findings directly supported the growing conviction in the field of nursing that pastoral agency in nursing is an important and necessary service to patients and family and that the need for such training is necessary.

Surprises

Students indicated they found the real-life nursing scenarios/cases and the discussions around these situations most helpful. Many students were interested in further exploring pastoral agency in nursing through this particular format.

Seven students chose to meet with the ORD Protestant Chaplain either immediately following the presentation or within several weeks of the presentation during which time each sought further insights around pastoral agency in nursing. Five other students also contacted the chaplain via e-mail to glean further insights. These conversations supported the findings that students not only met the learning outcomes but were seeking more training related to pastoral agency.

The preamble to DePaul University Goals and Learning Outcomes stresses that “the DePaul community is above all characterized by ennobling the God-given dignity of each person.” While this project did not specifically assess learning around this Vincentian value, over half of the survey responses indicated students’ awareness of uplifting the dignity of their patients, families and others. Some specifically mentioned human dignity in their response while others alluded to this in their comments. For example, one student indicated she would ennoble the dignity of others by “being culturally- religiously – emotionally sensitive to the needs of the patients as well as the needs of my colleagues.” Herein, this assessment project is aligned with the Division of Student Affairs strategic plan that upholds spirituality and Vincentian values and specifically to Divisional Learning Outcome 4: “Students...in their actions, behavior and decisions...will demonstrate values central to the Vincentian mission of DePaul.”

Ninety nine participants found the presentation to be helpful/informative or critical to their nursing training.

Limitations

The post-presentation survey was limiting in and of itself in that survey results were potentially skewed by students who had previously considered or engaged in pastoral agency in their nursing work or training. Each presentation began with students verbally

indicating their knowledge or experience with pastoral issues in nursing but no formal assessment was made of prior knowledge. However, the majority of participants indicated they had neither considered nor served as a pastoral agent in their work or training.

In order to further develop the project findings there was an initial plan to glean more information from a limited number of nursing students through a focus group or through interviews that were being integrated into a follow-up off-site retreat. Eight students indicated their willingness to participate in the retreat and provide further qualitative information for the assessment project. The Office of Mission and Values had agreed to cover costs for meals and materials. However, in the end we had to cancel the retreat when all but one student who was interested in the retreat indicated they were not able to attend due to their time constraints as commuter students.

Another limitation to the assessment project was that the responses came immediately following the presentations. A longitudinal assessment would provide more helpful information in that it would indicate if participants did, indeed, apply pastoral agency to their nursing work rather than just speculating that they might integrate this into their careers. Such an assessment is being considered.

Contributions

This assessment project contributed to the Division of Student Affairs by strengthening partnerships and collaboration between curricular and co-curricular areas of the university, particularly between the Office of Religious Diversity and the Department of Nursing. The project contributed to the Office of Religious Diversity by adding to the department's commitment to provide programs and services that will provide students with learning that can be directly applied to their work and world. And an important by-product of the project, and therefore a contribution to the department, division and university was that this project was an example of how Vincentian values and principles can be integrated in an impactful manner into curriculum.

The project may also contribute to the Office of Mission and Values desire to further integrate Vincentianism into the School of Nursing program. In the same way the project may encourage School of Nursing faculty and staff to consider ways in which pastoral agency may be consistently integrated into curricular or co-curricular nursing student learning.

VIII. Recommendations and Plans for Action

Recommendations

As a result of this assessment project the Office of Religious Diversity recommends continued work with the Office of Mission and Values and engagement in new conversations with the School of Nursing to consider ways in which inter-faith competency and pastoral agency, both of which uplift Vincentian values, might be integrated on a permanent basis into the School of Nursing program.

Immediately following the completion of this project the School of Nursing announced a change in curriculum beginning in the 2016-17 academic year. Death and dying will no longer be integrated into the core course and the project presentation will be eliminated from the curriculum. The results of this project also suggest a recommendation to the

School of Nursing that integrating pastoral agency training into the new curriculum would be a great benefit to the students and program. The inclusion of inter-faith competency would be of particular benefit to students.

Action Plan

Summer 2016 Share assessment project results with Office of Mission and Values and key faculty and staff within the School of Nursing.

Fall 2016 Engage in conversations with Office of Mission and Values and School of Nursing faculty and staff to discuss ways in which pastoral agency might be taught to all nursing students, perhaps through a seminar program.

In conjunction with School of Nursing and Mission and Values, develop a plan for offering pastoral agency training to DePaul's nursing students by fall of 2017.

