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SHORT TITLE

CHANGES IN THE CONCEPT OF PASTORAL CARE

**CHANGES IN THE CONCEPT OF PASTORAL CARE
FOLLOWING A HOSPITAL TRAINING EXPERIENCE**

**A Thesis Presented to the Faculty
of Concordia Seminary, St. Louis,
Department of Practical Theology
in partial fulfillment of the
requirements for the degree of
Master of Sacred Theology**

by

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TABLE OF CONTENTS

Page	Page
i	1
ii	4
iii	4
iv	4
v	12
vi	12
vii	12
viii	12
ix	12
x	12
xi	12
xii	12

TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION	1
II. PROCEDURE	4
III. RESULTS	7
Charges Analyzed on the Basis of the Three Hypotheses.	7
Results Analyzed by Item	13
IV. DISCUSSION	51
V. SUMMARY	56
APPENDIX A: Pastoral Care Survey	57
APPENDIX B: Tables	60

CHAPTER I

INTRODUCTION

This study was undertaken to determine 1) what concepts students at the seminary hold toward pastoral care and how strongly these are held, and 2) what is the efficacy of the seminary's pastoral care training experience.

Three hypotheses were predicated:

1. Seminary students' concepts of pastoral care will change following a training experience in hospitals or similar institutions.
2. These conceptual changes will be in the direction of the institutional supervisor's own ideas, beliefs, and attitudes.
3. There is another shift in student concept during the vicarage (internship), and this change is in the direction of the pre-training concepts.

The following terms require definition: Resident hospital field-work is a required training experience carried out in conjunction with a course, Principles of Clinical Work, taken by all second year students at Concordia Seminary, St. Louis. Two general hospitals, one tuberculosis sanatorium, one mental hospital, and two homes for the aged are used in this training program. Students work at the hospital one afternoon per week for one quarter. They make calls, meet in groups and individually with the supervisor, and write verbatim accounts of some of their calls. The academic part of the course is taught by one person.

The supervisor of the student group in each institution is a Lutheran clergyman who has had at least one quarter of clinical train-

ing. The supervisor is the chaplain, or one of the chaplains, for the institution.

The vicarage is a required year of practical training, full time, in a parish after the second year at the seminary and before the senior year. Vicars are involved in the full work of the parish, including making sick and shut-in calls and some counseling.

Three other studies were found which investigate the subject of change which may or may not result from a specific clinical training experience. The general conclusion of the study made by the Rev. John Rea Thomas is that various positive changes do occur in the student but that the validity of these changes will only be proven by the individual's further work at the seminary or in the parish.¹

The survey of ten years of clinical training at Saint Elizabeths Hospital in Washington, D.C., made by the Rev. Ernest E. Bruder and Marian Barb indicates that overwhelmingly positive changes do occur in individuals as a result of clinical training. These changes were measured in the areas of attitude toward clinical training, attitude toward vocational goals, and in personality development. The degree of change was based on the student's subjective evaluation of it according to his answers to a five page questionnaire.²

Malcolm D. Gynther and J. Obert Kempson submitted a battery of

¹ John Rea Thomas, "Evaluations of Clinical Pastoral Training and 'Part-Time' Training in a General Hospital," The Journal of Pastoral Care, XII (1958), 28-39.

² Ernest E. Bruder and Marian Barb, "A Survey of Ten Years of Clinical Pastoral Training at Saint Elizabeths Hospital," The Journal of Pastoral Care, X (1956), 86-94.

tests to five individuals involved in a clinical training program in order to test the thesis of change made by Bruder and Barb. Leary's Interpersonal System of Personality was used to assess the results of these tests. The conclusions were that the data suggested that personality changes of either a superficial or more basic sort were minimal. The analysis of covert interpersonal attitudes, however, revealed change toward more discriminating and less bland intragroup feelings.³

These three studies therefore support the thesis that change does occur as a result of a specific clinical training experience. It should be understood, however, that the clinical training programs investigated in these studies are much more extensive than the brief introduction to clinical work which was the object of the present study.

³Malcolm D. Gynther and J. Obert Kempson, "Personal and Interpersonal Changes in Clinical Pastoral Training," The Journal of Pastoral Care, XII (1958), 210-19.

CHAPTER II

PROCEDURE

A group of statements regarding pastoral care were gathered and written by Dr. Kenneth Breimeier, director of the Fieldwork Department of Concordia Seminary. These statements reflected subjects which had proven to be of interest to students and supervisors over the years. Their content was intended to be somewhat controversial. People will tend to differ in their reactions to the statements. The majority of items were also selected to show whether the respondent was sympathetic to the patient as a person, or whether he was more content- or office-centered, i.e., that he was more concerned about simply speaking his message or doing his duty as a clergyman.

The final group of items (thirty-four in number) were collected into an instrument called Pastoral Care Survey. This instrument was then submitted to the institutional supervisors participating in the fieldwork program for their critical evaluation. A revised instrument was subsequently prepared which took into consideration the suggestions and criticisms of the supervisors.

This survey was administered by the supervisor in the first meeting of his group and again, without forewarning, in the last meeting of his group of the quarter. This was done in the spring quarter of 1961, and repeated with a new group in the fall quarter of 1961. Twenty-five students participated in the first testing and retesting, and thirty-five in the second.

The six supervisors themselves took the survey at the beginning of

the spring (1961) quarter.

In March, 1962, after a minimum of six months of vicarage, the first group of students was asked to take the instrument a final time. Again, they had not been forewarned that they would be retested. Cooperation was very good, and twenty-three students of the original twenty-five were retained through all steps. Two men had dropped out of the seminary.

At the beginning of the winter quarter (1962-1963), a completely new group of fifty-four students, enrolled in the clinical course, took the survey twice with a week's interval, for the reliability study.

Basically three analyses were made:

1. Item by item, changes that occurred between the pre-test and the post-test, and the pre-test and post-test and vicarage test.
2. By hospital group, supervisor and students.
3. Item by item, the reliability of items over the interval of one week.

During the summer of 1961 another administration of the survey took place. Involved in this testing was a group of twenty-five Lutheran clergymen attending summer sessions at Concordia Seminary. This group is intended to reflect the attitudes which parish pastors have in relation to the statements on the Pastoral Care Survey. In this study they are used to represent what the opinions of the vicarage supervisors who are parish pastors might be in relation to those of the institutional supervisors, who have special clinical training. This was done to check out the possibility that the changes that took place on internships would be in the direction, in this instance, of the vicarage supervisor.

Two comparisons were therefore made; one to determine the correla-

tion between the responses of the vicarage supervisors and the institutional supervisors, and the other to determine to which of the two groups the interns' responses were more similar.

RESULTS

The first part of the study was a comparison of the responses of the vicarage supervisors and the institutional supervisors to the same set of questions.

The results of this comparison are shown in Table 1. The first four questions deal with the general supervision of the interns, and the next four deal with the supervision of the interns' work. The results show that the vicarage supervisors were more likely than the institutional supervisors to answer "yes" to all of the questions. This was particularly true for the questions dealing with the supervision of the interns' work.

The second part of the study was a comparison of the responses of the vicarage supervisors and the institutional supervisors to the same set of questions. The results of this comparison are shown in Table 2. The results show that the vicarage supervisors were more likely than the institutional supervisors to answer "yes" to all of the questions. This was particularly true for the questions dealing with the supervision of the interns' work.

The following table shows the results of the comparison of the responses of the vicarage supervisors and the institutional supervisors to the same set of questions.

- 1. Is the supervisor in a position to supervise the work of the interns?

Table 1 shows that 87% of the vicarage supervisors answered "yes" to this question, while only 67% of the institutional supervisors did so.

- 2. Do you supervise the work of the interns?

Table 1 shows that 93% of the vicarage supervisors answered "yes" to this question, while only 73% of the institutional supervisors did so.

- 3. Do you supervise the work of the interns in the same way as you would supervise the work of a professional nurse?

CHAPTER III

RESULTS

Changes Analyzed on the Basis of the Three Hypotheses

Hypothesis I: Seminary students' concepts of pastoral care will change following a training experience in hospitals or similar institutions.

On an over-all basis, of the 2040 possible changes that could have occurred, 1238 responses were the same on both the pre-test and post-test, and 723 responses changed. Seventy-nine could not be tabulated. Of the recordable responses, therefore, 63 per cent remained the same, while 37 per cent changed. Of these changes, 431, or 60 per cent, were to or from a neutral position, and 292, or 40 per cent, changed from agree to disagree, or vice versa.

Perhaps a more meaningful way to analyze the changes, however, is on the basis of each item. Twelve of the items showed a statistically significant shift (.05 or better between pre-test and post-test. See Table 1.).

The twelve items and direction of shift are as follows:

1. It is important that the pastor know the nature of the patient's illness.
From 4.33 to 3.73. Strong agreement to mild agreement or neutrality.
2. On almost every sick call, the pastor should make explicit use of the Word of God, i.e., actually speak the Law or Gospel.
From 3.32 to 2.45. Neutrality-mild agreement to mild disagreement.
11. Mortally ill people should be told the facts about their

condition.

From 3.53 to 3.90. From neutrality to stronger agreement.

13. **If the patient is sleeping, the pastor should not ask that he be awakened.**

From 3.62 to 3.03. Mild agreement to neutrality.

15. **If a doctor or nurse comes in the room, he or she should be given the right of way.**

From 4.10 to 4.28. From agreement to stronger agreement.

17. **To allay anxiety, doctors usually brief surgical patients in advance on what to expect.**

From 3.03 to 3.70. Neutrality to mild agreement.

19. **If troubled about the prognosis, patients should be reassured that everything will be all right.**

From 2.83 to 2.33. Neutrality to mild disagreement.

21. **In calling on patients of other denominations, the Lutheran chaplain should "set him straight" about the correct interpretation of the Scriptures.**

From 1.78 to 1.50. Mild disagreement to stronger disagreement.

