

Case Study of Nursing Graduate Ethical and Attitude Development After Completing  
Vertically Aligned Service-Learning Coursework

A Dissertation Proposal submitted  
to the Graduate School  
Valdosta State University

in partial fulfillment of requirements  
for the degree of

DOCTOR OF EDUCATION

in Leadership, Higher Education

in the Department of Curriculum, Leadership, and Technology  
of the Dewar College of Education and Human Services

March 2020

Cody M. Cocchi

M.Ed., Georgia Southern University, 2015  
B.A., Georgia State University, 2009

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This dissertation, “Case Study of Nursing Graduate Ethical and Attitude Development After Completing Vertically Aligned Service-Learning Coursework,” by Cody Matthew Cocchi, is approved by:

**Dissertation**

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<b>Committee Chair</b>	Jamie L. Workman, Ph.D. Assistant Professor of Higher Education Leadership
----------------------------	---

**Committee**

---

<b>Members</b>	Michelle Ritter, DNP, FNP, APRN-BC Assistant Professor of Nursing & Graduate Program
<b>Director</b>	

---

	Karla Hull, Ed.D. Professor of Curriculum, Leadership, and Technology
--	--

**Associate**

---

<b>Provost for Graduate Studies and Research</b>	Becky K. da Cruz, Ph.D., J.D. Professor of Criminal Justice
--	--

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## ABSTRACT

This exploratory, qualitative case study examined graduates' experiences within a Bachelor of Science in Nursing program which included vertically aligned service-learning courses throughout the curriculum. Additionally, experiences related to ethical and professional nursing attitude development were investigated. The purpose of this study was to gain insight into graduates' experiences and to determine whether nursing students believe service-learning is a viable learning method for ethical or professional nursing attitude development. Ethical growth was based on prompts related to the American Nursing Association's Code of Ethics and professional nursing attitude development was based on Quality and Safety Education for Nurses' Competencies. A series of semi-structured interviews with four nursing graduates provide rich data and context around student experiences. Findings for this study included benefits associated with service-learning, vertical alignment of service-learning, ethical growth, and professional nursing attitudes. Enhanced relationships with peers and others, better understanding patients, and learning the service-learning process are findings that build and expand upon the current literature base. The major finding from this study is that a vertically aligned service-learning program can enhance ethical and professional nursing attitudes of students.

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## ACKNOWLEDGEMENTS

This dissertation could not have been written without the support of many family members, Valdosta State University faculty and staff, colleagues, and friends. Family members include my wife, Autumn, my mom, Kim, my dad, Tony, my sister, Ashely, mom and dad-in-law, Charlie and Brenda, and dogs, Sable, Lucian, and Elvis. My Dissertation Chair, Dr. Workman, was an incredible mentor through this research process and helped improve this study from start to finish. Thank you also Dr. Workman for reviewing and providing thoughtful feedback on this work. I am extremely grateful for my committee members, Drs. Hull and Ritter. Other Valdosta State University professors including Drs. Siegrist, Downey, L. and R. Schmertzing, Tsemunhu, Pate, Bochenko, Fiester, Green, and Truby were all extremely influential in my success in this program.

Several colleagues have been instrumental in navigating the Doctoral Program at Valdosta State University and who have been supportive at every opportunity. My supervisors, Drs. Kimberly Mannahan and German Vargas, have allowed me the time and flexibility, when needed, to successfully complete the program. Kimberly Burgess, Dr. Diana Leal, Stephanie Connor, and Dr. Rebecca Sharpe provided insight and resources throughout the length of this Doctoral journey. And thank you to the countless friends who have shown support, listened, and inspired me to continue along this path. To all of those listed above and to those who have supported that are too many to name, thank you for your support!

## DEDICATION

This dissertation is dedicated to my wife, Autumn, and my study buddy, Elvis. Through the good times and the bad, these two were always faithfully by my side throughout this process. This work is dedicated to you both because of your unwavering encouragement and support.

## Chapter I

### INTRODUCTION

Service-learning (S-L) is a teaching and learning methodology that is being used more frequently in practical fields like nursing education (Hunt, 2007). Service-learning uses a combination of academic instruction, organized service, and critical reflection to meet a myriad of community and student learning outcomes (Brown & Schmidt, 2016; Fowler, 2013; Hunt, 2007). Students can practically apply their academic knowledge, skills, and talents in a community setting through service-learning (Smith, Meah, Reininger, Farr, Zeidman, & Thomas, 2013). Service-learning has been utilized in varying academic disciplines in higher education for roughly two decades (Hunt, 2007). Between the span of 2006 to 2018, greater amounts of literature have been produced regarding the use of service-learning in nursing education (Smith et al., 2013). Much of this literature focuses on the student benefit or student perceptions of service-learning in nursing education (Hunt, 2007; Kruger, Rouch, Olinzock, & Bloom, 2010; Mitchell, 2008; Schmidt & Brown, 2016, Smith et al., 2013), but few studies have been found to examine vertically aligned, structured, multi-semester service-learning experiences over the span of an entire curricular degree program (Kruger et al., 2010).

The dearth of research into vertically aligned service-learning over a curricular degree leave service-learning practitioners and administrators wondering about the benefit and challenges of student involvement in these varied types of service-learning efforts. The benefits of one-time service-learning experiences have been explored (Hunt,

2007; Kruger et al., 2010; Mitchell, 2008; Schmidt & Brown, 2016, Smith et al., 2013) and one can only wonder if additional student, community, or curricular benefits exist from student engagement in a vertically aligned approach to service-learning courses. The goal of this study was to explore the experiences of nursing graduates who had completed four or more service-learning courses within their Bachelor of Science in Nursing (BSN) program. Qualitative interviews with nursing graduates were conducted to explore perspectives on their experiences with their nursing program specific to service-learning experiences, and whether students perceive benefits from having completed multiple service-learning experiences. Ethical and professional nursing attitude development were also explored using prompts from the American Nursing Association's Code of Ethics and Quality and Safety Education for Nurses' Competencies, respectively.

### Dissertation Structure

This work is structured in such a way as to identify the key components of the research study, including the problem overview, problem statement, research goal, research questions, purpose, scope, and research interest. The literature review in chapter 2 contains the conceptual and theoretical framework, and a review of current literature. In chapter 3, research methods are addressed and outlined as follows: Research questions, research design, population, description of settings, sampling procedures and participant selection, research relationships, data collection procedures, and data analysis procedures. Chapter 3 concludes with discussion of ethical issues, standards for rigor, a discussion about preliminary results, and a summary.

Chapter 4 outlines background narratives for each of the four participants. Background information collected was specific to participant's predisposition to nursing as well as service, work history, and a description of each service-learning experience across their time at the institution selected for this case. Then, chapter 5 includes a summary of research goals and research questions, followed by an explanation of findings. Each of the findings are presented as they relate to service-learning, vertically aligned service-learning, ethical growth, and professional nursing attitudes. Finally, chapter 6 includes a summary of findings, explanation of importance and meaning, implications of results, and connection to current research. To conclude this dissertation, study limitations and areas for further related research are presented.

#### Overview of Problem

The nursing profession is in a shortfall and the need for prepared nurses is getting greater by the day. The Bureau of Labor Statistics (2018) also projects faster-than-average growth in the registered nurse field. There are several reasons for this, including "increased emphasis on preventive care; growing rates of chronic conditions, such as diabetes and obesity; and demand for healthcare services from the baby-boom population, as they live longer and more active lives" (p. 1). Compounding the need for well-prepared nurses are issues like nurse burnout which is predominantly caused by understaffing, long hours, stressful environments, and high nurse-to-patient ratios (Cabrera, 2017; Spencer, 2013). Without change, the nursing shortage crisis will only get worse, which as demonstrated above, increases the need for nurses as baby boomers age and begin to need additional age-related care.

A key to helping alleviate the nursing shortage is to continue to improve nursing education programs that prepare students for the rigor of nursing work. Nursing education accrediting bodies including the Commission on Collegiate Nursing Education (CCNE) and the Accreditation Commission for Education in Nursing (ACEN) set the standards and competencies for which nursing students are held accountable (Accreditation Commission for Education in Nursing, 2017; American Association of Colleges of Nursing, 2018b). Also influential in nursing education are organizations like the American Nursing Association (ANA) and Quality and Safety Education for Nurses (QSEN). Unlike the accrediting bodies, the ANA and QSEN have no power over institutions but they remain influential in promoting the ethical provisions and professional nursing competencies—knowledge, skills, and attitudes—that nursing graduates should possess (Quality and Safety Education for Nurses, 2018).

