ORIGINAL RESEARCH

Faculty survey of service-learning and its impact on nursing students

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ABSTRACT

Objective: Service-learning experiences (SLEs) help instill cultural competence and prepare nurses for practice with diverse populations in varied settings. This study describes SLE activities implemented by supervising nursing faculty, explores faculty opinions about the importance of those activities to uncover disparities between practice and values, and solicits faculty opinions about the impact of service learning on the students.

Methods: An online, quantitative survey collected data from faculty who lead SLEs in US nursing programs.

Results: A total of 77 US nursing faculty from 32 states reported on SLEs, 23% of which were located outside of the US. Pre-experiential, experiential, and post-experiential SLE discussion topics most often included the host community healthcare system, health and economic disparities, cultural norms, and benefits of the SLE. Religious beliefs, poverty tourism, racism, and privilege were discussed less often. Students participated in a variety of nursing-related activities onsite and nearly all faculty required follow up activities. Most faculty agreed that meeting the immediate needs of the host community, building sustainable partnerships with host community, addressing personal growth of the students, and discussing inequities are important aspects of an SLE, although actual implementation of those activities varied. Students feel "changed" after the SLE and become more likely to advocate for the vulnerable and underserved, but can also feel overwhelmed and harbor guilt about inequities.

Conclusions: Faculty report a wide range of discussion-based and hands-on activities in the pre-experiential, experiential, and post-experiential phases of the SLE. Overall, faculty believe that service learning positively impacts student development, but feelings of guilt and being overwhelmed can also persist after students return home.

Key Words: Nursing, Education, Service-learning, Experiential learning, Cultural competence

1. INTRODUCTION

Service learning experiences (SLEs) have become increasingly common in nursing education as schools strive to provide socially relevant curricula that improve students' cultural competence and prepare them to recognize, confront, and challenge existing health disparities. Service learning that promotes immersion in diverse communities with different cultural contexts is encouraged as a way to accomplish these goals.[1] Nurse educators generally agree that service learning must be an "experiential learning pedagogy that balances student and community needs, uses reflective processes, and is directed toward aspects of student development."[2] However, little data exist to demonstrate that current SLEs achieve those three goals. Despite the large number of articles that describe nursing SLEs and their impact on students, there are no reports of quantitative national

surveys that provide data across programs about required activities, faculty opinions about the value of those activities, or impressions about the impact of service learning on student participants. This study aims to address those gaps and offer ideas for nursing faculty who plan and implement SLEs.

1.1 Review of the literature

SLEs that include reflection activities such as guided discussions throughout the pre-experiential, experiential, and post-experiential phases have the potential to influence students' future career choices, personal philosophies, and community engagement. The faculty who supervise SLEs can shape that impact and are wise to incorporate evidence as well as stories into the planning. Adamshick and August-Brady[3] interviewed participants in an SLE to Honduras about their impressions of the experience. The themes that emerged included appreciation for life and family, the need to simplify one's own life, and a sharper vision of what is truly important. Whether these effects endure is difficult to study, and long-term follow up studies are not evident in the literature.

Although educators hope that SLEs will have a universally positive influence on students, it may not always be the case. In an early study,[4] the researcher's expectation that college students would return from an SLE feeling excited and personally satisfied was upended. Instead, most students in that qualitative study reported a variety of social and psychological difficulties that the researcher labeled "re-entry crisis". Problems included difficulty explaining their feelings about the experience, strained interpersonal relationships, feelings of uncertainty, and academic dysfunction. However, more recent studies illustrate a more positive impact of nursing student participation in an SLE.

Improving cultural competence is an often-stated goal of SLEs. Kohlbry[5] looked at whether international service immersion improves cultural competence using pre-and post-immersion scores on the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals-Student Version (IAPCC-SV©). Of the cultural competence constructs assessed by the instrument, Kohlbry found statistically significant increases in post-SLE cultural knowledge and cultural skill. Using another tool that measures confidence in one's ability to provide culturally competent care, Kohlbry found that most students identified themselves as culturally competent before the trip but many rated themselves lower on several items after the trip. These findings suggest that SLEs strengthen the process of becoming culturally competent and self-aware, especially when coupled with debriefing and reflective learning. Students who come to recognize deficiencies in their cultural competence through personal experiences may ultimately become more culturally competent professionals.

