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Cover Page Footnote

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For nursing faculty at a small urban Jesuit, Catholic university, educating students to aspire to deeper understanding and comprehension of the world is a life-time endeavor. The aim of Jesuit education is total growth leading to action (Jesuit Institute, n.d.), plus higher Jesuit education seeks to transform students through examining the world around them. However, the faculty strived to deepen their experiential learning using the Ignatian pedagogy and infuse ways of being with multiple modes of thinking and learning (Jesuit Institute, 2014a). An Ignatian pedagogical approach to teaching and learning emphasizes the context of the learner, experience, reflection, action, and evaluation in a cyclic methodology style. The aspiration is to assimilate nursing knowledge comprehension acquisition with caring and compassionate skills. Much like professional nursing education, Jesuit education focuses on forming persons actively engaged in the world, whether in person or virtually, reflecting on and learning from experiences and enhancing their commitment to compassion, mercy, and justice. With a Jesuit nursing education, professional development is significant, addressing the whole being and inspiring students to grow into future leaders to transform into men and women for others.

In higher education, the days immediately after the COVID-19 pandemic on March 13, 2020, President Trump declared COVID-19 a national emergency (World Health Organization [WHO], 2020). This initiated an urban Jesuit higher education University to quickly transition into a virtual space while still seeking to maintain the educational experience with appropriate adjustments to all impacted courses. Therefore, the educational nursing program structure needed to immediately be modified to maintain the foundation for an online (cybernetic) space, while maintaining the strongly held beliefs and traditions of providing service to the community.

Throughout learning modality changes, nursing faculty professionals use both their intellect and their hearts. Respectively, each day, practicing nurses employ problem solving to generate rational deduction and choose the most advantageous patient solutions. Nurses utilize their empathy and compassion to empathize with the patients and apply their scientific knowledge when caring for patients of various ethnic and socioeconomic backgrounds. As a result, nursing is both an art and a science, where one cannot thrive without the former. The foundation of nursing's art is focused on compassionate care and valuing individuals' dignity (ANA, 2015). The important task for university nursing faculty is how to articulate these principles in an experiential learning environment, which now poses the question of whether that is in-person adhering to the Centers for Disease Control's COVID-19 requirements or in a virtual environment.

In the nursing profession, service to individuals is fundamental. Nursing education at a Jesuit university involves educating the whole person within a service-oriented profession. Staying within the Ignatian tradition, (Jesuit Resource) teaching and learning are connected to both the faculty member and the students being (1) attentive: discovering new knowledge starts with examining the occurrences we encounter; (2) reflective: investigate, scrutinize, and seek understanding from the encounters; and (3) loving: after acquiring the new knowledge, what individual aspires to do or accomplish in the world.

Experiential learning is cyclical, where individual experiential viewpoints are considered chances for learning and those encounters are incorporated into education along with student engagement (Marquis & Hutson, 2021). This type of learning exemplifies the principles of mutuality, community affiliations, social justice, and individual engagement for the

conventional good. It also calls for engaging people in responsible and challenging actions to benefit the common good (Marquis & Hutson, 2021). Moreover, experiential learning stretches beyond the classroom and truly connects the nursing students with vulnerable communities during service opportunities. Dewey's (2014) emphasis of hands-on learning expands on this methodology by adapting to the environment for which students are serving. Experiential learning offers personal involvement to adjust and potentially modify social practices to promote well-being as a whole nation, as recognized by Kolb's (1984) philosophical viewpoint: "learning is the process whereby knowledge is created through the transformation of experience" (p. 38). In like manner, the promotion of experiential learning is noted in Ignatian Pedagogy (2014a) by urging the whole person to enter the learning experiences. Experiential learning in a nursing course at a Jesuit university is an active component of Ignatian pedagogy, promoting Jesuit values and a Catholic identity, and advocating for Kolb's experiential learning cycle (1984). Since the start of the COVID-19 pandemic, challenges with such service practices have arisen since universities were required to move classes to virtual platforms to replace face-to-face (FTF) teaching (Gamage et al., 2020). However, there is still a need to offer services to vulnerable individuals and it is increasingly essential since the demand for assistance has expanded during the pandemic (Croghan, 2020; Nonprofit Business Advisor, 2018).

