

**SPIRITUAL CARE: DEVELOPMENT OF A NURSING STUDENT RESOURCE**

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## **Abstract**

**Background:** The growth of international migration and globalization has increasingly diversified patient populations, emphasizing the need for nursing students to provide competent spiritual care.

**Purpose:** To comprehensively understand the teaching and learning strategies used to prepare undergraduate nursing students for spiritual care and the development of an educational resource.

**Methods:** An integrative literature review using deductive data analysis, consultations with Northwestern Polytechnic (NWP) faculty and students, and an environmental scan were conducted. Findings from these three methods informed the development of a student Spiritual Care Quick Reference (SCQR) for clinical and a faculty Spiritual Care Educational Resource (SCER).

**Results:** Development of a SCQR for students and a faculty SCER.

**Conclusions:** No one strategy is best, but any combination of educational strategies (e.g., case studies, discussion, lectures, simulation) can positively impact spiritual care competency within clinical practice. The developed resource can be valuable for faculty to promote the spiritual care competency of undergraduate students.

**Keywords:** *spirituality, education, nursing, immigration, internationality.*

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of Duncan's First Nation, Horse Lake First Nation, and Sturgeon Lake Cree Nation, who are the original caretakers of this land. I acknowledge the history of this land and am thankful for the opportunity to walk together in friendship, to encourage and promote positive change for present and future generations.

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## Introduction

Spiritual care is an often-overlooked aspect of patient care in the clinical setting (Yilmaz & Gurler, 2014). Researchers note that a greater emphasis is placed on patients' physical and biomedical nursing care, and spiritual care is often neglected (Kang et al., 2021; Perrin et al., 2021; Robert et al., 2019; Spiritual Care Association [SCA], 2019). Confusion regarding the definition of spirituality, along with minimal training and education in providing spiritual care and feeling uncomfortable attempting to provide such care, are common concerns reported by nurses in recent research (Cone & Giske, 2017).

Spirituality is strongly tied to a person's identity and physical and psychological well-being, and patients report spiritual struggles and needs across various clinical settings (SCA, 2019). Competency to provide appropriate care for all aspects of the person can improve a patient's health and well-being (SCA, 2019). Nursing students are taught to care for patients holistically with individuality, including patient spirituality (Canadian Association of Schools of Nursing [CASN], 2022). No care plan is one size fits all, and our biases and discomfort with the intangible concept of spirituality may lead to barriers to the best patient care (SCA, 2019).

Spirituality is not synonymous with religion. Religion is a set of beliefs, practices, or language characterizing a community which is searching for a higher meaning based on belief in a specific deity or faith (Balzer-Riley, 2020). For this practicum, the following definition of spirituality from an interdisciplinary group of global experts within medicine, psychology, and spiritual care will be used: “spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices” (Puchalski et al., 2014, p. 646).

While not everyone has a religion, everyone searching for a higher or greater meaning in life has spirituality.

Providing spiritual care is not only for the patient's benefit but may also positively impact nurses as a means of self-care. “Spirituality can be a healthy and constructive reservoir for nurses, from the disciplines of meditation, prayer, and religious ritual through to the relationships many create and maintain in their faith community” (SCA, 2019, p. 17).

According to the Government of Alberta (2023), the province has experienced and is expected to continue to experience, record levels of international migration and high interprovincial migration. The increasing diversity of the patient population locally emphasizes the need for our nursing students to provide appropriate care and include the patient as an active participant in their care. This aspect of nursing care is essential when, according to Statistics Canada (2022), there are 272 million international migrants, approximately 3.5% of the global population, tripling since 1970, and they are often the most in need of help including spiritual care (Edmond, 2020).

Based on the necessity of spiritual care and nurses’ discomfort and unpreparedness in providing such care, the need for a resource to prepare nursing students to provide spiritual care appropriately, efficiently, and effectively in the clinical setting is needed. The development of the resource was based on the findings from the integrative literature review, consultations, and environmental scan completed within the first practicum course.

### **Objectives**

The overall goal of the practicum was to develop an educational resource to prepare nursing students’ provision of spiritual care in clinical practice.

The key practicum objectives were:



1. Describe factors affecting nursing student ability to provide spiritual care;
2. Identify current strategies to teach spiritual care within Northwestern Polytechnic's Bachelor of Science in Nursing curriculum;
3. Develop a resource to prepare nursing students to provide spiritual care; and
4. Demonstrate advanced nursing practice competencies.

### **Overview of Methods**

This practicum project included four methods of data collection and synthesis. The first practicum course included three methods: an integrative literature review (see Appendix A), consultations (see Appendix B), and an environmental scan (see Appendix C). The second practicum course involved the development of a resource which was informed by the information gathered from the first three methods. The following sections include a more in-depth summary of each method.

#### **Summary of the Literature Review**

The integrative literature review aimed to develop a comprehensive understanding of the teaching and learning strategies used to prepare nursing students for spiritual care and student perceptions of spiritual care and current learning strategies.

An integrative review was conducted to include, analyze, and synthesize diverse research methodologies, including experimental, non-experimental, theoretical, and conceptual studies, which may more effectively support nursing's evidenced-based practice (Whittemore & Knafl, 2005). A deductive data analysis and synthesis methodology with broad questions guided the review. Eighteen studies were included in the review, ten quantitative, seven qualitative, and one mixed methods study. Five studies were from the United States, two from Iran, Norway, and

Turkey, and one from Australia, Brazil, China, Colombia, Netherlands, Malta, and Spain. Most of the studies were English, predominantly Western and of Christian heritage.

### ***Literature Review Theme Summary***

After reviewing all eighteen individual studies for the literature review, several themes were generated regarding educational strategies to promote spiritual care. Three themes captured the teaching and learning approaches to teach spiritual care: Passive Approach, Reflective Approach, and Combinatory Approach. These main themes included four subthemes outlining the methods to implement the teaching and learning approaches: course, case study, video, and simulation methods (see Appendix A).

**Passive Approach.** The passive approach included teaching and learning methods based mostly on lectures or presentations. These included course and video interventions. Information on spirituality and spiritual care was presented to the nursing students to increase their knowledge, where students did not actively participate.

**Reflective Approach.** Reflective approaches included calling on the students to examine their practice or reflect upon an experience as a learning strategy. These interventions included simulations, reflective assignments, and case studies.

**Combinatory Approach.** Combinatory approaches use a combination of multiple teaching and learning strategies from the passive and reflective approaches in an overall intervention. The most extensive combinatory intervention was an integrated nursing curriculum. In the first year, values and beliefs according to Gordon's Functional Health Patterns were introduced; in the second year, spirituality in the adult years was discussed; and the third year included group teachings of patient scenarios. In contrast, the fourth year had a year-round

internship with two 15-week semesters relating and applying concepts to patient care plans (Yilmaz & Gurler, 2014).

### ***Overall Literature Review Findings***

The literature review identified consistency in the positive effects of any spiritual care education strategy. These positive effects include improving student ability to provide spiritual care, attitudes towards spiritual care, and the necessity of spiritual care education within the undergraduate nursing program. However, the literature review also identified a lack of standardization within the education strategies. It appears that multi-modality continuous education prepares nursing students to provide competent spiritual care in the clinical setting. No one strategy is best, but any combination of means of opening the conversation, addressing the spiritual need, practicing the skills, and reflecting can positively impact spiritual care competency. A combinatory approach may help address diverse learning styles and promote competency within clinical practice.

### ***Key Implications***

The findings of this literature review have several nursing implications, most notably within nursing education. These findings aided in the development of an educational resource for nursing educators within an undergraduate degree program, with local nursing benefits and potentially global ones (see Appendix D and Appendix E).

Noting the lack of evidence supporting one specific intervention as the most effective and the variety of interventions found within the literature has obvious nursing education implications. Using multimodality educational interventions may be the most effective for large groups of students with varying educational needs. The lack of standardization within the undergraduate nursing programs and the limited resources for non-Christian-based spiritual care

education noted within the literature identify areas for improvement in nursing education. If nursing students are competent in providing spiritual care in the clinical setting, they may potentially be aware of their own need for spiritual care. Competent provision of spiritual care may aid in the nurses' own health and well-being in addition to the health and well-being of the patient.

### **Summary of Consultations**

The consultations aimed to begin an internal environmental scan identifying what teaching and learning strategies NWP currently employs to prepare BScN students for spiritual care competence, as well as any strengths or gaps within the curriculum programming (e.g., spiritual care teaching strategies within clinical experience). The NWP consultation sample had two main sample groups: faculty and students. Both groups consisted of adults with decision-making abilities and no identified vulnerabilities. Data was collected through focused questions within an interview consultation.

### ***Consultation Theme Summary***

As qualitative content analysis can be used with various types of data, such as data from consultations, literature reviews, policies, protocols, and websites, it was the chosen analysis method for these consultations (Lindgren et al., 2020). Content analysis allows themes or categories to be derived from the data collected and the identification of underlying meanings (Lindgren et al., 2020). Once data were reviewed, the information was reduced into categories by theme based on the type of educational strategy described in the consultations (e.g., Discussion, Debriefing).

**Strategies.** The faculty and student consultations identified Discussions, Debriefing, Lectures, and Simulation as the four main strategies used within the NWP BScN program (see

Appendix I of Appendix B). One student mentioned the Virtues Project (n.d.), which was considered a Discussion based on its small and large group discussion focus.

**Effective Strategies.** Faculty and students agreed that discussion was the most effective strategy. One student noted that the interventions must be practiced and integrated throughout the four-year curriculum.

**Resources.** Resources used by faculty and staff included readings, mentors, the Medical Assistance in Dying (MAID) resource, and a list of adjectives and cards. There was no consistency in the type of resource or preparation information used by faculty or information and preparation received by students.

**Suggestions.** Both faculty and students suggested the need for non-Christian resources, for the resources to be introduced in the first year and be incorporated throughout the four-year program, and to include discussion and exposure to life examples. The fourth-year student noted that the introduction of spiritual care was good in the first year. However, it must be continually integrated within the four-year program, including clinicals. This student also noted a gap in the current programming where the focus was not on the person or the patient's humanity in clinical or practice.

### ***Overall Consultation Findings***

Although the NWP programming does include several educational strategies, there appears to be a need for non-Christian-based spiritual care resources with applicability for integration through theory and practice throughout the four-year NWP BScN collaborative program. A resource that fosters discussion and practice of spiritual care strategies within all contexts so that students are comfortable and have graduate competency in providing spiritual care may benefit students and faculty.

### ***Key Implications***

From a review of the data from the consultations, a resource was needed to provide the faculty with consistent information to provide students regarding spiritual care. This resource included multiple teaching strategies and a foundation of non-Christian-based information to support the growing variety of spiritual needs of patients and students and provided for differing learning and teaching styles. This resource was developed to be applicable and usable within all four years of the NWP BScN program and integrated within all areas to promote discussion, comfort, openness, and competence in providing spiritual care.

### **Summary of Environmental Scan**

The internal environmental scan aimed to identify what teaching and learning strategies NWP currently employs to prepare BScN students for spiritual care competence, as well as any strengths or gaps within the curriculum programming (e.g., spiritual care teaching strategies within clinical experience). The purpose of the external environmental scan was to identify what other nursing programs within the province, country, and internationally were included to prepare nursing students for spiritual care and to identify resources and teaching and learning strategies within the provincial health care system to support nurses in providing spiritual care. Again, deductive content analysis was used based on the objectives and a data reduction into themes was completed.

### ***Environmental Scan Theme Summary***

Resource themes of textbooks, workshops, courses, videos, booklets, associations, and support documents were identified (see Appendix F of Appendix C for a table summarized by resource theme). Supporting documents included subthemes of Position Statements, National Nursing Education Framework, Strategic Plan, and Academic Plan.

**Textbooks.** Four course outlines from the NWP curriculum identified Potter et al. (2019), three listed Giddens (2017), and one each listed Balzer-Riley (2020) and Urden et al. (2022) as textbook resources.

**Workshops.** The Virtues Project (n.d.) was identified by a fourth-year student during the consultations noting it was an abbreviated one-hour workshop that included five strategies: speak the language of virtues, recognize teachable moments, set clear boundaries based on restorative justice, honor the spirit, and offer companionship (The Virtues Project, n.d.).

**Courses.** Two previous spirituality-focused course offerings were identified from the University of Alberta (UofA) and Memorial University of Newfoundland (MUN). Both courses at one time explored the student's spirituality and various approaches to assessing spiritual needs (UofA, 2023; MUN, 2013). No current course offerings were found to be available.

**Videos.** MUN's website did provide excerpts from a thirteen-video set series on spirituality in various contexts and situations (Westera, n.d.). The entire video set was available upon purchase.

**Booklets.** Alberta Health Services (AHS) website provided a Health Care and Religious Beliefs booklet which included an overview of health and illness along with various brief descriptions of beliefs and practices within numerous faith communities (AHS, 2015).

**Associations.** AHS also provided a link to the Canadian Association for Spiritual Care. This association provides multifaith resources, various educational events, and resources on spiritual care and psycho-spiritual therapy (AHS, 2023).

**Support Documents.** Several resource documents were found through external resources such as Position Statements from the Canadian Nurses Association (2010), the Canadian Association of Schools of Nursing ([CASN], 2011), and also CASN's (2022) National Nursing

Education Framework. Internal supporting documents included NWP's (2022a) Strategic Plan and NWP's (2022b) Master Academic Plan.

### ***Overall Environmental Scan Findings***

Although the local nursing curriculum includes several educational strategies and resources, there is a clear need for a resource with applicability for integration from theory into practice. Several resources have been identified which can provide information for development. It must include diverse spiritual community information and usability within all four NWP BScN collaborative program years while emphasizing practice and discussion.

### ***Key Implications***

The environmental scan identified several resources which can be used to develop a resource for preparing nursing students to provide competent spiritual care within clinical practice. Although several associations and documents support undergraduate nursing education, including strategies to ensure spiritual care competence, there is no apparent standardization regarding what strategies work best or how spirituality should be integrated into the nursing curriculum. Several textbooks were found as resources; however, as noted in the consultations, few practical or clinical resources are included in the course information. Also, the resources regarding non-Western or non-Christian spiritual philosophies included in the courses are limited. The textbooks, associations, videos, and other documents found were used to develop the final spiritual care educational resource.

### **Summary of Resource Development**

The final aspect of the project was the development of a nursing student and faculty spiritual care educational resource. After each draft, feedback was obtained from key stakeholders (faculty and the practicum supervisor as students were off campus), which informed



the final drafts. A one-page, double-sided SCQR clinical resource for nursing students and a SCER Canva presentation for faculty members were developed.

Based on the literature review findings, consultations, and environmental scan, the resource developed aimed to fulfil the gap as identified by NWP students and faculty interviewed in the consultations. The students and faculty agreed that the discussion was most effective; however, one student mentioned that the interventions needed to be practiced and integrated throughout the four-year programming (see Appendix B for the Consultation Report). Both faculty and students suggested the need for non-Christian resources, for the resources to be introduced in the first year and be incorporated throughout the four-year program, and to include discussion and exposure to life examples. The fourth-year student noted that the introduction of spiritual care was good in the first year. However, it must be continually integrated within the four-year program, including clinical. This student also noted a gap in the current programming where the focus was not on the person or the patient's humanity in clinical or practice. The third-year student noted that spiritual care "requires exposure to these scenarios for us students to truly appreciate how important spiritual care is to our practice and the health of our patients" (Student Y3SA).

From the data review, a resource was needed to provide the faculty with consistent information to provide students regarding spiritual care. This resource had to include multiple teaching strategies and a foundation of non-Christian-based information to support the growing variety of spiritual needs of patients and students and provide for differing learning and teaching styles. This resource should be applicable and usable within all four years of the NWP BScN program and integrated within all areas to promote discussion, comfort, and competence in providing spiritual care.

### ***Proposed Resource***

The first proposed resource included a Word document module with a small printable SCQR card to attach to student lanyards. However, after feedback from the stakeholders, an SCQR (see Appendix D) printable two-sided sheet that could be placed in student clipboards, accompanied by a SCER (see Appendix E) Canva digital presentation which faculty could use and adapt, was agreed upon as most useful for both students and faculty. These resources would be available to all four years of the program and provide consistency in the information provided within lectures, labs, and clinical.

### ***Environmental Scan Resources Used***

Current textbooks, Alberta Health Services resources, and The Virtue Project information were used to compile both the SCQR and the SCER. As had been noted in the literature review and the consultations, a variety of educational strategies would be most helpful and effective. Therefore, both resources included links to Simulation, Case Studies, Videos, and Associations for additional information. Both resources also included information and links to local spiritual supports.

### ***Description and Intended Use***

The SCQR is designed to be a clinical resource which includes a definition of spirituality, the benefits of spiritual care, a short list of spirituality practices for resilience, a graphic for Spiritual Care Assessments, Local Supports with links, and Educational References for additional case studies, simulations, videos, and associations on the front page. The back page includes Nursing Spiritual Assessment Questions, a graphic of the concept of Spirituality (Potter et al., 2023), a list of adjectives sometimes used when discussing spirituality (The Virtues Project, n.d.), Spirituality and Interrelated Concepts (Giddens, 2021), and the Critical Judgement

Measurement Model (Potter et al., 2023). Copyright permissions were requested and provided for all illustrations used in the resources (see Appendix F).

The SCER is a Canva presentation intended to be a digital resource for faculty members who will be teaching nursing students about spirituality. This resource includes 27 digital slides with links to additional information and resources, which can be edited, or notes added for use within the classroom. This presentation is also intended to deliver the initial information, while the SCQR includes most of the information as an accompanying quick clinical guide for students.

### **Discussion of Advanced Nursing Practice (ANP) Competencies**

This practicum has provided the opportunity to demonstrate several of the advanced nursing practice competencies.

#### **Research Utilization**

Research utilization is the synthesis, critical appraisal, and application of research for quality improvement (CNA, 2019). The first step of the practicum involved a comprehensive integrative literature review, incorporating synthesis, critical appraisal, interpretation, and application of current research. The literature review provided the opportunity to practice the research appraisal skills learned throughout the Master of Science in Nursing program, one of the APN competencies. Performing research synthesis with consideration of the quality rating of the literature improved ability to generate research for use in practice, such as the development of an evidence-based spiritual care resource and teaching module.

#### **Use of Research Methods**

The use of research methods is differentiated from research utilization as the collection, analysis, and interpretation of data (CNA, 2019). In preparation for the resource development,

consultations were conducted with several individual and group stakeholders, resulting in data collection, analysis, and interpretation. This project provided the opportunity to learn and practice new methods of data analysis (e.g., content analysis) which may be useful for future research work.

Also, a manuscript for publication was submitted to an appropriate journal (e.g., suitable target audience and subject area) thereby learning the process of academic publishing while working on the project.

### **Leadership**

Leadership is defined by the CNA (2019) as being an agent of change, identifying problems and initiating changes to address challenges at the clinical, organizational or system levels while demonstrating self-awareness. Through the literature review and self-identified issues noted within clinical practice, leadership competencies were demonstrated throughout the resource development process as an opportunity to optimize patient care. Consultations provided the opportunity to demonstrate leadership by maintaining interviewee focus on the task at hand while also allowing them to discuss areas for improvement and suggestions for change.

### **Collaboration**

Collaboration is the competency to consult and collaborate with healthcare team members and stakeholders at various levels (CNA, 2019). Collaboration has been demonstrated by conducting faculty and student consultations for needs assessment, including their input and suggestions on developing a potential resource to improve patient spiritual care. Collaboration was also implemented by promptly and appropriately initiating talks with all involved parties, enabling partnerships with the NWP librarian to help with the literature search and the NWP contact person for feedback. Consultation and collaboration with the NWP REB were also

needed to ensure the review was expedited and approval was obtained. Consultation and collaboration with the faculty and students also ensure comprehensive, appropriate, and inclusive strategies for improvement.

### **Education Assessment and Planning**

Education assessment and planning identify the learning needs of nurses and other healthcare team members while finding or developing programs and resources to meet those needs (CNA, 2019). This practicum aimed to develop a resource based on a needs assessment to improve nursing students' spiritual care in the clinical setting. Throughout this practicum project, there was the opportunity to learn from other healthcare providers through consultation (e.g., registered nurses and spiritual leaders) to improve and optimize client care.

### **Next Steps**

With the spiritual care resources developed, the next steps involve the implementation, evaluation, and dissemination of the resources and research.

### **Implementation**

Implementation of the SCQR and the SCER would first include discussing their development and use in the Nursing Department Faculty meetings. The next meeting is held in August, prior to the beginning of the Fall semester, and would be an ideal time to introduce both resources to the faculty. Further faculty education sessions could be set up outside of this time, should they be required. The Quick Reference could be used in all clinical placements within the four years.

### **Evaluation**

Evaluation of the resources should be twofold, including both faculty and undergraduate nursing students. Although preliminary feedback was obtained on the development of both

resources, once they are implemented or used within the program, evaluation of the ease of use, and effectiveness should be obtained. This can be obtained verbally, or through written or digital surveys. Due to the power differential between students and faculty, it would be most beneficial to have the feedback obtained anonymously from students, as this may increase the potential of obtaining critical constructive feedback. Student surveys would include questions such as: did you find the Quick Reference useful, was it easy to use, were the resources pertinent and up to date, how likely would you be to recommend the quick reference to a fellow student or colleague – all of which would be Likert scale responses 1 = highly disagree and 5 = highly agree. At the end of the questionnaire or survey, several short answer questions would be helpful to understand which characteristics the student liked or disliked and whether they had suggestions for improvements. A similar survey format could be used to evaluate the faculty responses to the SCQR and the SCER.

Long-term evaluation could include information from the clinical staff or patients, on whether they believe their spiritual care needs are being addressed and met by nursing students. Ultimately, it would be most effective to survey the staff prior to the implementation of the resources to see if there is any change or improvement once they are used within the curriculum.

### **Dissemination**

Although this practicum did include dissemination of a portion of the project (a manuscript was developed from the integrative literature review, and journal submission was completed), further dissemination of the results once the resource is implemented and evaluated may be helpful to other undergraduate nursing programs. Sharing knowledge and obtaining feedback from other programs aids in the development of more comprehensive and effective tools to aid nursing development and improve patient care.

## **Conclusion**

The results of the integrative literature review, consultations, and environmental scans provided a foundation to develop an educational resource to promote nursing graduate competence within NWP's collaborative BScN program. This digital SCER and printable SCQR was based on faculty, nursing student, and supervisor feedback. The practicum and resource development provided an opportunity to demonstrate five of the CNA's (2019) advanced nursing practice competencies, including research utilization, use of research methods, leadership, collaboration, and education assessment and planning.

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## **Spiritual Care in Undergraduate Nursing Education: A Literature Review**

Spiritual care is an often overlooked aspect of patient care in the clinical setting (Yilmaz & Gurler, 2014). Through discussion with peers, nurses have described discomfort with assessing or providing spiritual care based on their own experiences or biases. These peers have also noted the most frequent consideration of a patient's spirituality is at the end of life; however, this is inconsistent between nurses, patients, or care settings. Some have noted that physical assessment and treatment, or the biomedical aspect of health, are highly important for nurses due to time constraints within the clinical practice (Spiritual Care Association [SCA], 2019). A lack of knowledge regarding local resources and confusion about the definition of spirituality or spiritual intelligence are common concerns reported in recent research, along with minimal training and education in the provision of spiritual care and feeling uncomfortable attempting to provide such care (Cone & Giske, 2017).

Researchers have noted that spirituality is strongly tied to a person's identity and physical and psychological well-being, while patients have reported spiritual struggles and needs across various clinical settings (SCA, 2019). The SCA (2019) notes that competency to provide appropriate care for all aspects of the person can improve a patient's perception of well-being and health. Nursing students are taught to care for patients holistically with individuality, including patient spirituality (Canadian Association of Schools of Nursing, 2022). According to the Government of Alberta (2023), the province has experienced and is expected to continue to experience, record levels of international migration and high interprovincial migration. The increasing diversity of the patient population locally emphasizes the need for our nursing students to provide appropriate care and include the patient as an active participant in their care. No care plan is one size fits all, especially when spirituality plays a part. However, our biases

and discomfort with the intangible concept of spirituality may lead to barriers to the best patient care (SCA, 2019).

There is a lack of reviews examining teaching and learning strategies to best prepare nursing students to deliver competent spiritual care. This aspect of nursing care is essential when in 2021, almost one-quarter of the population, or 8.3 million people, were landed immigrants or permanent residents of Canada, are now settling outside the three major centres of Toronto, Montreal and Vancouver (Statistics Canada, 2022). Globally, there are 272 million international migrants, approximately 3.5% of the global population, tripling since 1970, and they are often the most in need of help (Edmond, 2020).

### **Purpose of Literature Review**

The literature review aims to develop a comprehensive understanding of the teaching and learning strategies used to prepare nursing students for spiritual care and student perceptions of spiritual care and current learning strategies. The findings of this literature review will inform the development of a nursing student-appropriate spiritual care learning resource or module.

### **Literature Review Method**

#### **Design**

An integrative review was conducted to include, analyze, and synthesize diverse research methodologies, including experimental, non-experimental, theoretical, and conceptual studies, which may more effectively support nursing's evidenced-based practice (Whittemore & Knafl, 2005).

#### **Literature Search**

Five databases were searched, including CINAHL (n = 333), Scopus (n = 172), The Cochrane Library (n = 0), Joanna Briggs Institute Evidence-Based Practice Database (JBI EBP,

[n = 0]), and Web of Science (n = 66) using a Boolean search of the indexed keywords “spirituality” OR “religion” OR “faith” OR “belief system” OR “spiritual intelligence” AND “nursing students” OR “student nurses” OR “undergraduate student nurses”.

### ***Inclusion Criteria***

Inclusion criteria were specified to peer-reviewed research studies, limited to the English language between 2015-2022, with the aim of discussion or research on improving competency or effectiveness of spiritual care provided by nursing students. These years were chosen to ensure contemporary research is reviewed with the most current strategies being used in nursing student education.

### ***Exclusion Criteria***

Studies were excluded if written in languages other than English without available translation, outside of the specified dates, discussing populations outside of nursing students, commentaries, editorials, opinion pieces, and dissertations providing a list of 571 potential studies. The librarian at Northwestern Polytechnic aided in reducing the number of studies to a manageable size based on including the terms “educational interventions” AND “spiritual competence” OR “pastoral competence” providing a more manageable list of 133 studies.

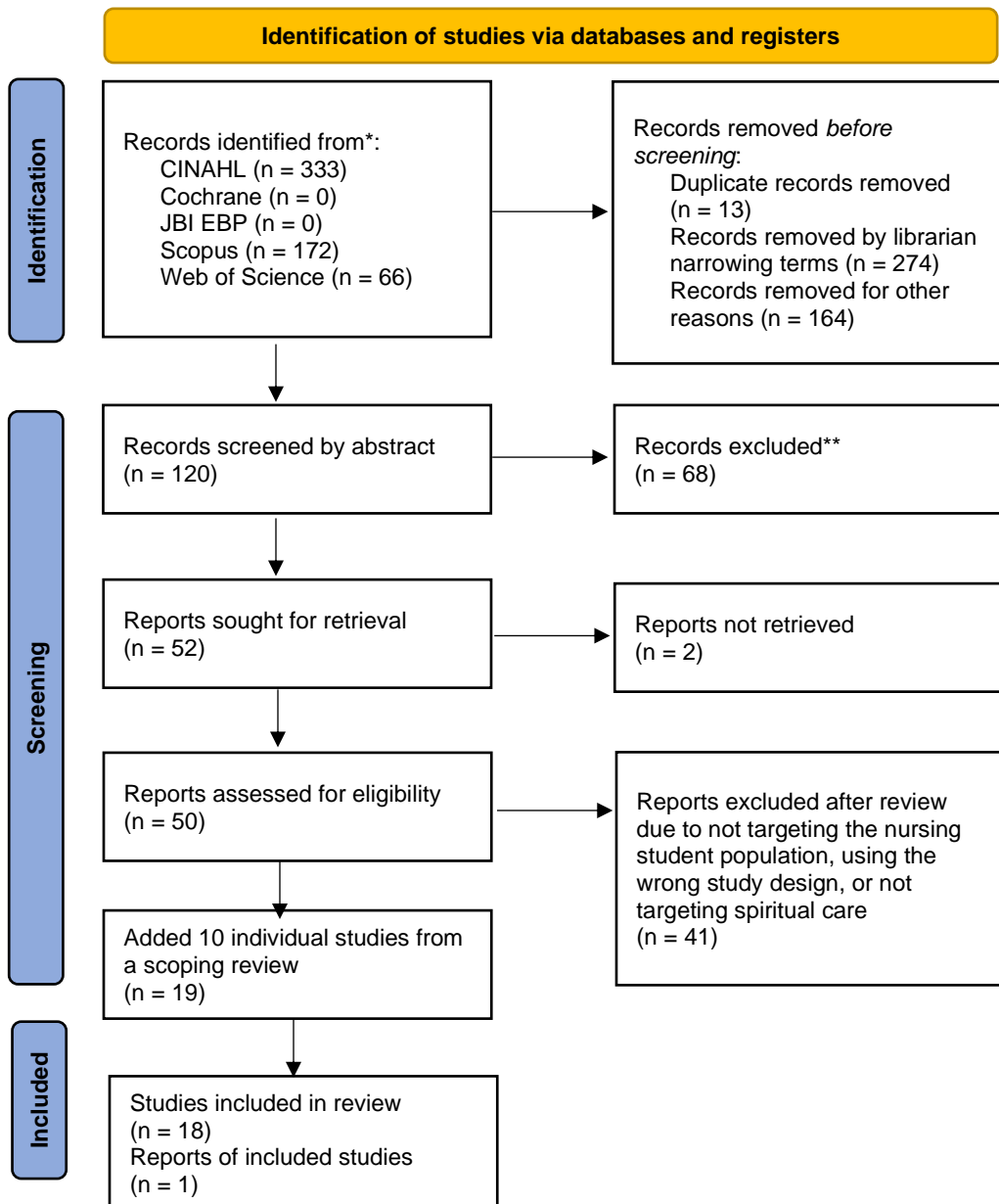
The list of studies was then reviewed for duplicates leading to the removal of thirteen additional studies. Abstracts were examined for the discussion, evaluation, or implementation of a learning module, program, or resource for nursing students to improve spiritual care competency or effectiveness. A scoping review was found, including studies from 2009 to May 2020 with quality analysis. Rykkje et al.’s (2021) scoping review included nursing and healthcare students and staff; therefore, only ten of the 36 studies focused on nursing student education were used in this literature review. In total, 18 individual studies were included



(although three from the scoping review were outside the inclusion dates) included in this literature review (see Figure 1: PRISMA flowchart).

Figure 1:

PRISMA flowchart



Note. Source: (Page et al., 2021)

## **Data Evaluation**

All quantitative studies were critically appraised using the Public Health Agency of Canada's ([PHAC], 2014) Infection Prevention and Control Guidelines: Critical Appraisal Toolkit. Qualitative research critical appraisal was completed using the Joanna Briggs Institute ([JBI], 2020) Checklist for Qualitative Research, while all mixed method studies were appraised using the Mixed Methods Appraisal Tool (MMAT) Version 2018 (Hong et al., 2018). Quality ratings of low, medium or high quality were given to the studies based on the critical appraisal criteria. All studies included in the review can be found in the Literature Summary Table (see Appendix A).

The PHAC (2014) Critical Appraisal Toolkit evaluates evidence of quantitative studies and literature reviews. It includes an evidence grading system with definitions, five tools for naming the study design, instructions for writing evidence summary tables and recommendations, and critical appraisal tools for analytic and descriptive studies and literature views (PHAC, 2014).

The JBI (2020) Checklist for Qualitative Research aims to assess the methodological quality of the studies included and assess how well the study and its authors have limited bias potential through design, conduct, and analysis. This checklist has a total of ten questions rated as yes, no, unclear, or not applicable, and the overall appraisal decides whether the study should be included, excluded, or further information is required (JBI, 2020).

The MMAT is a checklist to provide a quality appraisal for quantitative, qualitative, and mixed methods studies in a systematic manner (Hong et al., 2018). The tool outlines the criteria set and screening questions to provide the overall quality of the study.

From these appraisal tools, the overall quality of each study was assessed and given a rating of low, medium, or high quality. Two reviewers should agree upon the overall quality of studies; however, only one reviewer has conducted the quality analysis in this case.

### **Data Analysis**

A deductive data analysis and synthesis methodology with broad questions guided the review. The broad questions posed were: what are the commonly used methods of nursing student preparation for spiritual care, what interventions are being examined to improve nursing student provision of spiritual care in the clinical setting, how effective are these interventions, and what are student perceptions of spirituality and current strategies for improvement?

Data reduction was the next step in the data analysis (Whittemore & Knafl, 2005). After reviewing and appraising the studies, the information was reduced into categories by theme based on the type of educational intervention used within the study (e.g., Simulation, Reflective Approach). From here, comparisons were made, and the data were displayed in a table format identifying the characteristics of each study within the theme (see Appendix B, Teaching and Learning Strategies of Spiritual Care in Nursing Education).

## **Literature Reviewed**

### **Study Characteristics**

A literature review provided 18 studies evaluating, discussing, or implementing a teaching strategy to improve nursing student competency in spiritual care. These included ten quantitative (four RCTs, four uncontrolled before-after, one controlled before-after, and one Interrupted Time Series [ITS]), seven qualitative, and one mixed-method study. Five studies were from the United States, two from Iran, Norway, and Turkey, and one from Australia, Brazil, China, Colombia, Netherlands, Malta/France, and Spain. Most of the studies were

English, predominantly Western and of Christian heritage. Using convenience or purposive sampling, study sample sizes ranged from 15 (Rodrigues et al., 2020) to 385 participants (Kuven & Giske, 2019). The interventions varied in length of time from a ten-minute 52-second video to a four-year program integration (Rodrigues et al., 2020; Yilmaz & Gurler, 2014). The teaching strategies/interventions examined varied in these studies, including simulation, elective and compulsory courses, practical training with case studies, videos, workshops, assignments, and reflection.

### **Quality Appraisal**

The majority (six) of the quantitative studies were weak designs (cross-sectional, uncontrolled before-after [UCBA], ITS) and of low to medium quality. Of the eighteen studies, eleven were appraised as low, six as medium and only one as high quality, a qualitative study from the Netherlands (van der Vis-Sietsma et al., 2019). Two of the Iranian studies were strong designs, randomized controlled studies (RCTs) of medium quality (Jalili et al., 2020; Momennasab et al., 2019) along with RCTs of medium quality RCT from the US and a low-quality from Colombia (Burkhart & Schmidt, 2016; Vargas-Escobar & Guarnizo-Tole, 2020 respectively).

Most of the studies were focused on Christian spirituality. They were primarily based in Christian universities where the students would be more astute in their spiritual understanding of the Christian outlook. The lack of a standard definition for spirituality or spiritual care causes issues with comparing the competence and attitudes of nursing students towards spiritual care. It would be interesting to see how these results would change should their patient needs be outside of the Christian faith and thereby outside their belief system. Groups tended to be homogeneous with high baseline spiritual health, especially those in the Christian University setting, which

may have affected results and limited the generalizability of results to the larger population of general nursing students (Momennasab et al., 2019; Younkin et al., 2019).

The lack of random sampling and, instead, the use of convenience samples and small sample sizes reduces generalizability. Self-enrollment in an elective course increases the potential for selection bias (Chiang et al., 2020; Peterson & Schiltz, 2020). The lack of blinding of participants and researchers, and researchers often being instructors for the intervention, increased the risk of performance bias among the participants. Attrition rates were also a concern resulting in less than 80% of participants completing some of the studies (Chiang et al., 2020; Jalili et al., 2020; Younkin et al., 2019).