SLEs, by their design, bring together oppressed, marginalized, or underprivileged groups of people with more privileged and economically advantaged young students. Students may be drawn to SLEs out of simplistic ideas of charity and possess paternalistic attitudes about their presence in communities with fewer resources. Others may be yearning for adventure or looking for an interesting, ostensibly selfless, activity to list on their resume. Still others may have participated as volunteers with family, school or religious organizations and are eager to repeat the experience. SLE leaders are obliged to offer in depth discussions about the sociocultural aspects affecting the host community and the pitfalls of "poverty tourism", defined as visiting the poor to see how they live. The pre-experiential, experiential, and post-experiential phases of the SLE must include activities that heighten awareness of cultural arrogance, racism, stereotypes, privilege, and economic disparities.[6]

Both international and local community SLEs have the potential to bridge gaps between classroom learning and urgent social issues. Abstract discussions about economic theory, health disparities, and political philosophy come to life and generate profound but concrete questions such as why so many people are poor and why there is so much inequality or injustice. However, without thoughtful development and critical reflection, SLEs risk recreating cultural misunderstandings and replaying simplistic stereotypes.[6] Brown and Schmidt's[7] review revealed that inaccurate representations of reflection are common in reports about nursing service learning. The authors point out that reflection is what differentiates authentic service learning from volunteering and community-based learning, and that there is a need for a consistent approach to reflection exercises. In a related article,[8] the authors offer best practices for structuring and evaluating student reflection on service learning. These include sample questions that address the "what", "so what", and "what now" aspects of reflective practice; suggestions for structuring reflective journals; and valid strategies for stimulating meaningful discussions.

Students can develop insight into a wide variety of important aspects of professional and personal responsibility through reflection exercises. Taylor and Leffers[9] conducted a review of qualitative reports of undergraduate nursing student reflections on their SLEs. They categorized the themes as professional competency development; integration of knowledge for professional nursing role; greater understanding of community strengths and needs; collaboration and teamwork; civic engagement; emotions and adjustment; trans-

formation and personal growth; and cultural awareness and competency. The authors identified a lack of standardized assessment of service learning outcomes and many gaps in knowledge about best practices for service learning.

Amerson[10] recognized the need for evidence-based best practices for service learning in nursing. After a comprehensive review of qualitative and quantitative studies conducted between 1998 and 2012, Amerson developed recommendations for implementation of international service learning and immersion programs in nursing curricula. These recommendations include preparatory activities such as finding a program that pushes students outside their "zone of inclusion," determining the optimal time frame for the SLE and coupling the SLE with course content, discussing sociocultural aspects of the host community, and collaborating with organizations in the host community to determine their true needs. Onsite undertakings should include hands-on care such as home visits, student teaching projects, and unstructured time for students. Other recommended practices center on student accountability, and include activities such as reflective journaling/blogging/photography. Amerson's recommendations, along with advice from local service learning experts, informed the development of the questionnaire used in this study.

1.2 Purpose

The purposes of this study were to: 1) describe service learning activities implemented by supervising nursing faculty; 2) explore faculty opinions about the importance of those activities to uncover disparities between practice and values; and 3) solicit faculty opinions about the impact of service learning on the students.

2. METHODS

This exploratory, descriptive study used an online survey methodology. The university's institutional review board approved the research. Participants were recruited through a survey link emailed to approximately 1600 deans or directors of accredited US nursing schools listed in the publicly available databases of the Commission on Collegiate Nursing Education and the Accreditation Commission for Nursing Education. The deans or directors were asked to forward the link to faculty who oversee SLEs. The instrument, developed by the researcher, was based on a review of the literature about best practices for nursing service learning. Face validity was supported through consultation with faculty experienced in service learning initiatives and students who had participated in multiple SLEs. It included demographic items, a list of practices that could be used in the pre-experiential, experiential, and post-experiential phases of a SLE, and sections on

opinions about important aspects of a SLE and the impact of the SLE on students. As a pilot study of a new instrument, reliability data for the scales were not available. The survey was administered in Qualtrics®, an online survey program. Frequencies were tabulated using SPSS (v. 24). Faculty opinions about the importance of certain activities and the number of faculty who engage in those activities (see Table 5) were analyzed for significant differences ($p < .01$) using a z-score calculation (www.socscistatistics.com/tests/ztest).

