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Service Learning Initiatives in Nursing Education

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Service-Learning Initiatives in Nursing Education

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Abstract

In response to the changing demands of the U.S. healthcare system and the needs of the nursing profession, the Institute of Medicine, in collaboration with the Robert Wood Johnson Foundation, spearheaded a two-year initiative to develop recommendations for the future of nursing.¹ Discussions of these recommendations within nursing education led to the development of innovative curricula aimed at educating nurses to not only lead change, but also be socially responsible citizens. One educational model that has been developed is academic service-learning, a particular form of experiential education characterized by mutually beneficial campus-community partnerships that emphasize "learning 'with' the community as distinct from learning 'in' the community."² This article describes one Catholic university's approach to enhancing nursing curricula by using service-learning pedagogy grounded in Jesuit values to better prepare nursing leaders for healthcare in the twenty-first century. The service-learning experiences that resulted from this initiative provided opportunities to build collaborative relationships in the community, addressed health concerns identified by members of high-needs urban communities, and engaged students in critical reflection focusing on urban challenges and health disparities. The findings suggest that by incorporating the Jesuit values of *cura personalis*, reflective practice, and social justice into service-learning opportunities,

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¹ Institute of Medicine, "The Future of Nursing: Leading Change, Advancing Health," (last modified 2010, <http://iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx> (accessed January 27, 2013).

² J. Jameson, P. Clayton, and A. Jaeger, "Community Engaged Scholarship as Mutually-Transformative Partnerships," in *Participatory Partnerships for Social Action and Research* (Dubuque, IA: Kendall Hunt, 2010), pp. 259-277.

undergraduate nursing students develop skills to be socially responsible nursing leaders and, at the same time, learn to work collaboratively with communities to address their health needs.

Schools of nursing across the globe are charged with providing students with the best possible learning opportunities in the healing arts. Traditionally, these opportunities have taken the form of nursing theory delivered through a variety of classroom teaching techniques, laboratory experiences in which students practice clinical skills, and clinical environments in which students care for patients. These teaching and learning practices are well-rooted in nursing education and provide the framework for successful preparation of clinicians who are able to care for patients across environments. Recent changes in the U.S. healthcare system now call into question nursing education practices as they specifically relate to nursing's role on the future of healthcare reform.

In 2010, a committee from the Robert Wood Johnson Foundation Initiative on The Future of Nursing at the Institute of Medicine (IOM) was tasked with examining the capacity of the nursing workforce to meet the demands of reformed healthcare and public health systems. The committee released a report, titled *The Future of Nursing: Leading Change, Advancing Health*, that has been the driving force behind recent changes in nursing education and practice.³ “The recommendations in this report identified the actions needed for the nation’s 2.8 million registered nurses and 690,00 licensed/vocational nurses—that is, working in the field of nursing or seeking nursing employment—to be able to contribute as essential partners from the patients’ bedside to the hospital boardroom and into society.”⁴ The IOM report lays out a blueprint for how the nursing profession will need to adapt as it faces challenges in providing sustainable, cost-effective, accessible, quality healthcare. The report concludes that high-quality healthcare cannot be achieved without exceptional nursing care and leadership.⁵ Among its recommendations, the report challenges nursing education to prepare nurses to drive change, advance health, and expand leadership and collaborative opportunities for the profession. Nursing education must be prepared to meet these challenges, and in the process, remodel the way nurses practice and make clinical decisions. One model

³ Ibid.

⁴ U.S. Department of Health and Human Services, “The U.S. Nursing Workforce: Trends in Supply and Education,” April 2013, <http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf>

⁵ Ibid.

that supports these goals is service-learning, particularly service-learning grounded in the long tradition of Jesuit higher education, which values “care for the whole person,” social justice, solidarity, and reflective practice.

As a result of the IOM report, dialogue is expanding in colleges and universities around the notion of educating nurses beyond the role of functioning in the healthcare system as qualified nursing professionals. The following article describes a Catholic university’s approach to enhance nursing curricula by using service-learning pedagogy grounded in Jesuit values in order to better prepare nursing leaders for healthcare in the twenty-first century.