The greatest barrier to this action plan is integrating this topic into the nursing program at DePaul. As mentioned above, the School of Nursing has just developed a new curriculum to better meet state standards. Fitting the pastoral agency and inter-faith components into the nursing curriculum may not be possible but because these issues are integral to the field of nursing and Vincentian values, this training is necessary and consideration of offering the training during a seminar program may be a possible solution.

Sharing the results

- Results of the project will be shared via e-mail with each of the School of Nursing faculty that has worked with ORD staff.
- Student participants all belong to nursing cohorts. Nursing faculty who included “End of Life: Death and Dying--A Pastoral (Vincentian) Perspective” will provide assessment findings to students through cohort e-mails.
- Office of Mission and Values staff and faculty will be invited to meet with ORD staff to review the assessment project results and discuss strategies for working with the School of Nursing.
- ORD and Office of Mission and Values staff will invite key School of Nursing administrators and faculty to review the results and consider ways in which to implement pastoral agency training through a co-curricular venue.
- Results will be shared with the Office of Religious Diversity staff during a regular staff meeting.
- A report will be provided to the University Ministry AVP.

Implications

The Office of Religious Diversity is charged with providing “pastoral leadership, support and advocacy to the diverse religious and spiritual communities of DePaul through programs and services which cultivate intra- and interfaith-friendly cultures.” (ORD Mission Statement) The end of life presentations to DePaul's nursing students has provided a significant venue in living out the ORD mission and the assessment project indicated that there is a student need that this presentation addresses. Beyond this, the project suggested that providing a pastoral lens for learning may also be helpful in promoting Vincentianism and inter-faith competency in other curricular and co-curricular

areas, particularly where students are engaged in learning and activities around human development and care. Providing such learning would not only be beneficial to students but also to faculty and staff and, perhaps most importantly, to the people students are trained to serve.

Appendix I

“Pastoral agency” in nursing is the capacity nurses have to provide compassionate, holistic, transparent and authentic care by tending to the spiritual/faith/religious needs of patients, family and self while also tending to physical needs of patients.

Pastoral agency is congruent with Vincentian values of holding up the dignity of all and with the Vincentian call to care for the suffering.

This is a working definition developed by Rev. Diane Dardón and based on pastoral care theory and current literature on spirituality and healthcare. The work of Carol Taylor and Susan Walker around compassion and compassionate care heavily influenced this definition which was further developed through Pastoral Clinical Experiences and Hospice Training for Clergy. The Oxford Textbook of Spirituality in Healthcare (Oxford University Press, 2012) also provided great insight in developing this working definition.

Appendix II

Curricular Topics

Related to Activity and Program Learning Outcomes

This comprehensive list of topics relating to pastoral agency, particularly around issues of death and dying is drawn from and the curriculum and covered in each class.

Students' responses on the post-presentation survey that directly correlated to these specific topics covered in class indicated the students' abilities to articulate a basic understanding of pastoral agency within nursing.

Curricular Topics

Characteristics of Pastoral Agent/Pastoral Caregiver (taken from lists students developed in classes)

Compassionate, caring, empathic, comforting, confident, patient, honest, forthright, kind, willing to go the extra step, authentic, encouraging, hopeful, transparent, helpful, capable, genuine, sense of humor, able to see the big picture, multi-tasking, enthusiastic, prophetic, resourceful, reassuring

Tasks of pastoral agent/pastoral caregiver (taken from lists students developed in classes)

Listens deeply, asks reflective questions, keeps confidences, offers compassion through words as well as actions like touching or hugging, advocates for patient, mediates between patient and family/doctor/other professionals, engages in rituals and spiritual practices, anticipates needs of patient and family, extends resources to patient and family

Realities around death and dying

Physical aspects including sounds and smell and physical changes of body through process, range of emotions of patient/family/caretaker/others, expecting the unexpected

Q & A issues that Nursing students most often ask:

What happens once the person has died? What does the nurse have to do? Who takes the body?

Where does the body go? Are the black bag and toe tag real?

