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Expressions of Emancipatory Knowing in Undergraduate Nursing Service- Learning

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EXPRESSIONS OF EMANCIPATORY KNOWING IN
UNDERGRADUATE NURSING SERVICE-
LEARNING

A Dissertation Submitted in Partial Fulfillment
of the Requirements of the Degree of
Doctor of Philosophy

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College of Natural and Health Sciences
School of Nursing
Nursing Education

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ABSTRACT

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Emancipatory nurses recognize social and political problems of injustice or inequity and participate in social and political change to improve people's lives. The recent spotlight on relationships among health, health inequity, social determinants of health, and structural institutional barriers, has led to demands that nurse educators integrate innovative curricular and pedagogical strategies to analyze and address social justice issues in today's healthcare system. A mixed-method, qualitative study was conducted to elicit expressions of emancipatory knowing during and after a service-learning experience. Interpretive description was used to analyze data from 15 written reflections and eight semi-structured interviews. Nine expressions of emancipatory knowing were derived from reflection and subsequent interview data. The expressions expanded what is known about emancipatory knowing in undergraduate nursing students and suggested an early emancipatory knowing domain that extends the current emancipatory knowing model. The results of this study provided insight into how emancipatory knowing was expressed in undergraduate nursing students during and after a service-learning experience. Nurse educators might utilize the expressions of emancipatory knowing reported in this study to develop curricular and service-learning

clinical experiences that ensure health and social equity is an outcome of nursing

education and emancipatory nursing praxis a professional competency.

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CHAPTER I

INTRODUCTION

Nurses must be prepared to meet the challenges of ensuring equitable health care for underrepresented, disadvantaged, and diverse populations; participate in and contribute to health care reform; and influence social policy to reduce health disparities in the United States and globally (Institute of Medicine [IOM], 2010). Nurses are in a unique position to serve as advocates for social justice and human rights to improve health and health outcomes associated with socio-political, cultural, and structural barriers and challenges inherent in today's complex healthcare system (Snyder, 2014).

The American Association of Colleges of Nursing (AACN; 2008) recommended that nursing programs prepare future nurses for the utilization of social and ecological determinants of health; to work effectively with diverse individuals, families, and groups; and to be able to explain factors contributing to inequity that affect individuals and families in society to policymakers, regulators, practitioners, and community members. The AACN challenged traditional nursing education to extend beyond the bedside to prepare future nurses to be active leaders for equity and social change in emerging healthcare delivery models. To accomplish this, nursing educators must ensure students are exposed to and articulate with social injustices, engage with diverse populations, and understand factors associated with structural barriers that result in marginalization and disadvantage for some populations. Nontraditional, community-based settings are

learning environments in which nursing students are most likely to interact with disadvantaged populations who face social and health inequities.

Evidence confirming relationships among health, health equity, and social determinants of health and structural institutional barriers that lead to poor health and health outcomes emphasize the need for emancipatory knowing in nursing curricula (Snyder, 2014). Emancipatory knowing and knowledge are epistemological and ontological expressions in nursing that are foundational to socio-political change toward healthier communities (Kagan, Smith, & Chinn, 2014). The need for emancipatory knowledge in nursing calls upon educators to design methods and activities that link learning with socio-political influences on health and wellbeing (Chinn & Kramer, 2011; Mayo, 1996; Snyder, 2014).

Service-learning is a pedagogical approach in nursing clinical education that aims to develop professional competencies in alignment with the discipline's emancipatory, ethical, social, empiric, and aesthetic values (Snyder, 2014). Service-learning experiences differ from traditional health profession clinical education experiences (Canales & Drevdahl, 2014). The emphasis of service-learning is on collaborating with communities to address concerns and social determinants of health through reciprocal and principle-centered partnering between community and academia using critical reflection and problem-solving praxis to address systematic inequalities that lead to poor health (Community-Campus Partnerships for Health [CCPH], 2016; Gillis & MacLellan, 2010; Knecht & Fischer, 2015; Voss, 2016).

While nurses have a long history of advocacy for improved health conditions for individuals, families, and communities, today's healthcare environment requires nurses to

practice with broad understanding of political-social and historical influences on health to

be effective change agents for health and social equity across populations (Snyder, 2014).

Integrating emancipatory knowing into nursing curricula through service-learning

experiences provides authentic clinical learning environments wherein students ask

critical questions and articulate with social structures and hegemonic beliefs that impact

health. Such experiences facilitate emancipatory knowing in preparation for professional

nursing practice beyond the bedside and toward praxis to address social injustices and

health inequities embedded in today's healthcare and social institutions (Snyder, 2014).

Understanding how nursing students express emancipatory knowing provides

insight into the effectiveness of teaching strategies such as service-learning to prepare

nursing students to contribute to and participate in health reform; be leaders for social and

health equity and social justice; and be change agents who advocate for improved health

conditions. Understanding how emancipatory knowing is expressed in the professional

formation of nursing students informs curricular approaches that support emancipatory

knowing critical for nursing praxis in current and emerging healthcare delivery

environments.

Background

Nursing is an applied discipline that requires nursing students have practical,

hands-on experiences in authentic environments in preparation for professional practice.

Applications of nursing's core concepts, nursing knowledge, and nursing skills are

critical to the professional formation of the registered nurse. The term *professional*

implies the formation of an identity and accountability for one's professional image

(AACN, 2008). Preparation for professional nursing requires competence in critical

reasoning, clinical judgment, communication, assessment skills, and the development and demonstration of nursing's values and ethical practice (AACN, 2008).

Nursing educators are charged with preparing future nurses to be knowledgeable and active in policy processes defining healthcare delivery and systems of care across populations. The AACN (2008) emphasized the need for ample experiences and practice in the provision of client-centered, culturally competent care, clinical reasoning, critical thinking, quality improvement, and evidence-based practice (AACN, 2008).

Clinical Nursing Education

Experiential learning in clinical nursing education supports professional formation from lay person to professional nurse (Benner, Sutphen, Leonard, & Day, 2010). Experiential learning focuses on integration of theory with practice, deep learning, and understanding of clinical decision-making, and incorporation of contextual factors associated with nursing's disciplinary concerns (Waters, Rochester, & McMillan, 2012). Experiential learning situated in authentic contexts invites active participation and engagement in the learning process in order to integrate and form new understanding and knowledge critical to the formation of the professional nurse.

Service-learning is a structured and experiential teaching strategy used in many disciplines to integrate theory and practice through community service and engagement (Murray, 2013; Seifer, 1998). It requires careful planning and preparation, community-academic partnering, and clear linkages to curricular goals and activities. Students engaged in service-learning provide community service in response to community identified concerns. Students learn about the context in which the service is provided, the

connection between their service and their academic coursework, and their roles as citizens (Seifer, 1998).

Service-learning is most commonly defined as a teaching and learning strategy that integrates meaningful, experiential community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities (National Service-Learning Clearing House, 2012). Specific to nursing education, service-learning is a credit=bearing educational experience wherein nursing students participate in an organized service activity that addresses an identified community need and uses reflection to gain further understanding of course content, broader appreciation of the discipline, and an enhanced sense of personal values and civic responsibility (Bringle, Hatcher, & McIntosh, 2006).

Reflection, a major element in service-learning, facilitates the connection between theory and practice, fosters critical thinking, and leads to deeper understanding of professional values such as social justice (Curtin, Martins, Schwartz-Barcott, DiMaria, & Ogando, 2015; Seifer, 1998). In service-learning, traditional definitions of faculty, client, teacher and learner are intentionally blurred, meaning everyone learns from each other through reciprocal and often transformational experiences (Cooper, 2014; Seifer, 1998; Voss, 2016).

Service-learning is a valuable pedagogical approach in clinical education to prepare nursing students for professional nursing practice in accordance with healthcare reform, socio-political influences on health, and nursing education redesign initiatives in the United States (Murray, 2013; O'Shea et al., 2013). Through service-learning experiences, nursing students explore theoretical concepts such as social justice, health

equity, cultural-ethnic, racial and social influences on health, and empathy while addressing individual, community, population, or organizational needs (Amerson, 2010; Bassi, 2011; Cashman & Seifer, 2008). It is described as a philosophy, a program, and a high impact approach to meet educational goals (Cooper, 2014).

In service-learning, nursing students apply professional values, behaviors, and skills necessary for competent and safe practice in complex healthcare delivery models. Students who participate in service-learning gain important insights into nursing's professional scope of practice in broad societal contexts whereby the provision of direct health services might not be the most important factor in becoming or staying healthy (Seifer, 1998). Service-learning provides opportunities for transformational experiences consistent with nursing's emancipatory concern early in professional formation. Transformational learning occurs when assumptions are challenged, stigmatizing beliefs and inequities are acknowledged, and worldviews are redefined to reflect socio-political truths (Mezirow, 2003).

Ways of Knowing in Nursing and
Nursing Education

Patterns of knowing in nursing represent formal knowledge as the basis for nursing practice. They serve as epistemological and ontological guides across the professional spectrum, giving rise to nursing's unique concerns and values that ground them. The patterns of knowing represent a professional commitment to diverse approaches to the questions and problems that arise within the nursing discipline (Clements & Averill, 2006). Four enduring fundamental patterns of knowing in nursing have grounded the discipline since their inception in 1978 (Chinn & Kramer, 2011): empirics--the science of nursing, personal knowing--the self and other in nursing, ethical

knowing--the moral component of nursing, and aesthetic knowing--the art of nursing (Carper, 1978).

The fundamental patterns of knowing identified by Carper (1978) conceptualized a broader scope of knowing by acknowledging knowing patterns beyond empirics (Chinn & Kramer, 2011). The patterns of knowing are drawn upon to inform nursing knowledge and practice and are inclusive of expressions of knowledge necessary for a practice discipline. According to Chinn and Kramer (2011), the empiric pattern of knowing has been overemphasized in education and practice to the exclusion of other forms of expressions of knowing. Because empiric knowing and knowledge have limitations in nursing's practice discipline, a shift toward a more balanced development of knowledge that reflects each of the knowing patterns in nursing better aligns nursing knowledge with practice (Chinn & Kramer, 2011).

In 2008, Chinn and Kramer (2011) introduced the Pattern of Emancipatory Knowing: the praxis of nursing (Thorne, 2014). They chose the term *emancipatory* because of its link to underlying critical social perspectives and its inference as an outcome of nursing practice. Emancipatory knowing is defined as "the ability to recognize social and political problems of injustice or inequity, to realize that things could be different, and to identify or participate in social and political change to improve people's lives" (Chinn & Kramer, 2011, p. 64). The awareness of and reflection on the social, cultural, and political status quo that results in institutional inequities provides a beginning dialogue in the identification of cultural and social norms needed to create fair and just conditions; such dialog cultivates understandings of how problematic social

conditions converge, reproduce, and remain in place to sustain inequities within society (Chinn & Kramer, 2011).

Emancipatory knowing as the fifth pattern of knowing is integrated with Carper's (1978) four fundamental patterns. While it focuses on developing an awareness of social problems and taking action to create social change, it does not exist independently of ethical, personal, aesthetic, or empirical knowing. Taking action comes in the form of praxis and praxis in nursing occurs when all knowing patterns are integrated in a way that supports social justice (Kagan et al., 2014).

Praxis is the constant interaction between action and reflection and is the integrated expression of emancipatory knowing (Chinn & Kramer, 2011). Kagan et al. (2014) defined praxis as "professional practice directed by and toward social justice goals and outcomes which include reflexivity, action and transformation" (p. 3). Their definition stems from Paolo Freire's conceptualization of praxis as simultaneous reflection and action to bring about a transformed world (Kagan et al., 2014). Thus, the primary outcome of praxis in this context is transformation that alters or interferes with conditions that sustain inequity. In this way, individual and collective nursing action and reflection energize change in the direction of creating equitable and just social structures. Praxis positions nurses to lead in health policy and healthcare reform discourses that improve health and health care among individuals, populations, and systems.

Emancipatory Knowing in Nursing
and Nursing Education

The growing body of evidence linking social justice and social determinants of health to health status and outcomes creates an imperative to prepare students for emancipatory praxis. The American Public Health Association's (APHA; 2013)

definition of nursing practice includes advocacy, policy development, and planning that addresses issues of social justice. The AACN (2013) recommended nursing programs (a) prepare future nurses for the utilization of social and ecological determinants of health; (b) work effectively with diverse individuals, families, and groups; and (c) include principles of distributional ethics, justice, and culture in their nursing curricular content. Ethics is an integral part of nursing practice and has historically involved respect and advocacy for the rights and needs of patients regardless of setting. Social justice, a professional value, is defined by the AACN (2008) as "acting in accordance with fair treatment regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation" (p. 28).

      A gap in nursing education. How students are socialized into nursing impacts how they practice. Values that guide nursing practice are often established early in nursing curricula (Canales & Drevdahl, 2014). Canales and Drevdahl (2014) examined the extent of social justice in competency expectations in nursing education in the United States by analyzing accrediting documents from the Commission on Collegiate Nursing Education, the National League for Nursing (NLN; 2016), and the National Organization of Nurse Practitioner Faculty. Their findings indicated an explicit lack of attention to enacting social justice or strategies for advocating it in nursing curricula (Canales & Drevdahl, 2014).

      The AACN's (2008) Baccalaureate Essential I recommended nurses accept responsibility for promoting and advocating social justice but Canales and Drevdahl (2014) found no direction or measure of how this should be accomplished. They concluded that while AACN recognized health policy influences on social justice, it was

presented as a healthcare delivery issue rather than a desired outcome. No definitions or references to social justice were found in the AACN doctoral education standards or in the NLN's (2016) accrediting documents. This was surprising given the historical significance of NLN in the development of nursing as a discipline.

Due to the lack of reference to social justice in the accrediting documents, Canales and Drevdahl (2014) embarked on a second review of the literature by searching publications addressing social justice and nursing education in the United States. They analyzed 20 articles between 2006 and 2012. Social justice was primarily linked to racism and discrimination with little discussion around other injustices and oppression such as poverty and gender. Also missing was discussion on how to address existing injustices. They noted that "when social justice appeared in nursing education literature it was focused on awareness and provision of facts on health disparities and injustices" (Canales & Drevdahl, 2014, p.167); health education was presented as the common example for ameliorating injustices. In their concluding remarks, Canales and Drevdahl made the case that nurse educators have an ethical and professional duty to teach social justice education beyond awareness toward doing, toward amelioration, and transformation.

Emancipatory knowing as a framework for service-learning in nursing education. Emancipatory knowing (Chinn & Kramer, 2011) provides a critical framework for nursing students to learn how to advocate for social justice and to question structural barriers that result in health disparities and healthcare inequity. The emancipatory knowing framework challenges nursing educators to push students beyond theorizing and toward praxis in preparation for professional nursing in today's complex

healthcare environment. Service-learning is a valuable pedagogical approach for developing emancipatory praxis in nursing students.

The emancipatory knowing framework developed by Chinn and Kramer (2011) begins by asking *critical questions* of either that which exists unfairly or of that which does not (but should) exist. Such questions challenge the status quo. Through *creative processes*, that which is wrong is critiqued and visions of how things could be are developed. The creative processes stem from collaborative input, analysis, and imagining from many perspectives, especially those who suffer injustice or inequity. These understandings are derived from creative processes that lead to *formal expressions* of a problem, potential solutions with action plans, and a vision for an improved future (Chinn & Kramer, 2011). Formal expressions are often necessary to communicate the injustices and needed actions to rectify them. Examples of formal expressions of emancipatory knowing are manifestos that are action oriented; critical analyses that examine what is and how it came to be, and who is disadvantaged; vision statements that describe the envisioned future; and action plans that include what is needed to reach the envisioned future (Chinn & Kramer, 2011, p. 80). Authentication of emancipatory knowing and knowledge are outcomes of praxis situated throughout the framework, emphasizing the role of reflection and action to achieve emancipatory change. Examples of authentication include social equity, sustainability, empowerment, and demystification of injustices (Chinn & Kramer, 2011). Such praxis is emancipatory nursing (Kagan et al., 2014).

In their anthology, Kagan et al. (2014) described emancipatory nursing as a "type of nursing that is capable of bringing to the forefront new forms of nursing practice, research and education that are grounded in critical theory or philosophical awareness

and intent" (p.1). Service-learning as a pedagogy in nursing education should be grounded in this critical, emancipatory lens.

Service-learning exposes students to issues of social justice and inequity that arise from institutional, social, and political barriers, which lead to poor health and healthcare for marginalized and disadvantaged populations. Emancipatory knowing serves as a framework for service-learning through integration and application of ethical, self, aesthetic, and empirical knowing in authentic and experiential learning environments. Nursing students who have opportunities to ask critical questions, understand health in the broader socio-political context, explore contexts that compromise individuals', families' and communities' ability to flourish, and consider how things could be different are more likely to advocate for change in current health, public, and social policies that create and sustain inequities (Snyder, 2014).

Statement of the Problem

Nursing is historically, ethically, and socially positioned to advocate for social justice through reflection and action (Snyder, 2014). Service-learning serves as a pedagogical strategy for professional role development in nursing that embodies leadership, social justice, health equity, and cultural competence (Groh, Stallwood, & Daniels, 2011; Murray, 2013; Nokes, Nickitas, Robin, & Neville, 2005).

Social justice awareness as an outcome of service-learning has been documented in the literature (Groh et al., 2011; Loewenson & Hunt, 2011, Murray, 2013; Nokes et al., 2005). However, service-learning research conducted through the emancipatory knowing framework is limited (Knecht & Fischer, 2015; Snyder, 2014). Emancipatory knowing pushes educators to look beyond awareness of social injustices toward praxis, toward

critical examination of injustices that lead to poor health, and toward action and reflection to mitigate health and social inequity. In her 1996 article on social responsibility in nursing education, Mayo (1996) noted little had been written about social responsibility, how students developed it, teaching strategies to prepare socially responsible nurses, or criteria to assess social responsibility as an outcome of nursing curricula. The study by Canales and Drevdahl (2014) reaffirmed this gap in nursing education persists today.

Attention to teaching social justice from various viewpoints is needed in nursing education including innovative curricular and pedagogical strategies to analyze and address social justice issues in today's efficiency-driven healthcare system (Browne & Reimer-Kirkham, 2014). Exposing nursing students to the realities of social inequities through an emancipatory lens is imperative to developing knowledge, skills, and attitudes needed to challenge social injustices that lead to poor health and suffering (Chinn, 2014). Service-learning pedagogy creates opportunities to teach social justice and emancipatory praxis, to assess student competency outlined in AACN's (2008) baccalaureate standards in preparation for professional nursing, and for emancipatory nursing in today's challenging and complex healthcare system.

Nursing might not be as prepared as it could be to meet complex healthcare challenges faced by millions of people who suffer from structural, social, and health inequities inherent in today's healthcare system (Snyder, 2014). Nursing and nursing education are at the crux of leading healthcare reform. Evidence-based curricular strategies that support emancipatory praxis situates nursing students in broad socio-political environments that articulate with social and health inequity. Emancipatory knowing is a grounding framework for professional nursing competencies related to

health equity, advocacy, social justice, cultural competency, leadership, and policy through service-learning experiences (Curtin et al., 2015; Kagan et al., 2014; Knecht & Fischer, 2015).

Emancipatory knowing has been established in professional nursing practice through emancipatory nursing praxis (Kagan et al., 2014). What emancipatory knowing *looks like* and *how it is expressed* have not been explored in clinical nursing education or service-learning research. This study sought to understand nursing student's expressions of emancipatory knowing during and after a service-learning experience. Expressions of emancipatory knowing in service-learning provided insight into service-learning as a pedagogical strategy to facilitate emancipatory knowing, how to assess it as an outcome of nursing education, and as a competency for professional nursing practice-praxis.

Purpose

It is imperative to prepare nursing students for praxis in our complex healthcare system where social-political impacts on health are gaining greater attention as critical factors to health status, access to health care, and healthcare cost. However, social justice as fundamental to health has not been articulated as an outcome of nursing education. Service-learning provides experiential opportunities to develop and build emancipatory knowing to prepare nursing students for praxis as professional nurses. Understanding how emancipatory knowing is expressed in students' written reflections on service-learning experiences and subsequent interviews is essential to evaluating and developing clinical learning strategies that prepare nursing students for emancipatory nursing and praxis (Snyder, 2014). Articulation of emancipatory knowing in undergraduate nursing students might move social justice, a formal expression of emancipatory knowing, from

an assumed professional value to a measurable outcome of transformative education

(Canales & Drevdahl, 2014).

The purpose of this mixed-method, interpretive description study was to more

fully understand emancipatory knowing in undergraduate nursing student service-

learning by exploring how it was expressed in written reflections during service-learning

experiences and how the expressions were applied in clinical situations after the service-

learning experience. The following research questions guided the qualitative inquiry:

> Q1   How do undergraduate baccalaureate nursing students express
>   emancipatory knowing in the written reflections of their service-learning
>   experience?
>
> Q2   How do undergraduate baccalaureate nursing students use emancipatory
>   knowing in clinical situations after a service-learning experience?

Interpretive description methodology was used to analyze written reflections of

baccalaureate nursing students who participated in a service-learning experience early in

their senior year. Semi-structured interviews eight months after the service-learning

experience were conducted to extend understanding of the reflections and explore

application of emancipatory knowing to clinical situations after the service-learning

experience.

Expressions of emancipatory knowing provided insight into what emancipatory

knowing "looks like" in service-learning and early emancipatory nursing and praxis.

How emancipatory knowing is expressed might guide faculty in curricular design to

ensure ample opportunities for emancipatory knowing development. Attention to

emancipatory knowing as an integrated expression of the patterns of knowing in nursing

might contribute to the growing evidence supporting the need for social justice and health

equity as an outcome of nursing. This study added to what is already known about

emancipatory knowing by extending the conceptualization of its early manifestations in nursing students and application in practice. The results of this study provided much needed direction into the articulation of service-learning outcomes critical to preparing students for emancipatory nursing praxis: a competency integral to professional practice in the 21st century.

Assumptions, Theoretical Foundations, and Glossary of Terms

Conceptualization of emancipatory knowing is fairly recent (Chinn & Kramer, 2011). It encompasses assumed core values in the discipline of nursing and challenges nursing to move beyond theorizing to action in the form of praxis. The emancipatory knowing framework (Chinn & Kramer, 2011; Kagan et al., 2014) provided guidance for this study; however, what emancipatory knowing "looks like" in nursing students had not been examined. Due to the inductive iterative and complex nature of this project, the recent conceptualization of emancipatory knowing, how it is integrated in nursing education and its significance to nursing practice, a brief overview of assumptions, theoretical foundations, and definitions of terms are offered to further situate the scope of the study.

Assumptions

In this study, it was assumed

1. Service-learning is a meaningful pedagogy in nursing clinical education.
2. Service-learning in nursing clinical education provides a means to apply nursing's patterns of knowing, specifically emancipatory knowing.
3. Emancipatory knowing could be expressed.

4.   Emancipatory knowing is an expression of core nursing values such as social and health equity, social justice, and moral-ethical comportment.

5.   Emancipatory knowing is critical to nursing's professional mission in the 21st century.

6.   Written reflection is a valid means for communicating new understandings, transformational learning, and influences on thinking, and directions for nursing practice.

7.   A person's reality is developed and constructed over a lifetime of receiving, processing and interpreting information, and engaging in social interactions.

Theoretical Foundations of Emancipatory
Knowing in Service-Learning

For this study, emancipatory knowing in service-learning rested within four foundational and guiding theories: experiential education theory, critical reflection inquiry, transformational learning theory, and the emerging theory of emancipatory nursing. Each theory discussed here has roots in critical social theory, feminist theory, constructivist theory, and theories on caring.

Experiential education theory. Experiential learning occurs through the construction of knowledge and meanings from real-life experiences and is rooted in constructivist epistemology. Characteristics of constructivist learning include the active participation of learners in their learning, acknowledgement of prior learning as foundational to current learning, interaction with others leading to greater understanding and shared meanings, and a focus on real-world or authentic activities (Hedin, 2010).

An experience is said to be comprised of sensory awareness, emotions, physical conditions, and cognition (Carver, 1997). John Dewey (cited in Carver, 1997) offered

two premises of experiential education. First, experiences result from an interaction between the student and the environment, also known as the principle of interaction. Factors associated with the principle of interaction include those internal to the student and those external or objective (the environment). Student perception and responses to the environment are influenced by the student's attitudes, beliefs, habits, prior knowledge, and emotions (Ross & Nisbett, 1991). The second premise of Dewey's experiential education theory, the principle of continuity, implies "every experience both takes up something from those which have gone before and modifies in some way the quality of those which come after" (Carver, 1997, p. 144). Dewey's theory emphasized the educational value of knowledge acquired by participating in activities that are relevant, authentic, and potentially transformational. Experiential education places the student at the center of the learning process so learning itself becomes a process of interacting with the environment, resulting in an outcome as a consequence of the interaction (Carver, 1997).

According to Champagne (2006), service-learning is steeped in Dewey's education philosophy--the importance of experiential learning, the need for reflection, and the notion of reciprocity in the learning process. Service-learning through the lens of emancipatory knowing is situated within authentic experiential contexts relevant to the development of professional nursing competencies and values through the provision of a service or need. Nursing students are provided opportunities to actively engage with their environment in order to link new experiences and meanings with prior experiences and meanings. Assimilation and accommodation of new meanings occur first through recognition of commonalities between new and previous experiences, and then through

identification and exploration of what is different and why. The exploration of commonalities and differences leads to refinement and extension of existing knowledge (Yardley, Teunissen, & Dornan, 2012).

   Critical reflection inquiry. Development of emancipatory knowing requires critical reflection that moves beyond assessment to uncovering root causes, structural inequities, and historical-political policies that favor one population over another, and then enacting social and political change. The critical reflection inquiry model (CRI; Curtin et al., 2015) focuses on understanding the nature and meaning of one's actions and subsequently refining and improving professional (nursing) practice through self-reflection. There are three phases to the CRI model. The descriptive phase is a written narrative describing a specific event or experience that occurred in practice. The reflective phase is the identification and examination of underlying beliefs, assumptions, knowledge, and intentions related to the event or experience. In the third phase (the critical/emancipatory phase), thought to what could be done differently in the future is evident. Critical reflection inquiry serves as a standardized framework for reflection on service-learning experiences (Curtin et al., 2015) and was evident in the reflections analyzed in this study.

   Transformational learning theory. Transformational learning theory has evolved over the last 40 years into a three-phase process of transformation: learning within meaning schemes, learning new meaning schemes, and learning through meaning transformation. *Perspective* refers to the structure of cultural and psychological assumptions within which past experiences are assimilated and transformed into new experiences. *Scheme* is the interpretation of concept, belief, judgment, and feelings

through critical self-reflection (Kitchenham, 2008). The most current definition of transformative learning is

> learning that transforms problematic frames of reference—sets of fixed assumptions and expectations (habits of mind, meaning perspectives, mindsets)—to make them more inclusive, discriminating, open, reflective, and emotionally able to change. (Mezirow, 2003, p. 58)

As learners gain insight into their personal, cultural, and social assumptions, they begin to modify their understandings and worldviews (Faulk & Morris, 2012; Kear, 2013). Adults develop frames of reference for understanding their world based on previous experiences and learning. Familiar and past frames of reference might transform into new thinking when an adult is exposed to critical reflection such as occurs in educational situations. Mezirow's learning theory suggested adult learning results from transformation of perspective in response to unexpected events, which he defines as disorienting dilemmas. Transformative learning is the formation or reformation of mind habits that arise from disorienting dilemmas (Faulk & Morris, 2012).

Emancipatory nursing. Emancipatory nursing is a type of nursing aimed at knowing and doing to better humankind by embracing and nurturing social justice goals and outcomes through praxis (Kagan et al., 2014). Praxis is the capacity to be aware of and to critically reflect upon the social, cultural, and political status quo and to figure out how and why it came to be that way. It occurs when conditions that unjustly limit abilities are recognized and reflected upon; with realization that things could be different, actions to change the situation are taken (Chinn & Kramer, 2011).

Emancipatory nursing seeks to address social and structural factors that influence health and considers social justice as a direct path to health and wellbeing (Chinn, 2014). Kagan et al. (2014) conceptualized emancipatory as "actions that seek to change unjust social and political structures and encourage a community's capacity to strive toward freedom from unjust constraints" (p. 6). Four elements define characteristics of emancipatory action:

1. Facilitating humanization means nursing's concern focuses on seeking the freedom of individuals and communities to reach their full human potential. It is the "transformative action for social justice that is grounded in the ideals of nursing's ontological, epistemological, and ethical roots" (Kagan et al., 2014, p. 6).

2. Disrupting structural inequities means an approach to nursing that turns attention to changing social structures that prevent full human potential for certain individuals and groups. Changing social structures takes into account the complexity of social life and allows for the intersecting of multiple interacting contexts.

3. Self-reflection means full awareness of one's own experiences and perspectives that either foster or inhibit one's engagement or ability in seeking social change.

4. Engaging communities means a commitment to building authentic relationships within communities to work together to seek change the community defines as being in their best interest. Such collective action is

aimed toward political awareness, empowerment, and social policy (Kagan

et al., 2014).