Differences in measuring results/outcomes in each study limited synthesis and overall conclusion. Although all studies used self-reporting methods such as questionnaires, surveys or scales, each instrument differed, making direct comparison difficult. The validity and reliability of the Likert scale tools such as the Nursing Students' Spirituality Training Questionnaire and Teaching Activity Satisfaction Questionnaire (Fernandez-Pascual et al., 2020), Moral Sensitivity Questionnaire (Jalili et al., 2020) and the SSCRS and Spiritual Well-Being Scale (Momennasab et al., 2019), and the SSCRS, Spiritual Care Competence Scale, and Response Empathy Scale (Peterson & Schiltz, 2020) were discussed in the majority of studies. All studies collected demographic data except one American mixed-method study (Joyce et al., 2023).

### **Teaching Strategies for Student Preparation**

After reviewing all eighteen individual studies, several themes became apparent within the educational strategies. Three themes within the teaching and learning approaches were identified: Passive Approach, Reflective Approach, and Combinatory Approach. These main themes included four method subthemes: course, case study, video, and simulation methods.

## **Passive Approach**

The passive approach includes teaching and learning methods based mostly on lectures or presentations. These included course and video interventions. Information on spirituality and spiritual care was presented to the nursing students to increase their knowledge, where students did not actively participate.

### ***Courses***

Several studies examined standard compulsory or elective courses in the nursing curriculum. These courses ranged from a single lecture (Chiang et al., 2020), using slideshows, a 15-minute video, and bookmarks (Vargas-Escobar & Guarnizo, 2020), a three-hour lecture weekly for thirteen weeks (Cooper & Chang, 2016) to a two-hour per week for a total of 28 hours compulsory course in palliation including discussion of pain, symptom control, spiritual distress and the role of the nurse (Ozveren & Kirca, 2019). Most courses included teachings in Western Christian spirituality; however, one course specifically integrated non-Christian Eastern spiritual beliefs (Chiang et al., 2020).

An all-day interprofessional workshop included didactic and integrated learning activities individually and in small groups using the Saline process, which refers to Christians being the salt and light of the world, encouraging examination, cultivation, and strengthening of personal faith to help others (Younkin et al., 2019).

### ***Video***

Rodrigues et al. (2020) used video alone to improve nursing students' spiritual care competence, positively affecting the participants. Qualitatively, the students considered the ten minutes 52-second video as "useful" and "interesting", recommending the video to colleagues

and agreeing it might improve the future performance of nursing in providing spiritual care (Rodrigues et al., 2020, p. 7).

### **Reflective Approach**

Reflective approaches included interventions calling on the students to examine their practice or reflect upon an experience as a learning strategy. These interventions included simulations, reflective assignments, and case studies.

### ***Simulations***

Two American qualitative and mixed-method studies examined simulation and its effect on spiritual care competency (Huehn et al., 2019; Joyce et al., 2023). The mixed method study simulated a mock end-of-life scenario within a medical-surgical unit followed by a debriefing session (Joyce et al., 2023). Whereas the qualitative study simulation was part of a behavioural health course with a female patient coming to the emergency department scenario following a suicide attempt, having acute medical, psychological, and psychosocial needs and requiring a consult with the hospital chaplain (Huehn et al., 2019). They found that the simulation increased students' understanding of the importance of spiritual care providers, overcoming misconceptions and bridging the gap between patients, families, and healthcare providers (Huehn et al., 2019). Joyce et al. (2023) found that the simulation benefited the participants with the pastoral care provider while presenting teamwork, communication, role definition, and patient care themes. Both studies noted that most students were inexperienced in working with spiritual care. However, the students reported gaining an understanding of the pastoral care team member's role within the interdisciplinary care team, learning and practicing communication with the pastoral care team member, and also clarification and insight into the benefits of the pastoral care team member.

### ***Reflective Assignments***

Reflection was used as a part of a larger teaching strategy (such as part of a course) or as a primary strategy, such as four two-hour group reflection sessions based on spiritual care scenarios (Momennasab et al., 2019). The reflection was based on Gibbs' (1988) reflective cycle and included topics such as the search for meaning and purpose, their relationship with God, others, and the environment, forgiveness, prayer and religious rituals, instilling hope, and family and nurse presence. There were significant differences found in spiritual well-being scores post-intervention.

Reflective assignments were used to improve student competence in spiritual care. Kuven & Giske (2019) explored first-year students' experience of a compulsory assignment to discuss spirituality in nursing care with someone and then complete a reflection on the experience. During a 20-week clinical placement, students completed self-teaching of spirituality theory, interviewed a patient regarding spirituality, and afterwards completed a self-reflection (van der Vis-Sietsma et al., 2019). Both studies found positive results in improving student awareness through reflection and improving students' personal experiences. They helped improve students' ability to communicate with and collect information from patients regarding spirituality on a deeper level.

### ***Case Studies***

Case studies were used as a practical application teaching strategy within practical training sessions. A practical application teaching strategy used was case studies. The case studies were used as the primary teaching method, where they were designed by a holistic care model (Fernandez-Pascual et al., 2020) or as a teaching strategy within a more comprehensive course (Peterson & Schiltz, 2020). Both studies found that knowledge of spirituality and spiritual



care as a specific nursing competence improved after the practical training. Fernandez-Pascual et al. (2020) also noted increased attention to personal spirituality.

### **Combinatory Approach**

Combinatory approaches use a combination of multiple teaching and learning strategies from the passive and reflective approaches in an overall intervention. An American intervention consisting of a Spiritual Care Educational and Reflective Program consisting of two face-to-face retreats before and after a Clinical Role Transition course with web-based discussions integrating nursing and pastoral care positively affected their participants (Burkhart & Schmidt, 2012). Peterson & Schiltz (2020) used a 4-credit interdisciplinary undergraduate course with numerous teaching strategies such as reflections, interactive group discussion, role play, case studies, readings, videos, and student presentations. One of the Iranian interventions included used spirituality group training in seven 60-minute sessions for one month, with lectures and small group discussions (Jalili et al., 2020). Another four-credit interdisciplinary undergraduate course to improve nursing students' spiritual care competence using videos, reflection, and case studies increased student knowledge and attitudes towards spiritual care, along with improving their level of competence and empathy response within the interdisciplinary course (Peterson & Schiltz, 2020).

The most extensive combinatory intervention was an integrated nursing curriculum. In the first year, values and beliefs according to Gordon's Functional Health Patterns were introduced; in the second year, spirituality in the adult years was discussed; and the third year included group teachings of patient scenarios. In contrast, the fourth year had a year-round internship with two 15-week semesters relating and applying concepts to patient care plans (Yilmaz & Gurler, 2014).

Baldacchino (2010) had the students participate voluntarily, assisting the unwell on their spiritual pilgrimage from Malta to Lourdes, France. The authors noted that the experience influenced the students and gave them a sense of belonging while working in a team to provide holistic care in a nontraditional manner (Baldacchino, 2010). The shared experience with the pilgrims and the pilgrimage enhanced the students' spiritual experience and personal spirituality. Afterwards, the students reflected on the journey and the process based again on Gibbs' (1988) Framework of Reflection (Baldacchino, 2010). An intervention using teaching, guiding and reflective sessions within clinical practice found that students showed an improved understanding of spirituality and its importance in health and well-being while also improving their confidence in discussing spirituality with their patients and their personal spiritual development (Strand et al., 2017). Mentorship played a significant role as the nurses challenged the students to break the barriers to spiritual conversations (Strand et al., 2017).

### **Discussion**

Overall, a combinatory approach may be helpful in addressing diverse learning styles within a student group. Combinatory methods may also promote the inclusion of the seven adult learning principles of self-directed, transformational, experiential, mentorship, orientation to and of learning, motivation, and readiness to learn (Fairbanks, 2021). However, there are several limitations within the literature reviewed.

### **Summary of Literature Findings**

The literature review has identified consistency in the positive effects of any spiritual care education strategy. These positive effects include improving student ability to provide spiritual care, attitudes towards spiritual care, and the necessity of spiritual care education within

the undergraduate nursing program; the literature has identified a lack of standardization within the education.

### **Effectiveness of Current Strategies**

In general, all the strategies showed effectiveness in improving either competence of nursing student provision of spiritual care or their perception of spirituality in nursing care. Due to the extensive range and variety of interventions, variations of lectures or courses and their content, it is difficult to summarize concisely. It appears that any means of discussion or raising awareness of the need to attend to spiritual needs is helpful, and no conclusion can be made as to the best overall strategy (Rykkje et al., 2021). Only one study examined the long-term effectiveness of spiritual educational interventions, and there were longitudinal changes across all statements measuring the importance of biblical witness within Christianity (Younkin et al., 2019). However, the participants did not find it essential to share their faith with patients nor to share their faith at work with other healthcare professionals (Younkin et al., 2019). Biblical witness again refers to religiosity as opposed to general spirituality and again emphasizes Christianity more than other faiths. Most of the studies were focused on Christian spirituality and were primarily based in Christian universities where the students would be more highly astute in their spiritual understanding of the Christian outlook. One study only explicitly discussed non-Christian Eastern beliefs, including Confucianism, Taoism, and Buddhism (Chiang et al., 2020).

### **Nursing Education Implications**

The findings of this literature review have several nursing implications, most notably within nursing education. These findings will aid in developing an educational resource for nursing educators within an undergraduate degree program, with not only local nursing benefits but potentially global ones as well.

Noting the lack of evidence supporting one specific intervention as the most effective and the variety of interventions found within the literature has obvious nursing education implications. Using multimodality educational interventions may be the most effective for large groups of students with varying educational needs. The lack of standardization within the undergraduate nursing programs as well as the limited resources for non-Christian-based spiritual care education noted within the literature identifies areas for improvement in nursing education. If nursing students are competent in providing spiritual care in the clinical setting, they may potentially be aware of their own need for spiritual care. Competent provision of spiritual care may aid in the nurses' own health and well-being in addition to the health and well-being of the patient.

### **Limitations**

There were several limitations to this literature review. Firstly, only English studies with no inclusion of grey literature may have excluded relevant studies from the review. The inclusion of only English studies may have led to the unintentional exclusion of non-western non-Christian studies. Having only one reviewer may have potentiated biases and personal interpretations of study assessment and inclusion. Future reviews should extend into grey literature and ideally include two or more reviewers. Although studies were included from various countries, most were of Christian faith, thus limiting transferability to non-Christian populations. Synthesis was difficult and limited due to the variety of interventions. Finally, the majority of studies were of weak design and low quality. Higher-quality studies are needed to support the identified teaching and learning strategies.

## **Overall Quality of Evidence**

Although the majority of the studies were of weak design or weak to medium quality, all findings agreed that any intervention improved the spiritual competence of nursing students and their perception of spirituality. Unfortunately, the lack of consistency between interventions, their content, means of measurement, and the definition of spirituality all lead to the inability to identify the best practice intervention. One can conclude that any discussion, education, or raising of awareness of spirituality or spiritual care may help improve student competency, but there is no one best practice intervention. According to the PHAC (2014) summary of the evidence, there is moderate evidence that educational interventions will positively impact nursing students' spiritual care competency as there is more than one strong design study of at least medium quality with consistent results of numerous weak design studies.

## **Conclusion**

Spiritual care is essential to both patient and nurse health and well-being. Undergraduate programming is an integral time in which knowledge, perception, and practical skills in spiritual care must be developed. Just as patients require individualized care plans, local needs must be identified to develop an education plan suited to students' learning needs. Multi-modality continuous education also prepares nursing students to provide competent spiritual care in the clinical setting. No one strategy is best, but any combination of means of opening the conversation, addressing the spiritual need, practicing the skills, and reflecting can positively impact spiritual care competency. Overall, a combinatory approach may help address diverse learning styles and promote competency within clinical practice.

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## Appendix A

### Literature Summary Table

**Key Question:** *What interventions are used in nursing education to prepare students to provide competent spiritual care, and how effective are they?*

Study/Design	Methods	Key Results	Comments
<p><u>Authors:</u> Baldacchino (2010)</p> <p><u>Design:</u> Qualitative – Descriptive Exploratory</p> <p><u>Purpose:</u> To outline experiential learning of students who delivered spiritual care to pilgrims in Lourdes</p>	<p><u>N:</u> 7 undergrad students in clinical (4 nursing + 3 midwifery)</p> <p><u>Country/Setting:</u> Malta/France University</p> <p><u>Data Collection:</u> Reflection diary during pilgrimage Written reflective assignment Focus group (90 mins) with four questions audiotaped and transcribed</p> <p><u>Intervention:</u> Spirituality for Health Course</p> <ul style="list-style-type: none"> <li>• Devised &amp; approved by U of M in 2008</li> <li>• 10 hrs theoretical component</li> <li>• Experience of clinical voluntary work</li> <li>• 6 day pilgrimage to Lourdes July 26-Aug 1st 2009</li> </ul>	<p><u>Data Analysis:</u> Thematic Content Analysis</p> <p><u>Key Results:</u> Four themes emerged:</p> <ol style="list-style-type: none"> <li><b>1. Team Building</b></li> <li><b>2. Holistic Care</b></li> <li><b>3. Trustful Nurse-Client Relationship</b></li> <li><b>4. Strengthening Personal Spirituality</b></li> </ol>	<p><b>Credibility: Low</b> <b>Transferability: High</b> <b>Dependability: Low</b> <b>Confirmability: Low</b></p> <p><u>Issues:</u></p> <ul style="list-style-type: none"> <li>• No discussion of data saturation</li> <li>• Homogeneous sample – females, Roman Catholic</li> <li>• No discussion of triangulation or member-checking</li> <li>• No discussion of inquiry audit or analysis tracking</li> <li>• No discussion of reflexivity of researchers</li> </ul>

Study/Design	Methods	Key Results	Comments
<p><u>Authors:</u> Burkhart &amp; Schmidt (2016)</p> <p><u>Design:</u> RCT</p> <p><u>Purpose:</u> Develop &amp; test spiritual care programme (SCERP) determining how it affects perceived ability to provide spiritual care &amp; student's spiritual well-being</p>	<p><u>N:</u> 59 = total</p> <p><u>IG</u> = 28 (13 traditional BSN, 15 Accelerated BSN)</p> <p><u>CG</u> = 31 (14 traditional, 17 ABSN)</p> <p><u>Intervention:</u> Spiritual Care education &amp; reflective program based on Burkhart/Hogan theory of spiritual care in nursing practice Incorporated face-to-face &amp; on-line components</p> <p><u>Country/Setting:</u> USA Faith-based University Undergraduate nursing program</p> <p><u>Data Collection:</u> (V&amp;R) Pre-post survey: SCI – 18 item 5pt Likert, SCIP – 12 item 5 pt Likert, SWBS – 10 item 6 pt Likert Programme evaluation survey: Open-ended questions</p>	<p><u>Data Analysis:</u> Descriptive Statistics Independent t-tests Histogram Analysis Open-ended questions used content analysis</p> <p><u>Key Results:</u> <b>Statistically significant increase in students' perceived ability in providing spiritual care, particularly in complex family clinical situations.</b></p> <p>SCIP Pre/Post Change Score: IG = 8.1 CG = 4.1 Diff = 4.0 p &lt; 0.05</p> <p>SCI Pre/Post Change Score: IG = 9.4 CG = 3.7 Diff = 5.7 p &lt; 0.01</p> <p>SCI Faith Pre/Post Change Score: IG = 1.6 CG = 0.6 Diff = 1.0 p &lt; 0.05</p> <p>SCI Meaning Making Change Score: IG = 6.2 CG = 2.3 Diff = 4.0 p &lt; 0.01</p> <p><b>Significant increase in students' use of reflective practices</b></p>	<p><u>Strength of Design:</u> <b>Strong</b></p> <p><u>Quality:</u> <b>Low</b></p> <p>Issues:</p> <ul style="list-style-type: none"> <li>• 25% response rate for traditional students, 31% response rate for ABSN students</li> <li>• Selection bias of students who value spiritual care</li> <li>• Generalizability limited to faith-based nursing schools</li> </ul>

Study/Design	Methods	Key Results	Comments
<p><u>Authors:</u> Chiang et al. (2020)</p> <p><u>Design:</u> Pre/Post and follow-up (UCBA)</p> <p><u>Purpose:</u> To determine the impact of an elective spiritual education course for nursing students on spiritual competencies</p>	<p><u>N:</u> 92 3<sup>rd</sup>-year nursing students Convenience sample, mostly female</p> <p><u>Country/setting:</u> Taiwan, ROC Baccalaureate school of nursing</p> <p><u>Intervention Group:</u> (n = 45) enrolled in elective spiritual education course integrating non-Christian Eastern cultural beliefs</p> <p><u>Control Group:</u> (n = 47) students not enrolled in the elective</p> <p><u>Intervention:</u> (2h / week x 18 wks) Guided by two theoretical sources:</p> <ul style="list-style-type: none"> <li>• spiritual framework</li> <li>• educational ASSET model integrated Eastern philosophies – Confucianism, Taoism, and Buddhism</li> </ul> <p>Five sections:</p> <ol style="list-style-type: none"> <li>1. Intro to spirituality &amp; spiritual care (8h)</li> <li>2. Relationships with ones' self (8h)</li> <li>3. Interpersonal relationships (8h)</li> <li>4. Relationships with higher beings (6h)</li> <li>5. Relationships with nature (6h)</li> </ol> <p><u>Data collection:</u> Self-administerd questionnaires SCAS, Caring behaviours scale, Professional commitment scale, Spiritual health, religious belief scale,</p>	<p><u>Data Analysis:</u> Descriptive statistics Chi-square test GEE &amp; two-way interaction effects</p> <p>Findings were not statistically significant unless otherwise noted.</p> <p><b>Education course showed a greater increase in means scores of the intervention group compared to the control group in</b> pretest to posttest: <b>spiritual attitudes:</b> B = 0.21, p &lt;0.001 <b>caring behaviors:</b> B = 0.17, p = 0.037 Follow-up <b>spiritual attitudes:</b> B = 0.25, p = 0.011 <b>caring behaviors:</b> B = 0.39, p &lt;0.001</p> <p><b>Intervention group had greater improvement in spiritual health after the course compared to the control:</b> B = 0.35, p &lt; 0.01</p>	<p><u>Strength of Design:</u> <b>Weak</b></p> <p><u>Quality:</u> <b>Low</b></p> <p>Issues:</p> <ul style="list-style-type: none"> <li>• Lack of generalizability of results d/t/ convenience sampling, lack of random sampling, small sample size, limited to Eastern philosophies</li> <li>• Self-enrolled in elective courses and thereby potentially more interested in spiritual care resulting in selection bias</li> <li>• No direct observation of clinical performance with patients</li> <li>• &lt;80% participation rate in the Intervention group</li> </ul>

Study/Design	Methods	Key Results	Comments
	practicum stress scale, spiritual education course evaluation Baseline, post-test after 18 weeks, and again after a 3wk clinical practicum		
<p><u>Authors:</u> Cooper &amp; Chang (2016)</p> <p><u>Design:</u> Qualitative</p> <p><u>Purpose:</u> To explore impact of spiritual care teaching on students' preparedness for spiritual care</p>	<p><u>N:</u> 6 BN students (1<sup>st</sup> semester of 2<sup>nd</sup> year) from 1 of 2 campuses who had completed spiritual care subject</p> <p><u>Country/Setting:</u> Australia Christian tertiary institution</p> <p><u>Intervention:</u> 3 hr face-to-face lecture x 13 wks for 2<sup>nd</sup> semester on spiritual care</p> <p><u>Data Collection:</u> Post-course in-depth semi-structured interviews (15-45 mins) with questions on provision of spiritual care to patients Interview data collected &amp; transcribed verbatim</p>	<p><u>Data Analysis:</u> Analysis using Colaizzi's method</p> <p><u>Key Results:</u> Two themes:</p> <ol style="list-style-type: none"> <li><b>1. Seeing the Person as a Whole</b></li> <li><b>2. Being with the Person</b></li> </ol>	<p><b>Credibility: Low</b>  <b>Transferability: Low</b>  <b>Dependability: Low</b>  <b>Confirmability: Low</b></p> <p><u>Issues:</u></p> <ul style="list-style-type: none"> <li>• Small, homogeneous sample – female, Christian</li> <li>• No discussion of reflexivity, member-checking, triangulation</li> <li>• No audit or tracking of analysis</li> </ul>

Study/Design	Methods	Key Results	Comments
<p><u>Authors:</u> Fernandez-Pascual et al. (2020)</p> <p><u>Design:</u> Pre/Post-test (UCBA)</p> <p><u>Purpose:</u> To analyze the effectiveness of training programme teaching knowledge, attitudes, and competencies to provide spiritual care in nursing practice</p>	<p><u>N:</u> 369 2<sup>nd</sup> semester 1<sup>st</sup>-yr nursing students Convenience sample, majority female</p> <p><u>Country/setting:</u> University of Alicante, Spain</p> <p><u>Intervention:</u> Two practical training sessions, 2.5 h each Provided by two research team members <b>Session 1:</b> completed first two questionnaires)  <ul style="list-style-type: none"> <li>focus group activity divided into groups of <math>\leq 5</math> &amp; focus group discussion guide, then summary presentation from each group</li> </ul> <b>Session 2:</b> Case studies designed by holistic care model, then NSSTQ &amp; TASQ</p> <p><u>Data collection:</u> Self-administered at baseline and post-intervention  <ul style="list-style-type: none"> <li>Socio-Demographic Variables Questionnaire</li> <li>Nursing Students' Spirituality Training Questionnaire (15-item questionnaire)</li> <li>Teaching Activity Satisfaction Questionnaire (9-item 5pt Likert scale) (NSSTQ &amp; TASQ: satisfactory psychometric properties in previous study)</li> </ul> </p>	<p><u>Data Analysis:</u> Descriptive &amp; differential stats</p> <p>Findings were not statistically significant unless otherwise noted.</p> <p><b>Spiritual Care as a Specific Nursing Competence</b> Pre M(SD) = 31.28(4.87) Post M(SD) = 35.53(4.35) t = -17.55 p &lt; 0.001</p> <p><b>Knowledge on Spirituality &amp; Religiosity</b> Pre M(SD) = 9.60 Post M(SD) = 6.87(3.10) t = 12.81 p &lt; 0.001</p> <p><b>Attention to One's Own Spirituality</b> Pre M(SD) = 16.03(2.97) Post M(SD) = 18.04(2.34) t = -14.62 p &lt; 0.001</p> <p><b>Students highly satisfied with educational innovation activity</b></p>	<p><u>Strength of Design:</u> <b>Weak</b></p> <p><u>Quality:</u> <b>Low</b></p> <p>Issues:</p> <ul style="list-style-type: none"> <li>Lack of generalizability of results due to convenience sampling, lack of control of major confounders or discussion regarding same</li> <li>No assessment of medium to long-term maintenance of the results</li> <li>Students had not had a clinical experience so far in this sample</li> <li>Simple statistics used</li> </ul>



Study/Design	Methods	Key Results	Comments
<p><u>Authors:</u> Huehn et al. (2019)</p> <p><u>Design:</u> Qualitative Descriptive</p> <p><u>Purpose:</u> To understand the experience of baccalaureate nursing students utilizing the hospital chaplain while caring for a suicidal patient in the emergency department during simulation.</p>	<p><u>N:</u> 16 senior nursing students in last semester of prelicensure 4 year bachelor's nursing program</p> <p><u>Country/setting:</u> Midwest liberal arts college, USA</p> <p><u>Intervention:</u> interprofessional simulation as part of behavioural health course <u>Scenario:</u> female patient came to ED following suicide attempt, had acute medical, psychological, &amp; psychosocial needs, and in spiritual distress.</p> <p><u>Data collection:</u> Participants freely narrated experience in caring for pt following simulation with prompt: "Please tell me about your experience in caring for a suicidal patient in the emergency room utilizing the hospital chaplain"</p>	<p><u>Data Analysis:</u> Descriptive &amp; identification of themes</p> <p><u>Themes:</u></p> <ol style="list-style-type: none"> <li>1. Importance of Clergy Members</li> <li>2. Misconceptions</li> <li>3. Bridging the Gaps</li> </ol>	<p><b>Credibility: Low</b> <b>Transferability: Unclear</b> <b>Dependability: Low</b> <b>Confirmability: Low</b></p> <p>Issues:</p> <ul style="list-style-type: none"> <li>• No discussion of effect of researchers on the results or their theoretical/cultural framework</li> <li>• No discussion of how data were analysed to identify themes</li> </ul>

Study/Design	Methods	Key Results	Comments
<p><u>Authors:</u> Jalili et al. (2020)</p> <p><u>Design:</u> RCT</p> <p><u>Purpose:</u> To determine effect of spirituality training on moral sensitivity of nursing students</p>	<p><u>N:</u> 60 nursing students Simple random sampling from pre-graduate nursing students using a random number table Randomly assigned to intervention or control group using computer-generated random numbers</p> <p><u>Country/setting:</u> Kashan University of Medical Sciences, Iran</p> <p><u>Intervention Group:</u> Spirituality group training in 7x 60-min sessions in 1 month Lecture &amp; small group discussions</p> <p><u>Control Group:</u> traditionally trained in nursing ethics course</p> <p><u>Data collection:</u> prior to and at end of study – 1 month Demographic questionnaire (prior) MSQ (V&amp;R): 25 item 5pt Likert scale, 0-50 = low level moral sensitivity, 50-75 = moderate, 75-100 = high)</p>	<p><u>Data Analysis:</u> Chi-square Fisher Independent &amp; paired t-tests Kolmogorov-Smirnov test Log transformation Missing values controlled by bringing forward last observation ANCOVA</p> <p><u>Results:</u> Findings were not statistically significant unless otherwise noted.</p> <p><b>Mean moral sensitivity score of intervention group before &amp; after training:</b> Before M(SD) = 22.33(6.78) After M(SD) = 28.40(4.27) (<math>p &lt; 0.001</math>).</p> <p>Control group before: 22.56(5.23) Control group after: 22.66(4.95) Statistically significant difference between intervention group before and after and control before and after (<math>p &lt; 0.0001</math>)</p>	<p><u>Strength of Design:</u> <b>Strong</b></p> <p><u>Quality:</u> <b>Medium</b></p> <p>Issues:</p> <ul style="list-style-type: none"> <li>• Participants recruited from single source</li> <li>• Some missing data was controlled for by bringing last observation forwarded potential misclassification bias</li> <li>• Participants not blinded potential information bias</li> <li>• &lt;80 % participants completed study, 27% attrition from intervention &amp; 17% attrition from control</li> <li>• Lack of followup assessments for long-term results</li> </ul>

Study/Design	Methods	Key Results	Comments
<p><u>Authors:</u> Joyce et al. (2023)</p> <p><u>Design:</u> Mixed Method (Cross-sectional/Focus Group)</p> <p><u>Purpose:</u> to assess the perceptions of both nursing students &amp; priests of the inclusion of pastoral care in an end-of- life simulation</p>	<p><u>N:</u> 37 undergraduate nurses No demographic info</p> <p><u>Country/setting:</u> US Jesuit Catholic University undergraduate nursing program</p> <p><u>Intervention:</u> Simulation of mock end-of- life scenario within a medical-surgical unit followed by a debriefing session</p> <p><u>Data collection:</u></p> <ul style="list-style-type: none"> <li>• 10-question survey developed by PI</li> <li>• 7 questions used 5 pt Likert Scale</li> <li>• 3 open-ended questions</li> <li>• Debriefing sessions were transcribed</li> </ul>	<p><u>Data Analysis:</u> Quantitative: descriptive statistics Qualitative: content analysis, coding, constant comparison, generation of themes</p> <p><u>Key Results:</u> Findings were not statistically significant unless otherwise noted.</p> <p><b>Simulation beneficial with the pastoral care provider</b></p> <ul style="list-style-type: none"> <li>• 25/37 strongly agree Mean = 4.68 SD = 0.47</li> </ul> <p><b>Most students were inexperienced in working with pastoral care</b></p> <ul style="list-style-type: none"> <li>• 18/37 Mean = 2.38 SD = 1.59</li> </ul> <p><b>Themes from Qualitative</b></p> <ul style="list-style-type: none"> <li>• Teamwork</li> <li>• Communication</li> <li>• Role Definition</li> <li>• Patient Care</li> </ul>	<p><u>Strength of Design:</u> <b>Weak</b></p> <p><u>Quality:</u> <b>Low</b></p> <p>Issues:</p> <ul style="list-style-type: none"> <li>• Participants were volunteers; random sampling was not used</li> <li>• Unclear if bias was reduced; high risk of performance bias as participants known to PI</li> <li>• No demographics collected on participants</li> <li>• No randomization – simulation faculty assigned students to group</li> <li>• No attempt to assess validity or reliability of data collection instruments</li> <li>• No integration of qualitative and quantitative data, no description of integration procedures or advanced integration analysis (MMAT)</li> </ul>

Study/Design	Methods	Key Results	Comments
<p><u>Authors:</u> Kuven &amp; Giske (2019)</p> <p><u>Design:</u> Qualitative</p> <p><u>Purpose:</u> To explore how 1<sup>st</sup> yr nursing students experience compulsory assignment asking to carry out a conversation with someone about spiritual aspects of nursing care &amp; to reflect in relation on it in relation to nursing</p>	<p><u>N:</u> 385 1<sup>st</sup> yr nursing students from 4 cohorts (2015-2018)</p> <p><u>Country/Setting:</u> Norway 1 Christian University College 1 secular university</p> <p><u>Data Collection:</u> Reflective log with short summary of conversation &amp; experiences of doing assignment Assignment based on Stoll's assessment guide 750-1500 words</p>	<p><u>Data Analysis:</u> Content Analysis</p> <p><u>Key Results:</u> Three main categories:</p> <ol style="list-style-type: none"> <li>1. <b>Meeting Oneself</b></li> <li>2. <b>Beyond One's Comfort Zone</b></li> <li>3. <b>Discovering the Other</b></li> </ol>	<p><b>Credibility: Low</b> <b>Transferability: Unclear</b> <b>Dependability: Low</b> <b>Confirmability: Low</b></p> <p><u>Quality:</u></p> <p><u>Issues:</u></p> <ul style="list-style-type: none"> <li>• Participation percentage varied 54-88% for each cohort</li> <li>• Time bias</li> <li>• No discussion of triangulation, inquiry audit, analysis tracking or reflexivity</li> </ul>

Study/Design	Methods	Key Results	Comments
<p><u>Authors:</u> Momennasab et al. (2019)</p> <p><u>Design:</u> RCT</p> <p><u>Purpose:</u> To investigate how group reflection about spiritual care affects nursing students' spiritual well-being and attitude toward spirituality and spiritual care.</p>	<p><u>N:</u> 63 second-year nursing students Randomly divided into two groups:</p> <p><u>Intervention Group:</u> N = 30 <u>Control Group:</u> N = 33</p> <p><u>Country/setting:</u> Nursing &amp; Midwifery Colleges in Shiraz &amp; Jahrom, south Iran</p> <p><u>Intervention:</u> 4 x 2hr sessions of group reflection based on spiritual care scenarios Reflection based on Gibbs' reflective cycle Topics included: search for meaning &amp; purpose; relationship with God, others, &amp; environment; forgiveness, prayer &amp; religious rituals; hope instillation; &amp; family &amp; nurse presence Control group received lecture in one session.</p> <p><u>Data collection:</u> collected before &amp; after the intervention: SWBS: (V&amp;R) 20 item 6pt Likert scale SSCRS: (V&amp;R) 17 item 5pt Likert scale Demographic data prior</p>	<p><u>Data Analysis:</u> Descriptive statistics Paired t-tests Independent t-tests Pearson's correlation test</p> <p><u>Key Results:</u> Findings were not statistically significant unless otherwise noted.</p> <p><b>Significant difference between the two groups' means in spiritual well-being scores after the intervention M(SD)</b> IG: Pre – 95.83 (13.36) Post – 102.36 (11.33) p = 0.0003</p> <p><b>Significant difference observed in the intervention group students' total scores of attitude before and after intervention.</b> IG: Pre – 56.83 (11.52) Post – 60376 (7.04) p = 0.047</p>	<p><u>Strength of Design:</u> <b>Strong</b></p> <p><u>Quality:</u> <b>Medium</b></p> <p>Issues:</p> <ul style="list-style-type: none"> <li>• Limited number of participants compared to number of potential recruits, thereby lacking generalizability</li> <li>• Questionnaire used was not specific to cultural however did have demonstrated V&amp;R in Persian studies</li> <li>• Baseline high level of spirituality among participants</li> <li>• Participants recruited from single source</li> <li>• Assessors &amp; participants were not blinded, possible information bias</li> </ul>

Study/Design	Methods	Key Results	Comments
<p><u>Authors:</u> Ozveren &amp; Kirca (2019)</p> <p><u>Design:</u> Quantitative – Single Group Pretest-Posttest</p> <p><u>Purpose:</u> To measure the influence of a palliative care course on the level of perception of spiritual &amp; spiritual care in student nurses</p>	<p><u>N:</u> 70 4<sup>th</sup> yr nursing students enrolled in fall semester 2017-2018 palliative care courses</p> <p><u>Country/Setting:</u> Turkey Faculty of Health Sciences</p> <p><u>Intervention:</u> Palliative care course: 2 hr/wk = 28hr total Topics: pain, symptom control, loss, mourning, death &amp; post mortem care, spirituality &amp; spiritual care, factors affecting spiritual care, nursing process in spiritual care, spiritual distress, approach &amp; family process.</p> <p><u>Data Collection:</u> Pre: self-made questionnaire on opinions re: spiritual care &amp; personal information Pre &amp; Post: SSCGS Turkish version</p>	<p><u>Data Analysis:</u> Descriptive statistics Paired sample t-test Wilcoxon-test</p> <p><u>Key Results:</u> <b>Perception of student nurses re: spirituality &amp; spiritual support increased significantly after training.</b> Pre-SSCGS = 3.27 +/- 0.21 Post-SSCGS = 3.35 +/- 0.22 p &lt; 0.05</p>	<p><u>Strength of Design:</u> <b>Weak</b></p> <p><u>Quality:</u> <b>Low</b></p> <p>Issues:</p> <ul style="list-style-type: none"> <li>• Convenience sample no randomization</li> <li>• Homogeneous sample</li> <li>• No control group or control of confounders</li> <li>• Potential time bias</li> </ul>
<p><u>Authors:</u> Peterson &amp; Schiltz (2020)</p> <p><u>Design:</u> Pre/Post-test (UCBA)</p> <p><u>Purpose:</u> To evaluate the effects of a semester-long 4-credit</p>	<p><u>N:</u> 34 undergraduate students from nursing, premedicine, athletic training, business, economics, &amp; religious studies 18-22 yrs old: 6 freshmen, 14 sophomores, 8 juniors, 8 seniors, &amp; majority female</p> <p><u>Country/setting:</u> Midwest, USA liberal arts college</p> <p><u>Intervention:</u> 4-credit interdisciplinary undergraduate course, taught by two faculty (nursing &amp; religion) Topics: spirituality, spiritual care, diverse</p>	<p><u>Data Analysis:</u> Descriptive Paired-samples t-test</p> <p><u>Results:</u> Findings were not statistically significant unless otherwise noted.</p> <p><b>Increased student knowledge &amp; attitudes toward spirituality/spiritual care</b> Pre M(SD) = 68.64(5.60)</p>	<p><u>Strength of Design:</u> <b>Weak</b></p> <p><u>Quality:</u> <b>Low</b></p> <p>Issues:</p> <ul style="list-style-type: none"> <li>• Convenience sampling</li> <li>• No control group and lack of randomization</li> <li>• Potential biased sample d/t self-selection to voluntarily enroll in course</li> </ul>