3. RESULTS

The sample consisted of 77 nursing faculty from 32 US states who provided complete data (58% of the 133 who opened the link). Respondents were primarily female (97%), white (86%), and over the age of 50 (72%). Most faculty (75%) were affiliated with pre-licensure BSN programs and many accompanied the students to the SLE (47% for the entire time, 31% part of the time). Twenty-three percent of the SLEs were located outside of the US with the majority of those being in the Caribbean, South America, or Central America; 55% were in local communities and 18% were within commuting distance. Academic credit was conferred for 61% of the SLEs. For 55% of the SLEs, students incurred no cost, although some required students to pay for transportation (33%), meals (16%), lodging (12%) and/or a program fee (16%).

Faculty who lead SLEs engage in a large number and variety of activities in pre-experiential, experiential, and post-experiential phases. As shown in Table 1, more than 75% of the faculty prepare students by discussing (to a great or moderate extent) potential benefits to the host community (91%) and to the students (87%) and characteristics of the host community such as the healthcare system (84%), health disparities (81%), cultural norms (80%), and economic disparities (78%). Of the topics listed on the survey, those discussed least frequently in the pre-experiential phase included religious beliefs of students (40%) and hosts (55%), the concept of poverty tourism (51%), racism (67%), cultural arrogance (69%), and privilege (68%).

Table 2 summarizes the experiential phase activities. The most frequent were faculty-led discussion (74%), informal interactions with people from the host community (73%), student teaching projects (70%), interacting with children (60%), and assignments such as blogging (57%). Less frequent experiential phase included interacting with students from other schools (29%), lectures from or tours of schools (29%) or cultural sites (34%) in the host community, and unstructured time for students (42%). Most SLEs involve direct nursing assessment or care in either a clinic-type setting (48%) or a homecare setting (34%).

Table 1. Topics discussed as part of pre-experiential phase of service learning Percent of total sample (N = 77) who discuss to a "great" or "moderate" extent

Topic	Percent
Potential benefits of SLE to host community	91%
Potential benefits of SLE to students	87%
Healthcare system of the hosts	84%
Health disparities of the hosts	81%
Cultural norms of hosts	80%
Economic disparities of hosts	78%
Potential discomforts to students	75%
Stereotyping	75%
Cultural humility	72%
Potential risks to students	70%
Local customs/foods of hosts	70%
Cultural norms of students	69%
Potential risks to host community	69%
Cultural arrogance/sense of superiority	69%
Privilege	68%
Racism	67%
Religious beliefs of hosts	55%
Poverty tourism	51%
Religious beliefs of students	40%

As summarized on Table 3, in the post-experiential phase, all but 3% of the sample report engaging in at least some follow-up activities. The most commonly reported activities included discussions about changes to make in the SLE in the future (69%), the students' personal transformation or growth from the experience (61%), and positive consequences of the SLE on the host community (60%). Also discussed, although less frequently, were any negative consequences of the SLE on the host community (57%) and the inequities in resources and opportunities in the host community (42%). Beyond discussion, many faculty reported that they engage in activities that build sustainable relationships with the host community (57%), require students to journal or blog about the SLE (53%) and lead group discussions (49%). Student projects submitted to faculty are required by 42%, and many of those are shared with the SLE group or groups of other students. Only 4% of the sample reported engaging in fundraising to provide resources for the host community.

Faculty were asked to rate whether various activities and characteristics of SLEs were extremely, somewhat, slightly or not at all important (see Table 4). Most (> 80%) faculty rated all the items on the tool as important, with highest rankings for meeting the immediate needs of the host community, building sustainable partnerships with host community, addressing personal growth of the students, and discussing inequities. However, there was a notable discrepancy between faculty opinions about the importance of some activities and the number of faculty who engage in the activity (see Table 5). For example, 94% of faculty believe that it is important for students to lead reflection and debriefing sessions after completing the SLE, but only 49% require this. Ninety-five percent say it is important for debriefing sessions to address inequities in resources and opportunities in the host community, but only 42% implement this; likewise, 95% say it is important to address the personal transformation or growth of students, but only 61% do so. Nearly all (96%) faculty say it is important that efforts be made to build long-term, sustainable partnerships that address the needs of the host community, yet only 57% engage in activities to accomplish this and 4% fundraise for the host community.