Service-Learning in Nursing Education

Service-Learning Defined

Traditional definitions of service-learning include student experiences that provide relevant and meaningful service in the community for both the purpose of providing service while also fulfilling the academic responsibility of enhancing learning.⁶ Student learning, in service-learning, is demonstrated through critical reflection on the linkages between theory and practice as well as the root causes of social inequality. Community partnerships are characterized by reciprocity, mutuality, and sustainability.

Service-learning is a natural approach to teaching and learning that animates the Catholic, Jesuit mission of higher education with its focus on student formation (academic, social, civic and spiritual); emphasis on community, social awareness, and social justice; aim to address and alleviate poverty and suffering; and grounding in learning as a process of discovery that is achieved through the interaction of learning, action and reflection.⁷

There are many similarities between the values and practices of service-learning and nursing education, but important distinctions must also be made. While *experiential learning* in the community most often focuses on learning and acquisition of clinical knowledge and

⁶ Jeffrey Howard, *Service-learning Course Design Workbook* (Michigan: OCSL Press: The University of Michigan, 2001), 13.

⁷ Erin M. Brigham, *See, Judge, Act: Catholic Social Teaching and Service-learning* (Winona, MN: Anselm Academic, Christian Brothers Publications, 2013).

skills, *service-learning* expects broader demonstration of learning such as understanding and adjusting to context (geographical, cultural, economic, political, etc.), as well as demonstration of leadership, communication, and advocacy skills.⁸

Additionally, clinical experiences often emphasize student learning while community learning or outcomes are secondary; high quality service-learning, on the other hand, balances student learning with community outcomes and relationships.⁹ Furthermore, service-learning emphasizes “learning ‘with’ the community as distinct from learning ‘in’ the community” and empowers the community with a voice and stake in developing collaborative outcomes and making decisions.¹⁰

Integration of Service-Learning in Nursing Curricula

For more than a decade, nursing programs in the U.S. have used service-learning experiences as a mechanism to engage students in the delivery of healthcare for vulnerable and underserved communities. Recently, Gillis and MacLellan conducted a literature review concerning service-learning in nursing for the period of 1999 to 2009.¹¹ The researchers reviewed twenty-five articles and identified four categories of vulnerable populations served, including the homeless, culturally diverse groups, women, children, and adolescents, and the elderly. In their review, Gillis and MacLellan found that students most often provided

⁸ Janis Bellack, “Community-Based Nursing Practice: Necessary but Not Sufficient,” *Journal of Nursing Education* 37, (1998): 99-100. S. Seifer, “From Placement Site to Partnership: The Promise of Service-Learning,” in *Journal of Nursing Education* 41, (2002): 431-432. J. Elyer, “Reflecting on Service: Helping Students Get the Most from Service-Learning,” in *Journal of Nursing Education* 41, (2002): 453-456. C. J. Groh, L. G. Stallwood, and J. J. Daniels, “Service-Learning in Nursing Education: Its Impact on Leadership and Social Justice,” in *Nursing Education Research* 32, (2011): 400-405. K. M. Loewenson and R. J. Hunt, “Transforming Attitudes of Nursing Students: Evaluating a Service-Learning Experience,” in *Journal of Nursing Education*, 50 (2011): 345-348.

⁹ R. K. Gibboney, “Service-Learning: Lessons for and from Nursing,” in *Nursing and Philanthropy: An Energizing Metaphor for the 21st Century* (Indianapolis: Center Nursing Press, Sigma Theta Tau International, 2000), pp. 43-64. See also Seifer, “From Placement Site to Partnership,” pp. 431-432.

¹⁰ Ibid. See also J. Jameson, P. Clayton, and A. Jaeger, “Community-Engaged Scholarship as Mutually Transformative Partnerships,” in *Participatory Partnerships for Social Action and Research* (Dubuque, IA: Kendall Hunt, 2010), pp. 259-277.