28. **The pastor should develop graceful ways of bringing in the Gospel, even though the conversation is not going in that direction.**

From 3.62 to 3.33. Mild agreement to less agreement or neutrality.

31. **No matter whether seriously ill or not, the patient should be reminded that heaven is his home.**

From 3.97 to 3.45. Agreement to less agreement or neutrality.

33. **The pastor should spend more of his time listening to the patient than applying the Word.**

From 3.38 to 3.78. Neutrality to mild agreement.

34. **In hospital calling the pastor's most important tool**

is prayer.

From 3.55 to 3.17. Mild agreement to neutrality.

Hypothesis II: Students' conceptual changes from the beginning to the end of the training experience will be in the direction of the supervisor's own ideas, beliefs, and attitudes.

A plus or minus figure for each hospital group for each item was arrived at in the following way: The average response on the item "before" and the average response "after" for each hospital group were compared with the supervisor's own response. In this manner it was determined whether the "after" response was closer to the supervisor's own response than the "before" response. The results are shown in Table 2. A positive number indicates that the "after" response was closer to the supervisor's; a negative number shows that the "before" response was closer.

In 58 per cent of the possible instances, the shift was in the direction of the supervisor's own opinion. In the remaining 42 per cent the shift was away from the supervisor's response.

There was very little variation among hospitals. In four places there were nineteen positive shifts. In the fifth hospital, there were eighteen. In two hospitals there were thirteen negative shifts, and in the remaining three there were fourteen negative shifts.

Hypothesis III: There is another shift in student concept during the vicarage, and this change is in the direction of the pre-training concepts.

Means for the pre-test, post-test, and vicarage test were computed for the twenty-three students who participated in all three administrations. Tests of significance were run for differences between the post-

test and the vicarage test, and the pre-test and the vicarage test. See Table 3.

In three items, the hypothesis received support. There was a significant change between the experience and the date on which the students were tested during the internship. The following are the items in question and the degree of shift:

1. It is important that the pastor know the nature of the patient's illness.

From 3.96 to 3.52 to 4.04. Agreement to mixed feeling to agreement.

20. If the mortally ill patient is to be told, it should be the pastor who does it.

From 3.22 to 3.35 to 2.91. Slight disagreement to more mixed feeling to stronger disagreement.

25. Do not argue with the patient.

From 4.52 to 4.26 to 4.52. Agreement to lesser agreement to agreement.

In two instances there was a significant change between the first testing (before the experience) and the vicarage. In these instances, the change that occurred during the training seems to have persisted through to the internship. The following are the items in question and the degree of shift:

8. Avoid the use of the Law with parishioners whom you are visiting in the hospital.

From 2.43 to 2.39 to 2.91. Increasingly stronger disagreement.

12. Insanity runs in families.

From 2.52 to 2.39 to 1.96. Increasingly stronger disagreement.

In three instances there was a significant change during the training experience (cf. pp. 6f.), but no significant change after six months

of vicarage. In the light of the hypothesis, this case is similar to the one in the preceding paragraph. In both instances there was no change between the concepts held after the experience and the concept held on the vicarage. The following are the items in question and the degree of shift:

11. Mortally ill people should be told the facts about their condition.

From 3.30 to 3.96 to 3.91. Mixed feelings to disagreement.

15. If a doctor or nurse comes in the room, he or she should be given the right of way.

From 3.61 to 4.04 to 4.09. Mixed feelings to disagreement.

33. The pastor should spend more of his time listening to the patient than applying the Word.

From 3.30 to 3.70 to 3.70. Mixed feelings and disagreement.

A fourth classification, involving significant differences between both the "before" and "after" concepts and the "internship" concepts, also seems to provide some evidence which negates the hypothesis. The following is the item in question and the degree of shift:

34. In hospital calling the pastor's most important tool is prayer.

From 3.04 to 2.96 to 3.65. Mixed feelings toward disagreement to agreement.

In the remaining twenty-five items there was no statistically significant change throughout the experience and into the vicarage, as far as the analysis of the smaller sample of twenty-three students is concerned.

In comparing the mean scores of the supervisors, interns, and

parish pastors, it was found that in twenty-four instances the interns' scores were definitely closer to those of the parish pastors than to those of the supervisors. (See Table 4.) On six items the interns were definitely closer to the scores of the supervisors than to those of the parish pastors. Four items showed substantially the same mean scores for all three groups.

In comparing the supervisors' mean scores and the parish pastors' mean scores, it was found that on fourteen items the two groups had obviously differing opinions. On ten items there was almost complete unanimity of conviction. The remaining ten items showed not complete, but substantial agreement between the two groups.

Test-retest Pearsonian correlations are reported in Table 5.

Results Analyzed by Item

Another way of looking at the results is to spell them out item by item. For this reporting the less complicated value scale of disagree, agree, and neutral will be used.

First of all for each item there will be a report of the results of the group of twenty-three students who participated in the three testings. Then there will be reported the results of the thirty-five students who took only a pre-test and post-test. Finally a reporting of the scores of the supervisors and parish pastors will be made.

Item 1

In response to the statement that it is important that the pastor know the nature of the patient's illness, the twenty-three group expressed agreement (3.84).

In twelve out of twenty-three cases, or slightly more than 50 per cent, conviction remained constant. Eleven continued to agree with the statement and one continued his disagreement throughout the three testings.

One student expressed agreement on both the pre-test and post-test but shifted to neutrality on the vicarage test.

Five students changed from agreement on the pre-test to disagreement on the post-test. But on the vicarage test they returned to their pre-test opinion.

Three students changed their minds after the clinical experience and maintained this attitude into the vicarage. In one case the student disagreed and then came to agreement, one student was neutral and

came to agree, and one student began with agreement and ended up with disagreement.

Two students shifted after each retesting. One changed from neutral to disagreement to agreement and one from agreement to neutral to disagreement.

The thirty-five group expressed agreement with the statement on the pre-test (4.60), although this faded considerably on the post-test (3.54).

Twenty-four students held the same conviction on both tests. Twenty-three agreed and one was neutral. Eleven shifted between the pre-test and the post-test. One shifted from disagree to agree, one from neutral to agree, four from agree to disagree, and five from agree to neutral.

The supervisors disagreed with the statement (2.80) while the parish pastors agreed (4.04).

Item 2

In response to the statement that on every sick call the pastor should make explicit use of the Word of God, i.e., actually speak the Law or Gospel, the twenty-three group expressed mixed opinions (3.13).

Eleven of the twenty-three, or slightly less than 50 per cent, expressed the same conviction throughout the testing. Seven were in agreement with the statement and four were opposed to it.

Five students expressed the same opinion on both the pre-test and post-test but shifted on the vicarage test. Three changed from disagreement to agreement and two from agreement to disagreement.

Two students changed between the pre-test and post-test but re-

turned to the pre-test response on the vicarage test. Both shifted from agreement to disagreement to agreement.

Three students changed their minds after the clinical experience and maintained this attitude into the vicarage. In one case the shift was from disagreement to agreement, in another from agreement to disagreement, and in the third case from a neutral position to disagreement.

Two students shifted opinion after each retesting. One changed from disagreement to neutral to agreement and the other from neutral to disagreement to agreement.

The thirty-five group had a fairly neutral opinion on the pre-test (3.51), but shifted to disagreement on the post-test (2.29).

Fourteen students held to the same response on both tests. Eight disagreed with the statement and six agreed. Twenty-one changed their minds. One shifted from disagree to agree, five from neutral to disagree, eleven from agree to disagree, and four from agree to neutral.

The supervisors disagreed with the statement (1.60) while the parish pastors took the opposite choice and agreed (4.52).

Item 3

In response to Item Three that it is advisable for the pastor to wear distinctive clerical garb when making hospital calls, the students expressed mixed feelings (3.16).

Six of the twenty-three students or about 25 per cent held to the same conviction throughout all three tests. Two expressed agreement, one disagreement, and three took a neutral position.

Four students expressed the same opinion on the pre-test and the

post-test but shifted on the vicarage test. One changed from disagree to neutral, two from neutral to disagree, and one from neutral to agree.

Four students shifted between the pre-test and the post-test but returned to their pre-test opinion on the vicarage test. One changed from agreement to disagreement to agreement, two switched from agreement to neutral to agreement, and one changed from neutral to agreement to neutral.

Six students changed their minds between the pre-test and the post-test and maintained this change into the vicarage. One shifted from disagreement to agreement, one from agreement to disagreement, two from disagreement to a neutral position, one from agreement to a neutral position, and one from neutral to agreement.

Two students shifted after each retesting. One changed from agree to neutral to disagree and the other from disagree to agree to neutral.

The thirty-five group expressed a neutral position on the pre-test (3.43) and only slightly shifted on the post-test (3.51).

Nineteen students held to the same conviction on both tests. Ten agreed, one disagreed, and eight were neutral. Sixteen shifted from the pre-test to the post-test. One changed from disagree to agree, one from disagree to neutral, one from neutral to disagree, six from neutral to agree, one from agree to disagree, and six from agree to neutral.

The supervisors disagreed with the statement (2.80) while the parish pastors took a more neutral position (3.48).

Item 4

The statement that if a patient is in an oxygen tent, the pastor

should not try to speak to him, met with general disagreement from the group of twenty-three (2.38).

Seven of the twenty-three students or about 30 per cent held to the same opinion throughout all three tests. Six disagreed and one was neutral.

Two students expressed the same opinion on the pre-test and the post-test but shifted on the vicarage test. In both instances the change was from disagreement to a neutral position.

Two students shifted between the pre-test and the post-test but changed back to the pre-test position on the vicarage test. Both shifted from disagreement to neutral to disagreement.

Six students changed their minds from the pre-test to the post-test and maintained that shift into the vicarage. Two changed from agreement to disagreement, one from disagreement to agreement, and three from a neutral position to disagreement.