Study/Design	Methods	Key Results	Comments
<p>undergraduate course focused on communication strategies to enhance spiritual care of patients facing end-of-life on students' knowledge &amp; attitudes about spiritual care, perceived level of spiritual care competence, &amp; response empathy to simulated role-play scenarios</p>	<p>faith traditions, communication skills PPT lectures, weekly reflection exercises, interactive group discussions, role play, case study discussions, readings, videos, &amp; student presentations</p> <p><u>Data collection:</u> Demographic survey precourse Pre &amp; Post course – SSCRS: 17-item Likert scale (V&amp;R) SCCS: 27-item Likert scale (V&amp;R) RES: Likert scale (V&amp;R)</p>	<p>Post M(SD) = 74.74(4.28) T<sub>33</sub> = 6.867, p &lt; 0.001 (2-tailed)</p> <p><b>Increased level of spiritual care competence</b> Pre M(SD) = 81.34(20.31) Post M(SD) = 118.39(11.5) T<sub>31</sub> = 10.802, p &lt; 0.0001 (2-tailed)</p> <p><b>Increased level of response empathy</b> Pre M(SD) = 11.33(5.10) Post M(SD) = 29.91 (5.10) T<sub>32</sub> = 18.529, p &lt; 0.0001 (2-tailed)</p>	<ul style="list-style-type: none"> <li>• Potential self-report bias &amp; testing effect d/t repeated test</li> </ul>
<p><u>Authors:</u> Rodrigues et al. (2020)</p> <p><u>Design:</u> Qualitative – Methodological study – Descriptive</p> <p><u>Purpose:</u> To construct &amp; evaluate an educational video lasting 10 min &amp;</p>	<p><u>N:</u> 15 students, majority female, 53.3% final-year 5 experts in spirituality &amp; educational resources</p> <p><u>Country/setting:</u> Brazil, undergraduate nursing program</p> <p><u>Intervention:</u> 10 min 52sec video Video construction described 3 phases: Pre-production Production Post-Production</p> <p><u>Data collection:</u></p>	<p><u>Data Analysis:</u> Descriptive analysis (for characteristics of participants) Content analysis</p> <p><u>Results:</u> 75% considered the video “useful” and “interesting”</p> <p>75% found it “very useful” and “pleasant” as a learning experience.</p> <p>81.3% would recommend the video to colleagues</p>	<p><b>Credibility: High,</b> <b>Transferability: High</b> <b>Dependability: Low</b></p> <p>Issues:</p> <ul style="list-style-type: none"> <li>• No clear statement locating the researcher culturally or theoretically and the potential effect of the researcher on findings.</li> </ul>

Study/Design	Methods	Key Results	Comments
52 seconds for nursing students concerning the assessment of patients' spiritual needs.	Two sessions: evaluated lighting, colour, visibility of video, technical aspects by experts Second session: usefulness of content by students	75% said the video could bring some assistance in future performance as nurses  All suggestions by experts regarding sound, lighting, content, etc., were used to edit the video.	
<p><u>Authors:</u> Rykkje et al. (2021)</p> <p><u>Design:</u> Literature review (Scoping)</p> <p><u>Purpose:</u> To map existing evidence about educational interventions/strategies in nursing and allied health concerning students' and staff's spiritual care provision</p>	<p><u>N:</u> 36 studies (20 Quant, 13 Qual, 3 Mixed method)</p> <p><u>Country/setting:</u> 15 countries</p> <ul style="list-style-type: none"> <li>• 15 – USA,</li> <li>• 6 – Netherlands,</li> <li>• 3 – Norway,</li> <li>• 2 – Turkey,</li> <li>• 1 – Australia, Brazil, China, Colombia, Denmark, Iran, Malta/France, Singapore, Sweden, UK</li> </ul> <p>19 – educational setting</p> <ul style="list-style-type: none"> <li>• 10 – nursing education,</li> <li>• 5 – medical</li> <li>• 4 – multidisciplinary</li> </ul> <p>17 – practice setting</p> <ul style="list-style-type: none"> <li>• 3 – community-based</li> <li>• 2 – hospital</li> <li>• 2 – pediatrics</li> <li>• 3 – oncology</li> <li>• 7 – multidisciplinary from palliative care</li> </ul>	<p>Findings were not statistically significant unless otherwise noted.</p> <p><b>Agreement among all studies supports inclusion of spiritual care education and training; however, no best practice or standard identified for spiritual care curricula.</b></p> <p>Key intervention results related to nursing students:</p> <p>Educational settings (Nursing):</p> <ul style="list-style-type: none"> <li>• Teaching programme</li> <li>• SCERP</li> <li>• Integrated nursing curriculum</li> <li>• Single training session</li> <li>• Compulsory course</li> <li>• Mandatory Assignment</li> <li>• Assignment</li> <li>• Partnership learning programme</li> </ul>	<p><u>Strength of Design:</u> <b>No rating as per PHAC (2014) guidelines for systematic reviews and narrative reviews</b></p> <p><u>Quality:</u> <b>Medium</b></p> <p>Issues:</p> <ul style="list-style-type: none"> <li>• Limited to English and predominantly Western studies, mostly Christian heritage</li> <li>• Small sample sizes</li> <li>• No consensus on spirituality definition or its attributes and interpretation may differ from study to study</li> <li>• Variation of methods and quality of research was low in many studies, but better quality in more recent studies</li> <li>• Content, length of, &amp;</li> </ul>



Study/Design	Methods	Key Results	Comments
	<p><u>Data collection:</u> Scoping PRISMA-ScR checklist Multi researcher review</p>	<ul style="list-style-type: none"> <li>• Part of a study unit on Spiritual Health for Carers</li> </ul> <p>(Multidisciplinary)</p> <ul style="list-style-type: none"> <li>• Course on spirituality &amp; health</li> <li>• Online learning programme</li> <li>• Interprofessional intern partnership</li> <li>• Curriculum providing integrated training</li> </ul>	<p>evaluation of methods or learning were different and difficult to compare</p> <ul style="list-style-type: none"> <li>• Lack of studies evaluating effects on quality of care among recipients of spiritual care</li> <li>• Long-term effects not assessed, no longitudinal studies</li> </ul>
<p><u>Authors:</u> Strand et al. (2017)</p> <p><u>Design:</u> Qualitative</p> <p><u>Purpose:</u> To explore impact of intervention on nursing students' knowledge, awareness &amp; competence in addressing spiritual with patients</p>	<p><u>N:</u> 18 BN students 3 focus groups:</p> <ol style="list-style-type: none"> <li>1. 11 – 2<sup>nd</sup> yr students</li> <li>2. 3 – 2<sup>nd</sup> yr students</li> <li>3. 4 – 3<sup>rd</sup> yr students</li> </ol> <p><u>Country/Setting:</u> Norway University College placement in a Church-affiliated &amp; government-funded hospital</p> <p><u>Intervention:</u> Teaching session about spiritual care at start of clinical practice 2 guidance sessions for clinical nurses 2 reflection groups for students</p> <p><u>Data Collection:</u> Post Course: Retrospective 1-2 hr focus group interviews – transcribed verbatim Supplemented with notes</p>	<p><u>Data Analysis:</u> Content Analysis</p> <p><u>Key Results:</u> Three categories emerged:</p> <ol style="list-style-type: none"> <li>1. <b>Extended understanding of the concept of spirituality</b></li> <li>2. <b>Enhanced confidence in speaking with patients about spiritual issues</b></li> <li>3. <b>Students grasping the moment to talk about spiritual concerns in ordinary interactions with patients</b></li> </ol>	<p><b>Credibility: Moderate</b> <b>Transferability: High</b> <b>Dependability: Moderate</b> <b>Confirmability: Low</b></p> <p>Issues:</p> <ul style="list-style-type: none"> <li>• Number of participants in focus groups were small</li> <li>• All but one student was ethnic Norwegians</li> <li>• Limits transferability to other cultural backgrounds</li> <li>• No reflexivity but comparison between researchers</li> <li>• No discussion of audit or analysis tracking</li> </ul>

Study/Design	Methods	Key Results	Comments
<p><u>Authors:</u> van der Vis-Sietsma et al. (2019)</p> <p><u>Design:</u> Qualitative – Descriptive</p> <p><u>Purpose:</u> To gain insight into the impact of practice-based educational strategy on perceived spiritual competence development from perspective of bachelor nursing students &amp; identify factors influencing learning experience</p>	<p><u>N:</u> 30 – 3<sup>rd</sup> yr bachelor nursing students</p> <p><u>Country/Setting:</u> Netherlands Christian University of Applied Sciences (January – May 2016)</p> <p><u>Intervention:</u> spiritual care assignment in clinical practice with 3 components:</p> <ol style="list-style-type: none"> <li>1. Theoretical orientation on spirituality</li> <li>2. Interview with a patient about spirituality</li> <li>3. Description of student’s vision of spiritual care</li> </ol> <p><u>Data Collection:</u> Reflective reports (n=30) followed by Semi-structured interviews (n=9): 28 – 42 mins and took place at CUAS Recorded &amp; transcribed verbatim Pilot interview with the supervisor</p>	<p><u>Data Analysis:</u> Thematic Analysis Theoretical Sensitivity Translation from Dutch to English by sworn translator</p> <p><u>Key Results:</u> Three themes:</p> <ol style="list-style-type: none"> <li>1. <b>Increasing awareness</b></li> <li>2. <b>Spiritual Care</b></li> <li>3. <b>Personal experience</b></li> </ol> <p>Influencing factors – 5 themes:</p> <ol style="list-style-type: none"> <li>1. <b>Personalized perceptions</b></li> <li>2. <b>Interaction with others</b></li> <li>3. <b>Role models</b></li> <li>4. <b>Clinical setting</b></li> <li>5. <b>Preparation</b></li> </ol>	<p><b>Credibility: Mod</b> <b>Transferability: Low</b> <b>Dependability: Low</b> <b>Confirmability: Low</b></p> <p>Issues:</p> <ul style="list-style-type: none"> <li>• Small number of participants in interviews based on time required during a busy study period</li> <li>• Homogeneity of sample mainly female &amp; Christian participants</li> <li>• Two main themes developed which is more deductive approach</li> <li>• Themes were more topic summaries</li> <li>• Lack of congruency between research methodology and analysis of data</li> </ul>
<p><u>Authors:</u> Vargas-Escobar &amp; Guarnizo-Tole (2020)</p> <p><u>Design:</u> RCT</p>	<p><u>N:</u> 90 senior nursing students enrolled in 2<sup>nd</sup> semester of year 2017</p> <p><u>IG:</u> 45 students – received intervention <u>CG:</u> 45 students – received “Nursing intervention for women using the menstrual cup”</p>	<p><u>Data Analysis:</u> Wilcoxon test Kruskal-Wallis test Spearman tests Partial ETA squared Cohen’s d statistic</p>	<p><u>Strength of Design:</u> <b>Strong</b></p> <p><u>Quality:</u> <b>Medium</b></p> <p>Issues:</p>

Study/Design	Methods	Key Results	Comments
<p><u>Purpose:</u> To determine effect of educational intervention for nursing students to strengthen their perceptions of importance of providing spiritual care for people with chronic illness</p>	<p><u>Intervention:</u> “Spiritual nursing care: wholeness of the human being in care” Single training session with topics:</p> <ul style="list-style-type: none"> <li>• Reality of people with chronic illness</li> <li>• McSherry’s conceptualization of spirituality &amp; spiritual care</li> <li>• Ways &amp; times at which spiritual care is provided</li> </ul> <p>Protocol clearly described on intervention implementation</p> <p><u>Country/Setting:</u> Colombia Private University</p> <p><u>Data Collection:</u> SSCRS Spanish Version pre &amp; post Used blinding</p>	<p><u>Key Results:</u> <b>Intervention improved perceptions of spirituality &amp; spiritual care in experimental group compared with initial perceptions.</b> Pre M = 80.2, SD = 10.2 Post M = 70, SD = 11.2 p &lt;= 0.001</p>	<ul style="list-style-type: none"> <li>• Small sample size limits generalizability</li> <li>• No blinding may have affected results</li> <li>• Bias may have resulted from the lack of preventing students from talking to each other</li> </ul>
<p><u>Authors:</u> Yilmaz &amp; Gurler (2014)</p> <p><u>Design:</u> Pre &amp; Post Two Group</p> <p><u>Purpose:</u> To identify impact of added integrated nursing curriculum on the level of knowledge &amp;</p>	<p><u>N:</u> 130 senior yr undergrad nursing students</p> <p><u>IG:</u> 58 – integrated curriculum <u>CG:</u> 72 – traditional curriculum, received no information on spirituality</p> <p><u>Intervention:</u> informed about spirituality in the integrated curriculum</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> &amp; 2<sup>nd</sup> yr: small grp discussion &amp; PPT</li> <li>• 3<sup>rd</sup> yr: small grp discussion in written pt cases, discussion on pt care plan prepared according to FHPs during 8wk practical</li> <li>• 4<sup>th</sup> yr: discussion on pt care plan prepared according to FHPs during</li> </ul>	<p><u>Data Analysis:</u> Descriptive Statistics Independent t-tests Qualitative questions coded &amp; used descriptive statistics</p> <p><u>Key Results:</u> <b>The Intervention Group had a significantly higher mean score on SSCRS than CG</b> IG: M = 56.34, SD = 5.47 CG: M = 53.81, SD = 4.37 T = 2.926, p = 0.004</p>	<p><u>Strength of Design:</u> <b>Moderate</b></p> <p><u>Quality:</u> <b>Medium</b></p> <p><u>Issues:</u></p> <ul style="list-style-type: none"> <li>• Sample size and homogeneity of sample (age, gender, culture, beliefs) limits the generalizability</li> <li>• Potential performance bias as questionnaires completed under researcher</li> </ul>

Study/Design	Methods	Key Results	Comments
<p>practice of spirituality among senior nursing students, by comparing integrated curriculum with the traditional nursing curriculum.</p>	<p>internship</p> <p><u>Country/Setting:</u> Central Anatolia/Turkey Department of Nursing of the Faculty of Health Sciences, Cumhuriyet University 4 yr University programme</p> <p><u>Data Collection:</u> (pre &amp; post) Personal information: Self-made 12 question questionnaire on knowledge, practice &amp; definition of spiritual care SSCRS Turkish version: (V&amp;R) 17 item, 5pt Likert</p>		<p>supervision in classroom</p> <ul style="list-style-type: none"> <li>• No randomization</li> <li>• No control or discussion of major confounders</li> </ul>
<p><u>Authors:</u> Younkin et al. (2019)</p> <p><u>Design:</u> ITS (adequate)</p> <p><u>Purpose:</u> To determine the impact of an interprofessional training session on student spiritual health and perceived confidence and competence in sharing their faith</p>	<p><u>N:</u> 313 two cohorts (N = 179, 2017-2018; N = 134, 2018-2019) Most students from nursing or pharmacy, female, sophomores, and limited patient experience</p> <p><u>Country/setting:</u> a Christian University, Ohio, USA</p> <p><u>Intervention:</u> all-day interprofessional workshop Didactic &amp; integrated learning activities to complete individually &amp; in groups over 6-8 hours Saline Process: referring to Christians being salt &amp; light encouraging to examine, cultivate, &amp; strengthen personal faith journey</p>	<p><u>Data Analysis:</u> Descriptive analysis Wilcoxon test Friedman's ANOVA</p> <p><u>Results:</u> Findings were not statistically significant unless otherwise noted.</p> <p>Improvements in perceived confidence and competence initially</p> <p><b>Longitudinal changes across all assessment stat. significant (p &lt; 0.001) for all statements measuring importance of biblical witness, with</b></p>	<p><u>Strength of Design:</u> <b>Weak</b></p> <p><u>Quality:</u> <b>Low</b></p> <p>Issues:</p> <ul style="list-style-type: none"> <li>• Baseline student spiritual health was high</li> <li>• Data collection tools not validated and were modified from original purpose</li> <li>• Lack of generalizability of results due to the use of single Christian institution also sample group was homogeneous, and baseline showed high spiritual health</li> <li>• Risk of performance bias or social desirability bias</li> </ul>

Study/Design	Methods	Key Results	Comments
with patients	5 Main questions included in workshop 1. Why is faith important in healthcare? 2. What are the opportunities for & barriers to fulfilling God’s call? 3. What is my part? 4. What tools will help me cultivate, sow, & harvest? 5. Where do I go from here?  <u>Data collection:</u> V&R not discussed Surveys at pre-training, immediately after, & 3, 6, & 9 months post-training Demographics Self-assessment of Spiritual Vital Signs (7 items) Agreement about importance of biblical witness (5item 5 pt Likert scale) Confidence in biblical witness (5 item 5pt Likert scale)	exception of “I feel it is important for me to share my faith at work with my patients” (p = 0.146) & “I feel it is important for me to share my faith at work with other healthcare professionals” (p = 0.442).	<ul style="list-style-type: none"> <li>Attrition rate</li> </ul>

Legend: ABSN: Accelerated Bachelor of Science in Nursing; ANCOVA: Analysis of covariance; ANOVA: Analysis of variance; ASSET: Actioning Spirituality and Spiritual care in Education Training; BN: Bachelor of Nursing; BSN: Bachelor of Science in Nursing; CG: Control Group; CI: confidence interval; CUAS: Christian University of Applied Sciences; Diff: Difference; d/t: due to; ED: Emergency Department; FHP: Functional Health Patterns; GEE: Generalized Estimating Equations; h/hr = hour; IG: Intervention Group; M = mean; min: minute; MMAT: Mixed Method Assessment Tool; MSQ: Moral Sensitivity Questionnaire; NSSTQ: Nursing Students’ Spirituality Training Questionnaire; PI: principal investigator; PPT: PowerPoint; PRISMA-ScR: Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews; pt: point; RCT: randomized controlled trial; RES: Response Empathy Scale; ROC: Republic of China; SCAS: Spiritual Care Attitude Score; SCCS: Spiritual Care Competence Scale; SCERP: Spiritual Care Educational and Reflective Program; SCI: Spiritual Care Inventory; SCIP: Spiritual Care in Practice; SD: standard deviation; sec: second; SSCGS: Spirituality and Spiritual Care Grading Scale; SSCRS: Spirituality and Spiritual Care Rating Scale; SWBS: Spiritual Well-being Scale; TASQ: Teaching Activity Satisfaction Questionnaire; UCBA: uncontrolled before-after; US: United States; V&R: valid & reliable; wk: week; wks: weeks.

## Appendix B

### Teaching and Learning Strategies of Spiritual Care in Nursing Education

Approach	Type	Authors	Country	Length of Time	Characteristics
Passive Approach	Course	Chiang et al. (2020)	Taiwan, ROC	2 hr /week x 18 weeks	<ul style="list-style-type: none"> <li>• Elective spiritual education course integrating non-Christian Eastern cultural beliefs</li> <li>• ASSET model included 5 sections</li> </ul>
		Cooper & Chang (2016)	Australia	3 hr lecture x 13 weeks	<ul style="list-style-type: none"> <li>• Course on spiritual care</li> </ul>
		Ozveren & Kirca (2019)	Turkey	2 hr / week total 28 hrs	<ul style="list-style-type: none"> <li>• Palliative care course</li> </ul>
		Vargas-Escobar & Guarnizo-Tole (2020)	Colombia		<ul style="list-style-type: none"> <li>• Topics included: reality of people with chronic illness, McSherry's conceptualization of spirituality &amp; spiritual care, ways &amp; times to provide spiritual care</li> </ul>
	Course and Case Study	Fernandez-Pascual et al. (2020)	Spain	2 x 2.5 hr sessions	<ul style="list-style-type: none"> <li>• Session 1 was questionnaire completion and focus group activity and summary presentation</li> <li>• Session 2 Case studies</li> </ul>
	Video	Rodrigues et al. (2020)	Brazil	10 min 52 sec	<ul style="list-style-type: none"> <li>• Methodological study</li> <li>• Presented assessment of patients' spiritual needs</li> </ul>
Reflective Approach	Experiential and Reflection	Kuven & Giske (2019)	Norway		<ul style="list-style-type: none"> <li>• Conversation with patient</li> <li>• Reflection assignment based on Stoll's assessment guide</li> </ul>
	Reflection	Momennasab (2019)	Iran	4 x 2 hr sessions	<ul style="list-style-type: none"> <li>• Reflection based on Gibbs' reflective cycle and spiritual care scenarios</li> </ul>

Approach	Type	Authors	Country	Length of Time	Characteristics
	Reflective Assignment	van der Vis-Sietsma et al. (2019)	Netherlands	28-42 mins for interviews	<ul style="list-style-type: none"> <li>• Assignment in clinical practice with theoretical orientation on spirituality, interview a patient, describe student's vision of spiritual care</li> </ul>
	Simulation	Huehn et al. (2019)	USA		<ul style="list-style-type: none"> <li>• Interprofessional simulation as part of behavioural health course</li> <li>• Utilized hospital chaplain</li> </ul>
	Simulation and Reflection	Joyce et al. (2023)	USA		<ul style="list-style-type: none"> <li>• Mock end-of-life scenario within med-surg unit</li> </ul>
Combinatory Approach	Course and Reflection	Burkhart & Schmidt (2012)	USA		<ul style="list-style-type: none"> <li>• Spiritual care education and reflective program</li> <li>• Face-to-face and online</li> </ul>
		Jalili et al. (2020)	Iran	7 x 60 min sessions in 1 mth	<ul style="list-style-type: none"> <li>• Lecture and small group discussions</li> </ul>
		Strand et al. (2017)	Norway	1-2 hr focus group	<ul style="list-style-type: none"> <li>• Teaching session on spiritual care at start of clinical practice</li> <li>• 2 guidance session for clinical nurses</li> <li>• 2 reflection groups for students</li> </ul>
		Yilmaz & Gurler (2014)	Turkey	4 yr program	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> &amp; 2<sup>nd</sup> yr: small group discussion &amp; PPT</li> <li>• 3<sup>rd</sup> yr: small group discussion, case studies, care plans during 8wk clinical</li> <li>• 4<sup>th</sup> yr: discussion on care plan during internship</li> </ul>
		Younkin et al. (2019)	USA	1 day (6-8 hrs)	<ul style="list-style-type: none"> <li>• Interdisciplinary workshop</li> <li>• Saline Process</li> <li>• Focused on 5 main questions</li> </ul>

Approach	Type	Authors	Country	Length of Time	Characteristics
	Course, Reflection, Case study, and Videos	Peterson & Schiltz (2020)	USA	4-credit course	<ul style="list-style-type: none"> <li>• 4-credit interdisciplinary course taught by 1 nursing and 1 religion faculty member</li> </ul>
	Course, Reflection and Experiential	Baldacchino (2010)	Malta/ France	10 hr theory 6 day pilgrimage	<ul style="list-style-type: none"> <li>• Self study unit on spiritual health for carers</li> <li>• Reflection diary assignment during Lourdes pilgrimage</li> <li>• Focus group with 4 questions</li> </ul>



**Appendix B**  
**Consultation Report**  
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## **Spiritual Care in Undergraduate Nursing Education: Consultation Report**

Throughout years of critical care experience within a northern urban regional Intensive Care Unit, I have noted the need for more consistency and standardization of spiritual care in the clinical setting. The most frequent consideration of a patient's spirituality is at the end of life; however, this is inconsistent between nurses, patients, or care settings. Through peer discussion, nurses have described discomfort with assessing or providing spiritual care based on their own experiences or biases. Some have noted that physical assessment and treatment, or the biomedical aspect of health, are highly important for nurses due to time constraints within clinical practice. A lack of knowledge regarding local resources, confusion about the definition of spirituality or spiritual intelligence, minimal training and education in spiritual care, and feeling uncomfortable attempting to provide such care are all common concerns reported in recent research (Cone & Giske, 2017).

A literature review was conducted to identify current educational strategies within nursing to promote spiritual care competence. The literature review identified that no individual strategy is best, but using a combinatory approach may help with diverse learning needs and styles, positively impacting spiritual care competence (Willett, 2023). However, it is also essential to identify current strategies used within the local collaborative programming to prepare nursing students for spiritual care competence within their clinical practice. Both passive (gathering existing knowledge) as well as active (creating new knowledge) approaches will be used for data collection, as face-to-face communication is effective in developing insight and identifying issues (Charlton et al., 2021). Communication with key informants, such as the NWP faculty, can provide access to curriculum information that may not be publicly found on the website. Consultations were required to complete the internal environmental scan of current

spiritual care educational strategies used at Northwestern Polytechnic (NWP).

### **Purpose of Consultations**

The purpose of the consultations was to begin an internal environmental scan identifying what teaching and learning strategies NWP currently employs to prepare Bachelor of Science in Nursing (BScN) students for spiritual care competence, as well as any strengths or gaps within the curriculum programming (e.g., spiritual care teaching strategies within clinical experience).

The specific objectives for the consultations are to identify:

- the teaching and learning strategies are currently used by faculty teaching spirituality or spiritual care within the NWP BScN collaborative curriculum,
- what the NWP BScN collaborative program currently does well in preparing nurses for spiritual care as perceived by students and faculty,
- the gaps are in the provided teaching and learning strategy options or target populations missed, and
- student perceptions regarding spirituality and their ability to provide spiritual care in the clinical setting.

### **Consultations**

The NWP consultation sample has two main sample groups: faculty and students. Both groups consisted of adults with decision-making abilities and no identified vulnerabilities.

### **Setting and Sample**

The first faculty member consulted was responsible for BScN collaborative curriculum planning and mapping at NWP. This faculty member identified which courses included spirituality and spiritual care as a concept and who taught or presently teaches the course within the current academic year. This faculty member was approached by email (see Appendix A) to

set up a time for a telephone or in-person communication to discuss details further. This consultation was conducted over the telephone. Then, the nine faculty members within the BScN collaborative program who taught courses with spirituality or spiritual care as a concept within the current academic year were contacted after being identified by the first faculty member. These faculty members were consulted regarding teaching and learning strategies and what they found helpful or most effective for student learning. The same introductory email providing background information was sent to those faculty members asking to set up a time for a telephone or in-person communication to discuss details further (see Appendix A). Two faculty responses were received, and in-person consultations were booked at the NWP Health Education Centre in a bookable meeting room for privacy. The consultation questions script was followed (see Appendix B).

The second consultation group was students from the Student Advisory Committee (SAC) at NWP who, by nature of their committee role, hear the concerns and opinions of the BScN collaborative program student body. These ten students were approached during a SAC meeting providing introductory information on the project with a request for permission to contact them via email afterwards to provide additional information. With permission to contact, an email with introductory background information was sent to the student group (see Appendix C). One student reply was obtained, and an in-person consultation was set up. The student was asked where they would prefer and feel comfortable meeting, and they replied that the faculty member's cubicle was their setting of choice. A second email, including the consent script (see Appendix D) and consultation questions (see Appendix B), was sent to the other students with the hope of obtaining additional responses. One more student responded with answers to consultation questions included in the response email.

## **Data Collection**

Data was collected through focused questions within an interview consultation. However, the comfort and convenience of the students and faculty were paramount. Therefore, they were accommodated to provide their responses via email, in-person, or telephone as they preferred. As the questions were focused and brief, all three methods were easily provided with minimal inconvenience or effect on the quality of collected data. In-person or telephone calls lasted approximately 10-20 minutes (see Appendix B for a list of the focused questions for faculty and student consultations). The consent script (see Appendix D) was provided to all participants with the opportunity to ask any questions for clarification.

## **Data Management and Analysis**

All data collected were kept in a table format using Excel for ease of organization and manipulation to table format. No consultations were recorded; however, jot notes were made with some direct quotations. All jot notes were reviewed with participants to ensure validity. Data collection was then placed in table format with headings based on themes (e.g., teaching strategies, weaknesses, strengths). Appendix H provides a tabular summary of the collected data on current teaching and learning strategies within the NWP BScN collaborative curriculum.

As qualitative content analysis can be used with various types of data, such as data from consultations, literature reviews, policies, protocols, and websites, it was the chosen analysis method for these consultations (Lindgren et al., 2020). Content analysis allows themes or categories to be derived from the data collected and the identification of underlying meanings (Lindgren et al., 2020). A deductive data analysis and synthesis methodology with broad questions guided the review. The broad questions are included in Appendix B. Data reduction was the next step in the data analysis (Whittemore & Knafl, 2005). Once data were reviewed, the

information was reduced into categories by theme based on the type of educational strategy described in the consultations (e.g., Discussion, Debriefing). Comparisons were made, and the data were displayed in a summarized table format by themes (see Appendix I).

### **Ethical Considerations**

Any research within nursing must take into consideration ethical principles to protect participants. These ethical principles include beneficence (the right to freedom from harm and discomfort and protection from exploitation), respect for human dignity (the right to self-determination and full disclosure), and justice (the right to fair treatment and privacy) (Polit & Beck, 2021). Individual institutions have specific Research and Ethics guidelines which must be followed. According to the Human and Research Ethics Authority (HREA) screening tool, this project falls under quality improvement within standard education requirements and is exempt from full review (HREA, 2022). Also, any discussion or consultations with personnel are for quality or program improvement according to the HREA (2022) definition of quality assurance and program evaluation (see Appendix E for the completed HREA screening tool). However, NWP requested an expedited Research and Ethics Board (REB) review before commencing consultations (see Appendix F for the full NWP REB Application). An ethics review ensures that the core principles of research are adhered to (see Appendix G for the NWP REB Approval Letter). These core principles include respect for persons, concern for welfare, and justice (Canadian Institutes of Health Research [CIHR] et al., 2022).

Before asking for agreement to be consulted, information regarding the project was provided to constitute informed consent. According to the Tri-Council Policy Statement (TCPS), consent must be voluntary, with the right to withdraw at any time; should the participant withdraw, their data can also be withdrawn (CIHR et al., 2022). Consent must be informed with

full disclosure of information regarding the project so they can decide whether to participate. With fully informed consent, the participants must be informed of any benefits or risks of participation, time commitments, and their rights during the data collection. This information is essential when there is a power differential between the researcher and the participant (e.g., teacher-student relationship). Participants must also be informed of how their data or information will be safeguarded and how it will be disposed of afterwards (CIHR et al., 2022).

Once agreement to consult by reply to the email inquiry letter response or face-to-face meeting acceptance, the project was re-explained to the participant to ensure they understood the extent of their participation and how the information they provided would be used. All information and discussions were kept in confidence. Any collected information with identifiers such as internal person-to-person communications or documents were secured under lock on premises (not to be taken home). Also, names were not attached to data collection; a code or impersonal identifier was used. Data was labelled, identifying the students' position within the four-year program and letters A through Z of the alphabet (e.g., Year # Student A). In contrast, faculty participants were identified by the Course number (starting with 1) and letters A through Z of the alphabet (e.g., Course # Instructor A). Also, any digital documents or data collection was protected on a password-protected organizational computer instead of a personal device. All information collected was regarding program improvement; therefore, no personal data was gathered.

Should the sample include vulnerable populations, special considerations for protecting these participants must be included (CIHR et al., 2022). As the sample for this project included all adults of decision-making abilities with no identified vulnerabilities, no special protections or considerations were needed. These ethical considerations were also discussed and planned for



within the NWP REB Application.

## **Results**

After the consultations, a content analysis was completed on the gathered responses with a reduction of data into themes.

### **Strategies**

The faculty and student consultations identified Discussions, Debriefing, Lectures, and Simulation as the four main strategies used within the NWP BScN program (see Appendix I). The faculty and student participants identified the first three, whereas the faculty members only identified the simulation.

### ***Discussion***

Discussion was identified as an effective strategy by both faculty and students. One faculty noted it provided an opportunity for storytelling, and instead of having to hide their spirituality behind professionalism, the discussions provided an opportunity for openness. Discussions included the nurse's role in spiritual care, identifying resources, and how spirituality can be brought into patient care.

**Virtues Project.** One student mentioned the Virtues Project introduced within their first year. It was considered under the Discussion theme as it was primarily based on in-class active large and small group discussion.

### ***Debriefing***

Identified as a strategy by both faculty and students, debriefing occurred either during post-conference or post-simulation. This included debriefing on how spirituality can be included in patient care and reflecting on what was done well and what could be improved during clinical or simulation.

### ***Lecture***

Both faculty and students identified lectures as a strategy. Instructors provided introductory information on spirituality and spiritual care within safe and ethical care. These lectures also included how to provide spiritual care and foundational knowledge.

### ***Simulation***

One instructor mentioned simulations, more specifically, palliative care simulation. The simulation included light, music, a rosary, and a Medical Assistance in Dying resource. The instructor noted that no outside resource was used for planning.

### **Effective Strategies**

Students and faculty agreed that the discussion was most effective; however, one student mentioned that the interventions needed to be practiced and integrated throughout the four-year programming.

### **Resources**

Resources used by faculty and staff included readings, mentors, the Medical Assistance in Dying (MAID) resource, and a list of adjectives and cards. There was no consistency in the type of resource or preparation information used by faculty or information and preparation received by students.

### **Suggestions**

Both faculty and students suggested the need for non-Christian resources, for the resources to be introduced in the first year and be incorporated throughout the four-year program, and to include discussion and exposure to life examples. The fourth-year student noted that the introduction of spiritual care was good in the first year. However, it must be continually integrated within the four-year program, including clinicals (see Appendix H). This student also

noted a gap in the current programming where the focus was not on the person or the patient's humanity in clinical or practice. The third-year student noted that spiritual care "requires exposure to these scenarios for us students to truly appreciate how important spiritual care is to our practice and the health of our patients" (Student Y3SA).

### **Discussion**

From the data review, a resource is needed to provide the faculty with consistent information to provide students regarding spiritual care. This resource should include multiple teaching strategies and a foundation of non-Christian-based information to support the growing variety of spiritual needs of patients and students and provide for differing learning and teaching styles. This resource should be applicable and usable within all four years of the NWP BScN program and integrated within all areas to promote discussion, comfort, and competence in providing spiritual care.

### **Implications to Practicum**

In conducting this environmental review, several resources have been identified which can be used to develop a module or resource for preparing nursing students to provide competent spiritual care within clinical practice. The consultations note that students and faculty find discussions effective and should be included in any resource developed; however, the resource must have practical significance. The resource developed for the practicum must include non-Christian resources, with opportunities for discussion and practice, fostering openness while being applicable throughout the four-year program.

### **Limitations**

There were several limitations to these consultations. Firstly, only two faculty and two students responded to the participation request. This may have been due to the short time limit

and the fact that it was nearing the end of the semester when students and faculty were preparing for final examinations and assignments. Or it may have been due to the strategies implemented for connecting with or recruiting participants, such as email. Emails are less personal and are easier to ignore or postpone responses. Having student respondents from each year and faculty responses from different courses may have provided a more thorough picture of the status of the strategies used within the curriculum. However, the third and fourth-year students were exposed to the previous strategies implemented within the program.

Secondly, the participants' responses may have been biased due to my professional relationship with them. Although the participants stated nothing, my position as a faculty member may have influenced their responses. This could be accounted for in the future by having an impartial interviewer with no professional relationship with the participants gather the information.

Thirdly, the time limit affected the number of resulting participants. The limited time also affected the number of reminder emails sent and other means. The short recruitment period also limited the groups targeted for consultations as in the original plan, several teams (including the Spiritual Health Care Team and Inclusion and Diversity Team) from Alberta Health Services (AHS) were to be consulted. Due to time restraints and the potential need for an additional ethics review for accessing AHS personnel, these consultations were removed from the original plan.

### **Conclusion**

Although the NWP programming does include several educational strategies, there appears to be a need for non-Christian-based spiritual care resources with applicability for integration through theory and practice throughout the four-year NWP BScN collaborative program. A resource that fosters discussion and practice of spiritual care strategies within all

contexts so that students are comfortable and have graduate competency in providing spiritual care may benefit students and faculty.

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## Appendix A

### Email Letter of Inquiry for Consultation – Faculty

Good afternoon (Faculty Member's Name),

I am currently working on my practical project toward a Master of Science in Nursing degree through Memorial University. I have chosen to develop a resource to assist nursing student competence in providing spiritual care within clinical practice. Background research for this practicum project includes conducting a literature review and examining current teaching/learning strategies used within the Bachelor of Science in Nursing (BScN) curriculum at Northwestern Polytechnic (NWP).

As NWP increases enrollment within its nursing program and welcomes more international students, it is essential to ensure that nursing care is as inclusive as possible. Not only do our students need these competencies for patient care, but also for their own health and well-being. A review of the current BScN curriculum and collaborative communications with the University of Alberta regarding the curriculum will help identify current teaching/learning strategies employed within the NWP BScN program to promote nursing student competence in spiritual care, what the NWP curriculum currently does well, and areas for improvement.