Research Goals and Question

When the COVID-19 pandemic required the suspension of FTF teaching and implemented mandatory social distancing measures, FTF experiential learning at the Jesuit university could no longer be the only option for service, even with health safeguards in place. Nursing faculty strived to offer FTF or virtual experiential learning opportunities in the community that align with the mission.

No research has been published regarding compassion and diversity in core nursing courses regardless of virtual or FTF service-learning opportunities. Although virtual experiential learning for nursing students is feasible, evidence of its effectiveness is unavailable. In light of the gap, the research question explored is how effective is FTF in contrast to virtual experiential learning by comparing compassion and diversity outcomes?

Theoretical Framework

Change can happen on many levels in various ways. The concept of social change as the focus of the

Social Change Model (SCM) is essentially a reasoning for making a change for the betterment of society (Skendall, 2017). It provides an evidence-based approach designed for use by various individuals, including students. An individual can make the biggest change when assessing the impact on the greater good and working in collaboration with others to establish a true collaborative relationship. In identifying the problem or justice issue, nursing faculty should define what the initiative will and will not entail. The Critical Service-Learning Framework reminds us that the students can choose their level of engagement and connect with people whose identities may or may not feel familiar (Mitchell, 2008). One outcome would be social appreciation through the knowledge of health disparities.

Critical service-learning students can interrogate systems and structures of inequality by questioning the distribution of power to seek and develop authentic relationships amongst the community (Mitchell, 2008). By carefully identifying the desired justice outcome, students can create plans that support change. It is also important to clarify values of group members and identify unique talents that contribute to the identified change. Tying specific values to particular contributions will allow team members to thrive and contribute. Using the Social Change Model and the Critical Service-Learning Framework (Marquis & Huston, 2021) for the study strongly aligns with the Jesuit university's mission. It seeks to develop nursing student's self-knowledge and leadership competence, both of which are required for the service-oriented nursing profession.

Methods

Research Design

All nursing students, at the sophomore level, at this university must pass an introductory nursing course that requires a minimum of six volunteer service hours and completion of the surveys along with a reflective writing assignment, both based on their service experiences. The nursing students are not permitted to enter into experiential learning alone; they must work as a team and serve together. During this study and for the first time in the course's history, nursing students were given the opportunity to choose from virtual or FTF sites for their service. Some example sites included environmental advocacy groups and food banks caring for individuals with socioeconomic needs, watching informational videos on the history of the city, or writing to elderly pen pals. In the beginning of the semester, nursing students were tasked with self-selecting

small groups of no more than five students and each group had one week to select the site and modality they preferred for service. Faculty had oversight to ensure that only one group served at each site.

Data Collection

The study utilized a pre-created service-learning assessment that consisted of a pre- and post-survey design. The surveys were administered using the university's online learning platform, Blackboard Learn, in the two identical Introduction to Nursing Practices in Mercy and Jesuit Traditions courses from the Fall 2020 semester during August to November 2020 (see Appendix A for survey questionnaire). The survey collected data on a 5-point Likert scale (1=strongly disagree to 5= strongly agree) with questions aimed to determine students' responses on various university focused outcomes and their correlated competencies.

Outcomes were selected based upon the professional nursing standards (ANA, 2015); compassion and diversity. The authors of this research define compassion as dedicated healthcare leaders who value diversity by respecting human differences and define diversity as health caregivers who embrace, respect, and honor all individuals. For this study, data points included the outcome 'compassion through service and engagement with diverse communities.' See Appendix B, Table 3 for outcome and associated competencies.

Analysis

When the semester ended, the data was collected from the two nursing courses and aggregated by the University's Institute for Leadership and Service coordinator. Various analyses were conducted using a within-subjects design to assess the student's outcomes on the competencies that highlight experiential service learning. First, students' pre- and post-survey scores were analyzed for two outcomes, "compassion through service" and "engagement with diverse communities" which reflect components of the Social Change Model and the College of Health Profession's guiding values; learning, mercy, justice, service, and community (College of Health Professions, 2022, para. 2). As each outcome has three competencies assessed and three questions per competency, mean scores were collected and used for the remaining analyses (see Appendix B, Table 3). Numerous paired sample t-tests were conducted to assess the impact of the service locations and modality (FTF: food related, and non-food related and virtual service) based on the student's outcome scores.