Table 2. Experiential phase activities during service learning percent of total sample (N = 77)

Topic	Percent
Faculty-led reflection or discussion	74%
Talk informally with people from host community	73%
Teaching project for individuals/groups in the host community	70%
Interact/play with children in local community	60%
Assignment (photo journal, blog, interview, etc.)	57%
Student-led reflection or discussion	55%
Share meals with people in host community	53%
Nursing assessment or care of clients in a clinic-type setting	48%
Tour local healthcare facility	47%
Walking tour of host community	47%
Unstructured time for students	42%
Nursing assessment or care of clients in a homecare setting	34%
Tours of cultural sites	34%
Tours of schools in host community	29%
Lectures by healthcare personnel from host community	29%
Interact with students from other schools	29%

Table 3. Post-experiential activities of service learning percent of total sample (N = 77)

Topic	Percent
Discussions about changes/adaptations for future SLEs this particular host community	69%
Group reflection and discussion about the students' personal transformation and growth	61%
Discussions about any positive consequences of the SLE on the community	60%
Activities that build sustainable relationships with the host community	57%
Discussions about any negative consequences of the SLE on the host community	55%
Reflective journaling/blogging	53%
Student-led reflection and discussion	49%
Group reflection/discussion about the inequities in resources and opportunities in the host community	42%
Final project turned in to faculty	42%
Final project/presentation shared with SLE group	23%
Final project/presentation shared with students who did not participate in the SLE	17%
Fundraising to provide resources for host community	4%
No activities	3%

Table 4. Values: Faculty perception of importance of service learning activities and characteristics (percent of sample, N = 77, reporting that item is "extremely" or "somewhat important")

Activity or characteristic	Percent
Host community believes that the service provided by students meets their immediate needs	97%
Efforts are made to build long-term, sustainable partnerships that address needs of the host community	96%
Group reflections/discussions address personal transformation or growth	95%
Group reflections/discussions address inequities in resources and opportunities in the host community	95%
The experience takes students out of their "comfort zone"	94%
Students lead active reflection/debriefing after return home from the SLE	94%
The service provided by the students is coupled with course content	94%
Faculty or staff lead active reflection in preparation for the SLE	91%
Faculty or staff lead active reflection/debriefing after return from the SLE	91%
Students lead active reflection in preparation for the SLE	82%
Students lead active reflection while onsite during the SLE	82%
Faculty or staff lead active reflection onsite during the SLE	81%

Table 5. Notable discrepancies between faculty opinions about the importance of activities related to service learning and actual faculty practices (N = 77)

Practice	Percent of faculty stating practice is "important" (from Table 4)	Percent of faculty engaging in practice (from Table 3)*
Students lead active reflection/debriefing after return	94%	49%
Debriefing addresses inequities in resources and opportunities in the host community	95%	42%
Debriefing addresses personal transformation or growth of students	95%	61%
Efforts are made to build long-term, sustainable partnerships that address the needs of the host community	96%	57% engage in activities that build sustainable relationships with the host community 4% fundraise for host community 69% discuss changes/adaptations for future SLEs to that host community 55% discuss any negative consequences of the SLE on the host community

*percent of faculty engaging in all practices is significantly lower than percent saying it is important (at $p < .01$, using the Z-score calculation for 2 population proportions, www.socscistatistics.com/tests/ztest)

Table 6 confirms that faculty believe service learning has an impact on the students. Nearly all faculty (94%) report that students feel "changed" by the experience and most also report that students experience changes in assumptions and stereotypes (93%) and become more likely to advocate for the vulnerable and underserved in the future (92%). Other reported effects on students include feeling overwhelmed with the needs of the host community and the abundances at home. Of lesser significance were students' feelings that family and friends cannot understand the impact of the SLE (45%), feeling alienated from the home/community culture (34%), having difficulty returning to home/community culture (42%), and having difficulty explaining the impact of the SLE (41%).

Table 6. Impact: Faculty opinions about how often students report or demonstrate the following after returning from the SLE (percent of sample, N = 77, reporting that item occurs "often" or "sometimes")

Student impact	Percent
Being "changed" by the SLE	94%
Experiencing a change in assumptions and stereotypes held prior to the SLE	93%
Being more likely to advocate for the vulnerable and underserved in the future	92%
Feeling overwhelmed with lack of resources available to host community	82%
Feeling overwhelmed with the needs of the host community	81%
Feeling guilty about abundance of resources at home	71%
Feeling that family and friends can't understand the impact of the SLE	45%
Feeling difficulty returning to home community/culture	42%
Feeling that the SLE impact is difficult to explain	41%
Feeling alienated by home community/culture	34%

4. DISCUSSION

Schulz's[2] assertion that nursing faculty agree about the importance of balancing student and community needs, using reflective processes, and promoting student development throughout the service learning experience was partially supported by this study. Nearly all faculty discuss the characteristics of the host community in the pre-experiential phase and provide onsite activities that aim to benefit the community. Student needs are addressed through discussions about potential discomforts during the SLE and variations from students' cultural norms. Faculty- and/or student-led reflections on the consequences and impact of the SLE are included both onsite and after return home in the majority of cases.