Should further information be needed before a consultation decision can be made, please feel free to contact me at 780-539-2817 or [twillett@nwpolytech.ca](mailto:twillett@nwpolytech.ca). I appreciate your consideration and look forward to discussing the project with you.

Sincerely,

Sherry lee Willett BN, RN, CNCCI

## **Appendix B**

### **Interview Guide: Focused Questions**

**Primary Goal:** To identify teaching and learning strategies used by faculty within the Bachelor of Science in Nursing collaborative program at Northwestern Polytechnic to promote competent spiritual care within clinical practice.

**Secondary Goal:** To understand nursing student perception of the current teaching and learning strategies to promote competent spiritual care within clinical practice.

**Length of Interview:** approximately 10-20 minutes

**Verbal Consent:** Obtain verbal consent to proceed and re-iterate that they may withdraw consent at any time, and the interview will cease with no academic consequence.

**Rapport:** Usually, interviews require a question to establish rapport with the participant; however, in this case, the researcher is known professionally to both the students and the faculty participants.

### **Faculty Interview**

**Question 1 – Identifying the Strategies:** What teaching and learning strategies have you used within the BScN courses to teach competent spiritual care to nursing students?

**Prompts:** Within the lecture, did you use any specific strategy such as PowerPoint, case study, reflection, etc.?

**Question 2 – Effectiveness of Strategies:** Which strategy was the most effective and why?

**Prompts:** What were the negatives of the other strategies?

**Question 3 – Resources:** Did you use specific resources to prepare nursing students to provide spiritual care in the clinical setting?

**Prompts:** Did you use any resources from other institutions or professionals?



*This may potentially identify internal communications between NWP faculty or other institutions.*

**Question 4 – Conclusion:** If you were to suggest any improvements or a potential resource you would like to see developed, what would it be?

### **Student Interview**

**Question 1 – Identifying the Strategies:** How did you learn about providing spiritual care?

**Prompts:** In specific courses, other than lectures, what strategies were implemented to teach or show you how to provide spiritual care within your nursing practice?

**Question 2 – Perception of Effectiveness of Strategies:** Which teaching or learning strategy did you find the most effective?

**Prompts:** What appealed to you about the strategy? What did you like or dislike about the strategy and why? What was your perception of these strategies? How comfortable do you feel in providing spiritual care now?

**Question 3 – Resource:** Were you provided with any resources to help you become competent in spiritual care?

**Prompts:** How were you able to practice providing spiritual care?

**Question 4 – Conclusion:** If you were to suggest any improvements to learning strategies or a resource you think would be beneficial, what would it be?

**Prompts:** What sort of learning experiences do you find work best?

**Final:** Thank you for your time and the invaluable information you shared today. Should you have any questions after this regarding your participation, please feel free to contact me at

[twillett@nwpolytech.ca](mailto:twillett@nwpolytech.ca) or 780-539-2817.

## Appendix C

### Email Letter of Inquiry for Consultation – Student

Good afternoon (Student Name),

I am currently working on my practical project toward a Master of Science in Nursing degree through Memorial University. I have chosen to develop a resource to assist nursing student competence in providing spiritual care within clinical practice. Background research for this practicum project includes conducting a literature review and examining current teaching/learning strategies used within the Bachelor of Science in Nursing (BScN) curriculum at Northwestern Polytechnic (NWP).

As NWP increases enrollment within its nursing program and welcomes more international students, it is essential to ensure that nursing care is as inclusive as possible. Nursing students require these competencies for patient care and personal health and well-being. Identifying nursing student perceptions of the current BScN curriculum and collaborative program teaching and learning strategies employed to promote nursing student competence in spiritual care, what the NWP curriculum currently does well, and areas for improvement are essential to guide the development of the resource.

Please be aware that your participation decision is entirely voluntary, and non-participation will bear no academic prejudice or consequence. An individual interview should take approximately 10-20 minutes, can be completed in person, by telephone or email, whichever is preferred, and consent can be withdrawn anytime. Also, to maintain your privacy no personal identifiers will be gathered or associated with your responses.

Should further information be needed before a consultation decision can be made, please feel free to contact me at 780-539-2817 or [twillett@nwpolytech.ca](mailto:twillett@nwpolytech.ca). I appreciate your

consideration and look forward to discussing the project with you.

Sincerely,

Sherry lee Willett BN, RN, CNCCI

## **Appendix D**

### **Consent Script**

#### **Description of Study Purpose**

The overall goal of the practicum is to develop a learning module or program to prepare nursing students' provision of spiritual care in clinical practice.

The key objectives are:

1. Describe factors affecting nursing student ability to provide spiritual care;
2. Identify current strategies to teach spiritual care within Northwestern Polytechnic's Bachelor of Science in Nursing curriculum;
3. Develop a resource to prepare nursing students to provide spiritual care; and
4. Demonstrate advanced nursing practice competencies.

#### **Specific Objectives for the Consultations**

1. To identify which courses currently include spiritual care as a concept within the NWP BScN collaborative program.
2. To identify what teaching and learning strategies are currently used by faculty teaching spirituality or spiritual care within the NWP BScN collaborative curriculum.
3. Identify what the NWP BScN collaborative program currently does well in preparing nurses for spiritual care as perceived by students and faculty.
4. Identify gaps in the provided teaching and learning strategy options or target populations missed.
5. Identify student perceptions regarding spirituality and their ability to provide spiritual care in the clinical setting.

#### **Invitation to Participate**

Please note that this is an invitation to participate, and participation is entirely voluntary, with

non-participation holding no academic prejudice or consequences.

### **Study Procedures**

- The comprehensive study will include a literature review, environmental scan, and consultations – this is where your participation is requested.
- The consultation will include 4 -5 main questions, which should take approximately 10-20 minutes to complete in person, by telephone or by email, depending on your preference.
- Student Advisory Committee students have been asked to participate as they are in contact with the overall nursing student body and are informed of any student concerns throughout the program, which would be approximately 4-8 students in total if there is one representative from each year of the 4-year BScN program. Minimum of 1 student with no maximum.

### **Benefits and Risks**

Benefits would be more to the program and knowledge base. Individuals may benefit in the future if partaking in spiritual care education that employs the developed resource, thereby improving the provision of spiritual care to their patients and potentially personal resilience.

This study is minimal risk; all participants should be outside the identified vulnerable populations. All are assumed to be of sound mind and age of majority to provide consent once information is provided and also can withdraw consent at any time during the consultation.

There are no apparent risks unless a discussion of spirituality or spiritual care is a personal trigger for the individual.

### **Ethics Approval**

The Northwestern Polytechnic Research and Ethics Board (REB) has reviewed and approved all

aspects of this study. Should you wish to contact the REB regarding this review, please do so via email at [ethics@nwpolytech.ca](mailto:ethics@nwpolytech.ca) or by calling 780-539-2054.

**Contact Information**

Should you have questions before, during, or after the consultation, please feel free to contact me at 780-539-2817 or [twillett@nwpolytech.ca](mailto:twillett@nwpolytech.ca).

## Appendix E

### Health Research Ethics Authority (HREA) Screening Tool

**Student Name:** Tanya Sherry lee Willett

**Title of Practicum Project:** Spiritual Care: Development of a Nursing Student Resource

**Date Checklist Completed:** February 27, 2023

This project is exempt from Health Research Ethics Board approval because it matches item number 3 from the list below.

1. Research that relies exclusively on publicly available information when the information is legally accessible to the public and appropriately protected by law; or the information is publicly accessible and there is no reasonable expectation of privacy.
2. Research involving naturalistic observation in public places (where it does not involve any intervention staged by the researcher, or direct interaction with the individual or groups; individuals or groups targeted for observation have no reasonable expectation of privacy; and any dissemination of research results does not allow identification of specific individuals).
3. Quality assurance and quality improvement studies, program evaluation activities, performance reviews, and testing within normal educational requirements if there is no research question involved (used exclusively for assessment, management or improvement purposes).
4. Research based on review of published/publicly reported literature.
5. Research exclusively involving secondary use of anonymous information or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information.

6. Research based solely on the researcher's personal reflections and self-observation (e.g. auto-ethnography).
7. Case reports.
8. Creative practice activities (where an artist makes or interprets a work or works of art).

For more information please visit the Health Research Ethics Authority (HREA) at

<https://rpresources.mun.ca/triage/is-your-project-exempt-from-review/>



## Appendix F



### Research Involving Human Subjects Ethics Application

#### A. Research team

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1. Principle investigator

PI name:

Sherry Lee Willett

PI department, school/faculty, institution:

Nursing Department, School of Health and Education, Northwestern Polytechnic

PI position:

Nursing Instructor

PI email:

twillett@nwpolytech.ca

PI phone:

780-339-2817

2. Research team members

List all current research team members. This includes co-investigators, students, assistants, faculty supervisors, community organizations, and clients.

Name	Email	Role in the Project	Institutional Affiliation
Dr. Deena Honan	<a href="mailto:DHonan@nwpolytech.ca">DHonan@nwpolytech.ca</a>	Contact	Northwestern Polytechnic
Dr. Ahtisham Younas	<a href="mailto:Ay5133@mun.ca">Ay5133@mun.ca</a>	Supervisor	Memorial University of Newfoundland

#### B. Project information

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1. Project title

Spiritual care: Development of a Nursing Student Resource

2. Anticipated duration of the project

a. Anticipated start date for recruitment/data collection

March 3, 2023

b. Anticipated end date of your research project

April 6, 2023 With Resource Development during Summer Semester completion August 7, 2023

3. Geographic location(s) of the study

Grande Prairie, Alberta

**C. Project funding**

Is this research funded?

- Yes
- No
- Pending

If yes or pending:

Date of award

Click or tap here to enter text.

Funding source(s)

Click or tap here to enter text.

**D. Multi-jurisdictional research**

Does the proposed research require Research Ethics Board (REB) approval from other ethics board(s)?

- Yes
- No

If yes, list the other research ethics board(s) from which you or your research team members have sought approval or will seek approval.

Please attach proof of applications to other research ethics board(s), or forward approvals upon receiving them.

Exempt from requiring Health Research Ethics Authority review based on their criteria

**E. Other approvals and consultations**

If additional request(s) for permission/approval are required please list them here (e.g. school district, health authorities, government authority, community group, etc.)

Other approval and consultation	Yes and approval attached	Yes and will provide approval as received	No approval required
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**F. Scholarly review**

What type of scholarly review has this research project undergone?

- External peer review (e.g. granting agency)
- Supervisory committee or supervisor
- None
- Other

If other, please explain.

Click or tap here to enter text.

**G. Researcher(s) qualifications**

What training, qualifications, or personal experiences do the principal investigator and/or research team members have in relation to your research methods, the nature of the research, and the characteristics of the participants?

Click or tap here to enter text.

Sherry lee Willett is a nursing instructor currently completing the last two practicum courses in her Master of Science in Nursing degree. Previously completed Statistics, Foundations for Advanced Nursing Practice, Philosophical and Theoretical in Nursing, Research Methods in Nursing, Population-based Nursing, Leading Change in Nursing, Nursing Individuals and Families Through Life Transitions, and Knowledge Translation and has completed 2019 TCPS 2: Core.

Dr. Deena Honan is the faculty member with mandate of new curriculum development for the School of Health Bachelor of Science in Nursing program. Recently completed her PhD dissertation research study using constructivist grounded theory methodology and methods.

Dr. Ahtisham Younas' primary research expertise includes: marginalized populations, compassion and caregiving, implementation science, ethics and nursing education, self-awareness, mixed methods, research methods

## H. Research involving Indigenous peoples of Canada (including First Nations, Inuit, and Métis)

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The TCPS2 (chapter 9) highlights the importance of community engagement and respect for community customs, protocols, codes of research practice and knowledge when conducting research with Indigenous peoples or communities.

*Indigenous peoples include First Nation, Inuit, and Métis regardless of where they reside or whether or not their names appear on an official register.*

1. Does your research involve indigenous people?  
 Yes  
 No
2. Will you be conducting your research on First Nation reserves, Indigenous settlements, or other lands designated as Indigenous territory?  
 Yes  
 No
3. Do any of the criteria for participation include membership in an Indigenous community, group of communities, or organization, including urban Indigenous population?  
 Yes  
 No
4. Does the research seek input from participants regarding a community's cultural heritage, artifacts, traditional knowledge or unique characteristics?  
 Yes  
 No
5. Will indigenous identity or membership in an indigenous community be used as a variable for the purposes of analysis?  
 Yes  
 No
6. Will the results of the research refer to Indigenous communities, peoples, language, history, or culture?  
 Yes  
 No

If you answered yes to any questions H1-H6 have you initiated or do you intend to initiate an engagement process with the Indigenous collective, community or communities for this study?

Click or tap here to enter text.

Please explain who you have consulted with and how you will involve the Indigenous community in the design, development, and dissemination of results.

Click or tap here to enter text.

### I. International research

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Will this research be conducted in a country other than Canada?

Yes

No

If Yes, please list the country(ies) and the processes for research ethics approval in that country.

Country other than Canada where this research will be conducted	Research ethics approval process for each country listed.
Click or tap here to enter text.	Click or tap here to enter text.

Please attach proof of applications to other Countries research ethics, or forward approvals upon receiving them.

### J. Description of research project

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1. Briefly describe this research in non-technical language

a. The research objective(s) and question(s)

The overall goal of the practicum is to develop a learning module or program to prepare nursing students' provision of spiritual care in clinical practice.

The key objectives are:

1. Describe factors affecting nursing student ability to provide spiritual care;
2. Identify current strategies to teach spiritual care within Northwestern Polytechnic's Bachelor of Science in Nursing curriculum;
3. Develop a resource to prepare nursing students to provide spiritual care; and
4. Demonstrate advanced nursing practice competences.

b. The importance and contributions of the research

Researchers have noted that spirituality is strongly tied to a person's identity and physical and psychological well-being and that patients have reported spiritual struggles and needs across various clinical settings (Spiritual Care Association [SCA], 2019). The SCA (2019) notes that competency to provide appropriate care for all aspects of the person can improve a patient's perception of well-being and health. Nursing students are taught to care for patients holistically with individuality, including patient spirituality (Canadian Association of Schools of Nursing, 2022). According to the Government of Alberta (2023), the province has experienced and is expected to continue to experience, record levels of international migration and high interprovincial migration. The increasing diversity of the patient population locally emphasizes the need for our nursing students to provide appropriate care and include the patient as an active participant in their care. No care plan is one size fits all, especially when spirituality plays a part. However, our biases and discomfort with the intangible concept of spirituality may lead to barriers to the best patient care (SCA, 2019).

Providing spiritual care is not only for the patient's benefit but may also positively impact nurses as a means of self-care. "Spirituality can be a healthy and constructive reservoir for nurses, from the disciplines of meditation, prayer, and religious ritual through to the relationships many create and maintain in their faith community" (SCA, 2019, p. 17). Pembroke (2015) notes that several studies are examining the potential positive impacts of spirituality on compassion fatigue and burnout in nursing.

Based on the necessity of spiritual care and nurses' discomfort and unpreparedness in providing such care, the development of a resource to aid in preparing nursing students to provide spiritual care appropriately, efficiently, and effectively in the clinical setting is needed. Once a thorough literature review is completed examining current resources and their effectiveness, the information will be appraised and integrated to develop a resource appropriate for the target population.

- c. If applicable, provide background information or details that will enable the Research Ethics Board to understand the context of the study when reviewing the application.

Throughout years of critical care experience within a northern urban regional Intensive Care Unit, I have noted the need for more consistency and standardization of spiritual care in the clinical setting. The most frequent consideration of a patient's spirituality is at the end of life; however, this is inconsistent between nurses, patients, or care settings. Through peer discussion, nurses have described discomfort with assessing or providing spiritual care based on their own experiences or biases. Some have noted that physical assessment and treatment, or the biomedical aspect of health, are highly important for nurses due to time constraints within clinical practice. Colleagues reported a lack of knowledge regarding local resources and confusion about the definition of spirituality or spiritual intelligence. These are also common concerns reported in recent research, along with minimal training and education in providing spiritual care and feeling uncomfortable attempting to provide such care (Cone & Giske, 2017).

A literature review is being conducted; however, it is also essential to identify current strategies used within the local, collaborative, provincial, and national organizations to prepare nursing students for spiritual care competence within their clinical practice. Environmental scans can provide information regarding political, social, and technological changes, as well as the current state of programs and needs and strengths or gaps of services (Chariton et al., 2021). The purpose of the environmental scan is to identify what teaching and learning strategies Northwestern Polytechnic (NWP) currently employs to prepare Bachelor of Science in Nursing (BScN) students for spiritual care competence, as well as any strengths or gaps within the curriculum programming (e.g., spiritual care teaching strategies within clinical experience).

Once all information is collected and complete (including the literature review, environmental scan, and consultations), it will be compiled and analyzed to develop a resource for preparing nursing students to provide competent spiritual care within clinical practice.

## K. Recruitment

### 1. Participant details

- a. Briefly describe the target population(s) for recruitment (ensure that all participant groups are identified e.g. group 1 – teachers, group 2 – parents, group 3 – administrators)

Group 1 - Faculty  
Group 2 - Students

- b. Why is each population or group of interest?

Group 1 - Faculty - to identify their current teaching and learning strategies for spirituality and spiritual care within the BScN program  
Group 2 - Students - to identify their perceptions, what they liked, and what they did not like, of the current teaching and learning strategies for spirituality and spiritual care within the BScN program.

- c. What are the salient characteristics of the participants for your study (e.g. age, gender, ethnicity, class, position, etc.)?

*List all inclusion and exclusion criteria you are using*

Group 1 - Faculty - those who teach spirituality in the BScN curriculum to consult regarding their current teaching and learning strategies

Group 2 - Students - those who are participants in the Student Advisory Committee so that there is at least 1 or 2 representatives from each year of the BScN program.

- d. What is the desired number of participants for each group?

At least 1 faculty member from each BScN course that includes spirituality within its concepts  
At least 1 student from each year of the BScN collaborative program

## 2. Recruitment and process

- a. List all source for information used to contact potential participants (e.g. personal contacts, listserves, publicly available information, etc.).

Publicly available information for faculty  
Student Advisory Committee list via email

- b. List all methods of recruitment

*E.g. in-person, by telephone, letter, snowball sampling, word of mouth, advertisement, etc.*

Email, in-person

- c. If you will be using personal and/or private contact information to contact potential participants (as stated above), have the potential participants given permission for this, or will you use a neutral third party to assist you with recruitment?

*Note that this is not a concern when public or business contact information is used.*

Faculty are already aware of the project, and have agreed to be contacted if needed  
Recruitment for the SAC students would be a discussion of the research project within the next meeting, and students could choose to volunteer to provide consultation. Also, informing them that participation is completely voluntary, and has no effect academically, and they can withdraw their permission at any time. Also, their responses will be recorded by non-personal identifiers (e.g., year 1 student A)

- d. Who will recruit/contact participants?

*E.g. researcher, assistant, third party, etc. Clarify for each participant group.*

Researcher (PI) will contact faculty as they are previously aware of project  
Researcher (PI) will contact students by mentioning in the SAC meeting if they would be willing to volunteer. Then email with information will be provided to them.

- e. List and explain any relationship between the members of the research team (including third party recruiters) and the participant(s).

Group 1 - Faculty - Co-workers

Group 2 - Students - Potential instructor for some of the students participating (therefore power differential must be clarified and steps taken so participants do not feel coerced or pressured to participate)

- f. In chronological order (if possible) describe the steps in the recruitment process  
*Include how you will screen potential participants, where applicable. Consider where the process permission of other bodies may be required.*

1. PI will discuss in Friday's SAC meeting the research project providing information regarding same. Verbal consent will be obtained after discussion of voluntary participation and withdrawal from the discussion, no academic prejudice whether participates or not, and also no personal identifiers will be used with collected responses.
2. Once volunteers are identified (faculty or students) the questions will be provided via email to the participants so they can reflect on their responses.
3. Faculty members will be recruited via email and responses can be gathered via email or in person if they would prefer to discuss. Again, no personal identifiers will be in the gathered responses (e.g., Course # Instructor A).

Please upload all the supporting documents relevant to the recruitment methods identified (Examples include: emails recruitment script, poster, invitation letter, etc.).

### 3. Power relationship (dual-role and power-over)

Are you or any of members of the research team in any way in a power relationship, including dual-roles, which could influence the voluntariness of a participant's consent? Could you or any of your research team members be perceived to be in a power relationship by potential participants?

*E.g. teachers-students, therapists-clients, supervisors-employees and possible researcher-relative or researcher-close-fitted where elements of trust or dependency could result in undue influence.*

- Yes  
 No

If yes, please explain steps to address this.

Ensurance to students that participaton is completely voluntary, with no academic prejudice or consequence with refusal to participate. Also, ensuring the participant has the opportunity to decline at any point during the consultation as well. All responses will be recored with non-personal identifiers (e.g., Course # Instructor A, Year # Student A). Student's comfort is most important, whether they would prefer to discuss response in person or via email, either will be accepted. Also there will be no incentives to participate provided. Consent has be informed and ongoing.

## L. Data collection methods

---

### 1. Data collection methods

a. Which of the following methods will be used to collect data? Check all that apply.

- i.  Interview participants
  - In person
  - By telephone
  - Group Interviews or discussions (including focus groups)
  - Using web-based technology
- ii.  Administering a questionnaire or survey
  - In person
  - By telephone
  - By mail
  - Using web-based technology
- iii.  Administering a computerized task  
Please explain

Click or tap here to enter text.

- iv.  Observing participants

Please explain

Click or tap here to enter text.

- v.  Recording of participants

- Audio
- Video
- Photos or slides
- Note taking
- Flipcharts
- Data collection sheets (attach)
- Other

If other, please explain

Click or tap here to enter text.

- vi.  Using human samples

- Hair
- Urine
- Blood
- Saliva
- Other

If other, please explain

Click or tap here to enter text.

- vii.  Using specialized equipment/machines (e.g. ultrasound, sphygmomanometer, EEG, etc.)

Please explain

Click or tap here to enter text.

- viii.  Other testing equipment not captured under other categories (e.g. artifacts, paintings, drawings, journals, etc.)

Please explain

Click or tap here to enter text.

- ix.  Collecting materials supplied by, or produced by, the participants

Please explain

Click or tap here to enter text.

- x.  Analyzing secondary data or secondary use of data

Please explain

Click or tap here to enter text.

- xi.  Other

Please explain

Click or tap here to enter text.

- b. Provide a sequential description of the procedures/methods to be used in your research study.

Methods:  
Development of a Resource



## 1. Literature review:

The purpose of the literature review is to develop a comprehensive understanding of the teaching and learning strategies used to prepare nursing students for spiritual care.

- An integrative review will be conducted to include, analyze, and synthesize diverse research methodologies, including experimental, non-experimental, theoretical, and conceptual studies, which may more effectively support nursing's evidenced-based practice (Whittemore & Knafl, 2005).
- Deductive methodology for data analysis and synthesis with broad questions to guide the review will be employed based on the aims of the review:
  - o What are the commonly used methods of nursing student preparation for spiritual care?
  - o What interventions are being examined to improve nursing student provision of spiritual care in the clinical setting?
  - o How effective are these interventions?
- Tabular presentation will be used for data presentation from the integrative review (e.g., literature summary tables to succinctly provide an overview of the studies, including methods, key results, and critical appraisal results).
- Review of Practicum Reports in the Health Sciences Library, Memorial University
- Boolean search of terms:
  - o spirituality OR religion OR faith OR belief system OR spiritual intelligence
  - o AND nursing students OR student nurses OR undergraduate student nurses
- Databases: CINAHL, Scopus, The Cochrane Library, JBI EBP Database, Web of Science
- Inclusion criteria: peer-reviewed research studies, limited to the English language between the years 2015-2022, with the aim of discussion or research on the improvement of competency or effectiveness of spiritual care provided by nursing students, experimental, non-experimental, conceptual and theoretical-based, and discussion papers.
- Exclusion criteria: languages other than English without available translation, outside of specified dates, discussing populations outside of nursing students, commentaries, editorials, opinion pieces, and dissertations.
- Northwestern Polytechnic and Memorial University of Newfoundland librarians will assist in the literature search based on the above criteria and help narrow down or expand the search as needed.
- Integrative review will be conducted with a minimum of 3 studies without a maximum to get a true sense of the current research
- Review of abstracts for the discussion, evaluation, or implementation of a learning module, program, or resource for nursing students aimed at improving competency or effectiveness of spiritual care
- Critical appraisal of all quantitative studies (including analytic, descriptive, and literature reviews) will be completed using the Public Health Agency of Canada's (2014) Infection Prevention and Control Guidelines Critical Appraisal Toolkit
- Critical appraisal of all qualitative research will be completed using the Joanna Briggs Institute (2020) Checklist for Qualitative Research.
- Critical appraisal of all mixed methods research will be completed using the Mixed Methods Appraisal Tool (MMAT) Version 2018 (Hong et al., 2018).
- Quality ratings of low, moderate, or high quality will be given to the studies based on the critical appraisal criteria.

## 2. Consultations:

To include field experts such as spiritual leaders, staff nurses, nurse educators, nursing school instructors, nurse managers, and nursing students from all four years of the BScN program at Northwestern Polytechnic (NWP) as may be found from the following groups:

- NWP School of Health & Education, Department of Nursing Faculty
- NWP School of Health & Education, Bachelor of Science in Nursing (BScN) Curriculum Committee

- Grande Prairie Regional Hospital nursing representatives
  - Grande Prairie Regional Hospital Spiritual Health Department
  - Grande Prairie Regional Hospital Inclusion and Diversity Committee
  - NWP Student Advisory Committee with individual student participant input
  - Grande Prairie Regional Hospital Patient Advisory Representative or Committee
3. Environmental scan:
- Website review and consult with the University of Alberta Nursing Department Faculty – current collaborative partner
  - Other Canadian or international academic institutions providing a BScN program
4. Obtain additional information:
- Potential audit or review of the previous curriculum throughout the four-year BScN program
5. Develop the resource:
6. Outline an implementation and evaluation plan for a newly developed resource:

c. Where will participation take place for each data collection method/procedure?

For Step 2: Consultations (which is the only human subject data collection method) - will take place either at school in person for the students and faculty, or via email.

d. For each method, and in total, how much time will be required of participants?

For the consultations approximately 15-20 minutes required per individual, both for faculty and for students.

e. Will participation take place during participants' office work/hours or instructional time?

Yes

No

If yes, please indicate whether permission is required and how this will be obtained.

Students will be provided the opportunity outside of class time, while faculty can provide their input when they are available.

2. Data materials checklist

Standardized instrument

Survey

Questionnaire

Interview and/or focus group questions

Observation protocols

Other

Please explain

Please see attached Consultation Plan

Please make sure you have attached all the documents relevant to this section.

## M. Possible benefits, inconveniences, and risks of harm to participants

1. Benefits

Identify any potential or known benefits associated with participation and explain below

To the participants

To society

To the state of knowledge

Please explain

Benefits would be more to the program and knowledge base. Individuals may benefit in the future if partaking in spiritual care education that has employs the developed resource and thereby improves the provision of spiritual care of their patients and potentially personal resilience.

2. Inconveniences

Identify and describe any known or potential inconveniences to participants

Time would be the only known inconvenience, as students of the SAC would only be asked to participate in person if they wanted to, or responses can be obtained through email, thereby eliminating travel expenses.

3. Level of risk

The TCPS 2 article 6.12 definition of "minimal risk research" is as follows: Research in which the probability and magnitude of possible harms implied by participation in the research is no greater than those encountered by the participant in those aspects of their everyday life that relate to the research.

Based on this definition, do you believe your research qualifies as "minimal risk research"?

Yes

No

Please explain your answer with reference to the risks of the study and the vulnerability of the participants.

This study is minimal risk and all participants should be outside the identified vulnerable populations. All are assumed to be of sound mind and age of majority to provide consent once information is provided, and also have the ability to withdraw consent at any time during the consultation.

4. Estimate of risks harm

Consider the inherent foreseeable risks associated with your research protocol and complete the table below by selecting likelihood for risk of harm.

Potential risks of harm	Very unlikely	Possibly	Likely
Emotional or psychological discomfort, such as feeling demeaned or embarrassed due to the research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue or Stress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social risks, such as stigmatization, loss of status, privacy and/or reputation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical risks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic risks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of incidental findings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other risks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other risks, please explain

[Click or tap here to enter text.](#)

5. Possible risks of harm

a. What are the risks?

There are no apparent risks, unless discussion of spirituality or spiritual care is a personal trigger for the individual

b. What will you do to try to minimize, mitigate, or prevent the risks?

Should they be triggered mental health supports are available through NWP which information will be provided to them Northwestern Polytechnic Mental Health Services at 780-538-2069, or mentalhealth@nwpolytech.ca. After hours support can be obtained through the Mental Health Helpline at 1-877-303-2642 or Alberta 211. First Nations and Inuit Hope for Wellness can be contacted through 1-855-242-3310.

c. How will you respond if the harm occurs?

Should they be triggered mental health supports are available through NWP which information will be provided to them Northwestern Polytechnic Mental Health Services at 780-538-2069, or mentalhealth@nwpolytech.ca. After hours support can be obtained through the Mental Health Helpline at 1-877-303-2642 or Alberta 211. First Nations and Inuit Hope for Wellness can be contacted through 1-855-242-3310.

d. If one of your participant groups could be considered vulnerable, please describe any specific considerations you have built into the protocol to address this.

N/A

6. Risk to researcher(s)

Does this research study pose any risks to the researchers, assistants, and data collectors?

Yes

No

If yes, please explain

Click or tap here to enter text.

7. Deception

Will participants be fully informed of everything that will be required of them prior to the start of the researcher session?

Yes

No

If no, please explain your use of deception

Click or tap here to enter text.

## N. Incentives, reimbursement and compensation

---

1. Is there any incentive, monetary or otherwise, being offered for participation in the research (e.g. gifts, honorarium, course credits, etc.)?

Yes

No

If yes, please explain

Click or tap here to enter text.

2. Is there any reimbursement or compensation for participating in the research (e.g. for transportation, parking, childcare, etc.)?

- Yes
- No

If yes, please explain

Click or tap here to enter text.

3. Explain what will happen to the incentives, reimbursement or compensation if participants withdraw during data collection or any time thereafter.

Click or tap here to enter text.

## O. Free and informed consent

---

1. Participant's capacity (competence) to provide free and informed consent

Identify your potential participants (check all that apply)

- Competent adults
- A protected or vulnerable population
- Competent youth aged 13 to 18
- Competent children under 13 (who are able to provide fully informed consent)
- Non-competent adults
- Non-competent youth
- Non-competent children

2. Means of obtaining and documenting consent and/or assent

Check all that apply

- Signed consent
- Verbal consent
- Letter of information for implied consent
- Signed or verbal assent from non-competent participants
- Other means
- Consent will not be obtained
- Signed consent from the parents/guardians for youth/child participants
- Information letters for the parents/guardians of youth/child participants

*Please ensure you attach all consent/assent/information documents.*

3. Informed consent

Describe the exact steps in chronological order that you will follow in the process of explaining, obtaining, and documenting informed consent.

Click or tap here to enter text.

4. Ongoing consent

Will your research occur over multiple occasions or an extended period of time?

- Yes
- No

If yes, please explain the multiple occasions and the process of explaining, obtaining, and documenting informed consent.

Click or tap here to enter text.

5. Participant's right to withdraw

- a. Describe what participants will be told about their right to withdraw from the research at any time.

Participants will have the right to withdraw from the research at any point during the research time without prejudice. This would include, but not limited to, prior to, during, or post consultation.

- b. What will happen to a person's data if they withdraw part way through the study or after the data have been collected/submitted?

- Participant will be asked if they agree to the use of their data  
 It will not be used in the analysis and will be destroyed  
 It is logistically impossible to remove individual participant data  
 When linked to group data, it will be used in summarized form with no identifying information

**P. Anonymity and confidentiality**

---

1. Anonymity

- a. Will the participants be anonymous in the data gathering phase of the research?

- Yes  
 No

- b. Will the participants be anonymous in the dissemination of the results?

- Yes  
 No

2. Confidentiality

- a. Are there any limits to protecting the confidentiality of participants?

- Yes  
 No

If yes, please explain

Click or tap here to enter text.

**Q. Use and disposal of data**

---

1. Use(s) of data

- a. What use(s) will be made of all types of data collected?

Data will be summarized, analyzed, and then used to write a Consult Report and paper regarding spiritual care teaching strategies for nursing students, and also influencing the development of a resource for nursing education.

- b. Will your research data be analyzed, now or in the future, by yourself for purposes other than this research project?

- Yes  
 No

If yes, please provide details of the other purposes.

Click or tap here to enter text.

- c. Will your research data be analyzed, now or in the future, by other persons for purposes other than explained in this application?

- Yes  
 No

If yes, please provide details of the other purposes.

Click or tap here to enter text.

2. Commercial purposes

- a. Do you anticipate that this research will be used for a commercial purpose?

- Yes  
 No

If yes, please provide details of the commercial purpose.

Click or tap here to enter text.

3. Maintenance and disposal of data

Describe your plans for protecting data during the project, and for preserving, archiving, or destroying all types of data associated with the research after the research is completed.

- a. Means of storing and securing data

*Ex. Encryption, password protected computer files, locked cabinet, separation of key codes from raw data, etc.*

During collection and analysis, data will be stored on a password protected computer on the NWP HEC campus without personal identifiers. File with data will also be password protected.

- b. Location of storing data

*Include location of data-storage servers if using web-based technology*

Password protected file will be stored on password protected NWP computer. When out of office computer will also be locked in key-locked cabinet in NWP cubicle.

- c. Duration of data storage

*If data will be kept indefinitely, explain why this is necessary and state whether the data will contain identifiers or links to identifiers.*

Data will only be kept until data has been analyzed, synthesized and paper has been written. Once the data has been analyzed and papers have been submitted and complete, all raw data will be destroyed/deleted.

- d. Methods of destroying or archiving data

*If archiving data, describe measures to secure or protect the data. If the archiving will involve a third party please provide details.*

Data will be deleted from computer and server by confirmation with NWP IT

4. Dissemination

How do you anticipate disseminating the research results? (Check all that apply)

- Thesis/dissertation/class presentation  
 Presentations at scholarly meetings

- Media
- Directly to participants and/or groups involved
- Published article, chapter or book
- Internet (organization or personal webpage)
- Other

If other, please provide details.

Click or tap here to enter text.

## R. Conflict of interest

1. Apart from a declared dual-role relationship (section #. #), are you or any of the research team members in a perceived, actual or potential conflict of interest regarding this research project?

- Yes
- No

If yes, please provide details of this conflict and how you propose to manage it.

Click or tap here to enter text.

## S. List of attached documents

Include required documents as additional attachments with this application.

*Descriptive name = the name the document is referred to in this application*

*File name = name of the file as attached*

*Type of document = consent form, recruitment document, data collection instrument, TCPS2 certificate, ethics approval from other organization, etc.*

Descriptive name	File name	Type of Document
Project Proposal	Willett Proposal Jan 12	PDF
Environmental Scan Plan	Willett Environmental Scan Plan Feb 17	PDF
Consultation Plan	Willett Consultation Plan Feb 27	PDF

## T. Signature

1. Primary investigator

By signing the application I, the PI, whose name appears above will ensure that this project is conducted in accordance with the policies and procedures governing the ethical conduct of research involving human participants at Grande Prairie Regional College. I allow release of my nominative information as required by these policies and procedures. I understand that all information on this form may be subject to verification.

*S. Willett*

Click or tap here to enter text.

Primary Investigator

2. Faculty supervisor (if applicable)



I, the Faculty Supervisor, have read and approved this project and affirm that it has received the appropriate academic approval. I will ensure that the student is aware of the applicable policies and procedures governing the ethical conduct of human subject research at Grande Prairie Regional College and I agree to provide all necessary supervision to the student. I allow release of my nominative information as required by these policies and procedures. I understand that all the information on this form may be subject to verification.