Emancipatory nursing stems from critical social theory, critical feminism theory,

and unitary-transformative and caring nursing theories; it also stems from the notion of

creating change on behalf of others while respecting those who are being advocated for;

i.e., doing with, rather than for, others. *Critical* might be conceptualized as having to do

with social justice through becoming aware of processes and remedies that seek to

address social injustice (Kagan et al., 2014). A critical approach in emancipatory nursing

challenges truths, brings to the surface those truths that have been concealed or

suppressed, and recognizes assumptions as determinants of reality; it takes into account

structural inequities and the *causes of causes* of health inequities such as race, gender,

and economic and social policies; it examines power relationships and systems that

privileges some while marginalizing others; and it provides an inclusive dialectic

framework to foster professional habits supporting social justice (Kagan et al., 2014).

Experiential education, critical reflection inquiry, transformational learning, and

emancipatory nursing provide the theoretical foundations for exploring expressions of

emancipatory knowing in service-learning whereby students engage in structured

experiential learning activities to deepen understanding of social justice as it relates to

health and health equity.

The use of reflection in service-learning invites students to make connections

between their classroom and service-learning experiences and provides opportunities to

examine attitudes and values through interactions with others through praxis (Bailey,

Carpenter, & Harrington, 2002). Reflection on service-learning experiences further

provides students with opportunities to form new understandings and meanings through exposure to social contexts of health through authentic interactions with individuals within communities. In this way, emancipatory knowing might be expressed through praxis-interaction, practice/experimentation, and reflection on social justice and health equity inherent in service-learning experiences.

Glossary of Terms

Aesthetic knowing. Deep appreciation of the meaning of a situation that stimulates the nurse to create something that would not otherwise be possible outside of the unique situation; "to transform and experience into what is not yet real" (Chinn & Kramer, 2011, p. 9)

Critical reflective inquiry. Three phase reflective process that focuses on understanding the nature and meaning of one's actions and subsequently refining and improving professional (nursing) practice through self-reflection (Curtin et al., 2015).

Emancipatory knowing. The ability to recognize social and political problems of injustice or inequity exist; to realize things could be different, and to identify or participate in social and political change to improve people's lives (Chinn & Kramer, 2011, p. 64).

Emancipatory nursing. A type of nursing aimed at knowing and doing to better humankind by embracing and nurturing social justice goals and outcomes through praxis (Kagan et al., 2014).

Empirical knowing. Based on the assumption that what is known can be explained through the physical senses; it is grounded in science and empiric methods (Chinn & Kramer, 2011).

Ethical knowing. Focuses on the moral comportment of nursing; that which ought to be done; provides direction on how to behave morally in nursing practice (Chinn & Kramer, 2011).

Experiential learning. Rooted in constructivist epistemology that occurs through the construction of knowledge and meanings from real-life experiences.

Knowing. Ways in which an individual perceives and understands the self and world. It is unique to the individual and is what grounds the being and doing of a person (ontology). Knowing is internal to the knower and encompasses interactions with multiple sources including experience, reflection, and societal directives. Knowing is a way of being that is often not public but occurs between the knower and a situation in the moment (Chinn & Kramer, 2011).

Knowledge. The formal expression of knowing. Nursing knowledge is that which has been collectively agreed upon through standards and judgment from the disciplinary community and encompasses valid and accurate understandings of the elements that comprise the discipline of nursing. Knowledge is shared through verbal expression; but whether or not the receiver of knowledge understands it or uses it is more associated with knowing (Chinn & Kramer, 2011).

Nursing clinical education. Experiential, hands-on learning that focuses on integration of theory with practice, deep learning, understanding of clinical decision-making, and incorporation of contextual factors associated with nursing's disciplinary concerns (Waters et al., 2012).

Personal knowing. Self-awareness, knowing one's self, and knowing self in relation to others; precursor to therapeutic use of self in nursing (Chinn & Kramer, 2011).

Praxis. Professional practice directed by and toward social justice goals and outcomes that include reflexivity, action, and transformation (Kagan et al., 2014); a constant interaction between action and reflection as an integrated expression of emancipatory knowing (Chinn & Kramer, 2011).

Self-reflection. Careful thought about one's behaviors, actions, values, and beliefs; used extensively in nursing education as a tool for professional and knowledge development.

Service-learning. A credit-bearing educational experience in which nursing students participate in an organized service activity that meets identified community needs; use reflection to gain further understanding of course content, broader appreciation of the discipline, and an enhanced sense of personal values and civic responsibility (Bringle et al., 2006).

Social justice. The fair distribution of resources and responsibilities among members of a population, with a focus on the relative position of one social group in relationship to others in society, as well as the root causes of disparities and what can be done to eliminate them. (Canadian Nurses Association, 2010, p. 10)

Transformative learning. Learning that challenges previous frames of reference such as assumptions and expectations toward more inclusive, discriminating, open, and reflective understandings and world view (Mezirow, 2003).

Ways of knowing. Inclusive of expressions of knowledge necessary for a practice discipline (Chinn & Kramer, 2011).

Summary

Service-learning is widely used in nursing clinical education to develop professional competencies consistent with the discipline's core values. The recent spotlight on health equity, social determinants of health, and structural institutional barriers that lead to poor health and health outcomes emphasizes the need for greater integration of social justice principles in nursing curricula. Emancipatory knowing is an expression of social justice and equity and could serve as an outcome of nursing education in the same way as are empirical, personal, ethical, and aesthetic knowing.

Underrepresentation of social justice as an outcome of nursing education in AACN's (2008, 2013) accrediting documents and the absence of social justice in NLN's (2016) expectations of nursing graduates creates an opportunity for nursing education to reaffirm its commitment to social justice through praxis. Emancipatory knowing is the integration of all of the patterns of knowing in nursing to critically question social and health inequities that lead to poor health for some populations. The service-learning literature is beginning to use emancipatory knowing language to describe transformational learning and outcomes of service-learning experiences. Emancipatory knowing provides a framework for service-learning whereby students engage in social justice praxis. This is an important but overlooked competency in nursing education--one that is critical to the mitigation of health and social inequity in the U.S. healthcare system.

Exposing students to situations and circumstances of vulnerability; challenging assumptions, power structures, and status quo; and partnering with community organizations and diverse members of the community through service-learning provide

transformative experiences that might result in nursing's reaffirmation of social justice as a professional imperative. However, exposure is not enough. Nursing educators need to go beyond reciting facts and raising awareness. Emancipatory knowing requires critical appraisal and reflection that move beyond assessment to uncovering root causes, structural inequities, historical-political policies that favor one population over another, and then to enact social and political change. Nursing educators are in a unique position to teach and model emancipatory nursing praxis through service-learning pedagogy; participate in scholarship and research that solidifies the epistemological and ontological concerns of nursing related to social justice principles, and ensure emancipatory knowing is integrated and assessed within nursing curricula.

CHAPTER II

REVIEW OF LITERATURE

The literature presented here is the culmination of formal literature reviews for coursework between spring 2014 and fall 2016. Literature reviews were conducted for a concept analysis of service-learning, a scholarly paper on service-learning pedagogy, three dissertation proposal seminars, and the dissertation proposal itself. A review of current literature on nursing service-learning and emancipatory knowing was conducted in spring 2018 in preparation for the doctoral dissertation. The University of Northern Colorado's library data base (Summon) was the primary source for all literature searches. Search engines used were CINAHL, ERIC, EBSCO, PROQUEST, Pub Med. and SAGE publications. Oregon Health and Science University library was also employed using the same search engines. Search words included service-learning; service-learning in higher education; service-learning in nursing education; service-learning pedagogy; service-learning benefits; service-learning research; nursing education; nursing clinical education; nursing pedagogy; social justice; critical inquiry and critical social theory; emancipatory knowing; emancipatory knowing in nursing education, emancipatory knowing in service-learning, and emancipatory nursing. Filters were set to English language articles published in the United States between 1996 and 2018. Reference lists from key articles were reviewed to extend the literature search beyond the key words. In some cases, such as seminal works, articles were included that extended beyond the 20-

year parameter. The searches were not exclusive to nursing. Three annotated bibliographies were merged for ease of access and retrieval of key studies and works pertinent to the project.

While inclusion criteria were set for the individual reviews, articles included in this culmination of reviews were deemed seminal or highly relevant to the study of emancipatory knowing in service-learning; no other set criteria were established. The literature review included quantitative and qualitative studies as well as descriptive accounts of nursing service-learning, service-learning pedagogy, critical inquiry, emancipatory knowing, and emancipatory nursing.

Attention was given to methods and findings that identified current and emerging patterns associated with service-learning pedagogy, emancipatory knowing, social justice awareness/action in nursing education, and assessment of service-learning outcomes consistent with emancipatory knowing and social justice as professional nursing competencies. The most recent literature search yielded five relevant articles published in the last three years that linked emancipatory knowing with service-learning, assessment of service-learning outcomes, and emancipatory knowing as professional competency.

A summary of the literature is offered in three sections: service-learning in clinical nursing education, emancipatory knowing in service-learning, and service-learning as pedagogy for emancipatory knowing. Implications for further inquiry into emancipatory knowing in service-learning pedagogy are offered as a means for continued dialog.

Service-Learning in Clinical Nursing Education

Service-learning is a teaching learning strategy that integrates meaningful community service with theory, practice, and reflection. It is not a course or discipline in itself but rather a method that engages students through active learning in authentic clinical environments to develop professional competencies including social awareness and responsibility related to social justice and cultural competence with diverse populations (Groh et al., 2011; Murray, 2013; Seifer, 1998).

Service-learning is a structured and experiential learning strategy used by educators across disciplines to integrate theory and practice through community service and engagement. It requires careful planning and preparation, community-academic partnering, and clear linkages to curricular goals and activities (Voss, 2016). Students engaged in service-learning provide a service in response to community-identified concerns. Learning occurs within the context the service is provided and linked with academic coursework (Seifer, 1998).

Providing students with opportunities to confront stigmatizing attitudes and better understand the experiences of marginalized populations fosters more compassionate and culturally competent nursing care (Loewenson & Hunt, 2011). Experiential learning with disadvantaged and marginalized individuals creates opportunities for students to establish relationships with people they might not otherwise have contact with, deepens understanding of social and structural issues related to social justice, and practices advocacy skills (Loewenson & Hunt, 2011; Schaffer & Hargate, 2015). The following studies demonstrate the current state of the service-learning science in clinical nursing education.

Loewenson and Hunt (2011) conducted a pretest-posttest intervention study to evaluate attitudes toward homelessness in 23 nursing students after a structured service-learning experience with homeless individuals and families. The Attitudes Toward Homelessness Inventory, an 11-item Likert scale questionnaire, was used pre and post experience. An increase in positive attitudes toward homeless individuals in the four subscales measuring personal causes of homelessness ($p = .002$), societal causes of homelessness ($p = < .001$), affiliation ($p = .00$), and solutions ($p = < .001$) were reported after the service-learning experience. Specifically, the post test results showed positive and non-stigmatizing attitudes toward homeless individuals, stronger beliefs related to the contribution of structural causes of homelessness, and an understanding that personal causes are not responsible for homelessness. The results indicated the students were more comfortable affiliating with homeless individuals and had stronger beliefs in finding solutions to address homelessness after their time with them. Limitations of this study were the small sample size for a quantitative study ($N = 23$) and lack of anonymity with self-report as part of the coursework.

In a study to understand students' empathy toward individuals living in poverty and views on social justice, Jarrell et al. (2014) conducted a pre and post quasi-experimental study during a community health course. Seventy-five senior baccalaureate students were administratively (randomly) assigned to either a treatment (service-learning) group or a control group. The service-learning group ($n = 25$) provided care to individuals in either a homeless shelter or a low-income housing facility for elderly and disabled individuals. The control group ($n = 50$) was paired with nurses in community-based organizations or healthcare clinics. The Just World Scale and the Attitudes about

Poverty and Poor People scale were used at the beginning and end of the 15-week clinical experiences. The study demonstrated no statistically significant difference in attitudes or views on world justice between the two groups after the intervention; however, the small number of participants resulted in low power to measure a significant difference. The length of the service-learning experience was also noted as a potential limitation. Using voluntary pre-posttest measurements to assess student learning and attitudes posed an additional barrier to understanding the true impact of service-learning.

Despite the study's limitations, a perception among the students was society had a responsibility to help poor people and there was decreased blaming of poor individuals for their status. While the quantitative analysis failed to reject the hypothesis, anecdotal student and client responses indicated the experiences were reciprocally positive. Multiple students noted clients' inability to comply with their treatment was due to lack of resources (i.e., structural barriers) and not knowledge as they had originally believed (Jarrell et al., 2014).

Groh et al. (2011) conducted a quantitative descriptive study comparing pre-post service-learning scores using the Service-Learning Self-Evaluation Tool to measure impact of service-learning on leadership and social justice in 306 undergraduate nursing students. In their analysis of findings, they found an overall increase in self-reported leadership skills ($p =. 0001$) and social justice interest ($p = .0001$) in the post assessment. One unexpected finding was a decrease in the "perception of healing," which was defined as "care for self and others." One explanation was that "despite doing all the right things, one still experiences life's difficulties beyond one's control" (Groh et al., 2011, p. 404).

Decreased perception of healing might also point to the structure-agency dialectic of social justice and emancipatory knowing (Browne & Reimer-Kirkham, 2014). Browne and Reimer-Kirkham (2014) proposed social justice be used as a vehicle to deepen understanding of structural forces and conditions that lead to health and social inequities, and the impact on individual and collective experiences of suffering in dialectical exchange with the need to support resistance, self-determination, strengths, and capabilities.

Stallwood and Groh (2011) noted service-learning is socially and politically correct; however, consistent learning outcomes as a result of service-learning experiences are lacking. In their review of quantitative service-learning research, Stallwood and Groh identified a lack of standardized tools to measure student learning competencies and values consistent with professional nursing. They concluded there was little quantitative evidence to support service-learning as an effective pedagogical approach in nursing education due to the absence of standardized measures consistent with the National Service Learning Clearinghouse--the most commonly cited operational definition (Stallwood & Groh, 2011).

The National Service Learning Clearinghouse's (2012) definition specifically stated that service-learning is guided by course content and includes clear service objectives linked with self-reflection. Few of the published articles in the review measured these specific aspects of service-learning (Stallwood & Groh, 2011). In the absence of standardized measurement and in light of the growing presence of service-learning in nursing clinical education, the authors recommended addressing the following four questions:

- What are the project/desired effects of service-learning on students and the community?

- How will those be measured?

- Should a standardized tool be used to support randomized clinical trials in service-learning research?

- Does service-learning mean the same thing across various programs of study? (Stallwood &Groh, 2011, p. 299)

Measuring service-learning's influence on a nursing student's professional development continues to be a challenge. Stallwood and Groh (2011) found no consistency in service-learning's conceptual definition or measurement of service-learning outcomes in nursing curricula challenges service-learning as an evidence-based pedagogy.

Taylor and Leffers (2016) embarked on a systematic review of qualitative studies related to service-learning assessment in nursing education from 1997 to 2014. They used the following search terms: evaluation, assessment or outcomes, service-learning, and nursing education. Nine articles published between 2005 and 2013 met their criteria of formal qualitative study in nursing education (Taylor & Leffers, 2016). The most common data collection strategies used included open ended questions, interviews, journals, and online group discussions. Each study used thematic analysis that yielded between 2 to 10 themes. Broad categories of themes identified in the nine studies were professional competency development, integration of knowledge for professional nursing role, greater understanding of community strengths and needs, collaboration and teamwork, civic engagement, emotions and adjustment, transformation and personal

growth, and cultural awareness and competency (Taylor & Leffers, 2016). While all nine studies identified themes dealing with professional competence and development, no mention was made of social justice in the descriptions of the themes despite its place as a professional value in nursing. The theme of greater understanding of community strengths and needs acknowledged struggles of families, housing issues, and homelessness but went no further than awareness. This result was consistent with findings from Canales and Drevdahl (2014) in their review of the literature that showed a gap in social justice and nursing education.

Taylor and Leffers (2016) identified eight themes related to service-learning assessment from nine qualitative studies. Like Stallwood and Groh (2011), they also noted the lack of consistency in service-learning conceptualization. The absence of theoretical frameworks to guide learning and assessment of learning was noteworthy in the studies reviewed. Taylor and Leffers concluded conceptual clarity of service-learning assessments was necessary to build the science supporting service-learning as an effective pedagogical strategy in nursing education.

In a recent publication, Nickitas, Fealy, and De Natale (2016) developed and then performed psychometric testing on an instrument that assessed undergraduate nursing students' experiences of service-learning. The 24-item instrument measured both skills and personal insight related to service-learning experiences. Personal insight was described as an individual's perception of self and included characteristics such as identity, awareness of oneself, self-efficacy, and persistence. Skill development was composed of all learning that occurred through application including problem solving and critical thinking. With a Cronbach's alpha of .932 and .940, respectively, the tool was a

promising quantitative measurement of students' civic responsibility and strengthening communities as an outcome of service-learning (Nickitas et al., 2016).

In a study to better understand faculty perspectives on service-learning, Cooper (2014) conducted a qualitative case study that explored how faculty who used service-learning as pedagogy for 10 or more years viewed their experience. Nine educators from education, art, business, social work, nursing, public administration, engineering, and liberal studies participated in one-hour, semi-structured interviews. A constructivist approach guided the study in a comparative method to identify sub-themes and patterns from four a priori categories discussed with the participants that included determining similarities and differences of experiences. The four themes introduced to the participants for discussion included the participant's reasons for engaging in service-learning, perceived impact on promotion and tenure, challenges and rewards experienced, and elements that sustained them in their work.

Faculty chose service-learning as pedagogy due to prior service-learning experience and/or work with the nonprofit sector (Cooper, 2014). Personal commitment to civic duties through student engagement with communities and real-world issues were common themes describing why faculty chose service-learning as pedagogy. Using service-learning as a way of integrating teaching, scholarship, and service, and for increasing visibility within the institution were identified as positive factors in promotion and tenure. Themes associated with challenges of using service-learning as pedagogy were time and the complexity of developing and organizing the experiences. The impact on students and community connections and contributions that students made in the community and their own professional development sustained faculty in their service-

learning pedagogy. Cooper concluded service-learning is a meaningful, transformative experience to faculty as well as students.

Emancipatory Knowing in Service-Learning

Yancey (2016) proposed a community-centered paradigm for service-learning using Parse's theory of human becoming as a pedagogical framework. From a human becoming, teaching-learning perspective, community partners co-create opportunities for nursing students to learn about nursing from their unique community context. She suggested embracing the wisdom and perspectives of all participants in a service-learning experience to ensure all views are honored--not just the student's or the nurse educator's. In this way, the service-learning experience cannot be focused only on the student learning outcomes developed by the teacher and service cannot be considered as *doing for*; instead, the service is *doing with* the community. This framework was consistent with emancipatory knowing through reciprocity, community partnering, and being and learning with the community for organizational and social change (Voss, 2016).

Yancey's (2016) recommendation of working with communities rather than for communities demonstrated a pedagogical philosophy consistent with emancipatory nursing practice. While this philosophical stance was not new in the service-learning literature, it provided clarity to the scope of "service" in service-learning and aligned with emancipatory nursing principles. The human becoming model provided a framework to guide nursing faculty and students in being in true presence with the community (critical awareness) and bearing witness to the shaping of community, how that shaping might be different than one's own shaping (critical engagement), and then working with

community through pondering and shaping toward social change (Canales & Drevdahl, 2014; Parse, 2014).

Eymard, Breaux, and Dozar (2012) developed a service-learning project that exposed nursing students to specific needs of diverse populations. They hoped that with an increased awareness of the need for community service, the students would continue to participate in community service as professional nurses. In their project, 42 junior level baccalaureate students participated in an after-school program for underprivileged children living in poverty. The nursing students taught the children about topics related to health promotion and disease prevention over two semesters as part of a required pediatric nursing course. A qualitative study was conducted to examine transformative learning. Transformative learning was defined as "resulting in a change in the nursing students" (Eymard et al., 2012, p. 42). Students' reflective journals served as the data source. Content analysis used to determine themes of transformative learning resulted in two categories: (a) nursing students and (b) the children whom they served (taught). The process of transformative learning through the service-learning project aligned with themes consistent with emancipatory knowing. Two emergent themes from the student journal data exemplified the students' experiences and perceptions: (a) potential barriers that consisted of nervous/anxious and "out of place" and (b) made a difference/impact. Common to the making a difference theme was "the desire or actual feeling of making a difference or an impact on the children's lives" (Eymard et al., 2012, p. 40). The students were able to connect with their experiences during the service learning project and "make meaning" of their experiences. A noticeable change or transformation was noted in the nursing students who participated in the service-learning project. The authors concluded

the nursing students were able to "reflect on their own personal prejudices, stereotypes, perceptions, admitted misperceptions, and life experiences and then relate these to the service-learning project" (Eymard et al., 2012, p.42); it was through the students' reflections that the authors were able to qualify the transformative and emancipatory nature of the service-learning experiences.

A qualitative descriptive study by Curtin et al. (2015) explored the value of critical reflective inquiry (CRI) in guiding nursing student reflections on international service-learning experiences. Critical reflective inquiry consisted of three phases: descriptive, reflective, and critical/emancipatory. The first phase focused on a comprehensive description about a specific example arising from a situation in clinical practice. The second phase required identification and examination of one's underlying beliefs, assumptions, knowledge, and intentions in relation to a situation. In the third phase, thought was given to what could have been done differently and what one might change in the future (Curtin et al., 2015). Seven students' CRI journals were reviewed using content analysis after a two-week service-learning experience in the Dominican Republic. The purpose of the study was to examine the usefulness of the CRI model in helping students reflect on significant aspects of their experiences. The results indicated the CRI model helped students move from powerful descriptions of their experience to analysis of core beliefs and a re-examination of some aspect of the situation and initial intentions. Six of the seven students moved into the emancipatory phase through revelations and changes in conception of practice as a result of an understanding of the uniqueness of the human condition. Students who reached this phase had begun to identify strategies for practice change--a key element in emancipatory knowing as well as

transformative learning. The authors acknowledged the challenge in assisting students to move from descriptive to critical-emancipatory reflection. While the number of students' reflections analyzed in the study was small, this was the first known study to link reflection on service-learning experiences with emancipatory knowing.

Knecht and Fischer (2015) used descriptive phenomenology to elicit service-learning experiences of 10 undergraduate nursing students at the end of their senior year. The students had participated in service-learning for three consecutive years. The service-learning setting was a university-sponsored wellness center. Analysis of the data through extraction *o*f significant statements resulted in five themes. The first theme related to preconceived assumptions of the vulnerable population served at the wellness center: shattering stereotypes. The second theme came from feeling overwhelmed with many needs and limited resources: overwhelmed with their need. The third theme, transitioning to community caregiver, related to the discovery of the new role of community care nurse and the nurse-client relationship. The theme of *Advocating* was identified as students found their own voice and began advocating for the community they served. It was noted explicitly that "all ten students expressed emancipatory knowing by outwardly critiquing social structures and seeking to break down barriers to health care" (Knecht & Fischer, 2015, p. 382). Reciprocal benefits was associated with positive experiences at the wellness center and the feeling that reciprocal relationships and learning occurred and that everyone benefitted from the experiences. The authors highlighted the importance of long-term service-learning experiences in emancipatory knowing development. They concluded critical reflection and service-learning pedagogy

was integral to the process of developing emancipatory understanding in nursing students.

Service-Learning as Pedagogy for
Emancipatory Knowing

Gillis and MacLellan (2010) used the term *critical* to describe service-learning activities focused on social justice, social change, power and privilege, and authentic relationships with community members. They distinguished these elements as setting their critical service-learning pedagogy apart from traditional service-learning. They suggested traditional service-learning student outcomes were emphasized over community change; students were viewed as service providers; community partners were presented as *in need* of something, and relationships were based on an *I-thou* orientation. Gillis and Mac Lellan proposed that in order to prepare "competent and caring nurses" (p. 63) for professional practice, educators needed to incorporate a critical perspective into nursing education in the form of what they called critical service-learning. Their definition of critical service-learning aligned with Chinn and Kramer's (2011) emancipatory knowing framework of asking critical questions, envisioning a better future, and enacting change to improve situations and lives (Snyder, 2014).

In their service-learning pedagogy, Gillis and MacLellan (2010) used a critical focus to develop a cardiac screening clinic in a low income, underserved, culturally diverse, and geographically isolated community in eastern Canada. The need for a cardiac screening clinic was identified by the community. The educators worked closely with community members to develop the clinic; they stressed the project was developed in collaboration with several members of the community who became partners in the learning. Community health nursing students spent 40 hours at the screening clinic over

a five-week period that included one-on-one screening, teaching, and counseling. The students engaged in critical reflection through dialogue with community partners, peers, and faculty to help define the experience and how the experience addressed social justice issues. The aim was to uncover root causes of the need for the clinic, strategies for social change that addressed inequities in care, and suggestions for overcoming those barriers. In this way, local community knowledge and wisdom were incorporated into the project, the learning, and the visioning for solutions.

Gillis and MacLellan (2010) identified community social justice and transformative student outcomes as a result of the service-learning project. Their assessments of student verbal and written reflection suggested that by enacting a critical service-learning perspective, students were able to acknowledge power differentials, inequalities, and us-them mindsets. In addition, they suggested the acknowledgement and subsequent discussions led to a transformed way of thinking that resulted in power redistribution, expanding resources of the community to meet the need for equitable access to cardiac screening, developing community gardens and exercise programs, and obtaining education on heart health (Gillis & MacLellan, 2010). They concluded the reflections provided evidence that students began to develop a new vision for nursing that included solutions for health disparities and inequities, and they learned about social justice issues. However, only one quote from a student's reflection was offered as supporting evidence.

Snyder (2014) presented an overview of emancipatory knowing and its significance to nursing and nursing education. She described how nursing faculty who used an emancipatory pedagogy empowered students to integrate emancipatory knowing

into clinical practice. She affirmed the need for emancipatory knowing in nursing curricula to prepare nurses for today's complex and chaotic healthcare system that "requires advocates for social justices and human rights on behalf of patients" (Snyder, 2014, p. 65). Snyder suggested nurses are positioned to advocate for social change and need to be supported in emancipatory praxis. She noted patients and society benefit when nursing students understand their professional responsibilities as a registered nurse include the adoption of emancipatory praxis. Nursing educators who use emancipatory pedagogy in their curriculum assist nursing students toward critical inquiry and praxis.

While praxis was identified as key to emancipatory knowing, Snyder's (2014) suggested methods to support emancipatory knowing did not include service-learning; she suggested "dialectical communication, reflective journal, viewing films, writing letters, and creating blogs" (p. 67) as emancipatory knowing activities. While these are good activities, they fall short of action-reflection-action or praxis that is best achieved through experiential learning and engagement with those who live with social and health injustices.

Service-learning as pedagogy is a manifestation of emancipatory nursing. Nursing faculty who engage in service-learning create opportunities for students to experience situations to which they might not otherwise be exposed, thus challenging assumptions, stereotypes, and ideas of "other." Faculty who are partnered with community-based organizations and the clients they serve create authentic and meaningful reciprocal experiences to gain a deeper understanding of social injustices and health inequities most often found among vulnerable groups (Voss, 2016). Cooper (2014) identified student impact on community, student learning, and professional

development as common themes among faculty who consistently used service-learning as pedagogy.

Implications for Further Research

Service-learning experiences require dedicated faculty who are committed to experiential learning and who possess a teaching philosophy consistent with the critical, transformative, and emancipatory nature of service-learning. Despite multiple descriptions of service-learning and studies measuring service-learning outcomes, service-learning as an evidenced based pedagogy has not been fully established (Murray, 2013; Nickitas et al., 2016; Stallwood & Groh, 2011; Taylor & Leffers, 2016). This poses opportunities for further research on the conceptual definition and operationalization of service-learning in nursing education, its relevance to nursing practice, and its use as a pedagogical strategy in nursing education to develop professional nursing competencies and disciplinary values.

Assessing student learning and outcomes from service-learning have been documented as challenging (Groh et al, 2011; Nickitas et al., 2016; Stallwood & Groh, 2011; Taylor & Leffers, 2016). The challenges to assessing student learning and community outcomes are likely related to the multiple variables associated with service-learning projects and experiences. Service-learning variables include length of experience, type of experience, inconsistent definitions and conceptualization of service-learning, learning objectives and course linkages, lack of standardized service-learning metrics, and student readiness/engagement (Stallwood & Groh, 2011; Taylor & Leffers, 2016).

Qualitative measurement of student learning has provided the richest insights into student learning and is the most commonly used method in service-learning research (Groh et al., 2011). Qualitative designs might be most appropriate for understanding and documenting service-learning outcomes due to the variability and nature of the experiences, which tend to be messy, subjective and transformational. All of the studies in this review reported single method, descriptive research. However, Jarrell et al. (2014) conducted a quantitative study and reported anecdotal and subsequent qualitative data in their discussion.

A mixed-method, interpretive approach extends the service-learning research and current understandings of emancipatory knowing in undergraduate nursing students. Using service-learning pedagogy as a medium to explore emancipatory knowing provides insight into developing professional nursing competencies and the ways of knowing through experiential learning. How emancipatory knowing is expressed in service-learning provides the foundation needed to guide innovative curricular activities that best prepare nursing students for professional practice in complex health care environments; assesses professional development and desired learning outcomes consistent with nursing professional standards and discipline values; and develops learning activities that engage students in emancipatory praxis.