Students in nursing programs are required to develop knowledge, skills, and attitudes related to the field of nursing (American Association of Colleges of Nursing, 2018b; Quality and Safety Education for Nurses, 2018). Professional nursing attitudes—empathy, caring and confidence in role—and personal growth—problem solving, critical thinking, flexibility—are key areas where nursing graduates are lacking (Missen, McKenna, Beauchamp, & Larkins, 2016). Additionally, professional nursing attitudes can be extremely difficult for students to develop and express through traditional classroom or clinical settings. Kavanagh and Szweda (2017) criticize traditional nursing education, claiming there is a preparation-to-practice gap with students lacking in experiences that “integrate practice and activities with an increased focus on competencies and civic professionalism” (p. 60). Service-learning is a learning method

that has been incorporated into nursing programs to help instill professional nursing attitudes in students and fill the preparation-to-practice gap, but S-L is still developing to the field of nursing education (Hunt, 2007).

Better understanding nursing students' personal and professional development experiences are important to combatting the issue of filling the nursing shortage (Bureau of Labor Statistics, 2018) and combatting the issue of nursing students entering the workforce underprepared (Kavanagh & Szweda, 2017). Researchers have explored various topics in a one-time service-learning nursing course, including nursing knowledge (Kerber & Schlenker, 2006; Sawin, Mast, Sessoms, & Fulcher, 2016), professional skills (Reising, Allen, & Hall, 2006), practical experience (Kerber & Schlenker, 2006; Stallwood & Groh, 2011), and personal growth (Kirkpatrick & Brown, 2006). Some studies focused specifically on attitudes (Hwang, Wang, & Lin, 2013; Lashley, 2007; Sawin et al., 2016) and critical thinking (Vogt, Chavez, & Schaffner, 2011). These studies did not examine service-learning beyond a one-time experience for students. Kruger et al. (2010) examined the element of longevity in service-learning experiences for students. However, the focus of the Kruger et al. (2010) study was a formative evaluation of a program that places students with one site throughout their nursing education, noting little on the development of student ethical and attitude development over time.

### Problem Statement

Nursing schools within colleges and universities are challenged with producing high quality graduates prepared with knowledge, skills, attitudes, and maturity to handle the rigor of nursing professional practice (American Association of Colleges of Nursing,

2018b; Quality and Safety Education for Nurses, 2018). Service-learning is gaining popularity as a teaching and learning technique within nursing education (Cellini, 2015; Groh, Stallwood, & Daniels, 2011; Hunt, 2007). The focus of the current study is to fill a void in the literature and give voice to nursing graduates' experiences related to ethical and nursing attitude development in those who have completed vertically aligned service-learning experiences.

Growth in the need for registered nurses will increase over the next decade. Factors including higher need for health management and care, shortage of nursing staff, high rates of burn out in the field, and underprepared nurses entering the workforce are a few factors inhibiting the needed growth of the nursing field (Spencer, 2013). Identifying and discovering nursing education techniques that will provide nursing graduates with the skills, knowledge, and attitudes needed to become quality nurses is one strategy to alleviating the challenges facing employers of nurses. Quality skill and knowledge building is a programmatic component of any nursing program through classroom and clinical experiences. However, not all nursing programs engage students in service-learning experiences, which has potential to help students enhance attitudes related to the profession.

The nursing profession is in a staffing crisis and some incoming nurses are underprepared. Lack of qualified nurses coming into the field leads to high turnover, short staffing, and longer hours for current nurses, which contribute to nurse burnout (Cabrera, 2017). Staffing needs of the profession will only get greater with nursing burnout and an increasing need for nurses as aging baby boomer population begins to need additional age-related care. When there is a shortage of nursing staff, there are

higher patient to nurse ratios which threatens the nurses' health and safety because fatigue can cause higher rates of injury or mistakes (Spencer, 2013).

Another concern for the nursing profession is that some nursing school graduates are underprepared in professional nursing attitudes. For example, the Quality and Safety Education for Nurses (2020) identifies teamwork and collaboration and quality improvement as two of six core competencies for nursing graduates. Lack of knowledge, skills, and attitudes related to collaboration and teamwork skills can cause a lack of cohesion in nursing teams and can be detrimental to patient care. Poor attitudes toward quality improvement and low valuation of self and others' contributions related to care outcomes are also recognized as a shortcoming in new nurses (Cabrera, 2017).

Successful nursing graduates can help alleviate the nursing shortage. The market relies on institutions to produce high quality graduates ready for the workforce. Registered nurses must "provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members" (Bureau of Labor Statistics, 2018, p. 1). Students building the prerequisite knowledge, skills, and attitudes of professional nurses requires input from faculty, staff, and community organizations such as hospitals, clinics, and not-for-profit health agencies. These entities are all impacted as they help build the students who will become next generation of registered nurses.

#### Research Interest

This research is of interest because of the researcher's current position within and experience managing a service-learning program at higher education institution. Additionally, there is a dearth of research into vertical alignment and integration of

service-learning across an academic discipline. Therefore, the element of longevity of service-learning experiences is both stimulating and fills a gap in the knowledge base within service-learning. It is common practice for service-learning to be offered to students as a single course and students may or may not have another service-learning experience in their undergraduate careers. Over an 8-year career in administering a service-learning program, I have seen several departmental approaches to service-learning integration across curriculums. One department at the institution which I work with purposefully integrated service-learning across their curriculum in such a way that required students to complete at least one S-L course each semester. Anecdotally I have seen the benefits to students as they progress through the program, not only learning more about the discipline but also gaining greater knowledge about the intricacies of implementing service-learning work. Completing a study that examines whether students feel their service-learning work over an extended period of time is beneficial will add to the body of knowledge around the service-learning field.

#### Research Goal

The nursing shortage crisis will only get worse as baby boomers age. Current nurses will begin to retire at higher rates and large amounts of older adults will begin needing more age-related care. Additionally, nursing school graduates have been identified as lacking in attitude-related areas that are critical competencies for successful nurses. Service-learning programs have been documented as contributing to positive nursing student attitudes (Hwang et al., 2013; Lashley, 2007; Missen et al., 2016; Sawin et al., 2016). The goal of this study is to examine nursing student experiences who have completed vertically aligned service-learning courses to identify components of their

service-learning experiences that students believe were critical to their ethical and professional attitude development. By identifying these practices, students and nursing educators stand to benefit because graduating nurses will have a greater chance to be successful and happier in the workplace and will hopefully lead to lessening attrition rates.

### Purpose

The purpose of this examination is to better understand how nursing students feel a vertically aligned series of service-learning courses affected their development of professional nursing attitudes and ethical growth. Information gleaned from this research will influence future nursing program decisions on whether to include vertically aligned service-learning experiences as a tool for attitude and ethical growth and development. Moreover, determining the viability of service-learning teaching as a whole will add to the national dialogue around experiential learning practices. The examination of graduate beliefs around their vertically aligned service-learning experiences helps practitioners understand how this work is being internalized to their future student audiences.

This study examined nursing graduates' views of their own ethical and professional nursing attitude development through the completion of a sequence of service-learning coursework during their nursing education. A goal of this study was to provide insight into the student experience of a structured, sequenced service-learning program to determine if professional nursing attitude and ethical development are achievable outcomes. Missen et al. (2016) identified professional nursing attitudes and personal development as key areas in which nursing students are lacking upon graduation. The case selected for study uses a structured series of service-learning

courses as an intervention to holistically develop students and provide them the knowledge, skills, and attitudes they need to succeed as a professional nurse. Therefore, an examination of graduates' professional nursing attitudes and ethical development was warranted to address the problem of ill-prepared nurses entering the field, which exacerbates the negative effects of the national nursing shortage.

### Research Questions

Research questions for the study are as follows:

RQ1: What were the experiences of nursing graduates from a higher education institution who completed four or more vertically aligned service-learning courses within their Bachelor of Science in Nursing program?

RQ2: Did the graduates' experiences in a series of vertically aligned service-learning courses influence the development of ethical or professional nursing attitudes?

### Scope

This study focuses on the experiences of graduates who have completed their Bachelor of Science in Nursing degree through a program that requires students to complete four or more vertically aligned service-learning courses within the program. Service-learning experiences within and outside the classroom are included for study, as they relate to nursing attitude and ethical development. Outside the scope of this study are nursing experiences within clinical or preceptorship rotations, those students completing an Associate of Science in Nursing or other degree, and those BSN students who have not had a vertically aligned series of service-learning courses. Additional areas this study will not cover are international and one-time service-learning experiences,

interprofessional activities, and professional development opportunities unrelated to students' service-learning courses.

