

THE IMPACT OF SERVICE-LEARNING ON
LEADERSHIP AND AN INTEREST IN SOCIAL JUSTICE

By

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Executive Summary

The mission of Indiana Wesleyan University is to develop students in character, scholarship, and leadership and to encourage them to engage with the world as they serve others. This DNP project involved adding a service-learning component to a course in a registered nurse baccalaureate degree (RNBSN) completion program to determine if service-learning is an effective means of assisting students to grow in character, scholarship, and leadership, interested in engaging with the world around them. A literature review was completed to identify best practices with regard to service-learning initiatives in both nursing and non-nursing curriculums. Based on this literature review, the Foundations for Professional Practice course was revised to incorporate a service-learning component. Class discussions included opportunities for students to share what they had learned about the vulnerable population they chose to serve. A survey instrument developed by researchers at the University of Detroit Mercy was used to assist in evaluating the effectiveness of this course revision. A research study was completed using a quantitative, pretest/posttest control group design using a Likert scale survey on which the students evaluated their leadership skills and their interest in social justice. The change in responses of the control group did not demonstrate a measurable effect; however, the responses of the service-learning group revealed a small effect size for both the leadership construct and the social justice construct. This study was unique in that it addressed non-traditional RNBSN students in an accelerated program, 70% of whom were taking this course in an online format. Additional research is needed to determine other variables that may increase the effect service-learning has on adult students in accelerated online baccalaureate nursing degree programs.

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Chapter I: Introduction to Service-Learning at IWU

Can nurses be world changers—making an impact on the world around them? A student in a Perspectives in Poverty class a few years ago wrote, “interacting with a homeless individual and a professional who works with the homeless brought the understanding of homelessness to a new level. A connection was established that would never have been understood sitting in a classroom” (personal communication, July 27, 2010). The student made this statement after completing two interviews. Imagine the impact if the student had spent a few hours serving this community.

Background Information

Indiana Wesleyan University (IWU, n.d.c.) desires students to grow in character, scholarship, and leadership, and to become world changers by equipping them to “pour salt and shine light everywhere their lives take them” (para. 1). The goal is to create within students a mindset to make a difference in their workplaces, their communities, their states, the nation, and perhaps globally. In his vision for IWU’s future, President Wright (2013a) encouraged the Indiana Wesleyan community to engage with the world by serving others as we demonstrate the love of Jesus Christ. Based on a review of literature, service-learning is a means to help students develop in character, scholarship, and leadership as well as encourage them to become life-long world changers fulfilling the mission of Indiana Wesleyan University.

Relationship of Service-Learning to the Mission of IWU

Service-learning increases students’ interest and understanding of curriculum content (Brown, 2009). In addition, service-learning has been shown to increase a sense of social responsibility and leadership (Eve Main, Garrett-Wright & Kerby, 2013; Groh,

Stallwood, & Daniels, 2011). Service-learning allows for interdisciplinary collaboration between students in various programs (Sheu et al., 2011). Leadership, an interest in social justice, and interdisciplinary collaboration are key skills for students to develop if they are to become world changers.

Purpose of the Project

The purpose of this Translating Evidence into Nursing Practice Project (TENPP) is to evaluate how service-learning impacts students' self-evaluation of their leadership skills and their interest in social justice. This project involved revising the curriculum for the Foundations for Professional Nursing Practice course, adding a service-learning component, and evaluating the difference made by this revision. The mission of IWU (n.d.b.) is to change "the world by developing students in character, scholarship, and leadership" (para. 1). In alignment with the mission of Indiana Wesleyan University, the specific factors assessed were students' evaluation of their leadership skills and their responses related to character attributes associated with an interest in social justice.

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

The strong world changer mission at IWU and the desire to develop students in leadership, scholarship, and character (IWU, n.d.a.) is one of the strengths that supported this project. In addition, the positive team atmosphere among full-time post-licensure faculty and administration is a strength that assisted in the project's success. Both full-time and adjunct faculty members follow a prescribed curriculum when teaching in the post-licensure division and communication between faculty members is very open. A variety of full-time and adjunct faculty teach this course. During the timeframe of this study, some faculty taught the course for the first time; others had taught the course many

times. One concern was that those familiar with the course might not review the information provided about changes in the course, and therefore, might not incorporate discussions about vulnerable populations and/or service-learning. These factors presented a potential weakness for this project.

The successful incorporation of effective service-learning provides many benefits and opportunities. Populations impacted by the addition of a service-learning requirement included the RNBSN students, faculty, communities in which the students live and provide service, and IWU as a whole. Students participated in and reflected on their service-learning experiences. Faculty members who reviewed these reflections may have considered their own involvement in their communities. Communities benefitted from services provided and may continue to benefit if students choose to continue to serve these vulnerable populations in the future. IWU gained increased exposure as well as a reputation for encouraging students to provide service to their communities.

When considering a change such as this, timing is very important, and the initiation of this TENPP came at a very opportune time for influencing the RNBSN curriculum. Between August 2012 and early 2014, full-time faculty revised the RNBSN curriculum from a 14-course program to a 9-course program. As a result, faculty members have accepted curriculum changes more easily because change has been inevitable with such a major revision of the program. The faculty member initiating this project is responsible for the curriculum for the Foundations for Professional Practice course, and therefore, is able to make changes in the curriculum as indicated. These factors represent opportunities for successful implementation of this TENPP at this time.

One threat to this plan was dependence on the support of faculty. It is believed that if faculty members are not supportive of the idea of service-learning, or are concerned about the ability of students to find an agency where they can complete their service-learning, they may have present the idea in a negative light, causing students to have a negative perception of this assignment. Prior to the start of the course in May and in August, the initiator of this TENPP provided faculty with information about changes to the course, and encouraged them to ask questions and discuss the plan for service-learning in order to encourage a positive perception of this change.

Gap Analysis

The “Survey Results and Analysis for End of Program Survey” for the Post-licensure (RNBSN) program does not mention questions specific to leadership or character (Institutional Effectiveness, 2013). In addition, neither the IWU School of Nursing (2009) Commission on Collegiate Nursing Education (CCNE) Accreditation Self-Study Report, nor the IWU (2010) Higher Learning Commission Self-Study specifically mention how the university evaluates whether students are catching the vision and mission of IWU and becoming world changers as they develop in character, scholarship, and leadership. According to the American Association of Colleges of Nursing (AACN, 2008), professional values expected of nurses include altruism, autonomy, human dignity, integrity, and social justice (pp. 27-28). Service-learning provides the opportunity to foster growth in each of these values.

Service-Learning at IWU

The College of Adult and Professional Studies (CAPS) Office of Institutional Effectiveness (n. d.) indicated that service-learning may be included in the curriculum,

and IWU has an Office of Global Engagement and Service-learning. However, according to Jim Vermilya, the director of this office, currently, this office does not work with any local service-learning initiatives (personal communication, July 10, 2013).

An interest in implementing service-learning in the nursing curriculum at IWU began in April 2010 when nursing faculty had the opportunity to attend an online webinar on service-learning course design taught by Barbara Jacoby (2010). Following this seminar, a service-learning taskforce was developed. The group met on three occasions during the summer of 2010 and reviewed articles related to service-learning. Unfortunately, the taskforce stopped meeting in September 2010 prior to making progress on service-learning initiatives.

In spite of the lack of focus on local service-learning initiatives, several IWU course descriptions mention service-learning components within current courses. The John Wesley Honors College (n.d.) has a freshman-level course that includes a 10-hour service-learning experience. During the Bachelor of Science in Leadership program, students are required to identify and implement a community improvement project, serving as the leader for their identified project (Leadership, n.d.). Baccalaureate majors in business administration, entrepreneurship, finance, management, and marketing have the option to take a course that provides students with the opportunity to meet needs within the community or the university as they participate in organized service activities that meet identified community and/or university needs (Business Administration, n.d.; Entrepreneurship, n.d.; Finance, n.d.; Management, n.d.; Marketing, n.d.). The Division of Behavioral Sciences (n.d.) also provides baccalaureate students the opportunity to provide leadership for service-learning projects.

The IWU website does not mention any service-learning opportunities in connection with nursing courses in any of the divisions within the School of Nursing. However, the course description for the Perspectives on Poverty course at IWU states, “Service-learning is expected as an integral part of the course” (Shapinsky, Burger & Barnes, n.d., p. 3). In this course, students interview a professional who works with a vulnerable population, and a member of that vulnerable population; however, they do not provide any services for those within this population.

Significance of the Project

Commission on Collegiate Nursing Education (CCNE, 2013) Standard III focuses on program quality, including curriculum and teaching-learning practices. According to the 2013 Amended Standard III E, all baccalaureate nursing programs, including RNBSN programs, must include practice experiences to assist students in developing professional competencies in alignment with their educational preparation (CCNE, 2013, p. 15). The American Association of Colleges of Nursing (AACN, 2012) stated that practice experiences “require the student to integrate new practice-related knowledge and skills” (p. 4). Service-learning assists students in learning “soft skills” such as compassion, empathy, communication, leadership, and the ability to problem-solve in a new situation, and has the potential to change their attitudes toward vulnerable populations in their current settings.

Quality and Safety Education for Nurses (QSEN) competencies, “Patient-Centered Care” and “Teamwork and Collaboration,” can be addressed through service-learning as students increase their understanding of the vulnerable population they serve and interact with professionals at the agency where they perform their service.

There is an increasing emphasis on the importance of higher education demonstrating the value added to students through their educational journey. According to Arthur and Bohlin (2005), universities have an obligation to society to assist students in becoming “critical, thoughtful, and deliberative citizens able to understand and participate constructively in society” (p. 2). Benjamin Franklin, one of the founding fathers of our country, believed that the purpose and outcome of education should be the inclination and ability to serve mankind (Harkavy & Hartley, 2010, p. 419). Articles reviewed by Gillis and MacLellan (2010) demonstrated that service-learning leads students to become agents of social change. Bassi (2011) stated that service-learning increases the competence, autonomy, integrity, and skill development. Casey and Murphy (2008) found that service-learning increases students’ cultural awareness and helps them become responsible citizens. These articles demonstrate that universities can add value to the education of their students by introducing service-learning into the curriculum.

Nursing Theoretical Framework: The Neuman Systems Model

Nursing theories serve as a framework for patient care. They can also be a very useful tool for research and exploration of nursing practice issues. As a grand theory, the Neuman Systems Model provides a broad framework that can be used to assess, plan, intervene, and evaluate the many facets of research.

Summary of the theory. For Neuman, the client “may be an individual, a family, a group, a community, or a social issue” (Neuman & Fawcett, 2011, p. 15). According to Neuman, the client system has a basic structure, a normal line of defense, a

flexible line of defense, and lines of resistance (Neuman & Fawcett, 2011). Neuman takes a holistic approach to client assessment that includes five variables: physiological, psychological, sociocultural, developmental, and spiritual. One of the key points in the model is the focus on the client as an open system. As such, the client is subject to stressors that can cause instability (Neuman & Fawcett, 2011). These stressors may be in the internal environment, the external environment, or the created environment (Neuman & Fawcett, 2011). The focus of the model is the protection of the client structure from the effects of stressors that invade the system from within or from outside the system (Neuman & Fawcett, 2011). According to Neuman and Fawcett, the goal of nursing is to promote stability within the client system. The nurse intervenes by providing primary, secondary, and tertiary prevention (Neuman & Fawcett, 2011). The Neuman Systems Model contains many concepts related to her view of the nursing metaparadigm (nursing, person, environment, and health) (Neuman & Fawcett, 2011).

Description and definition of concepts.

Person. Rather than “person,” Neuman uses the term “client” in order to recognize the participatory role of the client, as the nurse and client work together to determine diagnoses, goals, and interventions (Clark & Lowry, 2012). In the case of this TENPP, the “clients” were RNBSN students who took the Foundations for Professional Practice course between March and October 2014. Faculty members who guided and directed students through this course could be said to have filled the role of the “nurse.”

Core or basic structure. The basic structure or core consists of innate features common to all organisms such as normal temperature range, genetic make-up, organ strengths and weaknesses, and ego structure (Neuman & Fawcett, 2011). The basic

structure of Indiana Wesleyan University RNBSN students includes the following: students are licensed registered nurses who graduated from a diploma school of nursing or an associate degree nursing program. They range in age from 20-65, and their level of experience in nursing ranges from no experience to over 30 years of experience as an RN. They may be male or female, and may live in an urban area or a rural area. They may be enrolled at Indiana Wesleyan as online students or as onsite students. All of the onsite students and the majority of the online students live in Indiana, Ohio, or Kentucky, but in 2013, there were graduates from 26 different states within the United States.

Lines of defense. Every client system has a normal line of defense and a flexible line of defense. The normal line of defense is the routine state of the client system or “the state to which the client has evolved over time” (Neuman & Fawcett, 2011, p. 18). The wellness level or normal line of defense of a client includes “coping patterns, lifestyle factors, developmental and spiritual influences, and cultural considerations” (Neuman & Fawcett, 2011, p. 18). When a stressor is threatening the normal line of defense, the flexible line of defense provides additional sources of stability or strength (Neuman & Fawcett, 2011).

For this TENPP, the normal line of defense included peers, friends, and acquaintances at church or at work who may have suggested locations where students could serve. In addition, students had access to the internet to search for service agencies in their communities that serve their population of interest. The flexible line of defense included suggestions in the workshop materials for populations to assist the students to identify a population of interest for their service-learning assignment.

Lines of resistance. The lines of resistance contain known and unknown factors that protect the core when a stressor penetrates the normal line of defense (Neuman & Fawcett, 2011). They may be internal factors such as the immune response to an infectious agent, or external factors such as medical treatments, financial resources, spiritual support, or community assistance.

For this TENPP, the lines of resistance protecting the core include faculty members teaching Foundations for Professional Nursing who facilitated the student's learning experience. They provided guidance toward possible service agencies if students had difficulty finding a location for their service-learning assignment, thereby reducing the stress felt by the student.

Variables. Neuman describes five variables that make up the client system—physiological, psychological, sociocultural, developmental, and spiritual. The physiological variable “refers to the bodily structure and internal function” (Neuman & Fawcett, 2011, p. 16). During this TENPP, students were responsible for locating the agency with which they served. They needed to be conscious of their physiological limitations when considering the type of service assignment in which they chose to participate.

The psychological variable refers to the internal emotional and mental state of the client as well as emotional/mental factors related to interactions between the client and the environment. Requiring students to find a service-learning location and put in five hours of volunteer service may have caused some students psychological stress. In addition, the location in which the students chose to serve may have exposed students to poverty or other vulnerabilities with which they may not have been familiar.

The sociocultural variable refers to social and cultural influences that affect the client. These influences may be internal or external. RNBSN students at Indiana Wesleyan University come from a variety of backgrounds. Some have experienced teen pregnancies, homelessness, domestic abuse, or other situations. They may or may not have chosen to serve a population with whom they could relate, but during this course, students shared with their classmates about a variety of vulnerable populations, some of which students may have experienced personally.

Neuman defines the developmental variable as relating to the “age-related development processes and activities” (Neuman & Fawcett, 2011, p. 16). The students in the RNBSN program are of varying ages and have a varying amount of experience in nursing. Each student has a unique personality and set of experiences that have contributed to his or her worldview. The students may or may not have appreciated the opportunity to complete this service-assignment, depending on their developmental stage and their worldview. Foundations for Professional Practice is the second nursing course in the RNBSN program; so, when students began this course, they had been in the program for eight weeks.

The final variable that Neuman identifies is the spiritual variable (Neuman & Fawcett, 2011). Neuman compares the spiritual variable to a seed. This seed can be dormant and ineffective for the client system, or it can be active and effective, providing energy to the client system (Neuman & Fawcett, 2011). As a Christian university, “the primary value for Indiana Wesleyan University is Christ-likeness” (IWU, n.d.b, para. 3). According to IWU, “the challenge to follow Christ compels us to pursue a personal and professional lifestyle of commitment, leadership, service, stewardship, innovation, and

diversity” (para. 3). However, not all students who attend IWU are Christians. From a spiritual point of view, the service-learning experience may or may not have affected them on a spiritual level.

Health. According to Neuman, a client is healthy when there is “optimum system stability, that is, the best possible wellness state at any given time” (Neuman & Fawcett, 2011, p. 23). When a client system is experiencing negative effects from stressors, the client is not functioning at optimum system stability. Stressors can include any physiological, psychological, sociocultural, spiritual, or developmental stimuli in the internal, external, or created environment that produces tension (Neuman & Fawcett, 2011).

The service-learning component of this course may have caused RNBSN students to feel stress as they tried to locate a place where they could complete their service-learning experience. However, just as the stressor of receiving a vaccination can increase an individual’s immunity to a virus, exposure to new experiences through service-learning may provide growth in the form of an increased interest in social justice, increased cultural awareness, and the opportunity to apply various leadership attributes.

Environment. The environment includes any internal or external force with which the client interacts. The client and the environment have a reciprocal relationship (Neuman & Fawcett, 2011). According to Neuman and Fawcett, three environments affect the client—the internal environment, the external environment, and the created environment. The created environment is an unconscious attempt on the part of the client to maintain system stability, integration, and integrity (Neuman & Fawcett, 2011).

Nursing. Nurses assess all variables affecting the client's response to stressors as well as strengths, resources, variances from wellness, hypothetical interventions, and client perceptions (Neuman & Fawcett, 2011). Nursing within the Neuman Systems Model focuses on promoting client system stability while strengthening the client system and the normal and flexible lines of defense. The depth to which the stressor has penetrated the flexible or normal line of defense determines the intervention or level of prevention needed. Primary prevention strengthens the flexible line of defense before a stressor has reached the normal line of defense in order to maintain client stability (Whetsell, Gonzalez, & Moreno-Fergusson, 2011). This TENPP involved the use of primary prevention.

Primary prevention. Primary prevention is used before the stressor impacts the system to strengthen the flexible line of defense and decrease the reaction to a stressor (Neuman & Fawcett, 2011). According to White (2012), support from the administration and supervisors assists in the acceptance of change. The success of the service-learning component of this course was dependent on faculty members who expressed a positive outlook on the service-learning requirement as they discussed this assignment and encouraged acceptance of the idea by the students. If students sense their faculty is not in favor of this assignment, they might try to avoid completing the assignment. Primary prevention included providing clear information and a list of suggestions regarding implementation strategies for service-learning throughout the curriculum with the goal of assisting students and faculty to feel more comfortable and favorably inclined toward the service-learning requirement.