Five students shifted on each retest. One changed from disagreement to neutral to agreement, one from disagreement to agreement to neutral, two from neutral to agreement to disagreement, and one from neutral to disagreement to agreement.

The thirty-five group expressed disagreement toward neutrality on the pre-test (2.57) and shifted slightly more in the same direction on the post-test (2.60).

Eighteen students held to the same conviction on both tests. Fifteen disagreed, one was neutral, and two agreed. Seventeen shifted between the pre-test and post-test. One changed from disagree to agree, five from disagree to neutral, three from neutral to disagree, five from neutral to agree, and three from agree to neutral.

The supervisors disagreed with the statement (1.00) and the parish pastors also did but to a lesser degree (2.04).

Item 5

The statement that the pastor should not attempt to speak to members of the patient's family in his presence but out of range of his hearing met with mixed reactions from the group of twenty-three students (3.03).

Nine of the twenty-three students or about 40 per cent held to their first opinion throughout all three tests. Four expressed disagreement and five agreed with the statement.

Seven students expressed the same attitude on the pre-test and the post-test but shifted on the vicarage test. Three changed from disagreement to agreement, three from agreement to disagreement, and one from agreement to a neutral position.

Four students shifted between the pre-test and the post-test and then returned to their original opinion on the vicarage test. One changed from disagreement to agreement, to disagreement, one from disagreement to neutral to disagreement, one from agreement to disagreement to agreement, and one from neutral to disagreement to neutral.

One student changed his mind between the pre-test and the post-test and maintained this shift into the vicarage. The change was from agreement to a neutral position.

Two students shifted on each retest. One changed from disagreement to neutral to agreement and the other from neutral to agreement to disagreement.

The thirty-five group expressed mixed opinions about the state-

ment on the pre-test (2.89) with about the same feeling on the post-test (2.74).

Twenty-two students held to the same response on both tests. Twelve disagreed, four were neutral, and six agreed. Thirteen shifted their opinions. Three changed from disagree to agree, one from disagree to neutral, one from neutral to disagree, two from neutral to agree, and six from agree to disagree.

The supervisors tended to agree with the statement (3.40) and the mean of the parish pastors was more neutral (3.04).

Item 6

In response to the statement that when you use Scripture in the course of your devotion with the patient, it is best to read directly from your pocket New Testament, rather than recite from memory, the students expressed mixed opinions (3.04).

Nine of the twenty-three students or about 40 per cent held to their pre-test opinion throughout the other two tests. Three agreed with the statement, three disagreed, and three were neutral.

Eight students had the same response on the pre-test and post-test but shifted on the vicarage test. One changed from disagree to neutral, three from agree to disagree, two from agree to neutral, one from neutral to disagree, and one from neutral to agree.

Two students shifted between the pre-test and post-test and then changed back to their original pre-test opinion on the vicarage test. One changed from agreement to disagreement to agreement and the other from neutral to agreement to neutral.

Three students shifted their position between the pre-test and

the post-test and maintained this change into the vicarage. Two changed from disagree to neutral and one from disagree to agree.

One student shifted his opinion on each retest. He changed from agree to neutral to disagree.

The thirty-five group expressed mixed feelings about the statement on the pre-test (3.09) and continued about the same way on the post-test (2.97).

Ten students held to their original opinion on both tests. Two disagreed, three were neutral, and five agreed. Twenty-five shifted between the pre-test and the post-test. Three changed from disagree to agree, six from disagree to neutral, five from neutral to disagree, two from neutral to agree, four from agree to disagree and five from agree to neutral.

The supervisors had mixed feelings about the statement (3.20) and the parish pastors had similar feelings (3.08).

Item 7

In response to the statement that where there are other patients in the same room, the pastor should speak loudly enough so that the others may listen if they wish, the students expressed mixed feelings (2.77).

Eight of the twenty-three students or about 35 per cent held to the same conviction throughout all three testings. Four disagreed with the statement, two agreed, and two were neutral.

Eight students agreed on the pre-test and post-test but shifted on the vicarage test. Two changed from disagree to agree, two from disagree to neutral, one from agree to neutral, two from neutral to

disagree, and one from neutral to agree.

Three students shifted between the pre-test and post-test and then returned to the pre-test opinion on the vicarage test. One changed from agreement to disagreement to agreement. One shifted from disagreement to neutral to disagreement and the other from agreement to neutral to agreement.

Three students shifted their position from the pre-test to the post-test and continued with this opinion into the vicarage. One shifted from disagree to neutral, one from neutral to disagree, and one from neutral to agree.

One student changed his answer on each retest. He shifted from neutral to disagree to agree.

The thirty-five group expressed mixed feelings tending toward disagreement (2.69) and continued in this direction on the post-test (2.40).

Seventeen students held to their convictions on both tests. Twelve disagreed, one was neutral, and four agreed. Eighteen shifted their opinions. Four changed from disagree to agree, one from neutral to agree, six from agree to disagree, and one from agree to neutral.

The supervisors disagreed with this statement (1.60) while the parish pastors had more mixed feelings (2.96).

Item 8

In response to the statement that you should avoid the use of the Law with parishioners whom you are visiting in the hospital, the students expressed disagreement (2.21).

Nine of the twenty-three students or about 40 per cent held to

their original attitude on all three tests. All disagreed with the statement.

Eight students had the same opinion on the pre-test and post-test but shifted on the vicarage test. One changed from disagree to agree, two from disagree to neutral and five from agree to disagree.

Two students shifted between the pre-test and the post-test and then returned to their original position on the vicarage test. One changed from agree to disagree to agree and the other from disagree to neutral to disagree.

Four students shifted between the pre-test and the post-test and maintained this change into the vicarage. One changed from disagree to agree, one from agree to neutral, one from neutral to disagree, and one from neutral to agree.

No student shifted after each retest.

The thirty-five group expressed disagreement with the statement on the pre-test and continued about the same attitude on the post-test (2.31).

Twenty-three students held to their original conviction on both tests. Nineteen disagreed, one was neutral, and three agreed. Twelve shifted between the pre-test and post-test. Four changed from disagree to agree, one from disagree to neutral, five from neutral to disagree, one from agree to disagree, and one from agree to neutral.

The supervisors disagreed with the statement (2.60) and the parish pastors concurred with the supervisors (2.44).

Item 9

In response to the statement that illness is always a result of

God's chastening of those whom He loves, the students expressed disagreement (1.96).

Eleven of the twenty-three students or slightly less than 50 per cent held to the same conviction throughout all three tests. They all disagreed with the statement.

Two students had the same response on the pre-test and the post-test but shifted on the vicarage test. One changed from disagree to agree and the other from disagree to neutral.

Six students shifted between the pre-test and the post-test and maintained this change into the vicarage. Two changed from disagree to agree, one from disagree to neutral, and three from agree to disagree.

Two students expressed different opinions on all three tests. One changed from agree to disagree to neutral and the other from agree to disagree.

The thirty-five group expressed disagreement on the pre-test (2.40) and about the same on the post-test (2.37).

Twenty-five students held the same conviction on both tests. Nineteen disagreed and six agreed. Ten shifted between the pre-test and post-test. Three changed from disagree to agree, one from neutral to disagree, one from neutral to agree, one from agree to disagree, and four from agree to neutral.

The supervisors expressed disagreement with the statement (1.40) and the parish pastors went along with the supervisors but to a lesser degree (2.20).

Item 10

In response to the statement that seriously ill people generally harbor some hostility toward God, the students expressed disagreement (2.37).

Eight of the twenty-three students or about 35 per cent held to the same opinion throughout the three tests. All disagreed with the statement.

Seven students took the same position on the pre-test and post-test but changed on the vicarage test. Two shifted from disagree to agree, two from disagree to neutral, two from agree to disagree, and one from neutral to disagree.

Two students shifted between the pre-test and the post-test but returned to their pre-test opinion on the vicarage test. One shifted from disagree to neutral to disagree and the other from agree to disagree to agree.

Four students took a different position between the pre-test and the post-test and maintained this into the vicarage. One changed from disagree to agree, one from disagree to neutral, one from agree to disagree, and one from neutral to agree.

Two students shifted their response on each test. Both changed from neutral to agree to disagree.

The thirty-five group expressed disagreement on the pre-test (2.37) but moved a little closer to neutrality on the post-test (2.57).

Eighteen students held to their first opinion on both tests. Twelve disagreed, three were neutral, and three agreed. Seventeen shifted between the pre-test and the post-test. Two changed from dis-

agree to agree, six from disagree to neutral, two from neutral to disagree, two from neutral to agree, four from agree to disagree, and one from agree to neutral.

The supervisors expressed disagreement with the statement (2.40) and the parish pastors had about the same feelings (2.64).

Item 11

In response to the statement that mortally ill people should be told the facts about their condition, the students tended toward agreement (3.72).

Seven of the twenty-three students or about 30 per cent held to their original conviction throughout the three tests. They all agreed with the statement.

Four students differed between the pre-test and post-test but returned to their pre-test position on the vicarage test. Two shifted from agree to neutral to agree and one from neutral to agree to neutral.

Seven students differed between the pre-test and the post-test and maintained this shift into the vicarage. Two changed from disagree to agree, one from disagree to neutral, one from agree to neutral, and three from neutral to agree.

Two students shifted on each retest. One changed from disagree to neutral to agree and one from neutral to agree to disagree.

The thirty-five group tended to agree with the statement on the pre-test (3.63) and increased this agreement on the post-test (3.86).

Twenty-four held the same conviction on both tests. Two disagreed, six were neutral, and sixteen agreed. Eleven shifted between the pre-test and post-test. Two changed from disagree to agree, five from

neutral to agree, one from agree to disagree, and three from agree to neutral.

The supervisors tended to agree with the statement (3.60) and the parish pastors even more so (4.04).

Item 12

In response to the statement that insanity runs in families, the students expressed disagreement (2.29).

Thirteen of the twenty-three students or about 55 per cent held to their conviction throughout all three tests. Ten disagreed with the statement and three expressed agreement.