Summary

Results from the literature suggested service-learning is a popular pedagogical strategy; whether emancipatory knowing is an outcome of service-learning is just beginning to be examined. Exploration of emancipatory knowing in service-learning

deepens understanding of service-learning's influence on professional role development and preparation for nursing praxis in today's complex healthcare environment.

Each article discussed in this review focused on some aspect of justice that coud be linked with emancipatory knowing. While Jarrell et al. (2014) failed to establish significance in differences of perspectives between service-learning and traditional clinical experiences, they did show evidence of awareness of issues associated with poverty and critical engagement through dissonance between the lives of homeless people and their own. Eymard et al. (2012) noted students consistently expressed a desire to make a difference or had an actual feeling of making a difference or impact in the children's lives with whom they worked. They noted this served as evidence that service-learning provided an opportunity for nursing education to adopt an orientation to social justice and action consistent with emancipatory knowing. Perhaps the most noteworthy study of service-learning pedagogy for emancipatory knowing came from Knecht and Fischer (2015). The five themes associated with a three-year service-learning experience were convincing evidence of the impact of long-term community engagement on emancipatory knowing and knowledge in nursing students.

Feelings of being overwhelmed and unsure of how to act, the sense of "othering," and facing stereotypes surfaced in two studies (Eymard et al., 2012; Knecht & Fischer, 2015). Providing students with opportunities to write and dialog about these conflicting feelings was a critical step toward transforming attitudes and understandings, looking deeper into causes of causes through critical inquiry and engagement, and potentially participating in practice change.

Reflection on service-learning experiences is foundational to evolving understandings of social justice and transformational learning consistent with emancipatory knowing. Identifying assumptions, stereotypes, navigating new situations, and linking causes with solutions are critical elements of emancipatory knowing. The CRI model emphasized the need for intentional reflection associated with emancipatory knowing praxis and might serve as a standard for assessing emancipatory knowing in service-learning. At the very least, reflection was identified as a key element to emancipatory knowing.

To the researcher's knowledge, no studies have used an interpretive description, mixed-method design to more deeply understand student expressions of emancipatory knowing during and after service-learning experiences. This study explored undergraduate nursing students' written reflections on service-learning for expressions of emancipatory knowing and then further examined how those expressions were applied in practice after the service-learning experience. Understanding how students internalized and applied emancipatory knowing was critical to establishing evidence supporting service-learning pedagogy as an effective approach to the development of professional nursing competencies and emancipatory nursing praxis.

CHAPTER III

METHODOLOGY

The philosophical underpinnings that guided this study stemmed from naturalistic inquiry with the notion that multiple constructed realities could not be separated from the subjective and contextual complexity of life; that inquiry influenced what was being explored and could not be separated; and no *a priori* theories were capable of capturing multiple realities inherent in human existence. Rather, theories came from and were grounded in the data itself (Lincoln & Guba, 1985). In the interpretive naturalistic orientation, the human experience is believed to be constructed, contextual, and shared.

Historical and current events shaped the experiences of the students who participated in the service-learning experiences in this study, making their learning from the service-learning experience unique to them. Interpretation of the student reflections was situated within that unique context. It was the view of this researcher that a person's reality is developed and constructed over a lifetime of receiving, processing, and interpreting information, and engaging in social interactions (Streubert & Carpenter, 2011). A person's beliefs are developed from that which is perceived and constructed as real and are unique to him or her. Similarly, this researcher's assumptions, biases, and presuppositions were recognized and used reflexively and critically to synthesize meanings, theorize relationships, and re-conceptualize data into findings through interpretive description (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004).

Interpretative Description

Interpretive description is an approach to knowledge generation that is relevant to applied disciplines. It grew from a need in applied qualitative research to capture the complexities of clinical phenomena in a way that was useful and responsive to nursing practice through informed action to go beyond theorizing (Thorne, 2016). Interpretive description signifies the attributes of the qualitative approach that best guides a project as intended and is derived from three sources: (a) an actual real world question, (b) an understanding of what we do and do not know on the basis of available empirical evidence, and (c) an appreciation for the conceptual and contextual realm within which a target audience is positioned to receive the answer that is generated (Thorne, 2016, p. 40).

Interpretive description is used as a qualitative research method to explore a phenomenon through interviews, participant observation, and document analysis to capture meaningful and experiential accounts of the phenomenon of interest (Thorne et al., 2004). Constant comparative analysis is used to identify themes and patterns that deepen and extend understanding and application of phenomena in practice (Thorne et al., 2004). The interpretive element requires critical examination within methodological guidelines that moves thinking beyond the initial conceptual framework and understandings toward interpretation and illumination of new understanding based on analytic, informed questioning, and reflective processes (Thorne, 2016; Thorne et al., 2004). The interpretive description method often uses multiple data collection strategies to contextualize and give meaning to the data, providing insight that would be missed with one strategy alone (Thorne et al., 2004).

Interpretive description serves as an organizing logic to generate meaningful inquiry with application and knowledge translation for applied disciplines (Thorne, 2016). Rather than forcing an overall design logic that might not fully fit with questions generated within an applied discipline, interpretive description allows for movement beyond rule structures imposed by disciplinary worldviews (Thorne, 2016). Interpretive description provided a methodological approach to address the research questions that guided this project. The questions in this study did not fully fit into conventional social, psychological, and anthropological approaches from which much of qualitative nursing research has drawn.

For example, phenomenology is interested in the *essence* of a phenomenon derived through the experiences of those who have lived with it and requires participants describe their experiences through open-ended interviews. In this study, participants were not likely to know about the concept of emancipatory knowing and, therefore, would not be able to describe their experience with it. In this way, the participants were naive to the phenomenon. Interpretive description allows for exploration of expressions of a phenomenon without concern for the "essence" of it or the meaning of the experience or phenomenon common in interpretive phenomenology. Descriptive phenomenology requires the researcher bracket all prior knowledge of the phenomenon (Streubert & Carpenter, 2011). Analysis includes categorization of essences, exhaustive description, and participant checking. Grounded theory requires expert accounting of a phenomenon for the purpose of theory building, variation of sampling, and theoretical saturation through layered coding (Thorne, 2016).

This project was best suited to an interpretive description methodology because the focus was not the service-learning experience itself but rather the knowing that comes from the service-learning experience. The inquiry was not concerned with the essence of emancipatory knowing or its meaning but what it *looked like* in undergraduate nursing service-learning and subsequently in practice. Nor was this project concerned with developing emancipatory knowing theory. The aims of this study were to deepen understanding of emancipatory knowing in service-learning and subsequent application of emancipatory knowing in nursing practice. Therefore, this project required that the researcher capitalize on the clinical and contextual understanding of emancipatory knowing and service-learning and then deconstruct those understandings through the critical reflective process of constant comparison and questioning to see patterns (new and old) that deepened and extended understanding of emancipatory knowing in nursing service-learning (Thorne, 2016).

Study Design

A mixed-method study design was determined to be the best design to explore emancipatory knowing in service-learning and its application in nursing practice among senior undergraduate nursing students. A mixed-method design is used when a phenomenon cannot be fully described using a single research strategy (Morse, 2017; Morse & Niehaus, 2009). There are two components in mixed-method research: the core component and the supplemental component. The core component is the complete method used to address the research question(s). The supplemental component is used to follow a haunch or a lead that emerged from core component findings (Morse, 2017). Unlike triangulation, which is the combination of results from two or more rigorous

studies (Morse, 2003), the supplemental component is a methodological strategy different from the one used in the core component that extends the inquiry, deepens the understanding of findings from the core component, and addresses questions that could not be answered in the core component's methodological strategy (Morse & Niehaus, 2009). The difference between a single research study using multiple strategies (mixed-method design) and a research program using multiple methods including triangulation is in the single study, the supplemental component (less dominant strategy) is incomplete in itself, i.e., it cannot stand alone and is regarded as complementary to the core component. The supplemental component deepens and extends understanding rather than confirming or checking findings from the core component.

For this project, a qualitatively-driven core component (QUAL) with a qualitative sequential supplement component (*qual*) allowed for deeper inquiry into expressions of emancipatory knowing in service-learning by eliciting different perspectives through data not obtainable through one methodological strategy alone (see Figure 1).

| Method:
Document Analysis |

| Sample:
Written Reflections on Service- Learning
Spring 2016 (n=1) and 2017 (n=14)
Participants: n= 15 |

| Data Analysis
Interpretive Description | | Supplemental *qual* Component
Question:
2. How do undergraduate baccalaureate nursing students use emancipatory knowing in clinical situations after the service-learning experience? |

| Findings
Expressions of emancipatory knowing
in service-learning | | Method:
Semi-Structured Interviews |

| | Sample:
Senior nursing students whose reflections were analyzed in the core component (n=5) +students who did not have reflections analyzed (n=3)
Participants: n=8 |

| | Data Analysis
Interpretive Description |

| | Findings
Themes of applied emancipatory knowing after a service-learning experience |

| Research Narrative: Point of Interface-Integration of findings from written reflections and semi structured interviews |

| Discussion: Linkages of findings with literature |

| Implications for Nursing Education |

Figure 1. Mixed method study design.

Sampling and data collection methods were determined by the study questions, by what was already known about emancipatory knowing, and the presumption that service-learning is a suitable pedagogical strategy for emancipatory knowing expressions (Thorne et al., 2004). The written reflections of students during their service-learning experience served as the primary data source for analysis of emancipatory knowing in service-

learning over a 10-week time period. The semi-structured interviews extended

understanding of how emancipatory knowing, as expressed in the reflection data, was

applied to subsequent clinical experiences and provided further insight into application of

emancipatory knowing to nursing practice after the service-learning experience (Morse,

2017).

The primary data source for this study, written reflections, did not lend to a

phenomenological or grounded theory approach. Both of these strategies suggested

participants had interacted with and were knowledgeable enough about the phenomena of

emancipatory knowing to be able to explain their experiences with it through open or

semi-guided interviews (Streubert & Carpenter, 2011). In this study, student participants

had not been exposed to the concept of emancipatory knowing; they did not know the

extent of their emancipatory knowledge or were aware they were interacting with or

experiencing it. Uncovering expressions of emancipatory knowing from nursing student

reflections on service-learning, not of the service-learning experience itself, allowed the

researcher to imagine new possibilities for understanding how emancipatory knowing

worked, how it felt when it was happening, its important features, and how it made sense

in the context of the student's service-learning experience. The critical reflective and

analytic process addressed the questions posed in this study--not the lived experience.

For these reasons, a mixed-method interpretive description was determined the best fit for

exploring the phenomenon of emancipatory knowing through written reflections on

service-learning experiences and then later through interviews to extend understanding of

how emancipatory knowing was applied. The interviews were used in the supplemental

component; the data obtained only made sense in the context of the analysis of the reflections from the core component (Morse, 2017).

Phase I: Core Qualitative Component

The first phase of the study, the QUAL, was a retrospective analysis of weekly written reflections from 15 senior nursing students during their service-learning experiences over a 10-week term. One hundred and thirty-five reflection entries were inductively analyzed using the interpretive description method (Thorne et al., 2004). Analysis of student reflections addressed the first research question:

> Q1   How do undergraduate baccalaureate nursing students express emancipatory knowing in the written reflections of their service-learning experience?

The emancipatory knowing framework described by Chinn and Kramer (2011) was used as a conceptual scaffold to provide a comparative context for emerging patterns in the initial phases of analysis (Morse & Mitcham, 2002). Elements of the emancipatory knowing framework were *critical questioning* of either that which existed unfairly or of that which did not (but should) exist; such questions challenged the status quo. C*reative processes* critique that which is wrong and envisions how things could be, and *formal expressions* of a problem lead to potential solutions with action plans and a vision for an improved future (Chinn & Kramer, 2011).

Phase II: Sequential Qualitative
Supplemental Component

Semi-structured interviews were conducted for the *qual* supplemental component. The same sample of students whose reflections were analyzed plus eight students who did not have a written reflective component as part of their coursework were invited to

participate. The interviews took place eight months after the service-learning experience. The pacing of the supplemental component allowed for a settling of (new) emancipatory knowledge and provided an opportunity to apply emancipatory knowing in practice during the senior year of the program. During the eight-month timeframe, students completed a nursing leadership course and had begun their integrative practicum. The integrative practicum is a six-month intensive clinical practicum whereby students begin the transition into professional nursing practice.

Semi-structured interviews were chosen as the best method for eliciting application of emancipatory knowing to practice because of the relationship between the expressions of emancipatory knowing derived from the written reflections and subsequent application. In this way, the interviews extended the understandings derived from the reflections. An interview guide was used to ensure continuity of the interviews. The same open-ended questions were asked of each participant. The semi-structured interviews provided insight into applied emancipatory knowing after the service-learning experience. The supplemental component of the study addressed the second research question:

> Q2   How do undergraduate baccalaureate nursing students use emancipatory knowing in clinical situations after the service-learning experience?

Data Source and Participants

Senior undergraduate baccalaureate nursing students enrolled in a population health course at Oregon Health and Science University (OHSU), School of Nursing were invited to participate in the study. The population health course is the first level 400 course in the students' program of study and is situated in the spring term at the end of their junior year.

Reflections from students on two school of nursing campuses in spring of 2016 and 2017 served as the data source in the core component of the study. Reflecting on the service-learning experiences was a course expectation. During the population health course, students learned about social determinants of health, health disparities, health equity/inequity, social justice/injustice, environmental influences on health (environmental justice), health policy related to population health, nursing's role in public and population health, evidence-based practice, ethical consideration in population and public health, coalition building, communication, clinical judgement, and community action. Students used these concepts as a framework for reflection on their service-learning experiences. Students were required to reflect on their experiences weekly using a standardized template (see Appendix A). The templates for the Portland and Monmouth campuses differed in format and structure but both required students to reflect on their service-learning experiences.

The participants from the Monmouth and Portland campuses were from the same sample of students whose reflections were analyzed in the core component; students from the Klamath Falls campus were not required to submit written reflections as part of their coursework but participated in the same service-learning program as their Portland and Monmouth peers during spring 2017. At the time of the interviews, the students had completed their Nursing Leadership and Health Systems course in fall 2017 and were about halfway through their Integrative Practicum course in the winter term of 2018. The five-credit leadership practicum was project-based. Students were placed in either community or inpatient settings for their leadership clinical experience; all students completed a performance improvement project under the supervision of a nurse or

community leader. The integrative practicum course in winter term is the second to last course in the program of study whereby students begin their transition to professional nursing. The integrative practicum course is a 9-credit clinical practicum that places students in primarily inpatient settings for 240 hours over 10 weeks. All student participants were at least 21 years of age and in their senior year of the baccalaureate nursing program at OHSU.

Study Setting

Students who attend the Klamath Falls and Monmouth campuses live and learn in rural and frontier settings. Students who attend the Portland campus live and learn in urban and sub-urban settings. The population health course adheres to the same course description, outcomes, content, and clinical activities (service-learning) on all campuses. It is a nine-credit core course: four credit theory with a five-credit clinical component (150 hours) delivered over a 10-week term in the spring of each year. The theory and clinical are integrated so concepts are introduced and explored during theory class (four hours per week) and applied during service-learning clinical experiences (13 hours per week). The clinical conference (two hour per week) provided a forum for discussion and reflection on theoretical concepts and clinical application. Essential concepts and content taught in the population course included community as client, community partnering, social determinants of health, health equity/inequity, environmental health and health policy, ethics, evidence-based practice, levels of prevention- upstream intervention, global health, and community action. A poster session at the end of the course provided an opportunity for students to present their service-learning project to community stakeholders, peers, and faculty.

All students in this study participated in service-learning through the Interprofessional Care Access Network (I-CAN) for their population health clinical practicum. The I-CAN is a community academic-practice partnership that provides community-based, interprofessional care coordination to socially isolated, vulnerable, and medically underserved populations. Interprofessional student teams (medicine, nursing, dentistry, pharmacy, and dietary) addressed health and social barriers to health with individuals, families, and communities. Student participants in this study spent between three and six hours in direct service with up to four clients per week for 10 weeks.

In the I-CAN program, clients are referred by at least three partnering community-based organizations within a neighborhood: a federally qualified health center and at least two community service agencies. Client visits took place in the client's home, at a health or community organization, or at the referring agency. A typical client visit included assistance with obtaining food stamps, going shopping to teach about healthy food choices, and providing recipes appropriate for the client's ability and setting; making or attending primary care/behavioral health appointments with the client; assessing neighborhood safety; and collaborating with social service agencies to improve health and social circumstances. Connecting clients with services in their community provided opportunities for students to link client circumstance with structural, social, and environmental influences on health. Students established and maintained trusting relationships with clients during their 10-week term (Wros, Mathews, Voss, & Bookman, 2015). When students were not with clients, they were investigating resources, making community connections on behalf of the client, attending huddles with

referring agencies, documenting their client visits, and developing service-learning

projects from a population health perspective. Through I-CAN, students applied

principles of patient-centered care and cultural humility and were exposed to the realities

of resource gaps and poverty in both rural and urban environments (Wros et al., 2015).

In addition to individual client visits, I-CAN students worked with community

organizations and their clients on an identified need. For example, one group of students

conducted a needs assessment for a health fair for homeless individuals and families,

another group worked with their community agency on more efficient and effective

outreach to their most vulnerable clients, and another group focused its attention on

improving stakeholder understanding of the nutritional needs of refugees new to the

United States.

The setting for this study was primarily the communities where the students

worked with I-CAN clients in Portland, Monmouth, and Klamath Falls, and the

community organizations that referred them. Service-learning projects beyond individual

client visits emerged from real client and community strengths and issues; they were

developed in collaboration with community members.

Instruments

No instruments were used for the document review in the first phase of the study-

the core component. An interview guide was used for the supplemental component (see

Appendix B). The interview guide was developed based on the analysis of the data from

the student reflections. Developing the interview questions based on the analysis of the

reflections held true to the purpose of the supplemental component in mixed-method

design; i.e., the interviews built on the analysis of the reflections. The purpose of the

interview was to expand understanding of themes of emancipatory knowing identified in students' reflections by exploring expressions of emancipatory knowing application in clinical practice after the service-learning experience. Each student participant was asked to share a meaningful story of his/her I-CAN service-learning experience to enhance recall and context for the interview. The interview guide was adhered to for each participant. The interviews were not a stand-alone arm of the study; rather, they were unique to the core component and made sense only within its context.

Data Collection Procedure

The study was reviewed and approved by Institutional Review Boards prior to data collection at the university where the study took place: OHSU and the University of Northern Colorado (UNC), where the researcher was enrolled as a Ph.D. candidate (see Appendix C). The researcher had no relationship with the student participants in the study. Recruitment of participants spanned nine months (see Appendix D). The first recruitment attempt was an email from the Portland campus program director to students who had been enrolled in the population health course in spring of 2016 (see Appendix E). One student responded to the invitation by returning the informed consent to participate via email. An IRB modification was subsequently approved for in-person recruitment of students enrolled in the spring 2017 population health course on both the Portland and Monmouth campuses (see Appendix F). Six students from the Portland campus and eight students from the Monmouth campus signed the informed consent to participate in the core component--analysis of reflections. Four students from the Portland campus and six students from the Monmouth campus also agreed to be contacted for an interview for the supplemental component (see Appendix F). The

student from the 2016 course was informed via email that she would not be contacted for an interview because she was set to graduate before analysis of the reflections was complete. All students received an email thanking them for their time and participation in the study.

In summary, permission to include the students' service-learning reflections for analysis and sequential interview were obtained electronically via email introduction and invitation to participate in the study through informed consent to the 2016 students on the Portland campus ($n = 1$), and via face to face recruitment to the 2017 students on the Portland and Monmouth campuses ($n = 14$). Recruitment followed the participant recruitment protocol approved by the overseeing IRBs and included an introduction to the study, a review of the study purpose, participant activities, and risks and benefits. The signed informed consent indicated the level of participation, the student's printed name and OHSU email, and served as consent to participate in the study (see Appendix G).

Six Klamath Falls students were invited to participate in the supplemental component (interview) in fall of 2017. The participant recruitment protocol approved by the overseeing IRBs was followed and included an introduction, study purpose and aims, risk and benefits to students, and student expectations/commitment (see Appendix H). The signed informed consent with the student's printed name and OHSU email served as the student's consent to participate in the study. All participants kept a copy of the cover letter and informed consent for their records.

Students who consented to an interview were emailed to schedule an interview date and time. The interviews were conducted via telephone, were recorded using a digital recorder, and lasted no longer than 30 minutes. Each interview began by asking

the participants to describe an enduring story from their I-CAN service-learning experience during their population health course. An enduring story was defined as a recount of an experience which *stuck* in the student's memory. Subsequent questions adhered to the interview guide (see Appendix B).

All students who participated in the study received a thank you email. Those who participated in an interview received a $15.00 gift certificate to OHSU's online bookstore. The final manuscript will be emailed to students who indicated they wanted one.

Data Management

An Excel spreadsheet was used to track students who consented to the core (reflection) and/or the supplemental (interview) components of the study (see Appendix I). Name, campus affiliation, cohort, and email address were recorded. Due to confidentiality issues, IRB required all student reflections be de-identified. Reflection data were anonymous. Only the researcher and UNC research advisor had access to the reflection and interview data. Only this researcher had access to the spread sheet with students' information from the informed consent. All files were kept on an encrypted and password protected OHSU computer. No data were saved on an external drive.

The Portland and Monmouth student reflections ($n = 15$) were de-identified by their course faculty, i.e., the population health clinical instructor removed names from the written reflections and sent them via email to the researcher. The researcher then assigned a code to each participant's de-identified reflection; for example, Monmouth student reflection files were coded MO 1-8; Portland student reflection files were coded PDX 1-6, and PDX 2016 for the one student from that cohort. The reflections from each

campus were then copied and pasted into a Word document so all reflections from the

Monmouth participants were in one Word document titled MO combined reflections

(MO , MO 2,…..MO 8), and all reflections from the Portland students were in a separate

Word document titled PDX combined reflections (PDX 1, PDX 2…..PDX 6, and PDX

16). Reflection questions from the templates were not copied into the combined

reflection documents. The Portland combined reflections document held 63 reflection

artifacts. The Monmouth combined reflections document held 72 reflection artifacts for a

total of 135 reflection artifacts for analysis. Having the reflections grouped by campus in

one document without the reflection prompts allowed for fluid movement among and

between reflection artifacts.

The interviews were transcribed word for word by GMR©, a paid transcriptionist.

Each digital recorded interview file and each transcribed interview file were named using

the same acronyms as the reflection data (PDX 1, PDX 2; MO 1, MO 2; KF 1, KF 2).

The digital recordings were erased after confirming accuracy of the transcriptions. The

transcribed interviews were copied and pasted into one Word document for ease of

reading and analysis.

The data files were renamed as the data analysis progressed so early notes and

thinking were not lost as new understandings were uncovered from the data. Three data

files of combined reflections for each campus represented the three major analyses where

significant understandings of the data were documented.

Files were also created to hold prototypical and contrasting data, and for grouping

data bits with similar and contrasting properties (Thorne, 2016). A file titled Categories

held early and progressive groupings of data bits that led to major themes uncovered in

the reflections. The Categories file listed phrases, words, metaphors, meanings, and quotes for both prototypical and contrasting data. A file titled Journal documented the analytical journey. The data files along with the Categories file and the Journal provided an audit trail of the analytical process.

The data management spreadsheet and all data files will be kept electronically on an encrypted and password protected OHSU computer for three years (2020). The recorded interviews were erased after the written transcriptions were checked for accuracy.

Data Analysis: Interpretative Description

Interpretive description methodology was adhered to in the analysis of participants' written reflections and interview data. Interpretive description is an analytic process that moves beyond taking ideas apart and reassembling them; it pushes the researcher to learn and see beyond hunches and toward new ways of how data might fit together. In this way, the researcher took some "ownership over the potential meaning and impact of the outcomes rendered in the findings" (Thorne, 2016, p. 156). The analysis followed a process that provided structure without being prescriptive. While the analytical process was iterative, Thorne's (2016) interpretive description guideline provided structure for the analysis of both the written reflections and the transcribed interviews.

The sections that follow describe the analytical process for this study. The analytical process was archived in the researcher's journal. Journal entries were made at the end of each analysis session. The entries summarized the researcher's thinking, progress-process, insights, and questions raised during the analysis session. The journal

was read prior to each analysis session. The journal was a resource for analytical

continuity, documentation of decisions points, and a critical pathway of logic that drove

the analysis of the reflection and interview data. Due to the mixed method sequential

design of this study, the data analysis of the written reflection and interview data is

described separately.

Written Reflection Data: Sorting
and Organizing

In the beginning phases of data analysis, time was given to sit with and react to

words and phrases that stood out as prototypes of emancipatory knowing according to the

conceptual scaffold and those that were contrasting to it. Thorne (2016) referred to this

process as "pieces of data that are swimming around in the collective soup until they

seem to rise to the surface and attract our attention" (p. 157). During the time of sorting

and organizing, words or phrases that stood out in the reflections were highlighted in the

combined reflection data files. Immersion in the data to develop a sense of the whole

beyond immediate surface impressions was an early aspect in the analysis process.

Reflection on why certain words or phrases surfaced to form prototypical cases that fit

expectations (i.e., the emancipatory knowing conceptual scaffold) or why some cases

seemed unexpected or did not fit was critical to the early analytic process of being with

the data. Such immersion allowed for greater sensitization to patterns

(Thorne, 2016).

Highlighting phrases that stood out in the reflection data gave way to using the

comments function in Word to document words that seemed to "pop" into the

researcher's head. Words that surfaced in what seemed to be prototypical excerpts that

fit the expectation were advocacy, making a difference, lacking resources, taking action,

feeling challenged, respect for culture and people different than self, education, wanting

to do good, learning, caring, uncovering, new understanding, supporting, and

collaborating. During this time of gaining a sense of the big picture of what

emancipatory knowing might look like in the written reflections, the researcher began to

use phrases to describe data that fit into patterns according to the emancipatory knowing

model. While the model served as a scaffold early in the analysis by noting examples

that aligned with emancipatory knowing, there was a simultaneous movement toward

using new words that "popped" up during the reading of the reflections that were still

within the parameters of the model but beginning to go beyond it.

Using the conceptual scaffold in the initial phases of the analysis provided a

structure to sort and organize the data and then move beyond it to form new ideas of

emancipatory knowing in undergraduate nursing students. Asking critical questions, an

element of the model, was expressed by students acknowledging something was wrong

with what they were seeing but stopped short of asking such questions as "who benefits,

and why is this happening?" (Chinn & Kramer, 2011). Students acknowledged

something was wrong and sought information about a situation or individual when an

injustice was suspected but they were seeking information about the situation rather than

asking critical questions as to why the injustice was occurring in the first place--what lay

beneath the issue or injustice. It was evident students were information seeking and

using elements of critiquing and critical questioning to gain understanding that might

later evolve into critical questioning but they were not quite there yet. It was here the

notion of pre and early emancipatory knowing began to form.

An aspect of emancipatory knowing evident in the reflections but hung outside of the scaffold was the notion of looking inward to current understandings and gaps in understanding about an injustice, the status quo of who benefits and who does not in society, and students' own emotional and cognitive responses. The idea of personal knowing came up frequently in the analysis of students' reflections. The levels of maturity in the expressions of personal knowing provided additional insight into the idea of pre and early emancipatory knowing.

The ability and willingness to think critically about a situation and about responses to situations seemed to be key in the degree of emancipatory knowing. Reflections that conveyed superficial thinking were interpreted as contrary to emancipatory knowing. Such reflections were descriptive and solution oriented without understanding causes, e.g., providing nutrition education to homeless mothers. Such reflections lacked critical questioning and reflection.

Creative process was an element of the emancipatory model also present in the reflection data. According to the model, creative process is described as critiquing the status quo from multiple viewpoints to gain deeper understanding of a situation, imagining how things could be different, and developing ideas about how to work toward that end. Terms and phrases that were interpreted as critiquing and imagining but went beyond the model's descriptors were gaining understanding, advocacy, having voice, taking action, identifying resources and feeling inspired, and making headway toward a better situation.

Early interpretations of emancipatory knowing expressions began to take shape according to the depth of student understanding through gathering information, building

on and uncovering new understandings, finding or trying to find solutions or resources, and recommending actions for individual, organizational, and cultural-social change.

There was a presence even in the early analytical process of the patterns of knowing in nursing. Students used evidence (empiric) to gain understanding of inequity and injustice, to some extent the social problems that led to them, and to reinforce their actions. Their creative approaches to problem solving and client-centered and collaborative relationships with community partners aligned with aesthetic knowing; their ethical-moral challenges were apparent in their expressions of feeling hopeless, appreciating autonomy, and wanting to do good for the client and community.

Formal expressions of emancipatory knowing were evident in the reflections through students' action plans and real or proposed interventions through their projects. One student provided evidence of *demystification* in her reflection on the actions she took to ensure low income mothers had a voice in decisions being made by school administrators.

The presence of praxis was seen in the reflections as reflection/action/reflection on experiences and how they could inform or guide future nursing practice; personal knowing, reflecting on, and learning from experiences to inform new ways of thinking; and understanding issues, putting together patterns, and taking action based on what had been learned moved within and then beyond the emancipatory knowing model as it was currently understood.