Transformational Leadership Theory

The transformational leadership theory was also very applicable to this TENPP. According to Burns (2003), transformational leaders give people hope that things can change for the better, and they provide solutions and initiatives to achieve the change. The role of the leader is to mobilize people to be involved in changes as they happen and to work together with others in a way that brings a “sense of meaningfulness in their work and lives” (Bass as cited by Burns, 2003, p. 26). Empowerment of followers is a key theme in transforming leadership.

Knapp, Fisher, and Levesque-Bristol (2010) studied the impact of service-learning on a commitment to future engagement. These authors indicated that service-learning had the effect of empowering the students. They shared the following comments made by students:

“This experience really opened my eyes to all the ways there are to help the community. Now I know how easy it is to get involved and make a difference, even if it isn’t big,” and “I plan to do much more community service and try to make a difference in the lives of others who need my help. This has shown me how much people need our help and how easy it is to make a difference.” (Knapp et al., 2010, p. 241)

Burns (2003) stated that leaders do not exert power over their followers; they inspire and empower their followers to the point where the followers may even surpass the leader. That is certainly a desired outcome of this project. It would be wonderful to see RNBSN graduates who excel in assisting vulnerable populations. Burns also stated, “transforming leadership results in mutual empowerment. Empowerment of followers

results in empowerment of the leader” (Burns, 2003). Encouraging students to engage with the communities around them empowers them to step outside of their comfort zones and into a world where they are truly needed, which in turn strengthens and empowers the RNBSN program.

Transformational Leadership as it relates to this TENPP

During the Foundations for Professional Practice course, students review the history of nursing and consider major changes that have taken place in nursing over the last 150 years. During the first workshop, students explore the impact Florence Nightingale, Mary Jane Seacole, Dorothea Lynde Dix, MaryAnn Bickerdyke, Clara Barton, Lavinia Dock, Lillian Wald, Isabel Hampton Robb, Mary Breckinridge, and others had on the profession of nursing. Each of these women was a transformational leader. The students are encouraged to consider how, like these historical nurses, they can make a difference in the world today addressing healthcare needs in their communities.

Transformational leadership is needed throughout the process, but the key to change is empowering the followers to create the change and “pursue happiness for themselves” (Burns, 2003, p. 240). When selecting their service-learning locations, the students were encouraged to follow their passions with a vulnerable population that touches their hearts. As students sought to meet workshop outcomes, they discussed the populations they had chosen with regard to ethical and legal issues, sociocultural concerns, spiritual concerns, healthcare disparities, and access to healthcare.

Organizational Theories: Culture of the Organization

Transformational leadership focuses on managing organizational change. According to VanWart (2013), in order to facilitate change, leaders need to focus on the mission, vision, values, and culture of the organization. Culture is “the sum total of an organization’s beliefs, norms, values, mission, philosophies, traditions, and sacred cows” (Roussel, 2013, p. 259). It is essential that organizational leaders “instill and support the kind of values needed for the company to thrive” (Daft, 2013, p. 39).

Leaders need to share information, encourage collaboration, provide support, and inspire a commitment to the mission and values of the organization (Roussel, 2013). Transforming leadership requires transforming values (Burns, 2003, p. 29). As students continue their education at IWU, they are encouraged to adopt the values of “Commitment, Leadership, Service, Stewardship, Innovation and Diversity” (IWU, n.d.b., para. 3).

Visible structures, processes, values, goals, philosophies, and shared assumptions demonstrate the characteristics of the culture (Bellot, 2011). When members of the organization are committed to the organizational culture, the organization will be strong because culture functions as “normative glue” that holds an organization together (Bellot, 2011). Organizations need to communicate the mission, vision, and values, because if these are not understood and accepted, organizations will flounder.

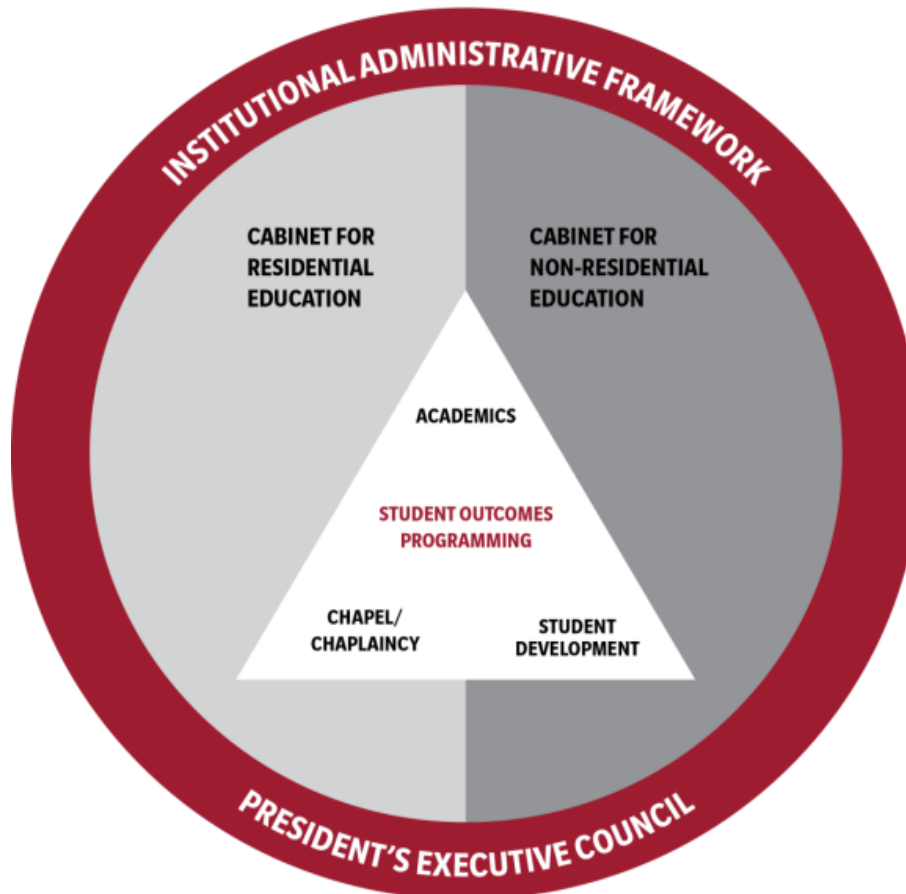
According to Marshall (2011), successful transformational leaders display moral reasoning and ethical values. “Values influence behavior; people with unclear values may lack direction, persistence, and decision-making skills” (Black, 2014, p. 258). Black was referring to individual values, but this is true of organizations as well.

This TENPP took place at Indiana Wesleyan University, a Christian-based liberal arts university located in Marion, Indiana with regional sites in Indiana, Ohio, Kentucky, and online. The school has evolved from a graduating class of five students in 1921 (IWU, n.d.a.) to an enrollment of 14,859 students in the fall of 2013, including 3,018 students taking classes on campus in Marion and 11,841 students taking classes online or at regional centers located in Indiana, Ohio, or Kentucky (IWU, 2013).

The mission of IWU (n.d.b.) is to change “the world by developing students in character, scholarship, and leadership” (para. 1). This mission is prominently displayed at the regional education centers as well as on the main campus for students, faculty, and staff to see. In his statement of his vision for Indiana Wesleyan University’s future, President Wright (2013a) provided a very clear vision of organizational commitments needed to create a great Christian university. He identified and elaborated on six organizational commitments including maintaining a Christ-centered focus, helping students succeed, practicing excellence, engaging with the world by serving others, developing and maintaining relationships, and spreading Christian education around the world through global engagement (Wright, 2013a).

Organizational structure is another aspect of organizational theories. See Figure 1 for a picture of the structure of IWU discussed by Dr. Wright (2013b) as he shared his vision for IWU. Student outcomes and programming are at the heart of IWU with a focus on academics, student development, and the Christian influence. The Residential and Non-Residential Cabinets support this student focus, and the Cabinets have the support of the Institutional Administrative Framework and the President’s Executive Council.

Figure 1.1: Organizational Structure of Indiana Wesleyan University



The administrations of IWU and of the Post-Licensure Division are professional bureaucracies containing a strategic apex, middle line, operating core, techno-structure, and support staff (Tosi, 2009). The Associate Vice President for Academic Affairs for the School of Nursing has oversight of the division. The Associate Dean for the Division of Post-Licensure Nursing, and Associate Directors for Curriculum and for Faculty Development provide leadership for the division. Full-time faculty members create course materials for each of the courses so that all full-time and adjunct faculty members teach the courses using the same curriculum. This arrangement contributed to the ability for this project to move forward. Full-time faculty complete evaluations and provide mentoring for new full-time faculty and all adjunct faculty members to ensure

consistency of outputs, but faculty members may vary teaching strategies according to their personal teaching styles.

Currently, 17 full-time faculty members in the Post-Licensure Division develop and revise curriculum, oversee approximately 160 adjunct faculty members, serve on committees, teach, and engage in scholarship. Decision-making for the Post-Licensure Division is decentralized, and the groupings are functional, based on descriptions provided by Tosi (2009). The environment is complex and relatively stable, even though 12 out of the 17 full-time faculty members have worked full-time for IWU for less than five years, and all of the administrative staff within the Post-Licensure Division were hired within the last five years.

The Post-Licensure Division is an open system. There is open communication and open access between administration, full-time and adjunct faculty members, students, and support staff. According to Daft (2012), an open system consists of “interrelated parts that function as a whole to achieve a common purpose” (p. 33). The School of Nursing, including the Post-Licensure Division, consists of interrelated parts with a mission to change the world by developing students in character, scholarship, and leadership.

Indiana Wesleyan University has many strengths. There is excellent communication, respect, and support provided by full-time and adjunct faculty members. When faculty members are teaching a course for the first time, other faculty provide guidance, along with course materials, to supplement the information provided in the learning management system. This support enables faculty members to teach courses effectively and to feel comfortable with new course assignments. This communication

and collaboration process made it easier to inform all faculty members about changes in the Foundations for Professional Practice course curriculum and to notify them about expectations for students and faculty with regard to these changes.

The commitment of the administration to achieve the mission and vision of IWU provides an excellent backdrop for this project. IWU is student-focused, and the staff members are very supportive to one another. These factors had a positive impact on the change process as this project moved forward.

Change Theory

The culture of an organization affects the employees as well as the customers served by the organization. The culture also provides an indication of the type of change processes that will be effective. Mitchell (2013) discussed the importance of selecting an appropriate change theory based on the type of change, as well as the attributes of the leader. According to Mitchell, before embarking on a change, leaders should assess “their strengths and weaknesses in terms of their leadership skills, because these can greatly affect the outcome of a change project” (p. 34).

The author of this TENPP tends to be very organized and systematic when working on projects. De Caluwé and Vermaak, (n.d.) would recognize these as traits of a “blue print” leader, and RNBSN faculty members tend to be a cooperative followership. Although faculty members vary in personality and teaching style and use creativity in their approach to teaching, they tend to follow the general directions provided for them.

Havelock’s Theory of Planned Change. Havelock’s Theory of Planned Change was used for this project because it is compatible with the personality of the leader and the organizational culture within the Post-Licensure RNBSN Division. According to

White (2012), the Framework for Guiding the Process of Implementation begins with instructions on how to prepare those who will be affected by the change (White, 2012). The author of this TENPP shared a vision for service-learning with full-time faculty within the post-licensure division on several occasions, prior to the implementation of service-learning, and during the course of the research study as questions arose. According to Daft (2010), one of the techniques for overcoming resistance is communication; however, only preliminary details were shared with faculty members in order to avoid compromising the results of the control study that began in March 2014.

The role of the transformational leader is to mobilize people to be involved in changes as they happen. This change may develop into something much larger than a revision in one course if others remain engaged in the process and are empowered to share their visions.

Havelock's Theory of Planned Change is based on Lewin's theory (Longo, 2013). Lewin describes the processes of unfreezing, moving, and refreezing (Mitchell, 2013). In 2012, the RNBSN program began implementing a completely revised curriculum. As a result, when this TENPP was initiated, the curriculum was not yet "frozen." Full-time faculty were continually revising the curriculum with each new course start, making this a perfect time to complete this change project.

The author of this TENPP is the lead curriculum writer for Foundations for Professional Practice, providing the opportunity to make the revisions needed and the ability to give clear direction to students and faculty, offering the support needed to implement the revisions. The RNBSN director and the curriculum coordinator gave their

approval for this change. According to Havelock's Theory of Planned Change, having support from higher levels of leadership is necessary for change to be successful (White, 2012).

Barriers to change. Even with the best plans, there can be barriers to change. Potential barriers mentioned by Daft (2010) that were pertinent to this project included "failure to perceive benefits," "lack of coordination and cooperation," and "uncertainty avoidance" (p. 459). Both students and faculty members may have experienced these barriers. Students were required to research their communities for an opportunity to serve. Rosing, Reed, Ferrari, and Bothne (2010) found that some students express concern over having to find their own service locations due to the limited hours service agencies are open, but they also stated that many students expressed a desire to find their own service-learning sites. Longo (2013) discussed the fear of change due to "lack of knowledge, prejudices resulting from a lifetime of personal experience and exposure to others, and fear of the need for greater effort or a higher degree of difficulty" (p. 140). These factors may have increased resistance within students.

Rosing et al. (2010) discussed the need for the service-learning component of the course to be relevant to the course objectives and to what the students would like to gain from the course. Allowing students to focus on their area of interest as they chose their service location allowed the course to become more relevant to them. This course provided several opportunities for the students to engage in discussion about the topics of the workshop in light of their service-learning experiences.

One faculty barrier of concern was that faculty members who had previously taught the Foundations course might continue to use old agendas, teaching plans, and

strategies as opposed to accepting the changes made in the curriculum and faculty resources. Longo (2013) identified habits, complacency, fear of disorganization, and insecurity as factors that can increase resistance to change. Hou (2010) found that faculty who had never taught a service-learning course felt they would be giving up control of the learning experience.

Black and Gregersen (as cited by Freemyer, n.d.) identified three brain barriers that can affect the acceptance of change. Brain barrier # 1 would have occurred if students and faculty did not see the need for this change. It was essential to tie in this change with the mission and vision of IWU and the course outcomes. Brain barrier #2 is the failure to move (Freemyer, n.d.). In order for this project to be successful, clear explanations were needed regarding changes in the course and regarding what faculty would need to do to facilitate these changes. In addition, it was important to monitor concerns expressed by faculty so that guidance could be provided to prevent negative attitudes from being displayed in front of students. According to Black and Gregersen (as cited by Freemyer, n.d.), brain barrier #3 is “failure to finish” (p.12). Brain barrier #3 would include stopping the change process before it has had the opportunity to demonstrate its effectiveness. In order to “finish,” continued monitoring needs to occur even after this TENPP is officially completed.

In reference to leaders, Kotter (2001) stated, “They don’t make plans; they don’t solve problems; they don’t even organize people. What leaders really do is prepare organizations for change and help them cope as they struggle through it” (p. 85). Transformational leadership was required to prepare faculty members for the

addition of service-learning to the curriculum and to assist them as they facilitated this change as they interacted with students.

Interprofessional Collaboration

The Commission on Collegiate Nursing Education (CCNE) requires that baccalaureate students have the opportunity to learn how to communicate and collaborate with other professionals. Baccalaureate Essential VI is: “Interprofessional communication and collaboration for improving patient health care outcomes” (AACN, 2008, p. 22). Service-learning encourages interprofessional collaboration as students engage with social workers, counselors, and others in the community who are providing care for vulnerable populations. Several authors have discussed the benefits of interdisciplinary service-learning (Begley, Haddad, Christensen, & Lust, 2009; Dacey, Murphy, Anderson & McCloskey, 2010; Kolomer, Quinn & Steele, 2010; Sheu et al., 2011). These authors indicated that students who participate in service-learning gain a better understanding of the function and focus of other professionals.

According to Kolomer et al. (2010), as nursing students work with other professionals outside of nursing, they have the opportunity to learn about the principles, ethics, and values of other disciplines, and to develop a “sense of professional curiosity and initiative” (p. 270). In their study, Kolomer et al. found that students were very interested in learning about the skills of the other professionals and in learning how those skills would benefit the patients for whom they care.

In this TENPP, students self-selected an agency that provides services for the population of interest to them. Students worked with a variety of professionals—social workers, counselors, caseworkers, agency administrators, therapists, principals, teachers,

community health nurses, nurse practitioners, and others. This experience provided students the opportunity to make connections with those in the community who offer services to vulnerable populations. These experiences will continue to prove invaluable as students care for patients in the healthcare setting.

Summary

The mission of IWU (n.d.b.) is to change “the world by developing students in character, scholarship, and leadership” (para. 1). The purpose of this project was to evaluate how service-learning impacts students’ self-evaluation of their leadership competence and their character as demonstrated by their interest in social justice. CCNE requires that RNBSN programs include practice experiences to assist students in developing professional competencies in alignment with their educational preparation (CCNE, 2013, p. 15). This project assisted students in gaining “soft skills” such as compassion, empathy, communication, leadership, and the ability to problem-solve in a new situation. These soft skills relate to QSEN competencies, Patient-Centered Care and Teamwork, and Collaboration as students increased their understanding of the vulnerable population with whom they chose to work during their service-learning experience.

The nursing theoretical framework used for this project was the Neuman Systems Model. The Transformational Leadership Model provided guidance with coordinating changes that took place as the project progressed. The organizational culture of IWU was conducive to supporting this initiative. Havelock’s Theory of Planned Change was used to guide the change process. In addition, this project supported opportunities for interprofessional collaboration.

Curriculum should reflect research and best practices for nursing education (National League for Nursing, 2005). Nurse educators have reported on the effectiveness of service-learning on changing attitudes and behaviors such as increased social responsibility (McGorry, 2012; Meili, Fuller & Lydiate, 2011) and cultural competence (Amerson, 2010; Riner, 2013) seen in graduates who have had the opportunity to step outside of their comfort zones and mingle with vulnerable populations. The Post-licensure Division has the opportunity to incorporate service-learning into the curriculum based on research studies and examples provided by other universities.

This project evaluated the effectiveness of adding five hours of service-learning and focused discussion about vulnerable populations during the Foundations for Professional Practice course, the second course in the Post-licensure (RNBSN) curriculum at Indiana Wesleyan University (IWU). Service-learning is a beneficial form of pedagogy as it assists students to engage with the community and as it supports the mission and goals of Indiana Wesleyan University.

Chapter II: Metasynthesis

Service-learning is a popular topic in professional literature. A search of EBSCOhost using the term “service learning” produced a list of 25,735 sources published between 1905 and 2015. When limiting the search to peer-reviewed articles, that number dropped to 15,257 articles. When limiting the search to peer-reviewed articles published between 2010 and 2015, the number of articles in EBSCOhost dropped to 6,076 articles.