### Theoretical Basis for the Study

The theoretical underpinnings of this study include those theories that focus on cognitive-structural models of student and adult development, and adult, transformational, and experiential learning theories. Cognitive researchers such as Piaget (1952), Perry (1970), Kegan (1982), and Baxter Magolda (2009, 2013) discussed at varying lengths and amounts of detail the idea of meaning making at various developmental levels. According to Kegan (1982), to make meaning of an experience is to combine the cognitive, social, and emotional sense of understanding of the event. The process of meaning making is inherently connected to how the individual defines themselves in relation to others as well as the context in which experiences occur (Pascarella & Terenzini, 2005). Cognitive development theories are helpful in examinations of the meaning that college students make out of their service-learning and general college experiences.

To further increase theoretical understandings of college students, Knowles, Holton, and Swanson's (2015) adult learning theories were used. Adult learning theory focuses on the characteristics of adult learners that are distinctly different from learning in children. A few of the most basic assumptions with adult learners is that their learning needs are driven by needs or interests, life-centered, self-directed by the learner, and experience is the preferred medium conducive to learning (Knowles et al., 2015). All students within the sample selected for study are adult learners and adult learning theory

may help explain how students talk about and make meaning of their service-learning experiences.

Transformational learning theory and experiential learning theory are also included as major influences within this theoretical framework. Transformational learning refers to a type of change in the way an individual view themselves and the world (Merriam, Caffarella, and Baumgartner, 2007). Specifically, this study will use Mezirow's (1978) psychocritical approach to frame the study because it "concerns how adults make sense of their life experience" (Merriam et al., 2007, 132). Mezirow (2000) proposed a typology of meaning structures—frame of reference, habits of mind, and points of view—that are explored at greater lengths in subsequent sections. These elements make up the conscious and unconscious context, filter, and schemata for meaning creation. Transformative learning happens when one of these meaning structures—a belief, attitude, or perspective—is altered in an irreparable way.

Service-learning, if done well, can provide experiential learning opportunities and create transformative experiences for students. Transformative learning and types of experiential learning, like service-learning, are interconnected in that the major components of the concept include having a meaningful experience and critical reflection on and discourse around that experience. Dewey (1938a) believed that experience is the root of all education. Kolb and Kolb (2005), building off Dewey's works, created an experiential learning theory which included six assumptions: (a) learning is a process, (b) new knowledge needs to be discussed and refined for clearer understanding, (c) learners move through modalities of reflection and action (d) learning is holistic, (e) learning requires an individual to interact within an environment, and (f) "learning is

constructivist in nature” (Merriam et al., 2007, p. 163). It is with these assumptions and those expressed above with which this study has been framed and the lens with which data were viewed and analyzed.

### Relevant Literature

A detailed literature review is provided within the next chapter. However, important concepts within the framework of this study warrant brief explanations at this stage. Chapter 2 details many cognitive-developmental aspects of student learning and experiences. Topics concerning constructivism (Piaget, 1952), meaning making (Baxter Magolda, 2009; Kegan, 1982), self-actualization (Barber, King, & Baxter Magolda, 2013; Rogers, 1951), adult learning (Knowles et al., 2015) are explored along with implications for this study. The process of service-learning is discussed in general as well as within the field of nursing. A limited review of vertical alignment of high impact practices is also included.

### Study Approach

The purpose of the research and data needed to answer the research questions dictated that this is a qualitative case study. This practical, descriptive exploration is qualitative in nature because of the rich detail needed within the data collection process. A case study approach was used because of the specific nature of the criteria needed to qualify for participation in the study—Bachelor of Science in nursing graduates who completed a vertically aligned service-learning program. Multiple participants were selected for the study to address the issue of transferability by collecting data from multiple sources (Maxwell, 2013). Collecting data from more than one participant also allowed for comparison and contrast of the nursing graduates’ service-learning

experiences to present a broader view of the vertically aligned element of the program. Within the case, the nursing program partners their students with different service-learning community partners each semester. Note that comparison and contrast of the participants is not the intent of the study but the differences in their experiences may explain unintended findings from participants in this type of vertically aligned service-learning program.

Semi-structured interviews were used to collect data on student experiences within these programs. The semi-structured approach was taken because the flexibility of the protocol allows researchers to ask follow-up questions and allow for participants' voice to impact the direction of the interview. A limitation of qualitative inquiry is the time and dedication spent with each participant, which only allowed for collection of a handful of participant views. However, the greatest strengths of this type of inquiry is the rich level of detail that participants shared about their experiences. Interviews were audio recorded, transcribed, and coded using In Vivo, Emotion, and Values Coding. The In Vivo Coding helps preserve participant voice (Saldaña, 2016) and the other two affective styles of coding help add context to the participant's internal experience by identifying words or phrases that represent their attitudes, emotions, values, and beliefs. Data are presented in gender neutral terms—they, them, their—because the nature of the presentation is not concerned with gender differences of participants. Member checks on participant narratives and for the cross-case analysis were made to add to the study's credibility.

## Definition of Terms

*Case Institution:* The higher education institution which is the case selected for and presented in this study because of the uniqueness of the program and population served.

*Service:* For the purposes of this presentation, service refers to the activity itself within any form of volunteerism, community service, or service-learning.

*Experiential Learning:* The process of learning through experience.

*Service-Learning:* An academic experience within which students engage in relevant problem-based activities with a goal of meeting community needs. Reflection activities are used to connect the service projects with the academic course concepts.

*Vertical Alignment:* Vertically aligned service-learning refers to educational experiences which are “purposefully structured and logically sequenced so that students gain the knowledge and skills to progressively prepare them for more challenging, higher level work” (Koch, Keup, Kinzie, Eagan, and McNair, 2017).

*Stair-Step Approach:* The stair-step approach is the vertically aligned service-learning program at Case Institution which includes a structured, four-course series of service-learning courses. Each semester students are granted greater autonomy to create their own service-learning projects related to the course materials.

*Nursing:* In most cases for this presentation, the general term ‘nursing’ typically refers to professional nursing, registered nurses (RN) specifically.

*Clinical, Practicum, or Preceptorship:* This group of experiential learning opportunities are completed by nursing students within Case Institution’s nursing program and are separate from any forms of service-learning within the program.

## Next Steps

Service-learning in the field of nursing has been growing within the last 30 years (Hunt, 2007). However, only few in the nursing field have written about vertically aligned service-learning experiences throughout students' nursing curriculum. This researcher hopes to begin a dialogue about best practices for including structured service-learning experiences across a curriculum, especially in the field of nursing. Given the plethora of research into the benefits of one-time service-learning (Hunt, 2007; Kruger et al., 2010; Mitchell, 2008; Schmidt & Brown, 2016, Smith et al., 2013), one can only wonder how much students may benefit from increased participation in service-learning courses across their curricular experiences.

In the next two chapters, the literary basis and methodology of this study are presented. The literature review in chapter 2 gives the author the opportunity to provide context to the research from a historical and the author's personal perspective. Presenting this context and perspective allows the reader to engage in the research around service-learning, both generally and in nursing, as well as show the worldview and frame from which this topic was approached. Chapter 3 is where the methodology of the present study is offered. The research questions, settings, design, and protocol are presented at length and in great detail so future researchers may replicate or critique this research with full knowledge of the research process. Chapter 3 closes with ethical considerations, accounting for various standards for rigor. Chapter 4 provides narratives for each participant, outlining their backgrounds and service-learning experiences. Then, a cross-case analysis is presented in chapter 5 and chapter 6 wraps up this presentation with a review of findings and implications of those findings.

## Chapter II

### LITERATURE REVIEW

This literature review focuses on several key concepts and theories that informed the makeup of this study and those which influenced and framed the analysis of data collected. Concepts examined in the following pages begin with constructivism, adult learning, and experiential learning principles. Second, the philosophical underpinnings of Dewey and Kolb's work in experiential and service-learning are explored. Next, the theoretical framework is presented to give readers a sense of additional theories that had a significant influence in the data collection and analysis phase. Finally, a review of current literature specific to many of the concepts and theories listed above are examined.

#### *Historical Basis*

Many, if not all, cognitive-structural theories have a basis in the works of Jean Piaget. Constructivism, also known as genetic epistemology, is Piaget's way of explaining how children make sense of the world around them (Driscoll, 2005). Piaget (1969) believed that cognitive functioning is a result of action and that knowledge construction is a continuous cycle of construction, interaction with the environment, and reinvention of knowledge based on internal feedback from experiences. This line of thinking influenced many of the researchers that are discussed later in this chapter, including Dewey, Kolb, Kegan, and Baxter Magolda.