An ANOVA was conducted with the outcomes difference scores to compare the experiential, service-learning questions. The research method was to assess what aspect of the service made the most impactful change in students' scores pre- to post-survey and to further analyze the impact on diversity and compassion. To assist with understanding the impact from working with people from different socioeconomic and cultural backgrounds, the ANOVA was conducted.

Ethical Considerations/Procedures

The Institutional Review Board approved supervising the university's research of higher education via exemption status. By utilizing the web-based surveys provided by the university's Institute for Leadership and Service, all participants were de-identified (using an outside resource to code response IDs) and there was no collection of IP addresses or additional information apart from the initial demographic data (see Appendix B Table 1, Demographics). The link to the online survey was embedded in the two nursing courses, encompassing an explanation and consent letter for all students enrolled. Data collection and quality improvement initiatives were an active part of the Institute for Leadership and Service and are the safeguards of this information. Data was also kept on a university computer with multiple layers of security and was only accessible by the researchers who have Collaborative Institutional Training Initiative (CITI) certification. Participating in this survey is a requirement at the Jesuit University, based upon the core curriculum service-learning outcomes in the nursing course.

Results

In total, 79 students participated in the research. After data collection and cleaning, a total sample size of 74 was utilized because the remaining 5 cases were removed due to incomplete data. Of the 74 students, 17 completed service virtually, 41 completed food-related FTF service learning, and 16 completed nonfood-related FTF service-learning (see Appendix B, Table 2 for service location break down). For the objective outcome "compassion through service," the pre-survey $M=4.45$ and post-survey $M=4.57$, constituting a change in students' overall compassion competencies of $+0.22$. For the "engagement with diverse community" objective outcome, the pre-survey $M=4.28$ and post-survey $M=4.43$ indicates a change in students' overall diversity competencies of $+0.15$. To further analyze the meaning behind the positive changes, T-tests and ANOVAs were utilized to examine the changes based on service modality.

Paired Sample T-Test

When focusing on the service location modalities (food-related FTF, non-food related FTF, and virtual service) impacting compassion and diversity scores thus, a paired sample T-test was conducted. The first pair T-test analyzed the food-related, FTF service for compassion and diversity's difference scores (see Appendix B, Table 4, [Paired Samples Test, Food Related Service]). Compassion's pre- and post- scores assessed against the FTF food-related services, suggesting a significant difference in the scores for the pre-assessment score ($M= 3.42, SD= .065$) and post-assessment scores ($M= 3.56, SD= .064$); $t(40) = 19.28, p = .000$. The results further indicate that there is a positive significant difference in students' compassion outcome scores over the time of their service (pre to post survey). For the "engagement with diverse communities" assessed against the food-related service, there was a significant difference in the scores for the pre-assessment score ($M= 3.45, SD= .419$) and post-assessment scores ($M= 3.51, SD= .449$); $t(40) = 17.30, p = .000$. The significant difference again indicates that there is growth in students' levels of diversity before and after participating in food-based service.

For the second paired T-test, the researchers assessed the non-food related, FTF service to the outcomes difference scores (see Appendix B, Table 5, [Paired Samples Test, Non-Food Related Service]). For compassion's pre- and post- scores assessed against the FTF non-food-related service, there was a positive significant difference in the scores for the pre-assessment score ($M = 2.62, SD= .320$) and post-assessment scores ($M = 2.74, SD = .260$); $t(15) = 31.02, p = .000$. The results indicate that there is a significant difference in students' compassion scores before and after participating in the non-food-related service. For diversity's scores for FTF, non-food service, there was an average significant difference in the scores for the pre-assessment score ($M = 2.56, SD= .388$) and post-assessment scores ($M = 2.70, SD = .270$); $t(15) = 23.71, p = .000$. This indicates that there is a slightly less significant difference in students' diversity outcome scores before and after participating in the non-food-related service.