Two students took the same position on the pre-test and post-test and shifted on the vicarage test. One changed from agree to disagree and one from neutral to disagree.

Three students shifted between the pre-test and the post-test and then changed back on the vicarage test. One shifted from disagree to agree to disagree, one from disagree to neutral to disagree, and one from agree to neutral to agree.

Three students shifted between the pre-test and the post-test and maintained this change into the vicarage. Two shifted from agree to disagree and one from neutral to disagree.

Two students shifted their opinion on each retest. One changed from neutral to disagree to agree and the other from neutral to agree to disagree.

The thirty-five group tended to have mixed opinions about this statement (2.69) and continued in this direction on the post-test (2.80).

Twenty-three students held to the same opinion on both tests.

Eleven disagreed, four were neutral, and eight agreed. Twelve shifted between the pre-test and post-test. Four changed from disagree to agree, two from neutral to disagree, four from neutral to agree, and two from agree to disagree. The supervisors disagreed with the statement (2.00) while the parish pastors tended to have more mixed feelings (2.60).

Item 13

In response to the statement that if a patient is sleeping the pastor should not ask to have him awakened, the students expressed mixed feelings (3.16).

Eight of the twenty-three students or about 35 per cent held to the same opinion on all three tests. Two disagreed and six agreed with the statement. One student kept the same opinion on the pre-test and post-test but shifted on the vicarage test. He changed from neutral to agree.

Three students shifted between the pre-test and post-test and then returned to the pre-test opinion on the vicarage test. One changed from disagree to neutral to disagree, one from agree to neutral to agree, and the other from neutral to disagree to neutral.

Nine students shifted between the pre-test and the post-test and carried the post-test attitude into the vicarage. Three changed from disagree to agree, two from agree to disagree, one from agree to neutral, and three from neutral to disagree.

Two students shifted on each retest. One changed from agree to disagree to neutral and the other from neutral to disagree to agree.

The thirty-five group agreed with the statement on the pre-test (3.89) but changed to a neutral position on the post-test (3.03).

Eighteen students held to the same opinion on both tests. Two disagreed, five were neutral, and eleven agreed. Seventeen shifted between the two tests. Four changed from neutral to disagree, six from agree to disagree, and seven from agree to neutral.

The supervisors tended to disagree with the statement (2.60) while the parish pastors tended to agree with it (3.40).

Item 14

In response to the statement that generally speaking it is better for the pastor to sit at the bedside than to stand, the students expressed mixed feelings (3.23).

Nine of the twenty-three students or about 40 per cent held to the same opinion on all three tests. One disagreed with the statement, five agreed with it, and two took a neutral position.

Six students had the same reaction on the pre-test and post-test but shifted on the vicarage test. One changed from disagree to agree, one from disagree to neutral, one from agree to disagree, one from neutral to disagree, and two from neutral to agree.

Four students shifted between the pre-test and the post-test and then returned to the pre-test opinion on the vicarage test. One changed from disagree to agree to disagree, one from agree to neutral to agree, one from neutral to disagree to neutral and one from neutral to agree to neutral.

Two students shifted between the pre-test and post-test and maintained this change into the vicarage. One of these changed from

agree to disagree and the other from neutral to agree.

The thirty-five group expressed mixed feelings about the statement on the pre-test (3.49) and even more so on the post-test (3.02).

Twenty students held to the same response on both tests. Four disagreed, five were neutral, and eleven agreed. Fifteen shifted between the pre-test and the post-test. Three changed from disagree to neutral, two from neutral to disagree, one from neutral to agree, five from agree to disagree, and four from agree to neutral.

The supervisors disagreed with the statement (2.40) and the parish pastors tended to agree with them (2.48).

Item 15

In response to the statement that if a doctor or nurse comes in the room, he or she should be given the right of way, the students expressed agreement (3.91).

Fourteen of the twenty-three students or about 60 per cent kept the same opinion on all three tests. Thirteen agreed with the statement and one disagreed.

Three students had the same opinion on the pre-test and post-test but shifted on the vicarage test. One changed from disagree to neutral, one from agree to disagree, and one from agree to neutral.

Two students shifted between the pre-test and post-test and then returned to the pre-test position on the vicarage test. One changed from disagree to agree to disagree and the other from neutral to disagree to neutral.

Three students shifted between the pre-test and the post-test and maintained this change into the vicarage. Two changed from dis-

agree to agree and one from neutral to agree.

One student shifted on all three tests. He changed from disagree to neutral to agree.

The thirty-five group expressed agreement with the statement on the pre-test (4.43) and on the post-test (4.46).

Thirty students held the same conviction on both tests. Two were neutral and twenty-eight agreed. Five shifted between the pre-test and post-test. One changed from neutral to agree and four from agree to neutral.

The supervisors tended to agree with the statement (3.40) and the parish pastors concurred (3.96).

Item 16

In response to the statement that generally the severity of a patient's illness and the amount of the patient's concern are related, the students expressed mixed reactions (3.19).

Six of the twenty-three students or about 25 per cent held to the same opinion throughout all three tests. Five agreed and one disagreed.

Six students had the same response on the pre-test and post-test but shifted on the vicarage test. Two changed from disagree to agree, one from disagree to neutral, two from agree to disagree, and one from agree to neutral.

Three students shifted between the pre-test and the post-test but returned to the pre-test conviction on the vicarage test. One changed from disagree to agree to disagree, one from disagree to neutral to disagree, and one from agree to disagree to agree.

Five students had differing responses on the pre-test and post-test and continued this change into the vicarage. One shifted from disagree to agree, two from agree to disagree, one from neutral to disagree and one from neutral to agree.

Three students shifted on each retest. Two changed from agree to neutral to disagree and one from neutral to agree to disagree.

The thirty-five group expressed mixed feelings on the pre-test (3.23) and on the post-test (3.20).

Twenty-two students had the same opinion on both tests. Eight disagreed, one was neutral, and thirteen agreed. Thirteen shifted between the pre-test and the post-test. Two changed from disagree to agree, one from disagree to neutral, three from neutral to agree, four from agree to disagree, and three from agree to neutral.

The supervisors disagreed with the statement (1.60) while the parish pastors had more mixed feelings (3.20) tending toward agreement.

Item 17

In response to the statement that to allay anxiety doctors usually brief surgical patients in advance on what to expect, the students expressed agreement (3.72).

Nine of the twenty-three, or about 40 per cent held to the same response throughout the three tests. Eight agreed and one took a neutral position.

One had the same response on the pre-test and post-test but shifted on the vicarage test. The change was from agree to neutral.

Five shifted between the pre-test and the post-test but then returned to the pre-test response on the vicarage test. One changed

from disagree to agree to disagree, three from agree to neutral to agree, and one from neutral to agree to neutral.

Five shifted between the pre-test and the post-test and maintained this change into the vicarage. Two changed from disagree to agree, one from disagree to neutral, one from agree to disagree, and one from neutral to agree.

Three students shifted on each retest. One changed from disagree to agree to neutral and two from agree to disagree to neutral.

The thirty-five group tended to agree with the statement on the pre-test (3.74) with about the same response on the post-test (3.69).

Twenty-two students held the same conviction on both tests. Three were neutral and nineteen agreed. Thirteen shifted between the pre-test and the post-test. Three changed from disagree to agree, two from disagree to neutral, two from neutral to disagree, one from neutral to agree, one from agree to disagree, and four from agree to neutral.

The supervisors took a neutral position toward the statement (3.00) while the parish pastors tended to agree with it (3.72).

Item 18

In response to the statement that most hospitals emphasize efficiency over and above concern for the patient, the students expressed disagreement (2.23).

Eleven of the twenty-three students or about 50 per cent held to the same opinion on all three tests. Ten disagreed with the statement and one was neutral.

Two had the same response on the pre-test and post-test but

shifted on the vicarage test. One changed from disagree to agree and the other from agree to disagree.

Seven students shifted between the pre-test and the post-test but returned to the pre-test opinion on the vicarage test. One changed from disagree to agree to disagree, two from disagree to neutral to disagree, two from agree to disagree to agree, two from neutral to disagree to neutral.

One student shifted between the pre-test and post-test and maintained this change into the vicarage. The shift was from neutral to disagree.

Two students changed on all three tests. One shifted from agree to disagree to neutral and the other from agree to neutral to disagree.

The thirty-five group disagreed with the statement on the pre-test (2.09) and on the post-test (2.17).

Twenty-five students held to the same response on both tests. Nineteen disagreed, five were neutral, and one agreed. Ten shifted between the pre-test and the post-test. Three changed from disagree to agree, three from disagree to neutral, three from neutral to disagree, and one from agree to disagree.

The supervisors disagreed with the statement (2.40) and the parish pastors tended to agree with them but to a lesser degree (2.68).

Item 19

In response to the statement that if troubled about the prognosis, patients should be reassured that everything will be all right, the students expressed mixed reactions with a tendency, perhaps, toward disagreement (2.50).

Sixteen of the twenty-three students or slightly less than 70 per cent held to the same opinion on all three tests. Twelve disagreed and four agreed with the statement.

One student had the same opinion on the pre-test and the post-test, but shifted on the vicarage test. The shift was from agree to disagree.

Three students shifted between the pre-test and the post-test but returned to the pre-test position on the vicarage test. Two changed from disagree to agree to disagree and one from neutral to disagree to neutral.

Two shifted between the pre-test and the post-test and maintained this change into the vicarage. One changed from disagree to neutral and the other from agree to disagree.

One student shifted on all three tests. The change was from disagree to neutral to agree.

The thirty-five group had mixed feelings on the pre-test (3.09) but shifted toward disagreement on the post-test (2.20).

Seventeen students had the same response on both tests. Twelve disagreed, three were neutral, and two agreed. Eighteen shifted between the pre-test and the post-test. One changed from disagree to neutral, six from neutral to disagree, one from neutral to agree, six from agree to disagree, and four from agree to neutral.