Service-learning is mentioned in nursing journals as well. A *Cumulative Index of Nursing and Allied Health Literature* (CINAHL) search using the term “service learning” produced a list of 943 sources. When limiting the search to peer-reviewed articles, that number dropped to 802. When further limiting the search to peer-reviewed articles published between 2010 and 2015, the number of articles dropped to 391 articles. When limiting the search to peer-reviewed articles in which one author is a nurse, the number of articles published between 2010 and 2015 dropped to 55 articles. This finding may indicate that nursing may be less actively incorporating service-learning compared to other disciplines. In this chapter, the history of service-learning in higher education will be reviewed followed by a specific focus on service-learning in nursing education.

History of Service-Learning in Higher Education

Service-learning has a very active history, dating back to 1903 when the University of Cincinnati began its “Cooperative Education Movement.” According to the College of Engineering (n.d.) at Marquette University, cooperative education integrates classroom work with practical experience. In the early 1900s, John Dewey and William James developed the concept and practices of service-learning by identifying intellectual foundations for service-learning (NSLC, n.d.a). According to Flecky and Gitlow (2011),

initial service-learning initiatives at land grant colleges focused on the needs of local farming communities.

According to the National Service-Learning Clearinghouse (NSLC, n.d.a.), service-learning was used during the Great Depression as a means for individuals to support their families, while restoring national parks and revitalizing the economy through the Civilian Conservation Corps and the Works Project Administration, created by President Roosevelt. Service-learning has also been linked to the Peace Corp established by President John F. Kennedy in 1961 (NSLC, n.d.a). In the mid-1960s, President Lyndon B. Johnson initiated several programs tied to service-learning, including Volunteers in Service to America (VISTA), the National Teacher Corps, and the Job Corps as well as the White House Fellows program, one of America's most prestigious programs for leadership and public service (NSLC, n.d.a). A White House Fellowship offers young people the opportunity to work as paid Fellows assisting senior White House Staff, Cabinet members, and other high-level government officials (White House, n.d.). In addition, college work-study programs and the Urban Corp were established in the mid-1960s in order to assist students in paying for their education (NSLC, n.d.a).

The term "service-learning" was first used in the mid-1960s by Oak Ridge Associated Universities, and in 1969, the first service-learning conference was held in Atlanta (NSLC, n.d.a). In 1970, the University of North Carolina Internship Office began incorporating service-learning ideas into their curriculum as outlined in a lecture by Sigmon (1970). Sigmon's name appears to be the one of the first names associated with current theories of service-learning. Sigmon (1970) presented a lecture at the University

of North Carolina in which he discussed “a new approach to education and service” (p. 1). He had a vision for education focused on decreasing the alienation of college students—assisting them to assimilate into society by means of experiential learning.

In his lecture, Sigmon (1970) presented the conceptual framework developed for the North Carolina Internship Office. This is one of the earliest documents describing a “conceptual framework” for service-learning. Sigmon provided guidance on the roles of agency colleagues, faculty counselors, and students. He encouraged those in attendance to risk “tragedy, by trying to care, by being open, by attempting to become competent, by searching for ways to learn, and by accepting public obligation” (Sigmon, 1970, p. 14).

In 1971, the White House Conference on Youth report called for a link between service and learning (NSLC, n.d.a) and subsequently, the National Student Volunteer Program was established (NSLC, n.d.a). The National Student Volunteer Program was renamed the National Center for Service-Learning in 1979 (NSLC, n.d.a). According to the NSLC, several national initiatives related to service-learning were instituted in the 1980s, and the push for service-learning continues today with a plethora of articles written about how service-learning has been implemented at universities around the country.

Service-learning assists students to retain information presented to them in the classroom by increasing their self-awareness, self-esteem, and resilience, and by increasing their belief that they are able to effect a positive change in the world around them (Teachers College Columbia University, n.d.). The Teachers College website also indicates that service-learning strengthens the connections between students, communities, and schools and encourages cooperative learning.

Sigmon (1970) saw service-learning as a means to produce graduates who are “humane and competent people” (p. 3) who have the initiative and confidence to solve real-life problems and who are concerned about needs within their communities.

According to Sigmon, allowing students to take the initiative and to be autonomous, is beneficial in creating “confident people whose learning is self-generated” (p. 6).

McAleavey (n.d.) believed the best way to learn is through participation. When a course includes the importance of social awareness or skill performance, service-learning provides the most appropriate means of pedagogy (McAleavey, n.d.).

Sigmon discussed three principles of service-learning (as cited by NSLC, n.d.b).

The first principle states that the community partners should have control over services to be provided (NSLC, n.d.b). The second principle indicates that service-learning should help community partners to become better able to serve. The third principle recognizes that learners also should have a role in determining what is to be learned (NSLC, n.d.b). Sigmon (1970) was a proponent of cross-cultural education, but he was very clear that prior to cross-cultural experiences, students need to be prepared for what they can expect to see and learn.

Honnet and Poulsen (1996) reported on the results of an advisory group meeting in which proponents of service-learning identified ten principles that demonstrate good practice in relation to service-learning. These principles reflect the requirements of effective service-learning programs and were developed after consultations with over 70 organizations involved in service-learning (Honnet & Poulsen, 1996). In 2008, Mustascio and Plaut updated a document, originally compiled by Seifer in 2002, which reviews institutional structures for service-learning in higher education. This report

provides examples of how several different universities structure their service-learning offices, advisory councils, staff, faculty, and administrative leadership positions, as well as leadership positions for community partners and students (Mustascio & Plaut, 2008). In addition, these authors provided a reference list of 35 articles and resources related to best practices for developing a service-learning program. The highest level of evidence noted in the review of literature has been systematic reviews of cohort studies.

Description and Definition of Concepts

In spite of the fact that the term “service-learning” has been used for close to 50 years, there is no standardized operational definition for this term (Stallwood & Groh, 2011). According to Jacoby (2010), service-learning is an educational experience that engages students in activities that address the needs of individuals or communities. Structured reflection provides the opportunity for assessment of learning outcomes met through these experiences (Jacoby, 2010). Jacoby’s definition is broad and can incorporate several different activities and experiences schools can incorporate into the curriculum.

Stallwood and Groh (2011) stated that service-learning is interdependence between service and learning, while Jarosinski and Heinrich (2010) described service-learning as allowing students the opportunity to “stand in the shoes” of vulnerable individuals. The two key concepts related to service-learning include service and learning. How these concepts play out in the real world tends to vary from one service-learning experience to the next. Service-learning takes on many different shapes and sizes. The types of service provided and the locations for service varies, based on the individuals designing the service-learning experience. The National Service-Learning

Clearinghouse (n.d.c.) provided an example to distinguish service-learning from volunteerism.

According to the NSLC (n.d.c.):

If school students collect trash out of an urban streambed, they are providing a valued service to the community as volunteers. If school students collect trash from an urban streambed, analyze their findings to determine the possible sources of pollution, and share the results with residents of the neighborhood, they are engaging in service-learning (para. 4)

The example above demonstrates a combination of service and learning. Service-learning is a teaching strategy that brings together students, colleges and universities, and organizations (Sigmon, 1996). Kemp (2010) defines service-learning as “the form of education that connects experiential learning with community service, in order to accomplish academic objectives” (p. 128). Sigmon stated that one of the keys to service-learning is recognizing where the emphasis should be placed. From his point of view, SERVICE-learning would put the emphasis on service—with learning being a secondary focus, service-LEARNING would put the emphasis on learning with limited emphasis on service, and service learning (with no hyphen) sees service and learning as separate entities—not linked (Sigmon, 1996, p. 10). Sigmon emphasizes the fact that true service-learning is reciprocal; “all the partners in the experience are servers and served, and are teachers and learners” (p. 10).

Service-learning can improve the students’ ability to make sense of course content (Stallwood & Groh, 2011) as well as increase their level of critical thinking (Amerson,

2010; Kazemi, Behan & Boniauto, 2011) and help them to see the connection between evidence-based nursing practice and research (Balakas & Sparks, 2010).

Models of service-learning implemented at various universities provide an interesting backdrop for this study. Over the last decade, an increasing number of colleges and universities have incorporated service-learning in a variety of community settings with many different types of students (College of Engineering, n.d.; Iowa State University, 2013; Abels, 2009; Teacher's College Columbia University, n.d.). Research and descriptive articles document service-learning experiences of faculty and students and validate the concept of service-learning. Research on this topic is ongoing.

The North Carolina State University model of service-learning demonstrates that the community, students, and faculty members are partners in service-learning, and when these three combine, service-learning takes place (Abels, 2009). The service-learning model from Teachers College Columbia University (n.d.) displays the steps of preparation, service, reflection, assessment/evaluation, and celebration/demonstration. Many feedback opportunities occur between each of these steps. Iowa State University (2013) pulled together service-learning models from Santa Monica College, the University of Maryland, and Virginia Tech to provide guidance for their faculty members as they incorporated service-learning into their curriculum. These models include curriculum for service-learning as a required or optional component of the course as well as a focus on civic-based service-learning, problem-based service-learning, consult-based service-learning or community-based action research. At a minimum, key features of these models include preparation of the students for the experience, completion of a

service activity, and reflection on the service activity to identify learning that has occurred.

McKinnon and Fealy (2011) developed a service-learning model based on “seven Cs.” The seven C’s they identified are “compassion, curiosity, courage, collaboration, creativity, capacity building, and competence” (p. 95). McKinnon and Fealy believe that in order to successfully develop and sustain service-learning in the curriculum, these qualities are essential because they maintain the focus on ethical and compassionate learning experiences.

Connors and Seifer (2005) discuss the ways in which interdisciplinary service-learning in higher education benefits students, faculty members, and the community as well as trends that support interdisciplinary service-learning. In their article, they review the interdisciplinary models of service-learning used by 14 universities across the United States.

Gillis and MacLellan (2010) and Mitchell (2008) discussed differences between traditional service-learning and critical service-learning. Mitchell (2008) indicates that both critical and traditional service-learning have a classroom component encompassed by reflection, but the central focus of traditional service-learning is learning to serve/ serving to learn. The critical service-learning model encourages students to engage in social change, as they develop relationships within the community, identify root causes of inequalities and healthcare disparities, and consider ways to address the disparities and inequalities they have identified (Gillis & MacLellan, 2010; Mitchell, 2008). Within the Post-licensure program at IWU, the focus is on critical service-learning as students learn to become world changers.

Educational Theories in Relation to Service-Learning

“The conceptual definition of constructivism is that human learning is constructed and built upon previous knowledge” (Brandon & All, 2010, p. 90). Learners are encouraged to be active in the learning process—creating their own knowledge. In the constructivism approach, students construct their own learning and develop an understanding of the reasons for learning (Kemp, 2010). Critical thinking is encouraged. It is the role of faculty to assess what students are learning from their experiences (Brandon & All, 2010). Service-learning is a form of constructivism.

Experiential learning is active learning that takes place outside of the classroom. According to Kolb (as cited by Kemp, 2010), learning is a continuous, holistic process through which we adapt to the world as we interact with the environment, resulting in the acquisition of knowledge. Kemp stated, “Experiential learning is characterized by active learning experiences that emphasize ‘the central role that experience plays in learning’ (Kolb, 1984, p. 20)” (pp. 124-125). Meeting course objectives needs to be the focus of service-learning experiences; however, it is often felt that real-life experiences can be a beneficial way to achieve those course objectives.

According to Lisko and O’Dell (2010), “for learning to occur, experiences must be transformed” (p. 106). Transformation occurs through hands-on experiential learning and reflection. Lisko and O’Dell discussed the different learning styles of students. Abstract thinkers need to have hands-on experience in order to assimilate the information they hear in the classroom. Service-learning provides an avenue for hands-on learning (Lisko & O’Dell, 2010).

Kear (2013) used Mezirow's Transformative Learning Theory for a study of the process of transformation experienced by nursing students as they cared for students in the clinical setting. Mezirow's Transformative Learning Theory has three major phases: a) disorienting dilemma, b) critical reflection, and c) changed meaning perspective (Kear, 2013). These phases have been seen in IWU Perspectives on Poverty and Health students as they interview individuals who are economically disadvantaged, pregnant teenagers, substance abusers, and/or victims of domestic violence. They often experience a "disorienting dilemma," but as they reflect on the experience, it can bring a new perspective as well as a better understanding of how the students can make a difference within these vulnerable populations. This theory relates very well to the outcomes of service-learning and the desired outcomes for this TENPP.

Strategies Related to the Implementation of Service-Learning

Many authors have discussed strategies for the implementation of service-learning. Several authors mentioned the idea of students self-selecting the focus for their service-learning (Broussard, 2011; Groh et al., 2011; Sipes & Farrar, 2010). Broussard (2011) discussed the idea of using a "bucket list" of service-learning activities from which the students are allowed to select the service-learning activity that involves an aggregate group that is of most interest to them. Groh, et al. (2011) stated that the students in their study were allowed to choose their service-learning focus from a list of possibilities, with a focus on intervening with families who were at risk due to "violence, poverty, mental illness, chronic illness, substance abuse and/or housing or food insecurity" (p. 401). The students could choose to serve at "homeless shelters, soup kitchens, church "resting" centers, shelters for abused women and children, and/or

community outreach programs for runaway teens” (Groh et al., 2011, p, 401). Due to the nature of the Post-licensure program at IWU, particularly with over half of the students being online, it was important to evaluate the effectiveness of programs where students self-select their service-learning experiences.

In their review of literature, Gillis and MacLellan (2010) identified the American Red Cross, Council on Aging, homeless shelters, sliding scale clinics, crisis pregnancy centers, schools, head-start programs, and senior citizen housing units as locations where various universities had placed nursing students for service-learning experiences. Some of the services that can be provided by students include preventative health education related to teen pregnancy, substance abuse, hygiene, and smoking as well as youth mentoring and health screening (Connors & Seifer, 2005). Those who benefit from the service provided may include children, adolescents, adults, and senior adults, immigrants, the homeless, the uninsured, the underinsured, and the underserved (Connors & Seifer 2005). These activities and agencies are within the realm of possibility for RNBSN students who are part of the post-licensure division at IWU.

Time commitments related to service-learning range from five hours (Bennett & Green as cited by Waldner, McGorry & Widener, 2012) to 10 hours (Groh et al., 2011) to 30 hours (Abels, 2009). Since courses within the RNBSN program at IWU are only eight weeks in length, this project required five hours of service-learning for students taking Foundations for Professional Practice.

Many authors emphasized the importance of clear communication with students, faculty, and community partners (Abels, 2009; Bailey, Carpenter & Harrington, 2002; Broussard, 2011; Waldner et al., 2012). Broussard (2011) provided an excerpt from a

syllabus explaining what service-learning, is and what will be expected of students. This information describing best practices related to service-learning was beneficial as plans were developed for the implementation of service-learning into the curriculum for Foundations for Professional Practice.

Literature Related to Service-Learning in Nursing

Nursing education covers a broad variety of topics allowing for numerous environments where service-learning can be utilized. Bassi (2011), Kazemi et al. (2011), and Larson et al. (2011) discussed service-learning opportunities in the community. Eymard, Crawford and Keller (2010) and Kolomer et al. (2010) discussed interdisciplinary service-learning with older adults. Several articles on service-learning discuss caring for vulnerable populations in the United States, including immigrants (Riner, 2013), the homeless (August-Brady & Adamshick, 2013; Eymard, Breaux & Dozar, 2013; Hunt & Swiggum, 2007; Lashley, 2007), and at-risk teenagers (Begley et al., 2009; Jarosinski & Heinrich, 2010; Spurr, Bally, Orgenchuk, & Walker, 2012). Service-learning has been used to teach maternal-newborn nursing (Darland & Sims, 2010), pediatric nursing (Vogt, Chavez, & Schaffner, 2011), and mental health nursing (Brown, 2009). Service-learning has also been used to teach about health policy (O'Brien-Larivee, 2011), and to teach research skills (Balakas & Sparks, 2010; Reising et al., 2008). Service-learning is an educational experience that provides student-structured opportunities, to address individual and community needs, as students meet course outcomes (Jacoby as cited by Amerson, 2010). The course outcomes may relate to any of these areas of nursing.

The American Association of Colleges of Nursing (AACN) requires nursing

schools to develop their students into “global citizens who are committed to social justice and capable of empowerment collaboration” (Wros & Archer, 2010, pp. 221-222). In order to develop good citizens, it is important for nursing schools to encourage all students to engage with other cultures and to become engaged in helping community agencies meet the needs of immigrants, refugees, and other populations that are culturally different from the student. Kulbok, Mitchell, Glick, and Greiner (2012) reviewed 23 articles describing service-learning experiences that took place outside of the United States. International service-learning has also been discussed in research conducted by Eve Main et al. (2013), Green, Comer, Elliott, and Neubrandner (2011), McKinnon and Fealy (2011), Riner (2011), and Shultz (2011).

Riner (2011) developed the “Globally Engaged Nursing Education” (GENE) Model based on experiences she encountered when taking students on international service-learning trips over the course of 12 years. During a portion of that time, she collaborated with faculty and students at a facility overseas, and participated in national learning initiatives focused on determining the best practices for international service-learning. Riner (2013) also tested this model with intercultural experiences within the United States, as students interacted with immigrants. The students chose the immigrant group with whom they wished to work and developed an understanding of the social conditions and the health concerns of local immigrant populations. Riner found this model to be an effective means of providing a cross-cultural nursing education focus for students in their own communities.

Several articles provide information on how service-learning has been implemented (Bringle & Hatcher, 2009; Brown, 2009; Broussard, 2011; Chupp &

Joseph, 2010; Dacey et al., 2010; Francis-Baldesari & Williamson, 2008; Guthrie & McCracken, 2010; Jacoby, 2010; Kelly, 2011a; Kelly, 2011b; Larson et al., 2011; McKinnon & Fealy, 2011; Mutascio & Plaut, 2008; Waldner et al., 2012; Ward et al., 2007). Gillis and MacLellan (2010) provide recommendations for nursing educators on how to integrate service-learning into nursing education. Guthrie and McCracken, McGorry (2012), and Waldner et al. discuss service-learning with online students. Ward et al. (2007) described how Nebraska Methodist College incorporated service-learning as a thread within accelerated curriculum with courses that were eight weeks in length. In order to implement service-learning within the Post-licensure (RNBSN) Division, it was essential to review literature regarding the successful integration of service-learning into nursing curriculum, in the online modality, and in an accelerated curriculum.