¹¹ Angela Gillis and Marian MacLellan, “Service-Learning with Vulnerable Populations: Review of the Literature,” in *International Journal of Nursing Education Scholarship* 7, no. 1 (2010): 1-27.

health education or health promotion projects to these communities.¹² Services included the provision of nursing skills (assessment, screening, counseling, planning, implementation, and evaluation) and education (coping strategies, healthy behaviors, self-management of chronic diseases, and fostering self-determination and decision-making skills). In addition to practicing nursing skills, students learned team-building, leadership, and advocacy skills. Furthermore, critical reflection was seen in all twenty-five studies as a means to enhance student learning. The use of reflection, in either written or verbal form, provided the students with a means to express assumptions, stereotypes, and perceptions about the vulnerable and underserved populations. This process allowed for the processing of the experience and “enabled them to go to the next step of discovering new roles for themselves as change agents.”¹³ Benefits of service-learning to the community partners were described as meeting self-identified needs, as well as enhancing capacity building and fostering empowerment amongst partners. Gillis and MacLellan are clear in stating that service-learning programs are beneficial to both students and community partners; however, the researchers also state that the services provided by nursing students should not replace healthcare delivery by licensed professionals.¹⁴ As a future goal, the researchers recommend evaluating long-term outcomes of these programs with a focus on student competencies and student learning, civic engagement, or social activism.

Similar to the findings reported by Gillis and MacLellan, our nursing program has utilized service-learning experiences in tandem with reflective practice to enhance student education. Our experiences offer direction for other schools of nursing that may be interested in replicating similar models in order to extend healthcare services to vulnerable and underserved populations. Additionally, the importance of reflection is emphasized as an essential teaching strategy for students to explore their thoughts and emotions towards the reality of social injustices, disparities in healthcare, as well as a means to contemplate their role as citizens and future healthcare providers.

Reflection is a vital practice in Catholic higher education, and particularly the Jesuit tradition. Through reflection, learners are challenged to apply principles derived from a variety of sources—academic, personal values, religious doctrine, philosophical perspectives, cultural traditions,

¹² Ibid.

¹³ Ibid., p. 20.

¹⁴ Ibid., pp. 1-27.

etc.—to evaluate situations and develop responses.¹⁵ In a Catholic approach to service-learning, reflection is the pathway to helping students apply principles of Catholic social teaching—such as the principles of human dignity, solidarity, and care for creation—to the situations they engage with through service, and use those principles to formulate responses.¹⁶

Jesuit Values as a Framework for Service-Learning in Nursing Education

Throughout its nearly 500-year history, Jesuit education has been grounded in the *Spiritual Exercises* of Saint Ignatius of Loyola, founder of the Society of Jesus. A major influence of the *Spiritual Exercises* on Jesuit education is that teaching and learning are relational; teachers and students are formed in and through their interactions with one another in community. In his 2000 address at Santa Clara University, Fr. Peter-Hans Kolvenbach said,

For 450 years, Jesuit education has sought to educate “the whole person” intellectually and professionally, psychologically, morally and spiritually. But in the emerging global reality...the whole person cannot be whole without an educated awareness of society and culture with which to contribute socially, generously, in the real world. Tomorrow’s whole person must have, in brief, a well-educated solidarity.¹⁷

Service-learning and other community-engaged pedagogies are natural expressions of this mission and have become integral teaching practices in Jesuit higher education.

Jesuit educational values and principles provide an ideal framework for service-learning as well as fulfilling the recommendations contained within *The Future of Nursing* in that the Jesuit tradition calls for academic rigor, the critical analysis of social systems, and direct service to those who are underprivileged and underserved.¹⁸ Three of these values—*Cura Personalis* or “care of the whole, individual person,”

¹⁵ Brigham, *See, Judge, Act*.

¹⁶ *Ibid.*

¹⁷ P. H. K. Kolvenbach, International Commission on the Apostolate of Jesuit Education (ICAJE), “Go Forth and Teach: The Characteristics of Jesuit Education” (last modified 1986), <http://revolutionlullabye.wordpress.com/?s=The+Characteristics+of+Jesuit+Education.%22> (accessed January 29, 2013).