Faculty reported discussing religious beliefs, racism, and privilege less often than most other subjects covered in the pre-experiential phase. Faculty may also unprepared to address those sensitive topics despite their relevance in all phases of the SLE[6] and in a nurse's professional development. Perhaps students themselves should take a lead role in the dialog. Student-led reflection and debriefing that addresses the inequities in resources were rated as highly important by the faculty in this study. However, as shown in Table 5, less than half of the sample engage in these practices. The reasons for this discrepancy cannot be determined from this study, but some possible explanations may include time constraints, faculty discomfort with student-led discussions, and uncertainty about how to handle sensitive topics about disparities.

As shown in Table 6, faculty overwhelmingly report that the SLE had a positive impact on student development, resulting in changes in assumptions and stereotypes and an increased likelihood of advocating for vulnerable people in the future. However, students also communicate feelings of guilt about disparities in resources once they return home. Faculty leaders must address students' feelings of guilt about observed health disparities. The cross-cultural lived experiences students encounter though SLEs have meaning in almost every healthcare setting. Insight into health disparities is a professional characteristic essential to the caring aspect of nursing. Feelings of guilt and discomfort with a topic can be a stimulus for meaningful reflection. However, leading these reflection sessions may be challenging for faculty,[7] due to lack of formal preparation, discomfort with addressing sensitive topics or guilt about personal privilege. Schmidt & Brown[8] have published several practical strategies for facilitating meaningful reflection on difficult topics, including sample questions, prompts for journaling, and evaluation rubrics.

Faculty in this study believe that service learning should push the students "outside of their comfort zone", engage in reflection about sociocultural aspects of the host community and personal growth during all aspects of the experience, and include hands-on learning such as hospital and home-care assessments and teaching projects. These findings are consistent with best practices recommended by Amerson.[10] However, despite the overwhelming support for efforts to

build long-term, sustainable partnerships that address the needs of the host community, only 57% of this sample engages in activities that would accomplish that. Long-term relationships with the service provider are essential aspects of positive community acceptance and impact. Meeting that goal requires institutional commitment so that the same faculty are able to return to the host community year after year, financial need for supplies or travel are provided, and students receive adequate preparation to maximize the benefits to the hosts.

Overall, SLEs have a positive impact because they open students' eyes to new cultural norms and increase the probability that they will practice nursing with more cultural insight. However, whether the impact results in sustained behavior change, such as furure work with disadvantaged populations, or whether negative feelings of being overwhelmed, guilty, and misunderstood linger are unknown and worthy of future research.

Limitations

This study was limited by a small sample size. The sample was predominantly female and white, although that is consistent with the population of US nursing faculty; the American Association of Colleges of Nursing[11] recently reported that only 15.9% of full-time US nursing faculty are from diverse backgrounds and only 7% are men. The number of schools that actually offer SLEs is unknown, so this study provides a snapshot that is not generalizable to all schools that offer SLEs. Both local and international SLEs were included in the sample. Given that the majority of SLEs were within the United States, an ideal study with a larger sample and a comparison of these groups may have revealed significant differences. In addition, it was not possible to determine the exact structure, content or cost of these SLEs, suggesting another area for future study.

5. CONCLUSION

In this study, US nursing service-learning experiences report a wide range of discussion-based and hands-on activities in the pre-experiential, experiential, and post-experiential phases of the SLE. However, some activities and characteristics of SLEs endorsed as being important are not always practiced; these include reflection sessions led by students, follow up discussions about inequities and personal transformation of students, and efforts to build long-term, sustainable relationships with the host community. Overall, faculty believe that service learning positively impacts student development, but feelings of guilt and being overwhelmed can also persist after students return home. Guided reflection on re-entry can reframe feelings of discomfort into greater global awareness of inequities and disparities. Faculty must take a holistic approach to leading SLEs and recognize the importance of long-term follow up with the students as well as the community served. Service learning can be a powerful pedagogy that helps prepare culturally competent and caring nurses for practice with diverse populations in varied settings.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there are no conflicts of interest.

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