The third paired T-test assessed the virtual learning service to the outcomes difference scores (see Appendix B, Table 6, [Paired Samples Test, Virtual Service]). For compassion assessed using the virtual service, there was a significant difference in the scores for the pre-assessment score ($M= 1.36, SD= .40$) and post-assessment scores ($M= 1.58, SD= .40$); $t(16) = 40.21, p = .000$. The results indicate that there was a

significant difference in students' compassion scores before and after their virtual-related service location. For diversity assessed using the virtual service, there was a significant difference in the scores for the pre-assessment score ($M=1.28, SD= .33$) and post-assessment scores ($M=1.43, SD= .44$); $t(16) = 40.21, p = .000$. Like the compassion, this indicates that there was a significant difference in students' diversity scores before and after their virtual- related service location.

Means Analysis (ANOVA)

Post-assessment scores were analyzed against the service-learning questions that were deemed to have the most impact from COVID-19 and on engagement with various socioeconomic classes, ethnicities, and racial backgrounds. To do so, means analyses were run with the two service-learning questions: "I had direct contact and communication with the people being served at the service site," and "This service experience helped me grow in my sense of worth as a person engaged in making our society more just and compassionate" (see Appendix A, Post-Service Survey). The two questions were run against the three forms of service (FTF food- related, FTF non-food-related, and virtual services) using post-assessment scores. The results for "direct contact with people being served" shows a significant main effect for the location types, $F(1,2) = 7.603, p = .001$. In addition, the results for "growth in my sense of worth" shows a significant main effect for the location types, $F(1,2) = 2.802, p < .000$ (see Appendix B, Table 7, [2X2 ANOVA]). Overall, these results indicate that there is a positive, significant difference in students' responses to the experiential, service-learning questions based on the type of location they completed their service.

Implications and Discussion

The research advances the literature by comparing the experiential service-learning opportunities in the community. The results suggest that virtual experiential learning could be included in higher nursing education, especially for developing nurturing compassion and enhancing an understanding of diversity. This is relevant in the nursing profession where virtual teaching is increasing exponentially since COVID-19. Compassion develops early within the Social Change Model and aligns with the onset of the first nursing course in the curriculum. Likewise, diversity competence usually occurs later per the Social Change Model and is represented in the same course but towards the end of the semester at the Jesuit university. It was found that regardless of the service-learning modality and the distinction in the Social Change Model's framework, nursing students'

scores continued to grow over time for compassion and diversity, two outcomes directly applicable to the nursing professional bedside practice standards (ANA, 2015). These findings suggest that virtual experiential-learning opportunities may be an alternative method to traditional or FTF service-learning and can be a consideration, even after the pandemic. By utilizing the philosophical models, Social Change Model (Skendall, 2017) and the Critical Service-Learning, students were able to serve the community while still understanding social justice and equity concerns. Students demonstrated self-growth by linking critical inquiry while serving both FTF and virtual.

Limitations

The primary limitation was the small sample size at one location site in the Midwest, an urban Jesuit university. The results are not fully generalizable, but there was transferable information obtained that can influence curricular plans. Another noted limitation is that two authors are faculty at the institution and may have influenced the students' feedback. The authors attempted to reduce this limitation by utilizing a non-nursing research assistant to gather and analyze the data.

Recommendations for Future Research

Future research on the topic should include a larger sample size by adding more nursing courses across the university or at multiple nursing schools as a larger sample size may indicate distinct differences in student's results. The researchers emphasize the exploration of service-learning experiences for all higher educational students by considering curricular changes to address critical community concerns. Based on the research findings, students were able to experience some level of growth in compassion and understanding of diverse communities, regardless of the chosen service modality. Future research can examine the changes on a deeper level by including qualitative trends among nursing students' reflections to further produce evidence indicating the ability for growth through service in all modalities.