¹⁸ Institute of Medicine, “The Future of Nursing.”

reflective practice, and social justice—will be discussed as related to nursing education.

Cura Personalis, or “care of the whole, individual person,” is a Jesuit value that is in clear alignment with the nursing guiding principle of holism. Holism refers to the assumption that all people are unique individuals who grow in complexity throughout life. It provides an approach to nursing assessment and management and the provision of patient-centered care that takes into consideration the multiple dimensional natures of human beings, including physical, psychosocial, social, cultural, and spiritual needs. Moreover, approaching the patient through a holistic lens empowers nurses to search for the deeper and more complex causes of illness. This approach extends beyond that which may be seen through lab and diagnostic tests. The holistic nature of nursing practice calls for a dynamic relationship between the patient, family, healthcare team, and the environment in which the individual lives. The goal of the relationship focuses on the care of the whole person and the desire to create an environment of peace, harmony, and healing.

Service-learning animates the value of *cura personalis* by challenging students to recognize and understand the context of patients and communities—the social, political, cultural, and religious influences on health. Additionally, service-learning, particularly in the Catholic, Jesuit tradition, recognizes the student as a whole person, valuing them not only as intellectuals but also as full human beings. Thus, students are invited to bring their heart and mind to bear on the problems addressed in the service-learning class. Being attentive to this value of *cura personalis* in service-learning experiences will help students deepen their understanding of a patient’s context—how environment, culture, age, family dynamics, etc., help to shape one’s health and wellness.

Reflective Practice is a Jesuit value and core principle of service-learning practice—the catalyst for translating experience to learning and vice versa—that has more recently been added to both undergraduate and graduate nursing programs as an essential element for professional nursing practice.¹⁹ Jesuit institutions aim to form students as *contemplatives in action*, building their capacity to engage actively and critically in the world such that their thoughts guide their actions and their experiences inform their knowing. In service-learning, reflective practice attends to both the personal formation of the learner as well as

¹⁹ American Association of Colleges of Nursing, “Essentials of Baccalaureate Education for Professional Nursing Practice,” 2008.

the external, community outcomes. For example, reflection is an essential tool for building students' capacity to identify and examine the root causes of issues and injustice in order to identify appropriate solutions. This requires students to examine situations through multiple lenses—social, political, cultural, and the like. Concurrently, it is through reflection in service-learning that students pull together multiple and diverse sources of knowledge—academic, experience, personal values, philosophical understandings, religious principles—and apply them in formulating responses to situations.

Reflective practice has been defined broadly and extensively in the nursing literature. Boyd and Fales define reflective practice as the process of internally examining and exploring an issue of concern, triggered by an experience, which reacts and clarifies meaning in terms of self, and which results in a changed conceptual perspective.²⁰ Addressing the relationship between reflective practice and nursing, Pesut, the former president of Sigma Theta Tau, the International Honor Society of Nursing, states:

Mindful reflective practice begets questions that support inquiry. Such inquiry guides knowledge work and evidence-based care giving. Care giving supports society as knowledge, values, and service intersect. Knowledgeable people and especially knowledgeable nurses provide care that meets society needs. Creating a caring society is the spirit work of nursing. Creating a caring society starts nurses caring for themselves and becoming, through reflection, more conscious and intentional in their being, thinking, feeling, doing, and acting. Reflection is a form of "inner work" that results in the energy for engaging in "outer service." Reflection in-and-on action supports meaning-making and purpose management in one's professional life.²¹

Reflective practice as defined and explained above is used at all levels of nursing education to help students to develop professional values. At the undergraduate level, students may reflect upon their clinical work and service-learning experiences to examine their own values and understandings and what they have learned that challenge these. This can be accomplished using various strategies, which may include journal entries using specific writing prompts and weekly small group discussions after each experience. At the master's level, students reflect upon their professional roles by examining clinical situations in which

²⁰ E. Boyd, and A. Fales, "Reflective learning key to learning from experience," in *Journal of Humanistic Psychology* 23, no. 2 (1983): 99-117.