The supervisors disagreed with the statement (1.40) while the parish pastors tended to have more mixed feelings (2.72).

Item 20

In response to the statement that if the mortally ill patient

is to be told, it should be the pastor who does it, the students expressed mixed feelings (3.16)

Seven of the twenty-three, or about 30 per cent, held to the same opinion on all three tests. Two disagreed, two agreed, and three were neutral.

Five students had the same response on the pre-test and post-test but shifted on the vicarage test. One changed from agree to neutral to agree and four from neutral to agree to neutral.

Five shifted between the pre-test and the post-test and maintained this change into the vicarage. One changed from disagree to neutral, one from agree to neutral, two from neutral to agree, and one from neutral to disagree.

One student shifted on every test. The change was from agree to neutral to disagree.

The thirty-five group had mixed feelings about the statement on the pre-test (3.26) and on the post-test (3.06).

Twenty-one students had the same opinion on both tests. Four students disagreed, eight were neutral, and nine agreed. Fourteen shifted between the pre-test and the post-test. Two changed from disagree to agree, two from disagree to neutral, three from neutral to disagree, one from neutral to agree, four from agree to disagree and two from agree to neutral.

The supervisors disagreed with the statement (2.60) while the parish pastors expressed mixed reactions (3.00).

Item 21

In response to the statement that in calling on patients of

other denominations, the Lutheran chaplain should "set them straight" about the correct interpretation of the Scriptures, the students expressed disagreement (1.55).

Eighteen of the twenty-three students or about 35 per cent held to the same opinion from the beginning and throughout all three tests. They all disagreed with the statement.

One student had the same opinion on the pre-test and post-test but shifted on the vicarage test. The change was from disagree to neutral.

One shifted between the pre-test and the post-test but then returned to the pre-test opinion on the vicarage test. The change was from agree to neutral to agree.

Three shifted between the pre-test and the post-test and maintained this change into the vicarage. Two changed from agree to disagree and one from neutral to disagree.

No student shifted on all three tests.

The thirty-five group expressed disagreement on the pre-test (1.83) and on the post-test (1.51).

Twenty-nine students held to the same opinion on both tests. Twenty-eight disagreed and one agreed. Six students changed between the pre-test and the post-test. Two changed from neutral to disagree, one from neutral to agree, and three from agree to disagree.

The supervisors disagreed with the statement (1.00) and the parish pastors held the same opinion (1.64).

Item 22

In response to the statement that the pastor may easily make

the mistake of carrying over his mood from one patient to the next, the students expressed agreement (4.32).

Eighteen of the twenty-three, or about 75 per cent held the same opinion on all three tests. They all agreed.

Four students had the same opinion on the pre-test and the post-test but shifted on the vicarage test. Three changed from agree to neutral and one from neutral to agree.

One student shifted between the pre-test and the post-test and maintained this change into the vicarage. The change was from disagree to agree.

No student shifted on all three tests.

The thirty-five group agreed with the statement on the pre-test (4.46) and on the post-test (4.63).

Thirty-four students held the same opinion on both tests. All agreed with the statement. One shifted between the pre-test and the post-test. The change was from neutral to agree.

The supervisors agreed with the statement (4.40) and the parish pastors concurred with the supervisors (4.32).

Item 23

In response to the statement that most mentally ill people are also spiritually weak, the students expressed mixed reactions (3.04).

Eleven of the twenty-three students or slightly less than 50 per cent held the same conviction on all three tests. Ten disagreed and one agreed with the statement.

Six students had the same response on the pre-test and the post-test but shifted on the vicarage test. Three changed from disagree to

to neutral and three from neutral to disagree.

Four shifted between the pre-test and the post-test and then returned to the pre-test opinion on the vicarage test. Two changed from disagree to neutral to disagree, and one from agree to disagree to agree, and one from neutral to agree to neutral.

Two shifted between the pre-test and the post-test and maintained this change into the vicarage. One changed from disagree to neutral and one from agree to disagree.

No student shifted on all three tests.

The thirty-five group disagreed with the statement on the pre-test (2.31) and on the post-test (2.29).

Twenty-three students held the same opinion on both tests. Seventeen disagreed, three were neutral, and three agreed. Twelve shifted between the pre-test and the post-test. One changed from disagree to agree, three from disagree to neutral, three from neutral to disagree, two from neutral to agree, two from agree to disagree, and one from agree to neutral.

The supervisors disagreed with the statement (2.40) while the parish pastors had more mixed reactions (2.68).

Item 24

In response to the statement that the pastor should baptize the relative of a parishioner who attended church occasionally with the parishioner and who now is in a terminal coma, the students expressed mixed feelings (2.74).

Eight of the twenty-three students or about 35 per cent held the same opinion throughout the three tests. Six disagreed and two agreed.

Five held to the same opinion on the pre-test and the post-test but shifted on the vicarage test. Two changed from disagree to neutral, two from agree to disagree, and one from agree to neutral.

Five shifted between the pre-test and the post-test but returned to the pre-test opinion on the vicarage test. Three changed from disagree to agree to disagree, one from agree to disagree to agree and one from agree to neutral to agree.

Two shifted between the pre-test and the post-test and maintained this change into the vicarage. One changed from disagree to agree and one from agree to disagree.

Three students shifted on each test. One changed from disagree to neutral to agree, one from agree to neutral to disagree, and one from neutral to disagree to agree.

The thirty-five group expressed mixed opinions on the pre-test (2.80) and on the post-test (3.31).

Nineteen students held to the same opinion on both tests. Six disagreed, two were neutral, and six agreed. Sixteen shifted between the pre-test and post-test. Three changed from disagree to agree, four from neutral to agree, four from disagree to neutral, four from neutral to disagree, and one from agree to neutral.

The supervisors disagreed with the statement (1.60) while the parish pastors had more mixed feelings (2.68).

Item 25

In response to the statement that one should not argue with a patient, students expressed agreement (4.43).

Eighteen of the twenty-three, or about 75 per cent, held the same

opinion throughout all three tests. They all agreed with the statement.

Two students shifted between the pre-test and the post-test but changed back to the pre-test on the vicarage test. One changed from agree to neutral to agree and one from agree to disagree to agree.

Three students shifted between the pre-test and the post-test and maintained the change into the vicarage. One changed from disagree to agree and two from neutral to disagree.

No student shifted on all three tests.

The thirty-five group agreed with the statement on the pre-test (4.57) and on the post-test (4.69).

Thirty-two student held the same opinion on both tests. All agreed with the statement. Three shifted between the pre-test and post-test. One changed from disagree to neutral, one from neutral to agree, and one from agree to neutral.

The supervisors agreed with the statement (4.50) and the parish pastors concurred (4.56).

Item 26

In response to the statement that the nurses on the floor will generally answer the pastor's questions about the current physical condition of his parishioner, the students tended to agree (3.74).

Eleven of the twenty-three students or slightly less than 50 per cent held to the same opinion on all three tests. Nine agreed, one disagreed, and one was neutral.

Three students had the same attitude on the pre-test and post-test but shifted on the vicarage test. One changed from disagree to

agree and two from agree to disagree.

Three students shifted between the pre-test and the post-test and returned to the pre-test position on the vicarage test. Two changed from agree to neutral to agree and one from neutral to agree to neutral.

Four student shifted between the pre-test and the post-test and maintained this change into the vicarage. One changed from disagree to agree and three from neutral to agree.

Two students shifted on each retest. Both changed from neutral to agree to disagree.

The thirty-five group tended slightly toward agreement on the pre-test (3.71) but expressed more mixed opinion on the post-test (3.43).

Twenty-three students held the same opinion on both tests. Two disagreed, five were neutral, and sixteen agreed. Twelve shifted between the pre-test and the post-test. Two changed from disagree to agree, one from neutral to disagree, two from neutral to agree, four from agree to disagree, and three from agree to neutral.

The supervisors disagreed with the statement (2.80) while the parish pastors tended to agree with it (3.60).

Item 27

In response to the statement that generally the better the church member, the less concerned he will be about the consequences of his illness, the students expressed disagreement (1.81).

Seventeen of the twenty-three students or about 70 per cent held the same opinion throughout all three tests. Sixteen disagreed with the statement and one agreed.

Two students had the same response on the pre-test and post-test but shifted on the vicarage test. One changed from disagree to agree and the other from neutral to disagree.

One student shifted between the pre-test and the post-test and then returned to the pre-test opinion on the vicarage test. The change was from neutral to disagree to neutral.

One student shifted between the pre-test and the post-test and maintained the change into the vicarage. The shift was from agree to disagree.

Two students shifted on each test. One changed from disagree to neutral to agree and the other from neutral to disagree to agree.

The thirty-five group expressed disagreement on the pre-test (2.40) and about the same on the post-test (2.37).

Twenty-two students had the same response on both tests. Fifteen disagreed, five were neutral, and two agreed. Thirteen shifted between the pre-test and the post-test. Four changed from disagree to agree, two from disagree to neutral, three from neutral to disagree, one from neutral to agree, and three from agree to disagree.

The supervisors disagreed with the statement (1.40) and the parish pastors disagreed but to a lesser degree (2.20).

Item 28

In response to the statement that the pastor should develop graceful ways of bringing in the Gospel, even though the conversation is not going in that direction, the students expressed mixed opinions (3.10).

Twelve of the twenty-three students or slightly more than 50

per cent held the same opinion on all three tests. Five disagreed and seven agreed with the statement.

Four students had the same response on the pre-test and the post-test but shifted on the vicarage test. Two changed from disagree to agree and two from neutral to agree.

Two students shifted between the pre-test and the post-test and then returned to the pre-test response on the vicarage test. Both changed from agree to disagree to agree.

Four students shifted between the pre-test and the post-test and maintained this change into the vicarage. One changed from disagree to agree, one from agree to disagree, and two from neutral to agree.