### *Major Issues Impacting the Study*

In addition to exploring the cognitive meaning making aspects of student learning, service-learning teaching and learning methods warrant exploration, especially as they relate to higher education on the national, regional, and state levels. As service-learning and other forms of experiential learning become more popular in higher education, many institutions, accrediting bodies, and advocacy groups recognize service-learning as a high impact practice along with first year seminars, undergraduate research, internships, and others (Kuh, 2008; Liberal Education & America's Promise, 2014; National Survey of Student Engagement, 2007). The Association of American Colleges and Universities defines high impact practices as those “that educational research suggests increase rates of student retention and student engagement” (Kuh, 2008, p. 9). Within the last decade, student retention has become a concerning issue in the United States (Hanover Research, 2014). Service-learning, as a high impact practice, is one strategy that some institutions are taking to help increase student retention (Harper & Jackson, 2011).

### *Conceptual Framework*

The conceptual framework is focused on student service-learning experiences, specifically as they relate to attitude and ethical development. Exploring and sharing these experiences are the avenues that were taken to answer the research questions. Within the conceptual framework for this study, the student experience is at the center. See Appendix A for a visual representation of the conceptual framework. What follows is a textual outline of that framework. Experiential learning, specifically service-learning, is the biggest influences on this study. John Dewey and David Kolb are the most well-known proponents of experiential learning and their theories serve as the basis

for the teaching and learning methodologies within service-learning. Service-learning is a specific type of course offering that uses service as a learning tool. Students identify and meet community needs through service that is relevant to the course content (Campus Compact, 2003). Student reflection activities help students make connections between the course content and service activities. Reflection on service-learning projects also helps students construct their knowledge, their worldview, and may even change how they see themselves and their place in this world.

Another area of the conceptual framework includes Carl Rogers ideas of self-actualization which have a basis in Abraham Maslow theories on self-actualization. Unlike Maslow, Rogers believed the concept of self-actualization occurs when a person's actual behavior is congruent with that person's view of their ideal self (Knowles et al., 2015; Rogers, 1959). In relation to this study and the reflective tenet of service-learning, self-actualization is a process for evaluating and reevaluating self-concept in which the individual reinterprets their experiences and grows from the process (Patterson, 1977). The reflective piece helps shape how students view themselves and their place in society.

The next section of the conceptual framework includes andragogy, also known as adult learning or adult education. Andragogy feeds into the self-actualization process and how students construct knowledge. The six principles of adult learning include (1) the learner's need to know, (2) self-concept of the learner, (3) prior experience of the learner, (4) readiness to learn, (5) orientation to learning, and (6) motivation to learn. While all these concepts are relevant to higher education, the self-concept of the learner—autonomy and self-directedness—and their orientation to learning—life related and developmental tasks—are most relevant to frame this study (Knowles et al., 2015). These concepts of

learner self-concept and orientation to learning also relate to concepts within service-learning education and to tie it to Carl Rogers self-actualization theory. All nursing students are adult learners whether they identify as such, or not and these adult learners guide and construct their knowledge as they move through their educational programs.

Also presented in the conceptual framework is the theory of constructivism, argued by Piaget (1952), which promotes the idea that people create knowledge by making meaning of the world based on personal experiences. Graduates who completed the service-learning element within their nursing program will inevitably have constructed their basis of knowledge on their in-class learning and prior experiences. However, the service-learning experiences should have some effect on how students build and shape knowledge and their worldview. This is the basis of the exploratory nature of this study: To better understand the effect of these service-learning experiences on the students' construction of knowledge.

Finally, feeding into the concept of how students construct knowledge, nursing education is based on prescribed practices, outcomes, and standards. Traditional practices in nursing education include classroom and clinical experiences. In the specific case of this study, nursing students must also complete a service-learning component of their coursework. Outcomes for the general nursing curriculum include knowledge, skills, and attitudes. Of interest in this study are the students' professional nursing attitudes that include patient-centered care, and teamwork and collaboration, among others. These attitudes are extremely hard to develop in students and are even harder to assess, except through observation and reflection. Service-learning is assumed to be an

ideal conduit to develop these attitudes, but little research has been found to specifically link service-learning with student outcomes related to professional nursing attitudes.

### *Philosophical framework*

The philosophical underpinnings of this study hinge on the two most influential scholars in the service-learning field, John Dewey and David Kolb. Dewey is credited with being one of the founders of pragmatism (Scheffler, 1974). Pragmatism is a school of philosophical thought that stresses reality and experience to solve problems and learn (Cohen, 1999). Pragmatism began to be accepted in the 1970s. John Dewey's theory of knowledge creation is based on the idea that intelligence develops as part of "an active interchange between organism and environment" (Scheffler, 1974, p. 2). Dewey's pragmatic ideas of experience (1938a) and democracy (1916) in education are the key pillars on which service-learning education stands. When students engage in service-learning which is a more democratic form of education where students shape their experiences, they develop professional attitudes and grow through these experiences (Bassi, 2011; Foli, Braswell, Kirkpatrick, & Lim, 2014; Kirkpatrick & Brown, 2006; Reising et al., 2006; Vogt et al., 2011).

Educational progressivism is another area that Dewey influenced, but other theorists, such as Jean Piaget and Jerome Bruner, also played a role in development of this theory. Progressivism in education is the idea of holistic education—tending to the whole student in terms of physical, emotional, and intellectual growth (Lynch, 2016). Under this belief, schools are social, active learning centers where students are expected to experiment and experience education instead of being passive recipients (Dewey, 1938b). Progressivism has a legacy in today's schools, often associated with child-

centered education. Some critics claim the progressive movement has moved too far from curriculum-based teaching and emphasis on content (Evers, 1998). Educational progressivism is a good fit for this study because service-learning and nursing education are both practically based disciplines which use student experimentation and social creation of knowledge to enhance educational outcomes. Attitudes and personal development are two areas that holistic education can have a greater influence compared to traditional forms of education.

### *Theoretical framework*

David Kolb, with influences from Dewey, Piaget, and Kurt Lewin, is credited with creating experiential learning theory as a foundational piece of the experiential learning movement. Kolb (1984) describes learning as “the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping experience and transforming it” (p. 41). Although sometimes criticized, the concepts developed in Kolb’s experiential learning theory are still relevant more than 30 years later. Critics have attacked experiential learning theory, noting flaws in attention to the reflection cycle, cultural experiences/conditions, and empirical support for Kolb’s (1984) experiential learning model being weak (Dennison, 2009). Although some critiques are valid, the foundation of Kolb’s ideas remain prevalent in education and business practices worldwide. The key tenets of experiential learning theory involve experience connected to deep reflection and learning, which are also the most basic tenets of service-learning. Nursing students involved in service-learning, a specific type of experiential learning, are asked to critically reflect on their experiences and think about complex healthcare issues to transform their experience and their learning (Eyler, 2002).

*Cognitive-structural theories.* It would be challenging to talk about cognitive-structural theories without first discussing Piaget, the originator of this theory (Pascarella & Terenzini, 2005). While Piaget's works mainly focused on this type of development in children, he paved the way for other researchers working in this area of psychology. Piaget's greatest influence on adult cognitive development, as discussed by Tennant (1988), is that the person takes an active role in constructing their knowledge. Theorists in the cognitive-structural realm seek understanding "how thinking patterns change over time" (Merriam et al., 2007, p. 325) and the nature and process of that change (Pascarella & Terenzini, 2005). In other words, these theorists attempt to explain the inner workings of the brain as individuals mature and interact with their environment.

After Piaget, came theorists known as neo-Piagetians; those who promoted cognitive-structural theories which value contextual influences in learning. Perry (1970) promoted a model for cognition that considers the cognitive pattern of perceptions of knowledge. This nine-position model outlined an individual's perception of how knowledge is viewed and created, ranging from authority as the only expert who knows to more complex though about knowledge which can have plurality and be contradictory at times (Merriam et al., 2007). In the final position of Perry's model, knowledge is less concrete and authority figures are seen as only one source of knowledge. More contemporary theorists, such as Kegan and Baxter Magolda, build on Piaget and Perry's works to propose a more complex cognitive-structural model of meaning making as individuals react to and learn from the context in which they operate.

*Meaning making theories.* Based on the works of Piaget, Perry, and Erik Erikson, contemporary meaning making theorists, such as Robert Kegan and Marcia Baxter

Magolda, proposed theories involving individuals and the way that people make sense of their experiences. Meaning making, according to Kegan (1982), is a combination of physical, social, and survival activities which help people understand their own thinking about knowledge creation. Critical to Kegan's theory are the ideas and interplay of the object and the subject. The idea of the object is an element of our consciousness that is "distinct enough from us that we can do something with it" (Kegan, 1994, p. 32).