²¹ Sigma Theta Tau International, "Resource Paper on the Scholarship of Reflective Practice," (2005), p. 1.

they have participated. They are asked to identify situations that “went wrong” and examine issues within the greater healthcare context that can be improved. Finally, they are asked to reflect upon how their expanded advanced practice role can facilitate the movement of healthcare forward. At the doctoral level, reflection is imbedded in many doctoral clinical portfolios, in a manner that causes students to continually re-examine their learning and clinical practices given new knowledge, skills, and practice situations.²²

Social Justice is deeply rooted in the Jesuit tradition, which has held a longstanding commitment to social responsibility, truth, and justice. Social justice is also an important aim of service-learning. Service-learning that does not integrate social justice as an aspect of student learning or community outcomes is at risk of perpetuating unjust stereotypes and relationships.²³ In the Jesuit tradition of education, the promotion of justice applies to both the internal (student) and the external (world):

The goal of the faith that does justice and works for peace is a new type of person in a new kind of society, in which each individual has the opportunity to be fully human and each one accepts the responsibility of promoting the human development of others. The active commitment asked of the students...is a free commitment to the struggle for a more human world and a community of love.²⁴

This tradition provides an ideal framework for the nursing care of vulnerable populations, including children, older adults, and members of the population who live below the poverty line with limited access to healthcare. Providing care to vulnerable populations is a particular focus of nursing care, as nurses have an inherent moral and ethical obligation to provide care equally to all populations regardless of age, race, gender, culture, religion, or socioeconomic status. Moreover, there is a focus in nursing curricula on the impact of these factors on both access to and provision of care across environ-

²² American Association of Colleges of Nursing, “Essentials of Doctoral Education for Advanced Nursing Practice,” October 2006. See also American Association of Colleges of Nursing, “Essentials of Baccalaureate Education” and American Association of Colleges of Nursing, “Essentials of Master’s Education in Nursing,” 2011.

²³ Tania D. Mitchell, “Traditional vs. Critical Service-Learning: Engaging the Literature to Differentiate Two Models,” in *Michigan Journal of Community Service Learning*, Spring 2008: 50-65. See also Sondra Cuban and Jeffrey B. Anderson, “Where’s the Justice in Service-Learning? Institutionalizing Service-Learning from a Social Justice Perspective at a Jesuit University,” in *Equity & Excellence in Education* 40 (2007): 144-155.

²⁴ Kolvenbach, “Go Forth and Teach.”

ments to ensure that this care is delivered in the highest quality manner. Ethical principles help to guide this integration throughout the various educational levels; service-learning challenges students to understand the experience of vulnerable populations and their role as professionals to problem-solve toward improved care of individuals, families, and populations.

Service-Learning Exemplars from a Jesuit School of Nursing

Jesuit values align closely with the standards of the nursing profession, and incorporating service-learning pedagogy in nursing education is a natural way to implement and integrate these values. Service-learning opportunities for nursing students can be integrated both locally and abroad to enrich learning, teach civic responsibility, and strengthen community relationships. In the undergraduate program at the Fairfield University School of Nursing, both junior and senior level service-learning courses promote the importance of community engagement and stimulate a distinctive type of learning. Prior to the development of our service-learning courses, the Office of Service Learning at Fairfield University was instrumental in providing resources and support that guided our successful implementation. As faculty we have witnessed increased student involvement that fosters a cooperative rather than competitive experience, and thus promotes skills associated with teamwork. The outcomes of these planned experiences are positive, meaningful, and real to both students and community partners, as evidenced by student reflections. Although reflection is used in various classes throughout the Jesuit undergraduate core curriculum, during both junior and senior year, critical reflection is used as part of a formative nursing assessment for these service-learning experiences. The student comments that follow (see Tables 1 and 2) are exemplars, which demonstrate how a service-learning pedagogy grounded in Jesuit values can enhance student learning.