Helping patient prepare

Advance directives, funeral arrangements, last conversations, reconciliation, reflecting, praying, crying, wondering, reassuring, connecting with spiritual leaders, rituals, being honest about how things are unfolding

Helping family prepare

Encouraging peaceful encounters, dealing with difficult and tumultuous family situations/members, managing large families, managing family conflicts, advance directives, funeral arrangements, last conversations, reconciliation, reflecting, praying, crying, wondering, reassuring, connecting with spiritual leaders, rituals, being honest about how things are unfolding

Caring for the caretaker (self and others)

Self-care (What do I do when I'm hurting but need to be professional?), supporting peers, going to funerals, seeking counsel, knowing and utilizing resources, dealing with the emotions of family/patient/self

Knowing resources

Chaplains, local spiritual leaders, counselors, social workers, family members, funeral directors, coroners, personal confidant

Death of all ages

Stillborn, infant, toddler, child, adolescent, teen, young adult, middle aged adult with/without family/kids, older person, senior

Responding to spiritual needs/inter-faith perspectives

Religious beliefs and rituals around death/dying/burial, how to pray with patient/family, bringing in resources, world religions/beliefs/rituals around death and dying, knowledge of community and religious demographics of community

Vincentianism and nursing

Personalism, human dignity, history of nursing in Vincentian community

Dealing with peers

Getting doctors to listen, coping with difficult peer, being asked to do things out of comfort zone

Hospice

Know resources, how it works locally, comfort in talking with family/patient about hospice

Appendix III

Post-presentation survey

1. Please describe at least one way in which you see yourself engaging in pastoral caretaking in your work as a nurse, particularly when dealing with patients, family members and others who are dealing with death and end of life issues.
2. What end of life and/or pastoral care topic would you like to further explore as you prepare for your nursing career?
3. What would you tell your friends/colleagues about this presentation and/or what you learned?
4. What were the most helpful parts of this presentation?

Appendix IV

Survey Question #1 Responses

1. Please describe at least one way in which you see yourself engaging in pastoral caretaking in your work as a nurse, particularly when dealing with patients, family members and others who are dealing with death and end of life issues.

125 responses indicate appropriate ways in which pastoral agency may enhance or play into participants' work in nursing. While the responses have been grouped according to curricular topics introduced in the class presentation, many of the responses could be grouped in several categories.

Characteristics of Pastoral Agent/Pastoral Caregiver

- Has to include compassion and being real.
- Spirituality needs to be considered.
- End of life is hard. Be honest but kind.
- Palliative care compassionately
- Hope. Even in death find hope.
- Compassionate
- Supportive
- The way we give care, implementing empathy, compassion, knowledge of other religions etc.
- Just being there for the patients 100%
- It means you have to be yourself! Be true to who you are and don't be afraid to ask for support.
- Dignity, respect, compassion- these are all things nurses can bring
- Bring patients peace and comfort in times of need
- Take care of yourself and to be aware of everything around you. It will help me shape the way I perform my job and shape the kind of nurse I want to be. This is a needed quality in nursing.
- Compassionate and empathetic
- Nurses need to be compassionate and respect patients values
- Pastoral, helping, aiding
- Involves emotions
- Nurses need to empathize and care for people and their families (always not just in the end of the care)

Tasks of pastoral agent/pastoral caregiver

- Staying with patient while they die
- Listening, empathy, encouragement.
- Providing appropriate, empathetic care
- Giving someone room to grieve. Allowing someone to express themselves
- Consoling patients and family is important part of nursing.
- Communicate with patients and each other to provide culturally competent care.

- Find what is important to the individual and/or family.
- Talking to them about their faith.
- Really learn how patients feel about their illness so you can better treat them holistically.
- Providing comfort and family support
- Acts I would engage in is being culturally- religiously – emotionally sensitive to the needs of the patients as well as the needs of my colleagues
- Providing pastoral care
- Death is always a difficult and different thing to deal with. It is important to be pastoral in all of the different meanings of the word.
- Being the “messenger”
- Bring compassion to end of life care
- Applying pastoral values to your everyday care with all patients to provide care to patient and family
- Conversation. Try to get people talking.
- Talking openly about what’s happening.
- Pay attention to the real person.
- Care for the whole person.
- Contacting families
- Holistic care of a patient especially in the face of death
- Make patients as well as colleagues feel comfortable, understood as well as accepted
- Providing comfort to families
- Understanding a person’s religious beliefs

Helping patient/family prepare/cope

- Talking with patient and family about hospice (7 participants indicated they would engage in hospice conversations)
- Consoling the family.
- Talking with family about death of patient.
- It will come in handy when trying to help a family or dying person think about funeral arrangements
- Helping with advance directive, will writing
- Encouraging therapy for family, patients, even colleagues and self.
- Helping people get in touch with their feelings about death
- Taking time to just sit with them and make them feel like they’re in a normal setting
- Support for whole family.
- Providing comfort to loved ones of the deceased or dying
- Mediation when the family is out of control
- Holding hands/ physical touch
- Sharing stories and encouraging dying people to tell their stories