Whereas, the subject is not conscious to an individual and "refers to those elements of our knowing or organizing that we are identified with, tied to, fused with, or embedded in" (Kegan, 1994, p. 32).

The basis of Kegan's (1982) meaning making theory is the evolution of and relationship between the object and subject. What an individual can control—the subject-object relationship—evolves over time and is a constant balancing act between the two. Within Kegan's theory, there exist five orders of consciousness which are based on this subject-object relationship and include both intrapersonal and interpersonal components of mental organization related to feelings, thought, relations to the self, and relating to others. Important assumptions underlying the orders of consciousness in this meaning making theory include: (1) orders refer to how an individual thinks as well as "how one constructs experience;" (2) orders concern organization rather than content of feeling, thinking, and relation to others; (3) each order of consciousness delineates a differing subject-object relationship; (4) orders relate to one another; and (5) subject and object are not fixed—as thinking and meaning making evolve, what is subject becomes object (Love & Guthrie, 1999, p. 67). In other words, the individual progresses in knowing and understanding what was previously unconscious.

The shortfall of Kegan's work relative to this study is his focus on the adult meaning making through life experiences, with no specific mention of higher education. While Kegan fails to specifically address higher education, "his theory addresses cognitive, social, and emotional development together as a system of meaning formation" (Love & Guthrie, 1999, p. 66). Theorists such as Baxter Magolda have built on these concepts and related them specifically to higher education. To Baxter Magolda (2009), meaning making structures are initially heavily influenced by external forces. As young adults hit a "crossroads," external forces "move to the background as internal forces move to the foreground of meaning making" (Baxter Magolda, 2009, p. 625). The crossroads, where college students and young adults begin to reject external authority, is a time when these students begin to define and cultivate their own voice as it relates to their meaning making process. The next stage of meaning making development is self-authorship—the "internal capacity to define one's beliefs, identity and relationships" (Baxter Magolda, 2009, p. 631).

The importance of understanding cognitive-structural and meaning making theories as a theoretical underpinning of this study is three-fold. First, students who complete experiences that are outside of the scope of the educational practices they are used to will most likely associate some sort of meaning from them. Second, college students may vary in their level of knowledge construction, which may limit or enhance their learning from their service-learning experiences. Finally, although students may have been involved in similar service-learning activities, each will process this information differently depending on their internal voice and their relationships to peers, authority figures, and knowledge construction (Bock, 1999). By gaining a deeper

appreciation of the cognitive understanding and meaning making associated with service-learning in nursing education, those involved with higher education in this field will be able to better serve students and will play a critical role in preparing future nurses with the knowledge, skills, and attitudes necessary to survive the rigors of professional nursing work.

### Review of Current Literature

The following review of literature presents mindful experiential learning, many of the basic elements of service-learning–programs, instruction, traditional versus critical service-learning, reflection, student perceptions of community impact, and student participation in S-L. Other areas presented in this literature review include vertically aligned service-learning, S-L in nursing education, integrating S-L in the nursing field, and student benefits of service-learning inclusion within nursing education. Student benefits consist of professional skills, experience, civic identity, personal growth, and outcome achievement. The intent of presenting current literature is to introduce the reader to concepts and findings of existing literature critical to framing and understanding the current research study (Creswell, 2014). Note that the elements described below are integral to quality service-learning teaching and learning. Service-learning programs may vary in their delivery and methods for implementing this type of learning. However, most programs including Case Institution integrate the basic elements of service-learning presented below.

### *Service-Learning and Experiential Learning*

John Dewey laid the framework for service-learning by emphasizing the need for real-world experience within education (Brown & Schmidt, 2016; Dewey, 1916, 1938a,

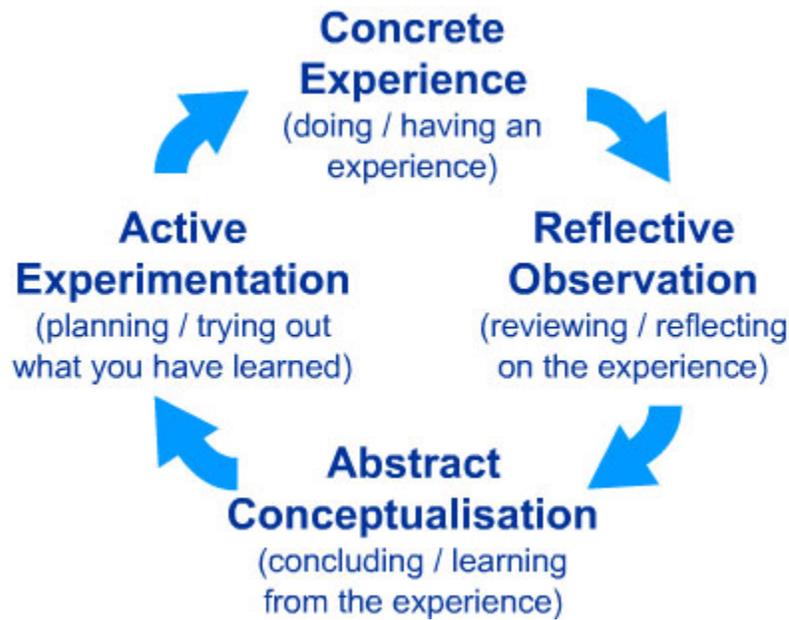


Figure 1

This figure illustrates Kolb's (1984) experiential learning cycle where students learn through a continuous cycle of experience and reshaping their views.

1938b; Kolb, 1984; Schmidt & Brown, 2016). Building on the work of Dewey, Kolb (1984) is most famously known for his work in experiential learning theory. This theory suggests that learning is individual to the learner, constructed from their past knowledge and experiences, and shaped by new knowledge and experiences (Hill, 2017; Kolb, 1984). In this constructivist approach, learning is seen as a “continuous cycle, rather than a fixed process” where learners are repeatedly learning, experiencing, and applying new knowledge to build upon their established beliefs (Hill, 2017, p. 934). Fink (2013) summarizes service-learning by noting “the basic idea is that students enroll in a course on a given topic, and then during the course engage some kind of related activity in the community” (p. 24).

### *Mindful Experiential Learning*

Yeganeh (2007) expands upon the work of his predecessor and dissertation advisor, David Kolb, in utilizing Kolb's (1984) Learning Style Inventory (LSI) to study the relationship between mindfulness and experiential learning. Yeganeh (2007) utilized a correlational design to create an integrated definition of mindfulness and to answer questions about whether mindful experiential learning is a metacognitive process or a sensory/contextual process. First, the researcher surveyed 319 employed adults ages 19 and older then ran an exploratory factor analysis on data stemming from two popular mindfulness scales, the Langer Mindfulness Scale (LMS) and the Mindful Attention Awareness Scale (MAAS). Yeganeh (2007) hypothesized three common factors existed between the mindfulness instruments, but the results of analysis came back with three different strongly correlated factors—awareness, novelty, and engagement. These factors were included as Yeganeh (2007) revised his “integrated definition of mindfulness” (p. 93) and his “Revised Mindfulness Convergence Chart” (p. 67).

Next, Yeganeh (2007) ran a factor analysis on the mindfulness scales, Kolb's LSI and an abbreviated version of the Adaptive Style Inventory (ASI). The Learning Style Inventory is an instrument used to measure participants learning style as it relates to four dimensions of experiential learning—concrete experience, abstract conceptualization, reflective observation, and active experimentation (Kolb, 1984). The ASI is a tool that measures an individual's perception of which experiential learning style they prefer and how adaptable that learning style can be in different situations (Yeganeh, 2007). Analysis of the data revealed three factors in the LMS—novelty producing, novelty seeking, and engagement—significantly relate to concrete experience as measured by the

LSI and no relationship with the MAAS to the LSI or ASI. By studying the relationship between mindfulness and experiential learning, Yeganeh (2007) contributes to the field of experiential learning by creating a definition of mindfulness and mindful experiential learning, and by exposing a relationship between variables that connect mindfulness with concrete experience.

