Using Expressive Art in a Nursing Course on Death and Dying

Nursing students’ first contact with death often is laden with fear, distress, and an overwhelming feeling of inadequacy. Such feelings are never quite resolved, and all nurses can recall the death of their first patient.

Currently, practicing nurses recommend nursing education teach students how to deal with their own feelings when providing end-of-life care (White, Coyne, & Patel, 2001). Nurse educators have the responsibility to assist nursing students in understanding and dealing with their own emotional feelings and anxieties toward death (Allchin, 2006).

Expressive Art Activities

The goal of the course faculty was to create learning activities that would assist students to understand and deal with their feelings and anxieties toward death. Faculty, in collaboration with a certified art therapist, developed and integrated expressive art into a required end-of-life care nursing course. Expressive art activities were used to explore the emotional responses of students regarding death and grief. The expressive art was process-oriented and self-expressive using colors, textures, and shapes. The following two expressive art activities were used during the course.

On the first day of class, nursing students were guided through quiet reflection on their personal thoughts and experiences with death by the art therapist. Students then were asked to create art reflecting their personal experiences and emotions. The art created by the students varied from abstract paintings to drawings depicting actual death experiences.

Later in the course, prior to content covering grief and loss, the art therapist led the students through an experiential grief activity that guided students through a personal life journey up to the time of death. After the activity, students created expressive art communicating the experience. Students used various art forms including drawings of personal grief and loss to written words and letters expressing emotions. A number of art supplies were provided including paint, markers, crayons, ribbons, buttons, glue, glitter, and magazine clippings.

Both activities created a nonverbal means for students to understand and deal with their feelings and anxieties. By engaging in art-making activities, students participated in their own healing, using the language of their own mind. Attitudes were guided from within, rather than imposed or influenced by another.

Following each activity, students were encouraged to share their feelings about their art in small groups. Faculty created a safe and caring environment; therefore, students were comfortable sharing their work reflecting personal experiences, emotions, and meaning. With the completion of each activity, students were guided through a debriefing session led by faculty and the certified art therapist.

Evaluation and Student Response

The students embraced the expressive art activities, and comments overall were highly favorable. Written summative evaluations were conducted (n = 92) using a questionnaire. Examples of students’ perceived benefits as written in the qualitative comments included “I have gained a better understanding of my feelings toward death,” and “I feel prepared for my first experience with death.” Some students described an important attitude shift, such as “I am not as afraid of death.”

The expressive art allowed for students to experience personal growth and awareness of personal feelings related to death and dying. The use of expressive art is recommended as a teaching methodology for nurse educators teaching care of the dying and for other emotional topics in nursing education.

References


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What’s for Lunch?

The incidence of overweight and obesity in children has increased dramatically, putting today’s children at risk for morbidities such as type II diabetes, asthma, hypertension, and sleep disorders. It has been suggested that preventive nutritional health efforts should begin in childhood to establish habits that may prevent later morbidity (Barlow & Expert Committee, 2007).

The Healthy People 2010 (U.S. Food and Drug Administration & National Institutes of Health, 2000) nutrition and obesity prevention objectives endorse interventions that enhance awareness and involve children in all stages of meal preparation. Because foods consumed at school are a major portion of daily intake, efforts to influence food choices available at school and nutrition education in the classroom have the potential to create a substantial positive impact on a healthy lifestyle. Integrating nutrition content into school curricula through edible school gardens or teaching kitchens where students learn the skills of meal planning, shopping, preparation, and food advocacy can creatively endorse healthy eating habits in school-aged children (Cooper & Holmes, 2005).

Meanwhile, crafting relevant curricular exercises for nursing students who will encounter nutritionally at-risk children in practice settings presents a challenge for their faculty. As
adult learners, these students need to be motivated and perceive value in coursework and assignments.

Creative Nutrition Program
For a third year, advanced practice pediatric nursing students participated in a nutrition program at one of three local elementary schools. As an assignment for their nutrition course, they prepared a selection of lunch items for the elementary school students to taste test. Sampled foods needed to conform to guidelines posed by the U.S. Department of Agriculture food pyramid related to variety, balance, and portion size, as well as remain cold or hot as needed, incorporate a variety of culturally interesting choices, use readily available ingredients, and be easy for families to prepare.

The prime objectives of this creative application were to:
- Provide nutritional guidance and modeling via an active learning program to a group of elementary school students.
- Develop a meaningful graduate level assignment that was challenging and stimulating, yet fun and relevant for the nursing students.