Four months were given to reading, sorting, and organizing the written reflection data. The decision was made to continue to use the Comments function in the combined reflection data files in Word rather than copy and paste the reflection data into a software

program to re-sort and organize the data. It was feared the momentum of the current

technique would be lost in a new analysis environment. As patterns began to surface

through the critical analytical and interpretive processes, and the sense of repetition of

words or phrases that captured emancipatory knowing expressions in the reflections

became apparent, the analytical process moved seamlessly toward coding and category

development.

Written Reflection Data: Coding

In interpretive description, coding is a tool employed later in the analysis process

because it implies the researcher has confidence in what would and would not fit into a

category (Thorne, 2016). Initial coding is an interactive process that allows for

experimentation of grouping like and unlike words and phrases together under a coding

category. Coding categories began to take shape by grouping words loosely and broadly

by some meaning in the reflection data. The groupings were not named; the words in the

grouping implied the meaning rather than an assigned name or term. The groupings were

color coded to further allow distinction. Fifteen groupings of words formed the initial

categories. The reflections were read again during a second analytical procedure

whereby the data were interpreted within and among the categorical meanings. During

the second analytical process, the codes did not always "feel right." As the researcher's

thinking expanded about what the data were saying, there was less urge to use the

emancipatory knowing conceptual scaffold. Elements of the scaffold still worked but

new words also helped better visualize a broader understanding of emancipatory knowing

as it was actually occurring in the reflections and felt more authentic to the data rather

than the scaffold.

Testing of relationships between data and experimenting with organizing the meanings allowed for greater variations and possibilities of relationships. This inductive process reduced the risk of simply recording data, or premature coding that failed to push the analysis beyond what was initially understood according to the emancipatory knowing scaffold toward new meanings (Thorne, 2016). To this end, relationships between excerpts and phrases were more important than simply grouping like and unlike terms together. Terms were moved around in the categories as new ideas and meanings took shape. Testing relationships between the coded data groupings and the reflections provided a pathway for comparison of like and unlike elements in the data and for *plopping* terms into multiple different categories based on the multiplicity of possible relationships.

Thorne (2016) suggests flagging data elements that might be potentially meaningful, e.g., a model or contrary case that seemed different or elements that stood apart from other reflections. Flagging allowed for data capturing without prematurely implying their meaning. The flagged "data bits" or expressions were copied and pasted into a separate section of the Categories file. A data bit that stood out as a model of emancipatory knowing is exemplified in this passage:

> Classmates and I used this model to identify a health need in Polk County (to decrease homelessness) and to determine how to address this identified need in Polk Co. The model helped us to analyze Polk County's needs at each level (i.e., education, collaboration, changing practices and policy), which allowed us to create an intervention at each of the levels."

It was not until later in the analysis that this was interpreted as an example of emancipatory knowing's creative process of critique and imagining.

Data that seemed important but did not fit with the model or emerging ideas were also highlighted in the combined reflection files so as not to lose them as the analysis progressed. An example of an unexpected case (a set of reflections) that did not seem to fit into the coding might have been related to the cultural background of the student and/or a preset propensity of personality that influenced the ability to engage with emancipatory knowing and was expressed as prioritizing medical knowledge and technical skills over emancipatory knowledge. These data bits were later identified as context categories, or data that fell outside of the study scope, but still held some relationship and importance to expressions of emancipatory knowing.

The ambiguity of the initial analysis was thought to be foundational to the analytical process of interpretive description because it allowed more pathways for interpretation of relationships that might not have been initially seen and it reduced the risk of erroneous and premature coding that could threaten validity (Thorne, 2016). Such ambiguity was evident throughout the early phases of sorting, organizing, and coding the reflections. Diligent attention was given to allowing for the discomfort of not having a clear path of patterns and to give time for blurred lines of thought during analysis and between analysis sessions. Such openness allowed thoughts to sift and settle rather than giving over to the urge to organize too quickly. The ambiguity and intentionality of the coding and categorizing was evident in the research journal entries.

Constant reflection on why certain words or phrases surfaced to form meanings provided a pathway for the final groupings of words (Thorne, 2016). Only after the

meanings of the categories finally settled were they given a name. Category names

surfaced through the terms within each grouping as the clearest descriptor of the meaning

for the category. Category names were terms that had been bolded in the grouping. The

bolding of words demonstrated how often the thinking went to them in the critical

analytical processes of sorting, organizing, and coding. The final category terms

captured emancipatory knowing expressions as they were interpreted from students'

reflections on their service-learning experience.

Interestingly, but not surprisingly, the words that crossed over into other

categories naturally fell away so each category had a distinct meaning related to but

different from the other categories. For example, critiquing, gaining understanding, and

uncovering new truths shared the process of discovery, understanding, and critical

appraisal. Each category was interpreted as unique in its meaning but was still integrated

with the other categories in a relationship that led to understanding the larger picture of

how emancipatory knowing was expressed among nursing students.

It was apparent the expressions of emancipatory knowing were iterative, process-

oriented, and context sensitive. For example, the notion of pre emancipatory knowing

and early emancipatory knowing broadened the analytical sphere beyond the scaffold and

opened inductive pathways that resulted in authentic categories and relationships.

Building the categories from the word groupings through critical inductive analysis of the

data meanings was key in sifting through context vs. fundamental patterns and provided

glimpses into the presence and absence of emancipatory knowing in nursing students.

Foundational patterns were distinguished from what Thorne (2016) referred to as

contextual patterns as they fell within the scope of the research to address the research

questions. Early foundational patterns emerging from the data included critiquing and critical reflection, gaining understanding, uncovering new truths, creative processes, and personal knowing. Contextual patterns are not essential to the phenomena being studied but are related to, cross into, and provide context for the phenomena being studied (Thorne, 2016). Contextual patterns identified during the analysis of the reflections were expressions of non-emancipatory knowing such as demonstrating superficial thinking or action; coping with ambiguity; coping with personal, professional, and organizational constraints; and student background and predisposition.

Written Reflection Data: Making
Sense of Patterns

Making sense of the relationships between the categories required iterative reasoning processes that challenged assumptions of what something was supposed to mean (Thorne, 2016). Thorne (2016) warned against "overinvesting in elaborate coding schemes, or getting stuck on appealing patterns that stand in the way of the intellectual capacity to consider other relationships between the pieces that might break down the initial grouping structures" (p. 164). She recommended the following four strategies for staying "in control" of the analytic process: knowing the purpose, knowing the data, capturing analytic insights, and borrowed technique. These analytical techniques were employed in the later phases of analysis.

Knowing the purpose. In the applied discipline of nursing, conventional analytical techniques might compromise the ultimate aim of a study. For example, meticulous coding might inhibit creative and interpretive thinking fundamental to interpretive description. Analysis techniques in qualitative research are meant as tools to guide and expand thinking, hence remembering the purpose of an interpretive description

study is not to hold tightly to assumptions with which the study embarked but to imagine new possibilities for understanding how a phenomenon works, how it feels when it is happening, the important features, and how it makes sense to those involved. In this way, the emancipatory knowing scaffolding was a useful tool for pattern recognition. The analysis of the reflections went beyond the scaffold and also returned to it throughout the analysis (Thorne, 2016). For example, as patterns began to take shape and comparisons of relationships between the reflections, the groupings of words, and the emancipatory knowing conceptual scaffold were conducted, a notion of pre-emancipatory knowing and early emancipatory knowing surfaced. These antecedents to emancipatory knowing were expressed in the reflections as a time when students were learning how to ask critical questions and the kinds of questions that needed to be asked. Very few students wrote beyond an awareness of injustices because they were not asking the questions of "why does this exist in the first place? Who benefits? (Chinn & Kramer, 2011, p. 69); but there were expressions of uncovering new truths and gaining understandings that could move them toward critical questioning and there were attempts to solve individual or discrete problems (Chinn & Kramer, 2011, p. 68).

This researcher came back to the purpose of the study frequently throughout the analysis by constantly returning to the research questions and asking: what is it I want to know? Why am I doing this study? And, for whom am I doing it? By asking these questions, the study's intended purpose was maintained and the creative and critical processes of interpretive description were sustained.

Knowing the data. Knowing the data meant developing a relationship with it by purposefully and repeatedly dwelling with and in it. Operations designed to shift attention sequentially from individual reflections to the collective whole and from groups of similarity within reflections to differences in others provided a mechanism for moving beyond superficial linkages and patterns in the data. Toward the end of the analytical process, each set of student reflections (nine per student) were summarized to capture the meanings and patterns of emancipatory knowing interpreted for each student. The analytic techniques of organizing and sorting, immersing, grouping words and meanings, coding and categorizing expressions, and staying ambiguous and reflexive while keeping the purpose of the study in sight at all times allowed the researcher to know the data intimately, to consider similarities and differences among reflections, and to use a logical line of inquiry that brought light to patterns and themes among and within the data (Thorne, 2016).

Borrowed technique. What distinguishes interpretive description from traditional analytic techniques is that while approaches such as constant comparison are *borrowed*, they are not used in a manner entirely faithful to the original tradition (Thorne, 2016). For example, constant comparative analysis is a hallmark of grounded theory and was used as a tool to uncover commonalities and patterns within and among the reflections. Using the constant comparative technique as a tool to interpret commonalities and contrasts provided an organizing structure for pre and early emancipatory knowing and brought insight into patterns of emancipatory knowing expressed in the reflections. However uncritical reliance on the prescriptive operations within the tradition of grounded theory would have inhibited the creative processes that

moved the thinking toward patterns and meanings beyond thematic analysis. While the analytical procedures in this study drew from traditional strategies such as constant comparison, they were viewed as tools to interpret the data through intellectual interpretive processes unique to this study (Thorne, 2016).

Capturing analytic insights. The researcher's journal served as a repository for increasingly complex questions about meanings and groupings, the evolution of thematic listings and patterns, and questions about particular reflections (Thorne, 2016). Thorne (2016) suggested using trigger questions such as "I wonder if" or "have I seen other cases of…?" (p. 170). Notes and summaries documenting brainstorming periods and constant review as the analysis progressed ensured early insights and ideas were not lost. For example, as the groupings of words formed categories, earlier word groupings were reviewed and incorporated.

Envisioning possibilities. The intellectualizing that drives the analysis in interpretive description revolves around making sense of the ideas core to what is being studied and those that are contextual. This next level of analysis involved sorting through the possibilities of patterns to determine which played a fundamental role in the understanding of emancipatory knowing and which were contextual or outside the study's focus (Thorne, 2016).

The process of interpreting the reflection data to identify patterns and then forming relationships between them required constant confirmation of the basis from which the linkages between the data to patterns were made (Thorne, 2016). In the third analysis of the reflections asking questions such as "What am I seeing, and why am I seeing this?" provided a pathway for acknowledging there was more to be seen than what

was on the surface or from a single perspective. In the same vein as holding back on coding until a solid basis for grouping was attained, it was important to create mechanisms for confirming the reason upon which patterns and relationships were identified (Thorne, 2016).

The iterative process of going back over the reflections in the third analysis allowed for consideration of the patterns and relationships among the categories, clarification, confirmation of what was seen and what was not seen in the reflections, and the extent the interpretive process had evolved understanding and insight into expressions of emancipatory knowing from different perspectives. To this end, patterns of emancipatory knowing expressions were considered from individual perspectives in the form of a personal journey and personal knowing; from stages of emancipatory knowing such as pre and early emancipatory knowing; from a learning perspective in building knowing and uncovering truths; from an emancipatory nursing perspective of critiquing and imagining; and from a professional development perspective through nursing's patterns of knowing. In this final interpretive process, groupings of words were re-arranged, groupings were affirmed, and category labels were lifted into place. Categories fundamental to this research were differentiated from those that were contextual.

Building findings. As the analysis progressed, interpretive and reflective processes were enhanced by asking questions such as "What ideas are beginning to take shape that will need to be in the final analysis?" This kind of questioning brought the analysis back in touch with the scaffolding that supported the original study purpose and questions (Thorne, 2016, p. 177). The relationships among the data were viewed through a broader lens and resulted in a kind of "testing" to ensure the grounding of the findings.

Questions that were helpful in the final stages of the analysis of the reflections were "What pieces of the puzzle am I beginning to see, and what do they tell me about the puzzle as a whole?" (Thorne, 2016, p. 177). Questions that were helpful in sustaining reflexivity in the final stages of analyzing the reflections were "What are the data telling me? What is it I want to know? What is the dialectical relationship between what the data are telling me and what I want to know?" (Srivastava & Hopwood, 2009, p, 79).

Five foundational categories and three contextual categories were confirmed in the final analysis of the reflections as the core component findings. The five categories that described what emancipatory knowing looked like in the reflections of undergraduate nursing service-learning were gaining understanding; critiquing; uncovering new truths; creative process, and personal knowing. Personal knowing held a sub-category--being present (see Table 1). Contextual categories such as constraints within the helping system and superficial knowing provided a boundary to the final findings as they were deemed important but outside the scope of the research.

Table 1

Expressions of Emancipatory Knowing: Reflection Themes and Categories

Themes	Categories	
Actively seeking to better understand issues/problems and resources	Gaining understanding	• Listening • Observing • Immersing in community/population • Seeking understanding about a problem or issue • Critical reflection • Empiric knowing
Analysis of the way things are that leads to critical questioning of the status quo.	Critiquing	• Going beyond what is presented or what is before me, going beyond personal experiences • Asking (critical) questions • Curiosity • Staying open to possibilities • Not jumping to conclusions- not being in status quo. • Looking at situation from multiple perspectives - • Making judgements or coming to some conclusion based on gathered information • Identifying that something is wrong with the way things are. • Asking critical questions/ analyzing a situation
Social and structural inequity	Uncovering new truths	• Gaining new understandings that weren't there before • Putting patterns together-connecting dots • doing things • Eye opening • Moving moments • Open minded • Witnessing barriers to freedom • Bearing Witness • Acknowledging that problems exist where there was no earlier comprehension • Acknowledging Barriers- structural • Acknowledging inequity/unfairness that was not before acknowledged • Acknowledging constraints of systems meant to "help" • Understanding "systems' of fairness/unfairness? • Transformational experiences

Themes	Categories	Themes
Table 1 continued		
Imagining how things could be different/participating in solutions to address inequity	Creative process	• Action-taking or thinking about it • Community action-empowerment • Community building-relationships • Building on individual and community strengths • Having voice in community- for community • Individual level action • Advocacy- • Visioning • Making headway • Feeling good about helping • Imagining • Knowing resources • Finding solutions/creating solutions: • Inspiration • Making a difference • Imagining how things could be • Finding solutions
Professional growth and resilience	Personal knowing	• Self-awareness • Self-growth • Self-reflection • Emotional presence • Empathy • Looking inside and outside of self • Deepening personal knowing-self empowerment • Recognizing own vulnerability • Presence- being in the moment- • Client centered- • Listening • Autonomy

Interview Data: Sorting and Organizing

The interview data were analyzed using the same interpretive description

procedure used in the analysis of the reflection data. In the early analysis, time was given

to sit with and react to words and phrases that stood out as prototypes of application of

emancipatory knowing according to the categories derived from the written reflections

and those contrasting to them. During the time of sorting and organizing, words or

phrases that stood out in the interview narratives were highlighted. Highlighting

prototypical and contrasting phrases gave way to using the comments function in Word to

document words that "popped" into the researcher's head. Words that surfaced in what was interpreted as fitting the expectation of expressions of emancipatory knowing were critical reflection, advocacy, taking a step back, humanizing, looking behind the scenes, recognizing gaps in health care practice related to access and health care equity, and awareness of community resources. The organizing and sorting allowed for the big picture of what emancipatory knowing might look like in the nursing student's clinical practice after the service-learning experience. While the categories from the reflections served as a scaffold, there was a simultaneous movement toward using new words that "popped" up that were still within the parameters of emancipatory knowing expressed in the reflections but also going beyond them.

Sorting and organizing the interview narratives commenced over four weeks. When patterns began to surface through the critical analytical and interpretive processes and a sense of repetition of words or phrases that captured application of emancipatory knowing expressions became more apparent, the analytical process naturally transitioned to coding and category development.

Interview Data: Coding

Coding categories began to take shape by grouping words that were loosely and broadly held together by some meaning in the interview narrative data. Groupings were not named; the words in the grouping implied the meaning rather than an assigned name or term. The groupings were color coded to further allow distinction. Twenty-two codes formed into five groupings of terms that represented the initial but unnamed categories. The interview narratives were read again during a second analytical procedure whereby the data were interpreted within and among the categorical meanings. During the second

analytical process, the codes began to take on meaning within the groupings. The codes that seemed to best represent the grouping were bolded. The categories represented an alignment of codes that seemed to best explain what the narrative data were saying. Expressions of emancipatory knowing from the reflection data served as a conceptual scaffold for the initial coding; however, coding went beyond those identified in the reflections. New words and codes helped better visualize a broader understanding of emancipatory knowing as it was actually occurring in the current clinical experiences of the students and which felt authentic to the interview data. The groupings of terms took on meanings that extended the expressions of emancipatory knowing found in the reflections and were unique to the student's experiences in the current clinical setting.

Testing of relationships between data and experimenting with organizing the meanings allowed for greater variations and possibilities of relationships. This inductive process reduced the risk of simply recording data or premature coding that failed to push the analysis beyond what was initially understood according to the emancipatory knowing scaffold and new understandings of emancipatory knowing from the reflections toward new meanings within a context of application (Thorne, 2016). To this end, relationships between excerpts and phrases were more important than simply grouping like and unlike words together. Codes were moved around in the categories as new ideas and meaning took shape. Testing relationships between the coded data groupings and the interview narratives provided a pathway for comparison of like and unlike elements in the data and for *plopping* codes into multiple different categories based on the multiplicity of possible relationships. Then refining the categories as meanings became solidified so each category became a distinct grouping of the coded data.

Interview data that fell outside of the scope of the study (i.e., did not address the research question) but still held some relationship and meaning to applied expressions of emancipatory knowing were coded as negative or opposite cases from the prototypical ones. The codes within this grouping later became a context category.

The ambiguity of the initial analysis was thought to be foundational to the analytical process of interpretive description because it allowed more pathways for interpretation of relationships that might not have been initially seen and it reduced the risk of erroneous and premature coding that could threaten validity (Thorne, 2016). Such ambiguity was evident throughout the early phases of sorting, organizing, and coding the interview data. Diligent attention was given to allowing for the discomfort of not having a clear path of patterns and to give time for blurred lines of thought during analysis and between analysis sessions. Such openness allowed thoughts to sift and settle rather than giving over to the urge to organize too quickly.

Constant reflection on why certain words or phrases surfaced to form codes and later meanings provided a pathway for the final groupings of words (Thorne, 2016). Only after the meanings of the categories finally settled were they given a name. Category names surfaced through the terms within each grouping as the clearest descriptor of the meaning for the category. Category names were derived from bolded terms in the groupings. The bolding of words demonstrated how often the thinking went to them in the critical analytical processes of sorting, organizing, and coding. Final category terms captured the application of emancipatory knowing expressions as they were interpreted from the students' narrative on their current clinical experiences.

The notion of pre-emancipatory knowing and early emancipatory knowing held true in the interview narratives, broadened the analytical sphere beyond the original understanding of the emancipatory knowing scaffold, and opened the inductive pathway that resulted in authentic categories and relationships. Building the categories from the word groupings through critical inductive analysis of the data meanings was key in sifting through context vs. fundamental patterns by providing glimpses into the presence and absence of what emancipatory knowing looked like in nursing student clinical practice.

Interview Data: Making Sense of Patterns

Making sense of the relationships between the categories required iterative reasoning processes that challenged assumptions of what something was supposed to mean (Thorne, 2016). Thorne (2016) recommended the following four strategies for staying "in control" of the analytic process: knowing the purpose, knowing the data, capturing analytic insights, and borrowed technique. These analytical techniques were employed in the later phases of analysis.

Knowing the purpose. The analysis techniques in this study were meant as tools to guide and expand thinking, hence remembering the purpose of an interpretive description study was not to hold tightly to assumptions upon which the study embarked but to imagine new possibilities for understanding how a phenomenon worked, how it felt when it was happening, the important features, and how it made sense to those involved. In this way, emancipatory knowing expressions from the reflection data as a scaffolding was a useful tool for pattern recognition. The analysis of the interview narratives went beyond the scaffold and also returned to it throughout the analysis (Thorne, 2016). For

example, patterns began to take shape from the groupings of the codes that were

consistent with the expressions of emancipatory knowing found in the reflection data but

formed new meanings and relationships unique to current experiences. The notion of

early emancipatory knowing was captured in the new meanings and extended what it

looked like in practice after the service-learning experience. The purpose of the study

was revisited frequently throughout the analysis by constantly returning to the research

question and asking: what is it I want to know? Why am I doing this study? And, for

whom am I doing it? By asking these questions, the study's intended purpose was

maintained and the creative and critical processes of interpretive description were

sustained.

Knowing the data. Knowing the data meant developing a relationship with it by

purposefully and repeatedly dwelling with and in it. Operations designed to shift

attention sequentially from individual narratives to the collective whole and from

commonality of content to differences provided a mechanism for moving beyond

superficial linkages and patterns in the data. Toward the end of the analytical process,

each interview narrative was summarized to capture the meanings and patterns of applied

emancipatory knowing in the clinical setting. Analytic techniques of organizing and

sorting, immersing, grouping words and meanings, coding and categorizing expressions

of application, and staying ambiguous and reflexive while keeping the purpose of the

study in sight at all times allowed for intimate interactions with the interview data and a

logical line of inquiry that brought light to patterns and themes of applied expressions of

emancipatory knowing in nursing student's clinical experiences. (Thorne, 2016).

Borrowed technique. What distinguished interpretive description from traditional analytic techniques was while approaches such as content analysis and constant comparison were *borrowed*, they were not used in a manner entirely faithful to the original tradition (Thorne, 2016). Using content analysis as a tool to interpret expressions of applied emancipatory knowing in the narratives provided an organizing structure. While the analytical procedures in this study drew from the traditional strategies of content analysis and constant comparison, they were viewed as tools to interpret the data through intellectual interpretive processes unique to this study (Thorne, 2016).

Capturing analytic insights. The Categories/Journal document served as a repository for increasingly complex questions about meanings and groupings, the evolution of categorical listings and patterns, and thematic clustering of applied emancipatory knowing expressions (Thorne, 2016). Notes and summaries documenting brainstorming periods and constant review as the analysis progressed ensured early insights and ideas were not lost. For example, as the groupings of words formed categories, earlier word groupings were reviewed and incorporated. Once the categories were formed, linkages with expressions from the reflection data became part of the evolving categorical meaning and relationship within each category. Excerpts from the narratives that captured the category meaning were copied into the Category journal to further exemplify relationships and meanings within the category.

Envisioning possibilities. The intellectualizing that drove the analysis in interpretive description revolved around making sense of the ideas core to what was being studied and those that were contextual. This level of analysis involved sorting

through the possibilities of patterns to determine which played a fundamental role in the understanding of applied emancipatory knowing expressions and which were contextual or outside the study focus (Thorne, 2016).

The process of interpreting the interview data to identify patterns and then forming relationships between them required constant confirmation of the basis from which the linkages between the data to patterns were made (Thorne, 2016). In the third analysis of the interview narratives, asking questions such as "What am I seeing, and why am I seeing this?" provided a pathway for acknowledging there was more to be seen than what was on the surface or from a single perspective (Thorne, 2016).

The iterative process of going back over the narratives in the third analysis allowed for consideration of the patterns and relationships among the categories, clarification, confirmation of what was seen and what was not seen, and the extent the interpretive process had evolved understanding and insight into expressions of applied emancipatory knowing from different perspectives. To this end, patterns of emancipatory knowing expressions were considered from the individual perspective in the form of listening and presence; from stages of emancipatory knowing such as early emancipatory knowing to early praxis; from a learning perspective in building knowing and uncovering truths; from an emancipatory nursing perspective of critiquing and imagining; and from a professional development perspective through personal knowing. In this final interpretive process, groupings of words were re-arranged, groupings were affirmed, and category labels were fixed into place.

Building findings. As the analysis progressed, interpretive and reflective processes were enhanced by asking questions such as "What ideas are beginning to take

shape that will need to be in the final analysis?" (Thorne, 2016, p. 177). This kind of questioning brought the analysis back in touch with the scaffolding that supported the original study purpose and questions. Relationships among the data were viewed through a broader lens and resulted in a kind of "testing" to ensure the grounding of the findings. Questions helpful in the final stages of the analysis of the interviews were "What pieces of the puzzle am I beginning to see, and what do they tell me about the puzzle as a whole?" (Thorne, 2016, p. 177). Questions helpful in sustaining reflexivity in the final stages of analyzing the reflections were "What are the data telling me? What is it I want to know? What is the dialectical relationship between what the data re telling me and what I want to know?" (Srivastava & Hopwood, 2009, p, 79).

Four foundational categories and one contextual category were confirmed in the final analysis of the interview narratives as the supplemental component findings. The following categories described what emancipatory knowing looked like in clinical situations after the service-learning experience: taking a step back: listening for the story, looking behind the scenes, and peeling back the onion and knowing resources (see Table 2). The contextual category of institutionalization provided insight into barriers to the application of emancipatory knowing expressions and was deemed a critical context in nursing students' clinical experiences.

Table 2

Interview Themes and Categories

Themes	Categories	
Taking time to listen in order understand what is really going on	Taking a step back: Listen to "the story"	☐ Humanizing the stigmatized ☐ Humanizing vulnerability ☐ Acknowledging and challenging bias in self and others ☐ Listening--Gaining understanding ☐ Wanting to hear the story ☐ Not being task driven ☐ Where did they come from? ☐ *Personal knowing*
Looking beyond the patient in the bed to where they came from and going to.	Looking behind the scenes: a social context	☐ Looking beyond the patient in the bed to social context ☐ Not taking at face value-looking beyond the obvious ☐ Zooming ☐ *Critiquing*
Recognizing gaps in health care for some	Peeling back the onion: challenging the status quo	☐ Asking--What is going on here? ☐ *Critical Reflection* ☐ Acknowledging structural barriers ☐ Advocacy ☐ *Critical questioning*
Feeling empowered to make a difference	Knowing resources	• Knowing resources- to help reduce barriers to freedom and health • *Creative Process*

Reliability and Validity

Reliability and validity are integral to the rigor of research and were integrated throughout this project using verification strategies outlined by Morse, Barrett, Mayan, Olson, and Spiers (2002) and Thorne et al. (2004). Credibility of findings stemmed from sound analytical processes, transparency, and honesty. Thorne et al. remind us that credibility occurs when complexities are made visible through the analytic process and articulated with openness that acknowledges the tentativeness of final outcomes (p. 15). With this as a mantra, potential and real threats to validity and reliability were acknowledged and attended to during the research project (Morse & Mitcham, 2002). Responsiveness through intellectual and creative attentiveness to the emerging expressions and application of emancipatory knowing and through interpreting patterns of emancipatory knowing through iterative induction provided a foundation for rigor.

Reliability

Methodological coherence. Congruence among the research questions, method, data, and the analytic procedure ensured methodological coherence throughout the research process (Morse et al., 2002). Constant attention and checking for linkages of interpretive methodology with the data and the research questions were maintained. The need to be responsive and reflexive required regular checking for consistency among the components in both phases of the study.

The design and method for this study met the criteria for methodological coherence. Data collection methods addressed the research questions. Pacing of the design allowed for student participants to add clarity and meaning to the reflection data and identify relationships between emancipatory knowing during service-learning

experiences and developing nursing practice. The critical, iterative, and cognitive analytical methodological procedure of interpretive description pushed the boundaries of emancipatory knowing beyond the initial scaffolding to expand understanding of how emancipatory knowing looked in service-learning and subsequent nursing practice.

Sampling sufficiency. An appropriate sample for this study consisted of students across three geographically diverse campuses who shared the same service-learning experience. In this project, the sample was made up of 18 undergraduate nursing students who participated in a service-learning experience but might not have been aware of their intersection with the phenomenon of emancipatory knowing. The inquiry interest was expressions of emancipatory knowing in service-learning and subsequently in nursing practice and not experiences with service-learning itself. In interpretive description, sample representation might be considered through thoughtful and transparent sampling logic and subsequent report of findings that stayed true to what the sample reflected (Thorne, 2016).

Sampling adequacy was deemed sufficient in this study because there were enough data to see repetitions of ideas and patterns (Morse et al., 2002). In addition, contextual categories including patterns of like and opposing expressions of emancipatory knowing were identified indicating a comprehensive analysis of the data (Morse et al., 2002).

Interviews with students to more fully understand how expressions of emancipatory knowing translated into practice added to sampling sufficiency through replication of data meanings. Forty-two percent of the total participants who consented to an interview followed through with scheduling and participating in the interview.

Validity

  Pink elephant paradox. In this study, the concepts of emancipatory nursing, emancipatory knowing, service-learning, and transformational learning have been described and were known to the researcher. It was exactly that these concepts were known that the questions posed in this study came to be. For this study, there was clarity and theoretical understanding of the kinds of concepts and phenomena at work in constructing the topic that piqued research interest in the first place (Morse & Mitcham, 2002). Because of this, holding vigilant against the pull of seeing what was obvious--that which was already surmised or what was believed to be in the data--was imperative. The *"pink elephant"* paradox suggests once a concept or idea is mentioned, it is stuck in memory, resulting in the potential for seeing only what is believed to be in the data; any effort to ignore what is already known only confirms the belief further (Morse & Mitcham, 2002). Such mis-categorization of data was minimized through adhering to the critical analytical processes of interpretive descriptions (Thorne, 2016) and constant attention toward alternative explanations (Morse & Mitcham, 2002). In the quest to deepen understanding of emancipatory knowing in service-learning, there was an ever-present curiosity of what emancipatory knowing looked like in the data and of what it was not.