Findings from Yeganeh's (2007) research lead to the conclusion that concrete experience, as measured by the LSI, is positively correlated with the LMS factors of novelty production and novelty seeking. This correlation lead Yeganeh (2007) to the conclusion that mindful experiential learning is a sensory/contextual experience. Although the evidence supports the idea that mindful experiential learning is sensory/contextual, evidence could not be found to suggest that mindful experiential learning is or is not a metacognitive experience. Additionally, a major finding of the study proposes that those who score highly on mindfulness on the LMS prefer to learn through concrete experience, while low mindfulness participants prefer reflective observation styles of learning. Yeganeh's (2007) new definition of mindful experiential learning is described as "an engaged process of seeking and producing novel opportunities to learn by being attentive to and aware of momentary concrete experience" (p. 94). This new definition could have huge implications in the education world if we can pinpoint how students prefer to learn using different psychological processes such as mindfulness.

### *Service-Learning Programs*

Although much of the literature in service-learning, including those presented in this literature review involving nursing students centers around student benefits (Eyler,

Giles, Stenson, & Gray, 2011), service-learning programs are much more reciprocal than the current student literature suggests (Cashman & Seifer, 2008). Washington-Brown & Ritchie (2014) discuss curricular integration of service-learning into a registered nurse (RN) to Bachelor of Science in nursing and the importance of curricular integration of S-L across an entire curriculum. Engaging students actively in creating projects that are relevant to their coursework benefits the students, their faculty members, the institution, and the community (Washington-Brown & Ritchie, 2014). Not all programs integrate S-L into an entire academic curriculum, but the community at large still can benefit from student education, advocacy, or service projects.

Creating reciprocal relationships is important to authentic service-learning (Cashman & Seifer, 2008). While students may gain practical skills and knowledge from S-L projects, the groups and individuals that the students serve also see benefits. For example, students engaged in a service-learning experience with a geriatric storytelling program were able to write the oral histories of elderly individuals while providing much needed socialization and educating the clients on “medications, safety at home, and nutrition and lifestyle” (Kirkpatrick & Brown, 2006, p. 92). Nursing faculty members also benefit from S-L endeavors. Service-learning activities can help faculty members: Identify unique and creative clinical placements (Vogt et al., 2011), explain theoretically challenging concepts based on student S-L experiences, and allow faculty members to connect and contribute to their communities in a meaningful way.

### *Service-Learning Instruction*

The approach to instruction is critical for the success of student learning from a service-learning experience. Describing the instructional process “experience is always

the starting point of an educational process; it is never the result” (Knowles, et al., 2015, p. 94). When learners experience academic concepts in a real-world context, they will both remember the concept better and will see utility in the reason to learn the knowledge (Peak Performance Center, 2012). Peterson (2017) believes “honoring the life experiences your students bring to the classroom” is an important piece of personalizing the learning to the student in a way that will ensure that the knowledge is memorable, relevant, and perceived to be important.

A critical component of keeping learners engaged is to assure them that the material they are learning is relevant to their lives in some meaningful way. Without this understanding, students may become disengaged and fail to connect with the topic to be learned. Knowles et al. (2015) suggested that “sharing control over the learning strategies is believed to make learning more effective” (p. 169). Shared control of the learning experience is one of the components of service-learning, which uses a more democratic, opposed to autocratic, style of teaching. Of equal importance is the need to understand that students’ experiences may be negatively impacted if good adult learning practices—understanding why students are engaging in these experiences or allowing the student the freedom to shape their own experience—are not followed.

#### *Traditional Versus Critical Service-Learning*

A topic of debate in the field of service-learning includes two opposing frameworks, traditional service-learning versus critical service-learning (Donahue & Mitchell, 2010). Mitchell (2008), director of a service-learning office in the Center for Comparative Studies in Race and Ethnicity at Stanford University, outlines this debate and points of departure between what is commonly referred to as a traditional service-

learning approach versus critical service-learning. As noted within his work, traditional S-L connects student coursework to service with little to no attention to systems of inequality (Mitchell, 2008). The goal in using critical service-learning is to empower all collaborators within the project, develop authentic relationships, and promote a social change perspective (Kruger et al., 2010; Mitchell, 2008). Within the critical approach, students are asked to examine the service itself, then explore the social structures and inequalities in place that caused a need for the service in the first place (Smith et al., 2013). The review discusses critiques of traditional S-L approaches as lacking attention to the root causes of social change, calling some forms of service “Band Aid” fixes (Eby, 1998, p. 4).

According to Mitchell (2008), service-learning practitioners shy away from critical S-L because it is more difficult than traditional S-L approaches in terms of politicization of social issues and the time it takes to see results; no instant gratification for students. Mitchell (2008) also described the multiple roles of students (student, teacher, and both simultaneously) in service-learning. The author discussed authenticity, which only comes with sustained community efforts over time and learning about the community within which they are serving (Mitchell, 2008). Authentic relationships with the community are imperative to the success of a service-learning program (Kruger et al., 2010), but how do students feel about sustained service-learning experiences, and does it change their view of the role they play in a community or field of practice?

### *Critical Reflection*

Critical reflection is a key part of service-learning. Students shape their experiences by how critically they examine them and to what extent students connect

their service experiences to themselves and the social system within which they operate (Hunt, 2007; Schmidt & Brown, 2016; Smith et al., 2013). Ash and Clayton (2009) promote reflection because “Learning—and understanding learning processes—does not happen maximally through experience alone but rather as a result of thinking about—reflection on—it” (p. 27). As students reflect on their experiences, they are typically tasked with connecting those experiences to their academic learning, activities in the larger community, and “what is happening in their personal lives” (Fink, 2013, p. 50). This helps students make explicit connections between the service and learning and increases student awareness of interconnectedness of classroom and active learning. Reflection activities include, but are not limited to group or one-on-one discussion, journaling, reflection papers, focus groups, and multimodal types of activities such as scrapbooking, videography, or photo journaling (Bailey, Carpenter, & Harrington, 2002).

#### *Student Perceptions of Community Impact*

Student perceptions of the impact they make on their local community can influence how students feel about their service-learning work (Hunt, 2007; Kruger et al., 2010; Smith et al., 2013). MacGregor and Makoni (2010) plead for higher education to take a “citadels, not silos” approach and actively lift up the surrounding community and work with communities to achieve mutual goals (p. 1). Fullerton (2015) references the benefits to students, faculty, and community by working together to enhance the academic experience with real-world examples—positively impacting learning—and to solve community issues in unison with community players.

#### *Student Participation in Service-Learning*

Service-learning uses real-world problems as a basis for course-based, academic learning which is tied to academic enhancement, civic learning, personal growth, and, in some instances, social justice is also a focus (Jacoby, 2014). The 1980s and 1990s were periods of growth for service-learning in higher education, eventually emerging across many academic disciplines (Altbach, Gumport, & Berdahl, 2011). Colleges and universities integrate service-learning teaching in a variety of disciplines including: Business, communications, education, mathematics, natural sciences, nursing, public administration, and social sciences (Harper & Jackson, 2011). In 2014, over 1,000 higher education institutions offered service-learning courses and over half of those institutions had a service-learning requirement for their students (Jacoby, 2014). In addition to student participation in service-learning courses within an academic discipline, interdisciplinary courses are now being offered. Students engaging in service-learning activities have a means “to engage and transform society through efforts that (are) rewarded with academic credit by the university” (Altbach et al., 2011, p. 425). In few instances, students can take part in a structured series of service-learning course in which, in theory, they can make a larger impact as their understanding of the focus and intent of service-learning increases.

#### *Vertical Alignment of High Impact Practices*

There are calls for practitioners to create vertically aligned service-learning experiences and anecdotal accounts of this happening in the field of nursing, but there are few who use this model for curricular integration who are publishing research on it. Koch et al. (2017) presented a model for vertical integration of high impact practices. Although the authors did not specifically mention examples of using vertically

integrated/aligned service-learning, the authors do discuss vertical alignment in detail. With vertical integration of high impact practices “what students learn in one lesson or course prepares them for the next lesson or course” (Koch et al., 2017). The experiences need to be “purposefully structured and logically sequenced” so students are progressively prepared for “more challenging, higher-level work” (Koch et al., 2017). With vertical alignment of high impact practices, instructional scaffolding is a key component to building a cohesive curriculum for students.

Jacoby (2014) promotes a course sequence for integrating service-learning into the curriculum. In her book, Jacoby (2014) describes a course sequence for service-learning vertical alignment as follows:

Students take a sequence of courses, each one building on the work of the previous, with the service becoming more intensive and the reflection becoming deeper and more critical. Students may partner with the same or different community agencies throughout the sequence. This can involve a disciplinary or multidisciplinary approach. The course series can be required as part of the general educational curriculum or optional, offering a citation or transcript notation upon completion. (p. 97)

Benefits of this model include enhanced learning of academic content, applying knowledge “in increasingly complex ways, better understanding the social context of their disciplines,” and developing critical thinking skills (Jacoby, 2014). Drawbacks to this design are the amount of planning and curricular redesign that goes into redefining a curriculum.