Caring for the caretaker (self and others)

- Don't be afraid to let yourself feel

- Consoling peers.
- Have a confidant to share with

Knowing resources

- Family counseling
- Silence can be healing.
- Some patients may be more/ less spiritual than me so I will be in contact with pastors

Responding to spiritual needs/inter-faith perspectives

- Praying with patients and family (29 participants indicated they would pray with patients and/or family)
- Calling a priest or contacting a chaplain or other spiritual leader (13 people indicated they would call in a spiritual professional)
- Reflecting in scripture. Acknowledging spirituality in death, “God’s plan”. I would probably talk about the bible. As a Christian, I believe it’s important to reflect on the scriptures and apply it your own life.
- Seeing hope in the context of religion, spirituality
- Being sensitive to other people’s culture, religion, and level of that religion
- Reading spiritual/ literature
- Appropriately approach prayer with a patient with certain religious beliefs
- Respecting the beliefs of other
- Understanding components of different religions or faiths as it corresponds to patient care

Vincentianism and nursing

- Everyone should be treated with dignity, respect, and that shouldn’t differ across cultures or backgrounds
- It stresses human dignity
- A reminder to treat others with kindness and dignity.
- Compassion for those who need care the most
- Dignity of life and death.

Dealing with peers

- There are people from different religious background. Be sensitive when talking about religious activity with other coworkers.

Hospice

- Getting in contact with hospice and helping people get ready for that.

Other

- The qualities of a pastor can be playing into my qualities of being a nurse.
- I am encouraged because I want to be a nurse to serve God and I am not afraid of death and dying and believe it is an absolute privilege to be with someone when they die...this encouraged me to be real in these situations.
- Pastoral care will alter the way I approach nursing because it is not only about the patient physically but mentally and that their loved ones need care as well.

- Pastoral care leads you to be a better nurse
- I feel somewhat better prepared for reality. Really focus on listening for things the patients aren't directly saying.
- Nursing is not all about academics. The real part of nursing is about being there for the people and helping them with everything, not just the physical.

Appendix V

Survey Question #2 Responses

2. What end of life and/or pastoral care topic would you like to further explore as you prepare for your nursing career?

(119 responses have been grouped according to curricular topics introduced in the class presentation but many of the responses could be grouped in several categories)

Tasks of pastoral agent/pastoral caregiver

- The ways of being an advocate and furthering pastoral care in nursing
- Empathy/sympathy: effective pastoral care
- Practical pastoral actions when dealing with people in difficult situations.
- Examples on how to handle certain situation
- Practical action to take
- How to ask questions and get the conversation started since it's so sensitive
- Actual solutions or methods for handling difficult situations. I feel it was a lot of "what if this happened.." and "it varies" instead of actual guidance and resources
- How to deal compassionately with death and end of life situations
- How to answer questions I don't know the answer to
- I would like to talk more about how best to be there for the patient.
- Words of comfort to use when you don't know what to say
- I would like to explore not only the death situations experiences but also various life expectancy experiences with pastoral care
- How to further speak with people that's dying and be a little more reassuring.
- Learning the correct language to use with patient and family in times of death
- How to handle child's death

- Just to know more useful information to say to patients as they are going through the grieving process.
- I would like to further explore knowing what to say to patients and family. I think it is important to be prepared for questions and comments and being able to tackle the answers for the patients confidently and compassionately is key.

Helping patient/family prepare/cope

- Physiological aspects of death Methods how to talk to family members of a dying patients
- Methods how to talk to family members of a dying patients
- How to communicate with families facing death
- I would like to explore how to help families through the grieving pain
- I would like to further explore ways to care for those after a death
- Physiological aspects of death. How to interact with family of a dying individual
- Scenarios on how to respond to situations. Advice on dealing with families.
- As someone who wants to go into pediatrics, I see how this applies but I also feel there is much to explore in handling the patient, family, etc.
- How to help patients with their self-care
- I would like to further explore what nurses do because with this lecture it's not only the patients but the family as well.
- How to deal with specific situations involving family members, etc. Case studies were very helpful!
- Advice on dealing with families.
- How to talk to the patients and family about the diagnosis of being terminally ill
- How to deal with patients and families in challenging situation
-

Caring for the caretaker (self and others)

- How to keep professional in situations like death
- More about self-care - I think sometimes it's hard to know that you need help coping too.
- Being professional
- How to handle difficult emotional settings
- Self-care methods
- Appropriate behavior of the nurse as the patient is dying.
- Debriefing process for nurses after death
- I guess I'm still curious about the best way to handle and conflicts between personal beliefs about care and family's ideas.
- How can you not let your experiences overwhelm you

- More ways on how to not make death and dying too personal.
- Being more comfortable about facing reality; how to balance everything and myself; know when to tap out.
- How I will react when I deal with death and dying.
- The reality of being present with a very full work load.
- Different methods for the nurse to use to really cope with patient loss
- Different ways to share our own experiences.