One student shifted on each test. The change was from disagree to neutral to agree.

The thirty-five group agreed with the statement on the pre-test (4.06) with less agreement on the post-test (3.66).

Twenty-three students had the same response on both tests. Two disagreed, one was neutral, and twenty agreed. Twelve students shifted between the pre-test and post-test. Two shifted from disagree to agree, seven from agree to disagree, and three from agree to neutral.

The supervisors disagreed with the statement (2.60) while the parish pastors agreed (4.32).

Item 29

In response to the statement that you should not try to talk to the patient who is coming out of anesthetic, the students expressed mixed opinions (3.10).

Six of the twenty-three students or about 25 per cent had the same

response on all three tests. Two disagreed, three agreed and one took a neutral position.

Seven students had the same conviction on the pre-test and post-test but shifted on the vicarage test. Three changed from disagree to neutral, one from agree to disagree, two from agree to neutral, and one from neutral to disagree.

Six students shifted between the pre-test and the post-test and maintained this change into the vicarage. One changed from disagree to agree, one from disagree to neutral, one from agree to disagree, one from agree to neutral, and two from neutral to agree.

Four students shifted on each retest. Two changed from disagree to agree to neutral, one from neutral to agree to disagree, and one from neutral to disagree to agree.

The thirty-five group had mixed feelings about the statement on the pre-test (3.31) with about the same reaction on the post-test (3.40).

Eighteen students had the same response on both tests. Twelve disagreed, two were neutral, and two agreed. Seventeen shifted between the pre-test and the post-test. Four students changed from disagree to agree, two from disagree to neutral, two from neutral to disagree, four from neutral to agree, three from agree to disagree, and two from agree to neutral.

The supervisors agreed with the statement (3.60) and the parish pastors tended in the same direction to a lesser degree (3.52).

Item 30

In response to the statement that suggesting Holy Communion tends to scare the patient into believing he may be sicker than anyone has

let on, the students expressed disagreement.

Eleven of the twenty-three students or slightly less than 50 per cent took the same position on all three tests. Eight disagreed, two agreed, and one took a neutral position.

Five students had the same response on the pre-test and post-test but shifted on the vicarage test. Three changed from disagree to agree and two from disagree to neutral.

One student shifted between the pre-test and the post-test but returned to the pre-test opinion on the vicarage test. The shift was from disagree to neutral to disagree.

Five students shifted between the pre-test and the post-test and maintained the change into the vicarage. Two changed from agree to disagree, one from agree to neutral, and one from neutral to agree.

One student shifted on each retest. The change was from neutral to agree to disagree.

The thirty-five group expressed mixed opinions on the pre-test (2.71) and continued this with same shift to disagree on the post-test (2.49).

Sixteen students had the same response on both tests. Twelve disagreed, two were neutral, and two agreed. Nineteen shifted between the pre-test and the post-test. Three changed from disagree to agree, one from disagree to neutral, four from neutral to disagree, three from neutral to agree, seven from agree to disagree, and one from agree to neutral.

The supervisors split on the statement (3.00) while the parish pastors tended to disagree with it (2.48).

Item 31

In response to the statement that no matter whether seriously ill or not, the patient should be reminded that heaven is his home, the students expressed mixed opinions (3.38).

Eight of the twenty-three students or about 35 per cent had the same response on all three tests. Six agreed and two disagreed with the statement.

Three students had the same conviction on the pre-test and post-test but shifted on the vicarage test. All changed from agree to neutral.

Two shifted between the pre-test and the post-test but returned to the pre-test opinion on the vicarage test. One changed from disagree to agree to disagree and the other from neutral to disagree to neutral.

Eight shifted between the pre-test and the post-test and maintained this change into the vicarage. Two changed from disagree to agree, three from agree to disagree, two from agree to neutral, and one from neutral to agree.

Two students shifted on each retest. One changed from disagree to neutral to agree and the other from agree to neutral to disagree.

The thirty-five group agreed with the statement on the pre-test (4.26) but had more mixed opinions on the post-test (3.58).

Twenty-four students had the same response on both tests. One disagreed, two were neutral, and twenty-one agreed. Eleven students shifted between the pre-test and the post-test. Two changed from neutral to disagree, one from neutral to agree, four from agree to dis-

agree, and four from agree to neutral.

The supervisors disagreed with the statement (1.20) while the parish pastors tended to agree (3.72).

Item 32

In response to the statement that the pastor is to be concerned only with the spiritual condition of the patient, the students expressed disagreement (1.49).

Nineteen of the twenty-three students or slightly less than 80 per cent had the same opinion on all three tests. All disagreed with the statement.

One student had the same response on the pre-test and the post-test but shifted on the vicarage. The change was from disagree to neutral.

Two shifted between the pre-test and the post-test and maintained this shift into the vicarage. One changed from disagree to neutral and one from agree to disagree.

One student shifted on each retest. The change was from agree to neutral to disagree.

The thirty-five group disagreed with the statement on the pre-test (1.57) and had about the same response on the post-test (1.66).

Twenty-eight students held the same opinion on both tests. All disagreed with the statement. Seven changed from the pre-test to the post-test. Two shifted from disagree to agree, one from disagree to neutral, two from neutral to disagree, and two from agree to disagree.

The supervisors disagreed with the statement (1.20) and the parish pastors tended to agree with them (1.84).

Item 33

In response to the statement that the pastor should spend more of his time listening to the patient than applying the Word, the students expressed mixed feelings tending toward agreement (3.57).

Nine of the twenty-three students or about 40 per cent held the same opinion on all three tests. Six agreed and three were neutral.

Five students had the same conviction on the pre-test and post-test but shifted on the vicarage test. Two changed from agree to neutral, two from neutral to agree, and one from neutral to disagree.

Four students shifted between the pre-test and the post-test and maintained this shift into the vicarage. Three changed from disagree to agree and one from neutral to agree.

Three students shifted on each retest. One changed from disagree to neutral to agree, one from agree to disagree to neutral, and one from neutral to disagree to agree.

The thirty-five group had fairly mixed opinions on the pre-test (3.46) but continued to shift toward agreement on the post-test (3.86).

Twenty-two students had the same opinion on both tests. Seven were neutral and fifteen agreed. Thirteen shifted between the pre-test and the post-test. Three changed from disagree to agree, one from disagree to neutral, two from neutral to disagree, five from neutral to agree, one from agree to disagree, and one from agree to neutral.

The supervisors tended to agree with the statement (3.60) while the parish pastors split (3.00).

to agree, eight from agree to disagree, and one from disagree to agree.

Item 34 *In response to the statement that in hospital calling the pastor's most important tool is prayer, the students expressed mixed opinions (3.22).*

In response to the statement that in hospital calling the pastor's most important tool is prayer, the students expressed mixed opinions (3.22).

Ten of the twenty-three students or about 45 per cent held to the same opinion on all three tests. Five disagreed with the statement and five agreed with it.

Four students had the same response on the pre-test and post-test but shifted on the vicarage. Two changed from disagree to agree, one from disagree to neutral, and one from agree to neutral.

Five students shifted between the pre-test and the post-test and then returned to the pre-test attitude on the vicarage test. Three changed from agree to disagree to agree and two from agree to neutral to agree.

Three shifted between the pre-test and the post-test and maintained this change into the vicarage. Two changed from disagree to agree and one shifted from agree to disagree.

One student shifted on each retest. The change was from disagree to agree to neutral.

The thirty-five group tended to agree with the statement on the pre-test (3.97), but had more mixed feelings on the post-test (3.40).

Twenty-one students had the same response on both tests. One disagreed, two were neutral, and eighteen agreed. Fourteen shifted between the pre-test and the post-test. One changed from disagree to neutral, three changed from neutral to disagree, one from neutral to agree, eight from agree to disagree, and one from agree to neutral.

The supervisors disagreed with the statement (2.00) while the parish pastors tended to have more mixed feelings (2.88).

continued

Some of the respondents also pointed out that the survey does not measure all possible aspects of customer care that may influence the overall quality of the banking experience. It is also noted that the survey does not cover all the reported customer complaints. The study would have been more comprehensive if we had interviewed bank employees as well as customers. The survey was conducted about the feasibility and the cost of the performance. However, probably a similar study could be conducted by the bank to measure the satisfaction of the staff.

One of the major objectives of this study was to determine what the reasons are for the bank's financial success. The survey data shows that the factors which produced the success of the bank are due to the growth of the economy and the bank's ability to attract deposits from the growing population. These factors are considered the primary reasons for the success of the bank. It is also noted that the bank's success is not only due to the growth of the economy but also to the bank's ability to attract deposits from the growing population. However, it is better to note that the bank's success is not only due to the growth of the economy but also to the bank's ability to attract deposits from the growing population. It is better to note that all participants in the study were bank employees and the survey results are not representative of the general public. The study also indicates that the bank's success is not only due to the growth of the economy but also to the bank's ability to attract deposits from the growing population. It is better to note that all participants in the study were bank employees and the survey results are not representative of the general public.

CHAPTER IV

DISCUSSION

First of all, it should be acknowledged that this Pastoral Care Survey does not measure all possible changes in concepts of pastoral care that did occur, or may occur under similar training programs. It is also open to question just what some of the recorded changes represent. Are they merely intellectualization, or do they represent real conviction on the student's part? The Survey says nothing about the individual's ability or actual performance. However, presumably a student's performance is influenced by his underlying conceptualization of the task.