The most common method used to validate service-learning in the nursing literature has been cohort studies. Nursing articles focused on service-learning, describe qualitative or quantitative research studies completed to evaluate the effectiveness of service-learning experiences of college students, as related to a particular course (Begley et al., 2009; Eve Main et al., 2013; Green et al., 2011; Jarosinski & Heinrich, 2010; Kolomer, et al., 2010; McKinnon & Fealy, 2011; Riner, 2013). These studies utilize nonrandomized cohorts, and rarely have controls in place. In recent years, two sets of nursing researchers have completed systematic reviews on the topic of service-learning (Gillis & MacLellan, 2010; Kulbok et al., 2012). Kulbok et al. reviewed articles that discussed international service-learning experiences of nursing students. Gillis and MacLellan reviewed articles discussing service-learning where nursing students are working with vulnerable populations within the United States.

Kazemi et al. (2011) identified three requirements that need to be present for effective service-learning to take place. First, there must be a need for service. Faculty members need to communicate with community service providers to arrange real-life opportunities where students can make a difference. Second, the students need to be competent to provide the service and meet the community need identified. Third, students need to have the opportunity to reflect on their learning experiences (Kazemi et al., 2011).

Jarosinski and Heinrich (2010) described the reflections of students who had the opportunity to “stand in the shoes” of vulnerable individuals. The specific “shoes” referred to by Jarosinski and Heinrich were “shoes” of teenagers who had been physically, sexually, or emotionally abused, and/or teenagers who experienced the loss of their parents or separation from their siblings, teenagers who were involved in drug abuse, and teenagers who were displaced from their homes. According to Jarosinski and Heinrich, it was a stretch for many of the students involved in the service-learning experience to relate to the teenagers who lived in these types of environments or who had experienced such tragedy.

Service-learning can encourage interprofessional collaboration while providing service to the community (Kolomer et al., 2010). Kolomer et al. describe service-learning as engagement in civic duty and translation of academic learning to the provision of professional care. Service-learning provides students the opportunity to learn about the principles, ethics, and values of other professions and to develop an awareness of the services provided by other professionals (Kolomer et al., 2010, p. 270).

The definitions of service-learning noted above reflect service-learning from the viewpoint of faculty. Richards and Novak (2010) shared the responses of five students who were asked to define service-learning. Two of the students referred to service-learning as volunteering, a lower level of community engagement than Richards and Novak would have hoped the students would indicate. Other students' definitions indicated that service-learning was providing a service to the community, while at the same time, gaining knowledge from the experience.

Many key points can be gleaned from these definitions of service-learning. Service-learning assists students to meet course objectives while engaging in service to the population addressed in the course content. Ensuring that the community is benefitting from the service and is satisfied with the student involvement is essential in order to maintain service-learning agreements.

Service-Learning Environments in Nursing Education

The literature review completed by Gillis and MacLellan (2010) focused on vulnerable populations as did the study by Amerson (2010), who compared increases in cultural competence of one group of students who spent a week in Guatemala, with the cultural competence of the remaining students worked with at-risk populations in the United States. The populations within the United States included "members of minority groups, the homeless, low-income schoolchildren, victims of domestic violence, and single-parent families" (Amerson, 2010, p. 18). Homelessness was the focus on service-learning reported by August-Brady and Adamshick (2013), Hunt and Swiggum (2007), and Lashley (2007).

The next section of this literature review will provide an in-depth discussion of some of these articles in order to consider the relationship between these experiences and this project. The discussion will include the number of students participating in the service-learning experiences, the location where service-learning took place, and the types of service provided.

Community and school-based health settings. Bassi (2011) evaluated the perception of 18 nursing students who provided anti-tobacco education to elementary students. According to Bassi, service-learning allowed for the demonstration of competency, the development of interprofessional relationships, and identification with the role of being a public health nurse who provides community education.

Kazemi et al. (2011) discussed the responses of 27 students and 33 preceptors as they evaluated the preceptor/student relationship in the elementary school setting to assess whether the students were providing a service to the preceptors, or if they were more of a burden. Students provided health education, and vision and hearing screenings, as well as a variety of other duties. According to Kazemi et al., the activities most appreciated by the preceptors were the screenings and the health education provided, including the development of posters, bulletin boards, and other teaching tools. The students also rated these experiences as the most beneficial (Kazemi et al., 2011).

Kolomer et al.(2010) discussed interprofessional service-learning experiences of 59 nursing and 23 social work students who worked together to organize and run a health fair. Some of the students focused on health teaching, i.e. providing education regarding diabetes, cancer, cardiovascular disease, advanced care planning, exercise, nutrition, fall prevention, and sexual health (Kolomer et al., 2010). At other booths, students provided

health screening related to cancer, nutrition, cognition and brain health, depression and mental health, and spiritual well-being. The interdisciplinary aspect of this project was the focus of the research. The students selected the focus of the booth where they worked. The results indicated that students appreciated learning about the skills of the other discipline and in learning how those skills benefit patients for whom they care (Kolomer et al., 2010).

Larson et al. (2011) completed research on a partnership between the university and a school-based health center. Although only three nursing students were involved in the particular service-learning opportunity described, their service made a great impact on students at the schools where they served (Larson et al., 2011).

Hudson, Gaillard, and Duffy (2011) collaborated with the Veterans Administration as they arranged for students to complete an assessment of the homeless veteran population and provide education regarding exercise and nutrition. Williams and Bihan (2013) described a community health course in which students self-selected a service-learning opportunity, and provided a service of their choice to a community they chose, with resources they chose. This method was used in the implementation of this TENPP, as students self-selected their service-learning environment according to their area of interest and provided a service of their choosing based on what was needed by the agency served.

Loewenson and Hunt (2011) reported on significant positive changes in the attitudes of 23 nursing students who worked with homeless families. According to Loewenson and Hunt, “these findings are consistent with other published studies using

the same instrument and after directed clinical learning experiences with homeless individuals” (p. 347).

Working with at-risk teenagers. Jarosinski and Heinrich (2010) sought to identify students' perceptions of the effectiveness and impact of a service-learning experience with at-risk teenagers. Ten students facilitated focus groups where they discussed health promotion and wellness. Many of the students had not experienced the difficult situations experienced by these teenagers. One student stated, “I felt I couldn’t relate to their experiences” (Jarosinski & Heinrich, 2010, p. 296). The students felt that, if they could not relate to these teenagers, they would not be able to connect with the teenagers in order to provide nursing care and meaningful health education. This experience provided these students insight into the lives of at-risk teenagers.

Geriatric settings. Reising et al. (2008) described a research course that included a service-learning component focused on the effectiveness of health education and screening for diabetes and cardiovascular disease. The students provided the education and screening, but more importantly for this course, they learned research methodology, data collection, and data analysis through first-hand application of the research process (Reising et al., 2008).

Eymard et al. (2010) described a project in which 42 students provided an inservice for employees of local hospitals and long-term care facilities regarding what it is like to grow old. The learning opportunity allowed the students to serve in the nurse educator role, while at the same time assisting them to learn about the geriatric population (Eymard et al., 2010). The students expressed very positive feelings about their experiences within this learning opportunity (Eymard et al., 2010).

Vulnerable populations. Gillis and MacLellan (2010) reviewed 25 articles related to service-learning with vulnerable populations identifying barriers and enablers related to service-learning. They provided recommendations for successful integration of service-learning into the nursing curriculum. Bowker, Weg, and Hansen (2013) discussed placing students in nontraditional clinical sites such as homeless camps, ethnic minority neighborhoods, and clinics that care for the uninsured and underinsured. Students gained valuable experiences and the community benefited from the services provided by the students.

Cross-cultural settings. Many articles discuss service-learning as a way to develop cultural competence (Amerson, 2010, Chen & McAdams-Jones, 2011; Houseman, Meaney, Wilcox & Cavazos, 2012). Some articles specifically discuss mission trips to countries outside of the United States (USA) (Larson, Ott & Miles, 2010, McKinnon & Fealy, 2011; Shultz, 2011). Within the Post-licensure Division at IWU, few students elect to go on mission trips outside of the USA; so, the focus of this section is on service-learning experiences that assist with developing cultural competence within the USA.

Amerson (2010) measured self-perceptions of cultural competence before and after a service-learning experience where 60 students completed a community assessment that included the collection of statistical data such as demographics, morbidity and mortality statistics, education levels, socioeconomic factors including employment opportunities, and an assessment of medical services available to the community (Amerson, 2010). The communities assessed by students included at-risk populations. After completing the community assessments, the students worked with community

leaders to develop and implement a plan for education (Amerson, 2010). The students' post-test scores demonstrated higher cultural competence scores after the service-learning experiences (Amerson, 2010). This research demonstrated that overseas mission trips are not the only type of service-learning that can result in an increase in cultural competence. Many patterns of service-learning could be emulated as universities seek to implement a new service-learning focus.

Benefits of Service-Learning

The literature provides many statements regarding the benefits of service-learning for students, faculty, and the community agencies where students serve during their service-learning experiences. Agencies benefit from the service provided by the additional staff (Kazemi et al., 2011; Stallwood & Groh, 2011) as well as from creative ideas and innovation provided by the students (Kazemi et al., 2011). In addition, some students may choose to volunteer or work for these agencies after graduation, while others may advocate for this population (O'Brien-Larivee, 2011). Service-learning has been shown to improve interdisciplinary collaboration (Dacey et al., 2010; Kolomer et al., 2010; Lee, Hayes, McConnell & Henry, 2013; Sheu et al., 2011), which is one of the baccalaureate essentials required by the American Association of Colleges of Nursing (2008).

Several authors discussed how service-learning bridges the gap between theory and practice, by giving the students the opportunity to see how knowledge learned in the classroom translates to real life situations (Amerson, 2010; Bassi, 2011; Jarosinski & Heinrich, 2010; Reising et al., 2011; Richards & Novak, 2010). Service-learning also helps students to make connections between evidence-based nursing practice and

research (Balakas & Sparks, 2010), improves the students' ability to make sense of the course content (Stallwood & Groh, 2011), and increases their level of critical thinking (Amerson, 2010; Kazemi et al., 2011).

Service-learning opportunities encourage citizenship (Bassi, 2010; Gillis & MacLellan, 2010; Reising et al., 2008; Stallwood & Groh, 2011) and provide students with a better perspective of community needs (Bassi, 2011; Begley et al., 2009, Broussard, 2011; Eymard et al., 2013) and social issues (Eve Main et al., 2013; Groh et al., 2011, Seider, Rabinowicz & Gillmor, 2011). O'Brien-Larivee (2011) discussed the opportunity to learn roles related to healthcare advocacy and health policy development. Gillis and MacLellan discuss the opportunity to learn social justice and concern for the poor and vulnerable.

Service-learning gives students the opportunity to provide a needed service to the community (Reising et al., 2008), which can give them a sense of personal satisfaction (Amerson, 2010) as well as increasing their personal awareness (Reising et al., 2008; Teachers College Columbia University, n. d.) and their awareness of unmet client needs (Amerson, 2010).

Service-learning is frequently associated with cross-cultural opportunities, whether overseas or within the community in which students reside. Kazemi et al. (2011) and Riner (2011) discuss the need for increased cultural awareness and the importance of being able to provide culturally-appropriate care, as students have the opportunity to connect with diverse populations and challenge stereotypes (Kazemi et al., 2011). Research has shown that cultural competence can be enhanced through service-learning opportunities (Amerson, 2010).

Stallwood and Groh (2011) point out the additional insights service-learning can bring to students with regard to course content. When utilizing service-learning in a research course, students have the opportunity to see a connection between research and evidence-based practice (Balakas & Sparks, 2010). Other authors have discussed an increased level of critical thinking displayed by students following their service-learning experiences (Amerson, 2010; Kazemi, 2011). According to Brown (2009), community engagement through service-learning is “one of the most effective methods of nursing education” (p. 583).

Colleges and universities benefit from a curriculum that includes service-learning. Eby (1996) discussed the criticism that colleges and universities endure related to the perception that they are irrelevant and fail to instill “values of community responsibility and service in students” (p. 87). Eby stated that encouraging an “ethic of service” in students is particularly relevant for Christian colleges. He believes service-learning should be supported as an avenue of scholarship for faculty members because it benefits societal views of the university and provides an opportunity to promote the mission and values of the university. At IWU, an emphasis on service-learning fits well with a focus on developing character, scholarship, and leadership within students in an effort to encourage students to be world changers.

Barriers to Service-Learning

Service-learning is associated with many positive outcomes. Most of the articles reviewed discuss successful service-learning experiences. However, in addition to looking at the benefits and enablers associated with service-learning, in their literature review, Gillis and MacLellan (2010) identified barriers to service-learning—factors

identified by students, faculty members, and/or community partners that interfered with the success of the service-learning programs.

Evaluating these barriers provides additional information that is useful as new service-learning programs are developed. According to Gillis and MacLellan (2010), it is essential that students understand the relevance of service-learning experiences to nursing practice. In their systematic review, Gillis and MacLellan found that some students felt that service-learning was a waste of time because it did not provide opportunities to learn technical skills. In addition, Gillis and MacLellan indicated that some students felt unprepared and overwhelmed in service-learning environments resulting in feelings of depression and helplessness. Students desired more faculty support during the service-learning experience (Gillis & MacLellan, 2010).

Faculty barriers identified by Gillis and MacLellan (2010) included the reality that scholarship and research are rewarded with tenure and promotion at many universities, but often service is not rewarded. In addition, faculty members perceived the time commitment involved in planning and overseeing service-learning experiences as a burden (Gillis & MacLellan, 2010).

Cultural diversity, language barriers, literacy levels of the clients, poor infrastructure and support, and conflicts due to misunderstanding what students were able to do, created barriers for community partners (Gillis & MacLellan, 2010). Student attitudes and prejudices concerned some of the community partners. Other community partners felt that the students' abilities and attitudes did not match the needs of the agency (Gillis & MacLellan, 2010). Service-learning can be a burden on community partners when preceptors feel they have to teach the student the skills and tasks required

for the service project. In addition, it can be a burden when community partners feel they need to come up with ideas for what students can do as they work at the agency (Kazemi et al., 2011).

Incorporating service-learning opportunities into the curriculum is a project that should not be entered into lightly. Faculty need to work with community partners to plan service opportunities. Students need to be given clear information regarding the course outcomes and benefits of meeting those outcomes through service-learning experiences.

In addition, students need to be prepared for what they may see and/or feel as they interact with the members of the community that they will be serving (Gillis & MacLellan, 2010; Sigmon, 1970). According to Sigmon, students who are not prepared for service-learning experiences may only be equipped to share “war stories” (p. 5), as opposed to being prepared to problem-solve and conceptualize change in the real world. Due to the economic, political, and spiritual state of our nation, local opportunities for service-learning abound (Hofer & Curry, 2012; Kalil & Ryan, 2010; McLanahan, Garfinkel, Mincy & Donahue, 2010; Seider et al., 2011).

Theoretical Frameworks Found Within the Review of Literature

Six authors discussed theoretical frameworks within the service-learning articles reviewed. One of the barriers to service-learning mentioned above is the burden of service-learning felt by some community partners. Kazemi et al. (2011) used Polvika’s model of collaboration in an attempt to strengthen the relationship with preceptors who work with the nursing students from their university. Polvika’s model is based on a win-win situation. Students learn and community partners benefit from the service provided by the students. The focus of the study was to make sure that students were not a burden

to preceptors but were providing a needed and valuable service. In addition, Kazemi et al. surveyed the students in order to ensure that the students felt they had learned from their experiences. Polvika's model was reviewed to determine how it could be used within the current TENPP.

Another important aspect to be considered was the approach used to analyze data. Jarosinski and Heinrich (2010) did not name a specific theory that they used to develop their research, but stated that they used the Heideggerian hermeneutic approach to analyze the data. With this approach, the researchers recognize that they are participant observers as they attempt to describe the “lived experience” of the students involved in service-learning. One of the principles of Heideggerian hermeneutics is “being with.” According to Jarosinski and Heinrich, “being with...is looking outside ourselves, to help someone else” (p. 296). The focus is on empathy.

Riner (2011) developed the Globally Engaged Nursing Education model (2013) with students engaged in intercultural experiences within the United States and abroad. Amerson (2010) used the cultural assessment tool developed by Giger and Davidhizar to assess the cultural competence of the students involved in her study. The American Association of Colleges of Nursing (2008) requires that nursing schools teach students to be culturally competent.

Kolomer et.al (2010) discussed the use of constructivist teaching strategies to encourage learning in real-world situations by solving real-life problems. Bassi (2011) used Edwards, Mill, and Kothari's Multiple Intervention Framework as they led their students into elementary schools to provide anti-tobacco education. This theory is based on the notion that many interventions are needed when confronting health problems, to

address the variety of factors that influence the behaviors that either promote or negatively affect health. These and other theoretical frameworks were reviewed during the course of this project.

Connections between the Literature and the Current TENPP

A potential long-term goal dependent on the outcome of this TENPP would be to determine the feasibility of incorporating service-learning as a curriculum thread that would begin in the Foundations for Professional Practice course and extend through Leadership and Management, Research, Population Health, the various elective courses, and the Baccalaureate Capstone course.

Most of the articles reviewed did not discuss service-learning as a curriculum thread. They focused on one course where service-learning was incorporated. However, O'Brien-Larivee (2011) described how service-learning was incorporated as a thread throughout the curriculum. During the first practicum course, students select the focus for their community assessment and develop partnerships with members of the community with whom they begin to work on health promotion strategies (O'Brien-Larivee, 2011). During the second practicum course, the students work with the same population focusing on issues that created the disparity of care for that population and determine health policies that affect that population (O'Brien-Larivee, 2011). The students analyze a health policy and develop a position statement with regard to that policy, and recognize the role of nurses as social activists to advocate policy changes when healthcare policies result in health disparities (O'Brien-Larivee, 2011).

Kruger, Roush, Olinzock, and Bloom (2010) described the development and structure of the home-base model, identified preliminary outcomes, and discussed

implications for nursing education. Using the home-base model, students choose (or are assigned) a particular population and follow through with that population for the remaining semesters of the program. This model demonstrates how service-learning can be threaded through the curriculum beginning with the second course. It was beneficial to see that other universities have threaded service-learning through the curriculum.

The article by Gillis and MacLellan (2010) provides useful tips related to factors that facilitate service-learning, and barriers to service-learning. The current TENPP included a review of these barriers and enablers in an effort to determine how to incorporate service-learning into the curriculum successfully. Kazemi et al. (2011) discussed the implementation of a service-learning preceptor program in order to improve the satisfaction of community partners who were working with students as well as to improve student satisfaction and learning outcomes.