Knowing resources

- Working with terminally ill; collaborating with chaplains; advocating for dying patients
- Roles of chaplains in hospitals
- The different resources hospitals have for patients but also the healthcare providers

Responding to spiritual needs/inter-faith perspectives

- Learning about other religions
- The differences in religions
- Learning about other religions
- I would like to explore more in the religious aspects. I would be very interested in attending a 1-day retreat to learn more
- End of life care for various religions
- The different religious practices
- The actual death and dying practice of different faiths and cultures
- Different religions, practices, values, etc.
- More info about different religious/death/cultural differences
- Different religious practices
- Major religions
- Different customs on dying.
- A deeper dive into cultural differences with regard to EOL.
- Different cultural beliefs regarding dying and their families.
- Exploring the theology around dying and helping patients and families better come to terms with the process
- I want to further explore other cultures and how they handle death.
- Differences in views among religions.
- In the future with dealing with Christian patients on pastoral care
- I'd like to know more about all of the faiths/beliefs people have and how to help individually.
- How other religions view death in the hospital setting.
- Sometimes discussing the specifics of a religion may help.
- Interfaith competency
- Basic concepts (why do people use prayer?) As a frame of reference for people who have not grown up with faith
- Different religious preferences and beliefs

- I would like to explore more of a global perspective of death
- What I believe constitutes life.
- How other religions view death/their beliefs in an afterlife.
-

Dealing with peers

- Confronting difficult coworkers

Realities around death and dying

- Assimilating attributes in a practical manner to clinical practice.
- Being made aware of possible difficult situations that will arise in nursing
- Trauma situations- how to deflect questions
- This is related more to the pathophysiology or death, but what happens to the body as a person dies. As a nurse, what do you see, feel in the room, etc.
- Actual protocols for end of life care
- I like to hear personal stories. How what we learned has been applied in real situations.
- More stories and how to deal with those situations presented
- I would like to further explore how to deal with a patient's / person's decision to die to stop all treatment. More education on end of life care in the program.
- More personal experiences because the ones shared were extremely interesting and useful.
- The process of how the body is to be removed and the nurse's role.
- Stories nursing are willing to share of how they dealt with specific situations.
- Different situations out there and how nurses deal with it.
- What happens when we die?
- Treatment of those near death
- Actual solutions or methods for handling difficult situations. I feel it was a lot of “what if this happened..” and “it varies” instead of actual guidance and resources
- How to deal with more specific traumatic events
- Every category of end of life baby, child, teenager, young adult, middle age, old age, what differs and is the same.
- More case studies.
- Scenarios on how to respond to situations
- More specific scenarios More special circumstances that may require a different approach.
- More real life scenarios that have taken place.

Hospice

- Talking about advance directives and the five wishes
- Hospice care
- The five wishes

- Probably would fall under a different course/lecture but legality of end of life decisions/wishes

Other

- All of it
- Not sure.
- Not sure
- I don't know- this is a hard concept.
- At this time, I'm not sure
- Unknown
- I don't have any recommendations or anything I would want to explore further. I think this talk perfectly summed the important information. It was excellent.
- Not sure. I think I'll learn more when I get in the field.
- Was not for me. I am a compassionate person and I think I will make a great nurse but I am uncomfortable in emotional situations and this presentation was actually painful for me. I am sure it was helpful for others so please don't take it personally.
- The fact that death is not always "pretty"
- I feel as though with more experience I'll get better at being a pastoral nurse.
-
- I think my exploration has to do with my inner journey; a lot of things I need to let go so that I can move forward positively for me and those around me.
- I feel like we covered everything that I had questions about
- Nothing- very comprehensive
- I would like to explore the whole concept further. Three hours wasn't enough for me. It was very interesting.