  This researcher had close affiliation with the I-CAN project as co-project manager but not with the course delivery or the students on the Monmouth, Klamath Falls, or Portland campuses. This study's aims and the aims of the I-CAN project were compatible and intersected theoretically and philosophically. This researcher was not immune to the stories that emerged from the reflections and subsequent interviews.

Therefore responsiveness, reflexivity, critical analysis and reflection, sufficient data, and acknowledgment of the researcher's relationship to the phenomenon were acknowledged and deemed critical in adhering to principles of inductive reasoning and reducing the threat of the pink elephant.

The researcher's journal was used extensively to document process, ask and answer critical questions, capture reflective and analytical pathways and decision points, flush out ideas, keep track of concerns, and track the building of findings through the grouping of codes that eventually became categories and themes representing the expressions of emancipatory knowing. Journaling was a strategy to minimize the pink elephant paradox. It provided evidence of full engagement in the critical, iterative, and reflexive processes inherent in interpretative description methodology.

Researcher responsiveness. "A lack of responsiveness at all stages of the research process is the greatest hidden threat to validity" (Morse et al., 2002, p. 18). Lack of responsiveness might be due to a lack of knowledge, adhering to rules too tightly so subtleties are missed in the data, and an inability to abstract and move beyond coding and early conceptualization of data meanings (Thorne, 2016). Conceptual tunnel vision threatens reflexivity by over-categorizing data, assigning more data to one category than belongs, coding too meticulously, holding on to assumptions, and making linkages erroneously (i.e., pink elephant). Such pitfalls might lead to premature conclusions and superficial or *bloodless* findings (Morse & Mitcham, 2002; Thorne et al., 2004). Responsiveness in this study was best captured in the researcher's journal and in adherence to interpretive description procedures outlined by Thorne (2016) and presented in the data analysis section.

Slipping into deductive analysis was a threat particularly germane to this project due to the researcher's knowledge of emancipatory knowing and the conceptual scaffolding in the analysis (Morse et al., 2002). A mutual interaction between what was known and what was emerging through interpretive processes required iterative, open, and diligent-critical awareness of and immersion in the data. Toggling between the data and emerging patterns in the analysis of the student reflections provided a safeguard for responsive and open interaction with new ideas. The research advisor reviewed the data coding, patterns, and category and theme development throughout the analysis of both the reflections and the interviews. In addition, the researcher's journal was shared with the research advisor during the analysis and building of findings.

Maintaining a responsive relationship with both reflection and interview data created a bridge between the core and supplemental components. Findings from the reflections informed the interviews and the interviews in turn provided greater insight into the reflection findings. Responsiveness to this relationship is articulated in the findings section. The reflexive and responsive processes of the researcher with the data were one strategy toward transparency of the complexities inherent in the iterative process of naturalistic inquiry.

Trustworthiness

Trustworthiness is a post-hoc procedure recommended for beginning researchers and was subsequently incorporated into this study. Standards of trustworthiness included credibility, dependability, and transferability (Graneheim & Lundman, 2004).

Credibility is concerned with the focus of the research and referred to confidence in how well data and processes of analysis addressed the intended focus. Constant review

of the data, patterns, and the emerging categories; adherence to the interpretive description methodology; and procedures and regular process and content review by the research advisor ensured interpretations of the reflection content were not subjective iterations of the researcher's own beliefs, assumptions, or deduction (Jackson, Drummond, & Camara, 2007). The supplemental component interviews provided an additional mechanism of trustworthiness through expanded and deepened meaning of emancipatory knowing expressions interpreted in the reflection data.

Dependability is concerned with the consistency of data collection. Data were not collected for the core component as the written reflections were already embedded in the student participant's coursework. All students used a guided reflection template. While the templates varied slightly in their format, both required that students reflect on their service-learning experiences within the context of the population health course and of their nursing program competencies.

Consistency of data collection during the interviews was maintained by using an interview guide, asking the same questions in the same order by the primary researcher, and not influencing responses by interjecting views or ideas during the interview (Graneheim & Lundman, 2004). The researcher did not have any relationship to the student participants. Student participants were not enrolled in the population health course at the time of reflection analysis or of the interview.

Transferability is the extent to which the findings can be transferred to other settings or groups. This study took place in three unique settings and with groups of students who were geographically separate. Description of setting, participants, typical service-learning experiences, data collection, data analysis, and a clear presentation of

findings with parsimonious use of supportive quotations and linkages to the literature

supported transferability (Graneheim & Lundman, 2004). Replication of the study across

settings and with a greater number of participants would be necessary to achieve

transferability. However, this study provided a beginning dialog for how emancipatory

knowing in service-learning was expressed and applied and might serve to clarify

anticipated and desired service-learning and program outcomes in undergraduate nursing

students.

Critical analytical procedures, reflexivity, transparency, and guidance from the

research advisor were employed in this study to ensure rigor of the research process.

Using a mixed-method design provided an additional layer of understanding the data and

authenticity of its meanings. An ever-present curiosity of what emancipatory knowing did

and did not look like in undergraduate nursing students held this researcher accountable

to what the data were actually saying. This was accomplished through embracing

ambiguity, not rushing to conclusions, and asking critical questions to ensure inclusion of

multiple perspectives and views.

CHAPTER IV

FINDINGS

Expressions of Emancipatory Knowing

Emancipatory knowing is essential to critically appraise root causes of social injustices leading to health inequity and disparity. Service-learning is a pedagogical strategy used in nursing clinical education to develop professional values and competencies to care for individuals and populations, especially those who are underrepresented or vulnerable. A growing body of evidence linking social justice and social determinants to health status and health outcomes create a clinical education imperative to prepare students for emancipatory nursing practice.

This qualitative, mixed-method, interpretive description study was conducted to explore emancipatory knowing in service-learning and its application in nursing practice among senior undergraduate nursing students. A mixed-method design allowed for deeper understanding of how emancipatory knowing was expressed and then applied to clinical situations during nursing school. The interpretive description method was the best strategy for analyzing student reflections and subsequent interviews. It was deemed a better fit than traditional methods such as phenomenology because it was not confined to the lived experience or perception of meaning assigned by the participant. The focus of this study was to understand what emancipatory knowing *looked like* in undergraduate nursing students-- not what it meant or its essence through the perspective of the student.

The interpretive description method capitalized on the researcher's knowledge and applied wisdom to deepen understanding of emancipatory knowing in undergraduate nursing service-learning. Interpretive description methodology was particularly relevant to this study because while student participants experienced service-learning, they were not likely to be aware of their interactions from an emancipatory knowing frame of reference.

Because this study was led by a novice researcher and due to the intimate knowledge of the topic, methodological strategies outlined by Thorne (2016) were employed to ensure validity, responsiveness, reflexivity, and transparency. These were described in detail in Chapter III and included sorting and organizing, coding, making sense of patterns, and envisioning possibilities. Due to the sequential mixed method design of this study the findings from the reflection and interview data are reported separately.

Data Source and Participants

Eighteen undergraduate baccalaureate nursing students enrolled in a population health course at Oregon Health and Science University (OHSU), School of Nursing participated in the study. The population health course is the first level 400 course in the students' program of study and is situated in the spring term at the end of the junior year.

Reflections from students on two school of nursing campuses in spring of 2016 ($n = 1$) and 2017 ($n = 14$) served as the data source in the core component of the study ($n = 15$). Reflecting on the service-learning experiences was a course expectation. During the population health course, students learned about social determinants of health, health disparities, health equity/inequity, social justice/injustice, environmental influences on

health (environmental justice), health policy related to population health, nursing's role in public and population health, evidence-based practice, ethical consideration in population and public health, coalition building, communication, clinical judgement, and community action. Students used these concepts as a framework for reflection on their service-learning experiences. Students were required to reflect on their experiences weekly using a standardized template (see Appendix A).

Eight students participated in interviews for the supplemental component. The participants from the Monmouth ($n = 3$) and from the Portland campuses ($n = 2$) were from the same sample of students whose reflections were analyzed in the core component; students from the Klamath Falls campus ($n = 3$) were not required to submit written reflections as part of their coursework but participated in the same service-learning program as their Portland and Monmouth peers during spring 2017.

Twelve of the 15 core component participants indicated in their reflections that they had backgrounds in public health/health sciences and psychology and a worldview that embraced cultural, social and ethnic diversity, and social justice from a humanitarian point of view. Three participants did not provide insight into their background or philosophical perspective in their reflections.

Study Setting

Of the eighteen nursing student participants enrolled in the population health course, one was enrolled in spring 2016 and six were enrolled in 2017 in Portland, eight students were enrolled in the 2017 course on the Monmouth campus, and three students were enrolled in the 2017 course on the Klamath Falls campus.

The setting for this study was primarily the communities where the students worked with I-CAN clients in Portland, Monmouth, and Klamath Falls, and the community organizations that referred them. Service-learning projects beyond individual client visits emerged from real client and community strengths and issues and were developed in collaboration with community members.

Core Component: Expressions of Emancipatory Knowing in Undergraduate Nursing Service-Learning

The first phase of the study, the qualitative (QUAL) core component, was a retrospective analysis of weekly written reflections from 15 senior nursing students during their service-learning experiences over a 10-week term. One hundred and thirty-five reflection entries were inductively analyzed using the interpretive description method (Thorne, 2016). Analysis of student reflections addressed the first research question:

Q1   How do undergraduate baccalaureate nursing students express emancipatory knowing in the written reflections of their service-learning experience?

Expressions of emancipatory knowing were categorized as gaining understanding, critiquing, uncovering new truths, creative process, and personal knowing. The categories and thematic expressions were determined based on rigorous analysis of student reflections during their service-learning experiences with the I-CAN program. Names of people and agencies used in the quotes below were changed to protect students, community partners, and clinical faculty.

Gaining Understanding: Actively
Seeking to Better Understand
Issues/Problems and
Resources

Students used listening and observing to gain understanding of individual and societal issues related to health, health, and social equity, and social justice during their service-learning experience with I-CAN. They engaged in and were immersed with the community in which their clinical encounters took place. Gaining understanding was iterative, i.e., students were constantly building on their understanding through ongoing exposure to new situations and encounters with people with whom they might not have otherwise had contact. Students actively sought understanding through reviewing the literature, current practices, and data related to the issue or problem they were faced with including demographic data: "There are two zip codes for Rockwood: 97233 and 97236. The median income in these communities is 39,000 and 41,000, respectively. About 30% of the folks living in these zip codes are living below the poverty level" and "I used a variety of resources to guide my care including evidence based articles, community resources like food banks, church members, and community partners to further understand potential resources for her."

Gaining understanding also came from active engagement in the community itself: "We purchased food from both places and it reiterated to me the role food plays in culture" and by "exploring religious and spiritual resources" of the people with whom they were working.

Empiric knowing was an important element of gaining understanding. Students used current evidence to help clarify a situation, broaden current understanding, and/or support ideas:

The cultural context of the food of immigrants is both social and environmental. Plant-based foods native to Micronesia, like Taro, do not grow to maturity in the soil here in Portland. Per Jim, knowledge of the native techniques for growing foods and differences in the soil composition (sand, silt, and clay) play an important role in a traditional and healthy diet. Additionally, Englberger, Lorens, Pretrick, Tara, & Johnson (2011) found pervasive perceptions have mislead community members on the health of a traditional diet.

The process of reflection invited students to look back on their activities and learning and to articulate their gained understanding of situations and experiences. Through gaining understanding, problems of unfairness and inequity were acknowledged:

According to Fritz et al. (2016), "Arab Americans have a high burden of diabetes and poor outcomes compared to the general U.S. population" (p. 1). This was new information to me and I hadn't considered the Arab American Community in Ridgewood.

Gaining understanding was a fundamental expression of emancipatory knowing. Students identified their own gaps in understanding and actively sought information about the person, people, community, issue(s) or problem(s) they encountered in their work with the I-CAN program in order to be a full participant in the services required of them. One student acknowledged the need to gain understanding: "I find myself in a

position where I need to have more of a fundamental knowledge and a little history to be able to approach this project in a way that is considerate."

Critiquing: **The Analysis of the Way**
Things Are That Lead to Critical
Questioning of the Status Quo

The category of critiquing captured students' experiences of digging deeper to get to the bottom of an issue by analyzing a question posed by a circumstance or a situation on individual and societal levels. For example, a student reflected on how agencies run out of funding for emergency help and must balance their spending to stretch their limited financial assistance until the next pay cycle. After critiquing the situation, the student concluded careful screening of clients was needed to determine the best allocation of funds but also acknowledged individuals who were most in need did not qualify or were in a crisis when funding was unavailable. Upon further critique, the student reflected:

Although it may seem unjust to not be able to offer help to all, I feel the ethical principle of interdependence requires that the allocation of scarce resources must be targeted at the communities that could benefit from it the most, in this case, individuals and families staying out of homelessness. I feel it is even more important to advocate for policy that increases public health spending so that everyone in need can benefit from adequate resources.

Students often used such processes to examine why some people were provided access to services while others were not. Such critique led to "new truths" and "creative process" such as in the case above whereby resource allocation was driven by timing more than need and the imperative for policies that supported a more equitable allocation

of resources. Ethical knowing was strongly represented during critiquing of circumstance and situations.

Critique also helped students go deeper into the question of "what is wrong with this picture" (Chinn & Kramer, 2011). Students often reflected on their clinical experience with clients who had lost access to resources such as food stamp coverage because of policies involving income requirements. Looking deeper, students analyzed such loss contributed to social determinants of health and inequity.

Expressions of critiquing or analyzing a situation were apparent in students who had the capacity to be curious, were open to considering a situation or circumstance not before encountered, and who articulated consideration of different perspectives. Such analysis was captured in one student's critique of newly immigrated peoples' access to food:

> The food of immigrants is both social and environmental. Plant-based foods native to Micronesia, like Taro, do not grow to maturity in the soil here in Portland…, knowledge of the native techniques for growing foods and differences in the soil composition (sand, silt, and clay) play an important role in a traditional and healthy diet of these people.

Students critiqued population level initiatives as well as individual situations. They considered audience, practicality, and relevance of their actions rather than actions for the sake of "doing something." Such critique was captured best in an excerpt from a student whereby critical questioning was consistent with current understandings of emancipatory knowing:

I considered the audience asking myself who benefits; who is the target audience (and why) to intervention ideas; who are key stakeholders that need to be influenced for by-in; what is the best way to connect/build relationship with audience. For practicality: asking myself am I capable of this project; what else do I need to learn; who else can I rely on/how can I best work with other's in this shared goal; what are the steps for the project and are they realistic. For relevance: is this a true need of the community or a projected need; is the intervention sustainable by members of the community; what/how will such an intervention impact community; can it be built upon.

Student participants often used empirical knowing in their critiques. They sometimes noted the lack of evidence or the need for it to support their ideas and haunches. In a critique of a situation that addressed the common emancipatory knowing question of "What is wrong with this picture." this student acknowledged a lack of empiric knowledge: "Some families from Russian and Hispanic backgrounds are not always the best advocators for themselves. I feel that they 'do as told' by the healthcare provider, rather than feel that they have a say in their treatment. I wonder if it is due to the predominant culture of hierarchy, but I have no evidence to back that up."

Expressions of critique differed from gaining understanding. While the two expressions were iterative, critiquing went beyond comprehension to analysis. Students who expressed elements of critiquing went deeper than understanding; they were beginning to formulate ideas based on data, posing critical questions, and reflecting on their own and others' actions. In the following excerpt, the student critiqued a parent-teacher meeting that led to even deeper questions:

One woman brought up how the funding of the school works, that the administration makes the decisions in April or May for the next year. I thought this was really important because many of the parents did not know that there even was a meeting, nonetheless that they could attend. I wonder what would happen to the mindset of the administration and of the parents if parents attended this meeting. Things like this need to be shared, and I wonder what is the barrier between the administration and the parents?

Expressions of emancipatory knowing through critiquing challenged that which existed by asking questions, analyzing alternatives, staying open to other possibilities and perspectives, and going beyond that which was presented including the student's prior and personal experiences. Critiquing required curiosity and intention for a deeper understanding, and toward causes of causes:

I learned that all residents in Linn County are in a health professional shortage area. I was surprised to learn this fact, and realized that I had never thought that this might be an issue in Linn County; possibly because I have never had difficulty accessing healthcare professionals. This helped me to acknowledge that I cannot assume that a healthcare issue is not prevalent because I have not witnessed it myself. I wondered how the state allocates resources to several counties, all of which are in need. They cannot address every issue, so how do they decide which resources to focus on? This is an educational opportunity that I hope to learn more about this term.

Uncovering New Truths: Social and
Structural Inequity

Uncovering new truths was expressed by students as they gained new insights and articulated new understanding as a result of critiquing. Uncovering new truths was expressed by "aha" and eye-opening moments that resulted in a broadened or new perspective. Students often articulated a new truth by sharing something they learned that was profound to them:

This has been an eye-opening learning experience for me, as I have not dealt with a situation in which a client may be getting taken advantage of. It highlighted how important it is to document all of the information that we have gathered, so we can keep a running log of what we have learned, experienced, as well as our evaluation of the situation.

Expressions of uncovering new truths seemed to occur in reflections later in the term and were interpreted as outcomes of gaining understanding and critique--both of which were apparent in the following excerpt:

According to the National Assessment of Educational Progress (2015), putting White children into diverse schools does not change their test scores. The main social determinant here is not necessarily School A or School B, it's the race you were born into. Not only do test scores stay the same, but some argue that going to school with diversity as a child makes you more empathetic, less racially biased, and better able to think critically. Sounds way better than getting an A on a test to me.

As time went on, it was clear most students were "connecting the dots" and seeing the patterns of social and health disparity with structural inequities:

I learned that often times the resources that low-income individuals can benefit

from most are often not available to them and that they are typically available to

individuals who have higher social capital and status. This is a disparity that has

been a longstanding issue and requires awareness and advocacy by healthcare

professionals, social workers, case managers, etc. to help ensure that individuals

are able to access the resources that they truly need to help them lead healthier,

more fulfilling lives.

And through structures that seemed to recreate "systems" of unfairness:

I identified African Americans as a population at risk because research showed

that discrimination causes a higher and repeated cortisol production that leads to

poor health outcomes. Children were another at risk population. High levels of

stress and cortisol production during childhood has be linked to physical and

mental health conditions.

Uncovering new truths was process oriented and were expressed through new

ways of thinking how one might practice as a nurse. This was nicely captured by one

student who reflected on the learning over the term as a "reiteration of the importance of

nursing students not creating solutions but introducing and linking existing resources in

the community to improve the community from within." Uncovering new truths seemed

to brush up against praxis, i.e., reflection-action-reflection on deep seated issues only

insiders could address (Chinn & Kramer, 2011). Such expressions were apparent as

many students identified the link between healthcare policy, nursing practice, and caring

for vulnerable members of their community. One student reflected on how

all this really came clear as we care for the minorities of the minorities and other

vulnerable and underserved members of our community. If the resource our patient

needs doesn't exist or isn't accessible we have a responsibility to advocate for our

patient and to use our power as nurses to lobby our government to allocate funding

for our patient.

This statement was interpreted as a new truth and visioning beyond a common "fix."

Such expressions indicated a movement toward a new truth that was emancipatory in

nature. Similarly, uncovering new truths was often transformational as expressed by a

student whose worldview seemed to expand when he wrote, "Eyes wide open for such

injustices, and maintaining social awareness for those issues that I may otherwise never

noticed."

Students who expressed emancipatory knowing through uncovering new truths

often reflected on bearing witness to *barriers of freedoms* (Chinn, 20141. They

recognized structural inequity and unfairness that might not have been acknowledged

prior to their experience and came to light as a result of their experience with I-CAN.

Such an acknowledgment was captured in the following reflection:

I am not blaming the parents, but rather the social injustices that allow some

parents to be fully present and some parents to be so stressed about bills that the

idea of spending your precious time playing one more game of hide and seek

sounds revolting. It's anything but fair to the parents and to the children."

Uncovering new truths as expressions of emancipatory knowing was also apparent in

stark acknowledgment of structural barriers to freedom:

I think most people we interacted with believe in social justice and the thought

that everyone deserves equal economic, political, and social rights, yet this idea

was not always being implemented. There are not equal opportunities for these

clients, and though many resources are assisting them, they are still at a great

disadvantage. I will take this knowledge and experience into my future

professional practice and continue to advocate on behalf of this population and

provide culturally competent care.

Uncovering new truths seemed to be an internalization of gaining understanding

and critiquing and became more apparent as the term progressed. Reflections began to

show synthesis of experiences and indications that thinking had been altered or

broadened to consider implications for practice. Such expressions were often linked to

students' thinking creatively about problem solving and how things might be done

differently (Chinn & Kramer, 2011).

Creative Processes: Imagining How
Things Could Be Different/
Participating in Solutions
To Address Inequity

Creative process, like critique, is an element in the emancipatory knowing model

used as a scaffold for this study. According to the emancipatory knowing framework,

creative processes involve critiquing-analyzing a situation or circumstance from different

viewpoints and imagining how things could be different for a more equitable and just

outcome (Chinn & Kramer, 2011). Expressions of creative process in the student

reflections centered on community partnering and building relationships with community

toward some action or proposed action to address an unjust or unfair situation. Actions in

the creative processes interpreted from the reflection data were mostly at the individual

level and included advocacy, brainstorming, taking small steps or "making headway," "feeling good" about something done to improve a situation, "identifying gaps in resources, proposing solutions," having a "vision," and "having a voice":

> Our client suffers from severe PTSD and has severe pain resulting from her injuries suffered during her service. We worked very closely with Amy to brainstorm resources to help this client and even had a phone interview with one of the administrators at the Veterans Service Organization. Together we are going to continue to collaborate and work together to find resources to best assist this client. This situation really opened my eyes to the limited resources available to Vets.

Learning about resources helped the students imagine how things could be different even though resources often fell short. Such shortfalls led to critiquing and uncovering new truths about the failure of systems that were meant to help and the structural barriers inherent in health and social services:

> I have had the opportunity to advocate for clients to get rare resources that they need that they don't necessarily qualify for. I have become familiar with the process of finding additional resources and communicating with other team members and I have shared this process with my peers.

Students often identified advocacy as a way "to connect those who have significant barriers to healthcare whether they are physical or emotional and (to) be dogged in the search for resources for patients" and to "continue to work towards culturally competent care and eliminating barriers that exist." Students were eager to find solutions but were not naive to the need to include community in decision making and solutions:

On Friday I will be participating in a meeting where resource center partners get together and discuss improvements that can be implemented. At the meeting, I plan to suggest providing intake forms that are in Spanish so that people who don't read or speak English as well as Spanish can have that available to them.

Students incorporated their critiques and new truths to drive their creative processes as expressed through reflection-action-reflection. There were elements of pulling in empiric knowing, community partnering, and building on community strengths in the visioning for improving situations and circumstances for individuals, populations, and communities. Such creative processes were exemplified in this excerpt:

Based on the data, certain low-income students are currently excluded if they attend schools with lower rates of reduced or free lunch utilization. Therefore, looking at EBP, all students regardless of this financial criterion would benefit from dental health interventions at school through the intervention of sealants. In addition to this, dental intervention serves to prolong dental health, prevent cavities, and as a preventative screening.

Creative process, like the other expressions of emancipatory knowing in this study, was iterative but seemed to surface toward the end of the students' reflection entries; the creative process seemed to result from gaining understanding, critiquing, and uncovering new truths. Students who did not engage in critique or did not articulate new understandings seemed to be more likely to default to superficial fixes such as education as an end to the means. Those whose reflections expressed critical questioning, critique, and who expressed new understanding and new truths tended to reflect-act-reflect on

possible solutions and pose critical questions that indicated creative and imaginative

pathways for higher and broader discussions centered on societal problem solving:

> We need to advocate to connect those who have significant barriers to healthcare
>
> whether they are physical or emotional and be dogged in our search for resources
>
> for our patients. This term the link between healthcare service provision and
>
> policy really came clear as we care for the "minorities of the minorities" and other
>
> vulnerable and underserved members of our community. If the resource our
>
> patient needs doesn't exist or isn't accessible we have a responsibility to advocate
>
> for our patient and to use our power as nurses to lobby our government to allocate
>
> funding for our patient.

Creative processes expressed in the reflections demonstrated internalization of new truths

into proposed and real action to solve problems of unfairness, inequity, and social

injustices. Such expressions are consistent with the emancipatory knowing model.

Personal Knowing: Professional
Growth and Resilience

Throughout the analysis of reflections, student expressions of their own plight and

personal journey were identified, especially related to their struggle with working with

vulnerable people, injustices, and glaring inequities. Some reflected on the parallels to

their own life. Not having a voice or not being/feeling heard was a common theme that

led to empathy and a deeper sense of purpose. Students gained insight into the struggles

of others and their own development and use of therapeutic self. A common thread was

of first looking inward, then outward, and away from self as they moved between

personal and professional boundaries. Self-awareness, an element of personal knowing,

was captured in a reflection at the end of the service-learning experience with I-CAN:

"This term has showed me the importance of focusing on what the client wants and needs vs what I as the nurse think they want and need." Such insight came from deep reflection on how one's own values and expectations could influence the relationship with another (the client).

Students reflected on finding their own voice to advocate for others who were vulnerable; this was commonly noted as "struggling in my communication," "wanting to focus on being succinct and making sure to hold space for others," and by "finding my own voice to advocate for others." Personal knowing as an integrated expression of emancipatory knowing brought about congruence between one's actions and values in relationships forged with others as highlighted in this reflection:

> If I had to do this term again I would have asked Jane or Phil what their goals for us were, I see know that when you have relationships with community organizations that you should be thoughtful of their needs. I remember specifically seeking out the needs of the parents and staff at Redwood, but forgot to seek out the needs of the community organization."

Students who demonstrated personal knowing seemed to show more emotional stability and integrity in the face of disappointment and discouragement such as in this excerpt from a student who was reflecting on an effort to "gain entry" into a community:

> We might be upset about it because no one showed up but all I could see were opportunities to improve our approach and the opportunity to try and engage the community twice which would show our true interest in connecting.

Personal knowing from an emancipatory perspective was also expressed as self-growth captured by this student who grappled with the circumstance of people who "fall between the cracks":

As a future nurse, I am sure I will run into situations similar to this one, where I feel as though the client needs more help than we are able to offer. It's reassuring to know she is being helped in some ways, but unfortunate we are not able to do more for her. In the future I hope there are more resources available to clients like her, who are mainly independent, but could use assistance in navigating the healthcare system.

Another element of personal knowing as an expression of emancipatory knowing was the students' ability to feel empowered despite their doubts and insecurities:

One of the challenges for me about population health was going into it feeling like it is so complicated and that I am unprepared to do the work, but now I am seeing that this lack is okay, so long as I diligently seek out those who can do the work to help me help a client.

Personal knowing was also expressed in the context of a personal journey of being open to considering different perspectives for the purpose of benefiting another person or group of people. Such knowing seemed to grow out of the relationships and interactions with others that brought clarity and new ways of being with people both inside and outside of what was already known about them:

This week I spoke with a man from one of the local masjids and he explained why it wouldn't be appropriate to show up to talk to him there. These are safe places to pray. I learned the timing of daily prayers and was reminded of my lack of

cultural knowledge regarding Arab Americans, but, more specifically, people who are Muslim. And that is likely true for Micronesians, as well. I think this is the most important learning for me this week.

Personal knowing seemed to be related with professional resilience and the ability to engage in relationships despite feelings of vulnerability, insecurity, and ambiguity:

> I feel that I really need to hone in on what a nurse (or a group of nurses or community leaders) can do to change the inequity in populations such as this. After attending the NSNA conference, I am gaining the courage to speak up in boards and hoping to effect change in policies, but it is still a large task and seems very intimidating to a novice nurse. Again, I have high hopes for the MAC G training and participating in something larger than me.

Students' backgrounds, prior experiences, values, and world views were elements that influenced his/her ability to be open, curious, critical, and reflexive during the service learning experience with I-CAN. The majority of students described their background in congruence with nursing's core values and personal knowing:

> My value of building and maintaining trusting relationships that reflect a real respect for other people's lived experiences, even despite not having/understanding such experiences. I bring a humanitarian philosophical approach to my budding nursing practice.

Students who reflected on their strengths as well as their weaknesses seemed to demonstrate a sense of empowerment over time. The idea that emancipatory knowing crosses into personal emancipatory processes was expressed in both student self-

awareness and awareness of other within the context of professional and therapeutic relationships:

> In this situation we have to work very delicately to understand that this is her choice while in the back of our minds knowing this could be one of the best ways to assist her. We tread lightly with her and keep our opinions to ourselves so that we can continue to have a successful working relationship with this client.

As students progressed through the term, there was a sense of having gained some insight into what they brought to their interactions and the real or potential impacts on their professional relationships: "I felt that we engaged them professionally, competently and with confidence in our advocacy/action and values behind our actions."