As far back as 2010, Community-University Partnerships & Service-Learning (CUPS) at the University of Vermont was promoting a three-phase developmental model for integrating S-L into the curriculum. This line of research claims that “service-learning courses and partnerships can be more successful for all stakeholders if they are designed to align with and build student capacity over time” (Community-University Partnerships & Service-Learning, 2010). While this tool was intended to serve practitioners designing both one-time and vertically aligned service-learning experiences, the model was created with the intent to “spur conversation within a given academic unit or progressive curriculum” on how to align service-learning courses and projects across a curriculum based on the knowledge and skill level of students.

*Vertically Aligned Service-Learning Student Engagement*

Kruger et al. (2010) examined a vertically aligned “home-base” service-learning model which emanated from their School of Nursing. Upon acceptance into the nursing program, students were paired with a home-base community or agency based on the geographic proximity to their living space. Students engaged with the same home-base community agency for the entire five semesters of their nursing curriculum. Activities with a student’s home-base are based on the curricular level of student (e.g., first semester, second semester, etc.) and connected to the coursework of said academic level. Kruger et al. (2010) found the following:

The gradual progression of community experiences within the curriculum is necessary for students to engage residents, develop relationships that move them toward grasping the big picture, appreciate the influence of community context in health, and develop a population approach to practice. (p. 15)

Students indicated personal benefits from participation in their service-learning home-base experiences including realizing a broader perspective of the nursing role, “seeing the bigger picture,” impacting local health outcomes, shedding prejudices, and feelings of responsibility and confidence (Kruger et al., 2010, p. 14). Kruger et al. (2010) claim the home-based model helps students think of health in a more holistic way which considers the environmental, social, cultural, and political aspects of health.

Other examples of research on vertically aligned service-learning programs in nursing are hard to come by and most of the literature examines one-time service-learning experiences (Murray, 2013). In Schaffer, Hargate, and Marong’s (2015) study of one nursing program, researchers presented outcomes based on community engaged-learning experiences of students, faculty, and community partners who participated in the program over a five-semester period. Community-engaged courses were implemented across the nursing curriculum, not just a single course. The component of Schaffer et al.’s (2015) study that is relevant to the present study involves the student perceptions of sustained community-engaged learning. Although Schaffer et al.’s study examines community engagement (CE), not service-learning, the structure of the program is similar to the case selected for this study. While nursing is extremely structured and content heavy, “The challenge for nursing educators is how to design a curriculum that integrates long-term CE experiences across the nursing curriculum, sustains partnership relationships, engages students in learning, and builds on the strength and involvement of the community” (Schaffer et al., 2015, p. 2).

A study by Shaffer et al. (2015) is presented as a program evaluation, but it sheds light on the little-known area of structured, sustained, and vertically aligned community-

engaged learning. The program is similar to Kruger et al.'s (2010) home-base service-learning model presented above in that students are paired with one organization when they enter the nursing program. Students at their sites are given tasks to slowly level-up their responsibility. For example, in their first semester of the program, sophomore students observe and learn about their partner organization. Junior year, students provide teaching and health promotion activities. During their senior year, they plan a large-scale community impact project in fall and assess that project in spring semester. Shaffer et al. (2015) completed quantitative analysis on survey data and content analysis on focus group data and found several student benefits, including student understanding of barriers to health care access, skill acquisition in problem solving and teamwork, and flexibility.

Analysis of student, faculty, and community data lead to programmatic changes that are beneficial to discuss in this paper. As students spent time in the organization with which they were paired, students were given greater autonomy to create their own programming. Of course, the faculty and community agency liaison were there to support the student and ensure the collective goals of the project were met. It is important to note that, by their senior year, students felt they built skills and attitudes as the program progressed. One student expressed the idea that working “with people and community instead of for them” was one take away from the long-term engagement with the community-engaged component of the course (Schaffer et al., 2015, p. 9). Another student discussed growth from the sustained engagement with the community agency, greater levels of comfortable working in ambiguity with little direction, and over time as more autonomy was granted, increased comfortability with self-direction.

Shaffer et al. (2015) presented several benefits from structured sustained community-engaged learning while also suggesting good practices for building a similar academic program. A few of these practices include student orientations, a large amount of faculty support in beginning the relationship with a community partner, clear direction on service or engagement projects, and creating a plan for faculty oversight. As student comfortability with service and community engagement increases, so too should the students' autonomy increase. With increases in autonomy for the student, faculty oversight should decrease. However, faculty members should always be available to provide direction and help as needed, but students should be given the opportunity to work with the community in their own unique way.

Vogel and Seifer (2011) presented research on the institutional impact of sustained service-learning over time. Although this research focuses on sustained S-L participation for the institution, not individual students, that study has relevance to this work. Researchers report that "sustained service-learning partnerships have been identified as effective in changing the attitudes, behaviours and beliefs of participants" (Vogel and Seifer, 2011, p. 187). The purpose of the study was to assess impacts of sustained service-learning on stakeholders, with the exception of student impacts. However, impacts on institutions and community partners, as well as characteristics of sustained service-learning are important to discuss here.

Student impacts of sustained service-learning on an institutional level include a boost in recruitment of students seeking opportunities to engage in their communities (Vogel & Seifer, 2011). Other student impacts presented in Vogel and Seifer's works include student understanding of how to give back as a health professional, increased

thought into student community responsibility, and community agencies begin to see the value of including student service-learners in their work. The impacts of service-learning infusion over time were seen as a change in the institutional and community culture. While only a few student impacts could be drawn out of this study, researchers suggest that “Future research on the impact of sustained participation in service-learning is needed,” including how to maximize the benefits to stakeholders such as student participants (Vogel & Seifer, 2011, p. 199).

### *Service-Learning in Nursing Education*

Researchers have suggested that nursing students participating in service-learning experiences see an expanded view of nursing and health promotion (Hunt, 2007; Kruger et al., 2010, Smith et al., 2013), challenge assumptions and stereotypes (Hunt, 2007; Kruger et al., 2010), come away with enhanced personal and professional values (Fowler, 2013), and have a greater awareness of community resources (Kruger et al., 2010; Smith et al., 2013). Service-learning in nursing education also helps students realize the social, cultural, environmental, economic, and political determinants of health (Kruger et al., 2010; Smith et al., 2013). With a shift the medical field toward a more community-centered mindset, community-based nursing is becoming a more integral part of nursing education (Smith et al., 2013).

### *Integrating Service-Learning in the Nursing Field: A Case Study*

Smith et al. (2013) completed a case study describing two signature medical-based service-learning programs in Texas and New York. Within the article, authors discuss the shortcomings of medical education in general which has deviated from the social approach in which the field has traditionally been based. Smith et al. (2013)

claimed that medical application and education has become episodic and procedural instead of responsive to community-based needs. Integrating service-learning in the medical curriculum allows educators to create a more public-minded approach to educating medical students (Hunt, 2007; Kruger et al., 2010; Smith et al., 2013). The argument for community service-learning is that the community offers a more robust experience with social, cultural, and economic barriers which are not as highly pronounced in hospital settings (Smith et al., 2013).

Community-centered care gives students the opportunity to build relationships with patients and provide longitudinal care for chronic disease that requires students to understand the clients they serve and deeper issues of health care (Hunt, 2007). Smith et al. (2013) introduce the idea of self-learning within community-centered care which is a fascinating topic that is explored in this author's research while interviewing service-learning students who have been given progressively more control of their service-learning projects as they ascend through their coursework. The ideas of students learning about the community and exposure to job opportunities outside of what is considered traditional nursing role in a hospital or clinic are explored via interviews.

#### *Student Benefits of Service-Learning Inclusion in Nursing Education*

Hunt (2007) presented a descriptive phenomenology of fourteen nursing students completing their service-learning clinical placements with homeless families. Data collection and analysis methods included one to two-hour in-depth interviews with participants which were recorded, transcribed, and analyzed using a tripartite structure text analysis approach to identify an overall structure of the phenomenon and six themes. Themes included (A) students' feelings of an awakening, (B) intense emotion,(C)

empathy, (D) discovery, (E) realizing the importance of critical reflection, and (F) an intrinsic need to challenge their own assumptions, perceptions, and stereotypes (Hunt, 2007). The service-learning experience of working face-to-face with homeless families through their course work allowed students to think of their professional responsibilities in a broader context, beyond their previous expectations. Hunt's (2007) study reveals the need for future research to investigate the role of student emotion in service-learning and reflection activities.