Appendix VI

Survey Question #3 Responses

3. What would you tell your friends/colleagues about this presentation and/or what you learned?
(99 responses)

- I would tell them about how eye opening it was and how This presentation tells the truth and prepares you for what is really going to happen in this career
- Nursing is about being there for patients and how possible it is being the best caregiver at times but at times, it's a lot harder than it looks to do that.
- It is eye opening about the career of nurses and what they go through but it is a presentation that is worth listening to.
- That is was extremely helpful and that I learned a lot from it
- That it was very thought provoking, emotionally raw, but very educational
- This is an essential presentation for healthcare students.
- It was very helpful
- It was kind of long but there was useful learning experience.
- It was about EOL and compassionate care-giving
- That you had some crazy stories. It was enjoyable and I think beneficial but I guess I won't know until I'm in it.
- Was worthwhile to talk about
- Bring tissues...
- I agree that these things need to be addressed in nursing school. More so.
- I would tell them about how eye opening it was and how nursing is not all about academics
- This presentation tells the truth and prepares you for what is really going to happen in this career
- It is eye opening about the career of nurses and what they go through but it is a presentation that is worth listening to.
- That is was extremely helpful and that I learned a lot from it
- That it was very thought provoking, emotionally raw, but very educational
- This is an essential presentation for healthcare students.
- It was very helpful
- Really important stuff to talk about. See that every day could be rewarding, whether it was a good or bad day. But don't view yourself/your role in a grandiose saving-the-world type of way.
- It was beneficial.
- Interesting discussion.
- Extremely useful and thought provoking.
- I was moved today. I learned it's okay to be me, that I am, in the field I'm going into
- It is a good reality.

- There things are tough but it is natural and we can't get away from it. We have to be open.
- It's about exploring pastoral nursing. It needs to be a part of your nursing.
- It was great. Wish it could have gone longer and/or been more personal.
- Highly recommended; this topic is very important to talk about even though it is difficult.
- Helpful, eye opening
- Worthwhile and very important in the nursing profession
- Death can only be understood when you live it.
- How important End of Life care is to the nursing process.
- Wow! Still ready to become a nurse??
- Amazing speaker and discussion. The heartfelt and thoughtful approach made a huge difference.
- It was tough emotionally but worthwhile to discuss and explore
- It is okay to be emotional as long as it does not interfere with your job.
- The complex nature of pastoral care.
- It was helpful even if it was difficult at times.
- Much needed; help with self-evaluation on own opinion on end of life; it's raw and emotional
- It was an excellent discussion that could pertain to anyone!
- It is very helpful to discuss what may/will happen in our nursing career
- Good presentation; grounds you
- As draining as it was emotionally, it had to be done
- This is something we will be dealing with as nurses and to think about how they would respond in that situation.
- I would tell them that it was sad but it was very good, important and educational
- That it was intense but necessary.
- It's very real and RAW!!! It will dig out emotions and place them on the surface.
- It was extremely beneficial and I appreciated the honesty and realness of the presentation.
- It made me feel confident on how to professionally approach and deal with a death/dying situation. Made me feel a sense of "call" and "service" to help people during these times.
- It was very informative and emotional
- I didn't realize we could serve as a guide in EOL. It was eye opening
- The presentation helps us to think of responsibilities we will have as nurses that we did not explore previously.
- That it prepares you mentally for some things we will encounter in our career.
- Good wholesome knowledge. A topic that needs to be addressed more frequently.
- That death doesn't need to be scary, and that it is a very rewarding experience to share with a patient and their loved ones.
- It was a great presentation. Topic is hard but I was engaged the whole time. The presentation brought to surface as a reminded to treat others with kindness and dignity.

- It was very helpful to touch base and get in tune with personal feelings and perceptions as well as highlight better strategies.
- End of Life care is very complicated and emotional and every case, patient and family are different
- Absolutely loved it. You were fantastic and authentic. I learned so much and this should be required part of course for all nursing schools.
- It is emotional, come prepared.
- It was great and Diane is very motivational and encouraging.
- So helpful, made me think and explore where I'm at.
- I would tell my peer about how to handle death. The "d" word and how people try to avoid it.
- Absolutely informative. Great stuff!
- That it helped me understand how I can be helpful through this process with skills I already have.
- Insightful, heartfelt, authentic. :)
- Very good discussion, very insightful.
- It was interesting to see what other experiences with death and dying were. I would tell them each person responds different and be authentic.
- It was emotional and deep, but needed.
- That it was a healthy discussion on death and dying.
- Comforting, helpful and thought provoking.
- It is eye opening and immersive - most excellent
- Nursing is a journey - everyday will be something new and hard and we can't do it alone. I will need a support system for those hard days and also people to share the good days with.
- Very informative and good preparation for career
- It was very emotional, but so critical for the role of nursing. I will certainly be bringing pastoral care into my care as a nurse
- Gave great perspective on our role as pastoral caregivers and gave me a stronger sense of purpose.
- as very enlightening and encouraged self-reflection
- Very informative - Diane was very good at presenting the information
- Very meaningful, good foundation.
- It's deep! There's an answer within a question for every question that's asked.
- I would tell my peers about all the resources we have available and how important it is to know ourselves and what we can handle.
- I would tell them that it was a great presentation for not just us as nursing students, but would be good for anyone to listen to since every person will experience death at some point.
- Definitely how well pastoral care can be
- That is was helpful and humbling to have such an open and honest conversation about something a lot of people say is taboo to speak about.