Being relationship-centered was interpreted as a sub-category of personal knowing. The therapeutic relationship between client and student was demonstrated through empathy and respect for autonomy. While personal knowing is described as the student's internal emancipatory journey, being present and relationship-centered as an expression of emancipatory knowing was interpreted as therapeutic use of self that stemmed from and was integral to personal knowing.

Students who reflected on being fully present and who listened to the concerns of their clients, peers, and other professionals also seemed quicker to acknowledge a person's right to self-determination. They were less likely to stereotype, thus opening a pathway for gaining new understandings about a person or situation. Being present was often articulated as acknowledgment of wherever a person or persons were in their life as a starting place for forward movement:

Solving their goal of acquiring in-home care services was not a realistic one. This client did not pass the low bar set by OHP to receive additional services, as they were deemed "too independent." In their case, the most ideal situation would've been increasing their level of activity and mobility through exercise and PT. But, to them, the only solution was acquiring additional care in their home.

Being present was interpreted as a central expression of emancipatory knowing. In instances where the students were not present, there was a sense of superficial understanding, quick conclusions, and in some cases premature actions that seemed empty and callous:

> We went to a client's apartment for an appointment but she seemed frazzled and upset so we knew it would be best to reschedule. I communicated understanding non-verbally by smiling and nodding when she was explaining her situation. Verbally, I told her it was okay and before leaving I said "have a good day!" This communication made the encounter a positive one.

Being present with clients, community members, and with ambiguity provided students with opportunities to come close to real struggles and barriers faced by marginalized people, to consider emancipatory processes such as asking critical questions, and imagine how things could be done differently:

> I think it's important to try and access resources and information wearing your patient hat. Read all the frequently asked questions and dig as deep as you can so you can help your patients navigate between healthcare resources and community resources.

Students, who were clearly present in their encounters tended to reflect deeply on their

own response and personal understandings:

> I think how necessary it was to make the gains slowly over time. Most of the
>
> clients we worked with were slow to open up and slow to get to know. Of course,
>
> there was the language barrier, but there's also the reality that this is how
>
> relationships are built. The most important thing is for me to continue to act with
>
> responsibility to patients in order to deepen that trust--communication,
>
> commitment, reliability.

Students who reflected on their interactions with their clients, community

partners, and each other from a relationship-centered lens were able to step outside of

programmed understandings and be curious and open to new ones such as captured by

this student: "It means I am an outsider looking in and have much to learn about how to

really understand the diverse perspectives of people from those countries."

Contextual Categories

Two contextual categories were identified in the analysis as significantly related

to emancipatory knowing expressions but fell outside of the scope of the research

question. They are reported as findings here because they were strongly represented in

students' reflections and provided a context for the emancipatory knowing expressions

findings in this study.

Constraints within helping systems: Challenging moral comportment.

Students expressed frustration and helplessness when resources were lacking or absent

and when systems designed to help fell short of student expectations. Experiencing

barriers was summed up by one student who wrote: "It is difficult when you are talking

with someone face to face, I want to help everyone and give them all they want, even though I know that is against policies." A sense of being surprised and at times overwhelmed by the gaps in resources was articulated in this reflection: "We noticed there were hardly ever intake forms in Spanish at the front desk, even though they were easily accessible online."

Ambiguity, uncertainty, and not knowing what to do were common in the reflections as students realized the complexity and restrictions social service agencies faced. Students reflected on feeling powerless and being in situations that challenged their moral fiber:

It is hard to turn these individuals away, especially when I know they are just trying to be proactive before it comes to that point of shut off/eviction. Having to tell these individuals that we cannot help them now, but to return in two weeks (and even then, there is no guarantee of assistance) feels very not-helpful.

A need or desire to be helpful was present in nearly every reflection, students felt pressure to come up with solutions, sometimes to the point of jumping to conclusions, or taking action before having necessary information.

Students articulated frustration and moral distress with systems and issues they were facing but did not give up in their search for some way to be of help, indicating resilience in the face of systematic barriers:

I have had to come up with different strategies and interventions when working with homeless clients because of the various barriers and needs. For example, locating the carts bus schedule, educating on trip link transportation, and educating on hours of operation for local food banks.

The realities and barriers in systems meant to help marginalized people provided context and pathways for emancipatory processes expressed by students including uncovering new truths, critiquing, creative processes, and personal knowing.

Superficial knowing-Un-emancipatory. Superficial knowing was interpreted as opposing expressions of emancipatory knowing and provided a boundary for emancipatory knowing expressions in this study. Examples of superficial knowing included instances when students were uncritical of a situation, took things at face value, missed cues, or searched for concrete answers to complex problems. Superficial knowing patterns emerged when there was a sense of impatience in the reflections as if the student was just "getting through" his/her clinical rotation. He/she seemed to lack interest and curiosity and tended to jump to conclusions or take action without critique or asking critical questions:

> Since I am not a community partner and am not responsible for emergency assistance, I was unable to help her, although I did explain the guidelines to her again. After this event, I talked with our community partner about ways to prevent clients such as her from lingering in the building. I suggested that client be walked out by a community partner to ensure proper exit.

Expressions opposed to emancipatory knowing were also interpreted as easy fixes and were commonly focused on educating someone about something: "The population could benefit from education on the how to eat healthier on a budget and how to work adequate exercise into their day." Easy fixes were an outcome of jumping to conclusions rather than gaining understanding and critique of a situation or circumstance.

Superficial knowing was also exemplified when students reflected on *doing for* rather than *doing with*:

> Upon a home visit with a client, several health needs were identified. The client needed resources for food, furniture, healthcare, and employment. Her overall needs were complex and multifaceted. Written communication including phone numbers and pamphlets were provided to the client. Verbal communication was also provided to the client by explaining what each resource officered, how to contact the resources, and the steps that should be taken. Accurate and complete information was provided to the client both verbally and written so that she could begin receiving the care she needed.

Students whose reflections lacked expressions of emancipatory knowing were unable to link their current experiences with structural and social inequities or social justice. While this was interpreted in the reflections, the absence of emancipatory knowing was explicitly stated by a student:

> In terms of social justice, I have a difficult time finding something I learned during this clinical. I will have to think deeply on this. One thing I learned was from another group. It was about COFA Islanders and their particular political limbo and plight. It is important as they have a separate route to getting services and no route to citizenship, so I must know about it to help them.

Superficial knowing from a personal knowing perspective is captured in the excerpt below and was interpreted as an example of a student's lack of understanding about nursing's role in social and health equity contexts:.

I cannot be something other than what I am. I just, must look at what I am doing

now, which has some real interesting points…meeting new people, various

cultures, personalities, navigating them, accessing the caring aspect of my

personality. However, I think people would find me to be more useful if I had

more medical knowledge. More differential diagnosis education. They give me

the access, but I feel I let them down with regards to my education.

Superficial knowing was identified when students reflected on "finding resources"

as a means to an end in their quest for helping rather than asking critical questions such

as "Why does this person need this resource in the first place?" Students expected a

resource was needed to fix a problem and that resources would be available. This was

interpreted as normalizing inequities and structural and institutional barriers. These

students seemed to have already had a mental picture of the people and communities they

would be working with, their challenges, and what needed to be done to fix their

situation. Superficial knowing was expressed when students did not go beyond their

current understanding to uncover new truths.

The expressions of emancipatory knowing findings from the reflections on

service-learning provided the scaffolding for the analysis of the interview data in the

supplemental component of the study. The second phase of the study set out to

understand how emancipatory knowing as expressed by undergraduate nursing students

was used in clinical situations after a service-learning experience.

Supplemental Component: Expressions of Applied
Emancipatory Knowing in Undergraduate
Nursing Student Clinical Experiences

The second phase of the study--the supplemental component--consisted of a semi-structured interview with eight students who participated in the I-CAN service-learning experience during their population health course in spring 2017. The interviews took place eight months after the service-learning experience with I-CAN. The purpose of the interview was to elicit expressions of emancipatory knowing in current clinical experiences. The students were asked six open ended questions (see Appendix B). In addition, they were asked to identify their clinical placement setting for their fall 2017 leadership and winter 2018 integrative practicum courses (see Table 3).

Table 3

Clinical Placement Settings for Fall 2017 and Integrative Practicum Courses for Winter 2018

OHSU Campus	Leadership Practicum	Integrative Practicum
Portland	Hospital ($n = 2$)	Hospital ($n = 2$)
Monmouth	Community ($n = 3$)	Hospital ($n = 3$)
Klamath Falls	Community ($n = 3$)	Community ($n = 2$) Hospital ($n = 1$)

The phone interviews lasted between 20-30 minutes, were digitally recorded, and then transcribed by GMR©, a professional transcription service. Each transcribed interview was reviewed for accuracy. The transcribed interview narratives were analyzed

using the interpretive description method (Thorne, 2016). Analysis of the student

interviews addressed the second research question:

> Q2   How do undergraduate baccalaureate nursing students use emancipatory
> knowing in clinical situations after the service-learning experience?

The first interview question posed to students asked that they reflect back on their

I-CAN experiences and then share what their biggest learning was as a way of providing

context and centering for the interview. All but one student ($n = 7$) perceived their

experience had a lasting impact on their current nursing practice and how they viewed

health care: "It had a huge impact" or "I learned so much that I will take with me in my

practice." One participant stated her service-learning experience "taught me that

healthcare is much more than just disease management." Several students referred to an

expanded understanding of the scope of nursing--"People always see nurses as the people

that help them in distress and while they're in the hospital, but it's like, what happens to

them after that fact? So, I think that it kind of opened my eyes to that"--and to the broad

reach of healthcare:

> I've been just more open to the idea that healthcare encompasses all areas of a
>
> person's "life, we talked a lot about social determinants in one of our classes, as
>
> well. And so, I think it just helped me just realize that those hugely impact a
>
> person's overall health.

Another theme that was threaded throughout the reflection on salient learning

from the service-learning experience was the growth in personal knowing and therapeutic

use of self. All but one participant talked about the importance of "being where the

person is," "gaining entry," and respecting and partnering with community and culture.

This was nicely articulated by one student who stated, "I think that's really the thing that came with me is, you need to figure out a way to meet people where they're at, and not try to change their culture, but incorporate the knowledge."

These "new truths" were directly linked to the expressions of emancipatory knowing findings from the reflection data and provided a springboard for application to current clinical experiences. Four questions were asked specifically related to application of the salient learning the student identified.

Four categories and thematic expressions of what emancipatory knowing looked like in clinical experiences were determined based on rigorous analysis of the interview narratives from students eight months after their service-learning experiences. Expressions of applied emancipatory knowing were taking a step back, looking behind the scenes, peeling back the onion, and knowing resources. The names of people and agencies used in the quotes below have been changed to protect students, community partners, and clinical faculty.

Taking a Step Back: Listen for "The Story"

Taking a step back was referred to by multiple students as a way of not getting caught up in the tasks of patient care, to slow down to gain understanding, and to take the time to listen for and to a patient's story as was captured in the following excerpt:

> But really taking a step back from those skills and what needs to be done and listening to the patient, what they have to say, using my therapeutic communication and just kind of listening to them and asking them those questions that I think kind of get skipped over sometimes.

Several participants noted, "In I-CAN you're afforded the opportunity to really just have those conversations that get to know your clients and try to figure out what exactly is the cause of what they're going through." Taking a step back seemed to provide an opportunity to humanize the patient in the bed and allow for a deeper connection to the human experience and all the variables that go along with it. This was nicely articulated by this participant:

Take a step back and think is this--is what I'm thinking from my own perspective of what I've seen in life and do I need to realize that the person that I am interacting with has a completely different viewpoint on what's real to them and what the world is like to them?

Another participant noted, "Being able to talk to folks in a way that lets them know that what they're saying is important." This attention to seeking out and listening for the story provided participants with an opportunity to respect the uniqueness of their patients and the diversity of perspectives that might be different from their own.

Taking a step back also allowed for time to acknowledge and challenge biases--their own and others. Several participants reflected on the importance of "just being non-judgmental and meeting people where they're at" and that "sometimes there can be a prejudgment or a bias and really just being able to step outside of that and knowing that that's really not helpful in any way when you're caring for someone."

Taking a step back was a common phrase in the narratives. It was used within the context of wanting to understand the patient better, to take time for the patient's story, to be fully present, and to be aware of bias and judgement. Participants articulated the

importance of hearing the story in order to understand the larger context of their patient's life, where they came from, and to where they were returning.

Looking Behind the Scenes:
Social Context

Looking beyond the patient in the bed to where he or she came from and where they were returning was articulated as an application of new learning from the I-CAN experience: "In I-CAN you're afforded the opportunity to really just have those conversations that get to know your clients and try to figure out what exactly is the cause of what they're going through."

The participants universally referred to their desire to know the context of a person's life in order to provide holistic care as articulated by one participant as she reflected on her current clinical experiences: "When patients come in, …just knowing that that's – that's probably not the end of their problems. Because there probably is more going on." There was a common theme in the narratives of linking the patient in the bed to his/her social context:

I feel like that has taught me, as patients come into the hospital setting, to have that background knowledge that – to look for those types of things. You know, even though they're only gonna be with us for a couple of days to really delve into what's your situation at home, do you have a way to pay for these.

The participants also referred to pausing or taking a step back to look behind the scenes-- beyond the patient to his/her social context:

It helped me critically think about what's happening to this patient, what their diagnosis is, and relating it to their home background and what they can afford and what they can't afford and what resources they have, or do they even have

resources? So, I think that it's definitely allowed me to be more open and take a step back and realize the bigger picture surrounding the patient.

They also referred to pausing or taking a step back to how they would put their new learning into practice: "Getting patients in the hospital ready for discharge, um, just kind of knowing what resources are available out there. Um, if someone needs a walker and they're going home and they don't have any money." Looking behind the scenes-- beyond the patient in the bed--led participants to "consider the home life, it can really put two and two together for a nurse when they're trying to think, you know, what's going on behind the scenes." Looking behind the scenes, as articulated by the students in their current clinical experiences, were captured through critical reflection of looking beyond the patient in his/her current situation to the broader social context and asking such questions as "Who is this person? Where do they come from? What will they need in order to be successful when they return?"

Peeling Back the Onion: Challenging the Status Quo

Similar to looking behind the scenes for the social context surrounding the patient, peeling back the onion demonstrated the students were beginning to correlate their patient's broader social context to gaps in healthcare services and cultural and structural barriers that further perpetuated disparity and inequity. Such critical reflection was captured in the following excerpts:

> They're also people that have mental health issues, and they're not treated just because that's their choice, or because they know our healthcare system is set up in a way where it makes it difficult for them to get treatment, or to stay on treatment already with all these restrictions.

There is a lot of resources available, but a lot of the people that need them

either don't have access to them or don't qualify for them, um, for one reason or

another. So, I – I think that's really where our system is flawed.

Acknowledgement of structural barriers experienced in current practice were

further articulated:

An acceptance that people are going to come up to barriers but then it's very

difficult to see--to be on the outside and see that it would be so easy to get this

individual what they want but because of all the rules and regulations they have to

go through it would just take time. And there are so many different people

involved that a lot of mistakes can be made and that kind of thing.

Another student stated, "We shouldn't put rules, or we shouldn't set limits on people who

are already down." A few of the participants provided stories of advocacy and

challenging the status quo. One reflection on a recent clinical experience captured the

student's courage when she confronted a group of nurses who were saying unkind things

about a homeless patient:

This lady's gonna go back on the street, and aside from, you know, whatever it is

that's going on with her health, I mean, just living on the street is hard, and what's

the problem? She's gonna go back on the street tomorrow, do you know what it's

like? It's 34 degrees outside right now.

Recognizing how structural and social barriers impacted patients led one student

to the following question: "Are acute care settings set up to like put a Band-Aid on

problems?" Normalizing structural barriers by not challenging the status quo was

articulated by a student when he noted the following: "I think that one of the big overall

problems with healthcare beyond the funding of healthcare is engaging people with

healthcare who haven't been engaged with it before" and the realization that "when you

kind of peel it back and say, hey, this is actually huge implications for the safety, healthy,

and the future of your patient."

Peeling back the onion is a term used in nursing education to dig deeper, to ask

why this? What is going on here? The participants in this study all used some form of

critique in an attempt to explain linkages between the social context of their patients in

their care now and the structural barriers they identified and at times challenged. Many

felt they had the tools to provide resources to their patients even if it was simply "keeping

people turned on the conversations around their health." Several tapped into a

resourcefulness they learned during their service-learning experience with I-CAN.

Knowing Resources: Feeling Empowered
to Make a Difference

Students felt empowered when they had access to resources or knew of resources

they could offer their current patients. Feeling empowered by knowing resources in their

community and ways of offering help were articulated by several participants and

captured nicely by one who said, "It makes me want to seek the resources that I can help

people in the place that I will be because I can see how much of a big impact that makes."

Knowing of resources they could offer resulted in a feeling of being able to help

beyond the obvious. This circled to the expression of "taking a step back" to want to

understand the bigger social context of the patient and was noted by one participant in her

reflection of her current experiences of taking care of patients in the hospital:

And so just knowing to not treat the current condition that the patient has when

they're in the hospital, but if time permits and if you have access to those

resources that you can maybe just try to help them get just that higher level of

care as far as when you leave here, here's some other things that you can look

into.

Being resourceful meant knowing how to bridge gaps in care by tapping into

available community resources as articulated in the following naaratives on current

clinical situations:

Knowing that the Senior Center gives those (walkers) out for free. Um, just kind

of having, you know, a little bit of knowledge either stored in the back of my

mind or having some sort of sense where I can direct them… So, just knowing

those resources that were available to maybe help.

We've had a lot of homeless patients come in and I could easily, you know,

pull up a list of local food banks shelters for them to go with them as they go out

the door.

Knowing resources was described as an action to reduce barriers to health. The

context of the reflections on current experience was related to reduce barriers and

improve access to people who were disadvantaged. From the participants' perspectives,

understanding what barriers existed could only be elicited from listening to the patient's

story and making connections to the social and health care gaps that resulted in inequity

and disparity among certain populations.

The expressions of applied emancipatory knowing were aligned with findings

from the reflections and extended beyond them. The participants sought to understand

each patient's story and the broader social context by taking a step; they sought to

critique their patient's circumstance by looking behind the scenes, peeling back the

onion, and considering structural barriers to health and access to quality care. The participants seemed to pull from their I-CAN experiences to frame their current patient care approach and they felt empowered when they were able to make linkages to resources outside of the hospital setting that might further support their patients.

The research question addressed in the supplemental component sought to identify expressions of emancipatory knowing as they were applied in current clinical situations. However, nearly every participant identified barriers to applying elements of emancipatory knowing as expressed in the reflections as well as those identified from the narratives. Such barriers were important to capture here and reported as a contextual category of institutionalization.

Context Category: Institutionalization

Expressions of applied emancipatory knowing derived from the interviews were consistently framed within the context of institutional barriers to practicing from an emancipatory lens. Such barriers were described as an expectation to completing tasks and task orientation, time constraints, and role confusion. Institutional priorities of completing the "work list" on time often superseded the desire to take that "step back" and to "look behind the scenes." This was captured in this reflection on current clinical experiences in the hospital: "felt like we were limited on time with our patients. We had to complete the nursing care chart and then move on to the next patient. So, we were really focused on the physical aspect of care and the disease process."

Participants compared their I-CAN experiences with their current ones as they struggled to provide examples of how they applied their salient learning from last spring. One participant noted:

After I-CAN, you kinda get to see the bigger picture, what exactly that means--you know, you have a client that comes in with a COPD exacerbation--so you're working on giving them steroids, or giving them antibiotics, and you're giving them, you know, nebulizers, and you're hoping that they will improve their respiratory signs and go home. But you never really ask them like, so, how's--like you really never have time because you have these four other patients to ask them how is home life.

Participants alluded to a feeling that looking behind the scenes to understand their patient's social context was not something supported in the hospital--there were other members of the care team who did that:

I mean, in the acute care setting right now it's so like--I don't want to say--I don't want to say that it's so segmented. I am the staff nurse, so the clinical nurse, I'm taking care of you, social services will be in just in case, our case manager will work with you to get you home. It's just a different kind of nursing.

Narratives on current nursing experiences were framed within the context of barriers to emancipatory knowing and emancipatory nursing practice. Participants recognized the value of knowing the social context so they could provide more holistic care through an emancipatory lens, ask critical questions to ensure their patients received what they needed when they were discharged, but felt constrained with the competing institutional priorities of "time and task."

Point of Interface: Integration of the Expressions of Emancipatory Knowing

Findings from this interpretive, descriptive, mixed method study addressed the following research questions:

Q1   How do undergraduate baccalaureate nursing students express emancipatory knowing in the written reflections of their service-learning experience?

Q2   How do undergraduate baccalaureate nursing students use emancipatory knowing in clinical situations after a service-learning experience?

Written reflections of 15 baccalaureate nursing students who participated in a service-learning experience early in their senior year and semi-structured interviews with eight students eight months after the service-learning experience were analyzed to understand what emancipatory knowing looked like in undergraduate nursing service-learning and subsequent clinical experiences. The emancipatory knowing model served as a scaffold for analysis of students' reflections on their service-learning experiences with I-CAN. Expressions of emancipatory knowing derived from the reflection data served as an orienting structure in the analysis of the interview narratives.

Gaining understanding was a foundational expression of what might be considered as early emancipatory knowing. The nursing students who participated in this study identified their own gaps in understanding and actively sought information about the person, people, community, issue(s) and/or problem(s) they encountered in their work with the I-CAN program in order to be full participants in the services required of them. Emancipatory processes could not exist without gaining understanding of the issue or concern. The service-learning experience with I-CAN provided a vehicle for gaining understanding of the social, cultural, historical, and political contexts associated with health and social inequities. Gaining understanding led to increased awareness of social determinants of health, the structural barriers disadvantaged individuals face, and was a necessary element in the ability to recognize patterns of unfairness and social inequity.

Gaining understanding was expressed as *taking a step back* in the narratives on practice after the service-learning experience. Taking a step back allowed for inquiry into a patient's social, economic, and cultural context and provided a pathway for critique and critical appraisal of the way things were outside of the hospital setting. Such understanding provided students with information about their patients that went beyond the physical domain and potentially shed light on inequities and structural barriers that might perpetuate the patient's circumstance.

Critique was expressed in the reflections as digging deeper to understand why an issue, problem, or inequity existed. Students used the literature and interactions within their community to dig deeper into issues or problems during their service-learning experience. There was critical reflection on gaps in services, unfairness of how services were offered, and the need for stronger policies in public health and social safety nets. Critique was also an expression identified in the narrative data. *Looking behind the scenes* and *peeling back the onion* were both expressed as actions the students took to understand their patient's social context and the structural gaps that influenced healthcare access and healing in their current clinical situations. The attention to looking beyond the obvious to ask questions related to social and structural barriers is an emancipatory process that leads to uncovering new truths.

Uncovering new truths and subsequent *creative processes* to find solutions to problems related to unfairness, marginalization or inequity were expressed in both the reflection and interview data as working toward individual freedoms of autonomy and health while also acknowledging challenges in current social and healthcare structures.

Chinn and Kramer (2011) posited emancipatory knowing "seeks freedom from institution and institutionalized social and political context that sustain injustices and that perpetuate advantages for some" (p. 64). Students who participated in the interviews described barriers to practicing within an emancipatory framework due to institutional priorities that limited nurses from "taking a step back, to listen for the story" and to "look behind the scenes" toward the broader social context of patients who were hospitalized. Despite "institutionalization," the interviewed participants described the importance of taking time to listen to their patient's story and felt empowered when they could provide resources and services that extended beyond the hospital, reach back into the community, and understand the broader context of their patient's social context.

Critique and problem solving to reduce the impact of unfairness were evident in the reflection data and were expressed as creative processes consistent with the emancipatory knowing model. The creative processes are described by Chinn and Kramer (2011) as an analysis of the status quo and then imagining how the world could be better, more equitable, and more just. The students expressed such processes in their reflections as developing solutions in partnership with their clients and the community in which they were placed; later, they recognized the importance of looking beyond the patient in the bed to where they came from and where they returning.

The expression of personal knowing provided critical insight into the students' own emancipatory processes as they struggled with real and perceived limitations to improve the health and life quality of their clients and patients. Personal knowing within in an emancipatory context is the "process of opening and centering with others who are most effected by the problems of injustice" (Chinn & Kramer, 2011, p. 79). The

reflection data were ripe with accounts of personal and professional epiphanies that suggested empathy, determination, and emotional stability needed in the imagining of how things could be different and the student's role in the creative process to effect change within the lives of their clients and community. While personal knowing was not expressed explicitly in the interview narratives, there was evidence of "opening and centering" through the expression of st*epping back to listen for the story* of the patients the students were caring for in their current clinical experiences. This finding suggested students carried the expression of *personal knowing* forward into their current clinical experiences.

Reflection, a major element in service-learning, facilitates the connection between theory and practice, fosters critical thinking, and leads to deeper understanding of professional values such as social justice (Curtin et al., 2015; Seifer, 1998). The importance of reflection was magnified in this study. Student reflections on their service-learning experiences with I-CAN provided a space for reflective practice that chronicled the student's actions, the recipient's responses, and the student's subsequent thinking and actions. Such processes are called praxis by Chinn and Kramer (2011): the "constant interaction between action and reflection and is the integrated expression of emancipatory knowing" (p. 68).

Patterns of knowing are drawn upon to inform nursing knowledge and practice. They are inclusive of expressions of knowledge necessary for a practice discipline. Emancipatory knowing is the integration of the four patterns of knowing: personal knowing, ethical knowing, empiric knowing, and aesthetic knowing (Chinn & Kramer, 2011). Findings in this study suggested each of these patterns of knowing was present in

the student's expressions of emancipatory knowing. Empiric knowing was integrated in the expressions of gaining understanding and critiquing as the students consulted the literature, research, and population health science to better understand the problems they were encountering and the evidence that supported solutions. The students also engaged in their own empirical processes by collecting and then appraising local data and trends that led to the expression of creative processes. Chinn and Kramer (2011) discussed how empiric methods are used in the emancipatory process to document the extent of problems and to gather data to form a better understanding in order to more "fully critique and imagine possibilities for change" (p. 78). The interview narratives suggested students understood the value of empiric methods through their desire to *listen for the patient's story* in order to more fully understand the broader context of where their patients came from and to what they were returning.

Personal knowing was the strongest integrated pattern expressed in the findings. It was characterized by developing relationships with people different from one's self, the ability to pause to recognize bias in self and in others, and the therapeutic use of self to advocate with and for clients, community, and patients later in the hospital setting. Personal knowing in current practice was exemplified by the desire to listen for the patient's story to better anticipate patient needs within a broader social context. Chinn and Kramer (2011) stated, "The processes of opening and centering are vital to the emancipatory knowing dimension of critiquing and imagining in the creative processes" (p. 79). Creative processes were expressed in the reflection data as working with I-CAN clients and community toward health goals and reducing inequities and injustice; later in

the interviews, students felt empowered when community resources could be tapped into to support marginalized patients after hospitalization to improve health and life quality.

Aesthetic knowing was expressed in the reflections as the ability to work with individuals and community to uncover new truths and to develop solutions to address individual, organizational, and societal problems related to unfair circumstance or barriers to freedoms for some and not others. Chinn and Kramer (2011) suggested, "Aesthetic methods of envisioning and rehearsing can be used to critique the depth of human suffering and then to imagine alternatives" (p. 79). Expressions of discovering new truths epitomized human suffering and led students to some form of action within their scope as student nurses.

Ethical knowing was threaded throughout the expressions and was particularly apparent in "gaining understanding" and "critiquing.". According to the emancipatory knowing model, the creative processes of ethical knowing could be used to "better understand the nature of injustices" (Chinn & Kramer, 2011, p. 79). The competing priorities expressed in the contextual categories of "institutionalization" in the narratives and "constraints in the helping system" posed moral and ethical challenges for students. The challenges the students articulated also provided deeper insight into the causes of their moral dilemmas that might have served as a pathway for praxis--action to mitigate the institutional and system barriers to emancipatory nursing practice.

Emancipatory knowing in undergraduate nursing students was expressed in ways that suggested an early emancipatory knowing dimension. Service-learning provided opportunities to engage students in emancipatory processes that might be developed along the clinical learning continuum toward emancipatory nursing and praxis. The

findings of this study added to what is already known about emancipatory knowing by extending the conceptualization of its early manifestations in nursing students. The expressions of emancipatory knowing reported here might provide a beginning dialog for articulating emancipatory knowing as an outcome of service-learning and as a competency in nursing education.

CHAPTER V

DISCUSSION

Emancipatory Knowing in Nursing Education

Expressions of emancipatory knowing in undergraduate nursing service-learning were identified through critical interpretive analysis of reflections on a service-learning experience and narratives on nursing practice. The purpose of this study was to understand what emancipatory knowing looked like during a service-learning experience and how it was used in subsequent clinical experiences. The findings of this mixed method, interpretive, descriptive study showed linkages with the emancipatory knowing model as it was conceived for professional nursing practice and provided new insights into how emancipatory knowing was expressed in undergraduate nursing students.

Emancipatory knowing as conceptualized by Chinn and Kramer (2011) require a level of thinking and practice inconsistent in undergraduate baccalaureate nursing curricula (Canales & Drevdahl, 2014). Emancipatory knowing is defined as follows:

The human ability to recognize social and political problems of injustice or inequity, to realize that things could be different, to piece together complex elements of the experience and context to change a situation as it is, to a situation that improves people's lives. (Chinn & Kramer, 2011, p. 64)

The expressions of emancipatory knowing in undergraduate nursing students suggested early emancipatory knowing domains might better explain what it looks like in nursing

students and how nursing educators could model, teach, and measure emancipatory

knowing as an outcome of service-learning and nursing clinical education, and as a

nursing education competency for professional practice (Snyder, 2014).