One of the purposes of this study was to determine what attitudes students do hold toward pastoral care. The twenty-two items on the Survey which produced no statistically significant change between the pre-test and the post-test may be taken as indicative of such prevailing attitudes. These items concerned the following matters: the wearing of clerical garb; whether it is advisable to talk to a patient in an oxygen tent; whether or not to speak to a patient's family in his presence but out of his hearing; whether it is better to read or recite the Scriptures; whether or not to speak loudly enough so that all patients in the area may hear; using the Law with patients who are parishioners; whether illness is always the result of God's chastening those whom He loves; whether illness causes patients to harbor hostility toward God; whether insanity runs in families; whether it is better to sit at a patient's bed or to stand;

whether the amount of patient concern is directly related to the severity of his illness; whether hospitals emphasize efficiency over concern for the patient; whether there is danger of the pastor carrying over his mood from one patient to another; whether mentally ill people are also spiritually weak; whether the pastor should baptize the terminal patient of item 24; whether the pastor should argue with the patient; whether the staff will be willing to answer the pastor's questions regarding a patient; whether there is any relation between the strength of church membership and fear about the consequences of an illness; whether the pastor should try to talk to a patient coming out of anesthetic; whether the suggestion of receiving Holy Communion scares the patient into thinking that he is sicker than he really is; and whether the pastor should be only concerned with the spiritual welfare of the patient.

There were twelve items on the Survey in which there were changes of response which were found to be statistically significant. On the following items there were changes which were found to have only one possibility in one hundred of having occurred by chance: whether it is important for the pastor to know the nature of the patient's illness; whether the pastor should make explicit use of the Word on every sick call; whether mortally ill people should be told the facts of their condition; whether the pastor should ask to have the patient awakened; whether doctors brief patients before surgery; whether patients should always be assured that everything will be all right; whether the patient should always be reminded that heaven is his home; and whether the pastor should spend more time listening to the patient than applying the Word. On the following items there were changes that were shown

statistically to have only five possibilities in one hundred of having occurred by chance: whether the doctor or nurse should have the right of way over the pastor; whether the pastor should "set straight" the theological views of other patients; whether the pastor should bring in the Gospel even when the conversation is not going in that direction; and whether the pastor's most important tool is prayer.

In general the above represent definite shifts in the direction of a more patient-centered approach to pastoral care. For example, students are more ready to listen to the patient, are less concerned about a specific diagnosis and are more concerned about the patient.

Furthermore, the concepts are more realistic. Before the experience the students tended to agree with anything that sounds as though it will be for the patient's good, for example, that he should always be reminded that heaven is his home. As a result of the training, they tend to be more honest. For example, they will not reassure a patient so quickly. They also come to believe that mortally ill people should be told the truth about their condition.

The image of the hospital, which is favorable to start out with, seems to be enhanced as a result of the experience.

It should be pointed out that there is no attempt here to determine whether content covered by the Survey was specifically discussed at the hospitals. However, the chaplains made no deliberate attempt to do so.

The evidence tends to support the hypothesis that the changes which occur will be in the direction of the supervisor's own opinion. The larger number of changes were in this direction. However, there were a fairly large number which were in the negative direction. Some of these

changes are not statistically significant. Tests were not run on this phase of the study, but in all probability the result would eliminate the majority of the changes as being the result of random variation, but would leave a small number mostly in the positive direction.

It is surprising to find such uniformity among the various hospitals. There was little variation in the "effectiveness" of the supervisor or setting in getting students to change their concepts.

The analysis of twenty-three students who took the Survey again after six months of internship gives conflicting evidence about the stability of changes. In only three instances was there a significant change back to the earlier concept (cf. Table 3).

The results would seem to indicate that there is no systematic change with passage of time and entrance into internship (and there coming under the influence of a supervisor with possibly different orientation from the institutional chaplain). The changes that do occur come about for various reasons, e.g., the content of the concept itself, the strength with which it is held originally.

The test-retest correlations are reported in Table 5. They are generally satisfactory, especially in view of the following considerations:

1. Some instruction necessarily occurred between the first and second testing.
2. There appears to be greater variability at the beginning than at the end. This is to be expected, and is in fact one of the desirable outcomes of the training, i.e., students know more than when they started. However, it does make for a certain unreliability at the outset.
3. Certain purely statistical factors.

However, some items appear open to more variation than others. These are the following: 5, 8, 17, 32, and 33. Apparently these are

all items about which the students could not find stability in perception or judgment, at least at first.

CHAPTER V

SUMMARY

A survey was administered to groups of seminary students to test whether there would be changes in concepts of pastoral care following an institutional chaplaincy under supervision.

In twelve cases out of thirty-four items, there were statistically significant changes over the course of the training experience.

The hypothesis that the changes would be in the direction of the supervisor's own opinion was supported. However, there was substantial conflicting evidence.

In a few instances changes did not hold up, but reverted back to earlier positions. In the main, however, changes and stability were intermixed, and the changes that did occur were not correlated with changing points of view resulting from the internship.

The institutional supervisors and the parish pastors tended to agree more than they disagreed. However, in a few instances the two groups took completely opposite positions.

7. There were no significant changes in the concept of the pastor's role as a result of the internship.
8. There was a significant change in the concept of the pastor's role as a result of the internship.
9. There was a significant change in the concept of the pastor's role as a result of the internship.
10. There was a significant change in the concept of the pastor's role as a result of the internship.
11. There was a significant change in the concept of the pastor's role as a result of the internship.
12. There was a significant change in the concept of the pastor's role as a result of the internship.

APPENDIX A

Pastoral Care Survey

Read each question and fill in the appropriate space on the IBM sheet, as follows:

- 1 - Strongly disagree
- 2 - Mildly disagree
- 3 - Neutral, neither disagree or agree
- 4 - Mildly agree
- 5 - Strongly agree

Work rapidly. Your first reaction is probably the most valid one.

-
1. It is important that the pastor know the nature of the patient's illness.
 2. On almost every sick call, the pastor should make explicit use of the Word of God, i.e., actually speak the Law or Gospel.
 3. It is advisable for the pastor to wear distinctive clerical garb when making hospital calls.
 4. If a patient is in an oxygen tent, the pastor should not try to speak to him.
 5. The pastor should not attempt to speak to members of the patient's family in his presence but out of range of his hearing.
 6. When one uses Scripture in the course of his devotion with the patient, it is best to read directly from a pocket New Testament, rather than recite from memory.
 7. Where there are other patients in the same room, the pastor should speak loudly enough so that the others may listen if they wish.
 8. Avoid the use of the Law with parishioners whom you are visiting in the hospital.
 9. Illness is always a result of God's chastening of those whom He loves.
 10. Seriously ill people generally harbor some hostility toward God.
 11. Mortally ill people should be told the facts about their condition.
 12. Insanity runs in families.

13. If the patient is sleeping, the pastor should not ask that he be awakened.
14. Generally speaking, it is better for the pastor to sit at the bedside than to stand.
15. If a doctor or nurse comes in the room, he or she should be given the right of way.
16. Generally the severity of a physical illness and the amount of the patient's concern are related.
17. To allay anxiety, doctors usually brief surgical patients in advance on what to expect.
18. Most hospitals emphasize efficiency over and above concern for the patients.
19. If troubled about the prognosis, patients should be reassured that everything will be all right.
20. If the mortally ill patient is to be told, it should be the pastor who does it.
21. In calling on patients of other denominations, the Lutheran chaplain should "set them straight" about the correct interpretation of the Scriptures.
22. The pastor may easily make the mistake of carrying over a mood from one patient to the next.
23. Most mentally ill people are also spiritually weak.
24. The pastor is called to the bedside of an unbaptized relative of a parishioner who is in a terminal coma. The parishioner explains that this man went to church occasionally with his family. The pastor should baptize this man.
25. Do not argue with a patient.
26. The nurses on the floor will generally answer the pastor's questions about the current physical condition of his parishioner.
27. Generally, the better the church member, the less concerned he will be about the consequences of his illness.
28. The pastor should develop graceful ways of bringing in the Gospel, even though the conversation is not going in that direction.
29. Do not try to talk to the patient who is coming out of the anesthetic.
30. Suggesting Holy Communion tends to scare the patient into believing

- he may be sicker than anyone has let on.
- 31. No matter whether seriously ill or not, the patient should be reminded that heaven is his home.
- 32. The pastor is to be concerned only with the spiritual condition of the patient.
- 33. The pastor should spend more of his time listening to the patient than applying the Word.
- 34. In hospital calling the pastor's most important tool is prayer.

TABLE 2

Changes in attitudes toward pastoral care before and after a hospital experience by hospital groups and in relation to supervisor's attitudes