Much can be learned from the research that has been completed on service-learning over the last 5-10 years. This review of literature included a review of the types of studies, the settings, and the services provided. In addition, benefits of and barriers to service-learning were reviewed, and theoretical frameworks used to support service-learning were identified. This information was helpful in identifying best strategies for implementing service-learning within the Post-licensure (RNBSN) Division at Indiana Wesleyan University.

In the past, students in the Perspectives on Poverty and Health course interviewed individuals who were homeless, uninsured, underinsured, and/or poor. Others interviewed pregnant adolescents, migrant workers, immigrants, individuals who have a history of abuse, victims of violence, persons who are HIV positive or have sexually

transmitted infections, the mentally ill, drug addicts, and alcoholics. The students chose the focus for their interviews based on their area of interest. The revisions in the Foundations for Professional Practice course used this strategy to encourage students to consider how they can be world changers. The service-learning component requires students to engage with their community and specifically with a needy population.

Sigmon (1996) identified three levels of service-learning—exposure, capacity building, and responsibilities. When deciding how to incorporate service-learning into curriculum, it is important to identify the level at which a student is functioning. Based on the levels described by Sigmon, it would seem that during the Foundations course, students gain exposure. If service-learning were incorporated into the leadership and management course, the research course, and the population health course, the focus would be on capacity building. The capstone course would provide students the opportunity to take responsibility as they get involved and complete a project for this population.

IWU's mission is to increase the character, scholarship, and leadership of students who attend the University (IWU, n.d.b.). The goal is to produce students who will become world changers because of the education they have received through IWU. Service-learning can serve as a tool to assist students to develop in these areas. After initiating service-learning in the post-licensure courses, potentially service-learning opportunities could be strengthened throughout the School of Nursing, and potentially throughout the University.

Mitchell (2008) stated, "Critical service-learning programs encourage students to see themselves as agents of social change" (p. 51). The purpose of service-learning is not

to simply produce educated volunteers. Critical service-learning teaches students how to be advocates for vulnerable population groups (Mitchell, 2008), and promotes the idea of becoming a world changer.

Impact of this TENPP on nursing education

Articles related to service-learning and nursing have been situation-specific—or course-specific. Most nursing articles describe specific clinical locations or areas of focus. According to Brown (2009), community engagement and real-life application of information learned in the classroom makes service-learning a very effective method for nursing education, as students become more interested and engaged. Service-learning opportunities would strengthen the curriculum as well as potentially produce socially engaged students with the skills needed to become world changers.

Also, as was mentioned, in spite of the large number of articles written on service-learning overall, articles that have a nurse as one of the authors are very limited (only 55 with a nurse listed as one of the authors within CINAHL over the last 5 years). There is an opportunity to provide cutting-edge documentation on the possibilities related to implementing service-learning as a curriculum thread demonstrating the effectiveness of this approach with regard to student engagement and learning. According to Harvey (1996), “exciting things can happen when students are asked to interpret experiences in the context of academic-based learning” (p. 45). Harvey, a strong proponent of service-learning, has personally seen the difference service-learning can make on the lives of students as well as on faculty members and the community. The focus of her career has been encouraging faculty members to develop courses with a service-learning component

in order to promote intense learning within students as they experience life outside of their comfort zone during courses that incorporate service-learning (Harvey, 1996).

More needs to be done to promote service-learning within nursing as well as at IWU. The literature reviewed on the theory of service-learning strongly suggests that service-learning would be a beneficial form of pedagogy to incorporate into the Post-licensure curriculum. There is an opportunity to make a difference, which is the desired outcome for this TENPP.

Chapter III: Methodology

Most of the research on service-learning has involved qualitative, descriptive studies. Many articles describe the process of including service-learning within nursing curriculum, and the various sites and locations where service-learning can be used in order to assist students to meet course outcomes. This study involved the revision of curriculum for Foundations for Professional Practice to include a service-learning component, and assessment of that revision using a quantitative, pretest/posttest control group design using a Likert scale survey.

The purpose of this project was to determine how service-learning impacts students' self-evaluation of their leadership competence and their interest in social justice. The hypothesis was that exposure to vulnerable populations through service-learning, as students work with agencies that care for vulnerable individuals, would strengthen students' lines of defense by improving their leadership skills and their interest in social justice.

Course Revision

The Foundations for Professional Practice course covers many concepts within professional nursing. In this course, students learn about famous historical nurses, nursing theories, ethics, sociocultural concerns, health disparities, spiritual care, cultural diversity, primary healthcare, and access to healthcare. This course culminates in an assignment where students share how they feel they can be world changers, and an assignment that requires them to write their personal philosophy of nursing. Service-learning was not a part of this course until May 2014. Starting in May 2014, as students discussed these topics, the curriculum required students to share how these topics relate

to the vulnerable population they chose for the focus of their service-learning experience. These discussions provided opportunities for students to reflect on their service experiences.

Service-learning was introduced in the first workshop of Foundations for Professional Practice beginning in May 2014. Students were instructed to find an agency or individual that works with a vulnerable population. Options for populations with whom students could choose to volunteer included those affected by poverty, domestic violence, mental illness, substance abuse, housing and/or food insecurity, teenage pregnancy, or other issues. Generally, 100 to 200 students are enrolled in the Foundations for Professional Practice course each time the course begins. Each of these students has a different set of interests and passions related to populations for whom nurses provide care. Therefore, the students were allowed to choose the vulnerable population for whom they provided service. To require adult students to select the same service-learning focus would negate their individuality, and might not have been possible depending on the student's location.

These students live all over the United States—some in rural communities, others in urban areas. Needs in their communities are variable. Service-learning provides students the opportunity to get to know needy individuals within their communities. Getting to know these individuals and the struggles they face encourages creative, critical thinking about how nurses can make a difference.

Many authors mentioned the idea of students self-selecting the focus for their service-learning (Broussard, 2011; Groh et al., 2011; Sipes & Farrar, 2010). Broussard (2011) provided students with a “bucket list” of service-learning activities from which the

students chose a service-learning activity involving an aggregate group that was of most interest to them. In the study completed by Groh et al. (2011), students selected their service-learning focus from a list of possibilities with a focus on intervening with families who were at risk due to “violence, poverty, mental illness, chronic illness, substance abuse and/or housing or food insecurity” (p. 401). Due to the nature of the post-licensure RNBSN program at IWU, with over half of the students participating online, it was necessary to have students choose their service-learning experience.

Students were required to log a minimum of five hours of service between the beginning of workshop one and workshop seven, and submit a service-learning verification form signed by an individual at the agency where they served. They earned 20 points per hour of service documented, up to a maximum of 100 points. The verification form included a space for any comments the individual from the agency had with regard to the service-learning experience.

The students who took Foundations for Professional Practice in March 2014 served as the control group. In March, faculty members were informed that the students would be taking a survey in workshops one and eight related to their leadership skills and interest in social justice. However, no other information was provided to these faculty members. The course was otherwise unchanged.

Faculty members who taught the course in May and in August received an email two weeks before the start of the course informing them about the service requirement as well as about changes in workshop materials, to include discussion of the vulnerable populations being served by the students. See Appendix D for a copy of this email. A copy of the course documents and faculty guide were sent to the faculty members for

review prior to the start of the course, with notations of the changes that were being implemented. Questions related to acceptable service locations and faculty responsibilities in relation to the survey were answered prior to the start of the course.

Human Subjects Protection: Institutional Review Board Approval

The Institutional Review Board (IRB) at IWU granted approval for this TENPP on January 21, 2014. See Appendix A for a copy of the IRB approval form. The first question on the survey provided students the opportunity to decline participation in the research study. See Appendix B for a copy of the information related to the study provided to the students. Completion of the survey presented low risk to the participants. The surveys will be kept confidential. Students were informed that none of their current or future faculty members would have access to the answers provided on the survey. The researcher refrained from teaching courses later in the curriculum that included students from these cohorts. The participants did not personally benefit from their completion of the survey. However, this study did provide data that will be beneficial for future students who complete the Foundations for Professional Practice course, as revisions are made based on outcomes of this study.

Setting

Indiana Wesleyan University is a faith-based institution located in the Midwest. In 2013, the post-licensure division had graduates from 26 different states. The majority of RNBSN graduates were from Kentucky (291), Ohio (201), and Indiana (134); an additional 72 graduates came from other states across the United States. The curriculum is developed by full-time faculty, and all who teach in the RNBSN program use this prescribed curriculum, regardless of whether they are teaching the course online or

onsite. Some of the students who attend IWU are active in a faith community; however, many are not currently active in a faith community.

Population

There are approximately 1,300 students enrolled in the Post-licensure division at any given time. All of the students are registered nurses who graduated from either an associate's degree program or a diploma program. They have varying degrees of experience in nursing and range in age from 20 to 65. The majority of students are female. Some of the students are taking the course online, while others are taking the course onsite.

The control sample included students who began Foundations for Professional Practice in March 2014. These students were a part of 17 separate cohorts taught by 15 different faculty members. In order to have a similar number of students for the service-learning sample, students who began Foundations for Professional Practice in May and August were included in the service-learning sample. These students were part of 18 cohorts taught by 13 different faculty members.

Sampling Procedure/Inclusion and Exclusion Criteria

Both the control group and the service-learning group took a survey during weeks one and eight of their Foundations for Professional Practice course. Time was spent identifying the surveys by pairing student identification numbers or names, in order to delete duplicate surveys, surveys without consent, and surveys that did not have a corresponding survey from either workshop one or workshop eight. Tables 3.1 and 3.2 document the number of surveys received from the control group and the number that

met the criteria for inclusion in the sample. Tables 3.3 and 3.4 document these findings for the service-learning group.

Table 3.1

Workshop One Surveys for the Control Group

Total number of surveys completed in WS1	224
Number of WS1 surveys deleted due to of lack of consent	8
Number of WS 1 surveys deleted due to no WS8 survey	20
Total number of WS1 surveys used in this study	196

Table 3.2

Workshop Eight Surveys for the Control Group

Total number of surveys completed in WS8	210
Number of WS 8 surveys deleted due to of lack of consent	8
Number of WS 8 surveys deleted due to no WS1 survey	4
Number of surveys deleted due to students who completed the survey twice	2
Total number of WS8 surveys used in this study	196

Table 3.3

Workshop One Surveys for the Service-Learning Group

Total number of WS1 surveys completed for the May and August starts	201
Number of WS1 surveys deleted because of lack of consent	2
Number of WS1 surveys deleted because students did not complete WS8 survey	24
Total number of WS1 surveys used in this study	175

Table 3.4

Workshop Eight Surveys for the Service-Learning Group

Total number of WS8 surveys completed in WS8	181
Number of WS8 surveys deleted because of lack of consent	2
Number of WS8 surveys deleted because students did not complete a WS1 survey	4
Total number of WS8 surveys used in this study	175

Instrument

The Likert scale instrument used for this TENPP was the Service-Learning Self-Evaluation Tool (SLSET) (Zimmerman, Daniels & Hipkind, 2010). See Appendix C for

permission to use this survey granted by Dr. Zimmerman-Oster, Associate Professor and Director of Industrial/Organizational Psychology, and Director of Research, Evaluation and Leadership Development within the Institute for Leadership and Service at the University of Detroit Mercy (UDM). Researchers at UDM developed the SLSET in 2000, and they continue to use this survey to assess students' self-evaluation of leadership competence and interest in social justice (Groh et al., 2011).

The pre-course SLSET taken by the control group had 26 items—14 items related to leadership attributes, eight related to social justice, and four related to students' perception of the course. The 14 leadership attributes assessed include self-perception of leadership skills, openness to change, effective interactions, listening skills, empathy, healing, awareness of self and others, persuasion skills, conceptualization, foresight, stewardship, commitment to the growth of people, building community, and confidence when working with others. The eight aspects of social justice assessed include responsibility to serve, ability to make a difference, community awareness, attitudes, misfortunes, future plans to integrate service, diversity, and biases. These leadership and social justice attributes are characteristics IWU desires to see displayed by its graduates.

The post-course SLSET taken by the control group had these same 26 questions plus one additional question that inadvertently was not included in the pre-course survey. That item asked the students to rate whether they believed the course helped them grow in leadership and social justice. These 27 questions were based on the SLSET received from the University of Detroit Mercy (UDM).

The pre-course SLSET taken by the service-learning group contained these 27 questions plus a question from the UDM survey that asked the student if they had a

negative reaction when they heard about the service-learning requirement. This question was not applicable for the control group because they had no service-learning requirement. The post-course survey, taken by the service-learning group, had these 28 questions plus three additional questions included on the UDM survey related to the location where the service took place, whether the students had direct contact with those being served, and whether the professor engaged the students in discussions about their experiences.

Some revisions were made to the demographic questions on the survey used for this study, due to the differences between students at UDM and the students included in this study. Students in the RNBSN program have a set curriculum. Whether they have taken past service-learning courses or if they plan to take future service-learning courses does not apply to the RNBSN curriculum. In addition, the age range was expanded due to a wider age range within RNBSN students. Students were not asked about ethnicity or race, nor were they asked whether they are currently working, or how many hours per week they are working. Instead, they were asked how many years of nursing experience they have, and whether they were taking this curriculum online or onsite. See Table 3.5 for the Cronbach's alpha results displaying the reliability of these surveys.

Table 3.5

Cronbach's alpha

Social Justice Construct	Valid responses	# of items	A
Workshop 1 survey	196	8	.764
Workshop 8 survey	196	8	.863
Leadership Construct			
Workshop 1 survey	196	14	.907
Workshop 8 survey	196	14	.956

Variables

This research study included an independent variable and dependent variables. The independent variable was service-learning. The dependent variables were the responses students provided on the survey during workshop eight concerning leadership and an interest in social justice after the addition of service-learning component. The use of a control group design assisted in determining differences that may have occurred, due to the course itself, as opposed to differences noted after service-learning was added to the course. Many extraneous variables were present, including varying ages, genders, nursing experience, whether students were taking the course online or onsite, the faculty members teaching the course, how the students interacted with one another as they discussed their experiences, the agencies where students chose to complete their service, and their level of interaction with the vulnerable population.

Method of Data Collection

Survey Monkey was used to collect the surveys completed by students during Workshop One and Workshop Eight. A link to the surveys was included in the course documents. On the course documents, students were informed of the two purposes for the survey assignment, (a) to help the students consider their current level of leadership competence and interest in social justice, and (b) to serve as part of a research study to evaluate the effectiveness of a change that is being made in this course. This information was also included at the top of the survey on Survey Monkey. A copy of the information and consent included on Survey Monkey can be found in Appendix B. The first question on the survey asked whether the student was willing to consent to allow his or her survey to be included in the research study. Students earned 10 points for completing each of

the surveys. If a student selected “no” to the question of consent, his or her survey was discarded prior to analysis of the data. Students received 10 points for completing the survey regardless of whether or not they agreed to their surveys being included in the research study. Faculty members were not informed of responses to any of the questions, including the question of consent. The researcher retrieved the data from Survey Monkey via Excel spreadsheets. SPSS, Version 22 was used for data analysis.

Data analysis included a review of the demographics of the participants—number of years as a nurse, gender, age range, and whether the students were taking the program online or primarily onsite. A Mann-Whitney U test was performed to compare demographics between the control group and the service-learning group. Wilcoxon tests were performed to determine any significant differences between the responses of the students when comparing their first survey to the second survey they completed. In addition, the Kruskal-Wallis H test and Spearman’s Correlation Coefficient were performed to identify any correlations between the demographic findings and the responses related to leadership or social justice.

Budget Analysis

The cost of this project primarily included the time spent by the researcher, the academic advisor, the editorial advisor, the practice advisor, and a support specialist who assisted with making changes within the course. Time spent by students taking this course is included in the time allotment for the 5-credit-hour Foundations for Professional Practice course.

Summary

The methodology for this DNP project included a review of literature in order to determine best practice regarding the implementation of a service-learning component within nursing curriculum for online/onsite non-traditional RNBSN accelerated programs. After reviewing the literature, the Foundations for Professional Practice course was revised to include a five-hour service-learning requirement and talking points regarding the vulnerable populations being served. As students discussed holistic nursing care, ethics, spirituality, cultural competence, health disparities, and access to care, they were asked to share how these topics relate to the vulnerable population they chose to serve.

The researcher implemented a quantitative, pretest/posttest control group design, using a Likert scale, to evaluate the addition of a service-learning component to the curriculum. Prior to revision of the course, students in the Foundations for Professional Practice course completed a pre-and post-course survey using an instrument from the University of Detroit Mercy that measures students' self-evaluation of their leadership skills and their interest in social justice. Following this assessment, the course was revised with the addition of a service-learning component; students who took the revised course completed a pre-and post-course survey using the same instrument. Chapter IV will provide information about the implementation of this change, including responses to the revisions of this course and the results of this project, along with a discussion of limitations and recommendations for further research.

Chapter IV: Implementation, Data Analysis, and Discussion

This chapter will review the implementation of this project, the results of the data analysis, and a summary of the research findings. Following this, the strengths and limitations of this project will be discussed along with its significance to nursing education and recommendations for further research.

After receiving approval to begin this DNP project, the Foundations for Professional Practice course was revised to include a survey in workshops one and eight. Students who began this course in March 2014 were the first to complete this survey. These students served as a control group prior to the addition of a service-learning component to this course. Faculty members teaching this course in March were informed that the students were going to be taking a survey during workshops one and eight; however, no further information was given to the faculty at that time. The surveys were collected via Survey Monkey. If students did not consent to participate in the study, their surveys were deleted from the data analysis.

Implementation of the Course Revision: Communication with faculty

Students who began the Foundations for Professional Practice course in May and August 2014 served as the service-learning group. Prior to the start of the course in May and August, an email was sent to the faculty informing them of the addition of the service-learning component. The majority of faculty members scheduled to teach the course responded very favorably to the addition of a service-learning component. Notifying faculty of this change provided the opportunity for questions to be answered prior to the start of the course. Some of the questions received prior to the May start included, “Is there a minimum number of hours that is required to be done in order for a

student to pass? For example, what if a student decides to forego the 100 points and not do the service learning hours—can they still pass the course?” “Does the service learning have to be with people, e.g., could a student do service learning with an animal shelter? I foresee a student one day wanting to do this for PAWS or another type of animal shelter,” and “If a student decides to do service-learning through a community pregnancy center, our local one has mandatory orientation. Would the orientation count toward their 5 hours even though they probably would not have contact with the actual pregnant population?” (personal communication, May 5, 2014).