Antecedents to emancipatory knowing or early emancipatory knowing were

expressed in the reflections as a time when students were learning how to ask critical

questions and the kinds of questions that needed to be asked to better understand

situations of inequity. As the students moved through *gaining understanding*, they began

to analyze situations and circumstance of their clients through *critique* and appraisal of

how things were and how they came to be. The interview narratives suggested students

had a sense of the importance of asking critical questions by *taking a step back* and the

kinds of critical questions that needed to be asked by *looking behind the scenes* and

peeling back the onion. Some students provided examples of application beyond

theorizing but not all. This suggested students moved beyond an awareness of inequity to

either applying emancipatory knowing processes or at least contemplating them in their

current clinical experiences (Gillis & MacLellan, 2010).

Emancipatory Knowing as an Outcome
of Service-Learning

Service-learning is a pedagogical approach in nursing clinical education that aims

to develop professional competencies in alignment with the discipline's emancipatory,

ethical, social, empiric, and aesthetic values (Snyder, 2014). Specific to nursing

education, service-learning is a credit bearing educational experience wherein nursing

students participate in an organized service activity that addresses an identified

community need and use reflection to gain further understanding of course content, a

broader appreciation of the discipline, and an enhanced sense of personal values and civic

responsibility (Bringle et al., 2006). The emphasis of service-learning in this study was on addressing community concerns and social determinants of health through reciprocal and principle-centered partnering between community and academia using critical reflection and problem solving to address both individual and systematic inequalities that lead to poor health (CCPH, 2016; Gillis & MacLellan, 2010; Knecht & Fischer, 2015; Voss, 2016).

Through service-learning experiences, nursing students explore theoretical concepts such as social justice, health equity, cultural-ethnic, racial and social influences on health, and empathy while addressing individual, community, population, or organizational needs (Amerson, 2010; Bassi, 2011; Cashman & Seifer, 2008). The findings in this study deepened the understanding of service-learning as a critical pedagogy in nursing education.

The AACN's (2008) Baccalaureate Essential I recommended nurses accept responsibility to promote and advocate for social justice. The expressions of emancipatory knowing reported in this study provided a critical framework for nursing students to learn how to advocate for social justice and to question structural barriers that resulted in health disparities and healthcare inequity. The service-learning experiences with the I-CAN program provided opportunities for transformational experiences consistent with nursing's emancipatory concern (Knecht & Fischer, 2015; Snyder 2014).

Transformational learning occurs when new learning changes how one views the world and are applied in some manner (Mezirow, 2003). The interview narratives indicated emancipatory knowing expressed in the written reflections during the service-learning experiences "stuck" with the students eight months after their service-learning

experience. *Taking a step back to listen for the story*, a theme in the interview data, was directly linked to *gaining understanding,* an expression of emancipatory knowing in the reflection data. *Taking a step back* was a term used by two of the interview participants as they recounted the importance of taking the time to understand the social and environmental context of their patients. *Peeling back the onion* and *looking behind the scenes* were themes from the interview data that suggested students were using *critique* to identify needs and to tap into community resources. *Peeling back the onion* was evidence the students were identifying healthcare gaps and institutional barriers to (their) praxis.

In their systematic review of qualitative studies related to service-learning assessment in nursing education, Taylor and Leffers (2016) suggested conceptual clarity of service-learning assessments was necessary to build the science supporting service-learning as an effective pedagogical strategy in nursing education. Expressions from participants in this study suggested emancipatory knowing served as a critical framework for service-learning through integration and application of ethical, personal, aesthetic, and empirical knowing in authentic and experiential learning. The nursing students had opportunities to ask critical questions, understand health in the broader socio-political context, explore contexts that compromised the ability of individuals, families, and communities to flourish and considered how things could be different. Subsequently, as evidenced both in the reflection and interview data, students expressed the need for change in current health, public, and social policies that created and sustained inequities (Gillis & MacLellan, 2010; Snyder, 2014). Conceptualizing service-learning within an emancipatory framework provided needed guidance and clarity for articulating outcomes

of service-learning experiences in nursing clinical education (Stallwood & Groh, 2011).
Expressions of emancipatory knowing in this study might serve as a beginning
parameter for assessing service-learning outcomes.

Expressions of emancipatory knowing in this study affirmed service-learning is a
valuable pedagogy that elicits characteristics of early emancipatory knowing and of
emancipatory nursing. Emancipatory knowing as an outcome of service-learning
challenges nursing educators to push students beyond theorizing and toward praxis in
preparation for professional nursing in today's complex healthcare environment.

Emancipatory Nursing as a Competency for Professional Nursing Practice

Emancipatory nursing is a type of nursing aimed at knowing and doing in order to
better humankind by embracing and nurturing social justice goals and outcomes through
praxis (Kagan et al., 2014). Praxis is the capacity to be aware of and to critically reflect
upon the social cultural and political status quo and to figure out how and why it came to
be that way. It occurs when conditions that unjustly limit abilities are recognized and
reflected upon; with realization that things could be different, actions to change the
situation are taken (Chinn & Kramer, 2011). Nursing faculty who use an emancipatory
pedagogy empower students to integrate emancipatory knowing into clinical practice and
toward emancipatory nursing praxis (Snyder, 2014).

Emancipatory nursing seeks to address social and structural factors that influence
health and considers social justice as a direct path to health and wellbeing (Chinn, 2014).
Kagan et al. (2014) conceptualized emancipatory as "actions that seek to change unjust
social and political structures and encourage a community's capacity to strive toward

freedom from unjust constraints" (p. 6). Four elements define characteristics of emancipatory action:

1. Facilitating humanization means nursing's concern focuses on seeking the freedom of individuals and communities to reach their full human potential. It is the "transformative action for social justice that is grounded in the ideals of nursing's ontological, epistemological, and ethical roots" (Kagan et al., 2014, p. 6).

2. Disrupting structural inequities means an approach to nursing that turns attention to changing social structures that prevent full human potential for certain individuals and groups. Changing social structures takes into account the complexity of social life and allows for the intersecting of multiple interacting contexts.

3. Self-reflection means full awareness of one's own experiences and perspectives that either foster or inhibit one's engagement or ability in seeking social change.

4. Engaging communities means a commitment to building authentic relationships within communities to work together to seek change the community defines as being in their best interest. Such collective action is aimed toward political awareness, empowerment, and social policy (Kagan et al., 2014).

The expressions of emancipatory knowing interpreted from the reflection data suggested the students engaged in early forms of emancipatory action. Each of the expressions in this study could be linked to *facilitating humanization* through "seeking

the freedom of individuals and communities to reach their full human potential" but was perhaps best evidenced through the students' expressions of *critiquing* and *creative processes*. The students worked with individual clients and community-based organizations to identify gaps in services, improve conditions, and address health goals. In the narratives, student expressions of *stepping back* allowed for a better understanding of their patient's social context and anticipated needs after hospitalization. Barriers to humanization such as stigma, bias, and judgement endemic in institutional cultures were noted in the narratives on practice.

　　Disrupting structural inequities was expressed in the reflection data as *uncovering new truths* and later in the *creative processes* that acknowledged the need for programmatic and policy changes to improve social structures for disadvantaged individuals and communities. While the students were not yet to the level of actualizing such disruptions, their theorizing and critical questioning provided a pathway for assessing competencies necessary for emancipatory nursing praxis.

　　Interview data suggested the opportunity to develop praxis as expressed in the reflections might not have been explicitly leveled up as the students progressed through the leadership and integrative practicum courses. While all students were able to provide theoretical application of the expressions identified in the reflections through t*aking a step back, looking behind the scenes, and peeling back the onion* to identify structural barriers, not all had applied their knowing in current clinical experiences. Examples of theorizing disruptive structural inequities in the practice narratives included (a) acknowledging system level gaps that created inequity in healthcare delivery and utilization and (b) the need to understand the patient's social context but not having

organizational support to do so. These experiences were captured in the expression *peeling back the onion.*

Self-reflection was perhaps the most prominent of the emancipatory nursing characteristics interpreted from the reflection data. The expression of *personal knowing* was ripe with gaining insight into self and others in the context of vulnerability and structural barriers that inhibited the freedoms of some and not others. The reflective process of the participants in this study provided insight into their ability to consider the larger context of health and wellbeing through a social and political lens.

The expressions of *gaining understanding* and *creative processes* in the reflection data suggested the students were *engaging communities* with the intent of building authentic relationships and working together toward some change for the better. Engaging communities was expressed explicitly in the reflections on service-learning but not in the narratives on current clinical experiences. This further affirmed the emancipatory knowing momentum might not have been capitalized on in coursework subsequent to the service-learning experiences.

A finding that was outside the scope of this study but bore acknowledgement came to light in the interview data as barriers to emancipatory knowing and subsequently to emancipatory nursing and praxis. Perceptions of students concerning time constraints and task orientation to nursing practice provide an opening dialog for nurse educators and their students.

Characteristics of emancipatory nursing were identified in students' expressions of emancipatory knowing and might serve as a beginning dialog for emancipatory pedagogy. Attention to emancipatory knowing as an integrated expression of the patterns

of knowing in nursing is critical to ensure that praxis is a nursing competency and that emancipatory nursing praxis to reduce social injustice and health inequity is an outcome of nursing education.

Implications for Nursing Education

The AACN (2008) challenged traditional nursing education to extend beyond the bedside in order to prepare future nurses to be active leaders for equity and social change in emerging healthcare delivery models. To accomplish this, nursing educators must ensure students are exposed to and articulate with social injustices and diverse populations including vulnerable groups in nontraditional settings through an emancipatory framework. The need for emancipatory nursing praxis calls upon educators to facilitate emancipatory knowing through curricular design and clinical learning activities that link learning with socio-political influences on health and wellbeing (Chinn & Kramer, 2011; Mayo, 1996; Snyder, 2014). The findings in this study suggested teaching through an emancipatory lens prepared students for critical questioning and to look beyond patients in the bed to *behind the scenes* to *gain a better understanding* of their social context.

The growing body of evidence linking social justice and social determinants of health to health status and outcomes created an imperative to prepare students for emancipatory nursing praxis. Nursing educators who use service-learning are in a unique position to model emancipatory nursing praxis by developing activities and providing opportunities for the antecedents of emancipatory knowing such as *gaining understanding.* Learning how to critically appraise situations and circumstances of inequity were fundamental expressions of emancipatory knowing in this study. Students

who used *critique* and the integrated patterns of knowing to *uncover new truth*s of social, political, and institutional barriers in this study also used imagining and *creative processes* to conceptualize and sometimes actualize solutions to mitigate conditions that perpetuated the problem.

Expressions of early emancipatory knowing provided a pathway for students to uncover barriers to emancipatory nursing in their hospital clinical experiences. Interview participants in this study were on the cusp of applying emancipatory knowing to their practice. Missing from the interview narratives were clinical educator support or discussion of the integration of their learning from their I-CAN experiences into their current nursing practices. Students who participated in the interview acknowledged the need to *take a step back*, *to listen for the patient's story*, but did not perceive there was support for "this kind of nursing." The majority of students felt empowered when they could provide resources to improve health and life quality.

While ensuring access to resources was an example of an emancipatory action, it did not go far enough. It is imperative that nursing clinical faculty provide opportunities for students to challenge structural and institutional norms by asking critical questions and to look beyond providing resources and toward reducing barriers so people do not need the resources in the first place. Nursing educators are in a position to call out and participate in emancipatory processes in all environments of practice. Exposing nursing students to the realities of social inequities through an emancipatory lens is imperative to developing knowledge, skills and attitudes needed to challenge social injustices that lead to poor health and suffering (Chinn, 2014).

Emancipatory knowing is not a conceptualization for service-learning alone. While service learning is an effective pedagogy for students to engage in emancipatory processes, nursing educators need to provide ongoing opportunities for emancipatory knowing in order to move beyond gaining understanding (i.e., assessment) to asking critical questions that uncover new truths, that get to the root of structural inequity, and that open pathways for creative processes consistent with emancipatory nursing praxis. Emancipatory knowing, as with the four enduring knowing patterns, needs to be spiraled into the curriculum. Program values consistent with emancipatory processes provide the culture and environment rich for modeling emancipatory nursing praxis.

Service-learning provides opportunities to teach social justice and emancipatory nursing praxis and to assess the formation of professional nursing competence through an emancipatory nursing lens in preparation for professional nursing. Expressions of emancipatory knowing reported in this study might be used to spiral emancipatory knowing into nursing curricula and as a grounding framework for professional nursing competencies related to health equity, advocacy, social justice, cultural competency, leadership, and policy (Curtin et al., 2015; Kagan et al., 2014; Knecht & Fischer, 2015).

The concept of emancipatory knowing pushes educators to look beyond awareness of social injustices toward praxis, toward critical examination of injustices that lead to poor health, and toward action and reflection to mitigate health and social inequity. Attention to emancipatory knowing as an integrated expression of the patterns of knowing in nursing contribute to the growing evidence supporting the need for social justice and health equity as an outcome of nursing education. *Gaining understanding, critiquing, uncovering new truths, creative processes,* and *personal knowing* might be

used to guide faculty in the design of service-learning activities and as measures of early emancipatory knowing. *Stepping back to listen for the story, looking behind the scenes,* and *peeling back the onion* are consistent with current professional competencies and open the door to a more critical approach to patient care--an emancipatory approach. Nursing educators and administrators who embrace emancipatory nursing praxis as a fundamental nursing competency will be more likely to provide mentoring and opportunity for the emergence of emancipatory nursing as an outcome of nursing education.

Study Limitations and Challenges

This study served as a beginning dialog of what emancipatory knowing looked like in undergraduate nursing students who participated in a service-learning experience. The scope of the research was to identify expressions of emancipatory knowing and how they were used in practice. A challenge in this project was keeping within the study scope. The process of developing emancipatory knowing and the barriers to practicing it were constantly attempting to "seep in" to the findings and discussion. These would be important areas to explore in order to expand the understanding of emancipatory knowing in nursing education and subsequent nursing practice.

An early challenge to this project was the sequential design. The original plan was to enroll students from the 2016 population health course and interview them in winter of 2017. Due to a poor response to an email invitation ($n = 1$), students were subsequently enrolled from the spring 2017 population course via face-to-face invitation with interviews commencing in winter of 2018.

Interviews took place during the fifth and sixth week of the first of two integrative practicum courses. Students were just getting back into acute care settings and had been focused on refreshing skills needed in acute care environments. Had the interviews taken place toward the end of their integrative practicum course or at the beginning of their second integrative practicum course, the students might have settled into their acute care settings and had more opportunity to apply emancipatory knowing as expressed in their reflections.

Students who consented to the interview were near the end of their program and eight months away from their I-CAN service-learning experience. While this was intentional for the sequential design, there might have been less motivation to follow through with participating in the interviews. Nine students of the 17 who consented to an interview never responded to the invitation to participate. Scheduling interviews via text messaging rather than email might have yielded better results.

It was acknowledged that the student participants in this study were self-selected. While this might have been a threat to the validity of the findings, it is noted that there were negative cases which provided a perspective not consistent with emancipatory knowing in both the reflection and interview data. This suggested that self-selection did not guarantee a paradoxical case.

Due to the naturalistic and interpretive inquiry that guided this research, each interaction with the data was influenced by contextual variables such as researcher knowledge, confidence, and experience. The research journal and processes outlined in Chapter III provided a degree of process checking but there was never an absolute removal of what this researcher brought to the study or to the findings. Subsequent

research using the same methodology would also be unique and might yield different findings for the same reason.

The risk of the "pink elephant" and the fact that this research was led by a novice researcher were acknowledged but were not deemed a threat to the reliability and validity of this study. Processes to limit error were put in place including constant attention to premature conceptualization of meanings; reaching conclusions too soon based on what was known; over coding, miscoding, and allowing for researcher ambiguity and the discomfort of staying in the messiness of critical analysis; keeping a research journal; and regular and frequent consultations with the research advisor. Adhering to the critical analytical procedures outlined by Thorne (2016) and Morse (2017) resulted in logical analytical pathways, sound research procedures, and credible findings.

Recommended Future Research

Findings from this study provided an opening dialog for emancipatory knowing as a theoretical framework and potential measure for service-learning outcomes. This project also served as a beginning dialog for emancipatory nursing as an outcome of nursing education and praxis an expected competency for professional nursing. To this end, much needs to be accomplished. Subsequent studies should focus on deepening what is already known about emancipatory nursing praxis in today's healthcare environment and how that is translated into the development of emancipatory knowing.

Further research is needed to build on the findings reported in this study. This study took place within one school, albeit across geographically diverse settings, and one service learning program. Replication of the study with students from different schools and in diverse service learning settings would provide further insight into emancipatory

knowing and how it is expressed in undergraduate nursing students. Such broadening of what is known about what emancipatory knowing looks like would be valuable in the development of metrics for measuring service-learning outcomes through an emancipatory framework. Generalizable metrics for measuring emancipatory knowing as an expected outcome of service-learning would need to be developed and tested.

Service-learning has historically been defined as providing a service while enrolled in a credit bearing course with reflection as an activity. Understanding what kinds of service-learning experiences elicit emancipatory knowing expressions would be key to developing service-learning outcomes through an emancipatory lens. Subsequent studies using the same methodology but with students who participated in a variety of service-learning experiences would further expand what is known about service-learning activities and emancipatory knowing in undergraduate nursing students. Enrolling students from different schools who participate in differing experiences and with different dosages of service-learning experiences would provide needed parameters for service-learning pedagogy and conceptual clarity for service-learning assessments.

Exploring nursing educator's knowledge and use of emancipatory knowing in clinical education would provide valuable insight into the extent of current emancipatory pedagogy and curricular activities that facilitate emancipatory knowing or its absence in nursing education.

Spiraling emancipatory knowing throughout nursing curricula might provide insight into how emancipatory knowing is developed in undergraduate nursing students. Measuring emancipatory knowing through existing qualitative (replication of this study) and/or quantitative (i.e., attitudes toward poverty) methods at the beginning, middle, and

end of a program would provide better understanding of process and attainment of emancipatory knowing and knowledge.

Students who participated in the interviews described barriers to practicing within an emancipatory framework due to institutional priorities that limited nurses from *taking a step back- to listen for the story* and to *look behind the scenes* toward the broader social context of patients who were hospitalized. Interviews in this study provided an opportunity for an ongoing dialog of how emancipatory knowing was applied in professional nursing practice. Interview participants in this study will be invited to another interview in one year to assess the extent the expressions of emancipatory knowing in this study "stuck" and were used in professional nursing practice. Interviews with first year nurse graduates who had not participated in a service-learning experience during their nursing program might serve as a control group to further understand the impact service-learning had on professional nursing practice and professional development toward emancipatory nursing praxis. There needs to be greater attention to addressing institutional barriers to emancipatory nursing praxis. Understanding barriers to praxis among new nurse graduates who participated in service-learning would provide the substance to address *institutionalization* in health care. Due to the naturalistic inquiry of this study, subsequent studies would need to take into consideration the variability of historical, political, cultural, and social contexts, as well as the individual agency of the researcher.

Conclusion

While nurses have a long history of advocacy for improved health conditions for individuals, families, and communities, today's healthcare environment requires nurses to

practice with broad understandings of political, social, and historical influences on health to be effective change agents for health and social equity across populations (Snyder 2014).

Emancipatory knowing has been established in professional nursing practice through emancipatory nursing praxis (Kagan et al., 2014). What emancipatory knowing *looks like* and *how it is expressed* had not been explored in clinical nursing education or service-learning research. This study set out to understand nursing student's expressions of emancipatory knowing during and after a service-learning experience. Findings in this study affirmed service-learning is an effective pedagogy to elicit expressions of emancipatory knowing and served as a beginning dialog for the assessment of emancipatory knowing as an outcome of service-learning and baccalaureate nursing education and emancipatory nursing praxis a competency of professional nursing.

Spiraling emancipatory knowing into nursing curricula through service-learning experiences provide authentic clinical learning environments in which students ask critical questions and articulate with social structures and hegemonic beliefs that impact health. Ongoing experiences that facilitate emancipatory knowing and knowledge in preparation for professional nursing practice beyond the bedside and toward praxis are needed to address social injustices and health inequities embedded in today's healthcare institutions.

Understanding how emancipatory knowing is expressed in the professional formation of nursing students informs curricular approaches that facilitate emancipatory knowing critical to professional nursing in current and emerging healthcare delivery environments. This study extended understanding of the emancipatory knowing model in

nursing education. The idea of early emancipatory knowing and its application to nursing practice in undergraduate baccalaureate nursing students expanded what was currently known about emancipatory knowing and its application in nursing education. Findings in this study provide nursing educators and program administrators with beginning insights toward the design and evaluation of critical pedagogy that prepare a nursing workforce to be leaders for social and health equity.

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APPENDIX A

**POPULATION HEALTH PRACTICE REFLECTION
TEMPLATES**

Portland Campus

Weeks	Reflection focus*	Reflection
Week 2	Background • Reflect on the personal background (education, experiences) you bring to this clinical experience. • What is the most important aspect of your background that you bring to this clinical experience? • What part of your background might create a challenge for you? • Any other insights you want to share?	
Week 3	Noticing • Reflect on what you have noticed so far in the clinical setting. • What has surprised you the most? Why? • What did you least expect? Why? • Reflect on your thinking and learning in your clinical experiences • What's going well for you? • What needs more of your intentional focus? • Any other insights you want to share?	

Week 4	Reflect – you pick the topic	
Week 5	Reflect – you pick the topic	
Week 6	Reflect – you pick the topic	
Week 7	Reflect – you pick the topic	
Week 8	Reflect – you pick the topic	
Week 9	Reflect on your clinical learning this term • What is the most important thing you have learned - relative to your future practice? • As a nurse? • Any other insights you want to share?	
Week 10	Reflect – your pick the topic • What did you learn about working with people from varied interprofessional backgrounds during your clinical experiences? • What did you learn about social justice from people that will influence your professional practice?	

Monmouth Campus

A competent nurse bases personal and professional actions on a set of shared core nursing values.			
Dimension	Level III	Provide evidence of progress, and where relevant, a self-assessment or plan for future development for each dimension	Faculty Feedback
ANA Code of Ethics (used as a reflection of nursing's shared core values)			
INTEGRATION OF ETHICAL PRINCIPLES and Frameworks Noticing/recognizing ethical dilemmas inherent in clinical situations			
Interpretation and Responding to dilemmas			
Reflection on ethical dilemmas			

A competent nurse communicates effectively.			
Dimension	Level III	Provide evidence of progress, and where relevant, a self-assessment or plan for future development for each dimension	Faculty Feedback
Therapeutic Communication Skills			
Communication Within Health Care Team			
Providing Health Teaching And Information			
Impact of Culture and other variations			

A competent nurse makes sound clinical judgments			
Dimension	Level III	Provide evidence of progress, and where relevant, a self-assessment or plan for future development for each dimension	Faculty Feedback
EFFECTIVE NOTICING INVOLVES:			
Focused Observation & Information Seeking			
Recognizing Deviations from Expected Patterns			
EFFECTIVE INTERPRETING INVOLVES:			
Interpreting & Prioritizing Data			
Planning Interventions			
EFFECTIVE RESPONDING INVOLVES:			
Timely and appropriate nursing responses to changing situations			
Skillful Interventions for Delivery of Safe Care			

A competent nurse, in making practice decisions, locates, evaluates and uses the best available evidence, coupled with a deep understanding of client experience and preferences.			
Dimension	Level III	Provide evidence of progress, and where relevant, a self-assessment or plan for future development for each dimension	Faculty Feedback
Access information sources			
Evaluation of Evidence			
Use of evidence			

APPENDIX B

INTERVIEW GUIDE

Q2: How do undergraduate baccalaureate nursing students use emancipatory knowing in clinical situations after the service-learning experience?

Thank you for your time today. Can you hear me ok?

Would you like me to review the study with you?

Just a reminder, that our conversation will be recorded and transcribed for analysis. Is that still ok with you?

Ok, let's get started. I'd like to give a few moments of silence to think back to your clinical experiences with I CAN last spring (be quiet for 30 seconds).

1. Is there an experience that you had while with the I-CAN program last spring that stands out to you or that has stuck with you?
2. What would you say was your biggest learning from your experience(s) with I-CAN last spring?
3. *How did your time with I-CAN change the way you think about*

       Nursing?
       Your nursing practice?
4. *Can you give of a few examples of how your thinking changed?*
5. *Have you used_____(the example of the changed way(s) of thinking) in your clinical nursing practice over the past two terms (after your time with I-CAN)?*

       How have you used_____, is there an example of how you used or applied_____?

6. Is there anything you would like to add?

Demographic Questions:
1. Were you placed in a hospital or community setting for leadership?
2. Are you in a hospital or community setting now?

Concluding the Interview
Thank you for your time today. As a token of your time, you will receive a 15.00 gift certificate to the OHSU On Line Bookstore. I will sent you an email with instructions on how to retrieve your gift certificate.

I also see you requested a copy of the findings from the study. I will email those to you in late May.

The italicized questions directly relate to research Q2.

APPENDIX C

INSTITUTIONAL REVIEW BOARD APPROVALS

OHSU IRB Approval

March 10, 2017

Dear Investigator:

On 3/10/2017, the OHSU IRB reviewed the following submission:

The IRB granted final approval on 3/10/2017. The study is approved until 3/8/2020.

Review Category: Exempt Categories #1, 2, & 4

Copies of all approved documents are available in the study's **Final** Documents (far right column under the documents tab) list in the eIRB.

Ongoing IRB submission requirements:

IRB ID:	STUDY00016856
Type of Review:	Initial Study
Title of Study:	Expressions of Emancipatory Knowing in Undergraduate Nursing Service-Learning
Principal Investigator:	Heather Voss
Funding:	None
IND, IDE, or HDE:	None
Documents Reviewed:	• Follow up email to K. Falls Students (App. G).pdf • Protocol - Minimal-Risk.pdf • Participant Contact and Participation (App. N) • Follow up email to students (App. F).pdf • Proposed Interview Protocol (App. K) • Email Confirming interview time and date (App. J).pdf • scheduling interview PDX and K. Falls thank you (App. I) • Email to K. Falls Students (App. C).pdf • PPQ • Email to Portland Students (App. B).pdf • Consent-Information-Sheet K. Falls students (App. E).pdf • Email with Study Report (App. M) • Voss- Letter of support for dissertation research (Tamara Rose) • Voss- Letter of support for dissertation research.pdf • Consent-Information-Sheet Portland students (App. D).pdf • Reflection Template Weekly Communication Record (App. A) • Thank You Email with Gift Cert (App. L) • Thank you and confirmation Portland (App. H)

- Six to ten weeks before the expiration date, you are to submit a continuing review to request continuing approval.
- Any changes to the project must be submitted for IRB approval prior to implementation.
- Reportable New Information must be submitted per OHSU policy.

- You must submit a continuing review to close the study when your research is completed.

Guidelines for Study Conduct

In conducting this study, you are required to follow the guidelines in the document entitled, "Roles and Responsibilities in the Conduct of Research and Administration of Sponsored Projects," as well as all other applicable OHSU IRB Policies and Procedures.

Requirements under HIPAA

If your study involves the collection, use, or disclosure of Protected Health Information (PHI), you must comply with all applicable requirements under HIPAA. See the HIPAA and Research website and the Information Privacy and Security website for more information.

IRB Compliance

The OHSU IRB (FWA00000161; IRB00000471) complies with 45 CFR Part 46, 21 CFR Parts 50 and 56, and other federal and Oregon laws and regulations, as applicable, as well as ICH-GCP codes 3.1-3.4, which outline Responsibilities, Composition, Functions, and Operations, Procedures, and Records of the IRB.

Sincerely,
The OHSU IRB Office

UNC IRB Approval

UNIVERSITY OF
NORTHERN COLORADO

I n s t i t u t i o n a l   R e v i e w   B o a r d

DATE: March 9, 2017

TO: Heather Voss, MSN
FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [1013585-1] Expressions of Emancipatory Knowing in Undergraduate
Nursing Service-Learning
SUBMISSION TYPE: New Project

ACTION: APPROVAL/VERIFICATION OF EXEMPT STATUS
DECISION DATE: March 9, 2017
EXPIRATION DATE: March 9, 2021

Thank you for your submission of New Project materials for this project. The University of
Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT
according to federal IRB regulations.

Heather- This is a very

powerful topic. Best

Wishes, Maria

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Sherry May at 970-351-1910 or
Sherry.May@unco.edu. Please include your project title and reference number in all
correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within
University of Northern Colorado (UNCO) IRB's records.

APPENDIX D

RECRUITMENT PLAN

March 2017: IRB Approval

March 2017: Recruit students ($n = 1$) who were enrolled in I-CAN and population health course on the Portland campus in spring 2016 for analysis of reflections-core component (email recruitment)

June 2017: Recruit students enrolled in I-CAN and the population health course on the Portland ($n = 6$) and Monmouth ($n = 8$) campuses spring 2017 for analysis of written reflections-core component (in person recruitment).