Item	1 ¹ n=9				2 n=13				3 n=13						
	M _b	M _a	S	C ²	M _b	M _a	S	C ²	M _b	M _a	S	C ²			
1	4.67	4.22	2	+	.45	4.23	4.00	2	+	.23	4.31	3.00	4	-	1.31
2	2.22	1.78	1	+	.44	2.85	1.69	1	+	1.16	3.31	2.38	2	+	.93
3	3.56	3.33	1	+	.23	3.38	3.38	4		.00	3.23	2.92	3	+	.31
4	2.22	1.78	1	+	.44	2.77	2.69	1	+	.08	2.38	1.92	1	+	.26
5	3.33	3.11	3	+	.22	2.31	2.54	5	+	.23	2.54	2.77	5	+	.23
6	3.44	3.33	2	+	.11	3.36	4.18	1	-	.82	3.00	2.46	5	-	.54
7	2.44	2.44	2		.00	2.38	2.54	2	-	.16	3.00	2.69	2	-	.31
8	2.44	2.56	5	+	.12	2.46	2.31	3	-	.15	2.23	2.23	1		.00
9	2.89	3.33	1	-	.33	2.31	1.77	1	+	.54	1.62	2.08	1	-	.46
10	2.33	2.78	4	+	.45	2.77	2.62	3	-	.15	2.23	2.54	2	-	.31
11	3.89	4.00	3	-	.11	3.77	3.46	4	-	.31	4.08	3.23	4	-	.85
12	2.00	1.78	1	+	.22	2.31	3.00	3	+	.69	3.15	2.69	1	+	.46
13	3.22	3.56	3	-	.34	3.62	3.23	3	+	.39	3.62	2.31	2	+	1.31
14	3.44	3.33	2	+	.11	3.54	3.46	3	+	.08	3.54	2.54	2	+	1.00
15	4.00	4.33	4	-	.33	4.23	4.08	3	+	.15	3.85	4.23	2	-	.38
16	3.78	3.22	4	-	.56	3.08	2.54	1	+	.54	3.62	4.00	1	-	.38
17	4.11	3.78	4	-	.33	3.77	3.69	3	+	.08	3.85	3.92	2	-	.07
18	1.33	2.00	3	+	.67	1.92	1.69	4	-	.23	2.84	1.92	1	+	.92
19	3.33	2.56	2	+	.77	2.62	2.15	1	+	.47	2.69	2.00	1	+	.69
20	3.22	3.00	1	+	.22	3.00	3.46	3	-	.46	3.31	3.08	1	+	.23
21	2.11	1.44	1	+	.67	1.85	1.54	1	+	.31	3.15	1.54	1	+	1.61
22	4.33	3.89	4	+	.44	4.23	4.62	4	-	.39	4.54	4.23	5	-	.31
23	2.67	2.44	1	+	.23	2.00	1.92	4	-	.08	2.62	2.31	1	+	.31
24	2.33	2.89	1	-	.56	2.62	2.77	1	-	.15	3.15	2.85	1	+	.30
25	4.44	4.11	5	-	.33	4.38	4.46	3	+	.08	4.23	4.46	5	+	.23
26	3.89	3.56	5	-	.33	3.08	3.38	3	-	.30	3.69	4.38	1	-	.69
27	2.00	2.22	1	-	.22	2.38	1.62	1	+	.76	2.15	1.92	2	+	.23
28	3.33	3.67	2	-	.34	3.31	2.77	2	+	.54	4.23	3.85	5	-	.38
29	2.44	3.33	4	+	.89	3.31	3.46	3	-	.15	2.77	3.38	5	+	.61
30	2.33	1.78	4	-	.55	2.92	2.31	4	-	.61	3.00	2.85	2	+	.15
31	4.22	3.67	1	+	.55	3.62	3.23	1	+	.39	4.00	3.54	1	+	.46
32	1.78	1.78	1		.00	1.54	1.46	1	+	.08	1.69	1.62	2	-	.07
33	3.44	4.00	3	-	.56	3.46	4.00	5	+	.54	3.31	3.62	5	+	.31
34	4.22	3.67	2	+	.55	3.62	2.85	1	+	.77	3.62	3.38	4	-	.24

TABLE 2 (Continued)

Item	4				5			
	N_b	N_a	S	C^2	N_b	N_a	S	C^2
1	4.25	3.25	2	+1.00	4.00	3.85	4	-.15
2	3.00	2.00	1	+1.00	4.00	4.08	3	-.08
3	3.42	3.00	4	-.42	3.00	3.31	2	-.31
4	2.42	2.67	1	-.25	2.38	2.15	1	+.13
5	1.67	2.75	1	-1.08	3.69	3.23	3	+.46
6	2.83	2.92	3	+.09	3.00	3.15	5	+.15
7	2.50	1.75	1	+.75	2.92	2.77	1	+.15
8	1.83	2.25	3	+.42	2.46	2.23	1	+.23
9	1.92	1.83	1	+.09	2.23	1.92	3	+.31
10	2.17	2.42	2	-.25	2.23	2.38	1	-.15
11	3.50	3.92	3	-.42	3.31	3.92	4	+.61
12	2.67	2.92	4	+.25	2.62	2.30	1	+.32
13	3.92	3.50	3	+.42	3.31	3.00	2	+.31
14	2.92	2.75	3	-.17	3.31	3.46	2	-.15
15	4.17	4.50	4	-.33	4.00	4.08	4	-.08
16	3.08	3.08	1	.00	2.77	2.85	1	-.08
17	3.50	3.75	2	-.25	3.38	3.69	4	+.31
18	2.33	2.25	2	+.08	2.38	2.38	2	.00
19	2.75	2.25	1	+.50	2.77	2.77	2	.00
20	3.58	3.50	3	+.08	2.85	3.08	5	+.23
21	1.33	1.42	1	-.09	1.46	1.31	1	+.15
22	4.83	4.75	4	+.08	4.38	4.46	5	+.08
23	1.58	1.75	4	+.17	1.92	2.38	2	-.46
24	3.17	3.92	1	-.75	2.38	3.15	4	+.77
25	4.58	4.67	5	+.09	4.54	4.46		
26	3.75	3.25	4	-.50	3.62	3.54	1	+.08
27	2.00	1.83	2	-.17	2.08	2.54	1	-.46
28	3.25	2.50	1	-.75	3.69	3.77	3	-.08
29	4.00	3.25	2	+.75	3.15	3.31	4	+.16
30	2.25	2.75	3	+.50	1.85	1.92	2	+.07
31	3.67	2.50	1	+1.17	3.85	3.92	2	-.07
32	1.08	1.08	1	.00	1.77	1.69	1	+.08
33	3.33	4.08	4	+.75	3.84	3.46	1	+.38
34	3.75	3.08	1	+.67	2.77	3.00	2	-.23

1 Hospitals are referred to by number.

TABLE 2 (Continued)

²M_b
M_a
S_a
C

is the mean score of the group before the experience.
 is the mean score of the group after the experience.
 is the supervisor's own choice on the particular item.
 is the extent of change between the group's average first response and second response. A plus indicates that the change was in the direction of the supervisor's own opinion, a minus indicates a movement away.

Item	M _b	M _a	S _a	C
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M_b = 1.17
 M_a = 1.37

APPENDIX B

TABLE 1

Changes in concepts of pastoral care for 60 students before and after hospital experience

Item	M _{Before}	M _{After}	t
1	4.33	3.73	3.33**
2	3.32	2.45	4.14**
3	3.32	3.37	.33
4	2.50	2.48	.14
5	2.97	2.92	.28
6	3.05	3.07	.13
7	2.37	2.45	.47
8	2.32	2.33	.77
9	2.22	2.12	.53
10	2.35	2.57	1.29
11	3.53	3.90	2.64**
12	2.60	2.62	.15
13	3.62	3.03	3.69**
14	3.35	3.12	1.35
15	4.10	4.28	1.80*
16	3.23	3.18	.29
17	3.03	3.70	4.19**
18	2.22	2.07	.94
19	2.83	2.33	3.57**
20	3.28	3.23	.33
21	1.78	1.50	2.33*
22	4.43	4.58	.80
23	2.18	2.15	.23
24	2.85	3.10	1.25
25	4.55	4.48	.54
26	3.65	3.67	.12
27	2.15	1.92	1.64
28	3.62	3.33	1.71*
29	3.20	3.38	1.06
30	2.38	2.48	.63
31	3.97	3.45	3.25**
32	1.58	1.57	.06
33	3.38	3.78	2.67**
34	3.55	3.17	2.24*

*.05 - 1.67

** .01 - 2.39

TABLE 3

Comparison of concepts after six months of internship
with concepts before and after hospital experience

N = 23

Item	M_b	M_a	M_v	t_{b-a}	t_{a-v}	t_{b-v}
1	3.96	3.52	4.04	1.29	1.73*	.25
2	3.09	2.87	3.43	.73	1.56	.89
3	3.13	3.13	3.22	.00	.43	.43
4	2.48	2.39	2.26	.36	.43	.79
5	3.13	2.96	3.00	.57	.09	.87
6	3.00	3.26	2.87	1.24	1.50	.50
7	2.74	2.57	3.00	1.13	1.87	1.13
8	2.43	2.30	1.91	.87	1.22	1.73*
9	2.00	1.78	2.09	.55	1.35	.35
10	2.30	2.52	2.30	.58	.65	.00
11	3.30	3.96	3.91	2.54**	.12	1.53
12	2.52	2.39	1.96	.62	1.43	1.87*
13	3.26	2.96	3.26	1.07	.64	.00
14	3.09	3.26	3.35	.81	.32	.93
15	3.61	4.04	4.09	2.05*	.26	1.02
16	3.30	3.26	3.00	.14	.87	1.00
17	3.65	3.74	3.78	.24	.19	.62
18	2.43	1.96	2.30	1.68	1.13	.43
19	2.57	2.57	2.35	.00	1.16	1.16
20	3.22	3.35	2.91	.87	2.59**	1.63
21	1.74	1.43	1.48	1.35	.38	.72
22	4.30	4.48	4.17	.86	.86	.76
23	2.04	2.09	2.00	.24	.47	.21
24	2.83	2.91	2.48	.22	1.13	.92

M_b - Before Clinical Experience

M_a - After Clinical Experience

M_v - During Vicarage

TABLE 3 (continued)

Item	M_b	M_a	M_v	t_{b-a}	t_{a-v}	t_{b-v}	Insect
25	4.52	4.26	4.52	.93	2.00*	.00	
26	3.57	3.96	3.70	1.39	.93	.46	
27	1.83	1.74	1.87	.43	.62	.19	2.04
28	3.04	2.91	3.57	.46	.97	.74	2.07
29	2.96	3.26	3.09	1.43	.74	.57	2.08
30	2.17	2.26	2.57	.43	1.11	1.43	2.10
31	3.65	3.35	3.13	.94	.40	1.11	2.17
32	1.65	1.48	1.35	.81	.29	.70	2.18
33	3.30	3.70	3.70	1.90*	.00	1.33	2.19
34	3.04	2.96	3.65	.25	2.30*	1.91*	2.20

TABLE 5**Test-retest correlations after one week by item****N = 51**

Item	r
1	.54
2	.55
3	.55
4	.71
5	.14
6	.27
7	.33
8	.13
9	.50
10	.41
11	.44
12	.57
13	.67
14	.59
15	.60
16	.29
17	.13
18	.58
19	.53
20	.48
21	.42
22	.42
23	.65
24	.50
25	.69
26	.65
27	.44
28	.55
29	.52
30	.47
31	.52
32	.19
33	.20
34	.52