The following responses were sent based on those questions: “Service learning does not correlate to a pass/fail for the course, so if a student chose to lose 100 points, he or she potentially could still get a B or a C in the course;” “The service learning needs to be with people. Our nurses do not care for pets; they care for people. The purpose of the assignment is to get a better understanding of various vulnerable populations with regard to social, ethical, spiritual, and health issues so that the students can apply this knowledge to their jobs;” and “What does the orientation include? The directions state that the service hours can and should be non-nursing, because IWU does not carry professional liability insurance on the nurses. However, even if a student helped prepare meals for a vulnerable population—spending time with agency staff, talking about the needs of this population and the conditions in which they live, they would gain a better understanding of this population. I could potentially see an orientation to the crisis pregnancy center providing information about the situations that bring individuals to the center—but not necessarily. The orientation I had prior to working at the homeless clinic in Covington was just the usual—Corporate Compliance, HIPAA, Infection Control type orientation.

There was no discussion about the homeless population. That type of orientation would not be beneficial for this assignment” (personal communication, May 5, 2014).

Prior to the August start, a faculty member replied to all who received the email with the following statement:

There used to be a requirement in NUR465 for a similar activity and we found it very difficult to fulfill because most, if not all the secular and faith-based, non-profit organizations are requiring background checks or require pre-arranged agreements with IWU. By the time the checks are done, half the course or the entire course is over or they won't do it because it's not cost-effective for the little amount of time the student is required to do or the student is not committing to work with them long-term. If this is going to be part of the course, then information such as this needs to be released in a previous course (as with Capstone) so students have time to make the appropriate arrangements and clear background checks that are required (personal communication, August 1, 2014)

The following response was sent:

This did not seem to be an issue for the 100 students who took this course in May. Perhaps part of the reason for this is that the purpose is for the students to interact with a vulnerable population group. They are not encouraged to provide nursing care because that could result in some liability concerns. Some of the students volunteered at food pantries or soup kitchens; some volunteered with meals on wheels or with the elderly in nursing homes; some volunteered with pregnancy crisis centers or substance abuse recovery treatment centers; a few worked for the jail providing GED tutoring for prisoners. They did not try to get

into agencies that required background checks. Students can follow their area of interest and find an agency that works with that population group. The requirement is for 5 hours. It is not a long-term commitment. In May, all of the students were able to find something that worked for them. The idea is to learn more about the population groups so that they can consider these population groups as they discuss ethics, healthcare disparities, sociocultural concerns, etc. Thank you for asking the question. One of the things that is essential is that faculty are on board with this idea. If faculty have a negative attitude toward this assignment, it will rub off on the students. My desire is that questions are asked prior to the start of the course so that everyone can go into the course with a positive attitude. (personal communication, August 1, 2015)

In addition, faculty members who taught the course in May were asked to respond to this concern sharing their experiences with the types of locations where students were able to serve. No further concern was expressed by this faculty member as the course progressed in relation to students having difficulty finding service locations. In addition, over the last five months since the research portion of this project concluded, no concerns have been expressed by faculty or students about difficulty finding a place to serve.

Implementation of the Course Revision: Student Responses

Starting in May, in addition to completing the surveys during workshops one and eight, students were required to volunteer at a service agency of their choice for a total of five hours during the first six weeks of this course. During week two of the course, students were required to identify the location where they would be serving, the vulnerable population they would be serving, and what they would be doing for their

service-learning experience. Onsite students reported their choice of service locations in class during the second workshop. Online students included their responses on the discussion forum within the learning management system. The following are some of the service locations and populations served, noted in responses from the discussion board posted by online cohorts:

- Matthew 25—a free health clinic. The population served at Matthew 25 is the homeless, uninsured, and underinsured members of the community.
- Catholic Charities Daybreak center—shelter for individuals and families offering case management, employment, education, and other supportive services.
- Drug addicts/alcoholics at "The Ridge— a mental health facility in Lexington KY.
- Andrea's Mission for Women in Morgantown, KY—a treatment facility for drug- and alcohol-addicted women.
- Clinton County Homeless Shelter—working with the homeless population.
- Dove Harbor— a women and children's shelter.
- Marion General Hospital—drug and alcohol patients
- St. Vincent De Paul in Dayton Ohio—St Vincent's has an array of areas to work in, from the homeless shelter to the food bank, working laundry, reception, etc.
- Catholic Charities in Terre Haute, IN—Populations include homeless women and children, children from a disadvantaged neighborhood in Terre Haute, and those seeking food from the food pantry or the soup kitchen.

- Early Head Start (EHS) home visiting program—the program targets the most vulnerable individuals living in poverty such as teenage pregnant women, individuals who have a history of abuse and/or drug addiction, and individuals diagnosed with mental illness.
- Crider Center— which works with the mentally ill.
- Centerstone—a facility that deals with mentally ill and suicidal patients of all ages
- Salvation Army
- The Pathway of Hope— a pregnancy and violence crisis center.
- Loaves & Fishes—an organization aimed to help the poor and homeless.
- Glenbrook—a home and counseling center for the developmentally disabled.
- Behavioral Health Unit at a local hospital.
- Fisher House Foundation— an organization that champions military families, providing housing and support for military members and their families, when service members are wounded and being treated in the hospitals.
- Birthright of Owensboro— organization that aids young women with unexpected pregnancies, to decide what is best for the child as well as themselves.
- Kalamazoo Gospel Mission—serving homeless or abused men, women, and children in Kalamazoo and the surrounding areas.

There was very little mention of the service-learning experience on the students' end-of-course surveys, after the May and August start. Only two students commented on the service-learning end-of-course surveys. One student felt five hours of service was too

much to expect. The other commented that there was not enough time to locate an agency where the five hours of service could be completed. Students were given six weeks in which to locate an agency and to complete their five hours; however, nothing was deleted from the course at the time the service-learning component was added. Due to student and faculty member concerns related to the heavy assignments in this course, changes have been made in the curriculum that will begin in March 2015. These changes will lighten the load during weeks 5, 6, and 7, as students are focusing on getting their five hours completed if they did not choose to do this early in the course.

Even though students did not necessarily comment on service-learning on their end of course evaluations, a few students wrote a note when they submitted their verification of hours, expressing gratitude for this assignment stating that it was a very rewarding experience. In addition, one student sent an email to her professor:

I wanted to tell you that I'm glad that we got to do this service learning. I really enjoy helping out at the homeless shelter. I did sign up to continue volunteering at the end of February and the Tuesdays in March. They were very grateful that I decided to come back and help out. I feel that I'm the grateful one. I cannot begin to tell you how rewarding my experience was.

A faculty member sent an email stating:

I went around the room yesterday having everyone report on what they have done for service learning, what they experienced, and whether we should keep it in the course. They all talked about how eye-opening it was, and a definite yes, keep it in the course. One student wrote in her journal that she plans to continue to volunteer.

Another faculty member wrote, “My students were very enthusiastic about the addition of the service learning and voted unanimously it should continue” (Course evaluation form, August 3, 2014).

Data Analysis

Data analysis began with a review of the sample. Table 4.1 contains the demographic findings.

Table 4.1

Demographics of the Sample

Demographics	Control Group		Service-Learning Group		Total Sample	
	n	Percentage	N	Percentage	N	Percentage
Age Range						
19-25 years of age	21	10.71%	16	9.1%	37	9.97%
26-30 years of age	39	19.90%	40	22.9%	79	21.29%
31-35 years of age	33	16.84%	34	19.4%	67	18.06%
36-45 years of age	65	33.16%	50	28.6%	115	31.00%
46-55 years of age	33	16.84%	31	17.7%	64	17.25%
Over 55 years of age	5	2.55%	4	2.3%	9	2.43%
Total	196	100%	175	100%	371	100%
Gender						
Male	17	8.67%	12	6.9%	29	7.82%
Female	179	91.33%	163	93.1%	342	92.18%
Total	196	100%	175	100%	371	100%
Years of Experience						
0-1 years	49	25.00%	53	30.3%	102	27.49%
2-5 years	58	29.59%	53	30.3%	111	29.92%
6-10 years	46	23.47%	41	23.4%	87	23.45%
11-15 years	21	10.71%	6	3.4%	27	7.28%
15-20 years	11	5.61%	10	5.7%	21	5.66%
Over 20	11	5.65%	12	6.9%	23	6.20%
Total	196	99.99%	175	100%	371	100%
Online vs. Onsite						
Online	125	63.78%	135	77.1%	260	70.08%
Onsite	71	36.22%	40	22.9%	111	29.92%
Total	196	100%	175	100%	371	100%

The demographics and Mann-Whitney U test were analyzed to determine whether there were significant differences between the control group and the service-learning group.

The control group included 196 students (17 cohorts); the service-learning group included 175 students (18 cohorts). The demographics revealed 260 online and 111 onsite students ranging in age from 20 to greater than 55 years of age; 93% were female. The students' level of experience ranged from no experience to greater than 20 years of nursing experience. Table 4.2 displays the results of the Mann-Whitney U test.

Table 4.2

Mann-Whitney U Test Comparing the Demographics of the Two Groups

Hypothesis The distribution of this variable is the same across categories of the group	Control Group	Service- learning Group	Mann-Whitney U results		Outcome Retain/ Reject the hypothesis
	M	M	U	Significance	
Age	187.95	183.82	16,768.5	.704	Retain
Gender	187.59	184.22	16,838.5	.516	Retain
Years as an RN	192.76	178.43	15,824.5	.185	Retain
Online/Onsite	189.50	182.08	16,464.0	.385	Retain

The Wilcoxon signed rank test was used to evaluate the difference in the responses from workshop one to workshop eight. Table 4.3 displays the overall results for the social justice construct for the control group and the service-learning group.

Table 4.3

Overall Wilcoxon Results for Social Justice

Social Justice	Mean (sd)	Z	P
Control Group (n = 196)			
Workshop 1 survey	4.17 (.832)	4.886	.000*
Workshop 8 survey	4.30 (.839)		
Service-Learning Group (n =175)			
Workshop 1 survey	3.88 (1.093)	12.278	.000*
Workshop 8 survey	4.26 (.863)		

*indicates significant result—one-tailed test— $p < .025$

When evaluating the items within the social justice construct as a whole, the Wilcoxon test revealed that both groups had a significant increase ($p < .025$) in the students' responses to questions included in the social justice construct. When evaluating the specific items within the social justice construct, the service-learning group had significant results ($p < .025$), for a sense of responsibility to serve, the feeling that they can make a difference, community awareness, future plans to serve, a statement about attitudes, and awareness of their biases. However, the service-learning group did not have a significant change in relation to statements related to misfortunes and comfort with diversity. The Wilcoxon results for the control group demonstrated a significant ($p < .025$) result for community awareness, future plans to serve, and a statement about attitudes. However, the control group did not have significant results for the other five statements. See Table 4.4 for a display of the results for individual items within the social justice construct.

Table 4.4

Wilcoxon Results—Interest in Social Justice Construct

	Control Group		SL Group	
Responsible to serve	-1.069	.285	4.571*	.000*
Can make a difference	-.881	.378	3.959*	.000*
Community awareness	-4.495*	.000*	3.326*	.001*
Future plans to serve	-3.110*	.002*	5.630*	.000*
Misfortunes	-.484	.629	-.081	.935
Attitudes	-2.256*	.024*	4.450*	.000*
Comfort with diversity	-.162	.871	1.945	.052
Aware of biases	-.556	.578	3.193*	.001*

*indicates significant result—one-tailed test— $p < .025$

Table 4.5 displays the overall results for the leadership construct for the control group and the service-learning group. Again, the results revealed a significant increase in the responses of both groups when evaluating the construct as a whole.

Table 4.5

Overall Wilcoxon Results for Leadership

Leadership	Mean (sd)	Z	P
Control Group (n = 196)			
Workshop 1 survey	4.12 (.780)	5.282	.000*
Workshop 8 survey	4.19 (.801)		
Service-Learning Group (n =175)			
Workshop 1 survey	4.07 (.764)	12.357	.000*
Workshop 8 survey	4.28 (.672)		

*indicates significant result—one-tailed test— $p < .025$

Table 4.6 shows the breakdown of the specific items within the leadership construct. The service-learning group had significant results for all 14 items within the leadership construct. The control group had significant results for two if the items within the leadership construct. Again, a significance of $p < .025$ was used for a one-tailed test.

Table 4.6

Wilcoxon Results for Leadership

Leadership Construct	Control Group		Service-Learning Group	
Leadership	-1.494	.135	5.165*	.000*
Openness to change	-.985	.325	2.560*	.000*
Interaction	-.426	.670	2.631*	.009*
Listening	-.884	.376	2.706*	.007*
Empathy	-.057	.955	3.376*	.001*
Healing	-1.782	.075	2.247*	.025*
Awareness	-.170	.865	3.210*	.001*
Persuasion	-1.655	.098	3.161*	.002*
Conceptualization	-.434	.665	3.693*	.000*
Foresight	-.812	.417	3.230*	.001*
Stewardship	-1.700	.089	3.149*	.002*
Committed to other's growth	-2.798*	.005*	3.561*	.000*
Building Community	-2.390*	.001*	3.054*	.002*

*Indicates a significant result: $p < .025$ for a one-tailed test

A *t*-test was calculated to obtain a mean and standard deviation so that Cohen's *d* could be calculated to determine the effect size for each of the constructs within each of the groups. A small effect size was noted for the service-learning group for both the leadership skills construct ($d = .25$) construct and the social justice construct ($d = .37$). The effect sizes for the control group were not significant. See Table 4.7 for the results of Cohen's *d*.

Table 4.7

Cohen's d Effect Size

Leadership Construct	Mean	Standard Deviation	<i>d</i>	Effect Size
Control Group	-.076	.949	.08	None
SL Group	-.201	.798	.25	Small
Social Justice Construct				
Control Group	-.124	1.042	.11	None
SL Group	-.374	1.010	.37	Small

Effect size: Small = .20; Medium = .50; Large = .80

Few research studies have been completed with online students participating in service-learning. A Kruskal-Wallis test was conducted comparing the responses of online students with onsite students. No significant differences were found between the responses of the onsite students compared to the online students. Whether students were online or onsite did not seem to influence the responses to any of the items on this survey.

In order to determine if there were any relationships between items in the survey and the demographic variables, Spearman's *rho* correlation coefficients were calculated for the relationship between each of the items on the surveys and participants' age, gender, onsite vs. online, and years of experience. No significant correlations were found with any of the demographic findings and SLSET items related to social justice,

leadership, or the course. However, Spearman's ρ correlations were found between the demographic variables. See Table 4.8.

Table 4.8

Spearman's ρ

		Online/ Onsite	Gender	Age	Years as an RN
Online Onsite	Correlation	1.000	.051	.282**	.280**
	Coefficient				
	Sig. (2-tailed)		.324	.000	.000
	N	371	371	371	371
Gender	Correlation	.051	1.000	.037	-.158**
	Coefficient				
	Sig. (2-tailed)	.324		.482	.002
	N	371	371	371	371
Age	Correlation	.282**	.037	1.000	.483**
	Coefficient				
	Sig. (2-tailed)	.000	.482		.002
	N	371	371	371	371
Years as an RN	Correlation	.280**	-.158**	.483**	1.000
	Coefficient				
	Sig. (2-tailed)	.000	.002	.000	
	N	371	371	371	371

* $p < .01$

A moderate positive correlation was noted between years as an RN and age (ρ (369) = .483, $p < .001$). Nurses with more years of experience are more likely to be older. There was a weak correlation between years of experience and gender (ρ (369) = -.158, $p < .001$), indicating that women are more likely to have more years of experience. However, there was not a significant correlation between age and gender (ρ (369) = .037, $p > .05$). Weak positive correlations were found, indicating that online students are more likely to be younger and have fewer years of experience (ρ (369) = .282, $p < .001$; and ρ (369) = .280, $p < .001$, respectively).

Discussion

Between May and October, students in the Foundations for Professional Practice course provided over 900 hours of service at a variety of service locations around the United States, ministering to a variety of vulnerable populations including the homeless, the elderly, at-risk teenagers, pregnant teenagers, children, the mentally ill, addicts, convicts, immigrants, and victims of domestic violence. Overall, the students were successful in locating agencies with which they were able to volunteer their time. Positive responses were received from students and faculty members with regard to the course. However, most of the faculty members and students did not comment on service-learning on the end-of-course evaluation. The change in the curriculum was initiated at the same time the RNBSN division converted from Blackboard to Pearson Learning Studio. In addition to the change in learning management systems, students were given access to e-books, rather than receiving hard-copy textbooks. Therefore, most of the comments on the end-of-course surveys related to those items rather than service-learning.

Further evaluation of service-learning will take place in October 2015 with a review of the responses to the workshop one and workshop eight survey responses of students who take the course in March, May, and August, 2015. The effect size will be calculated again to see revising the assignments during weeks 5, 6, and 7 made a difference. Course surveys will be reviewed for comments related to the service-learning component. In addition, the surveys will be reviewed to evaluate the locations where service was provided, and the level of interaction students had with the vulnerable population. Depending on these results, further course revisions may be indicated.

Because the curriculum for the Foundations for Professional Practice course is prescribed, regardless of the faculty member, all online students receive the same instructions regarding what needs to be discussed in each of the forums. Discussion talking points related to the service-learning experience and the vulnerable populations being served include:

- Describe how nurses could provide holistic care to the vulnerable population with whom you will be volunteering. Consider the psychological, sociocultural, spiritual, and developmental factors included in the assessment, in addition to any physical concerns.
- Describe how one or more of the nursing theorists mentioned in Discussion 2.2 would approach individuals within the vulnerable population you have chosen.
- Discuss ethical considerations in relation to the vulnerable population with whom you are volunteering.
- Discuss ethical issues that affect your vulnerable population. How do the components of the ANA Code of Ethics apply to your vulnerable population?
- Discuss spiritual needs in relation to your vulnerable population.
- Discuss cultural biases faced by your vulnerable population.
- Discuss healthcare disparities faced by your vulnerable population.

Online students included discussion of their service experiences and their vulnerable population in response to these prompts. Onsite faculty and students have these talking points as well, but there may be variation in how many of the faculty onsite and online engage students in talking about their vulnerable population.

One of the items on the SLSET asks students to rate their faculty with regard to whether they engaged the service experience in teaching the course. The student responses were: 42.25%, “strongly agree,” 43.31%, “agree,” 9.77%, “neutral;” 2.97%, “disagree;” and 1.7% “strongly disagree.” These results reflect a combination of the responses of online and onsite students.

