

## EXECUTIVE SUMMARY

### Student Engagement & Curriculum Evaluation Survey with TWU Nursing Students

**Background:** In 2020/2021, the Covenantal Caring and Spirituality Working Group prioritized engaging student representatives with the aim of strengthening the integration of covenantal caring and spirituality in the BSN curriculum. Student representatives considered avenues to champion and support elicitation of feedback from all students about the integration of these concepts. They recommended we survey all students to explore their understanding of covenantal caring and how they learnt it best.

Working together, students (Christina Shields, Anthony Labrecque, Danielle Antig, Mikayla Berry, Nicole Bysterveld, Christina Kunnumpurath) and faculty designed and conducted a survey in Spring 2021 (n=50, 22% response rate). The survey was comprised of 9 items with opportunity for comments. Descriptive statistics (frequencies) are presented in the following results section with content analysis of comments integrated into our discussion below.

The 2021/2022 Covenantal Caring and Spirituality Working Group (Delaney Harivel, Paige Heaslip, Daniel Samudio, Una Chang, Charity Wong) interpreted the survey findings and designed an Infographic and this Executive Summary working with faculty (Drs. Sheryl Reimer-Kirkham, Darlaine Jantzen, Lynn Musto).

**Student Survey Results:** Overall, students felt that TWU BSN does a good job of highlighting the importance of covenantal caring and spirituality, however, specifics on how to integrate these into their nursing practice is not as strong. A wide range of learning activities have been effective in learning about covenantal caring and spirituality. The integration of this core value and concept is reflected in this diversity of pedagogical approaches and the potential for further development of new pedagogies is evident.

#### What did we hear?

1. Participating students agreed that it was important to integrate covenantal caring (strongly agreed 74%, agreed 22%, neither 2%, disagree 2%) and spiritual care (strongly agreed 72%, agreed 22%, neither 4%) into their nursing care.
2. Participating students agreed they have learned to integrate covenantal caring (strongly agree 53%, agree 47%) and spiritual care (strongly agree 47%, agree 41%, neither 8%, and disagree 4%) into nursing care.

#### SOMETHING MORE INTERESTED IN SOMETHING MORE ... ABOUT PROVIDING SPIRITUAL CARE?

- Watch "[Integrating Spirituality into Care](#)" by the College of Licensed Practical Nurses of Alberta
- Consider taking NURS 350: Spirituality & Helping Professions at Trinity Western University as a nursing elective.
- Read [Mary Elizabeth O'Brian's Spirituality in Nursing: Standing on Holy Ground](#) (Also available as e-book in the TWU library)
- Explore the [Interfaith Health Care Association of Manitoba's website](#) for additional resources such as a spiritual health toolkit.
- Watch [Duke University's educational video series on integrating spirituality in patient care](#).

3. **Participating students indicated they learned to support diverse spiritual beliefs** (strongly agree 55%, agree 41%, disagree 4%).

Canada is one of the world's most diverse countries – sometimes referred to as an “international nation” – which brings with it tremendous religious diversity. Newcomers to Canada often come with stronger religious identities than Canadian-born citizens. Nurses are thus challenged to provide culturally- and spiritually-relevant care to people from many different backgrounds, including those who might not consider themselves religious or spiritual.

#### **SUPPORTING DIVERSE SPIRITUAL BELIEFS:**

- Learn about the main religious tenets of the following faith traditions: Islam, Sikh, Buddhist, Hindu. BBC Featured religions and beliefs
- View some of the of the featured videos on [living culture](#) (Virtual Hospice Society Canada)
- Read an article by TWU authors:
  - Reimer-Kirkham, S., Sharma, S., Smith, B., Schutt, K., & Janzen, K. (2018). Expressions of prayer in residential care homes. *Journal of Health Care Chaplaincy*, 24(2), 67-85.
  - Janzen, K. C., Reimer-Kirkham, S., & Astle, B. (2019). Nurses' perspectives on spiritual caregiving: Tending to the sacred. *Journal of Christian Nursing*, 36(4), 251-257.
  - Reimer-Kirkham, S., Sharma, S., Grypma, S., Pesut, B., Sawatzky, R., & Wolfs, D. (2019). 'The Elephant on the Table': Religious and Ethnic Diversity in Home Health Services. *Journal of religion and health*, 58(3), 908-925.
- Consider taking RELS 271 (Western world religions) or RELS 272 (Eastern world religions)

4. **What about my growth? Participating students agreed their nursing education contributed to their own spiritual formation** (Strongly agree = 58%; Agree = 26%; Neither = 10; Disagree = 2%).