Junior Year

While both courses demonstrate that the community and students learn from each other, these courses demonstrate different levels of engagement, based on the knowledge and skill set of the students. Students in the junior-level pediatric course work in underserved urban communities with some of the highest rates of lead poisoning in the

Table 1. Reflections from Junior-Year Baccalaureate Nursing Students

Student	Reflection	Educational Values
#1	“Having clinical outside of a hospital has taught me the importance of giving back to the community. Teaching and helping others within the field of nursing is not just limited to a clinical setting but extends out to classrooms and other public settings.” “My role in doing so includes considering all factors about my target audience in order to convey effective educating.... As a future nurse I plan on taking a leadership role within my community and considering all factors about my audience when educating others.”	<i>Social Justice and Cura Personalis</i>
#2	“I think that as citizens, as well as healthcare providers, we fail to recognize that there are health issues occurring outside of the hospital setting.... These issues in the community go unnoticed, I believe, because many people assume that people try to avoid health risks as much as possible. Many people do not realize, however, that there are serious health concerns within their communities that people are not aware of. Thus, they may be exposing themselves to serious harm but preventable harm.”	<i>Social Justice</i>
#3	“I think that it is important to remember that my role as a future healthcare provider does not only exist within the parameters of a hospital but throughout every interaction in my daily life. Teaching is one of the most important and valuable skills we must promote as future healthcare workers. Ultimately, teaching is the root of health maintenance, compliance and adherence.”	<i>Reflective Practice</i>
#4	“The children at the West Haven Child Development Center were so focused on our Mr. Lead Spot puppet show and were so interested in learning more... It will be important to take advantage of these young minds because the best way to prevent illness is to educate people about how to stay healthy. If we can catch them at a young age, they will be more likely to carry these lifestyle habits with them throughout the rest of their lives.”	<i>Cura Personalis</i>

state of Connecticut.²⁵ In this course, the students are provided with a lead prevention education program, as well as a selected community site. The community partners are contacted by the course coordinator and have the opportunity to accept or decline the free education program geared toward preschoolers. Using a scripted, interactive puppet show as the vehicle, student nurses educate preschool-age children about the dangers of lead and steps to reduce exposure. The student nurse's responsibility is to learn how to present the puppet show to young children and how to conduct a pre- and post-test effectively. To supplement this education, the preschool community partner sends information home to parents via backpack mail. The service to the community is obvious: education of parents and children about avoidance of a significant environmental health hazard.

Prior to interacting with community members, student nurses are provided with service-learning readings, information about the setting/population to be served, and practice time to learn the lead prevention program. Additionally, prior to clinical conference time faculty meet with students to review the goals of the program and to answer any questions or concerns. After each community event, students and faculty meet to conduct a post-conference dialogue to reflect on their experiences. Each student is also required to submit three written reflection journals: one prior to the start of the community experience, a second at mid-point, and the third during the final week. The reflections are in response to guided prompts, as prepared by the course director.

The desired learning on the part of the student nurses is two-fold. Students learn to use developmentally and culturally appropriate communication techniques with young children. For example, one student reflection stated, "*It was really difficult to keep the attention of the 2-year-olds. The 3-year-olds were much easier, and the smaller the group, the better.*" Additionally, students develop an awareness of health issues for at-risk populations in neighboring communities. Another student reflected, "*I will admit that before this community rotation, I did not know that lead was such a prevalent issue among members of the Bridgeport community. I knew that lead could do harm if ingested, but I did not realize that it was still a problem among certain communities.*" Further student learning can be noted in the exploration of their preconceptions about

²⁵ Commissioner Jewel Mullen, Connecticut Department of Public Health, "Childhood Lead Poisoning in Connecticut: CY 2010 Surveillance Report," (last modified 2011), http://www.ct.gov/dph/lib/dph/environmental_health/lead/pdf/CY_2010_Surveillance_Report_final_12-21-2012.pdf (accessed January 30, 2013).

this community, as captured by another student statement: *"I was surprised by how attentive and engaged the students were. I didn't expect this in a school in this neighborhood."*

After completion of the pediatric course, several outcomes were identified from reviewing the written student reflections (N=28). Student learning included (a) an increased awareness of a health concern in a neighboring urban community; (b) the impact of an early childhood prevention education program; and (c) the importance of promoting selected health education topics to community members in an effort to prevent illness and maintain health. Furthermore, students described an awakening toward their responsibility as citizens and forthcoming healthcare providers, in providing future community service (see Table 1). Although the student journals are not graded, faculty provide personalized feedback to assist students in making connections to the Jesuit values and their own personal growth.