Click or tap here to enter text.

---

Faculty Supervisor

#### **U. Submission**

---

Email completed application and required documents to [research@qprc.ab.ca](mailto:research@qprc.ab.ca)

## Appendix G

### NWP Research Ethics Board Letter of Approval



Research Ethics Board

March 3, 2023

#### Research Involving Human Subjects

Ethics Reference Number	202301
Research Title	Spiritual care: Development of a nursing student resources
Name of Researcher(s)	Sherry lee Willett
Name of Supervisor(s)	Dr. Ahtisham Younas (Memorial University of Newfoundland)
Date of REB Approval	March 3, 2023

Dear Ms. Willett,

Thank you for submitting your application to Northwestern Polytechnic Research Ethics Board.

It is the decision of the board that your research proposal, as presented in the documents you have submitted to the REB Chair meets the minimum ethical requirements for research involving human subjects. Therefore, I am pleased to inform you, that the board has approved your application to conduct the above titled research as outlined by your submission and its supplementary declarations.

Any changes that may occur in connection with this research that may have an impact on ethical consideration must be reported immediately to the Research Ethics Board – please contact Research & Innovation directly.

This approval is valid until March 3, 2024 and is granted on the condition that the relevant principles in the Tri-Council Policy Statement and the NWP Research Involving Human Subjects policy are strictly observed.

You are required to provide the REB (via the Research & Innovation office) with an annual update complete with either a request for additional time or confirmation that your research has been concluded by March 3, 2024.

Sincerely,

Julia Dutove  
Chair, NWP Research Ethics Board

## Appendix H

### Table Summary of Consultation Results

<b>Faculty Consultations</b>				
<b>ID</b>	<b>Identifying Strategies</b>	<b>Effectiveness of Strategies</b>	<b>Resources</b>	<b>Suggestions</b>
<b>C1IA</b>	Session on stillbirth, palliation, family role, and faith in coping. Discussion-based, post-conference, other cultures included	Discussion is most effective: Students can open up without pushing it on them. Faculty felt like they must hide it to be professional. Storytelling and identifying mistakes, nursing identity and how to behave in public	Stillbirth room was used, memory-making demonstrations and no outside resource was referred to	Resource incorporating spirituality/religion outside of Christianity. Also, a resource that fosters faculty openness. Carried throughout the nursing program
<b>C2IA</b>	One week dedicated to palliative care with a simulation – pt has Catholic background. Debriefing how faith can be brought into patient care, discussing what resources are available, and what is nursing role	Agreed with C1IA comments as completed interview together	Palliative simulation used light, music, rosary, but no outside resources for planning. There was a MAID resource provided to students.	Resource for spiritual care outside of Christianity

<b>Student Consultations</b>				
<b>ID</b>	<b>Identifying Strategies</b>	<b>Effectiveness of Strategies</b>	<b>Resources</b>	<b>Suggestions</b>
<b>Y4SA</b>	Learn what SC is – safe, ethical care. Mental Health Course with external Guest Speaker for Virtues. Mini Workshop, pair groupings, case scenarios	Good with introduction but need continuous integration and be mindful in following classes	List of adjectives on MyClass. Cards for discussion during the workshop but handed back. Games for de-escalation, de-stress.	Gap with focusing on the person or humanity in clinical and in practice. First year students should be introduced to Virtues Project and use the adjectives and integrated throughout the four-year program, including clinicals.
<b>Y3SA</b>	Lectures, discussions with professors in clinical practice	Discussion is most valuable. I like to think I am comfortable with spiritual care, but the issue comes when discrepancy between what is taught as medically safe and what the patient finds culturally appropriate. “recognize I must compromise and educate while respecting their practices”. “I know I do not ask the specific question of spiritual care enough when talking with my patients”.	Posted articles on spiritual care. Pre-operative assessment has a spiritual care assessment.	“Confrontational learning, I find, is the most impactful”. “it [spiritual practices] requires exposure to these scenarios for us students to truly appreciate how important spiritual care is to our practice and the health of our patients”

## Appendix I

### Data Summary of Themes

<b>Data Collection Theme Summary</b>				
	<b>Strategy</b>	<b>Effective Strategies</b>	<b>Resources</b>	<b>Suggestions</b>
<b>Student and Faculty</b>	Discussion	Discussion most effective	Readings	Non-Christian Resources
	Debriefing		Mentors	Resources introduced in 1 <sup>st</sup> year and incorporated throughout four yr. program.
	Lecture			Discussions and Exposure to Life examples
<b>Faculty Only</b>	Simulation		MAID Resource	Resource that fosters faculty openness
<b>Student Only</b>	Virtues Project (Discussion)	When practiced and integrated into the following classes	List of Adjectives	
			Cards	

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**Environmental Scan Report**  
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## **Spiritual Care in Undergraduate Nursing Education: Environmental Scan Report**

Throughout years of critical care experience within a northern urban regional Intensive Care Unit, I have noted the need for more consistency and standardization of spiritual care in the clinical setting. The most frequent consideration of a patient's spirituality is at the end of life; however, this is inconsistent between nurses, patients, or care settings. Through peer discussion, nurses have described discomfort with assessing or providing spiritual care based on their own experiences or biases. Some have noted that physical assessment and treatment, or the biomedical aspect of health, are highly important for nurses due to time constraints within clinical practice. A lack of knowledge regarding local resources, confusion about the definition of spirituality or spiritual intelligence, minimal training and education in spiritual care, and feeling uncomfortable attempting to provide such care are all common concerns reported in recent research (Cone & Giske, 2017).

A literature review was conducted to identify current educational strategies within nursing to promote spiritual care competence. The literature review identified that no individual strategy is best, but using a combinatory approach may help with diverse learning needs and styles, positively impacting spiritual care competence (Willett, 2023a). However, it is also essential to identify current strategies used within the local, collaborative, provincial, and national organizations to prepare nursing students for spiritual care competence within their clinical practice. Consultations with several Northwestern Polytechnic faculty and students suggested a need for non-Christian-based spiritual care resources with applicability for integration throughout the four-year collaborative Bachelor of Science in Nursing (BScN) program (Willett, 2023b). This resource should foster discussion and practice within all contexts to build graduate competence and comfort in providing spiritual care (Willett, 2023b).



Environmental scans can provide information regarding political, social, and technological changes, as well as the current state of programs and needs and strengths or gaps of services (Charlton et al., 2021). Once all information is collected and complete (including the literature review, environmental scan, and consultations), it will be compiled and analyzed to develop a resource for preparing nursing students to provide competent spiritual care within clinical practice.

### **Purpose of the Environmental Scan**

The purpose of the environmental scan is to identify what teaching and learning strategies Northwestern Polytechnic (NWP) currently employs to prepare Bachelor of Science in Nursing (BScN) students for spiritual care competence, as well as any strengths or gaps within the curriculum programming (e.g., spiritual care teaching strategies within clinical experience).

The specific objectives for the environmental scan are:

- to find examples of spiritual teaching and learning strategies and resources currently available within the NWP BScN collaborative curriculum,
- to identify what the NWP BScN collaborative program currently does well in preparing nursing students for spiritual care,
- to identify gaps in the teaching and learning strategy options that are provided or target populations that are missed,
- to identify what other nursing programs within the province, country, and internationally do to prepare nursing students for spiritual care, and
- to identify resources and teaching/learning strategies within the provincial health care system to support nurses in providing spiritual care.

## **Environmental Scan**

### **Sources of Information**

The environmental scan consisted of external and internal environment reviews.

#### ***Internal Sources***

For the internal environment review, consultations were previously completed and reported to obtain internal information regarding the spiritual care preparation of nursing students within the NWP BScN program (Willett, 2023b). The internal environment review also involved a review of organizational documents, including the NWP Strategic Plan (NWP, 2022a), the NWP Master Academic Plan (NWP, 2022b) and the NWP collaborative BScN nursing curriculum (NWP, 2023) course outlines, which included spirituality or spiritual care as a concept. All of these NWP documents were available publicly on their website. Appendix D includes a table summary of the internal source results.

#### ***External Sources***

An external environment scan of other Canadian or international academic institutions providing BScN programs, including a grey literature search on the internet (e.g., Google search) for examples of similar programs in Alberta and Canada-wide using the terms “spirituality” OR “religion” OR “spiritual care” OR “pastoral care” OR “faith” OR “belief system” OR “spiritual intelligence” AND “BScN” OR “BN” OR “nursing degree program” OR “baccalaureate nursing” OR “undergraduate nursing curriculum”. A general search with these terms did not provide specific information about undergraduate institutional programs. A specific search of the Memorial University of Newfoundland, University of Alberta, and Red Deer Polytechnic websites provided nursing program course descriptions. These nursing schools were chosen due to their comparable size and programming (Red Deer Polytechnic), provincial standard

programming (University of Alberta), and national sample and familiarity (Memorial University of Newfoundland). A search of the Red Deer Polytechnic nursing department website for the above terms provided no results. The Red Deer nursing curriculum webpage was also reviewed with no data found.

Canadian Association of Schools of Nursing (CASN) position statements or criteria for inclusion of spirituality in baccalaureate nursing programs, and Canadian Nurses Association competencies or position statements on spiritual care or spirituality in nursing. Also available on the CASN website was the National Nursing Education Framework (CASN, 2022). Alberta Health Services (2013) website was searched for spiritual care resources as they are the provincial health authority. Appendix E includes a table summary of all external source results.

### **Data Collection**

Data were collected by reviewing websites and through key information provided from the previous semi-structured consultations. Both passive (gathering existing knowledge) as well as active (creating new knowledge) approaches will be used for data collection, as face-to-face communication is effective in developing insight and identifying issues (Charlton et al., 2021). Communication with key informants such as the NWP contact person, faculty and students provided guidance on which courses and documents to access on the public website.

Usually, two or more data reviewers would be ideal to ensure the quality of the review of information; however, for this practicum, all materials were reviewed by myself, with any discrepancies or discussions to be conducted with my supervisor. Each document was reviewed for themes and then constantly compared to themes from the other documents. Each document was preliminarily reviewed; during the second reading, notes of themes were made, and then a third review was done to ensure all information was reviewed and gathered. All data and themes

were documented within an Excel spreadsheet for ease of organization and manipulation into a table for clarity, management of data, and presentation.

### **Data Management and Analysis**

As qualitative content analysis can be used with various types of data, such as data from consultations, literature reviews, policies, protocols, and websites, it was the chosen analysis method for this environmental scan (Lindgren et al., 2020). Content analysis allows themes or categories to be derived from the data or documents collected and the identification of underlying meanings (Lindgren et al., 2020). All data collected was kept in an Excel spreadsheet in table format. Any in-person communications, such as consultations, did not require recording, but instead, jot notes were made, as this is a program and environment scan only (Willett, 2023b). Any data collected outside the consultations was kept in a separate Excel sheet for organization and comparison (see Appendices D and E table summaries of internal and external sources of the collected data).

### **Ethical Considerations**

Any research within nursing must take into consideration ethical principles to protect participants. These ethical principles include beneficence (the right to freedom from harm and discomfort and protection from exploitation), respect for human dignity (the right to self-determination and full disclosure), and justice (the right to fair treatment and privacy) (Polit & Beck, 2021). The Tri-Council Policy Statement (Canadian Institutes of Health Research et al., 2022) is based on respect for persons, concern for welfare, and justice. This environmental scan is a review of already published information or documents, and although the documents may not be publicly available online or easily found, they are available upon request. Therefore, after reviewing the Human Research Ethics Authority (HREA) screening tool, this review is exempt

from approval as per criteria 1 and 3, which state a project is exempt from HREA review when the research is based on publicly available information, legally accessible, or publicly accessible, or is a quality improvement study or testing within normal educational requirements (HREA, 2022). Also, any discussion or consultations with personnel are for quality or program improvement according to the HREA (2022) definition of quality assurance and program evaluation (see Appendix A for the completed HREA screening tool).

The NWP Research Ethics Board review and application (Appendix B) and the approval letter (Appendix C) are included. Information provided in the consultation guided some of the documents reviewed in the environmental scan. All information and discussions were kept in confidence. Any collected information with identifiers such as internal person-to-person communications or documents were secured under lock on premises (not to be taken home as well names were not attached to data collection; instead, a code or impersonal identifier was used. Also, any digital documents or data collection was kept under password protection on an organizational computer instead of a personal device. All information collected is regarding program improvement; therefore, no personal data was gathered.

## **Results**

Data were collected and reviewed from internal and external sources. Resource themes of textbooks, workshops, courses, videos, booklets, associations, and support documents were identified (see Appendix F for a table summarized by resource theme).

### **Textbooks**

Within the NWP course outlines identified by a faculty member as covering spiritual health, the only resources listed were textbooks. Four courses listed Potter et al. (2019), three listed Giddens (2017), and one each listed Balzer-Riley (2020) and Urden et al. (2022). No other

resources were listed within the course outlines. These outlines did not include specific content to be covered or other additional educational strategies.

### **Workshops**

One workshop was noted from the internal consultation results from a fourth-year student. This was an abbreviated one-hour Virtues Project workshop, usually two to three days long. Virtues Project uses small and large group discussions to include their five strategies: speak the language of virtues, recognize teachable moments, set clear boundaries based on restorative justice, honour the spirit, and offer companionship (The Virtues Project, n.d.).

### **Courses**

Two of the external resources previously offered spirituality-focused courses. However, neither of the institutions currently offers these courses. The University of Alberta offered Interdisciplinary 577, a spiritual assessment in the Promotion of Health (University of Alberta, 2023). MUN's Spiritual Dimension of Nursing Practice explored the student's spiritual philosophy and development, including spiritual well-being, spiritual needs, spiritual distress, and spiritual care (MUN, 2013). Both courses at one time explored the student's spirituality and various approaches to assessing spiritual needs.

### **Videos**

A search of spirituality on MUN's website found a thirteen-video set series on spirituality in various contexts and situations. Only a brief excerpt was available. Otherwise, they could be purchased as a resource for nursing education (Westera, n.d.).

### **Booklets**

The Alberta Health Services (AHS) website provided a Health Care and Religious Beliefs booklet which provided an overview of health and illness along with things to observe, diet and

beliefs of various faith communities. The faiths identified in the booklet included Aboriginal, Buddhist, Christian Science, Church of Jesus Christ of Latter-day Saints, Eastern Orthodox, Hindu, Islamic, Jehovah's Witness, Jewish, Protestant, Roman Catholic, Seventh-day Adventist, Sikh, and United Church (AHS, 2015).

### **Associations**

AHS also provided a link to the Canadian Association for Spiritual Care (CASC), which has as its mandate to advance the professionalism of spiritual care and psycho-spiritual therapy in Canada (CASC, n.d.). Although not nursing-specific, they provide multifaith resources, MAID information, and various educational events and resources.

### **Support Documents**

External resources provided several support documents; however, the majority were not specific to spirituality but to terms used about spirituality (e.g., discrimination, culture, religion). Only one document was specific to spirituality.

### ***Position Statements***

The CNA (2010) provided a position statement on Spirituality, Health, and Nursing Practice. It identified spirituality as “whatever or whoever gives ultimate meaning and purpose in one’s life, that invites particular ways of being in the world in relation to others, oneself and the universe” (CNA, 2010, p. 1). The document also provides background and support in increasing diversity. CASN (2011) also provided a position statement vaguely associated with spirituality, noting that nurses “need to understand and practice nursing within the pluralistic social, cultural, and political contexts of Canadian society; and diversity across Canada including demographic, socioeconomic, cultural and geographic diversity” (CASN, 2011, p.1). They also note that nursing education programs must adapt, incorporate, and respond to new knowledge in the ever-

changing population of students and their practice environments (CASN, 2011).

### ***National Nursing Education Framework***

CASN (2022) provides the National Nursing Education Framework, which does not specify spiritual care when searched for the specific terms, but terms often associated with it (e.g., discrimination, anti-racism, culture). It identifies nursing education as preparing graduates to provide safe, competent, ethical, culturally respectful and humble nursing care. The programs must prepare graduates to communicate and collaborate and identify their own beliefs, values, and biases and how they may affect the care and communication with diverse populations (CASN, 2022)

### ***Strategic Plan***

NWP is a new name to the previous Grande Prairie Regional College, and a new Strategic Plan has been proposed with this change. Specifically to spirituality, three areas in this strategic plan potentially pertain. The hope is to develop a culture of achievement where the institution strives to become a top employer by creating a supportive environment where members are motivated, engaged, loyal and proud; to attract and retain learners by engaging international life-long learners, and to grow enrollment revenue, which is a hope to increase domestic and international enrolment (NWP, 2022a). Each of these areas for development requires a robust support system to support the students' health and well-being and the community as both diversify.

### ***Academic Plan***

Along with the Strategic Plan is NWP's (2022b) Master Academic Plan. This plan identifies one of NWP's core values, being responsive to students, the market, and the community (NWP, 2022b). In order to provide sustainable enrollment growth, the institution



must be committed to supporting and maintaining a culture of inclusion and accommodation of an increasingly diverse student body. These ideals emphasize the need for spiritual care competency of future nurses locally.

### **Discussion**

After reviewing the data, several resources are available from internal and external sources. The internal course outlines and consultations show that NWP provides an introduction to spiritual care; however, it may need a resource incorporating not only textbook information but practice and critical thinking opportunities. As the Strategic and Academic Plans emphasize, diversity in student and community populations is the future.

As a provincial health authority, AHS provides several educational resources to support nurses in providing spiritual care. These could help add information and diversity when building the resource. Nationally within nursing, spiritual care competency is supported, as can be seen in the CNA (2010) and CASN (2011) position statements and the National Nursing Education Framework (CASN, 2022); however, locally, this has not been adequately supported or standardized within the nursing curriculum.

### **Limitations**

There were several limitations to this environmental scan. Firstly, the external reviews were limited to a website or publicly available documents. Had consultations been completed with AHS personnel (such as the Diversity and Inclusion team or the Spiritual Health Care Team), or other institutional personnel, more documents or resources may have been retrieved.

Another limitation was personal website search knowledge. Basic search terms were used; however, if there had been consultation with someone with more computer skills, the search terms may have been more successful. Also, my bias in the specific search terms may

have affected the results.

Thirdly, time seems always to be a limitation. Sometimes other sources may not be considered when working toward a deadline based on time restraints. Time restraints limited the time for ethics reviews, limiting the consultations that could be completed. In the future, it would be ideal to complete consultation with various outside parties (especially experts in spiritual care or diversity) to get an accurate picture of the available resources.

### **Implications to Practicum**

In conducting this environmental review, several resources have been identified which can be used to develop a resource for preparing students to provide competent spiritual care within clinical practice. There are several textbooks found as resources, however, as was noted in the consultations, there are few practical or clinical resources included in the course information. Also, the resources regarding non-Western or non-Christian spiritual philosophies included in the courses are limited. The textbooks, associations, videos, and other documents found can be used to develop the resource in the next practicum course.

### **Conclusion**

Based on the internal and external environmental reviews (which include the data collected from the consultations), although the local nursing curriculum includes several educational strategies and resources, there is a clear need for a resource with applicability for integration from theory into practice. Several resources have been identified which can provide information for development. However, it must include diverse spiritual community information, with usability within all four NWP BScN collaborative program years. It must emphasize practice and discussion to ensure students are comfortable and competent in providing spiritual care upon graduation.

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## Appendix A

### Health Research Ethics Authority (HREA) Screening Tool

**Student Name:** Sherry lee Willett

**Title of Practicum Project:** Spiritual Care: Development of a Nursing Student Resource

**Date Checklist Completed:** January 19, 2023

This project is exempt from Health Research Ethics Board approval because it matches item numbers \_\_\_1 & 3\_\_\_\_\_ from the list below.

1. Research that relies exclusively on publicly available information when the information is legally accessible to the public and appropriately protected by law; or the information is publicly accessible and there is no reasonable expectation of privacy.
2. Research involving naturalistic observation in public places (where it does not involve any intervention staged by the researcher, or direct interaction with the individual or groups; individuals or groups targeted for observation have no reasonable expectation of privacy; and any dissemination of research results does not allow identification of specific individuals).
3. Quality assurance and quality improvement studies, program evaluation activities, performance reviews, and testing within normal educational requirements if no research question is involved (used exclusively for assessment, management or improvement purposes).
4. Research based on review of published/publicly reported literature.
5. Research exclusively involves secondary use of anonymous information or anonymous human biological materials, so long as data linkage or recording or disseminating results does not generate identifiable information.

6. Research based solely on the researcher's personal reflections and self-observation (e.g. auto-ethnography).
7. Case reports.
8. Creative practice activities (where an artist makes or interprets a work or works of art).

For more information please visit the Health Research Ethics Authority (HREA) at

<https://rresources.mun.ca/triage/is-your-project-exempt-from-review/>

## Appendix B



### Research Involving Human Subjects Ethics Application

#### A. Research team

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##### 1. Principle investigator

PI name:

Sherry Lee Willett

PI department, school/faculty, institution:

Nursing Department, School of Health and Education, Northwestern Polytechnic

PI position:

Nursing Instructor

PI email:

twillett@nwpolytech.ca

PI phone:

780-339-2817

##### 2. Research team members

List all current research team members. This includes co-investigators, students, assistants, faculty supervisors, community organizations, and clients.

Name	Email	Role in the Project	Institutional Affiliation
Dr. Deena Honan	<a href="mailto:DHonan@nwpolytech.ca">DHonan@nwpolytech.ca</a>	Contact	Northwestern Polytechnic
Dr. Ahtisham Younas	<a href="mailto:Ay5133@mun.ca">Ay5133@mun.ca</a>	Supervisor	Memorial University of Newfoundland

#### B. Project information

---

##### 1. Project title

Spiritual care: Development of a Nursing Student Resource

##### 2. Anticipated duration of the project

###### a. Anticipated start date for recruitment/data collection

March 3, 2023

###### b. Anticipated end date of your research project

April 6, 2023 With Resource Development during Summer Semester completion August 7, 2023

##### 3. Geographic location(s) of the study

Grande Prairie, Alberta



**C. Project funding**

Is this research funded?

- Yes
- No
- Pending

If yes or pending:

Date of award

Click or tap here to enter text.

Funding source(s)

Click or tap here to enter text.

**D. Multi-jurisdictional research**

Does the proposed research require Research Ethics Board (REB) approval from other ethics board(s)?

- Yes
- No

If yes, list the other research ethics board(s) from which you or your research team members have sought approval or will seek approval.

Please attach proof of applications to other research ethics board(s), or forward approvals upon receiving them.

Exempt from requiring Health Research Ethics Authority review based on their criteria

**E. Other approvals and consultations**

If additional request(s) for permission/approval are required please list them here (e.g. school district, health authorities, government authority, community group, etc.)

Other approval and consultation	Yes and approval attached	Yes and will provide approval as received	No approval required
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**F. Scholarly review**

What type of scholarly review has this research project undergone?

- External peer review (e.g. granting agency)
- Supervisory committee or supervisor
- None
- Other

If other, please explain.

Click or tap here to enter text.

**G. Researcher(s) qualifications**

What training, qualifications, or personal experiences do the principal investigator and/or research team members have in relation to your research methods, the nature of the research, and the characteristics of the participants?

Click or tap here to enter text.

Sherry lee Willett is a nursing instructor currently completing the last two practicum courses in her Master of Science in Nursing degree. Previously completed Statistics, Foundations for Advanced Nursing Practice, Philosophical and Theoretical in Nursing, Research Methods in Nursing, Population-based Nursing, Leading Change in Nursing, Nursing Individuals and Families Through Life Transitions, and Knowledge Translation and has completed 2019 TCPS 2: Core.

Dr. Deena Honan is the faculty member with mandate of new curriculum development for the School of Health Bachelor of Science in Nursing program. Recently completed her PhD dissertation research study using constructivist grounded theory methodology and methods.

Dr. Ahtisham Younas' primary research expertise includes: marginalized populations, compassion and caregiving, implementation science, ethics and nursing education, self-awareness, mixed methods, research methods

## H. Research involving Indigenous peoples of Canada (including First Nations, Inuit, and Métis)

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The TCPS2 (chapter 9) highlights the importance of community engagement and respect for community customs, protocols, codes of research practice and knowledge when conducting research with Indigenous peoples or communities.

*Indigenous peoples include First Nation, Inuit, and Métis regardless of where they reside or whether or not their names appear on an official register.*

1. Does your research involve indigenous people?  
 Yes  
 No
2. Will you be conducting your research on First Nation reserves, Indigenous settlements, or other lands designated as Indigenous territory?  
 Yes  
 No
3. Do any of the criteria for participation include membership in an Indigenous community, group of communities, or organization, including urban Indigenous population?  
 Yes  
 No
4. Does the research seek input from participants regarding a community's cultural heritage, artifacts, traditional knowledge or unique characteristics?  
 Yes  
 No
5. Will indigenous identity or membership in an indigenous community be used as a variable for the purposes of analysis?  
 Yes  
 No
6. Will the results of the research refer to Indigenous communities, peoples, language, history, or culture?  
 Yes  
 No

If you answered yes to any questions H1-H6 have you initiated or do you intend to initiate an engagement process with the Indigenous collective, community or communities for this study?

Click or tap here to enter text.

Please explain who you have consulted with and how you will involve the Indigenous community in the design, development, and dissemination of results.

Click or tap here to enter text.

#### I. International research

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Will this research be conducted in a country other than Canada?

Yes

No

If Yes, please list the country(ies) and the processes for research ethics approval in that country.

Country other than Canada where this research will be conducted	Research ethics approval process for each country listed.
Click or tap here to enter text.	Click or tap here to enter text.

Please attach proof of applications to other Countries research ethics, or forward approvals upon receiving them.

#### J. Description of research project

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1. Briefly describe this research in non-technical language

a. The research objective(s) and question(s)

The overall goal of the practicum is to develop a learning module or program to prepare nursing students' provision of spiritual care in clinical practice.

The key objectives are:

1. Describe factors affecting nursing student ability to provide spiritual care;
2. Identify current strategies to teach spiritual care within Northwestern Polytechnic's Bachelor of Science in Nursing curriculum;
3. Develop a resource to prepare nursing students to provide spiritual care; and
4. Demonstrate advanced nursing practice competences.

b. The importance and contributions of the research

Researchers have noted that spirituality is strongly tied to a person's identity and physical and psychological well-being and that patients have reported spiritual struggles and needs across various clinical settings (Spiritual Care Association [SCA], 2019). The SCA (2019) notes that competency to provide appropriate care for all aspects of the person can improve a patient's perception of well-being and health. Nursing students are taught to care for patients holistically with individuality, including patient spirituality (Canadian Association of Schools of Nursing, 2022). According to the Government of Alberta (2023), the province has experienced and is expected to continue to experience, record levels of international migration and high interprovincial migration. The increasing diversity of the patient population locally emphasizes the need for our nursing students to provide appropriate care and include the patient as an active participant in their care. No care plan is one size fits all, especially when spirituality plays a part. However, our biases and discomfort with the intangible concept of spirituality may lead to barriers to the best patient care (SCA, 2019).

Providing spiritual care is not only for the patient's benefit but may also positively impact nurses as a means of self-care. "Spirituality can be a healthy and constructive reservoir for nurses, from the disciplines of meditation, prayer, and religious ritual through to the relationships many create and maintain in their faith community" (SCA, 2019, p. 17). Pembroke (2015) notes that several studies are examining the potential positive impacts of spirituality on compassion fatigue and burnout in nursing.

Based on the necessity of spiritual care and nurses' discomfort and unpreparedness in providing such care, the development of a resource to aid in preparing nursing students to provide spiritual care appropriately, efficiently, and effectively in the clinical setting is needed. Once a thorough literature review is completed examining current resources and their effectiveness, the information will be appraised and integrated to develop a resource appropriate for the target population.

- c. If applicable, provide background information or details that will enable the Research Ethics Board to understand the context of the study when reviewing the application.

Throughout years of critical care experience within a northern urban regional Intensive Care Unit, I have noted the need for more consistency and standardization of spiritual care in the clinical setting. The most frequent consideration of a patient's spirituality is at the end of life; however, this is inconsistent between nurses, patients, or care settings. Through peer discussion, nurses have described discomfort with assessing or providing spiritual care based on their own experiences or biases. Some have noted that physical assessment and treatment, or the biomedical aspect of health, are highly important for nurses due to time constraints within clinical practice. Colleagues reported a lack of knowledge regarding local resources and confusion about the definition of spirituality or spiritual intelligence. These are also common concerns reported in recent research, along with minimal training and education in providing spiritual care and feeling uncomfortable attempting to provide such care (Cone & Giske, 2017).

A literature review is being conducted; however, it is also essential to identify current strategies used within the local, collaborative, provincial, and national organizations to prepare nursing students for spiritual care competence within their clinical practice. Environmental scans can provide information regarding political, social, and technological changes, as well as the current state of programs and needs and strengths or gaps of services (Chariton et al., 2021). The purpose of the environmental scan is to identify what teaching and learning strategies Northwestern Polytechnic (NWP) currently employs to prepare Bachelor of Science in Nursing (BScN) students for spiritual care competence, as well as any strengths or gaps within the curriculum programming (e.g., spiritual care teaching strategies within clinical experience).

Once all information is collected and complete (including the literature review, environmental scan, and consultations), it will be compiled and analyzed to develop a resource for preparing nursing students to provide competent spiritual care within clinical practice.

## K. Recruitment

### 1. Participant details

- a. Briefly describe the target population(s) for recruitment (ensure that all participant groups are identified e.g. group 1 – teachers, group 2 – parents, group 3 – administrators)

Group 1 - Faculty  
Group 2 - Students

- b. Why is each population or group of interest?

Group 1 - Faculty - to identify their current teaching and learning strategies for spirituality and spiritual care within the BScN program  
Group 2 - Students - to identify their perceptions, what they liked, and what they did not like, of the current teaching and learning strategies for spirituality and spiritual care within the BScN program.

- c. What are the salient characteristics of the participants for your study (e.g. age, gender, ethnicity, class, position, etc.)?

*List all inclusion and exclusion criteria you are using*

Group 1 - Faculty - those who teach spirituality in the BScN curriculum to consult regarding their current teaching and learning strategies

Group 2 - Students - those who are participants in the Student Advisory Committee so that there is at least 1 or 2 representatives from each year of the BScN program.

- d. What is the desired number of participants for each group?

At least 1 faculty member from each BScN course that includes spirituality within its concepts

At least 1 student from each year of the BScN collaborative program

## 2. Recruitment and process

- a. List all source for information used to contact potential participants (e.g. personal contacts, listserves, publicly available information, etc.).

Publicly available information for faculty

Student Advisory Committee list via email

- b. List all methods of recruitment

*E.g. in-person, by telephone, letter, snowball sampling, word of mouth, advertisement, etc.*

Email, in-person

- c. If you will be using personal and/or private contact information to contact potential participants (as stated above), have the potential participants given permission for this, or will you use a neutral third party to assist you with recruitment?

*Note that this is not a concern when public or business contact information is used.*

Faculty are already aware of the project, and have agreed to be contacted if needed

Recruitment for the SAC students would be a discussion of the research project within the next meeting, and students could choose to volunteer to provide consultation. Also, informing them that participation is completely voluntary, and has no effect academically, and they can withdraw their permission at any time. Also, their responses will be recorded by non-personal identifiers (e.g., year 1 student A)

- d. Who will recruit/contact participants?

*E.g. researcher, assistant, third party, etc. Clarify for each participant group.*

Researcher (PI) will contact faculty as they are previously aware of project

Researcher (PI) will contact students by mentioning in the SAC meeting if they would be willing to volunteer. Then email with information will be provided to them.

- e. List and explain any relationship between the members of the research team (including third party recruiters) and the participant(s).

Group 1 - Faculty - Co-workers

Group 2 - Students - Potential instructor for some of the students participating (therefore power differential must be clarified and steps taken so participants do not feel coerced or pressured to participate)

- f. In chronological order (if possible) describe the steps in the recruitment process. Include how you will screen potential participants, where applicable. Consider where the process permission of other bodies may be required.

1. PI will discuss in Friday's SAC meeting the research project providing information regarding same. Verbal consent will be obtained after discussion of voluntary participation and withdrawal from the discussion, no academic prejudice whether participates or not, and also no personal identifiers will be used with collected responses.
2. Once volunteers are identified (faculty or students) the questions will be provided via email to the participants so they can reflect on their responses.
3. Faculty members will be recruited via email and responses can be gathered via email or in person if they would prefer to discuss. Again, no personal identifiers will be in the gathered responses (e.g., Course # Instructor A).

Please upload all the supporting documents relevant to the recruitment methods identified (Examples include: emails recruitment script, poster, invitation letter, etc.).

### 3. Power relationship (dual-role and power-over)

Are you or any of members of the research team in any way in a power relationship, including dual-roles, which could influence the voluntariness of a participant's consent? Could you or any of your research team members be perceived to be in a power relationship by potential participants?

*E.g. teachers-students, therapists-clients, supervisors-employees and possible researcher-relative or researcher-close-friend where elements of trust or dependency could result in undue influence.*

- Yes  
 No

If yes, please explain steps to address this.

Ensurance to students that participation is completely voluntary, with no academic prejudice or consequence with refusal to participate. Also, ensuring the participant has the opportunity to decline at any point during the consultation as well. All responses will be recored with non-personal identifiers (e.g., Course # Instructor A, Year # Student A). Student's comfort is most important, whether they would prefer to discuss response in person or via email, either will be accepted. Also there will be no incentives to participate provided. Consent has be informed and ongoing.

## L. Data collection methods

### 1. Data collection methods

a. Which of the following methods will be used to collect data? Check all that apply.

- i.  Interview participants
  - In person
  - By telephone
  - Group Interviews or discussions (including focus groups)
  - Using web-based technology
- ii.  Administering a questionnaire or survey
  - In person
  - By telephone
  - By mail
  - Using web-based technology
- iii.  Administering a computerized task  
Please explain

Click or tap here to enter text.

- iv.  Observing participants

Please explain

Click or tap here to enter text.

- v.  Recording of participants

- Audio
- Video
- Photos or slides
- Note taking
- Flipcharts
- Data collection sheets (attach)
- Other

If other, please explain

Click or tap here to enter text.

- vi.  Using human samples

- Hair
- Urine
- Blood
- Saliva
- Other

If other, please explain

Click or tap here to enter text.

- vii.  Using specialized equipment/machines (e.g. ultrasound, sphygmomanometer, EEG, etc.)

Please explain

Click or tap here to enter text.

- viii.  Other testing equipment not captured under other categories (e.g. artifacts, paintings, drawings, journals, etc.)

Please explain

Click or tap here to enter text.

- ix.  Collecting materials supplied by, or produced by, the participants

Please explain

Click or tap here to enter text.

- x.  Analyzing secondary data or secondary use of data

Please explain

Click or tap here to enter text.

- xi.  Other

Please explain

Click or tap here to enter text.

- b. Provide a sequential description of the procedures/methods to be used in your research study.

Methods:  
Development of a Resource

## 1. Literature review:

The purpose of the literature review is to develop a comprehensive understanding of the teaching and learning strategies used to prepare nursing students for spiritual care.