An exploration into the literature reveals various findings on how nursing education contributes to the nursing students' spiritual formation. In their article, Chiang and colleagues (2020) aimed to evaluate the impact of a spiritual education course on Taiwanese nursing students' self-perception of spirituality and spiritual care of patients. The study found that participants who received spiritual education “resulted in increased spiritual health immediately following completion of the course” (Chiang et al., 2020, p. 5). In exploring how this occurred, participants' feedback revealed that spiritual education results in spiritual formation for the nursing student by deconstructing complex concepts, helping students develop a deeper understanding of peoples' struggles, and developing empathy (Chiang et al., 2020). Another study by Wu and colleagues (2012) showed positive results between spiritual education and perception of spirituality; Wu and colleagues (2012) found that nursing students' that received spiritual education had “significantly better spirituality knowledge and spiritual care attitudes” than those who had not (p. 219). It is interesting to note that intentional incorporation of spiritual education is oftentimes necessary for increased spirituality. Abbasi's article details a study that compares first and fourth year nursing student's “spiritual well-being, spirituality, and spiritual care perspectives” (Abbasi et al., 2014, p. 243). It is important to note that the educational system did not include spiritual education. The results concluded that there were no considerable differences between the first and fourth years, and that the incorporation of spiritual care in their courses is essential to build on their understanding and spiritual care provided.

#### **HOW TO ENHANCE YOUR OWN HEALTH WITH SPIRITUAL PRACTICES FOR OUR WELL-BEING.**

- Watch YouTube video: “[Develop and Improve Your Spiritual Health With These 10 Tips](#)”
- Visit website: “[Seven Ways to Improve Your Spiritual Health](#)”
- Visit website: “[Spiritual Practice Toolkit](#)” e.g., click on spiritual direction and it gives you a resource on that topic, in this case, a book titled “Wisdom for the Long Walk of Faith”
- Visit website: “[Develop Your Spiritual Resources](#)”
- Read article: “[Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment](#)”
- Take NURS 350: Spirituality & Helping Professions at Trinity Western University as a nursing elective.
- Visit [TWU's The Well](#) (contemplative space on campus):
- Seek out a spiritual director: [Jennifer Graves](#)

5. **What does spiritual care look like? Who does it? Participating students were most likely to have seen spiritual care demonstrated by** a clinical supervisor (n = 28/ 56%), nurse (n = 27; 54%) or another student nurse (n = 25; 50%). They were least likely to have seen spiritual care demonstrated by a doctor (n = 2; 4%), spiritual health practitioner (n = 6; 12%). Nine students (18%) reported they had not seen spiritual care demonstrated (which may reflect that 1st year students have not engaged in clinical practice).

Spiritual care is best provided by interprofessional teams. Although nurses are involved in providing spiritual support and supporting spiritual practices, the spiritual health departments at a hospital have specialized spiritual health practitioners who provide specialized spiritual care.

## SOMETHING MORE

### WHO PROVIDES SPIRITUAL CARE

- View developing an Understanding of Spiritual Health ([Module](#))  
**Objectives:**
  - Explain what spirituality means and how it is connected to overall well-being.
  - Describe how spiritual care is connected to providing care for the whole person.
  - Explain the benefits of spiritual health care, as well as the difficulties associated with spiritual distress.
- Spiritual Care and Physicians: Understanding Spirituality in Medical Practice ([Practice Resource](#))
- Spiritual Health Supporting Person-Centred Care ([Patient-Focused Brochure](#))
- Exploring the [Phenomenon Between Hospital Chaplains and Hospital Based Healthcare Providers](#)

6. **Learning activities most effective in teaching about covenantal care** were class discussion (n = 48; 96%), lecture (n = 33; 66%), RELS courses (n = 31; 62%), and self-awareness activities (n = 26; 52%). When asked what learning activities they would like, their responses were very similar as to what they had experienced.

The learning activities effective in teaching TWU students these concepts showed alignment in how students are learning and how they would like to learn. However, there is a noted area for growth in engagement with spiritual care in experiential learning. White and Hand (2017) found that activities like implementing role play, case studies, and discussion of spiritual cues aim to develop competency in nursing spiritual care. Role play/simulations and practical discussions regarding spiritual cues (i.e. clinical and lab discussions) ranked lower in the survey responses from TWU nursing students.

Cone and Giske (2018) describe an Open Journey Theory when bridging theoretical and experiential knowledge. It begins with preparation in the classroom setting by raising awareness about the importance of a client's spirituality and creating dialogue on how this affects care. With assistance from the educator, nursing students progress to learning how to connect with clients, beginning to understand how spirituality impacts the desired provision of care. The process concludes with the student's reflecting and debriefing on the experience that comes from spiritual care-giving. The authors do not suggest that copious amounts of content or information or additional courses are added to curriculum. Instead, Cone and Giske (2018) foresee the Open Journey Theory being a framework for carrying out spiritual care in nursing education.

## SOMETHING MORE

### TEACHING COVENANTAL CARING & SPIRITUAL CARE

- Nursing faculty at Trinity Western University are encouraged to bridge and implement student-preferred learning activities with recommended learning activities from the literature. To support faculty in continuing to implement learning activities on covenantal care, we have collected information and resources to use as a guide.
- An article written by Cone and Giske (2012) is recommended for nursing faculty and clinical instructors to read, as it aims to expand their knowledge and competence in leading spiritual learning activities in the classroom and clinical settings. It also highlights students' desire for faculty to journey alongside them in their spiritual maturation. This form of partnership develops a sacred space to explore experiential learning activities (White & Hand, 2017). Role-play can be integrated into the classroom and lab, using the roles of patients, family members, and nurses. Switching the roles students play will provide students with diverse perspectives on practicing and receiving spiritual care.
- For case studies, an option to be investigated further includes the book (Fitchett & Nolan, 2015). Although these particular case studies are intended for chaplaincy use, they could be modified to fit nursing specifics and

be a resource for diverse spiritual care. This e-book is available in the TWU library.