- That it is very heavy and unexpected emotions/realizations may come up, but that I found it necessary to hear about death and how we as individuals and as nurses need to advocate for our patients and support them but also take a step back and breathe; process
- I never really heard about pastoral care and how that I know what it is and how it plays an enormous role in nursing. I can explain to my peers the importance other than practical nursing care for patients in need
- It was helpful. I think that being in the field and experiencing how to support patients will be different however.
- I would tell all my friends they should listen in on this type of discussion. It is very informative.
- It's very necessary to understand the depth of nursing. It's an amazing presentation and discussion - very powerful
- The role of the nurse is more than many people have a stereotypical notion of
- It's intense and also very important.
- That to be present and authentic you have to explore your own beliefs
- It was really good for someone who hasn't dealt much with death. It really makes it feel real
- The pastor was very informative and spoke from the heart.
- Its' real, intense, and might make you a bit uncomfortable.
- It's an excellent presentation and essential for we as nurses to understand before our journey of practice in real life health care settings.

Survey Question #4 Responses

4. What were the most helpful parts of this presentation?

(127 responses)

- The vivid scenarios/ descriptions
- Stories. It's useful to be able to put myself mentally in the situation
- Personal stories illustrating how real things can get
- Just the fact that it happened. Important to think about, confront, and develop beliefs about.
- Discussing how to talk to patients about dying.
- Getting in touch with the emotional aspects of nursing and dealing with death
- Talking about handling moments of death with patients
- It was beneficial to hear real-life situations regarding nursing and how to cope and react
- Actually talking about emotions instead of teaching us to suppress them
- Understanding what it means to provide pastoral care
- When you answered our questions of our fears for dealing with death and dying in our future work.
- Advice on how to deal with death
- Scenarios. It covered a topic that needs to be covered... very informative and can see being helpful in the future.
- I need to know my resources that will later help me in my nursing career
- I really enjoyed the case studies and application of material
- Scenarios and appropriate action
- How crying can be good
- Discussing death because it is one of the things I fear the most in my life and professional career
- Being made aware of possible difficult situations that will arise in nursing
- Talking about handling moments of death with patients
- The stories and advice/ helpful hints/ tips to being a great nurse
- Understanding the methods to guide a person through the death and dying process
- Don't be afraid to feel
- The different tips towards being a great pastoral caregiver/nurse
- Good open discussions. Going through our role and helpful things to say to people that are dying.
- Emphasis on Vincentian identity and genuineness and empathy.
- Everything! Being told it's okay to be emotional. Diane's impersonations about what we might see and hear.
- Sharing stories and putting in perspective all the situations we will have to deal with.
- The answering of our questions.
- The Q&A portion was very helpful.
- I liked how open minded and non-judgmental Diane was
- Understanding available resources to us as nurses
- Group scenarios