An option for the nurse presenters was to incorporate a secret ingredient such as broccoli into a variety of foods. As a result, the elementary students were treated to such creative lunch items as a calcium power drink, an ABC (apple/broccoli/carrot) smoothie, Dr. Seuss soup, and cold soba noodle salad with tofu and vegetables.

The sessions were not only about food tasting, however. The nursing students also were expected to integrate a lesson about healthy eating, using interactive lessons about the food pyramid and healthful eating behavior. Elementary students thus gained knowledge about Slow, Go, and Whoa foods; recommended portion sizes; and nutritional balance.

Program Evaluation
Prior to the sessions, the elementary school students were asked about their eating habits, how often they brought lunch to school, and whether they assisted in food preparation at home. Following the sessions, the elementary school students completed a brief questionnaire about the presentation, foods sampled, and performance of the presenters. Of 30 fourth-grade survey respondents from the most recent session, 83% reported they would eat a sampled item again; the vast majority (90%) found the information to be clear, useful, and well presented; and 83% thought the overall presentation with a taste test was a good way to learn.

Specific comments included the children’s realization that foods can be naturally sweet without added sugar and that a surprising number of foods can taste good. One elementary school teacher who has hosted several of these sessions noted this to be a clever way to interest kids in healthy eating and has integrated some of the program content into her regular curriculum. Formal graduate school course evaluations from the nursing students were favorable, and many reported enjoying the real-life encounter with elementary students in the school setting.

Pineapple pizza bites? Turkey, cheese, and tortilla spirals? Hummus with pita? Elementary school and graduate nursing students say, “Yes!”

References

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Developing Empathy Among Novice Millennial Nursing Students
In 2003, Howe and Strauss described characteristics of the five generations that constitute the majority of the U.S. population. The newest generation, millennials, also referred to as Generation Yers, are the largest group of students currently on college campuses (Elam, Stratton, & Gibson, 2007; Howe & Strauss, 2003).

Experiences such as Columbine, the Gulf War, and September 11, 2001, and the parental responses to these events have shaped this generation of learners. Millennials have been described as the most sheltered, conventionally minded, high-achieving, and technologically savvy generation of students in a long time (Howe & Strauss, 2003).

Unlike previous generations that often rebelled against norms and conformity, millennials agree with the underlying cultural values of their parents and welcome the teaching of values such as honesty, caring, and moral courage (Howe & Strauss, 2003). To be effective as nurses, empathy must also be fostered in this promising generation of future professionals.

Transformation Theory
In a baccalaureate program in the northeastern United States, the first professional nursing course is Introduction to Professional Nursing. The course focuses on issues including humanistic values such as empathy. One course objective is to “use self-reflection as a method to develop as a member of the academic and professional nursing communities.”

To achieve this course objective, transformation theory guided the development of selected learning activities. Transformation theory describes a process for modifying existing beliefs, attitudes, and emotional reactions when confronting a complex problem (Mezirow, 2000). It includes examining one’s beliefs and assumptions, and critically reflecting on an experience to understanding its meaning. Through this process, the newly realized perspective provides
enhanced meanings and awareness that likely will influence how learners behave and interpret future life events (Mezirow, 2000).

Millennials, as a result of their age and the protected environment in which they were raised, often have limited contact with individuals experiencing serious illness or disability. As a result, they may lack an understanding of the physical aspects of illness and disability, and the corresponding impact of the malady on the whole person and family. Faculty think it is essential for beginning nursing students to cultivate empathy and a genuine sensitivity for others.

**Learning Activity**

Consistent with the course objectives and transformation theory, a learning experience was designed to promote empathy. Students are assigned to read a book chronicling a person’s experience living with a serious health problem or disability.

Books are selected from a faculty-prepared list. Examples of the health problems described in the books include an older adult in the later stages of Lou Gehrig disease, a middle-aged celebrity with multiple sclerosis, a world-class athlete with cancer, a young mother with breast cancer, and a child with leukemia. This pedagogical approach is consistent with the findings of Walker et al. (2006), who reported the majority of Generation X and Generation Y undergraduate nursing students prefer to learn from stories of actual events in peoples’ lives.

After reading one of the books, students write an essay responding to the following questions:

- What is the major issue or problem that the character confronted in this work?
- How do you feel about the issues revealed?
- In what ways are your formerly held beliefs about people with this health problem or issue affected?
- What does the writer help you understand that will help you be empathic when confronted with a similar situation as a nurse?
- What have you learned about people and their health?