- An integrative review will be conducted to include, analyze, and synthesize diverse research methodologies, including experimental, non-experimental, theoretical, and conceptual studies, which may more effectively support nursing's evidenced-based practice (Whittemore & Knafl, 2005).
- Deductive methodology for data analysis and synthesis with broad questions to guide the review will be employed based on the aims of the review:
  - o What are the commonly used methods of nursing student preparation for spiritual care?
  - o What interventions are being examined to improve nursing student provision of spiritual care in the clinical setting?
  - o How effective are these interventions?
- Tabular presentation will be used for data presentation from the integrative review (e.g., literature summary tables to succinctly provide an overview of the studies, including methods, key results, and critical appraisal results).
- Review of Practicum Reports in the Health Sciences Library, Memorial University
- Boolean search of terms:
  - o spirituality OR religion OR faith OR belief system OR spiritual intelligence
  - o AND nursing students OR student nurses OR undergraduate student nurses
- Databases: CINAHL, Scopus, The Cochrane Library, JBI EBP Database, Web of Science
- Inclusion criteria: peer-reviewed research studies, limited to the English language between the years 2015-2022, with the aim of discussion or research on the improvement of competency or effectiveness of spiritual care provided by nursing students, experimental, non-experimental, conceptual and theoretical-based, and discussion papers.
- Exclusion criteria: languages other than English without available translation, outside of specified dates, discussing populations outside of nursing students, commentaries, editorials, opinion pieces, and dissertations.
- Northwestern Polytechnic and Memorial University of Newfoundland librarians will assist in the literature search based on the above criteria and help narrow down or expand the search as needed.
- Integrative review will be conducted with a minimum of 3 studies without a maximum to get a true sense of the current research
- Review of abstracts for the discussion, evaluation, or implementation of a learning module, program, or resource for nursing students aimed at improving competency or effectiveness of spiritual care
- Critical appraisal of all quantitative studies (including analytic, descriptive, and literature reviews) will be completed using the Public Health Agency of Canada's (2014) Infection Prevention and Control Guidelines Critical Appraisal Toolkit
- Critical appraisal of all qualitative research will be completed using the Joanna Briggs Institute (2020) Checklist for Qualitative Research.
- Critical appraisal of all mixed methods research will be completed using the Mixed Methods Appraisal Tool (MMAT) Version 2018 (Hong et al., 2018).
- Quality ratings of low, moderate, or high quality will be given to the studies based on the critical appraisal criteria.

## 2. Consultations:

To include field experts such as spiritual leaders, staff nurses, nurse educators, nursing school instructors, nurse managers, and nursing students from all four years of the BScN program at Northwestern Polytechnic (NWP) as may be found from the following groups:

- NWP School of Health & Education, Department of Nursing Faculty
- NWP School of Health & Education, Bachelor of Science in Nursing (BScN) Curriculum Committee



- Grande Prairie Regional Hospital nursing representatives
  - Grande Prairie Regional Hospital Spiritual Health Department
  - Grande Prairie Regional Hospital Inclusion and Diversity Committee
  - NWP Student Advisory Committee with individual student participant input
  - Grande Prairie Regional Hospital Patient Advisory Representative or Committee
3. Environmental scan:
- Website review and consult with the University of Alberta Nursing Department Faculty – current collaborative partner
  - Other Canadian or international academic institutions providing a BScN program
4. Obtain additional information:
- Potential audit or review of the previous curriculum throughout the four-year BScN program
5. Develop the resource:
6. Outline an implementation and evaluation plan for a newly developed resource:

c. Where will participation take place for each data collection method/procedure?

For Step 2: Consultations (which is the only human subject data collection method) - will take place either at school in person for the students and faculty, or via email.

d. For each method, and in total, how much time will be required of participants?

For the consultations approximately 15-20 minutes required per individual, both for faculty and for students.

e. Will participation take place during participants' office work/hours or instructional time?

Yes

No

If yes, please indicate whether permission is required and how this will be obtained.

Students will be provided the opportunity outside of class time, while faculty can provide their input when they are available.

2. Data materials checklist

Standardized instrument

Survey

Questionnaire

Interview and/or focus group questions

Observation protocols

Other

Please explain

Please see attached Consultation Plan

Please make sure you have attached all the documents relevant to this section.

## M. Possible benefits, inconveniences, and risks of harm to participants

1. Benefits

Identify any potential or known benefits associated with participation and explain below

To the participants

To society

To the state of knowledge

Please explain

Benefits would be more to the program and knowledge base. Individuals may benefit in the future if partaking in spiritual care education that has employs the developed resource and thereby improves the provision of spiritual care of their patients and potentially personal resilience.

2. Inconveniences

Identify and describe any known or potential inconveniences to participants

Time would be the only known inconvenience, as students of the SAC would only be asked to participate in person if they wanted to, or responses can be obtained through email, thereby eliminating travel expenses.

3. Level of risk

The TCPS 2 article 6.12 definition of "minimal risk research" is as follows: Research in which the probability and magnitude of possible harms implied by participation in the research is no greater than those encountered by the participant in those aspects of their everyday life that relate to the research.

Based on this definition, do you believe your research qualifies as "minimal risk research"?

Yes

No

Please explain your answer with reference to the risks of the study and the vulnerability of the participants.

This study is minimal risk and all participants should be outside the identified vulnerable populations. All are assumed to be of sound mind and age of majority to provide consent once information is provided, and also have the ability to withdraw consent at any time during the consultation.

4. Estimate of risks harm

Consider the inherent foreseeable risks associated with your research protocol and complete the table below by selecting likelihood for risk of harm.

Potential risks of harm	Very unlikely	Possibly	Likely
Emotional or psychological discomfort, such as feeling demeaned or embarrassed due to the research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue or Stress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social risks, such as stigmatization, loss of status, privacy and/or reputation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical risks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic risks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of incidental findings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other risks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other risks, please explain

[Click or tap here to enter text.](#)

5. Possible risks of harm

a. What are the risks?

There are no apparent risks, unless discussion of spirituality or spiritual care is a personal trigger for the individual

b. What will you do to try to minimize, mitigate, or prevent the risks?

Should they be triggered mental health supports are available through NWP which information will be provided to them Northwestern Polytechnic Mental Health Services at 780-538-2069, or mentalhealth@nwpolytech.ca. After hours support can be obtained through the Mental Health Helpline at 1-877-303-2642 or Alberta 211. First Nations and Inuit Hope for Wellness can be contacted through 1-855-242-3310.

c. How will you respond if the harm occurs?

Should they be triggered mental health supports are available through NWP which information will be provided to them Northwestern Polytechnic Mental Health Services at 780-538-2069, or mentalhealth@nwpolytech.ca. After hours support can be obtained through the Mental Health Helpline at 1-877-303-2642 or Alberta 211. First Nations and Inuit Hope for Wellness can be contacted through 1-855-242-3310.

d. If one of your participant groups could be considered vulnerable, please describe any specific considerations you have built into the protocol to address this.

N/A

6. Risk to researcher(s)

Does this research study pose any risks to the researchers, assistants, and data collectors?

Yes

No

If yes, please explain

Click or tap here to enter text.

7. Deception

Will participants be fully informed of everything that will be required of them prior to the start of the researcher session?

Yes

No

If no, please explain your use of deception

Click or tap here to enter text.

## N. Incentives, reimbursement and compensation

---

1. Is there any incentive, monetary or otherwise, being offered for participation in the research (e.g. gifts, honorarium, course credits, etc.)?

Yes

No

If yes, please explain

Click or tap here to enter text.

2. Is there any reimbursement or compensation for participating in the research (e.g. for transportation, parking, childcare, etc.)?

Yes

No

If yes, please explain

Click or tap here to enter text.

3. Explain what will happen to the incentives, reimbursement or compensation if participants withdraw during data collection or any time thereafter.

Click or tap here to enter text.

## O. Free and informed consent

---

1. Participant's capacity (competence) to provide free and informed consent

Identify your potential participants (check all that apply)

Competent adults

A protected or vulnerable population

Competent youth aged 13 to 18

Competent children under 13 (who are able to provide fully informed consent)

Non-competent adults

Non-competent youth

Non-competent children

2. Means of obtaining and documenting consent and/or assent

Check all that apply

Signed consent

Verbal consent

Letter of information for implied consent

Signed or verbal assent from non-competent participants

Other means

Consent will not be obtained

Signed consent from the parents/guardians for youth/child participants

Information letters for the parents/guardians of youth/child participants

*Please ensure you attach all consent/assent/information documents.*

3. Informed consent

Describe the exact steps in chronological order that you will follow in the process of explaining, obtaining, and documenting informed consent.

Click or tap here to enter text.

4. Ongoing consent

Will your research occur over multiple occasions or an extended period of time?

Yes

No

If yes, please explain the multiple occasions and the process of explaining, obtaining, and documenting informed consent.

Click or tap here to enter text.

5. Participant's right to withdraw

- a. Describe what participants will be told about their right to withdraw from the research at any time.

Participants will have the right to withdraw from the research at any point during the research time without prejudice. This would include, but not limited to, prior to, during, or post consultation.

- b. What will happen to a person's data if they withdraw part way through the study or after the data have been collected/submitted?

- Participant will be asked if they agree to the use of their data  
 It will not be used in the analysis and will be destroyed  
 It is logistically impossible to remove individual participant data  
 When linked to group data, it will be used in summarized form with no identifying information

P. Anonymity and confidentiality

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1. Anonymity

- a. Will the participants be anonymous in the data gathering phase of the research?

- Yes  
 No

- b. Will the participants be anonymous in the dissemination of the results?

- Yes  
 No

2. Confidentiality

- a. Are there any limits to protecting the confidentiality of participants?

- Yes  
 No

If yes, please explain

Click or tap here to enter text.

Q. Use and disposal of data

---

1. Use(s) of data

- a. What use(s) will be made of all types of data collected?

Data will be summarized, analyzed, and then used to write a Consult Report and paper regarding spiritual care teaching strategies for nursing students, and also influencing the development of a resource for nursing education.

- b. Will your research data be analyzed, now or in the future, by yourself for purposes other than this research project?

- Yes  
 No

If yes, please provide details of the other purposes.

Click or tap here to enter text.

- c. Will your research data be analyzed, now or in the future, by other persons for purposes other than explained in this application?

- Yes  
 No

If yes, please provide details of the other purposes.

Click or tap here to enter text.

2. Commercial purposes

- a. Do you anticipate that this research will be used for a commercial purpose?

- Yes  
 No

If yes, please provide details of the commercial purpose.

Click or tap here to enter text.

3. Maintenance and disposal of data

Describe your plans for protecting data during the project, and for preserving, archiving, or destroying all types of data associated with the research after the research is completed.

- a. Means of storing and securing data

*Ex. Encryption, password protected computer files, locked cabinet, separation of key codes from raw data, etc.*

During collection and analysis, data will be stored on a password protected computer on the NWP HEC campus without personal identifiers. File with data will also be password protected.

- b. Location of storing data

*Include location of data-storage servers if using web-based technology*

Password protected file will be stored on password protected NWP computer. When out of office computer will also be locked in key-locked cabinet in NWP cubicle.

- c. Duration of data storage

*If data will be kept indefinitely, explain why this is necessary and state whether the data will contain identifiers or links to identifiers.*

Data will only be kept until data has been analyzed, synthesized and paper has been written. Once the data has been analyzed and papers have been submitted and complete, all raw data will be destroyed/deleted.

- d. Methods of destroying or archiving data

*If archiving data, describe measures to secure or protect the data. If the archiving will involve a third party please provide details.*

Data will be deleted from computer and server by confirmation with NWP IT

4. Dissemination

How do you anticipate disseminating the research results? (Check all that apply)

- Thesis/dissertation/class presentation  
 Presentations at scholarly meetings

- Media
- Directly to participants and/or groups involved
- Published article, chapter or book
- Internet (organization or personal webpage)
- Other

If other, please provide details.

Click or tap here to enter text.

## R. Conflict of interest

1. Apart from a declared dual-role relationship (section #. #), are you or any of the research team members in a perceived, actual or potential conflict of interest regarding this research project?

- Yes
- No

If yes, please provide details of this conflict and how you propose to manage it.

Click or tap here to enter text.

## S. List of attached documents

Include required documents as additional attachments with this application.

*Descriptive name = the name the document is referred to in this application*

*File name = name of the file as attached*

*Type of document = consent form, recruitment document, data collection instrument, TCPS2 certificate, ethics approval from other organization, etc.*

Descriptive name	File name	Type of Document
Project Proposal	Willett Proposal Jan 12	PDF
Environmental Scan Plan	Willett Environmental Scan Plan Feb 17	PDF
Consultation Plan	Willett Consultation Plan Feb 27	PDF

## T. Signature

1. Primary investigator

By signing the application I, the PI, whose name appears above will ensure that this project is conducted in accordance with the policies and procedures governing the ethical conduct of research involving human participants at Grande Prairie Regional College. I allow release of my nominative information as required by these policies and procedures. I understand that all information on this form may be subject to verification.

*S. Willett*

Click or tap here to enter text.

Primary Investigator

2. Faculty supervisor (if applicable)

I, the Faculty Supervisor, have read and approved this project and affirm that it has received the appropriate academic approval. I will ensure that the student is aware of the applicable policies and procedures governing the ethical conduct of human subject research at Grande Prairie Regional College and I agree to provide all necessary supervision to the student. I allow release of my nominative information as required by these policies and procedures. I understand that all the information on this form may be subject to verification.

Click or tap here to enter text.

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Faculty Supervisor

## **U. Submission**

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Email completed application and required documents to [research@qprc.ab.ca](mailto:research@qprc.ab.ca)



## Appendix C

### NWP Research Ethics Board Letter of Approval



Research Ethics Board

March 3, 2023

#### Research Involving Human Subjects

Ethics Reference Number	202301
Research Title	Spiritual care: Development of a nursing student resources
Name of Researcher(s)	Sherry lee Willett
Name of Supervisor(s)	Dr. Ahtisham Younas (Memorial University of Newfoundland)
Date of REB Approval	March 3, 2023

Dear Ms. Willett,

Thank you for submitting your application to Northwestern Polytechnic Research Ethics Board.

It is the decision of the board that your research proposal, as presented in the documents you have submitted to the REB Chair meets the minimum ethical requirements for research involving human subjects. Therefore, I am pleased to inform you, that the board has approved your application to conduct the above titled research as outlined by your submission and its supplementary declarations.

Any changes that may occur in connection with this research that may have an impact on ethical consideration must be reported immediately to the Research Ethics Board – please contact Research & Innovation directly.

This approval is valid until March 3, 2024 and is granted on the condition that the relevant principles in the Tri-Council Policy Statement and the NWP Research Involving Human Subjects policy are strictly observed.

You are required to provide the REB (via the Research & Innovation office) with an annual update complete with either a request for additional time or confirmation that your research has been concluded by March 3, 2024.

Sincerely,

Julia Dutove  
Chair, NWP Research Ethics Board

## Appendix D

### Table Summary of Environmental Scan Internal Source Results

<b>Internal Source NWP Website</b>	
Strategic Plan 2022	<p>Culture of Achievement: Become a top employer by creating a supportive environment where team members are motivated, engaged, loyal and proud (p. 6).</p> <p>Attract and Retain Learners: Engage domestic and international life-long learners (p. 7).</p> <p>Grow Enrollment Revenue: Increase domestic and international enrolment (p. 7)</p>
Master Academic Plan 2022	<p>Core Values: Responsive – to our students, market and community (p. 5)</p> <p>Sustainable Enrollment Growth: “The learning environment we cultivate is just as important as the knowledge and skills we impart. We are committed to nurturing a culture of inclusion as we provide outstanding student support...” (p. 7)</p> <p>Invest in student and faculty supports to accommodate an increasingly diverse student body (p. 8).</p> <p>Partner with local international and cultural societies/community organizations in the region for holistic support and student retention (p. 8).</p> <p>Continue to support student mental health and wellness services (p. 9)</p>
Course Outlines	<p>NS2250 Textbook: Giddens (2017), Potter et al. (2019)</p> <p>NS1205 Textbook: Giddens (2017), Potter et al. (2019)</p> <p>NS3270 Textbook: Giddens (2017), Balzer-Riley (2020)</p> <p>NS2210 Textbook: Potter et al. (2019)</p> <p>NS1250 Textbook: Potter et al. (2019)</p> <p>NS3210 Textbook: Urden et al. (2022)</p>
Consultation	<p>Virtues Project Workshop: Abbreviated workshop (from usual 2-3 days to 1 hour lecture time) with small and large group discussion. Includes five strategies:</p> <ol style="list-style-type: none"> <li>1. Speak the Language of Virtues</li> <li>2. Recognize Teachable Moments</li> <li>3. Set Clear Boundaries Based on Restorative Justice</li> <li>4. Honor the Spirit</li> <li>5. Offer Companionship</li> </ol>

## Appendix E

**Table Summary of Environmental Scan External Source Results**

<b>External Source</b>	<b>Resource</b>	<b>Description</b>
Memorial University of Newfoundland website	Course Description	<b>2990 Spiritual Dimension of Nursing Practice</b> focus on the spiritual dimension of nursing practice. Exploring own personal spiritual philosophy and development. Key concepts of the spiritual dimension of nursing examined: spiritual well-being, spiritual needs, spiritual distress and spiritual care. Distinction will be made between religion and expressions of spirituality.
	Videos	13 Videos Series (for purchase) on Spirituality in Health Care, Spiritual Care in Nursing Practice, Spiritual Assessment in Health Care, Spirituality in Parkinson's, Spirituality in Addictions, Spirituality in Arthritis, Spirituality in Children and Adolescents: Implications for Clinicians, Spirituality in HIV/AIDS, Spirituality in Mental Health Care, Spirituality in Palliative Care, Spiritual Care and Life-Threatening Illness, Spiritual Care in Gerontological Nursing, Spiritual Care & Chronic Health Problems
University of Alberta website	Course Description	INT D 577 – Spiritual Assessment in the Promotion of Health spiritual assessment in the broad spectrum of health as well as ministry professionals. Emphasis placed on consideration of theories and skills needed for the practice of spiritual assessment. Provides context for interdisciplinary reflection on understandings of the human person, health, health promotion, spirituality, spiritual needs, and spiritual care. Students invited to explore their own spirituality and various approaches to assessing the spiritual based on a variety of definitions and understandings of spirituality. Specific models and tools for spiritual assessment will be considered, two in depth, with opportunities to bring theory and experience together in both group and individual exercises of spiritual assessment rooted in their ministry/health practice.
Alberta Health Services website	Booklet	Includes information on Aboriginal, Buddhist, Christian Science, Church of Jesus Christ of Latter-day Saints, Eastern Orthodox, Hindu, Islamic, Jehovah's Witness, Jewish, Protestant, Roman Catholic, Seventh-day Adventist, Sikh, United Church faith communities. Ideas for multicultural, multifaith care, and a spiritual care assessment tool.
	Associations	Canadian Association for Spiritual Care: Multifaith resources, MAID information, Education events and resources, education and practice FAQs

<p>Canadian Association of Schools of Nursing website</p>	<p>Position Statement</p>	<ul style="list-style-type: none"> <li>· need to understand and practice nursing within the pluralistic social, cultural, and political contexts of Canadian society; and</li> <li>· diversity across Canada, including demographic, socio-economic, cultural and geographic diversity.</li> </ul> <p>Going forward:          “There is a growing body of evidence demonstrating the relationship between educational preparation for nurses and patient outcomes (Aiken, Clarke, Sloane, &amp; Silber, 2003; Estabrooks, Midodzi, Cumming, Ricker, &amp; Giovannetti, 2005; Tourangeau et al., 2007). Nursing education programs must constantly incorporate new knowledge and be responsive to the changing needs of students and the health care environment” (p. 2)</p>
	<p>National Nursing Education Framework</p>	<p>Does not specify spiritual care but items often associated with it (e.g., discrimination, anti-racism, culture)</p> <p>3.1 The nursing education program prepares graduates to provide theoretically- based and evidence-informed safe, competent, ethical, and culturally respectful nursing care across the lifespan and in diverse contexts through experiential learning opportunities.</p> <p>3.2.7 Demonstrate cultural humility, cultural safety, anti-racist, and anti-discriminatory practice</p> <p>4.1 The nursing education program prepares graduates to communicate and collaborate effectively with clients, families (biological or chosen), intraprofessional and interprofessional health team members, and intersectoral health care partners.</p> <p>4.2.1 (a) Identify one’s own beliefs, values, implicit bias, and assumptions and their potential effect in communication with diverse clients and health care team members.</p> <p>4.2.1 (b) Communicate respectfully, assertively, and in a culturally safe manner with diverse clients and health care team members.</p> <p>5.2.8 Engage in self-care activities that promote personal physical, mental, emotional health and well-being.</p> <p>6.2.3 Advocate for change to address racism, social injustices, and health inequities in nursing care or nursing services.</p>

<p>Canadian Nurses Association website</p>	<p>Position Statement</p>	<p>Defines spirituality: “whatever or whoever gives ultimate meaning and purpose in one’s life, that invites particular ways of being in the world in relation to others, oneself and the universe”.</p> <p>Provides background and support in increasing diversity:  “Given that 80 percent of the world is non-western, and that a growing number of immigrants and refugees with diverse cultural, faith and spiritual traditions are entering Canada, Canadian nurses are being exposed to an increasingly mixed population with wide-ranging perceptions of the concept of spirituality. Such diverse concepts require consideration in planning and implementing care”.</p>
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## Appendix F

### Table by Resource Theme

<b>Resources</b>	<b>Source</b>	<b>Description of Resource</b>
<b>Textbooks</b>	NWP website – 3 NWP course outlines	Giddens (2017): No description of spirituality content provided – only resource listed on Course Outline
	NWP website – 4 NWP course outlines	Potter et al. (2019): No description of spirituality content provided – only resource listed on Course Outline
	NWP website – NWP course outline	Balzer-Riley (2020): No description of spirituality content provided – only resource listed on Course Outline
	NWP website – NWP course outline	Urden et al. (2022): No description of spirituality content provided – only resource listed on Course Outline
<b>Workshop</b>	Virtues Project Website – NWP consultation	Abbreviated workshop (from usual 2-3 days to 1 hour lecture time) with small and large group discussion. Includes five strategies: <ol style="list-style-type: none"> <li>1. Speak the Language of Virtues</li> <li>2. Recognize Teachable Moments</li> <li>3. Set Clear Boundaries Based on Restorative Justice</li> <li>4. Honor the Spirit</li> </ol> Offer Companionship
<b>Course</b>	Memorial University of Newfoundland website	<b>2990 Spiritual Dimension of Nursing Practice</b> focus on spiritual dimension of nursing practice. Exploring own personal spiritual philosophy and development. Key concepts of the spiritual dimension of nursing examined: spiritual well-being, spiritual needs, spiritual distress and spiritual care. Distinction will be made between religion and expressions of spirituality.

	University of Alberta	<b>INT D 577 – Spiritual Assessment in the Promotion of Health</b> spiritual assessment in the broad spectrum of health as well as ministry professionals. Emphasis placed on consideration of theories and skills needed for the practice of spiritual assessment. Provides context for interdisciplinary reflection on understandings of the human person, health, health promotion, spirituality, spiritual needs, and spiritual care. Students invited to explore their own spirituality and various approaches to assessing the spiritual based on a variety of definitions and understandings of spirituality. Specific models and tools for spiritual assessment will be considered, two in depth, with opportunities to bring theory and experience together in both group and individual exercises of spiritual assessment rooted in their ministry/health practice.
<b>Videos</b>	Memorial University of Newfoundland website	13 Videos Series (for purchase) on Spirituality in Health Care, Spiritual Care in Nursing Practice, Spiritual Assessment in Health Care, Spirituality in Parkinson’s, Spirituality in Addictions, Spirituality in Arthritis, Spirituality in Children and Adolescents: Implications for Clinicians, Spirituality in HIV/AIDS, Spirituality in Mental Health Care, Spirituality in Palliative Care, Spiritual Care and Life-Threatening Illness, Spiritual Care in Gerontological Nursing, Spiritual Care & Chronic Health Problems
<b>Booklet</b>	AHS website	Includes information on Aboriginal, Buddhist, Christian Science, Church of Jesus Christ of Latter-day Saints, Eastern Orthodox, Hindu, Islamic, Jehovah’s Witness, Jewish, Protestant, Roman Catholic, Seventh-day Adventist, Sikh, United Church faith communities. As well as ideas for multicultural, multifaith care and a spiritual care assessment tool.
<b>Associations</b>	AHS website	Canadian Association for Spiritual Care: Multifaith resources, MAID information, Education events and resources, education and practice FAQs
<b>Support Documents</b>	<b>National Nursing Education Framework</b> Canadian Association of Schools of Nursing website	Does not specify spiritual care but items often associated with it (e.g., discrimination, anti-racism, culture) 3.1 The nursing education program prepares graduates to provide theoretically- based and evidence-informed safe, competent, ethical, and culturally respectful nursing care across the lifespan and in diverse contexts through experiential learning opportunities. 3.2.7 Demonstrate cultural humility, cultural safety, anti-racist, and anti-discriminatory practice 4.1 The nursing education program prepares graduates to communicate and collaborate effectively with clients, families (biological or chosen), intraprofessional and interprofessional health team members, and intersectoral health care partners. 4.2.1 (a) Identify one’s own beliefs, values, implicit bias, and assumptions and their potential effect in communication with diverse clients and health care team members.

		<p>4.2.1 (b) Communicate respectfully, assertively, and in a culturally safe manner with diverse clients and health care team members.</p> <p>5.2.8 Engage in self-care activities that promote personal physical, mental, emotional health and well-being.</p> <p>6.2.3 Advocate for change to address racism, social injustices, and health inequities in nursing care or nursing services.</p>
<b>Strategic Plan</b> NWP website		<p>Culture of Achievement: Become a top employer by creating a supportive environment where team members are motivated, engaged, loyal and proud (p. 6).</p> <p>Attract and Retain Learners: Engage domestic and international life-long learners (p. 7).</p> <p>Grow Enrollment Revenue: Increase domestic and international enrolment (p. 7)</p>
<b>Academic Plan</b> NWP website		<p>Core Values: Responsive – to our students, market and community (p. 5)</p> <p>Sustainable Enrollment Growth: “The learning environment we cultivate is just as important as the knowledge and skills we impart. We are committed to nurturing a culture of inclusion as we provide outstanding student support....” (p. 7)</p> <p>Invest in student and faculty supports to accommodate an increasingly diverse student body (p. 8).</p> <p>Partner with local international and cultural societies/community organizations in the region for holistic support and student retention (p. 8).</p> <p>Continue to support student mental health and wellness services (p. 9)</p>
<b>Position Statements</b>	Canadian Association of Schools of Nursing website	<ul style="list-style-type: none"> <li>• need to understand and practice nursing within the pluralistic social, cultural, and political contexts of Canadian society; and</li> <li>• diversity across Canada, including demographic, socio-economic, cultural and geographic diversity.</li> </ul> <p>Going forward:  “There is a growing body of evidence demonstrating the relationship between educational preparation for nurses and patient outcomes (Aiken, Clarke, Sloane, &amp; Silber, 2003; Estabrooks, Midodzi, Cumming, Ricker, &amp; Giovannetti, 2005; Tourangeau et al., 2007).  Nursing education programs must constantly incorporate new knowledge and be responsive to the changing needs of students and the health care environment” (p. 2)</p>
	Canadian Nurses	<p>Defines spirituality: “whatever or whoever gives ultimate meaning and purpose in one’s life, that invites particular ways of being in the world in relation to others, oneself and the universe”.</p>



		Association website	Provides background and support in increasing diversity: “Given that 80 percent of the world is non-western, and that a growing number of immigrants and refugees with diverse cultural, faith and spiritual traditions are entering Canada, Canadian nurses are being exposed to an increasingly mixed population with wide-ranging perceptions of the concept of spirituality. Such diverse concepts require consideration in planning and implementing care”.
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## Appendix D

### Spiritual Care Quick Reference

# SPIRITUAL CARE



Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices\* Puchalski et al., 2014, p. 646

## SPIRITUAL CARE MATTERS

Spirituality is strongly tied to one's identity, physical & psychological wellbeing; competency in spiritual care can improve patient's perception of well-being & health, while also being "a healthy & constructive reservoir for nurses"

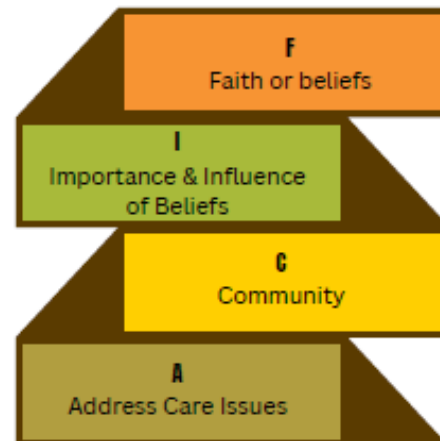
(Spiritual Care Association, 2018)



## SPIRITUALITY PRACTICES FOR RESILIENCE

Self-compassion Gratitude Lament Breath Meditation	Finding the Feeling Labyrinth Walking Mantras Taking & Sending Contemplative Reading
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## SPIRITUAL CARE ASSESSMENT



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## EDUCATIONAL REFERENCES

### Case Studies:

- Potter et al. (2023). Fundamentals of Nursing. 11th Edition. Elsevier.
- Biddens, J. (2021). Concepts for Nursing Practice. Elsevier.

### Simulations:

- [End of Life](#) (Lakehead University)

### Videos:

- [13 Video Series on Spirituality in Health Care](#) Westera, D. (n.d.). Nursing Education Resources. Memorial University of Newfoundland. <http://www.uccs.mun.ca/~dwestera/snr.html>

### Associations:

- Canadian Association of Spiritual Care (CASC)
- Alberta Health Services (AHS)

## LOCAL SUPPORTS

- [International Students Services](#)
- [Mental Health Services](#)
- [RBC Centre for Student Wellbeing](#)
- [GPRH Pastoral Care Services \(825\) 412-4175](#)



# Nursing Spiritual Assessment Questions

## Spirituality and spiritual health

- What experiences with your illness have been most difficult for you?
- What gives you hope during this difficult time?
- In what way has a sense of spirituality been most helpful to you?
- Which aspects of your spirituality would you like to discuss?

## Faith, belief, fellowship, and community

- To what or whom do you look as a source of strength, hope, or faith in times of difficulty?
- How does your faith help you cope?
- What can I do to support your religious beliefs or faith commitment?
- Would you like me to pray with you or perhaps read from the Koran or Bible?
- What gives your life meaning?

## Life and self-responsibility

- How do you feel about the changes this illness has caused?
- How do these changes affect what you now need to do?

## Life satisfaction

- How happy or satisfied are you with your life?
- Which accomplishments help you feel satisfied with your life?
- What is it that makes you feel dissatisfied?

## Connectedness

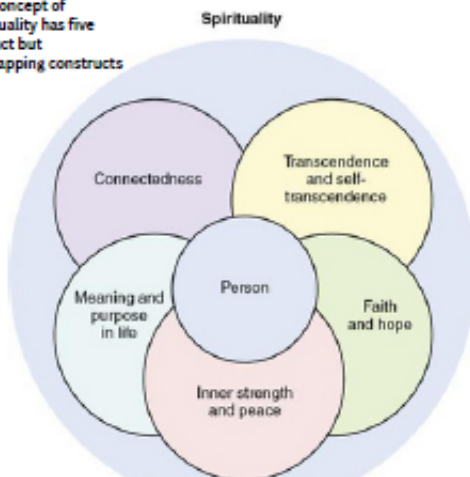
- What feelings do you have after you pray or meditate?
- Who do you feel is the most important person in your life?

## Vocation

- How has your illness affected the way you live your life spiritually at home or where you work?
- In what way has your illness affected your ability to express what is important in life to you?

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The concept of spirituality has five distinct but overlapping constructs



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## Critical Judgement Measurement Model



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## ADJECTIVES

passion honesty gratitude independence  
idealism gentleness faithfulness humility unity  
contentment creativity honour trust  
justice congruence consistency empathy  
courage commitment clarity devotion love  
cheerfulness acceptance determination  
diligence caring beauty consideration mercy  
faith appreciation tact awe hope  
vision bravery zeal certitude confidence  
discretion compassion dignity generosity  
fortitude composure encouragement grace  
helpfulness endurance forbearance humanity

## Spirituality and Interrelated Concepts



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## THE 5 STRATEGIES OF THE VIRTUES PROJECT

1. Speak the Language of Virtues
2. Recognize Teachable Moments
3. Set Clear Boundaries
4. Honor the Spirit
5. Offer Companionship

[www.virtuesproject.com](http://www.virtuesproject.com)

**Appendix E**  
**Spiritual Care Educational Resource**



## Topics

1. What is Spirituality
  - Definition
  - Spirituality versus Religion
  - Concept of Spirituality
2. Importance of Spiritual Care in Nursing
  - Benefits
3. Barriers to Spiritual Care
  - FEAR
4. Spiritual Beliefs & Practices
5. Spiritual Needs Assessment
6. Combinatory Approach
7. Local Resources/Educational Resources
8. References



“spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices”

(Puchalski et al., 2014, p. 646)



# Spirituality vs Religion

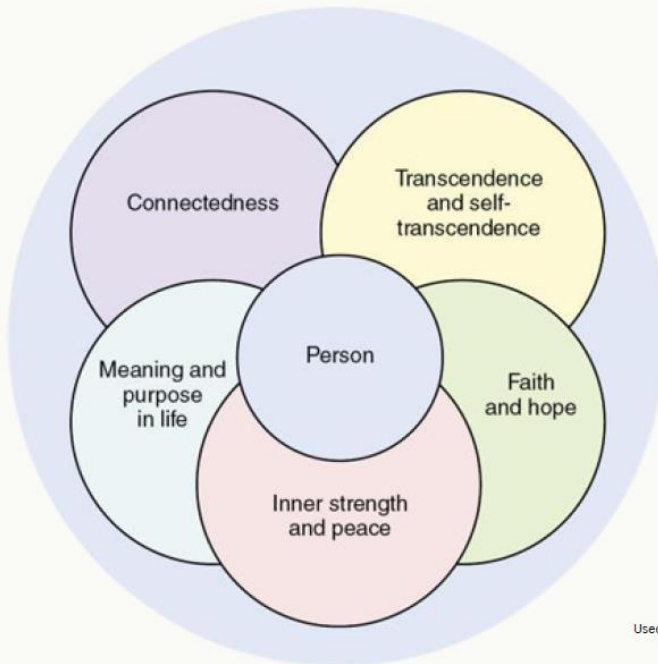
Spirituality is not synonymous with religion...  
... but can be connected

Spirituality is :

- possessing meaning & purpose in life
- living according to one's morals & ethics
- the relationship between people, yourself, and your place in the world around you
- the integrating factor of the person

Spirituality affects everything!