- Discussing that one truly does not know what to expect or understand how they will feel during EOL's as each EOL is unique to individual and that family.
- Discussing our own questions on how to deal with End of Life.
- Being able to openly speak on death and just release.
- Discussion of how to respond / act during / after a recent death
- Pastoral caregiving and how to handle certain situations.
- How to maintain professionalism
- Naming off the components of pastoral care/agency and answering our questions
- Helpful phrases/responses to death situations
- The different tips towards being a great pastoral caregiver/nurse
- The honesty and openness about how to remember to be authentic in your expression of emotion to families re: death, dying
- The upfront manner of her discussions. The things we may and will face in personal life and in the medical field.
- I think the most helpful part was understanding that it's okay to show emotion with the patient and family and to ask for help/guidance at the most crucial times
- I think closing with discussion of real life scenarios was very helpful for us as future nurses. It was a good way to prepare us for what we will face.
- Writing down questions and answering them
- Learning how effective pastoral care is
- Discussing how it is okay to be overcome with emotion in front of patients/family -all part of being authentic
- Learning how to communicate with patients and their families during a difficult time
- What your role as a nurse is during the end of life process
- Removing some anxiety surrounding death; inviting us into accompanying the dying and families
- Addressing death, I think a lot of people avoid the subject.
- The whole thing.
- Honesty of Pastor Diane. True life examples that will help us once we get into the field.
- Encouragement from Pastor Diane that we can do this.
- I enjoyed hearing some of the real life experiences of both the students and Rev. Diane
- Having all of the questions on the board answered
- Knowing/learning my authority and how to find resources
- I have never really taken the time to think about death and dying so this opened my eyes to it.
- Guidance on how to deal with dying patients
- Going over the questions we were concerned about regarding death
- The feeling and acknowledgement we are not alone in our feelings and experiences
- How to be reassuring but realistic
- Discussion about pastoral nursing.
- Answering the questions we had.
- Learning about praying.

- Getting ideas about what to prepare for (i.e. What do you do, praying - questions to ask, how to think through things)
- The most helpful part of the discussion was listening to ideas of how to handle certain circumstances.
- The examples and discussions.
- How to handle your feelings and crying as a nurse when you lose a patient
- I loved the advice, approaches on how to respond to situations and still be spiritual but not pushy.
- Discussion, it is a lot more helpful to discuss end of life issues rather than hear about them.
- Examples, conversations, and interacting amongst each other
- Really made me think about things I hadn't thought of
- The personal stories and key themes of what makes a great nurse, beyond being a practitioner.
- As a nurse how to react to the wishes of a dying patient. As well as dealing with family members.
- I enjoyed everything fully. You were an exceptional speaker and made the content bearable to navigate
- It's a tough topic to discuss. Bringing it out into open discussion is helpful by itself.
- Everything! Thank You!
- Discussing the ways in which we can approach death and the importance of being authentic in your faith and emotions
- Hearing other's viewpoints on how to address various issues
- The stories and advice/ helpful hints/ tips to being a great nurse
- Understanding the methods to guide a person through the death and dying process
- End of life care for various religions
- To freely discuss about personal experiences and understand variety of real life experiences that individuals experienced.
- All of it
- The emotion
- Understanding the importance of really paying attention to what the patient is saying.
- The most helpful was knowing that emotions do matter
- The conversations our class had
- The informative part about different death/religious practices
- Learning how to handle situation of death- most of this content didn't ever occur to me
- Advice on how to conduct yourself
- All of it. Diane is an amazing teacher
- Learning that comforting is part of nursing
- Realizing how to appropriately approach prayer with a patient with certain religious beliefs
- Hearing real stories and taking student questions and addressing each.
- Most helpful was our guest telling us the reality not sugar coating anything

- The “role-playing”
- The case scenarios and the daunting questions of what would you do
- Discussing different scenarios and how to react
- I really found the real life scenarios helpful. They were a good reality check.
- Practical action to take
- The stories told and just the geniuses of the conversation. There was no sugar-coating
- Real life stories and advice on how to react in situations
- Learning what not to say
- Emotions do matter.
- Telling us the reality and not sugar-coating anything.
- Mental health resources will be very helpful
- The case scenarios and the daunting questions of what would you.
- Relatable stories. The openness and honesty of Diane.
- How to ask questions and get the conversation started since it’s so sensitive
- How to keep professional in situations like death
- The differences in religions
- All of it. Very eye opening, thoughtful, deep.
- How to deal compassionately with death and end of life situations
- Pastoral attributes of a nurse
- How to interact with the family of the dying.
- The entire discussion was very helpful, exactly what we needed to be the best nurse we can be. All was helpful.
- The question and answer section on different scenarios.
- Realizing how much EOL nurses deal with. It's at all aspects and responses as nurses matter greatly
- The real life situations - taking it out of the group to get others' opinions to better be able to assess a situation. Also answering our concerns.
- The actual death and dying practice of different faiths and cultures
- End of life care for various religions
- I really enjoyed the case studies and application of material
- The different religious practices
- How to communicate with families facing death
- Different religious practices. Learning tools on how to deal with death and dying.
- Just being exposed to death and the idea of it. It's something I have never taken the time to think about.

Appendix VII

Works Cited

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