Conclusion

The higher educational landscape has forever been modified to reflect the capacity to capture a larger societal need. There's no doubt that virtual service learning opportunities will remain prevalent as a new learning methodology. Emerging priorities include creative networking in this new learning space to offer expanded service learning experiences to reach those communities who have been unreachable in the past. For example, geriatric communities,

incarcerated individuals, rural communities, anyone without transportation, those without physical or financial abilities to seek services, and those in health-related isolation. Virtual service learning experiences can provide inclusivity and can blur the perceived socio-economic barriers by having the capacity to offer dynamic interactions with a larger diverse population across the globe. Launching an innovative virtual service learning experience for student can create global citizens in higher education. ■

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Appendix A

Pre-Service Survey

Note: Student demographics were collected on the pre-service survey only. All questions were asked via Likert scale of Strongly Agree (5), Agree (4), Neither Agree nor Disagree (3), Disagree (2), Strongly Disagree (1).

1. I had a negative reaction when I heard that service was a requirement in this course
2. I have a responsibility to serve the community
3. I can make a difference in the community
4. Service in the course will help me become more aware of the needs of the community
5. Participation in Service-Learning will help me to better understand the material from my lectures and readings
6. Participation in Service-Learning will make me take more responsibility for my learning
7. Participation in service will help enhance my leadership skills
8. I plan to enroll in Service-Learning courses in the future
9. I will integrate community service into my future career plans
10. We need to change people's attitudes in order to solve social problems
11. I regularly take action to help alleviate the suffering of other people
12. I readily feel compassion for anyone who is struggling
13. I make an effort to understand others' circumstances knowing they might be different from mine
14. I reach out to people from a variety of backgrounds and experiences to be a part of my group or organization
15. I try to understand perspectives that are different from mine
16. I make an effort to meet people from a wide array of backgrounds and experiences
17. I interact regularly with people who are different from me
18. I try to experience the thoughts and feelings of others when making decisions that may affect them
19. I express feelings of empathy toward others
20. I show others genuine care about their situation or experience
21. I seek out a variety of perspectives to help me shape my thoughts and opinions
22. I consider the circumstances of others before acting or reacting in a certain way
23. I allow other perspectives to impact how I see the world
24. I try to imagine myself in another person's shoes when listening to a concern
25. I try to learn about the circumstances facing others to better understand their needs

Post-Service Survey

Note: Seven additional questions were added specifically pertaining to the service location details. All questions were asked via Likert scale of Strongly Agree (5), Agree (4), Neither Agree nor Disagree (3), Disagree (2), Strongly Disagree (1).

1. Doing the service that was required for this course was a positive experience for me
2. I have a responsibility to serve the community
3. I can make a difference in the community
4. Service in the course helped me to become more aware of the needs of the community
5. Participation in Service-Learning helped me to better understand the material from my lectures and readings
6. Participation in Service-Learning made me take more responsibility for my learning
7. Participation in service helped enhance my leadership skills
8. I plan to enroll in Service-Learning courses in the future
9. I will integrate community service into my future career plan
10. We need to change people's attitudes in order to solve social problem
11. I try to understand perspectives that are different from mine
12. I express feelings of empathy toward others
13. I try to learn about the circumstances facing others to better understand their needs.
14. I allow other perspectives to impact how I see the world.
15. I try to imagine myself in another person's shoes when listening to a concern.
16. I consider the circumstances of others before acting or reacting in a certain way
17. I readily feel compassion for anyone who is struggling.
18. I interact regularly with people who are different from me.
19. I try to experience the thoughts and feelings of others when making decisions that may affect them.
20. I seek out a variety of perspectives to help me shape my thoughts and opinions
21. I show others genuine care about their situation or experience
22. I make an effort to meet people from a wide array of backgrounds and experiences.
23. I make an effort to understand others' circumstances knowing they might be different from mine
24. I regularly take action to help alleviate the suffering of other people
25. I reach out to people from a variety of backgrounds and experiences to be a part of my group or organization.
26. I would recommend that other students do their service at this same site
27. The service helped me to learn the material of this course
28. The teacher engaged the service experience in teaching this course
29. I had DIRECT contact and communication with the people being served at this service site
30. This service experience helped me grow in my sense of worth as a person engaged in making our society more just and compassionate?
31. Do you want more information about ways to get involved?
32. "Do you have Work-Study funding, love doing service, and would like a job with us helping students get placed?"