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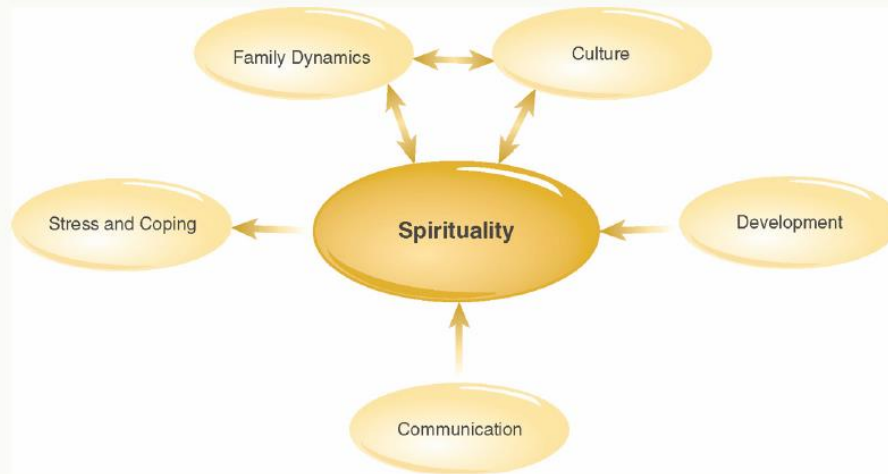


# Spirituality

as a concept  
has five distinct  
but overlapping  
constructs

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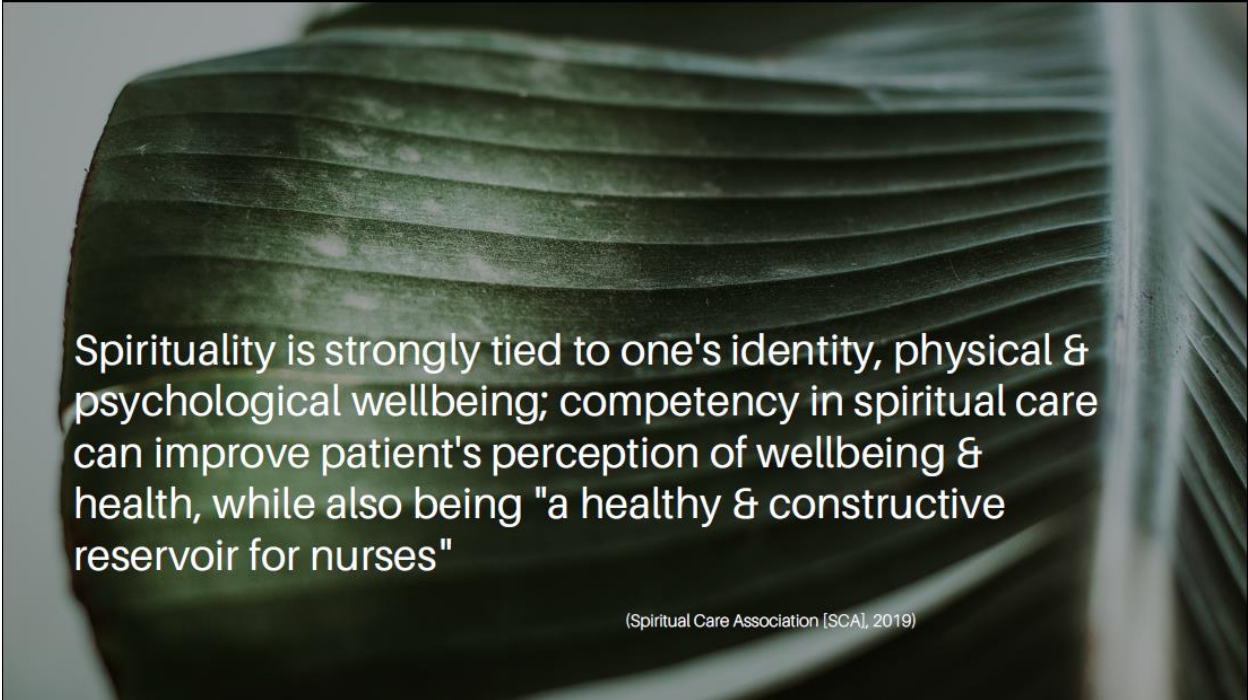
# Spirituality & Interrelated Concepts



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## Importance of Spiritual Care in Nursing





Spirituality is strongly tied to one's identity, physical & psychological wellbeing; competency in spiritual care can improve patient's perception of wellbeing & health, while also being "a healthy & constructive reservoir for nurses"

(Spiritual Care Association [SCA], 2019)

## Benefits

Spirituality as a means of self-care for nurses by including:

- meditation
- prayer
- religious rituals
- relationships created and maintained in faith community

(SCA, 2019)





# Barriers to Spiritual Care

Time constraints

Unclear definition

Biomedical priority

Local resource unfamiliarity

Feeling uncomfortable

Minimal training/education



(Cone & Giske, 2017)

When in spiritual distress  
remember that fear is...

**F: Forgetting that**

**E: Everything is**

**A: All**

**R: Right**

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# Spirituality Practices for Resilience

Self-compassion  
Gratitude  
Lament  
Breath Meditation

Finding the Feeling  
Labyrinth Walking  
Mantras  
Taking & Sending  
Contemplative Reading

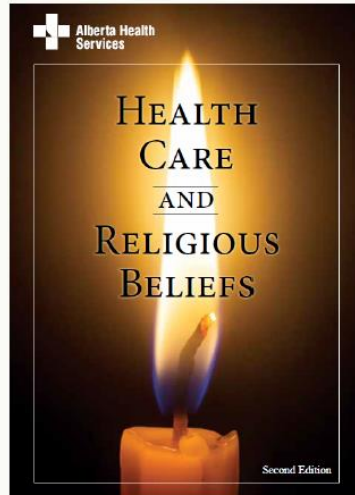
(Alberta Health Services, 2023)



## Spiritual Beliefs & Practices

# Spiritual Care & Religious Beliefs Handbook

(Alberta Health Services, 2015)



passion honesty gratitude independence  
idealism gentleness faithfulness humility unity  
contentment creativity honour trust  
justice congruence consistency empathy  
courage commitment clarity devotion love  
cheerfulness acceptance determination  
diligence caring beauty consideration mercy  
faith appreciation tact awe hope  
vision bravery zeal certitude confidence  
discretion compassion dignity generosity  
fortitude composure encouragement grace  
helpfulness endurance forbearance humanity

## Spirituality Adjectives



The nurse must:

- Pause
- Take time for self, people, relationships
- Be mindful
- Be in the moment
- Reflect

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## THE 5 STRATEGIES OF THE VIRTUES PROJECT

1. Speak the Language of Virtues
2. Recognize Teachable Moments
3. Set Clear Boundaries
4. Honor the Spirit
5. Offer Companionship

[www.virtuesproject.com](http://www.virtuesproject.com)



**Be in the moment**



**Recognize need for  
silence**

# Spiritual Assessment Questions

### **Spirituality and spiritual health**

- What experiences with your illness have been most difficult for you?
- What gives you hope during this difficult time?
  - In what way has a sense of spirituality been most helpful to you?
- Which aspects of your spirituality would you like to discuss?

### **Faith, belief, fellowship, and community**

- To what or whom do you look as a source of strength, hope, or faith in times of difficulty?
- How does your faith help you cope?
  - What can I do to support your religious beliefs or faith commitment? Would you like me to pray with you or perhaps read from the Koran or Bible?
- What gives your life meaning?

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# Spiritual Assessment Questions

cont'd

## Life and self-responsibility

- How do you feel about the changes this illness has caused?
- How do these changes affect what you now need to do?

## Life satisfaction

- How happy or satisfied are you with your life?
- Which accomplishments help you feel satisfied with your life?
- What is it that makes you feel dissatisfied?

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# Spiritual Assessment Questions

cont'd

## Connectedness

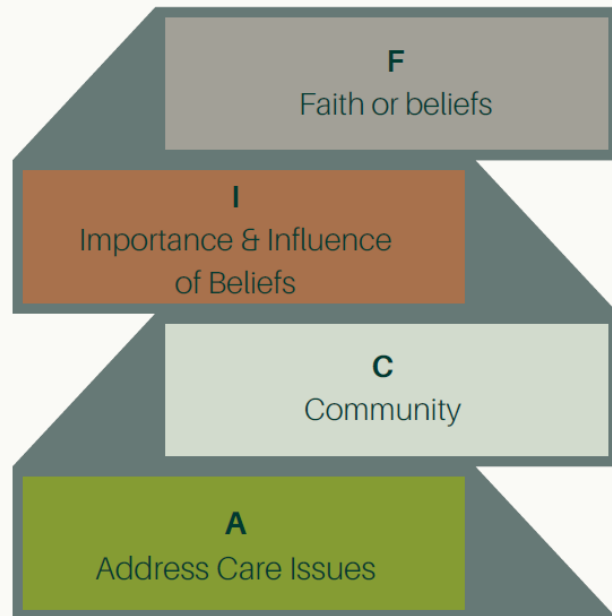
- What feelings do you have after you pray or meditate?
- Who do you feel is the most important person in your life?

## Vocation

- How has your illness affected the way you live your life spiritually at home or where you work?
- In what way has your illness affected your ability to express what is important in life to you?

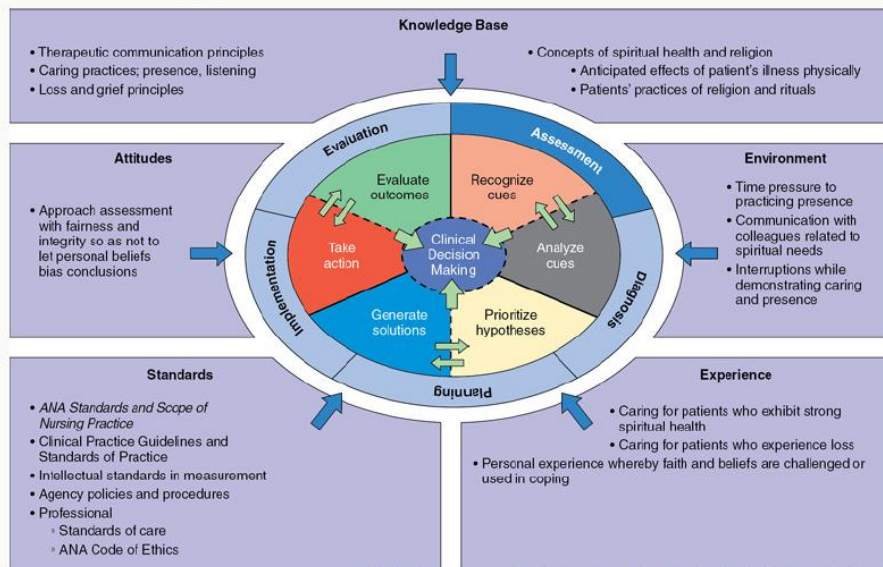
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# Spiritual Care Assessment



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# Critical Judgement Measurement Model



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# Combinatory Approach



- Using a Combinatory Approach or multimodality educational interventions may be the most effective for large groups of students with varying educational needs
- A Combinatory Approach includes Passive (e.g., lectures, presentations, videos) and Reflective (e.g., simulations, case studies) Approaches
- Additional resources are provided to aid with these multimodality educational interventions

(Willett, 2023)

## Local Resources

-  [International Students Services](#)
- [Mental Health Services](#)
- [RBC Centre for Student Wellbeing](#)
-  [GPRH Pastoral Care Services \(825\) 412-4175](#)



Clinical Quick  
Reference Sheet



## Educational Resources

### Case Studies:

- Potter et al. (2023). Fundamentals of Nursing, 11th Edition. Elsevier.
- Giddens, J. (2021). Concepts for Nursing Practice. Elsevier.

### Simulations:

- [End of Life](#) (Lakehead University)

### Videos:

- [13 Video Series on Spirituality in Health Care](#) Westera, D. (n.d.). Nursing Education Resources. Memorial University of Newfoundland.  
<http://www.ucs.mun.ca/~dwestera/snr.html>

### Associations:

- Canadian Association of Spiritual Care (CASC)
- Alberta Health Services (AHS)



# References

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- The Virtues Project. (n.d.). *Cultivating Character Around the World*. <http://www.virtuesproject.com>
- Willett, T. S. (2023). *Spiritual Care in Undergraduate Nursing Education: A Literature Review* [Unpublished manuscript]. Memorial University of Newfoundland.

## Appendix F

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Instructor Name	Dr. Ahtisham Younas	Expected Presentation Date	2023-07-31

#### ADDITIONAL DETAILS

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Title, Description or Numeric Reference of the Portion(s)	Fig. 35.1, Fig. 35.2, and Box 35.1	Title of the Article/Chapter the Portion Is From	Spiritual Health
Editor of Portion(s)	Wendy R. Ostendorf	Author of Portion(s)	Hall, Amy; Perry, Anne Griffin; Potter, Patricia A.; Stockert, Patricia A.
Volume / Edition	11	Issue, if Republishing an Article From a Serial	N/A
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1) **Definitions.** For purposes of these General Terms, the following definitions apply:

"License" is the licensed use the User obtains via the Marketplace platform in a particular licensing transaction, as set forth in the Order Confirmation.

"Order Confirmation" is the confirmation CCC provides to the User at the conclusion of each Marketplace transaction. "Order Confirmation Terms" are additional terms set forth on specific Order Confirmations not set forth in the General Terms that can include terms applicable to a particular CCC transactional licensing service and/or any Rightsholder-specific terms.

"Rightsholder(s)" are the holders of copyright rights in the Works for which a User obtains licenses via the Marketplace platform, which are displayed on specific Order Confirmations.

"Terms" means the terms and conditions set forth in these General Terms and any additional Order Confirmation Terms collectively.

"User" or "you" is the person or entity making the use granted under the relevant License. Where the person accepting the Terms on behalf of a User is a freelancer or other third party who the User authorized to accept the General Terms on the User's behalf, such person shall be deemed jointly a User for purposes of such Terms.

"Work(s)" are the copyright protected works described in relevant Order Confirmations.

2) **Description of Service.** CCC's Marketplace enables Users to obtain Licenses to use one or more Works in accordance with all relevant Terms. CCC grants Licenses as an agent on behalf of the copyright rightsholder identified in the relevant Order Confirmation.

3) **Applicability of Terms.** The Terms govern User's use of Works in connection with the relevant License. In the event of any conflict between General Terms and Order Confirmation Terms, the latter shall govern. User acknowledges that Rightsholders have complete discretion whether to grant any permission, and whether to place any limitations on any grant, and that CCC has no right to supersede or to modify any such discretionary act by a Rightsholder.

4) **Representations; Acceptance.** By using the Service, User represents and warrants that User has been duly authorized by the User to accept, and hereby does accept, all Terms.

5) **Scope of License; Limitations and Obligations.** All Works and all rights therein, including copyright rights, remain the sole and exclusive property of the Rightsholder. The License provides only those rights expressly set forth in the terms and conveys no other rights in any Works

6) **General Payment Terms.** User may pay at time of checkout by credit card or choose to be invoiced. If the User chooses to be invoiced, the User shall: (i) remit payments in the manner identified on specific invoices, (ii) unless otherwise specifically stated in an Order Confirmation or separate written agreement, Users shall remit payments upon receipt of the relevant invoice from CCC, either by delivery or notification of availability of the invoice via the Marketplace platform, and (iii) if the User does not pay the invoice within 30 days of receipt, the User may incur a service charge of 1.5% per month or the maximum rate allowed by applicable law, whichever is less. While User may exercise the rights in the License immediately upon receiving the Order Confirmation, the License is automatically revoked and is null and void, as if it had never been issued, if CCC does not receive complete payment on a timely basis.

7) **General Limits on Use.** Unless otherwise provided in the Order Confirmation, any grant of rights to User (i) involves only the rights set forth in the Terms and does not include subsequent or additional uses, (ii) is non-exclusive and non-transferable, and (iii) is subject to any and all limitations and restrictions (such as, but not limited to, limitations on duration of use or circulation) included in the Terms. Upon completion of the licensed use as set forth in the Order Confirmation, User shall either secure a new permission for further use of the Work(s) or immediately cease any new use of the Work(s) and shall render inaccessible (such as by deleting or by removing or severing links or other locators) any further copies of the Work. User may only make alterations to the Work if and as expressly set forth in the Order Confirmation. No Work may be used in any way that is unlawful, including without limitation if such use would violate applicable sanctions laws or regulations, would be defamatory, violate the rights of third parties (including such third parties' rights of copyright, privacy, publicity, or other tangible or intangible property), or is otherwise illegal, sexually explicit, or obscene. In addition, User may not conjoin a Work with any other material that may result in damage to the reputation of the Rightsholder. Any unlawful use will render any licenses hereunder null and void. User agrees to inform CCC if it becomes aware of any infringement of any rights in a Work and to cooperate with any reasonable request of CCC or the Rightsholder in connection therewith.

8) **Third Party Materials.** In the event that the material for which a License is sought includes third party materials (such as photographs, illustrations, graphs, inserts and similar materials) that are identified in such material as having been used by permission (or a similar indicator), User is responsible for identifying, and seeking separate licenses (under this Service, if available, or otherwise) for any of such third party materials; without a separate license, User may not use such third party materials via the License.

9) **Copyright Notice.** Use of proper copyright notice for a Work is required as a condition of any License granted under the Service. Unless otherwise provided in the Order Confirmation, a proper copyright notice will read substantially as follows: "Used with permission of [Rightsholder's name], from [Work's title, author, volume, edition number and year of copyright]; permission conveyed through Copyright Clearance Center, Inc." Such notice must be provided in a reasonably legible font size and must be placed either on a cover page or in another location that any person, upon gaining access to the material which is the subject of a permission, shall see, or in the case of republication Licenses, immediately adjacent to the Work as used (for example, as part of a by-line or footnote) or in the place where substantially all other credits or notices for the new work containing the republished Work are located. Failure to include the required notice results in loss to the Rightsholder and CCC, and the User shall be liable to pay liquidated damages for each such failure equal to twice the use fee specified in the Order Confirmation, in addition to the use fee itself and any other fees and charges specified.

10) **Indemnity.** User hereby indemnifies and agrees to defend the Rightsholder and CCC, and their respective employees and directors, against all claims, liability, damages, costs, and expenses, including legal fees and expenses, arising out of any use of a Work beyond the scope of the rights granted herein and in the Order Confirmation, or any use of a Work which has been altered in any unauthorized way by User, including claims of defamation or infringement of rights of copyright, publicity, privacy, or other tangible or intangible property.

11) **Limitation of Liability.** UNDER NO CIRCUMSTANCES WILL CCC OR THE RIGHTSHOLDER BE LIABLE FOR ANY DIRECT, INDIRECT, CONSEQUENTIAL, OR INCIDENTAL DAMAGES (INCLUDING WITHOUT LIMITATION DAMAGES FOR LOSS OF BUSINESS PROFITS OR INFORMATION, OR FOR BUSINESS INTERRUPTION) ARISING OUT OF THE USE OR INABILITY TO USE A WORK, EVEN IF ONE OR BOTH OF THEM HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. In any event, the total liability of the Rightsholder and CCC (including their respective employees and directors) shall not exceed the total

amount actually paid by User for the relevant License. User assumes full liability for the actions and omissions of its principals, employees, agents, affiliates, successors, and assigns.

12) **Limited Warranties.** THE WORK(S) AND RIGHT(S) ARE PROVIDED "AS IS." CCC HAS THE RIGHT TO GRANT TO USER THE RIGHTS GRANTED IN THE ORDER CONFIRMATION DOCUMENT. CCC AND THE RIGHTSHOLDER DISCLAIM ALL OTHER WARRANTIES RELATING TO THE WORK(S) AND RIGHT(S), EITHER EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. ADDITIONAL RIGHTS MAY BE REQUIRED TO USE ILLUSTRATIONS, GRAPHS, PHOTOGRAPHS, ABSTRACTS, INSERTS, OR OTHER PORTIONS OF THE WORK (AS OPPOSED TO THE ENTIRE WORK) IN A MANNER CONTEMPLATED BY USER; USER UNDERSTANDS AND AGREES THAT NEITHER CCC NOR THE RIGHTSHOLDER MAY HAVE SUCH ADDITIONAL RIGHTS TO GRANT.

13) **Effect of Breach.** Any failure by User to pay any amount when due, or any use by User of a Work beyond the scope of the License set forth in the Order Confirmation and/or the Terms, shall be a material breach of such License. Any breach not cured within 10 days of written notice thereof shall result in immediate termination of such License without further notice. Any unauthorized (but licensable) use of a Work that is terminated immediately upon notice thereof may be liquidated by payment of the Rightsholder's ordinary license price therefor; any unauthorized (and unlicensable) use that is not terminated immediately for any reason (including, for example, because materials containing the Work cannot reasonably be recalled) will be subject to all remedies available at law or in equity, but in no event to a payment of less than three times the Rightsholder's ordinary license price for the most closely analogous licensable use plus Rightsholder's and/or CCC's costs and expenses incurred in collecting such payment.

14) **Additional Terms for Specific Products and Services.** If a User is making one of the uses described in this Section 14, the additional terms and conditions apply:

a) **Print Uses of Academic Course Content and Materials (photocopies for academic coursepacks or classroom handouts).** For photocopies for academic coursepacks or classroom handouts the following additional terms apply:

i) The copies and anthologies created under this License may be made and assembled by faculty members individually or at their request by on-campus bookstores or copy centers, or by off-campus copy shops and other similar entities.

ii) No License granted shall in any way: (i) include any right by User to create a substantively non-identical copy of the Work or to edit or in any other way modify the Work (except by means of deleting material immediately preceding or following the entire portion of the Work copied) (ii) permit "publishing ventures" where any particular anthology would be systematically marketed at multiple institutions.

iii) Subject to any Publisher Terms (and notwithstanding any apparent contradiction in the Order Confirmation arising from data provided by User), any use authorized under the academic pay-per-use service is limited as follows:

A) any License granted shall apply to only one class (bearing a unique identifier as assigned by the institution, and thereby including all sections or other subparts of the class) at one institution;

B) use is limited to not more than 25% of the text of a book or of the items in a published collection of essays, poems or articles;

C) use is limited to no more than the greater of (a) 25% of the text of an issue of a journal or other periodical or (b) two articles from such an issue;

D) no User may sell or distribute any particular anthology, whether photocopied or electronic, at more than one institution of learning;

E) in the case of a photocopy permission, no materials may be entered into electronic memory by User except in order to produce an identical copy of a Work before or during the academic term (or analogous period) as to which any particular permission is granted. In the event that User shall choose to retain materials that are the subject of a photocopy permission in electronic memory for purposes of producing identical copies more than one day after such retention (but still within the scope of any permission granted), User must notify CCC of such fact in the applicable permission request and such retention shall constitute one copy actually sold for purposes of calculating permission fees due; and

F) any permission granted shall expire at the end of the class. No permission granted shall in any way include any right by User to create a substantively non-identical copy of the Work or to edit or in any other way

modify the Work (except by means of deleting material immediately preceding or following the entire portion of the Work copied).

iv) Books and Records; Right to Audit. As to each permission granted under the academic pay-per-use Service, User shall maintain for at least four full calendar years books and records sufficient for CCC to determine the numbers of copies made by User under such permission. CCC and any representatives it may designate shall have the right to audit such books and records at any time during User's ordinary business hours, upon two days' prior notice. If any such audit shall determine that User shall have underpaid for, or underreported, any photocopies sold or by three percent (3%) or more, then User shall bear all the costs of any such audit; otherwise, CCC shall bear the costs of any such audit. Any amount determined by such audit to have been underpaid by User shall immediately be paid to CCC by User, together with interest thereon at the rate of 10% per annum from the date such amount was originally due. The provisions of this paragraph shall survive the termination of this License for any reason.

b) **Digital Pay-Per-Uses of Academic Course Content and Materials (e-coursepacks, electronic reserves, learning management systems, academic institution intranets).** For uses in e-coursepacks, posts in electronic reserves, posts in learning management systems, or posts on academic institution intranets, the following additional terms apply:

i) The pay-per-uses subject to this Section 14(b) include:

A) **Posting e-reserves, course management systems, e-coursepacks for text-based content**, which grants authorizations to import requested material in electronic format, and allows electronic access to this material to members of a designated college or university class, under the direction of an instructor designated by the college or university, accessible only under appropriate electronic controls (e.g., password);

B) **Posting e-reserves, course management systems, e-coursepacks for material consisting of photographs or other still images not embedded in text**, which grants not only the authorizations described in Section 14(b)(i)(A) above, but also the following authorization: to include the requested material in course materials for use consistent with Section 14(b)(i)(A) above, including any necessary resizing, reformatting or modification of the resolution of such requested material (provided that such modification does not alter the underlying editorial content or meaning of the requested material, and provided that the resulting modified content is used solely within the scope of, and in a manner consistent with, the particular authorization described in the Order Confirmation and the Terms), but not including any other form of manipulation, alteration or editing of the requested material;

C) **Posting e-reserves, course management systems, e-coursepacks or other academic distribution for audiovisual content**, which grants not only the authorizations described in Section 14(b)(i)(A) above, but also the following authorizations: (i) to include the requested material in course materials for use consistent with Section 14(b)(i)(A) above; (ii) to display and perform the requested material to such members of such class in the physical classroom or remotely by means of streaming media or other video formats; and (iii) to "clip" or reformat the requested material for purposes of time or content management or ease of delivery, provided that such "clipping" or reformatting does not alter the underlying editorial content or meaning of the requested material and that the resulting material is used solely within the scope of, and in a manner consistent with, the particular authorization described in the Order Confirmation and the Terms. Unless expressly set forth in the relevant Order Confirmation, the License does not authorize any other form of manipulation, alteration or editing of the requested material.

ii) Unless expressly set forth in the relevant Order Confirmation, no License granted shall in any way: (i) include any right by User to create a substantively non-identical copy of the Work or to edit or in any other way modify the Work (except by means of deleting material immediately preceding or following the entire portion of the Work copied or, in the case of Works subject to Sections 14(b)(1)(B) or (C) above, as described in such Sections) (ii) permit "publishing ventures" where any particular course materials would be systematically marketed at multiple institutions.

iii) Subject to any further limitations determined in the Rightsholder Terms (and notwithstanding any apparent contradiction in the Order Confirmation arising from data provided by User), any use authorized under the electronic course content pay-per-use service is limited as follows:

A) any License granted shall apply to only one class (bearing a unique identifier as assigned by the institution, and thereby including all sections or other subparts of the class) at one institution;

B) use is limited to not more than 25% of the text of a book or of the items in a published collection of essays, poems or articles;

C) use is limited to not more than the greater of (a) 25% of the text of an issue of a journal or other periodical or (b) two articles from such an issue;

D) no User may sell or distribute any particular materials, whether photocopied or electronic, at more than one institution of learning;

E) electronic access to material which is the subject of an electronic-use permission must be limited by means of electronic password, student identification or other control permitting access solely to students and instructors in the class;

F) User must ensure (through use of an electronic cover page or other appropriate means) that any person, upon gaining electronic access to the material, which is the subject of a permission, shall see:

- o a proper copyright notice, identifying the Rightsholder in whose name CCC has granted permission,
- o a statement to the effect that such copy was made pursuant to permission,
- o a statement identifying the class to which the material applies and notifying the reader that the material has been made available electronically solely for use in the class, and
- o a statement to the effect that the material may not be further distributed to any person outside the class, whether by copying or by transmission and whether electronically or in paper form, and User must also ensure that such cover page or other means will print out in the event that the person accessing the material chooses to print out the material or any part thereof.

G) any permission granted shall expire at the end of the class and, absent some other form of authorization, User is thereupon required to delete the applicable material from any electronic storage or to block electronic access to the applicable material.

iv) Uses of separate portions of a Work, even if they are to be included in the same course material or the same university or college class, require separate permissions under the electronic course content pay-per-use Service. Unless otherwise provided in the Order Confirmation, any grant of rights to User is limited to use completed no later than the end of the academic term (or analogous period) as to which any particular permission is granted.

v) Books and Records; Right to Audit. As to each permission granted under the electronic course content Service, User shall maintain for at least four full calendar years books and records sufficient for CCC to determine the numbers of copies made by User under such permission. CCC and any representatives it may designate shall have the right to audit such books and records at any time during User's ordinary business hours, upon two days' prior notice. If any such audit shall determine that User shall have underpaid for, or underreported, any electronic copies used by three percent (3%) or more, then User shall bear all the costs of any such audit; otherwise, CCC shall bear the costs of any such audit. Any amount determined by such audit to have been underpaid by User shall immediately be paid to CCC by User, together with interest thereon at the rate of 10% per annum from the date such amount was originally due. The provisions of this paragraph shall survive the termination of this license for any reason.

c) *Pay-Per-Use Permissions for Certain Reproductions (Academic photocopies for library reserves and interlibrary loan reporting) (Non-academic internal/external business uses and commercial document delivery).* The License expressly excludes the uses listed in Section (c)(i)-(v) below (which must be subject to separate license from the applicable Rightsholder) for: academic photocopies for library reserves and interlibrary loan reporting; and non-academic internal/external business uses and commercial document delivery.

- i) electronic storage of any reproduction (whether in plain-text, PDF, or any other format) other than on a transitory basis;
- ii) the input of Works or reproductions thereof into any computerized database;
- iii) reproduction of an entire Work (cover-to-cover copying) except where the Work is a single article;

iv) reproduction for resale to anyone other than a specific customer of User;

v) republication in any different form. Please obtain authorizations for these uses through other CCC services or directly from the rightsholder.

Any license granted is further limited as set forth in any restrictions included in the Order Confirmation and/or in these Terms.

d) *Electronic Reproductions in Online Environments (Non-Academic-email, intranet, internet and extranet)*. For "electronic reproductions", which generally includes e-mail use (including instant messaging or other electronic transmission to a defined group of recipients) or posting on an intranet, extranet or Intranet site (including any display or performance incidental thereto), the following additional terms apply:

i) Unless otherwise set forth in the Order Confirmation, the License is limited to use completed within 30 days for any use on the Internet, 60 days for any use on an intranet or extranet and one year for any other use, all as measured from the "republication date" as identified in the Order Confirmation, if any, and otherwise from the date of the Order Confirmation.

ii) User may not make or permit any alterations to the Work, unless expressly set forth in the Order Confirmation (after request by User and approval by Rightsholder); provided, however, that a Work consisting of photographs or other still images not embedded in text may, if necessary, be resized, reformatted or have its resolution modified without additional express permission, and a Work consisting of audiovisual content may, if necessary, be "clipped" or reformatted for purposes of time or content management or ease of delivery (provided that any such resizing, reformatting, resolution modification or "clipping" does not alter the underlying editorial content or meaning of the Work used, and that the resulting material is used solely within the scope of, and in a manner consistent with, the particular License described in the Order Confirmation and the Terms.

#### 15) Miscellaneous.

a) User acknowledges that CCC may, from time to time, make changes or additions to the Service or to the Terms, and that Rightsholder may make changes or additions to the Rightsholder Terms. Such updated Terms will replace the prior terms and conditions in the order workflow and shall be effective as to any subsequent Licenses but shall not apply to Licenses already granted and paid for under a prior set of terms.

b) Use of User-related information collected through the Service is governed by CCC's privacy policy, available online at [www.copyright.com/about/privacy-policy/](http://www.copyright.com/about/privacy-policy/).

c) The License is personal to User. Therefore, User may not assign or transfer to any other person (whether a natural person or an organization of any kind) the License or any rights granted thereunder; provided, however, that, where applicable, User may assign such License in its entirety on written notice to CCC in the event of a transfer of all or substantially all of User's rights in any new material which includes the Work(s) licensed under this Service.

d) No amendment or waiver of any Terms is binding unless set forth in writing and signed by the appropriate parties, including, where applicable, the Rightsholder. The Rightsholder and CCC hereby object to any terms contained in any writing prepared by or on behalf of the User or its principals, employees, agents or affiliates and purporting to govern or otherwise relate to the License described in the Order Confirmation, which terms are in any way inconsistent with any Terms set forth in the Order Confirmation, and/or in CCC's standard operating procedures, whether such writing is prepared prior to, simultaneously with or subsequent to the Order Confirmation, and whether such writing appears on a copy of the Order Confirmation or in a separate instrument.

e) The License described in the Order Confirmation shall be governed by and construed under the law of the State of New York, USA, without regard to the principles thereof of conflicts of law. Any case, controversy, suit, action, or proceeding arising out of, in connection with, or related to such License shall be brought, at CCC's sole discretion, in any federal or state court located in the County of New York, State of New York, USA, or in any federal or state court whose geographical jurisdiction covers the location of the Rightsholder set forth in the Order Confirmation. The parties expressly submit to the personal jurisdiction and venue of each such federal or state court.

*Last updated October 2022*





This is a License Agreement between Tanya Sherry lee Willett ("User") and Copyright Clearance Center, Inc. ("CCC") on behalf of the Rightsholder identified in the order details below. The license consists of the order details, the Marketplace Permissions General Terms and Conditions below, and any Rightsholder Terms and Conditions which are included below.

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Order Date	10-Jul-2023	Type of Use	Republish in a thesis/dissertation
Order License ID	1374081-2	Publisher Portion	Elsevier Health Sciences Image/photo/illustration
ISBN-13	9780323581936		

## LICENSED CONTENT

Publication Title	Concepts for Nursing Practice (with Access on VitalSource)	Country Rightsholder	United States of America Elsevier Science & Technology Journals
Author/Editor	Giddens, Jean Foret	Publication Type	Book
Date	02/03/2020		
Language	English		

## REQUEST DETAILS

Portion Type	Image/photo/illustration	Distribution	Canada
Number of Images / Photos / Illustrations	1	Translation	Original language of publication
Format (select all that apply)	Print, Electronic	Copies for the Disabled?	No
Who Will Republish the Content?	Academic institution	Minor Editing Privileges?	Yes
Duration of Use	Life of current edition	Incidental Promotional Use?	No
Lifetime Unit Quantity	Up to 499	Currency	CAD
Rights Requested	Main product		

## NEW WORK DETAILS

Title	Spiritual Care: Development of a Nursing Student Resource	Institution Name	Memorial University of Newfoundland
Instructor Name	Dr. Ahtisham Younas	Expected Presentation Date	2023-07-31

## ADDITIONAL DETAILS

Order Reference Number	N/A	The Requesting Person/Organization to Appear on the License	Tanya Sherry lee Willett
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## REQUESTED CONTENT DETAILS

Title, Description or Numeric Reference of the Portion(s)	Fig. 5.2	Title of the Article/Chapter the Portion Is From	Concept 5: Spirituality
Editor of Portion(s)	N/A	Author of Portion(s)	Giddens, Jean Foret
Volume / Edition	3	Issue, if Republishing an Article From a Serial	N/A
Page or Page Range of Portion	43	Publication Date of Portion	2020-02-02

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The following terms and conditions ("General Terms"), together with any applicable Publisher Terms and Conditions, govern User's use of Works pursuant to the Licenses granted by Copyright Clearance Center, Inc. ("CCC") on behalf of the applicable Rightsholders of such Works through CCC's applicable Marketplace transactional licensing services (each, a "Service").

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7) **General Limits on Use.** Unless otherwise provided in the Order Confirmation, any grant of rights to User (i) involves only the rights set forth in the Terms and does not include subsequent or additional uses, (ii) is non-exclusive and non-transferable, and (iii) is subject to any and all limitations and restrictions (such as, but not limited to, limitations on duration of use or circulation) included in the Terms. Upon completion of the licensed use as set forth in the Order Confirmation, User shall either secure a new permission for further use of the Work(s) or immediately cease any new use of the Work(s) and shall render inaccessible (such as by deleting or by removing or severing links or other locators) any further copies of the Work. User may only make alterations to the Work if and as expressly set forth in the Order Confirmation. No Work may be used in any way that is unlawful, including without limitation if such use would violate applicable sanctions laws or regulations, would be defamatory, violate the rights of third parties (including such third parties' rights of copyright, privacy, publicity, or other tangible or intangible property), or is otherwise illegal, sexually explicit, or obscene. In addition, User may not conjoin a Work with any other material that may result in damage to the reputation of the Rightsholder. Any unlawful use will render any licenses hereunder null and void. User agrees to inform CCC if it becomes aware of any infringement of any rights in a Work and to cooperate with any reasonable request of CCC or the Rightsholder in connection therewith.

8) **Third Party Materials.** In the event that the material for which a License is sought includes third party materials (such as photographs, illustrations, graphs, inserts and similar materials) that are identified in such material as having been used by permission (or a similar indicator), User is responsible for identifying, and seeking separate licenses (under this Service, if available, or otherwise) for any of such third party materials; without a separate license, User may not use such third party materials via the License.

9) **Copyright Notice.** Use of proper copyright notice for a Work is required as a condition of any License granted under the Service. Unless otherwise provided in the Order Confirmation, a proper copyright notice will read substantially as follows: "Used with permission of [Rightsholder's name], from [Work's title, author, volume, edition number and year of copyright]; permission conveyed through Copyright Clearance Center, Inc." Such notice must be provided in a reasonably legible font size and must be placed either on a cover page or in another location that any person, upon gaining access to the material which is the subject of a permission, shall see, or in the case of republication Licenses, immediately adjacent to the Work as used (for example, as part of a by-line or footnote) or in the place where substantially all other credits or notices for the new work containing the republished Work are located. Failure to include the required notice results in loss to the Rightsholder and CCC, and the User shall be liable to pay liquidated damages for each such failure equal to twice the use fee specified in the Order Confirmation, in addition to the use fee itself and any other fees and charges specified.

10) **Indemnity.** User hereby indemnifies and agrees to defend the Rightsholder and CCC, and their respective employees and directors, against all claims, liability, damages, costs, and expenses, including legal fees and expenses, arising out of any use of a Work beyond the scope of the rights granted herein and in the Order Confirmation, or any use of a Work which has been altered in any unauthorized way by User, including claims of defamation or infringement of rights of copyright, publicity, privacy, or other tangible or intangible property.