It is concerning that only 85.56% of the faculty engaged students in discussing their service experiences. More communication with faculty members, with regard to the service-learning component in this course, may increase their interest in engaging students to discuss their vulnerable populations and service experiences, which may in turn have an impact on the effect size noted within the responses on the SLSET in the future.

Recommendations for Further Research

This TENPP provided information on service-learning with RNs in a BSN completion program who are taking courses in an accelerated, online/onsite program. It was interesting that no correlations were noted between age, gender, years of experience, or learning format (online vs. onsite) of students and their responses related to leadership skills or an interest in social justice. More research is needed to validate these findings and to determine the most appropriate number of hours that should be required for service-learning experiences of RNBSN students in an accelerated curriculum format.

Limitations

This study was completed at a faith-based university; results may differ at universities that do not have a religious orientation. Not all of the students in the RNBSN program, have a faith background, but many choose IWU because of their religious

beliefs. In addition, 23 faculty members taught this course during the study timeframe, leading to potential variations in teaching style and the emphasis faculty placed on the service-learning component. In addition, since this was a new course revision, faculty members who had been teaching the course, may not have emphasized the revisions to include service-learning. An attempt was made to mitigate the effects of this limitation by sending an email to faculty members who were scheduled to teach the course during the study timeframe.

Another limitation related to the timing of this study in association with other changes taking place. There were very few comments related to service-learning on the end-of-course evaluations. Comments on the end-of-course survey tended to focus on the conversion from Blackboard to Pearson Learning Studio, and the switch from providing hardcopy textbooks to providing students with e-books via CourseSmart. These changes took place in May 2014 at the same time service-learning was introduced. Future course evaluations may reveal more information regarding students' responses to this experience as students and faculty have adjusted to the change in the learning management system.

Significance to Nursing Education

Service-learning has been shown to increase leadership skills, community engagement, a sense of social responsibility, and an interest in social justice as students gain a better understanding of the curriculum. As curriculum is developed, a service-learning component should be considered. This strategy may have a long-lasting impact on nurses in the future as well as on nursing as a profession.

Conclusion

The service-learning component added to this course resulted in an increase in the students' self-evaluation of their leadership skills and their interest in social justice. The effect size seen with an addition of five hours of service and added discussion was small. More research is needed to determine whether an increased number of hours of service or increased focus on the service experiences and the vulnerable populations would result in a stronger effect size. Service-learning has the potential to assist IWU Post-licensure students develop in character, leadership, and scholarship. Allowing students to select a service-learning experience of interest to them, may lead to extended interest in working with an agency, beyond the end of the Foundations for Professional Practice course. Students can become world changers if they have the opportunity to develop a passion for a vulnerable population that touches their hearts.

This project attempted to determine whether service-learning is an effective way to encourage leadership and an interest in social justice within post-licensure students in order to determine whether it should be incorporated as a thread throughout the post-licensure program as well as whether it should be encouraged throughout the IWU community. The results revealed that it is possible to incorporate service-learning in non-traditional programs, including online programs with an accelerated curriculum, and that students may grow in leadership and character as a result of engaging with the world around them. In response to the question raised at the beginning of this paper, nurses can be world changers.

Service-learning in this TENPP provided students with the opportunity to engage with the world around them and to see how they could make a difference. The students

had the opportunity to “pour salt and shine light” on those whom they served” (IWU, n.d.c., para. 1). IWU’s goal is to create within students a mindset to make a difference in their workplaces, their communities, their states, the nation, and perhaps globally.

President Wright (2013a) had encouraged the Indiana Wesleyan community to engage with the world by serving others demonstrating the love of Jesus Christ. That is what 200 students had the opportunity to do as they engaged in service-learning as a part of this course. Service-learning is an effective method for assisting students to develop in character, scholarship, and leadership as well as encourage them to become life-long world changers, fulfilling the mission of Indiana Wesleyan University.

References

- Abels, K. (2009). *Course instructor guide: Service learning pedagogy* [Document]. North Carolina State University. Retrieved from www.unc.edu/apples/faculty/2009%20Faculty%20Guide.doc
- American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice*. Washington, DC: Author.
- American Association of Colleges of Nursing. (2012). *White paper: Expectations for practice experiences in the RN to Baccalaureate curriculum*. Washington, DC: Author.
- Amerson, R. (2010). The impact of service-learning on cultural competence. *Nursing Education Perspectives*, 31(1), 18-22. Retrieved from <http://www.nln.org>
- Arthur, J., & Bohlin, K. E. (2005). *Citizenship and higher education: The role of universities in communities and society*. New York, NY: Routledge.
- August-Brady, M., & Adamshick, P. (2013). Oh, the things you will learn: Taking undergraduate research to the homeless shelter. *Journal of Nursing Education*, 52(6), 342-345. doi:10.3928/01484834-20130515-02
- Bailey, P., Carpenter, D., & Harrington, P. (2002). Theoretical foundations of service-learning in nursing education. *Journal of Nursing Education*, 41(10), 433-436. Retrieved from <http://www.slackinc.com/>
- Balakas, K., & Sparks, L. (2010). Teaching research and evidence-based practice using a service-learning approach. *Journal of Nursing Education*, 49(12), 691-695. doi: 10.3928/01484834-20100831-07

- Bassi, S. (2011). Undergraduate nursing students' perceptions of service-learning through a school-based community project. *Nursing Education Perspectives*, 32(3), 162-167. doi: 10.5480/1536-5026-32.3.162
- Begley, K., Haddad, A., Christensen, C., & Lust, E. (2009). A health education program for underserved community youth led by health professions students. *American Journal of Pharmaceutical Education*, 73(6), 1-7. Retrieved from <http://www.aacp.org>
- Bellot, J. (2011). Defining and assessing organizational culture. *Nursing Forum*, 46(1), 29-37. doi:10.1111/j.1744-6198.2010.00207.x
- Black, B. P. (2014). *Professional nursing: Concepts and challenges* (7th ed.). St. Louis, MO: Elsevier.
- Bowker, D., Weg, B., & Hansen, E. (2013). Nontraditional clinical sites. *Nurse Educator*, 38(4), 139-140. doi:10.1097/NNE.0b013e318296dc9f
- Brandon, A., & All, A. (2010). Constructivism theory analysis and application to curricula. *Nursing Education Perspectives*, 31(2), 89-92. Retrieved from <http://www.nln.org>
- Bringle, R. G., & Hatcher, J. A. (2009). Innovative practices in service-learning and curricular engagement. *New Directions for Higher Education*, (147), 37-46. doi: 10.1002/he.356
- Broussard, B. (2011). The bucket list: A service-learning approach to community engagement to enhance community health nursing clinical learning. *Journal of Nursing Education*, 50(1), 40-43. doi:10.3928/01484834-20100930-07

- Brown, J. (2009). Faith-based mental health education: A service-learning opportunity for nursing students. *Journal of Psychiatric & Mental Health Nursing, 16*(6), 581-588. doi: 10.1111/j.1365-2850.2009.01421.x
- Burns, J. M. (2003). *Transforming leadership: A new pursuit of happiness*. New York, NY: Atlantic Monthly Press.
- Business Administration: Bachelor of Science. (n.d.). Courses. Retrieved from <http://www.indwes.edu/Undergraduate/BS-Business-Administration/Courses/>
- Casey, D., & Murphy, K. (2008). Irish nursing students' experiences of service learning. *Nursing & Health Sciences, 10*(4), 306-311. Retrieved from doi: 10.1111/j.1442-2018.2008.00409 .x
- Chen, H., & McAdams-Jones, D. (2011). Developing cultural competence in nursing students through service-learning. *Communicating Nursing Research, 44*, 361. Retrieved from http://www.researchgate.net/journal/0160-1652_Communicating_nursing_research
- Chupp, M., & Joseph, M. (2010). Getting the most out of service learning: Maximizing student, university and community impact. *Journal of Community Practice, 18*(2-3), 190-212. doi:10.1080/10705422.2010.487045
- Clarke, P. N., & Lowry, L. (2012). Dialogue with Lois Lowry: Development of the Neuman Systems Model. *Nursing Science Quarterly, 25*(4), 332-335. doi:10.1177/0894318412457065
- College of Adult and Professional Studies Office of Institutional Effectiveness. (n.d.). What is institutional effectiveness? Retrieved from <http://www.indwes.edu/CAPS-Institutional-Effectiveness/What-Is-Institutional-Effectiveness/>

- College of Engineering. (n. d.). *What is the co-op program?* Milwaukee, WI: Marquette University. Retrieved from http://www.marquette.edu/engineering/coop_eng/documents/coopmanual11.pdf
- Commission on Collegiate Nursing Education (2013). *CCNE standards & professional nursing guidelines*. Retrieved from <http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate/standards>
- Connors, K., & Seifer, S. D. (2005). Interdisciplinary models of service-learning in higher education [Fact sheet]. Retrieved from http://www.servicelearning.org/instant_info/fact_sheets/he_facts/interdisciplinary
- Dacey, M., Murphy, J., Anderson, D., & McCloskey, W. (2010). An interprofessional service-learning course: Uniting students across educational levels and promoting patient-centered care. *Journal of Nursing Education*, 49(12), 696-699. doi: 10.3928/01484834-20100831-09
- Daft, R. L. (2010). *Organization theory and design* (11th ed.). Mason, OH: Southwestern Cengage Learning.
- Darland, N., & Sims, T. (2010). Service learning: Maternal/newborn community outreach. *JOGNN: Journal Of Obstetric, Gynecologic & Neonatal Nursing*, 39, S52. doi:10.1111/j.1552-6909.2010.01121
- De Caluwé, L., & Vermaak, H. (n.d.). *An overview of change paradigms*. Retrieved from [http://www.feweb.vu.nl/nl/Images/An Overview of Change Paradigms_v1_tcm96-111646.pdf](http://www.feweb.vu.nl/nl/Images/An%20Overview%20of%20Change%20Paradigms_v1_tcm96-111646.pdf)

Division of Behavioral Sciences: College of Arts and Sciences. (n.d.). Welcome.

Retrieved from <http://www.indwes.edu/Academics/CAS/Division-of-Behavioral-Sciences/>

Eby, J. W. (1996). Linking service to scholarship. In R. L. Sigmon (Ed.), *Journey to service-learning: Experiences from independent liberal arts colleges and universities*. (pp. 87-97) Washington, DC: Council of Independent Colleges.

Entrepreneurship: Bachelor of Science. (n.d.). Courses. Retrieved from

<http://www.indwes.edu/Undergraduate/BS-Entrepreneurship/Courses/>

Eve Main, M., Garrett-Wright, D., & Kerby, M. (2013). Nursing student voices:

Reflections on an international service learning experience. *Kentucky Nurse*, 61(1), 10-11. Retrieved from <http://www.kentucky-nurses.org>

Eymard, A. S., Breaux, P., & Dozar, K. (2013). Transformative learning in nursing

students through a service learning project with a vulnerable community. *Journal of Nursing Education & Practice*, 3(3), 35-43. doi:10.5430/jnep.v3n3p35

Eymard, A., Crawford, B., & Keller, T. (2010). "Take a walk in my shoes": Nursing

students take a walk in older adults' shoes to increase knowledge and empathy. *Geriatric Nursing*, 31(2), 137-141. Retrieved from

<http://www.journals.elsevierhealth.com/periodicals/ymgn/article/S0197-4572%2810%2900092-3/abstract>

Finance: Bachelor of Science. (n.d.). *Courses*. Retrieved from <http://www.indwes.edu>

[/Undergraduate/BS-Finance/Courses/](http://www.indwes.edu/Undergraduate/BS-Finance/Courses/)

Flecky, K., & Gitlow, L. (2011). *Service learning in occupational therapy education:*

Philosophy and practice. Sudbury, MA: Jones & Bartlett Learning.

- Francis-Baldesari, C., & Williamson, D. (2008). Integration of nursing education, practice, and research through community partnerships: A case study. *Advances in Nursing Science*, 31(4), E1-10. Retrieved from <http://www.aspenpublishers.com>
- Freemeyer, J. (n.d.). *A primer on change intervention strategies*. Marion, IN: Indiana Wesleyan University.
- Gillis, A. & MacLellan, M. (2010). Service learning with vulnerable populations: Review of the literature. *International Journal of Nursing Education Scholarship*, 7(1), 1-27. doi:10.2202/1548-923X.2041
- Green, S. S., Comer, L., Elliott, L., & Neubrandner, J. (2011). Exploring the value of an international service-learning experience in Honduras. *Nursing Education Perspectives*, 32(5), 302-307. doi:10.5480/1536-5026-32.5.302
- Groh, C. J., Stallwood, L. G., & Daniels, J. J. (2011). Service-learning in nursing education: Its impact on leadership and social justice. *Nursing Education Perspectives*, 32(6), 400-405. doi: 10.5480/1536-5026-32.6.400
- Guthrie, K. L., & McCracken, H. (2010). Reflective pedagogy: Making meaning in experiential-based online courses. *Journal of Educators Online*, 7(2), Retrieved from <http://www.thejeo.com/Archives/Volume7Number2/GuthriePaper.pdf>
- Harkavy, I., & Hartley, M. (2010). Pursuing Franklin's dream: Philosophical and historical roots of service-learning. *American Journal of Community Psychology*, 46(3/4), 418-427. doi:10.1007/s10464-010-9341-x
- Harvey, J. (1996). Among true partners. In R. L. Sigmon (Ed.), *Journey to service-learning: Experiences from independent liberal arts colleges and universities*. (pp. 87-97) Washington, DC: Council of Independent Colleges.

Hoefler, R., & Curry, C. (2012). Food security and social protection in the United States.

Journal of Policy Practice, 11(1/2), 59-76. doi:10.1080/15588742.2011.624062

Honnet, E. P., & Poulsen, S. J. (1996). *Principles of good practice for combining service*

and learning: A Wingspread special report. Retrieved from

http://www.servicelearning.org/filemanager/download/Principles_of_Good_Practice_for_Combining_Service_and_Learning.pdf

Hou, S. (2010). Developing a faculty inventory measuring perceived service-learning

benefits and barriers. *Michigan Journal of Community Service Learning*, 16(2),

78-89. Retrieved from <http://eric.ed.gov/?id=EJ904636>

Housman, J., Meaney, K. S., Wilcox, M., & Cavazos, A. (2012). The impact of service-

learning on health education students' cultural competence. *American Journal of*

Health Education, 43(5), 269-278. Retrieved from <http://www.tandfonline.com>

[/toc/ujhe20/current#.VPvD2CxII2A](http://www.tandfonline.com/toc/ujhe20/current#.VPvD2CxII2A)

Hudson, C., Gaillard, S., & Duffy, N. (2011). Developing a community health clinical

practicum service-learning model. *Nurse Educator*, 36(1), 7-8.

doi:10.1097/NNE.0b013e3182001c0b

Hunt, R., & Swiggum, P. (2007). Being in another world: Transcultural student

experiences using service learning with families who are homeless. *Journal of*

Transcultural Nursing, 18(2), 167-174. doi: 10.1177/1043659606298614

Indiana Wesleyan University School of Nursing. (2009). *Commission on Collegiate*

Nursing Education accreditation self-study report. Marion, IN: Author.

Indiana Wesleyan University. (2010). *Accreditation and affiliations*. Retrieved from

<http://www.indwes.edu/About/IWU-HLC-IR-Spring-2010---5MB/>

- Indiana Wesleyan University. (n.d.a). *IWU story*. Retrieved from <http://www.indwes.edu/about/iwu-story/>
- Indiana Wesleyan University. (n.d.b.). *Mission and commitments*. Retrieved from <http://www.indwes.edu/About/Mission-and-Commitments/>
- Indiana Wesleyan University. (n.d.c.). *Society of world changers*. Retrieved from <http://www.indwes.edu/About/World-Changers/>
- Institutional Effectiveness. (2013). *Survey results and analysis for end of program survey*. Marion, IN: Indiana Wesleyan University.
- Iowa State University. (2013). *Service learning models*. Retrieved from <http://www.celt.iastate.edu/ServiceLearning/s-lmodels.html>
- Jacoby, B. (2010). *Service learning course design: What faculty need to know*. Retrieved from <http://www.magnapubs.com/catalog/service-learning-course-design-what-faculty-need-to-know/>
- Jarosinski, J., & Heinrich, C. (2010). Standing in their shoes: Student immersion in the community using service-learning with at-risk teens. *Issues in Mental Health Nursing, 31*(4), 288-297. doi: 10.3109/01612840903359740
- John Wesley Honors College. (n.d.). *JWHC Course Descriptions*. Marion, IN: Indiana Wesleyan University. Retrieved from <http://www.indwes.edu/Academics/JWHC/JWHC-Course-Descriptions/>
- Kalil, A., & Ryan, R. (2010). Mothers' economic conditions and sources of support in fragile families. *Future of Children, 20*(2), 39-61. doi:10.1353/foc.2010.0009
- Kazemi, D., Behan, J., & Boniauto, M. (2011). Improving teaching strategies in an undergraduate community health nursing (CHN) program: Implementation of a

- service-learning preceptor program. *Nurse Education Today*, 31(6), 547-552. doi: 10.1016/j.nedt.2010.10.024
- Kear, T. M. (2013). Transformative learning during nursing education: A model of interconnectivity. *Nurse Education Today*, 33(9), 1083-1087. doi:10.1016/j.nedt.2012.03.016
- Kelly, R. (2011a). Service-learning course development. *Academic Leader*, 27(6), 2-6. Retrieved from <http://www.magnapubs.com>
- Kelly, R. (2011b). Tips on developing a service-learning course. *Student Affairs Leader*, 39(11), 4. Retrieved from <http://www.magnapubs.com/products/newsletters.html>
- Kemp, S. (2010). Situated learning: Optimizing experiential learning through God-given learning community. *Christian Education Journal*, 7(1), 118-143. Retrieved from <http://journals.biola.edu/cej/volumes/7/issues/1/articles/118>
- Knapp, T., Fisher, B., & Levesque-Bristol, C. (2010). Service-learning's impact on college students' commitment to future civic engagement, self-efficacy, and social empowerment. *Journal of Community Practice*, 18(2-3), 233-251. doi:10.1080/10705422.2010.490152
- Kolomer, S., Quinn, M., & Steele, K. (2010). Interdisciplinary health fairs for older adults and the value of interprofessional service learning. *Journal of Community Practice*, 18(2-3), 267-279. doi: 10.1080/10705422.2010.485863
- Kotter, J. P. (2001). What leaders really do. *Harvard Business Review*, 79(11), 85-96. Retrieved from <http://www.hbr.org>