Appendix B Data Tables

Table 1. Demographics (n=74)

AGE (N)	GENDER (N)	ETHNICITY (N)
Under 20 (31)	Male (10)	White/Caucasian (48)
20-24 (28)	Female (64)	Black/African American (10)
25-29 (11)	Other (0)	Asian (6)
30-34 (3)	Prefer not to answer (0)	Middle Eastern (4)
35 or older (1)		Hispanic (3)
		Other (1)

Table 2. Service Location (n=74)

	LOCATIONS	FREQUENCY	PERCENT
Food Service Location	Auntie Na's Village, Gleaners Community Food Bank, Focus: HOPE, Campus Kitchen	41	55.4
Non-Food Service Location	Demographic Inspi- rations Detroit, Life Church, Cadillac Urban Garden	16	21.6
Virtual Service Location	Informational Videos, Virtual Detroit Experi- ence, Senior Buddies, Pen Pal, Other	17	23.0
Total		74	100.0

Table 3. Detroit Mercy Outcomes (ILS Values) and Associated Competencies

OUTCOMES	COMPETENCIES	PRE- ASSESSMENT	POST-ASSESSMENT
Compassion through Service	Compassion	M= 4.35	M= 4.60
	Empathy	SD= .399	SD= .381
	Other Perspectives		
Engagement with Diverse Communities	Diversity (promote)	M= 4.43	M= 4.53
	Other Perspectives	SD= .430	SD= .421
	Others' Circumstances		

Table 4. Paired Samples Test (Food Related Service)

OUTCOMES	PAIR	MEAN	STD. DEVIATION	T
Compassion	Pre_Post Difference Score - Service location reported	1.14244	.37938	19.282**
	Pre-Score – Service location reported	3.42098	.06523	
	Post-Score – Service location reported	3.56341	.06366	
Diversity	Pre_Post Difference Score - Service location reported	1.06024	.39244	17.299**
	Pre-Score – Service location reported	3.44902	.41865	
	Post-Score – Service location reported	3.50927	.44871	

(** Sig. 2-tailed; df=40)

Table 5. Paired Samples Test (Non-Food Related Service)

OUTCOMES	PAIR	MEAN	STD. DEVIATION	T
Compassion	Pre_Post Difference Score - Service location reported	2.12063	.27348	31.017**
	Pre-Score – Service location reported	2.61875	.32014	
	Post-Score – Service location reported	2.73937	.26029	
Diversity	Pre_Post Difference Score - Service location reported	2.14625	.36214	23.706**
	Pre-Score – Service location reported	2.55812	.38759	
	Post-Score – Service location reported	2.70437	.26969	

(** Sig. 2-tailed; df=15)

Table 6. Paired Samples Test (Virtual Service)

OUTCOMES	PAIR	MEAN	STD. DEVIATION	T
Compassion	Pre_Post Difference Score - Service location reported	3.21588	.32972	40.215**
	Pre-Score – Service location reported	1.36235	.39810	
	Post-Score – Service location reported	1.57824	.40008	
Diversity	Pre_Post Difference Score - Service location reported	3.21588	.32972	40.215**
	Pre-Score – Service location reported	1.28412	.47711	
	Post-Score – Service location reported	1.43294	.44458	

(** Sig. 2-tailed; df=15)

Table 7. 2X2 ANOVA - Tests of Between-Subjects Effects

Dependent Variable: SL26 direct contact with people being served

SOURCE	TYPE III SUM OF SQUARES	DF	MEAN SQUARE	F	SIG.
Corrected Model	13.661 ^a	2	6.830	7.640	.001
Intercept	2008.653	1	2008.653	2246.739	.000
Location	13.661	2	6.830	7.640	.001
Error	122.482	137	.894		
Total	2794.000	140			
Corrected Total	136.143	139			

a. R Squared = .100 (Adjusted R Squared = .087)

Dependent Variable: Grow in my sense of worth

SOURCE	TYPE III SUM OF SQUARES	DF	MEAN SQUARE	F	SIG.
Corrected Model	5.605 ^a	2	2.802	10.673	.000
Intercept	2605.895	1	2605.895	9924.996	.000
Location	5.605	2	2.802	10.673	.000
Error	38.071	145	.263		
Total	3168.000	148			
Corrected Total	43.676	147			

a. R Squared = .128 (Adjusted R Squared = .116)