11) **Limitation of Liability.** UNDER NO CIRCUMSTANCES WILL CCC OR THE RIGHTSHOLDER BE LIABLE FOR ANY DIRECT, INDIRECT, CONSEQUENTIAL, OR INCIDENTAL DAMAGES (INCLUDING WITHOUT LIMITATION DAMAGES FOR LOSS OF BUSINESS PROFITS OR INFORMATION, OR FOR BUSINESS INTERRUPTION) ARISING OUT OF THE USE OR INABILITY TO USE A WORK, EVEN IF ONE OR BOTH OF THEM HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. In any event, the total liability of the Rightsholder and CCC (including their respective employees and directors) shall not exceed the total

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12) **Limited Warranties.** THE WORK(S) AND RIGHT(S) ARE PROVIDED "AS IS." CCC HAS THE RIGHT TO GRANT TO USER THE RIGHTS GRANTED IN THE ORDER CONFIRMATION DOCUMENT. CCC AND THE RIGHTSHOLDER DISCLAIM ALL OTHER WARRANTIES RELATING TO THE WORK(S) AND RIGHT(S), EITHER EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. ADDITIONAL RIGHTS MAY BE REQUIRED TO USE ILLUSTRATIONS, GRAPHS, PHOTOGRAPHS, ABSTRACTS, INSERTS, OR OTHER PORTIONS OF THE WORK (AS OPPOSED TO THE ENTIRE WORK) IN A MANNER CONTEMPLATED BY USER; USER UNDERSTANDS AND AGREES THAT NEITHER CCC NOR THE RIGHTSHOLDER MAY HAVE SUCH ADDITIONAL RIGHTS TO GRANT.

13) **Effect of Breach.** Any failure by User to pay any amount when due, or any use by User of a Work beyond the scope of the License set forth in the Order Confirmation and/or the Terms, shall be a material breach of such License. Any breach not cured within 10 days of written notice thereof shall result in immediate termination of such License without further notice. Any unauthorized (but licensable) use of a Work that is terminated immediately upon notice thereof may be liquidated by payment of the Rightsholder's ordinary license price therefor; any unauthorized (and unlicensable) use that is not terminated immediately for any reason (including, for example, because materials containing the Work cannot reasonably be recalled) will be subject to all remedies available at law or in equity, but in no event to a payment of less than three times the Rightsholder's ordinary license price for the most closely analogous licensable use plus Rightsholder's and/or CCC's costs and expenses incurred in collecting such payment.

14) **Additional Terms for Specific Products and Services.** If a User is making one of the uses described in this Section 14, the additional terms and conditions apply:

a) **Print Uses of Academic Course Content and Materials (photocopies for academic coursepacks or classroom handouts).** For photocopies for academic coursepacks or classroom handouts the following additional terms apply:

i) The copies and anthologies created under this License may be made and assembled by faculty members individually or at their request by on-campus bookstores or copy centers, or by off-campus copy shops and other similar entities.

ii) No License granted shall in any way: (i) include any right by User to create a substantively non-identical copy of the Work or to edit or in any other way modify the Work (except by means of deleting material immediately preceding or following the entire portion of the Work copied) (ii) permit "publishing ventures" where any particular anthology would be systematically marketed at multiple institutions.

iii) Subject to any Publisher Terms (and notwithstanding any apparent contradiction in the Order Confirmation arising from data provided by User), any use authorized under the academic pay-per-use service is limited as follows:

A) any License granted shall apply to only one class (bearing a unique identifier as assigned by the institution, and thereby including all sections or other subparts of the class) at one institution;

B) use is limited to not more than 25% of the text of a book or of the items in a published collection of essays, poems or articles;

C) use is limited to no more than the greater of (a) 25% of the text of an issue of a journal or other periodical or (b) two articles from such an issue;

D) no User may sell or distribute any particular anthology, whether photocopied or electronic, at more than one institution of learning;

E) in the case of a photocopy permission, no materials may be entered into electronic memory by User except in order to produce an identical copy of a Work before or during the academic term (or analogous period) as to which any particular permission is granted. In the event that User shall choose to retain materials that are the subject of a photocopy permission in electronic memory for purposes of producing identical copies more than one day after such retention (but still within the scope of any permission granted), User must notify CCC of such fact in the applicable permission request and such retention shall constitute one copy actually sold for purposes of calculating permission fees due; and

F) any permission granted shall expire at the end of the class. No permission granted shall in any way include any right by User to create a substantively non-identical copy of the Work or to edit or in any other way

modify the Work (except by means of deleting material immediately preceding or following the entire portion of the Work copied).

iv) Books and Records; Right to Audit. As to each permission granted under the academic pay-per-use Service, User shall maintain for at least four full calendar years books and records sufficient for CCC to determine the numbers of copies made by User under such permission. CCC and any representatives it may designate shall have the right to audit such books and records at any time during User's ordinary business hours, upon two days' prior notice. If any such audit shall determine that User shall have underpaid for, or underreported, any photocopies sold or by three percent (3%) or more, then User shall bear all the costs of any such audit; otherwise, CCC shall bear the costs of any such audit. Any amount determined by such audit to have been underpaid by User shall immediately be paid to CCC by User, together with interest thereon at the rate of 10% per annum from the date such amount was originally due. The provisions of this paragraph shall survive the termination of this License for any reason.

b) **Digital Pay-Per-Uses of Academic Course Content and Materials (e-coursepacks, electronic reserves, learning management systems, academic institution intranets).** For uses in e-coursepacks, posts in electronic reserves, posts in learning management systems, or posts on academic institution intranets, the following additional terms apply:

i) The pay-per-uses subject to this Section 14(b) include:

A) **Posting e-reserves, course management systems, e-coursepacks for text-based content**, which grants authorizations to import requested material in electronic format, and allows electronic access to this material to members of a designated college or university class, under the direction of an instructor designated by the college or university, accessible only under appropriate electronic controls (e.g., password);

B) **Posting e-reserves, course management systems, e-coursepacks for material consisting of photographs or other still images not embedded in text**, which grants not only the authorizations described in Section 14(b)(i)(A) above, but also the following authorization: to include the requested material in course materials for use consistent with Section 14(b)(i)(A) above, including any necessary resizing, reformatting or modification of the resolution of such requested material (provided that such modification does not alter the underlying editorial content or meaning of the requested material, and provided that the resulting modified content is used solely within the scope of, and in a manner consistent with, the particular authorization described in the Order Confirmation and the Terms), but not including any other form of manipulation, alteration or editing of the requested material;

C) **Posting e-reserves, course management systems, e-coursepacks or other academic distribution for audiovisual content**, which grants not only the authorizations described in Section 14(b)(i)(A) above, but also the following authorizations: (i) to include the requested material in course materials for use consistent with Section 14(b)(i)(A) above; (ii) to display and perform the requested material to such members of such class in the physical classroom or remotely by means of streaming media or other video formats; and (iii) to "clip" or reformat the requested material for purposes of time or content management or ease of delivery, provided that such "clipping" or reformatting does not alter the underlying editorial content or meaning of the requested material and that the resulting material is used solely within the scope of, and in a manner consistent with, the particular authorization described in the Order Confirmation and the Terms. Unless expressly set forth in the relevant Order Confirmation, the License does not authorize any other form of manipulation, alteration or editing of the requested material.

ii) Unless expressly set forth in the relevant Order Confirmation, no License granted shall in any way: (i) include any right by User to create a substantively non-identical copy of the Work or to edit or in any other way modify the Work (except by means of deleting material immediately preceding or following the entire portion of the Work copied or, in the case of Works subject to Sections 14(b)(1)(B) or (C) above, as described in such Sections) (ii) permit "publishing ventures" where any particular course materials would be systematically marketed at multiple institutions.

iii) Subject to any further limitations determined in the Rightsholder Terms (and notwithstanding any apparent contradiction in the Order Confirmation arising from data provided by User), any use authorized under the electronic course content pay-per-use service is limited as follows:

A) any License granted shall apply to only one class (bearing a unique identifier as assigned by the institution, and thereby including all sections or other subparts of the class) at one institution;

- B) use is limited to not more than 25% of the text of a book or of the items in a published collection of essays, poems or articles;
  - C) use is limited to not more than the greater of (a) 25% of the text of an issue of a journal or other periodical or (b) two articles from such an issue;
  - D) no User may sell or distribute any particular materials, whether photocopied or electronic, at more than one institution of learning;
  - E) electronic access to material which is the subject of an electronic-use permission must be limited by means of electronic password, student identification or other control permitting access solely to students and instructors in the class;
  - F) User must ensure (through use of an electronic cover page or other appropriate means) that any person, upon gaining electronic access to the material, which is the subject of a permission, shall see:
    - o a proper copyright notice, identifying the Rightsholder in whose name CCC has granted permission,
    - o a statement to the effect that such copy was made pursuant to permission,
    - o a statement identifying the class to which the material applies and notifying the reader that the material has been made available electronically solely for use in the class, and
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  - G) any permission granted shall expire at the end of the class and, absent some other form of authorization, User is thereupon required to delete the applicable material from any electronic storage or to block electronic access to the applicable material.
- iv) Uses of separate portions of a Work, even if they are to be included in the same course material or the same university or college class, require separate permissions under the electronic course content pay-per-use Service. Unless otherwise provided in the Order Confirmation, any grant of rights to User is limited to use completed no later than the end of the academic term (or analogous period) as to which any particular permission is granted.
- v) Books and Records; Right to Audit. As to each permission granted under the electronic course content Service, User shall maintain for at least four full calendar years books and records sufficient for CCC to determine the numbers of copies made by User under such permission. CCC and any representatives it may designate shall have the right to audit such books and records at any time during User's ordinary business hours, upon two days' prior notice. If any such audit shall determine that User shall have underpaid for, or underreported, any electronic copies used by three percent (3%) or more, then User shall bear all the costs of any such audit; otherwise, CCC shall bear the costs of any such audit. Any amount determined by such audit to have been underpaid by User shall immediately be paid to CCC by User, together with interest thereon at the rate of 10% per annum from the date such amount was originally due. The provisions of this paragraph shall survive the termination of this license for any reason.
- c) *Pay-Per-Use Permissions for Certain Reproductions (Academic photocopies for library reserves and interlibrary loan reporting) (Non-academic internal/external business uses and commercial document delivery).* The License expressly excludes the uses listed in Section (c)(i)-(v) below (which must be subject to separate license from the applicable Rightsholder) for: academic photocopies for library reserves and interlibrary loan reporting; and non-academic internal/external business uses and commercial document delivery.
- i) electronic storage of any reproduction (whether in plain-text, PDF, or any other format) other than on a transitory basis;
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iv) reproduction for resale to anyone other than a specific customer of User;

v) republication in any different form. Please obtain authorizations for these uses through other CCC services or directly from the rightsholder.

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d) *Electronic Reproductions in Online Environments (Non-Academic-email, intranet, internet and extranet)*. For "electronic reproductions", which generally includes e-mail use (including instant messaging or other electronic transmission to a defined group of recipients) or posting on an intranet, extranet or Intranet site (including any display or performance incidental thereto), the following additional terms apply:

i) Unless otherwise set forth in the Order Confirmation, the License is limited to use completed within 30 days for any use on the Internet, 60 days for any use on an intranet or extranet and one year for any other use, all as measured from the "republish date" as identified in the Order Confirmation, if any, and otherwise from the date of the Order Confirmation.

ii) User may not make or permit any alterations to the Work, unless expressly set forth in the Order Confirmation (after request by User and approval by Rightsholder); provided, however, that a Work consisting of photographs or other still images not embedded in text may, if necessary, be resized, reformatted or have its resolution modified without additional express permission, and a Work consisting of audiovisual content may, if necessary, be "clipped" or reformatted for purposes of time or content management or ease of delivery (provided that any such resizing, reformatting, resolution modification or "clipping" does not alter the underlying editorial content or meaning of the Work used, and that the resulting material is used solely within the scope of, and in a manner consistent with, the particular License described in the Order Confirmation and the Terms.

#### 15) Miscellaneous.

a) User acknowledges that CCC may, from time to time, make changes or additions to the Service or to the Terms, and that Rightsholder may make changes or additions to the Rightsholder Terms. Such updated Terms will replace the prior terms and conditions in the order workflow and shall be effective as to any subsequent Licenses but shall not apply to Licenses already granted and paid for under a prior set of terms.

b) Use of User-related information collected through the Service is governed by CCC's privacy policy, available online at [www.copyright.com/about/privacy-policy/](http://www.copyright.com/about/privacy-policy/).

c) The License is personal to User. Therefore, User may not assign or transfer to any other person (whether a natural person or an organization of any kind) the License or any rights granted thereunder; provided, however, that, where applicable, User may assign such License in its entirety on written notice to CCC in the event of a transfer of all or substantially all of User's rights in any new material which includes the Work(s) licensed under this Service.

d) No amendment or waiver of any Terms is binding unless set forth in writing and signed by the appropriate parties, including, where applicable, the Rightsholder. The Rightsholder and CCC hereby object to any terms contained in any writing prepared by or on behalf of the User or its principals, employees, agents or affiliates and purporting to govern or otherwise relate to the License described in the Order Confirmation, which terms are in any way inconsistent with any Terms set forth in the Order Confirmation, and/or in CCC's standard operating procedures, whether such writing is prepared prior to, simultaneously with or subsequent to the Order Confirmation, and whether such writing appears on a copy of the Order Confirmation or in a separate instrument.

e) The License described in the Order Confirmation shall be governed by and construed under the law of the State of New York, USA, without regard to the principles thereof of conflicts of law. Any case, controversy, suit, action, or proceeding arising out of, in connection with, or related to such License shall be brought, at CCC's sole discretion, in any federal or state court located in the County of New York, State of New York, USA, or in any federal or state court whose geographical jurisdiction covers the location of the Rightsholder set forth in the Order Confirmation. The parties expressly submit to the personal jurisdiction and venue of each such federal or state court.

*Last updated October 2022*



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Order Date	10-Jul-2023	Type of Use	Republish in a thesis/dissertation
Order License ID	1374081-3	Publisher	Elsevier Health Sciences
ISBN-13	9780323625487	Portion	Excerpt (up to 400 words)

## LICENSED CONTENT

Publication Title	Communication in Nursing	Country	United States of America
Author/Editor	Balzer Riley, Julia	Rightsholder	Elsevier Science & Technology Journals
Date	10/31/2019	Publication Type	Book
Language	English		

## REQUEST DETAILS

Portion Type	Excerpt (up to 400 words)	Distribution	Canada
Number of Excerpts	1	Translation	Original language of publication
Format (select all that apply)	Print, Electronic	Copies for the Disabled?	No
Who Will Republish the Content?	Academic institution	Minor Editing Privileges?	Yes
Duration of Use	Life of current edition	Incidental Promotional Use?	No
Lifetime Unit Quantity	Up to 499	Currency	CAD
Rights Requested	Main product		

## NEW WORK DETAILS

Title	Spiritual Care: Development of a Nursing Student Resource	Institution Name	Memorial University of Newfoundland
Instructor Name	Dr. Ahtisham Younas	Expected Presentation Date	2023-07-31

## ADDITIONAL DETAILS

Order Reference Number	N/A	The Requesting Person/Organization to Appear on the License	Tanya Sherry lee Willett
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## REQUESTED CONTENT DETAILS



Title, Description or Numeric Reference of the Portion(s)	Spiritual Care Begins with the Nurse	Title of the Article/Chapter the Portion Is From	Embracing the Spiritual Journey of Healthcaring: Meaning Making
Editor of Portion(s)	N/A	Author of Portion(s)	Balzer Riley, Julia
Volume / Edition	9	Issue, if Republishing an Article From a Serial	N/A
Page or Page Range of Portion	page 151	Publication Date of Portion	2019-10-30

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"Order Confirmation" is the confirmation CCC provides to the User at the conclusion of each Marketplace transaction. "Order Confirmation Terms" are additional terms set forth on specific Order Confirmations not set forth in the General Terms that can include terms applicable to a particular CCC transactional licensing service and/or any Rightsholder-specific terms.

"Rightsholder(s)" are the holders of copyright rights in the Works for which a User obtains licenses via the Marketplace platform, which are displayed on specific Order Confirmations.

"Terms" means the terms and conditions set forth in these General Terms and any additional Order Confirmation Terms collectively.

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"Work(s)" are the copyright protected works described in relevant Order Confirmations.

2) **Description of Service.** CCC's Marketplace enables Users to obtain Licenses to use one or more Works in accordance with all relevant Terms. CCC grants Licenses as an agent on behalf of the copyright rightsholder identified in the relevant Order Confirmation.

3) **Applicability of Terms.** The Terms govern User's use of Works in connection with the relevant License. In the event of any conflict between General Terms and Order Confirmation Terms, the latter shall govern. User acknowledges that Rightsholders have complete discretion whether to grant any permission, and whether to place any limitations on any grant, and that CCC has no right to supersede or to modify any such discretionary act by a Rightsholder.

4) **Representations; Acceptance.** By using the Service, User represents and warrants that User has been duly authorized by the User to accept, and hereby does accept, all Terms.

5) **Scope of License; Limitations and Obligations.** All Works and all rights therein, including copyright rights, remain the sole and exclusive property of the Rightsholder. The License provides only those rights expressly set forth in the terms and conveys no other rights in any Works

6) **General Payment Terms.** User may pay at time of checkout by credit card or choose to be invoiced. If the User chooses to be invoiced, the User shall: (i) remit payments in the manner identified on specific invoices, (ii) unless otherwise specifically stated in an Order Confirmation or separate written agreement, Users shall remit payments upon receipt of the relevant invoice from CCC, either by delivery or notification of availability of the invoice via the Marketplace platform, and (iii) if the User does not pay the invoice within 30 days of receipt, the User may incur a service charge of 1.5% per month or the maximum rate allowed by applicable law, whichever is less. While User may exercise the rights in the License immediately upon receiving the Order Confirmation, the License is automatically revoked and is null and void, as if it had never been issued, if CCC does not receive complete payment on a timely basis.

7) **General Limits on Use.** Unless otherwise provided in the Order Confirmation, any grant of rights to User (i) involves only the rights set forth in the Terms and does not include subsequent or additional uses, (ii) is non-exclusive and non-transferable, and (iii) is subject to any and all limitations and restrictions (such as, but not limited to, limitations on duration of use or circulation) included in the Terms. Upon completion of the licensed use as set forth in the Order Confirmation, User shall either secure a new permission for further use of the Work(s) or immediately cease any new use of the Work(s) and shall render inaccessible (such as by deleting or by removing or severing links or other locators) any further copies of the Work. User may only make alterations to the Work if and as expressly set forth in the Order Confirmation. No Work may be used in any way that is unlawful, including without limitation if such use would violate applicable sanctions laws or regulations, would be defamatory, violate the rights of third parties (including such third parties' rights of copyright, privacy, publicity, or other tangible or intangible property), or is otherwise illegal, sexually explicit, or obscene. In addition, User may not conjoin a Work with any other material that may result in damage to the reputation of the Rightsholder. Any unlawful use will render any licenses hereunder null and void. User agrees to inform CCC if it becomes aware of any infringement of any rights in a Work and to cooperate with any reasonable request of CCC or the Rightsholder in connection therewith.

8) **Third Party Materials.** In the event that the material for which a License is sought includes third party materials (such as photographs, illustrations, graphs, inserts and similar materials) that are identified in such material as having been used by permission (or a similar indicator), User is responsible for identifying, and seeking separate licenses (under this Service, if available, or otherwise) for any of such third party materials; without a separate license, User may not use such third party materials via the License.

9) **Copyright Notice.** Use of proper copyright notice for a Work is required as a condition of any License granted under the Service. Unless otherwise provided in the Order Confirmation, a proper copyright notice will read substantially as follows: "Used with permission of [Rightsholder's name], from [Work's title, author, volume, edition number and year of copyright]; permission conveyed through Copyright Clearance Center, Inc." Such notice must be provided in a reasonably legible font size and must be placed either on a cover page or in another location that any person, upon gaining access to the material which is the subject of a permission, shall see, or in the case of republication Licenses, immediately adjacent to the Work as used (for example, as part of a by-line or footnote) or in the place where substantially all other credits or notices for the new work containing the republished Work are located. Failure to include the required notice results in loss to the Rightsholder and CCC, and the User shall be liable to pay liquidated damages for each such failure equal to twice the use fee specified in the Order Confirmation, in addition to the use fee itself and any other fees and charges specified.

10) **Indemnity.** User hereby indemnifies and agrees to defend the Rightsholder and CCC, and their respective employees and directors, against all claims, liability, damages, costs, and expenses, including legal fees and expenses, arising out of any use of a Work beyond the scope of the rights granted herein and in the Order Confirmation, or any use of a Work which has been altered in any unauthorized way by User, including claims of defamation or infringement of rights of copyright, publicity, privacy, or other tangible or intangible property.

11) **Limitation of Liability.** UNDER NO CIRCUMSTANCES WILL CCC OR THE RIGHTSHOLDER BE LIABLE FOR ANY DIRECT, INDIRECT, CONSEQUENTIAL, OR INCIDENTAL DAMAGES (INCLUDING WITHOUT LIMITATION DAMAGES FOR LOSS OF BUSINESS PROFITS OR INFORMATION, OR FOR BUSINESS INTERRUPTION) ARISING OUT OF THE USE OR INABILITY TO USE A WORK, EVEN IF ONE OR BOTH OF THEM HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. In any event, the total liability of the Rightsholder and CCC (including their respective employees and directors) shall not exceed the total

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12) **Limited Warranties.** THE WORK(S) AND RIGHT(S) ARE PROVIDED "AS IS." CCC HAS THE RIGHT TO GRANT TO USER THE RIGHTS GRANTED IN THE ORDER CONFIRMATION DOCUMENT. CCC AND THE RIGHTSHOLDER DISCLAIM ALL OTHER WARRANTIES RELATING TO THE WORK(S) AND RIGHT(S), EITHER EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. ADDITIONAL RIGHTS MAY BE REQUIRED TO USE ILLUSTRATIONS, GRAPHS, PHOTOGRAPHS, ABSTRACTS, INSERTS, OR OTHER PORTIONS OF THE WORK (AS OPPOSED TO THE ENTIRE WORK) IN A MANNER CONTEMPLATED BY USER; USER UNDERSTANDS AND AGREES THAT NEITHER CCC NOR THE RIGHTSHOLDER MAY HAVE SUCH ADDITIONAL RIGHTS TO GRANT.

13) **Effect of Breach.** Any failure by User to pay any amount when due, or any use by User of a Work beyond the scope of the License set forth in the Order Confirmation and/or the Terms, shall be a material breach of such License. Any breach not cured within 10 days of written notice thereof shall result in immediate termination of such License without further notice. Any unauthorized (but licensable) use of a Work that is terminated immediately upon notice thereof may be liquidated by payment of the Rightsholder's ordinary license price therefor; any unauthorized (and unlicensable) use that is not terminated immediately for any reason (including, for example, because materials containing the Work cannot reasonably be recalled) will be subject to all remedies available at law or in equity, but in no event to a payment of less than three times the Rightsholder's ordinary license price for the most closely analogous licensable use plus Rightsholder's and/or CCC's costs and expenses incurred in collecting such payment.

14) **Additional Terms for Specific Products and Services.** If a User is making one of the uses described in this Section 14, the additional terms and conditions apply:

a) *Print Uses of Academic Course Content and Materials (photocopies for academic coursepacks or classroom handouts).* For photocopies for academic coursepacks or classroom handouts the following additional terms apply:

i) The copies and anthologies created under this License may be made and assembled by faculty members individually or at their request by on-campus bookstores or copy centers, or by off-campus copy shops and other similar entities.

ii) No License granted shall in any way: (i) include any right by User to create a substantively non-identical copy of the Work or to edit or in any other way modify the Work (except by means of deleting material immediately preceding or following the entire portion of the Work copied) (ii) permit "publishing ventures" where any particular anthology would be systematically marketed at multiple institutions.

iii) Subject to any Publisher Terms (and notwithstanding any apparent contradiction in the Order Confirmation arising from data provided by User), any use authorized under the academic pay-per-use service is limited as follows:

A) any License granted shall apply to only one class (bearing a unique identifier as assigned by the institution, and thereby including all sections or other subparts of the class) at one institution;

B) use is limited to not more than 25% of the text of a book or of the items in a published collection of essays, poems or articles;

C) use is limited to no more than the greater of (a) 25% of the text of an issue of a journal or other periodical or (b) two articles from such an issue;

D) no User may sell or distribute any particular anthology, whether photocopied or electronic, at more than one institution of learning;

E) in the case of a photocopy permission, no materials may be entered into electronic memory by User except in order to produce an identical copy of a Work before or during the academic term (or analogous period) as to which any particular permission is granted. In the event that User shall choose to retain materials that are the subject of a photocopy permission in electronic memory for purposes of producing identical copies more than one day after such retention (but still within the scope of any permission granted), User must notify CCC of such fact in the applicable permission request and such retention shall constitute one copy actually sold for purposes of calculating permission fees due; and

F) any permission granted shall expire at the end of the class. No permission granted shall in any way include any right by User to create a substantively non-identical copy of the Work or to edit or in any other way

modify the Work (except by means of deleting material immediately preceding or following the entire portion of the Work copied).

iv) Books and Records; Right to Audit. As to each permission granted under the academic pay-per-use Service, User shall maintain for at least four full calendar years books and records sufficient for CCC to determine the numbers of copies made by User under such permission. CCC and any representatives it may designate shall have the right to audit such books and records at any time during User's ordinary business hours, upon two days' prior notice. If any such audit shall determine that User shall have underpaid for, or underreported, any photocopies sold or by three percent (3%) or more, then User shall bear all the costs of any such audit; otherwise, CCC shall bear the costs of any such audit. Any amount determined by such audit to have been underpaid by User shall immediately be paid to CCC by User, together with interest thereon at the rate of 10% per annum from the date such amount was originally due. The provisions of this paragraph shall survive the termination of this License for any reason.

b) *Digital Pay-Per-Uses of Academic Course Content and Materials (e-coursepacks, electronic reserves, learning management systems, academic institution intranets).* For uses in e-coursepacks, posts in electronic reserves, posts in learning management systems, or posts on academic institution intranets, the following additional terms apply:

i) The pay-per-uses subject to this Section 14(b) include:

A) **Posting e-reserves, course management systems, e-coursepacks for text-based content**, which grants authorizations to import requested material in electronic format, and allows electronic access to this material to members of a designated college or university class, under the direction of an instructor designated by the college or university, accessible only under appropriate electronic controls (e.g., password);

B) **Posting e-reserves, course management systems, e-coursepacks for material consisting of photographs or other still images not embedded in text**, which grants not only the authorizations described in Section 14(b)(i)(A) above, but also the following authorization: to include the requested material in course materials for use consistent with Section 14(b)(i)(A) above, including any necessary resizing, reformatting or modification of the resolution of such requested material (provided that such modification does not alter the underlying editorial content or meaning of the requested material, and provided that the resulting modified content is used solely within the scope of, and in a manner consistent with, the particular authorization described in the Order Confirmation and the Terms), but not including any other form of manipulation, alteration or editing of the requested material;

C) **Posting e-reserves, course management systems, e-coursepacks or other academic distribution for audiovisual content**, which grants not only the authorizations described in Section 14(b)(i)(A) above, but also the following authorizations: (i) to include the requested material in course materials for use consistent with Section 14(b)(i)(A) above; (ii) to display and perform the requested material to such members of such class in the physical classroom or remotely by means of streaming media or other video formats; and (iii) to "clip" or reformat the requested material for purposes of time or content management or ease of delivery, provided that such "clipping" or reformatting does not alter the underlying editorial content or meaning of the requested material and that the resulting material is used solely within the scope of, and in a manner consistent with, the particular authorization described in the Order Confirmation and the Terms. Unless expressly set forth in the relevant Order Confirmation, the License does not authorize any other form of manipulation, alteration or editing of the requested material.

ii) Unless expressly set forth in the relevant Order Confirmation, no License granted shall in any way: (i) include any right by User to create a substantively non-identical copy of the Work or to edit or in any other way modify the Work (except by means of deleting material immediately preceding or following the entire portion of the Work copied or, in the case of Works subject to Sections 14(b)(i)(B) or (C) above, as described in such Sections) (ii) permit "publishing ventures" where any particular course materials would be systematically marketed at multiple institutions.

iii) Subject to any further limitations determined in the Rightsholder Terms (and notwithstanding any apparent contradiction in the Order Confirmation arising from data provided by User), any use authorized under the electronic course content pay-per-use service is limited as follows:

A) any License granted shall apply to only one class (bearing a unique identifier as assigned by the institution, and thereby including all sections or other subparts of the class) at one institution;

B) use is limited to not more than 25% of the text of a book or of the items in a published collection of essays, poems or articles;

C) use is limited to not more than the greater of (a) 25% of the text of an issue of a journal or other periodical or (b) two articles from such an issue;

D) no User may sell or distribute any particular materials, whether photocopied or electronic, at more than one institution of learning;

E) electronic access to material which is the subject of an electronic-use permission must be limited by means of electronic password, student identification or other control permitting access solely to students and instructors in the class;

F) User must ensure (through use of an electronic cover page or other appropriate means) that any person, upon gaining electronic access to the material, which is the subject of a permission, shall see:

- o a proper copyright notice, identifying the Rightsholder in whose name CCC has granted permission,
- o a statement to the effect that such copy was made pursuant to permission,
- o a statement identifying the class to which the material applies and notifying the reader that the material has been made available electronically solely for use in the class, and
- o a statement to the effect that the material may not be further distributed to any person outside the class, whether by copying or by transmission and whether electronically or in paper form, and User must also ensure that such cover page or other means will print out in the event that the person accessing the material chooses to print out the material or any part thereof.

G) any permission granted shall expire at the end of the class and, absent some other form of authorization, User is thereupon required to delete the applicable material from any electronic storage or to block electronic access to the applicable material.

iv) Uses of separate portions of a Work, even if they are to be included in the same course material or the same university or college class, require separate permissions under the electronic course content pay-per-use Service. Unless otherwise provided in the Order Confirmation, any grant of rights to User is limited to use completed no later than the end of the academic term (or analogous period) as to which any particular permission is granted.

v) Books and Records; Right to Audit. As to each permission granted under the electronic course content Service, User shall maintain for at least four full calendar years books and records sufficient for CCC to determine the numbers of copies made by User under such permission. CCC and any representatives it may designate shall have the right to audit such books and records at any time during User's ordinary business hours, upon two days' prior notice. If any such audit shall determine that User shall have underpaid for, or underreported, any electronic copies used by three percent (3%) or more, then User shall bear all the costs of any such audit; otherwise, CCC shall bear the costs of any such audit. Any amount determined by such audit to have been underpaid by User shall immediately be paid to CCC by User, together with interest thereon at the rate of 10% per annum from the date such amount was originally due. The provisions of this paragraph shall survive the termination of this license for any reason.

c) *Pay-Per-Use Permissions for Certain Reproductions (Academic photocopies for library reserves and interlibrary loan reporting) (Non-academic internal/external business uses and commercial document delivery).* The License expressly excludes the uses listed in Section (c)(i)-(v) below (which must be subject to separate license from the applicable Rightsholder) for: academic photocopies for library reserves and interlibrary loan reporting; and non-academic internal/external business uses and commercial document delivery.

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- ii) the input of Works or reproductions thereof into any computerized database;
- iii) reproduction of an entire Work (cover-to-cover copying) except where the Work is a single article;

iv) reproduction for resale to anyone other than a specific customer of User;

v) republication in any different form. Please obtain authorizations for these uses through other CCC services or directly from the rightsholder.

Any license granted is further limited as set forth in any restrictions included in the Order Confirmation and/or in these Terms.

d) *Electronic Reproductions in Online Environments (Non-Academic-email, intranet, internet and extranet).* For "electronic reproductions", which generally includes e-mail use (including instant messaging or other electronic transmission to a defined group of recipients) or posting on an intranet, extranet or Intranet site (including any display or performance incidental thereto), the following additional terms apply:

i) Unless otherwise set forth in the Order Confirmation, the License is limited to use completed within 30 days for any use on the Internet, 60 days for any use on an intranet or extranet and one year for any other use, all as measured from the "republication date" as identified in the Order Confirmation, if any, and otherwise from the date of the Order Confirmation.

ii) User may not make or permit any alterations to the Work, unless expressly set forth in the Order Confirmation (after request by User and approval by Rightsholder); provided, however, that a Work consisting of photographs or other still images not embedded in text may, if necessary, be resized, reformatted or have its resolution modified without additional express permission, and a Work consisting of audiovisual content may, if necessary, be "clipped" or reformatted for purposes of time or content management or ease of delivery (provided that any such resizing, reformatting, resolution modification or "clipping" does not alter the underlying editorial content or meaning of the Work used, and that the resulting material is used solely within the scope of, and in a manner consistent with, the particular License described in the Order Confirmation and the Terms.

#### 15) Miscellaneous.

a) User acknowledges that CCC may, from time to time, make changes or additions to the Service or to the Terms, and that Rightsholder may make changes or additions to the Rightsholder Terms. Such updated Terms will replace the prior terms and conditions in the order workflow and shall be effective as to any subsequent Licenses but shall not apply to Licenses already granted and paid for under a prior set of terms.

b) Use of User-related information collected through the Service is governed by CCC's privacy policy, available online at [www.copyright.com/about/privacy-policy/](http://www.copyright.com/about/privacy-policy/).

c) The License is personal to User. Therefore, User may not assign or transfer to any other person (whether a natural person or an organization of any kind) the License or any rights granted thereunder; provided, however, that, where applicable, User may assign such License in its entirety on written notice to CCC in the event of a transfer of all or substantially all of User's rights in any new material which includes the Work(s) licensed under this Service.

d) No amendment or waiver of any Terms is binding unless set forth in writing and signed by the appropriate parties, including, where applicable, the Rightsholder. The Rightsholder and CCC hereby object to any terms contained in any writing prepared by or on behalf of the User or its principals, employees, agents or affiliates and purporting to govern or otherwise relate to the License described in the Order Confirmation, which terms are in any way inconsistent with any Terms set forth in the Order Confirmation, and/or in CCC's standard operating procedures, whether such writing is prepared prior to, simultaneously with or subsequent to the Order Confirmation, and whether such writing appears on a copy of the Order Confirmation or in a separate instrument.

e) The License described in the Order Confirmation shall be governed by and construed under the law of the State of New York, USA, without regard to the principles thereof of conflicts of law. Any case, controversy, suit, action, or proceeding arising out of, in connection with, or related to such License shall be brought, at CCC's sole discretion, in any federal or state court located in the County of New York, State of New York, USA, or in any federal or state court whose geographical jurisdiction covers the location of the Rightsholder set forth in the Order Confirmation. The parties expressly submit to the personal jurisdiction and venue of each such federal or state court.

*Last updated October 2022*

## Willett, Tanya (Sherry)

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**From:** Valerie Hess <valerie.hess@virtuesproject.com>  
**Sent:** July 24, 2023 7:37 PM  
**To:** Willett, Tanya (Sherry); Marilyn Thompson; Rakesh Sehgal; Christine Ayling  
**Subject:** Re: Permission to Use

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This Email originated from outside of NWP. Please exercise caution when opening attachments, clicking on links, when asked to enter usernames/passwords, or responding to requests. Report suspicious emails to helpdesk@nwpolytech.ca or block them via the Junk button in Outlook.

**For more information contact the Help Desk**

Dear Tanya (Sherry),

Thank you for your email. We are honored to be a part of your project (the quick reference guide for spiritual care) that will be shared with nursing students and faculty.

We will prepare a simple contract using the details and attachment that you have provided. Please make the following changes: Use [The Five Strategies of The Virtues Project](#) for the title and reference the website: [www.virtuesproject.com](http://www.virtuesproject.com) not org.

Joyfully,  
Valerie