Senior Year

In the senior-level public health course, students engage actively with the community to plan and implement a community-based intervention. While in some cases they are provided assistance by a community partner (e.g., a defined health problem and an intervention may be provided), students are expected to learn enough about the community and how it "works" to be able to implement the intervention effectively in that particular environment. Rather than assuming the position of expert in this process, they are encouraged to see the community members as their teachers, whether those members are middle school students or older adults.

Students are required to complete an asset-based assessment of their community, prior to planning or implementing their intervention. This includes both observations and data regarding the community core (i.e., history, demographics/ethnicity, and values/beliefs), subsystems (i.e. physical environment, health and social services, economy, transportations and safety, politics and government, communication and education), and perceptions (including those of the residents and their own). During this process they come to appreciate the competing priorities of communities; the importance of tailoring an intervention to the specific community; the need to be able to modify a plan based on changing demands; and most importantly, how much they can learn from a community and its members.

Students meet weekly with their community partners to ensure that feedback and progress are being communicated clearly and timely throughout the entire service-learning experience. Similar to the pediatric service-learning course, students have pre and post conferences with faculty in which they reflect verbally about the occurrences of that day and on their thoughts and opinions of the experience. However, in contrast to the pediatric experience, senior students provide one final written reflection journal as a culminating experience. The students are provided with various prompts to guide their reflective paper, encouraging them to personally assess prior assumptions, challenges encountered, and sources of strength as they examine their service-learning experience and encourage connections to the Jesuit values and mission of the university. Although the final reflection is not graded, submission is required to pass the clinical portion of the course.

Most recently a group of senior nursing students (N=15) implemented an eight-week, community-based, fall-prevention program for older adults. Student learning included (a) an increased awareness of community challenges, which can influence health outcomes; (b) the need for more community-based prevention education programs; and (c) the role that cultural diversity plays in delivering appropriate health education programs. As students reflected on their service-learning experience (see Table 2), they were able to draw upon the activities they performed and the service-learning experience they were part of, rather than solely on abstract knowledge from a textbook. One student commented, *“Our class participants had varying comorbidities like diabetes, hypertension, heart failure, COPD and arthritis. This population required specific teaching strategies in order to meet their needs...it was crucial to adapt our class and teach at a pace that everyone was comfortable with.”* This afforded them with opportunities to identify issues within a real-world situation and solutions to accommodate those demands. Another commented, *“My group learned a great deal about working WITH the community as a partner.”*

Consequently, service-learning is more likely to be personally meaningful to participants. As one student reflected, *“This [experience] has been unlike anything I have done before. During this 8-week program I have formed relationships with my participants and watched them grow in confidence...”* This experience further enhanced their awareness of the culturally diverse community members: *“This taught me to be more aware of culture and language and how everyone is at*

Table 2. Reflections from Senior-Year Baccalaureate Nursing Students

Student	Reflection	Educational Values
#1	"...helped me strengthen my skills when working with people of different backgrounds from my own...taught me the importance of cultural competence and how to adapt to others' needs."	<i>Social Justice</i>
#2	"It turned out to be very rewarding and not only for me but also for the 12 participants that were involved"; "During the whole program, I did feel a progressive attachment to the participants."	<i>Reflective Practice</i>
#4	"From this experience I have learned that in the nursing practice you could learn many things by just listening to your clients."	<i>Cura Personalis</i>
#7	"I was able to learn about the diverse culture this community had and how each participant is affected by their society"; "I can use this to get a feel of the community in which I am working and to better understand my patients and their lives."	<i>Reflective Practice and Social Justice</i>
#9	"I served as a vehicle to engage participants in meaningful conversations...I have learned that the ability of the nurse to communicate and understand each person's world or lived experience is an integral and vital component to effectively carry out the role of caregiver."	<i>Cura Personalis</i>
#12	"This is one of my proudest moments in nursing school, to know that I made an impact in someone's life... This has taught me that the hospital is not the only place for a nurse, but the community needs us as well."	<i>Reflective Practice</i>