Analyze reflections using interpretive description

November 2017: Recruit Klamath Falls students who were enrolled in I-CAN and the population health course in spring 2017 ($n = 6$) for a semi-structured interview-supplemental component.

January 2018: Invite Portland ($n = 2$) and Monmouth ($n = 3$ students whose reflections were analyzed in the core component, and Klamath Falls ($n = 3$) students for a semi-structured interview-supplemental component

January-February 2018: Conduct Interviews ($n = 8$)
Transcribe Interviews
Analyze interviews using interpretive description
Thank you letters and $15.00 gift certificate to OHSU book store
to interview participants

May 2018: Findings emailed to participants who indicated interest on consent to participate

APPENDIX E

**PORTLAND INVITATION AND INFORMED
CONSENT: WINTER 2017**

Email Invitation to Participate in the Study (Portland Cohort 2016)

Dear
I am a PhD student at the University of Northern Colorado, and I teach in the undergraduate program on the Ashland campus. For my dissertation study, I am exploring emancipatory knowing in service-learning. Emancipatory knowing is the ability to recognize social and political problems of injustice or inequity, to realize that things could be different, and to identify or participate in social and political change to improve people's lives (Chinn & Kramer, 2011). Service-learning is defined as a method under which students learn and develop through active participation in thoughtfully organized service experiences that meet actual individual or community needs, are integrated into the student's academic curriculum, provide structured reflection, and enhance what is taught by extending student learning beyond the classroom and into the community (National Community Service Trust Act, 1993).

My study has two phases. In the first phase, I am analyzing written reflections of students who participated in I-CAN during the spring 2016 population health course. I am interested in understanding how emancipatory knowing is expressed during the I-CAN service-learning experience. In the second phase of the study, I am hoping to interview the same group whose reflections were analyzed. The purpose of the interview is to understand how emancipatory knowing is used in clinical situations after the service-learning (I-CAN) experience.

This study will help nursing educators develop learning outcomes from service-learning clinical experiences by better understanding what emancipatory knowing looks like in service-learning as well as in practice. An informational sheet that details the study is attached.

<u>Please respond to this email if you wish to contribute your WCR for analysis, and if you are interested in participating in a 30 minute telephone interview.</u>

<u>Your response to this email serves as consent to participate in the study.</u>

<u>Please retain the information sheet for your records.</u>

☐ I consent to the use of my Weekly Clinical Reflections (WCR) from the population health course, spring 2016 for analysis.

☐ Yes, please contact me for a phone interview. My checking this box you may still decide not to participate in the interview. You will not be contacted if the box is not checked. If you check this box, a separate email will be sent requesting your consent to participate in the interview.

☐ Send me the final report of the study

Your Name:
Your OHSU Email Address

Portland Informed Consent for Spring 2016 Cohort

OREGON HEALTH&SCIENCE UNIVERSITY	**Information Sheet**
	IRB# 16856

Expressions of Emancipatory Knowing in Undergraduate Nursing Service-Learning.

<u>**PRINCIPAL INVESTIGATOR**</u>: Heather C. Voss, RN, MSN (541-944-8237)

<u>**CO-INVESTIGATOR**</u>: Melissa Henry, PhD, RN (970-351-1735)

<u>**PURPOSE**</u>:
  You have been invited to be in this research study because you participated in the Interprofessional Care Access Network (I-CAN) for your clinical practicum in the population health practice course. The primary purpose of this study is to more fully understand emancipatory knowing in undergraduate nursing students who participate in a service-learning experiences such as I-CAN. Emancipatory knowing is defined as the ability to recognize social and political problems of injustice or inequity, to realize that things could be different, and to identify or participate in social and political change to improve people's lives. Service learning is defined as a method under which students learn and develop through active participation in thoughtfully organized service experiences that meet actual individual or community needs, are integrated into the student's academic curriculum, provide structured reflection, and enhance what is taught by extending student learning beyond the classroom and into the community.

<u>**PROCEDURES**</u>:
This study has two phases. The first phase is an analysis of the weekly communication record (WCR) reflections written during the spring 2016 population health course. The second phase is a 30 minute telephone interview. You may choose to participate in one or both phases. If you choose to contribute your WCR reflections, they will be anonymously analyzed using qualitative research methods to look for patterns and expressions of emancipatory knowing. Your population health course faculty will remove your name from your WCR prior to sending them to the investigator for analysis. If you choose to the second phase of the study, the investigator will contact you to schedule a 30 minute phone interview at your convenience. The interviews will be conducted after the reflections have been analyzed. The interviews will be recorded and transcribed for qualitative analysis. You may choose to receive a report of the research findings. The duration of your participation in this study will be less than two months. Your time commitment is approximately 45 minutes and includes email correspondence to arrange the interview and the interview itself.

If you have any questions, concerns, or complaints regarding this study now or in the future, or you think you may have been injured or harmed by the study, contact Heather Voss 541-944-8237.

<u>**RISKS**</u>:
Although we have made every effort to protect your identity, there is a minimal risk of loss of confidentiality.

<u>BENEFITS</u>:
You may or may not benefit from being in this study. However, by participating you may help nursing educators understand what emancipatory knowing looks like in undergraduate nursing students who participate in service-learning and the extent that emancipatory knowing is expressed in practice after a service-learning experience. Identifying patterns of emancipatory knowing in undergraduate nursing students could potentially be used as standards and competencies for service-learning in nursing clinical education.

<u>CONFIDENTIALITY:</u>
We will take steps to keep your personal information confidential, but we cannot guarantee total privacy.
Your name will be removed from the reflections. Your name will not appear in the recorded or transcribed interview. A numerical code will be assigned to your written reflections and your recorded and transcribed interview. All data will be kept on an OHSU secure network computer. Only the investigator and co-investigator will have access to the data. A spreadsheet with participants' names and email addresses necessary for scheduling the interview, and sending the final report if requested will be kept separate from the data files on an OHSU secure network computer. The spreadsheet will be destroyed at the completion of the study.

<u>COSTS</u>: It will not cost you anything to participate in this study. You will receive a $15.00 gift certificate to the OHSU campus store for participating in the interview.

<u>PARTICIPATION:</u>
This research is being overseen by an Institutional Review Board ("IRB"). You may talk to the IRB at (503) 494-7887 or irb@ohsu.edu if:
•   Your questions, concerns, or complaints are not being answered by the research team.
•   You want to talk to someone besides the research team.
•   You have questions about your rights as a research subject.
•   You want to get more information or provide input about this research.
You may also submit a report to the OHSU Integrity Hotline online at https://secure.ethicspoint.com/domain/media/en/gui/18915/index.html or by calling toll-free (877) 733-8313 (anonymous and available 24 hours a day, 7 days a week).

You do not have to join this or any research study. If you do join, and later change your mind, you may quit at any time. If you refuse to join or withdraw early from the study, there will be no penalty or loss of any benefits to which you are otherwise entitled.

The participation of OHSU students or employees in OHSU research is completely voluntary and you are free to choose not to serve as a research subject in this protocol for any reason. If you do elect to participate in this study, you may withdraw from the study at any time without affecting your relationship with OHSU, the investigator, the investigator's department, or your grade in any course. If you would like to report a concern with regard to participation of OHSU students or employees in OHSU research, please call the OHSU Integrity Hotline at 1-877-733-8313 (toll free and anonymous).

<u>If you wish to participate in this study</u>
1. Check the box(s) indicating your level of participation on this information sheet.
2. Attach the completed information sheet in an email to Heather Voss: vossh@ohsu.edu.

☐ I consent to the use of my Weekly Clinical Reflections (WCR) from the population health course, spring 2016 for analysis in this study.

☐ Yes, please contact me for a phone interview. My checking this box you may still decide not to participate in the interview. You will not be contacted if the box is not checked. If you check this box, a separate email will be sent to schedule the interview.
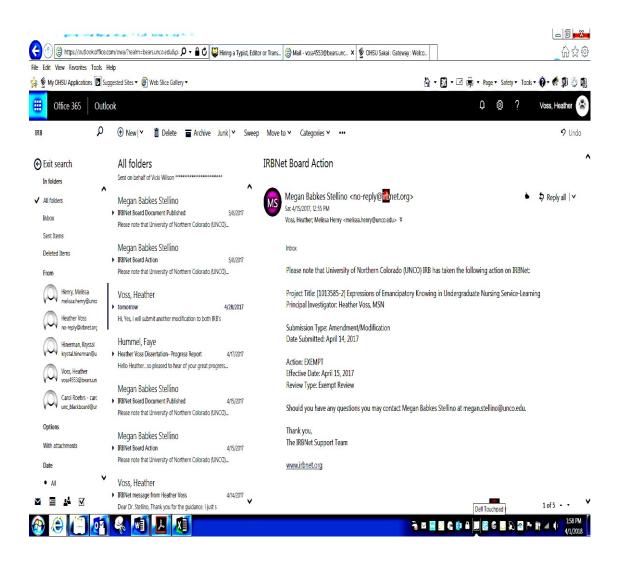
☐ Send me the final report of the study.

Your Name: Your OHSU Email Address:

APPENDIX F

INSTITUTIONAL REVIEW BOARD
MODIFICATION APPROVALS

UNC IRB Modification Approval

OHSU IRB Modification Approval

April 14, 2017

Dear Investigator:

On 4/14/2017, the IRB reviewed the following submission:

IRB ID:	STUDY00016856	MOD or CR ID:	MOD00006876
Type of Review:	Modification		
Title of Study:	Expressions of Emancipatory Knowing in Undergraduate Nursing Service-Learning		
Title of modification	1. Grant Funding Recieved from Beta Psi Chapter, Sigma Theta Tau and 2. Revised Recruitment Protocol		
Principal Investigator:	Heather Voss		
Funding:	Name: Sigma Theta Tau International, Beta Psi Chapter, PPQ #: 1012006		
IND, IDE, or HDE:	None		

The IRB granted final approval on 4/14/2017. The study is approved until 3/8/2020.

Review Category: Exempt-Minor Modification

Copies of all approved documents are available in the study's **Final** Documents (far right column under the documents tab) list in the eIRB. Any additional documents that require an IRB signature (e.g. IIAs and IAAs) will be posted when signed. If this applies to your study, you will receive a notification when these additional signed documents are available.

APPENDIX G

**INVITATION AND INFORMED CONSENT TO PARTICIPATE
IN THE STUDY: PORTLAND AND MONMOUTH STUDENTS
SPRING 2017**

Invitation Letter to Portland and Monmouth Students

Hello,

I am a PhD student at the University of Northern Colorado, and a member of the nursing faculty on the Ashland campus. For my dissertation study, I am exploring emancipatory knowing in service-learning. Emancipatory knowing is the ability to recognize social and political problems of injustice or inequity, to realize that things could be different, and to identify or participate in social and political change to improve people's lives. Service-learning is defined as a method under which students learn and develop through active participation in thoughtfully organized service experiences that meet actual individual or community needs, are integrated into the student's academic curriculum, provide structured reflection, and enhance what is taught by extending student learning beyond the classroom and into the community.

My study has two phases. In the first phase, I would like to analyze written reflections of students who participated in I-CAN and the Rockwood Neighborhood this spring during the population health course. I am interested in understanding how emancipatory knowing is expressed during your clinical experience. In the second phase of the study, I am hoping to interview students who participated in I-CAN and the Rockwood Neighborhood during the winter IP course. The purpose of the interview is to understand how emancipatory knowing is used in clinical situations after the service-learning (I-CAN) experience. If you decide to participate in an interview, a $15.00 gift certificate to the OHSU campus bookstore will be provided as appreciation and compensation for your time.

This study will help nursing educators develop learning outcomes from service-learning clinical experiences by better understanding what emancipatory knowing looks like in service-learning as well as in practice. An informational sheet that details the study is attached.

If you wish to participate in the study:
3. Read the information consent attached to this letter.
4. Check the box(s) indicating your level of participation on the information consent.
5. Return the information sheet to me, keep this letter and a copy of the information consent.
6. Or you may scan the completed information sheet and email to me, Heather Voss: vossh@ohsu.edu

Thank you,

Informed Consent: Portland Students

Information Sheet

Expressions of Emancipatory Knowing in Undergraduate Nursing Service-Learning.

<u>**PRINCIPAL INVESTIGATOR**</u>: Heather C. Voss, RN, MSN (541-944-8237)

<u>**CO-INVESTIGATOR**</u>: Melissa Henry, PhD, RN (970-351-1735)

<u>**PURPOSE**</u>:
 You have been invited to be in this research study because you participated in the
 Interprofessional Care Access Network (I-CAN), or I-CAN like experience for your clinical
 practicum in the population health practice course. The primary purpose of this study is to more
 fully understand emancipatory knowing in undergraduate nursing students who participate in a
 service-learning experiences such as I-CAN. Emancipatory knowing is defined as the ability to
 recognize social and political problems of injustice or inequity, to realize that things could be
 different, and to identify or participate in social and political change to improve people's lives.
 Service learning is defined as a method under which students learn and develop through active
 participation in thoughtfully organized service experiences that meet actual individual or
 community needs, are integrated into the student's academic curriculum, provide structured
 reflection, and enhance what is taught by extending student learning beyond the classroom and
 into the community.

<u>**PROCEDURES**</u>:
This study has two phases. The first phase is an analysis of the weekly reflections from the
communication accountability document (CAD) written during the spring 2017 population health
course. The second phase is a 30 minute telephone interview. You may choose to participate in
one or both phases. If you choose to contribute your CAD reflections, they will be anonymously
analyzed using qualitative research methods to look for patterns and expressions of emancipatory
knowing. Your population health course faculty will remove your name from your CAD
reflections prior to sending them to the investigator for analysis. If you choose to the second
phase of the study, the investigator will contact you to schedule a 30 minute phone interview at
your convenience during the winter 2018 term. The interviews will be conducted after the
reflections have been analyzed. The interviews will be recorded and transcribed for qualitative
analysis. You may choose to receive a report of the research findings. The duration of your active
participation in this study will be less than two months. Your time commitment is approximately
45 minutes and includes email correspondence to arrange the interview and the interview itself.

If you have any questions, concerns, or complaints regarding this study now or in the future, or
you think you may have been injured or harmed by the study, contact Heather Voss 541-944-
8237.

<u>**RISKS**</u>:
Although we have made every effort to protect your identity, there is a minimal risk of loss of

confidentiality.

BENEFITS:
You may or may not benefit from being in this study. However, by participating you may help nursing educators understand what emancipatory knowing looks like in undergraduate nursing students who participate in service-learning and the extent that emancipatory knowing is expressed in practice after a service-learning experience. Identifying patterns of emancipatory knowing in undergraduate nursing students could potentially be used as standards and competencies for service-learning in nursing clinical education.

CONFIDENTIALITY:
We will take steps to keep your personal information confidential, but we cannot guarantee total privacy.
Your name will be removed from the reflections. Your name will not appear in the recorded or transcribed interview. A numerical code will be assigned to your written reflections and your recorded and transcribed interview. All data will be kept on an OHSU secure network computer. Only the investigator and co-investigator will have access to the data. A spreadsheet with participants' names and email addresses necessary for scheduling the interview, and sending the final report if requested will be kept separate from the data files on an OHSU secure network computer. The spreadsheet will be destroyed at the completion of the study.

COSTS: It will not cost you anything to participate in this study. You will receive a $15.00 gift certificate to the OHSU campus store for participating in the interview.

PARTICIPATION:
This research is being overseen by an Institutional Review Board ("IRB"). You may talk to the IRB at (503) 494-7887 or irb@ohsu.edu if:
• Your questions, concerns, or complaints are not being answered by the research team.
• You want to talk to someone besides the research team.
• You have questions about your rights as a research subject.
• You want to get more information or provide input about this research.
You may also submit a report to the OHSU Integrity Hotline online at https://secure.ethicspoint.com/domain/media/en/gui/18915/index.html or by calling toll-free (877) 733-8313 (anonymous and available 24 hours a day, 7 days a week).

You do not have to join this or any research study. If you do join, and later change your mind, you may quit at any time. If you refuse to join or withdraw early from the study, there will be no penalty or loss of any benefits to which you are otherwise entitled.

The participation of OHSU students or employees in OHSU research is completely voluntary and you are free to choose not to serve as a research subject in this protocol for any reason. If you do elect to participate in this study, you may withdraw from the study at any time without affecting your relationship with OHSU, the investigator, the investigator's department, or your grade in any course. If you would like to report a concern with regard to participation of OHSU students or employees in OHSU research, please call the OHSU Integrity Hotline at 1-877-733-8313 (toll free and anonymous).

If you wish to participate in this study
1. Check the box(s) indicating your level of participation on this information sheet.
2. Return this information sheet to Heather Voss at the end of the introduction. Keep a copy of the letter and information sheet (attached).

3. Or, you may scan the information sheet and email to Heather Voss: vossh@ohsu.edu.

☐   I consent to the use of my weekly reflections (CAD) from the population health course, spring 2017 for analysis in this study.

☐   Yes, please contact me for a phone interview. My checking this box you may still decide not to participate in the interview. You will not be contacted if the box is not checked. If you check this box, a separate email will be sent to schedule the interview.

☐   Send me the final report of the study.

Your Name: Your OHSU Email Address:

Informed Consent Monmouth Students

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Expressions of Emancipatory Knowing in Undergraduate Nursing Service-Learning.

<u>**PRINCIPAL INVESTIGATOR**</u>: Heather C. Voss, RN, MSN (541-944-8237)

<u>**CO-INVESTIGATOR**</u>: Melissa Henry, PhD, RN (970-351-1735)

<u>**PURPOSE**</u>:
You have been invited to be in this research study because you participated in the Interprofessional Care Access Network (I-CAN), or I-CAN like experience for your clinical practicum in the population health practice course. The primary purpose of this study is to more fully understand emancipatory knowing in undergraduate nursing students who participate in a service-learning experiences such as I-CAN. Emancipatory knowing is defined as the ability to recognize social and political problems of injustice or inequity, to realize that things could be different, and to identify or participate in social and political change to improve people's lives. Service learning is defined as a method under which students learn and develop through active participation in thoughtfully organized service experiences that meet actual individual or community needs, are integrated into the student's academic curriculum, provide structured reflection, and enhance what is taught by extending student learning beyond the classroom and into the community.

<u>**PROCEDURES**</u>:
This study has two phases. The first phase is an analysis of clinical activity descriptions and reflections on OCNE competencies (1, 3, 8, and 9) submitted in your weekly clinical log during the spring 2017 population health course. The second phase is a 30 minute telephone interview. You may choose to participate in one or both phases. If you choose to contribute your weekly clinical log reflections, they will be anonymously analyzed using qualitative research methods to look for patterns and expressions of emancipatory knowing. Your population health course faculty will remove your name from your weekly clinical log reflections prior to sending them to the investigator for analysis. If you choose to the second phase of the study, the investigator will contact you to schedule a 30 minute phone interview at your convenience during the winter 2018 term. The interviews will be conducted after the reflections have been analyzed. The interviews will be recorded and transcribed for qualitative analysis. You may choose to receive a report of the research findings. The duration of your active participation in this study will be less than two months. Your time commitment is approximately 45 minutes and includes email correspondence to arrange the interview and the interview itself.

If you have any questions, concerns, or complaints regarding this study now or in the future, or you think you may have been injured or harmed by the study, contact Heather Voss 541-944-8237.

RISKS:
Although we have made every effort to protect your identity, there is a minimal risk of loss of confidentiality.

BENEFITS:
You may or may not benefit from being in this study. However, by participating you may help nursing educators understand what emancipatory knowing looks like in undergraduate nursing students who participate in service-learning and the extent that emancipatory knowing is expressed in practice after a service-learning experience. Identifying patterns of emancipatory knowing in undergraduate nursing students could potentially be used as standards and competencies for service-learning in nursing clinical education.

CONFIDENTIALITY:
We will take steps to keep your personal information confidential, but we cannot guarantee total privacy.
Your name will be removed from the reflections. Your name will not appear in the recorded or transcribed interview. A numerical code will be assigned to your written reflections and your recorded and transcribed interview. All data will be kept on an OHSU secure network computer. Only the investigator and co-investigator will have access to the data. A spreadsheet with participants' names and email addresses necessary for scheduling the interview, and sending the final report if requested will be kept separate from the data files on an OHSU secure network computer. The spreadsheet will be destroyed at the completion of the study.

COSTS: It will not cost you anything to participate in this study. You will receive a $15.00 gift certificate to the OHSU campus store for participating in the interview.

PARTICIPATION:
This research is being overseen by an Institutional Review Board ("IRB"). You may talk to the IRB at (503) 494-7887 or irb@ohsu.edu if:
• 	Your questions, concerns, or complaints are not being answered by the research team.
• 	You want to talk to someone besides the research team.
• 	You have questions about your rights as a research subject.
• 	You want to get more information or provide input about this research.
You may also submit a report to the OHSU Integrity Hotline online at
https://secure.ethicspoint.com/domain/media/en/gui/18915/index.html or by calling toll-free (877) 733-8313 (anonymous and available 24 hours a day, 7 days a week).

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The participation of OHSU students or employees in OHSU research is completely voluntary and you are free to choose not to serve as a research subject in this protocol for any reason. If you do elect to participate in this study, you may withdraw from the study at any time without affecting your relationship with OHSU, the investigator, the investigator's department, or your grade in any course. If you would like to report a concern with regard to participation of OHSU students or employees in OHSU research, please call the OHSU Integrity Hotline at 1-877-733-8313 (toll free and anonymous).

<u>If you wish to participate in this study</u>
1. <u>Check the box(s) indicating your level of participation on this information sheet.</u>
2. <u>Return this information sheet to Heather Voss at the end of the introduction. Keep a copy of the letter and information sheet (attached).</u>
3. <u>Or, you may scan the information sheet and email to Heather Voss: vossh@ohsu.edu.</u>

☐ I consent to the use of my weekly reflections in the N410 clinical log from the population health course, spring 2017 for analysis in this study.

☐ Yes, please contact me for a phone interview. My checking this box you may still decide not to participate in the interview. You will not be contacted if the box is not checked. If you check this box, a separate email will be sent to schedule the interview.

☐ Send me the final report of the study.

Your Name: Your OHSU Email Address:

APPENDIX H

INVITATION AND INFORMED CONSENT:
KLAMATH FALLS FALL 2017

Invitation Letter to Klamath Falls Students to Participate

Hello,

I am a PhD student at the University of Northern Colorado, and a member of the nursing faculty on the Ashland campus. For my dissertation study, I am exploring emancipatory knowing in service-learning. Emancipatory knowing is the ability to recognize social and political problems of injustice or inequity, to realize that things could be different, and to identify or participate in social and political change to improve people's lives. Service-learning is defined as a method under which students learn and develop through active participation in thoughtfully organized service experiences that meet actual individual or community needs, are integrated into the student's academic curriculum, provide structured reflection, and enhance what is taught by extending student learning beyond the classroom and into the community.

I am hoping to interview students who participated in I-CAN during the spring 2017 population health course in winter of 2018- during the IP course. The purpose of the interview is to understand how emancipatory knowing is used in clinical situations after the service-learning (I-CAN) experience. If you decide to participate in an interview, a $15.00 gift certificate to the OHSU campus/online store will be provided as appreciation and compensation for your time.

This study will help nursing educators develop learning outcomes from service-learning clinical experiences by better understanding what emancipatory knowing looks like in service-learning as well as in practice. An informational sheet that details the study is attached.

If you wish to participate in the study:
1. Read the information consent attached to this letter.
2. Check the box(s) indicating your agreement to participate on the information consent.
3. Return the information sheet to me, keep this letter and a copy of the information consent.
4. Or you may scan the completed information sheet and email to me, Heather Voss: vossh@ohsu.edu

Thank you

Heather

Klamath Falls Information Sheet

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OHSU

Expressions of Emancipatory Knowing in Undergraduate Nursing Service-Learning.

PRINCIPAL INVESTIGATOR: Heather C. Voss, RN, MSN (541-944-8237)

CO-INVESTIGATOR: Melissa Henry, PhD, RN (970-351-1735)

PURPOSE:
You have been invited to be in this research study because you participated in the Interprofessional Care Access Network (I-CAN) for your clinical practicum in the population health practice course in spring 2017. The primary purpose of this study is to more fully understand emancipatory knowing in undergraduate nursing students who participate in a service-learning experiences such as I-CAN. Emancipatory knowing is defined as the ability to recognize social and political problems of injustice or inequity, to realize that things could be different, and to identify or participate in social and political change to improve people's lives. Service learning is defined as a method under which students learn and develop through active participation in thoughtfully organized service experiences that meet actual individual or community needs, are integrated into the student's academic curriculum, provide structured reflection, and enhance what is taught by extending student learning beyond the classroom and into the community.

PROCEDURES:
If you choose to participate in this study, the investigator will contact you to schedule a 30 minute phone interview at your convenience during winter term, 2018. The interviews will be recorded and transcribed for analysis. You may choose to receive a report of the research findings. The duration of your participation in this study is less than 2 months. Your time commitment is approximately 45 minutes and includes email correspondence to arrange the interview and the interview itself.

If you have any questions, concerns, or complaints regarding this study now or in the future, or you think you may have been injured or harmed by the study, contact Heather Voss 541-944-8237.

RISKS:
Although we have made every effort to protect your identity, there is a minimal risk of loss of confidentiality.

BENEFITS:
You may or may not benefit from being in this study. However, by participating you may help nursing educators understand what emancipatory knowing looks like in undergraduate nursing students who participate in service-learning and the extent that emancipatory knowing is expressed in practice after a service-learning experience. Identifying patterns of emancipatory knowing in undergraduate nursing students could potentially be used as standards and competencies for service-learning in nursing clinical education.

CONFIDENTIALITY:
We will take steps to keep your personal information confidential, but we cannot guarantee total privacy. Your name will not appear in the recorded or transcribed interview. A numerical code will be assigned to your recorded and transcribed interview. All data will be kept on an OHSU secure network computer. Only the investigator and co-investigator will have access to the data. A spreadsheet with participants' names and email addresses necessary for scheduling the interview and sending the final study report will be kept separate from the data files on an OHSU secure network computer. The spreadsheet will be destroyed at the completion of the study.

COSTS: It will not cost you anything to participate in this study. You will receive $15.00 gift certificate to the OHSU online/campus store for participating in the interview.

PARTICIPATION:
This research is being overseen by an Institutional Review Board ("IRB"). You may talk to the IRB at (503) 494-7887 or irb@ohsu.edu if:
- Your questions, concerns, or complaints are not being answered by the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get more information or provide input about this research.

You may also submit a report to the OHSU Integrity Hotline online at https://secure.ethicspoint.com/domain/media/en/gui/18915/index.html or by calling toll-free (877) 733-8313 (anonymous and available 24 hours a day, 7 days a week).

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If you wish to participate in this study
1. Check the box(s) indicating your agreement of participation on this information sheet.
2. Keep the attached letter and information sheet for your records.
3. You may also scan the completed information sheet and email to Heather Voss: vossh@ohsu.edu.

☐ Yes, please contact me for a phone interview. My checking this box you may still decide not to participate in the interview. You will not be contacted if the box is not checked. If you check this box, a separate email will be sent to schedule the interview.

☐ Send me the final report of the study.

Your Name: Your OHSU Email Address:

APPENDIX I

DATA MANAGEMENT TEMPLATE

Name Names have been removed	Email Address: Email Addresses have been removed	Reflection Template	Consent to Interview	Interview date/time/ phone Number (removed)	Final Report	Campus	15.00 gift certificate sent	Leadership Placement	IP Placement
1*		CAD	y	No Response to Invite	y	PDX Spring 2017			
2***		CAD	y	2/5 10-1030	y	PDX Spring 2017	Y	Hosp	Hosp
3***		CAD	y	2/10/18 10:00 AM	y	PDX Spring 2017	Y	Hosp	Hosp
4*		CAD	y	No response to invite	y	PDX Spring 2017			
5*		CAD	n	NA	n	PDX Spring 2017			
6*		CAD	n	NA	n	PDX Spring 2017			
7*		WCR	NA	NA	NA	PDX Spring 2016			
8***		Clinical Log	y	2/5 1200	y	MoN Spring 2017		2 ter, s pf O CAN-WI/Spr Comm	Hosp
9*		Clinical Log	n	NA	n	MON Spring 2017			
10***		Clinical Log	y	2/5 at 2:00 PM.	y	MoN Spring 2017	Y	Comm	Hosp
11*		Clinical Log	y	No Response to Invite	y	MoN Spring 2017			
12*		Clinical Log	n	NA	y	MoN Spring 2017			
13***		Clinical Log	y	2/13 at 10:00	y	MoN Spring 2017	Y	Comm	Hosp
14*		Clinical Log	y	No response to invite	y	MoN Spring 2017			

15*		Clinical Log	y	No Response to invite	y	MoN Spring 2017			
16**		NA	Y	2/2 at 1300	n	KF spring 2017	Y	comm	Hosp
17**		NA	Y	2/13 1000	y	KF spring 2017	Y	Comm	Hosp
18****		NA	Y	Did not respond to invite	Y	KF spring 2017			
19****		NA	Y	Did not respond to invite	Y	KF spring 2017			
20**		NA	Y	2/2; 9:00-9:30	Y	KF spring 2017	Y	Comm	comm
21****		NA	Y	Did not respond to invite	y	KF spring 2017			

*Reflection data only
** Interview data only
*** Reflection and Interview data
**** No data