**Students’ Response**

Students’ initial responses, such as being judgmental, having pity, and feeling sadness, are replaced by emotions such as courage, compassion, perseverance, and acceptance. They report being inspired by the ways characters strive for control in their lives and their health. Just as important, students recognize the critical role of family and social support networks.

Students’ exposure to the stories of those with life-altering and life-threatening health issues is a powerful learning experience. It assists them in reexamining and modifying their perspectives as a result of deeper understanding of the experience. Although students learn about a wrenching life story, they also discover more about themselves, the meaning of health, and the importance of empathy in the human experience and as a nurse.

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**Dosage Calculation Review Laboratory**

Nursing students learn dosage calculation during their basic education and must pass one or more dosage calculation examinations each semester. Although the majority of students readily pass these examinations on the first attempt, others struggle to pass subsequent examinations. Because students must pass these examinations to advance, self-esteem and finances suffer when they do not pass.

Lack of knowledge and experiences with common dosaging may be factors for students who do not pass dosage calculation examinations (Blais & Bath, 1992). To address this issue, we developed and implemented a dosage calculation review laboratory, held during the first week of classes for second-semester nursing students. The goal is to improve dosage calculation skills. The specific objective is to increase the number of students who pass a dosage calculation examination on the first attempt.

**Optional Review Laboratory**

Students receive information about the optional review laboratory during course orientation. In the laboratory area, a brightly colored poster greets students (Johnson & Johnson, 2002). Color-coded stations address specific types of calculations taught during the previous semester (oral, intravenous fluids and medications, intramuscular and subcutaneous, pediatrics). Each station has an instructional poster with directions, helpful hints, sample problems (also printed on colored paper), and relevant equipment.

Students complete activities, such as problem calculation, individually or in a group (Jeffries, Rew, & Cramer, 2002). To help students see why an answer is correct or incorrect, students also are invited to prepare the medications based on the answer calculated. For example, one student who had checked all of her calculations twice realized she had misplaced a decimal point and could not actually measure 0.09 ml (the correct answer was 0.9 ml).

Students check their work with color-coded answer keys. Faculty are available to answer questions and assist students as needed. Activities primarily address kinesthetic and visual learning styles, although auditory learners benefit by talking through problems with faculty and other students.
Students take the first dosage calculation examination approximately 1 week after the review laboratory. After completing the examination, they report review laboratory attendance on a separate numbered list that corresponds to unique examination booklet numbers. Students’ grades are recorded on the same list. To evaluate review laboratory effectiveness, laboratory attendance data are compared to the grades.

**Examination Pass Rates**

Prior to implementation of the review laboratory, the pass rate for the first examination ranged from 63% to 73%. In 2007, 85.7% of attendees passed on the first attempt compared to 82.8% of nonattendees. In 2008, the overall pass rate was 94.8%, with 71% (n = 64) of students attending the laboratory. Less than one percentage point separated attendees and nonattendees, with a 94.5% pass rate for attendees and 95.4% pass rate for nonattendees. Possible reasons for the dramatic pass rate increase and lack of difference between the two groups are being explored.

Some students are already proficient with dosage calculation skills and therefore may decide not to attend the laboratory. The review laboratory provides practice and confidence for those students who are more likely to have failed the first examination.

**Student Comments**

Comments from an online survey have been positive. One student commented, “I don’t think that I would have passed the exam if I hadn’t gone to the lab.” Another student stated, “This was a great review. Thanks!”

Reasons students gave for not attending the laboratory included working on the scheduled laboratory day and “knowing that I could pass.” An online module, incorporating the learning stations concept as well as suggesting hands-on activities, is another alternative (Maag, 2004). Interactive modules come with some textbooks or separately as CD-ROMs and Web-based programs. Setting up a virtual classroom is another possibility.

This teaching strategy is easily replicated. Suggestions include the use of program-specific dosage calculation questions. Learning stations can be created using common, inexpensive office supplies and computer-based presentation programs.

For our laboratory, faculty donated measuring cups and spoons, and a local pharmacy donated oral pediatric syringes and medication spoons. Reusable posters, handouts, and computer-based presentations took approximately 8 hours to create. Finally, laboratory attendance data and examination scores were entered into a spreadsheet program for evaluation and analysis.

**References**


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