different levels.... It has made me understand the importance of differences between cultures and how it is essential to incorporate plans of care to their specific cultural needs." The service-learning experience in conjunction with the reflective practice grounded in Jesuit values also allowed students to become more cognizant of their future nursing responsibility. As one student wrote, "*I have learned that the ability of the nurse to communicate and understand each person's world or lived experience is an integral and vital component to effectively carry out the role of care giver."*

Discussion

These findings support previous studies in which nursing faculty describe transformative learning amongst students, as students explore prior assumptions and reflect on the health and social challenges facing vulnerable and underserved populations.²⁶ Exposing student nurses to healthcare needs within communities that are different from their own backgrounds through service-learning is one way to broaden the student-learning experience. As evidenced in the exemplars, nursing care was deeply rooted in the Jesuit value of the *cura personalis* or “care of the whole, individual person.” The nursing students involved in the service-learning courses grew deeply in their relationships with the children and families they served. The care provided and relationships developed were undoubtedly strengthened through a process of reflection that is continually encouraged throughout nursing education, but particularly in service-learning courses. Using the Jesuit model of reflective practice has provided this Catholic university with a rich evaluation mechanism concerning student learning. At the same time, service-learning experiences promoted student growth in the ideals of social justice and formation of collaborative relationships, in which the goal is to initiate and sustain mutual and reciprocal benefits between partners. Enhanced exploration and understanding of social justice values was evident in the student reflections and the continued quality care they delivered throughout their experiences. It is clear that students who participated in the service-learning experiences deepened their ability to become “men and women for others”—the ultimate goals of both Jesuit and nursing educational systems.

The Association of American Colleges and Universities has developed institutional-level rubrics consistent with LEAP (Liberal Education and America’s Promise) essential learning outcomes.²⁷ Within the *Personal and Social Responsibility* area, one such rubric focuses specifically on civic knowledge and engagement at the local and global levels. This rubric outlines specific criteria, which could be tailored to align with Jesuit values and Catholic Social Teaching guidelines of our university. Such a rubric will provide an ideal mechanism for determining the

²⁶ Angela Gillis and Marian A. MacLellan, “Critical Service Learning in Community Health Nursing: Enhancing Access to Cardiac Health Screening,” in *International Journal of Nursing Education Scholarship* 10, no. 1 (June 2013), 1-9. See also K. M. Loewenson and R. J. Hunt, “Transforming attitudes of nursing students.”

²⁷ T. Rhodes and A. Finley, *Using the VALUE Rubrics for Improvement of Learning and Authentic Assessment* (Washington: AAC&U, 2013).

effectiveness of service-learning outcomes among our nursing students in the future.

Today's healthcare environment is undergoing unprecedented change. Public concerns about cost of care, fiscal sustainability, concern about patient safety and quality, and development of sustainable solutions to healthcare problems is driving healthcare reform efforts in the U.S. As nursing education continues to prepare future healthcare leaders for the twenty-first century, educators must be willing to cultivate responsible young professionals who will contribute to decreasing health disparities and embrace a culturally diverse nation. This is stated in the vision of healthcare for all people developed by the U.S. Department of Health and Human Services, called "Healthy People 2020," whose aims are to:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development, and healthy behaviors across all life stages²⁸

As we strive to meet these goals, future healthcare professionals must be prepared to meet community members in their own environment, in order to better understand the needs of a specific community. The Jesuit values of *cura personalis*, reflective practice, and social justice provide an excellent framework within which to design educational experiences that will prepare nursing professionals to meet the needs of the changing healthcare system and work with patients across environments of care. Moreover, the framework allows for the development of nursing leaders who will shape the next century of healthcare reform.

²⁸ U.S. Department of Health and Human Services, "About Healthy People 2020," <http://www.healthypeople.gov/2020/about/default.aspx> (accessed December 12, 2013).