- Kruger, B., Roush, C., Olinzock, B., & Bloom, K. (2010). Engaging nursing students in a long-term relationship with a home-base community. *Journal of Nursing Education, 49*(1), 10-16. doi:10.3928/01484834-20090828-07
- Kulbok, P. A., Mitchell, E. M., Glick, D. F., & Greiner, D. (2012). International experiences in nursing education: A review of the literature. *International Journal of Nursing Education Scholarship, 9*(1), 1-21. doi:10.1515/1548-923X.2365
- Larson, K., Clark, A., Colborn, B., Perez, A., Engelke, M. K., & Hill, P. (2011). A school-based health center–university nursing partnership: How we filled in the gaps. *Journal of School Nursing, 27*(6), 404-410. doi:10.1177/1059840511419370
- Larson, K., Ott, M., & Miles, J. (2010). International cultural immersion: En vivo reflections in cultural competence. *Journal of Cultural Diversity, 17*(2), 44-50.
Retrieved from <http://www.tuckerpub.com>
- Lashley, M. (2007). Nurses on a mission: A professional service learning experience with the inner-city homeless. *Nursing Education Perspectives, 28*(1), 24-26. Retrieved from <http://www.nln.org>
- Leadership: Bachelor of Science. (n.d.). *Courses*. Retrieved from <http://www.indwes.edu/Undergraduate/BS-Leadership/Courses/>
- Lee, M. L., Hayes, P. A., McConnell, P., & Henry, R. M. (2013). Students delivering health care to a vulnerable Appalachian population through interprofessional service-learning. *Gerontology & Geriatrics Education, 34*(1), 43-59.
doi:10.1080/02701960.2013.737388

- Lisko, S. A., & O'Dell, V. (2010). Integration of theory and practice: Experiential learning theory and nursing education. *Nursing Education Perspectives, 31*(2), 106-108. Retrieved from <http://www.nln.org>
- Loewenson, K. M., & Hunt, R. J. (2011). Transforming attitudes of nursing students: Evaluating a service-learning experience. *Journal of Nursing Education, 50*(6), 345-349. doi:10.3928/01484834-20110415-03
- Longo, A. (2013). Change, complexity, and creativity. In L. Roussel (Ed.). *Management and leadership for nurse administrators* (6th ed., pp. 121-159). Burlington, MA: Jones & Bartlett Learning.
- Management: Bachelor of Science. (n.d.). *Courses*. Retrieved <http://www.indwes.edu/Undergraduate/BS-Management/Courses/>
- Marketing: Bachelor of Science. (n.d.). *Courses*. Retrieved from <http://www.indwes.edu/Undergraduate/BS-Marketing/Courses/>
- Marshall, E. (2011). *Transformational leadership in nursing: From expert clinician to influential leader*. New York, NY: Springer Publishing.
- McAleavey, S. J. (n.d.). *Disciplinary pathways to service learning: Service learning: Theory and rationale*. Retrieved from <http://www.mesacc.edu/other/engagement/pathways/rationale.shtml>
- McGorry, S. Y. (2012). No significant difference in service learning online. *Journal of Asynchronous Learning Networks, 16*(4), 45-54. Retrieved from <http://jaln.sloanconsortium.org/index.php/jaln/article/view/218>

- McKinnon, T. H., & Fealy, G. (2011). Core principles for developing global service-learning programs in nursing. *Nursing Education Perspectives*, 32(2), 95-100. doi: 10.5480/1536-5026-32.2.95
- McLanahan, S., Garfinkel, I., Mincy, R., & Donahue, E. (2010). Introducing the issue. *Future of Children*, 20(2), 3-16. doi:10.1353/foc.2010.0005
- Meili, R., Fuller, D., & Lydiate, J. (2011). Teaching social accountability by making the links: Qualitative evaluation of student experiences in a service-learning project. *Medical Teacher*, 33(8), 659-666. doi:10.3109/0142159X.2010.530308
- Mitchell, G. (2013). Selecting the best theory to implement planned change. *Nursing Management - UK*, 20(1), 32-37. Retrieved from <http://rcnpublishing.com/journal/nm>
- Mitchell, T. D. (2008). Traditional vs. critical service-learning: Engaging the literature to differentiate two models. *Michigan Journal of Community Service Learning*, 14(2), 50-65. Retrieved from <http://www.eric.ed.gov/PDFS/EJ831374.pdf>
- Mutascio, P., & Plaut, J. (2008). *Institutional structures for service-learning in higher education*. Retrieved from <http://www.servicelearning.org/institutional-structures-service-learning-higher-education>
- National League of Nursing. (2005). *Position statement: Transforming nursing education*. Retrieved from <http://www.nln.org/aboutnln/PositionStatements/transforming052005.pdf>
- National Service Learning Clearinghouse. (n.d.a). *Historical timeline*. Retrieved from http://www.servicelearning.org/what_is_service-learning/history

- National Service Learning Clearinghouse. (n.d.b). *Service learning: Three principles* [Abstract]. Retrieved from <http://www.servicelearning.org/library/resource/3682>
- National Service Learning Clearinghouse. (n.d.c). *What is service learning?* Retrieved from <http://www.servicelearning.org/what-is-service-learning>
- Neuman, B., & Fawcett, J. (2011). *The Neuman systems model* (5th ed.). Upper Saddle River, NJ: Pearson.
- O'Brien-Larivee, C. (2011). A service-learning experience to teach baccalaureate nursing students about health policy. *Journal of Nursing Education, 50*(6), 332-336. doi:10.3928/01484834-20110317-02
- Reising, D., Shea, R., Allen, P., Laux, M., Hensel, D., & Watts, P. (2008). Using service-learning to develop health promotion and research skills in nursing students. *International Journal of Nursing Education Scholarship, 5*(1), 1-15. Retrieved from <http://www.degruyter.com/>
- Richards, E., & Novak, J. (2010). From Biloxi to Cape Town: Curricular integration of service learning. *Journal of Community Health Nursing, 27*(1), 46-50. doi:10.1080 /07370010903466189
- Riner, M. E. (2011). Globally engaged nursing education: An academic program framework. *Nursing Outlook, 59*(6), 308-317. doi:10.1016/j.outlook.2011.04.005
- Riner, M. E. (2013). Globally engaged nursing education with local immigrant populations. *Public Health Nursing, 30*(3), 246-253. doi:10.1111/phn.12026
- Rosing, H., Reed, S., Ferrari, J. R., & Bothne, N. J. (2010). Understanding student complaints in the service learning pedagogy. *American Journal of Community Psychology, 46*(3/4), 472-481. doi:10.1007/s10464-010-9338-5

- Roussel, L. (2013). *Management and leadership for nurse administrators* (6th ed).
Burlington, MA: Jones & Bartlett Learning.
- Seider, S. C., Rabinowicz, S. A., & Gillmor, S. C. (2011). Changing American college students' conceptions of poverty through community service learning. *Analyses of Social Issues & Public Policy*, *11*(1), 105-126. doi:10.1111/j.1530-2415.2010.01224.x
- Shapinsky, E. A., Burger, J., & Barnes, M. (n.d.). *NUR235: Perspectives on poverty and health*. Marion, IN: Indiana Wesleyan University.
- Sheu, L. C., Zheng, P., Coelho, A. D., Lin, L. D., O'Sullivan, P. S., O'Brien, B. C., & ...
Lai, C. (2011). Learning through service: Student perceptions on volunteering at interprofessional hepatitis b student-run clinics. *Journal of Cancer Education*, *26*(2), 228-233. doi: 10.1007/s13187-010-0142-6
- Shultz, C. M. (2011). Global service-learning and nursing education: Merging with the world through pedagogy. *Nursing Education Perspectives*, *32*(2), 73. doi: 10.5480/1536-5026-32.2.73
- Sigmon, R. L. (1970). *Service-learning: An educational style*. Retrieved from <http://www.eric.ed.gov/contentdelivery/servlet/ERICServlet?accno=ED086076>
- Sigmon, R. L. (1996). *Journey to service-learning: Experiences from independent liberal arts colleges and universities*. Washington, DC: Council of Independent Colleges.
- Sipes, L., & Farrar, H. (2010). Service learning: Creating lasting bonds. *Oklahoma Nurse*, *55*(2), 18. Retrieved from <http://www.oknurses.com>

- Spurr, S., Bally, J., Ogenchuk, M., & Walker, K. (2012). A framework for exploring adolescent wellness. *Pediatric Nursing*, 38(6), 320-326. Retrieved from <http://www.ajj.com/services/pblshng/pnj/default.htm>
- Stallwood, L. G., & Groh, C. J. (2011). Service-learning in the nursing curriculum: Are we at the level of evidence-based practice? *Nursing Education Perspectives*, 32(5), 297-301. doi: 10.5480/1536-5026-32.5.297
- Teachers College Columbia University. (n. d.). *Service learning*. Retrieved from <http://www.tc.columbia.edu/pcfellows/index.asp?Id=Service-Learning&Info=What+is+Service-Learning%3F>
- Tosi, H. L. (2009). *Theories of organization*. Thousand Oaks, CA: Sage.
- Van Wart, M. (2013). Lessons from leadership theory and the contemporary challenges of leaders. *Public Administration Review*, 73(4), 553-565. doi:10.1111/puar.12069
- Vogt, M. A., Chavez, R., & Schaffner, B. (2011). Baccalaureate nursing student experiences at a camp for children with diabetes: The impact of a service-learning model. *Pediatric Nursing*, 37(2), 69-73. Retrieved from <http://www.ajj.com/services/pblshng/pnj/default.htm>
- Waldner, L. S., McGorry, S. Y., & Widener, M. C. (2012). E-service-learning: The evolution of service-learning to engage a growing online student population. *Journal of Higher Education Outreach and Engagement*, 16(2), 123-150. Retrieved from <http://openjournals.libs.uga.edu/>
- Ward, S., Blair, M., Henton, F., Jackson, H., Landolt, T., & Mattson, K. (2007). Educational innovations. Service-learning across an accelerated curriculum.

- Journal of Nursing Education*, 46(9), 427-430. Retrieved from <http://www.slackinc.com>
- Whetsell, M. V., Gonazlez, Y. M., & Moreno-Fergusson, M. E. (2011). Models and theories focused on a systems approach. In J. B. Butts, & K. L. Rich (Eds.), *Philosophies and theories for advanced nursing practice* (pp. 413-443). Sudbury, MA: Jones and Bartlett Learning.
- White, K. M. (2012). Change theory and models: Framework for translation. In K. M. White & S. Dudley-Brown. *Translation of evidence into nursing and health care practice*.(pp. 49-60). New York, NY: Springer.
- White House. (n.d.) *White House fellowships*. Retrieved from <http://www.whitehouse.gov/about/fellows>
- Williams, S. G., & Bihan, S. (2013). Application of an innovative, autonomous, creative teaching modality through service-learning in a community-health nursing course. *Journal of Nursing Education & Practice*, 3(5), 116-127.
doi:10.5430/jnep.v3n5p11620091023-09
- Wright, D. (2013a). *Reflections on a vision for IWUs future*. Retrieved from <http://www.iwupresident.com/reflections-on-a-vision-for-iwus-future/>
- Wright, D. (2013b). *A structure that frees our best ideas*. Retrieved from <http://www.iwupresident.com/a-structure-that-frees-our-best-ideas/>
- Wros, P., & Archer, S. (2010). Comparing learning outcomes of international and local community partnerships for undergraduate nursing students. *Journal of Community Health Nursing*, 27(4), 216-225. doi:10.1080/07370016.2010.515461

Zimmerman-Oster, K., Daniels, J., and Hipskind, T. (2010). Service Learning Pre-Post Assessment Tool. Detroit, MI: University of Detroit Mercy, Institute for Leadership & Service.

Appendix A: IRB Approval



Institutional Review Board
Office of the Dean of the Graduate School
1900 West 50th Street
Marion, IN 46953

Tel: 765-677-2090
Fax: 765-677-1456

Notice of Exemption

The Impact of Service Learning on Leadership and an Interest in Social Justice

Title of Research Topic

Meg Barnes

Investigator

I have reviewed your research proposal and have determined that:

Check One:

- 1. Your proposal is exempt from further review from the IRB.
- 2. Your proposal is not exempt and must be forwarded to the Chair of the University Institutional Review Board.

The reason your proposal is not exempt is:

Division/Department Chair, IRB Chair, IRB Committee Member

1/21/2014
Date

Appendix B: Consent and Information Form

Complete title of research report

Impact of Service-Learning on Leadership and Interest in Social Justice of RNBSN Students

Introduction

This assignment has two purposes. The first purpose is to use a survey questionnaire format to help you consider your current level of leadership competence and interest in social justice. In addition, this survey is part of a research study being conducted by a faculty member in the Post-licensure Department to evaluate the effectiveness of a change that is being made in this course. You will be asked to complete a similar survey in Workshop Eight.

Purpose of the Study

The purpose of this Translating Evidence into Nursing Practice Project (TENPP) is to evaluate how service-learning impacts student' self-evaluation of leadership competence and their interest in social justice.

Description of the Procedures

The study involves completing two online questionnaires. One questionnaire will be completed during the 1st workshop of the Foundations for Professional Practice course. The second questionnaire will be completed during the final workshop of this course. Each survey contains approximately 33 questions. The questionnaires will include a few demographic questions followed by statements with five options on a Likert scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree).

Please select the answer that most closely reflects your thoughts and opinions. Do not provide answers that you believe the school or your instructor would like to hear. There are no correct or incorrect answers. Answer the questions according to the way you think and currently live life on a daily basis.

It will take approximately 30 minutes to complete the survey. Approximately, 400 students are expected to participate in the study between March and August.

Risks and Discomforts

There are no known risks and no discomfort is expected from participation in this study.

Benefits

Your participation in this study will be of no direct benefit to you, but the knowledge gained may be of benefit to others.

Contact Person:

For more information about this research, please contact margaret.barnes@indwes.edu

Confidentiality

School identification numbers will be used to pair responses on the survey completed during Workshop One with responses on the survey completed during Workshop Eight. Only the researcher will have access to the identification numbers. No names will be recorded and all student information will be held in strict confidence.

Any information about you obtained on this survey will be kept as confidential as legally possible. Research records and test results, just like hospital records, may be subpoenaed by court order. In any publication that may result from this research, neither your name or any information from which you might be identified will be published without your consent. The researcher is not currently teaching the Foundations for Professional Practice class and will not relay any individual answers provided on this survey to current or future professors you may have.

Margaret E. Barnes, MSN RN

Signature of the investigator

Question number one on the survey:

1. Are you willing to allow your responses on this survey to be included in the database that is compiled to determine the effectiveness of this course?

Yes

No

Appendix C: Permission to Use the Service-Learning Self-Evaluation Tool (SLSET)

From: Kathleen Zimmerman-Oster [<mailto:zimmerka@udmercy.edu>]
Sent: Wednesday, December 18, 2013 7:49 AM
To: Barnes, Margaret; Tim Hipskin
Cc: Carla J Groh
Subject: Re: Service learning in nursing education
Margaret,

I'm happy to hear of your progress. Here is the citation for the tool:

Zimmerman-Oster, K., Daniels, J., and Hipskind, T. University of Detroit Mercy, Institute for Leadership & Service: Service Learning Pre-Post Assessment Tool, 1999, revised 2010.

Also, I am cc'ing my colleague, Fr. Tim Hipskind, so that he can send you the most up-to-date version of the tool. Good luck on your proposal meeting and we look forward to hearing about your results.

Sincerely,
Kathleen
Kathleen Zimmerman-Oster, PhD
Associate Professor and Director
Industrial/Organizational Psychology
Director of Research, Evaluation and Leadership Development The
Institute for Leadership and Service University of Detroit Mercy
4001 West McNichols
Detroit, Michigan 48221-3038
(313) 993-1137 <[tel:\(313\)20993-1137](tel:(313)20993-1137)>
zimmerka@udmercy.edu <<mailto:zimmerka@udmercy.edu>>

Appendix D: Email to Faculty

Hi,

For those of you who may not know me, my name is Meg Barnes and I am the course lead for the Foundations for Professional Practice course. Back in 2010, I was on a committee that looked at the positive effect service learning has on students. Unfortunately, no changes were made to curriculum at that time to see how our post-licensure students could benefit from this addition to the curriculum.

Currently in the DNP program at IWU, and for my DNP project, I am adding a minimal service-learning requirement to the Foundations for Professional Practice course. Beginning with the May 2014 start, service-learning will be introduced in the first workshop. Students will be instructed find an agency or individual who works with a vulnerable population, i.e. those affected by poverty, domestic violence mental illness, substance abuse, housing and/or food insecurity, teenage pregnancy, or other issues. They will be required to log a minimum of 5 hours of service between the beginning of workshop one and the beginning of workshop seven. Five hours is not much time over the course of 6 weeks, but those with whom I discussed this said that they felt students might feel overwhelmed if they need to do more than 5 hours, so we are starting out with 5 hours to see how it goes.

This activity will be worth 100 points on the grading scale, with an adjustment in the points for other activities. Students will be required to submit a service-learning verification form signed by an individual at the agency where they served. They will earn 20 points per hour of service documented up to a maximum of 100 points. The verification form will include a space for any comments the individual from the agency has with regard to the service-learning experience.

It will be very important that students spend those 5 hours interacting with the population being served and with personnel at the agency so that they can learn as much as they can about the population on which they choose to focus. Throughout the course as students discuss nursing theory, ethics, sociocultural concerns, health disparities, and primary healthcare, they will be asked to share how these topics relate to the vulnerable population they chose to focus on for their service-learning experience. Hopefully, in workshop seven, as students share how they envision themselves as world changers, they will again reflect on their service-learning experiences.

The students will be taking a survey during workshop one and workshop eight. The survey was developed by the University of Detroit Mercy and it is called the Service-Learning Self-Evaluation Tool (SLSET). The focus of the survey is students' self-evaluation of their leadership abilities and their interest in social justice. I am hoping for a positive change in these areas during the 8-weeks students are interacting in this course.

I have attached the course materials for the May Foundations for Professional Practice course. In addition to including the students documents, I included all of the faculty

resources. These were revised to reflect all of the changes made. Back in March, as I made the revisions, I tried to make sure that “every ‘t’ was crossed and every ‘i’ was dotted, but something may have been missed. Please let me know if you have any questions or comments now or as the course progresses over the next 8 weeks.

Have a wonderful course!! :))

[Meg Barnes](#)

MARGARET BARNES, MSN, RN

ASSISTANT PROFESSOR, POST-LICENSURE (RNBSN) DIVISION
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