- Discussion of spiritual cues can occur in the classroom or at clinical and then be further examined through role play (White & Hand, 2017). Patients' verbal and non-verbal body language provides information to nurses on a patient's readiness for spiritual conversation. Recognizing these cues will take practice and should start through discussion, then move into role play and finally use this heightened awareness in clinical placements.
- Nursing faculty may find helpful the resources provided on the website of [EPICC](#), a research consortium for Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care.
- One possible resource for students interested in spiritual self-awareness activities is from Briggs et al. (2020) highlighting ten self-reflection-based questions. This study involved first-year nursing students who reflected and explored topics such as the meaning of life and death, the human body, and their relationship with God or another higher power through ten questions (Briggs et al., 2020). Here are the ten questions which might provide a deeper foundation for spiritual discussion for both students and faculty:
  - Question #1: What is the purpose of life on earth?
  - Question #2: What do you believe happens when the heart stops beating?
  - Question #3: Are the body, mind, and spirit connected? In other words, will a deficit in one affect the other two?
  - Question #4: Do heaven and/or hell exist? Who or what determines a person's residence there in the afterlife?
  - Question #5: What does "truth" mean? Who or what determines truth?
  - Question #6: Define God in your own terms.
  - Question #7: What is "spiritual well-being" in contrast to "spiritual distress?"
  - Question #8: What does it mean to be an atheist? What does it mean to be agnostic?
  - Question #9: Would spiritual or religious beliefs influence your own healthcare decisions?
  - Question #10: How will you feel when a patient's beliefs contradict your own

## INTERPRETATION & DISCUSSION

TWU students learn that they ought to integrate covenantal caring and spirituality but are not as equipped to know how to do so. In a sense, they are presented with the ideal, but are not helped as well to learn how to do it. This finding may be a feature of how difficult it is to consistently teach approaches to nursing, character, or making explicit the link between the "why" and the "action." Year One lays a strong foundation for covenantal caring and spirituality, and then the content focus of the second and third year puts less attention to this theme, perhaps reflecting a difficulty in linking approaches to nursing, character, or ways of being to pathophysiology and therapeutics.

Students indicate that the integration of covenantal caring and spirituality does occur across the four years of the BSN curriculum, however the comments suggest that this is more often a discrete topic within a course (e.g. the impact of spirituality and religion on person's unique

healthcare needs and expectations) rather than truly underpinning across all topics. Integrated curriculum that incorporates spirituality-related content throughout a program has been shown as effective (Taylor, Testerman, & Hart, 2014). As a distinctive of the TWU program, we have the opportunity to be more holistic across all content, in order to live out our mission as a Christian institution. Opportunities exist to include covenantal caring and spirituality in our case studies, learning activities, and discussion points.

One student observed a disjuncture between being taught about covenantal caring and spirituality, but not being evaluated or tested on it in exams. This observation points to the challenge of evaluating competencies around covenantal caring and spirituality, and perhaps a faculty discomfort in doing so.

The findings also indicate that clinical supervisors are more likely to provide guidance regarding spiritual care in their practice courses than nurses

they are working with; however, students may also receive some guidance from nurses. Physicians and spiritual care practitioners may also support this learning, and one student noted that during an employed student nurse (ESN) experience, a TWU alumni provided guidance regarding spiritual care.

One student observed that spirituality is often most closely linked with palliative care (a pattern also reflected in the nursing literature and by members of the Covenantal Caring and Spirituality Working Group). This is not to take it away from palliative care, but rather to intentionally integrate it into mental health, medical, surgical, community health, and maternity. On a related point, the strong location of learning about covenantal caring and spirituality in theory courses, compared to clinical courses points to an opportunity for curriculum development and faculty development to support clinical integration.

From the comments, for some students who align strongly with an evangelical perspective, TWU BSN may not make the distinctives of “Christian” covenantal caring explicit enough. Students from other traditions, on the other hand, might then

find it challenging to know how to apply the concept if it is conceptualized as explicitly Christian. Further work is required as to how to teach covenantal caring and spirituality in a way that is spiritually-sensitive to a diverse student population and the diverse patients students care for, in keeping with our value of hospitality.

There are some additional considerations in interpreting the survey results. First, the findings are not fine grained enough to understand the evolution in students’ understanding of covenantal caring, nor to know how students actually incorporate covenantal caring into clinical practice. Second, as noted, there is a gap in information from 4th year students. This has limited our ability to evaluate progress or change across the program. A future survey to address this limitation will be conducted. We note that the survey did not focus on faculty approaches that reflect covenantal caring or on related concepts (e.g. empathy, mutuality, dignity). Future evaluation may benefit from data from focus groups and/or interviews. The perspective of clinical instructors will also be valuable.

For more information, click the link below to view the paired survey infographic:

[Covenantal Caring & Spirituality Survey Infographic](#)

## REFERENCES

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