Fowler (2013) conducted a controlled, two-group, experimental study to see if nursing students who participate in a service-learning experience score higher on the Nursing Professional Values Scale-Revised (NPVS-R). The study population comprised of 110 students who were randomly assigned into a service-learning intervention group (n = 56) and an attention control (AC) group (n = 54). The S-L group participated in three hours of indirect service-learning at a non-profit organization, while the AC group attended a professional nursing meeting to observe leadership behaviors. Both groups completed small group discussions and a reflective essay related to professional values in nursing. Results from comparison of the NPVS-R scores failed to support the researcher's hypothesis that students participating in a S-L experience will score higher than those in the control group (Fowler, 2013). Fowler (2013) stated the study was inconsistent with previous research potentially due to the types of experiences each group completed. Impact of the S-L intervention may have been weakened because students were not directly engaged with recipients of their service, while the control group engaged directly with health care professionals. Overall, the study highlights a need for direct, personal contact with individuals who benefit from the service-learning projects.

Articles included in this review typically described a service-learning program or activity and many of them presented the benefits of student engagement in a nursing service-learning experience. Benefits of service-learning experiences fell into four themes: Professional skills, experience, civic identity, and personal/personal outcome achievement. In addition to many discussions on benefits, authors of articles within the current literature review promoted the use of service-learning in camp nursing (Vogt et al., 2011), leadership courses (Foli et al., 2014), community-based nursing care centers (Lashley, 2007; Sensengig, 2007; Ward, Blair, Hanton, Jackson, Landolt, & Mattison, 2007), and in clinical experiences (Pharez, Walls, Roussel, & Broome, 2008). Bassi (2011) emphasizes the role reflection plays in service-learning activities and Stallwood and Groh (2011) discuss concerns over whether service-learning in nursing is an evidence-based practice. While the articles presented may appear to be disjointed, it is important to review as much of the student-centered service-learning nursing research as possible to gain a better understanding of the student experience in a service-learning nursing course or program.

*Professional skills.* Student knowledge and skill development are the basis for the academic component of a service-learning experience (Jacoby, 2014). Evidence from the research points to general professional skill building for students, including responsibility (Vogt et al., 2011), leadership (Foli et al., 2014; Groh et al., 2011), teamwork and collaboration (Kirkpatrick & Brown, 2006; Sensengig, 2007), communication (Vogt et al., 2011), and professionalism (Reising et al., 2006). Professional skill building is an important part of the student experience and service-learning in professional fields can help foster growth in these areas. More specifically, student professional development

gains were seen in areas, specific to nursing, such as empowerment, confidence, and comfort in the nursing role (Bassi, 2011; Anderson & Miller, 2017), empathy for certain populations (Sheu, Zheng, Coelho, Lin, O'Sullivan, O'Brien, Yu, & Lai, 2011), nursing skills and knowledge (Sawin et al., 2016), community-based nursing skills (Ward et al., 2007), therapeutic communication (Otterness, Gehrke, & Sener, 2007), and an expanded view of the scope of the nursing field (Hunt, 2007).

*Experience.* Service-learning activities afford students opportunities to test and practice the skills and knowledge they build in the classroom (Stanton, 2014). According to Sipes and Farrar (2010), one of the potential benefits of integrating service-learning into a nursing course is “an increased connection between theory and practice” (p. 18). Taking the connection between the service aspect of a S-L course and content knowledge a step further, Stallwood and Groh (2011) claim “the data suggest that students gain insight into course content objectives that may not have been achieved using the traditional lecture strategy alone (p. 300). Students echo this sentiment and enjoy the notion that their coursework is “for a real purpose, not just for classroom work” (Balakas & Sparks, 2010, p. 695). Applying theoretical knowledge in real world settings is just one of the benefits students gain from service-learning experiences.

Student experience itself can be a benefit for students (Kerber & Schlenker, 2006). Some students may not have the benefit of professional or practical experiences that align with their academic careers. Students who can apply their nursing skills and processes in a real world, community nursing setting will be better prepared to deal with challenges that come up when dealing with particular populations (Ward et al., 2007). Sensenig (2007) points out that service-learning that focuses on vulnerable populations in

community settings, such as immigrants, elderly populations, and those in low socioeconomic states, allow nursing students to “observe the influence of ethnicity, race, and culture on health, illness, and health care” (p. 376).

*Civic identity.* Completing service-learning activities with and in the community can help students, and even professors, find their civic identity. Bassi (2011) emphasizes the role that critical student reflection plays in service-learning activities and the scope of benefits students can discover by participating in S-L activities and reflecting on those experiences. A review of the literature evidences several ways in which S-L affects civic identity development, including but not limited to expansion of fostering feelings of civic responsibility (Reising et al., 2006), cultural awareness (Otterness et al., 2007), recognizing community needs (Bassi, 2011; Lashley, 2007), and knowledge of community resources (Kirkpatrick & Brown, 2006; Pharez et al., 2008). Service-learning nursing activities can also impact students’ attitudes toward the populations within which they operate (Lashley, 2007). Sawin et al. (2016) report that student attitudes toward caregivers and care recipients were improved after participating in a service-learning project in which students participated in an at-home care giving situation. Benefits to the community are seen by students as having a positive effect on their civic identity and ability to contribute to our society (Lashley, 2007).

Student civic identity can also be developed in political, faith-based, and social justice service-learning activities. Groh et al. (2011) present research that evidences positive student perceptions of outcomes based on their service-learning experiences related to leadership and social justice. Lashley (2007) notes that students engaging in service-learning experiences with homeless individuals at a faith-based community center

helped build civic identity in students by “fostering community partnerships to meet the needs of underserved populations; providing culturally competent care ... and developing a greater sensitivity and awareness of the needs of the poor and homeless" (p. 26).

Political activism in nursing service-learning courses can help students develop their civic identity and purpose as a nurse as an agent of change in the health care field (Zauderer, Ballestas, Cardoza, Hood, & Neville, 2008).

*Personal/professional outcome achievement.* Personal growth of students should be an outcome for any academic or professional experience. However, there are certain aspects of personal growth that are found to be linked to service-learning nursing experiences. Student benefits of personal growth include critical thinking (Vogt et al., 2011; Ward et al., 2007), flexibility (Vogt et al., 2011), creativity (Sensengig, 2007), learner responsibility (Kirkpatrick & Brown, 2006), self-directed learning and fostering independent learners (Balakas & Sparks, 2010; Sipes & Farrar, 2010; Ward et al., 2007), and transformative experiences (Hunt, 2007). One should not expect all these student outcomes to be achieved during a single S-L course. The experience itself and linkages to reflection prompts and classroom readings and discussions will typically shape the benefits and outcomes the students receive.

Personal outcomes for students participating in nursing S-L activities are like personal growth in that each student and experience is different. The following personal outcomes have been linked to student S-L nursing activities in the literature: Student feelings of making a valuable contribution to the community (Kruger et al., 2010; Reising et al., 2006), having an emotional and personal investment in the project (Hunt, 2007; Sawin et al., 2016), student self-efficacy (Anderson & Miller, 2017), and motivation and

excitement to engage in academic learning with a purpose (Kerber & Schlenker, 2006).  
When students can make a personal connection to the course content and direct their own learning through service-learning and community-based learning efforts, students can become “motivated and enthusiastic throughout the project” (Kerber & Schlenker, 2006, p. 457).

## Chapter III

### METHODOLOGY

This chapter outlines the methodology and reasoning behind methodological decisions for this study. Items to be addressed within this chapter include research questions, research design, population, description of settings, and research protocol. The protocol section is broken down into subsections such as case selection, sampling procedures, participant selection, sample size, research relationships, data collection measures and procedures, instrumentation, data analysis procedures, and code section. Finally, the chapter concludes with a description of ethical considerations, standards for rigor, and a summary of chapters the first three chapters. Note that the Institutional Review Board for Valdosta State University has approved this research. See Appendix B for this approval document.

#### *Review of Research Questions*

Research questions for the study are as follows:

RQ1: What were the experiences of nursing graduates from a higher education institution who completed four or more vertically aligned service-learning courses within their Bachelor of Science in Nursing program?

RQ2: Did the graduates' experiences in a series of vertically aligned service-learning courses influence the development of ethical or professional nursing attitudes?

These questions shaped the methodological approach of this work which is an attempt to identify if graduates have benefitted from engaging in a vertically aligned service-learning program throughout their nursing program.

#### *Connection to Research Goal*

Answering the research questions above has helped fulfil the purpose of this study, which was to examine nursing graduates' views of their own ethical and professional attitude development through the completion of a stair-step sequence of service-learning coursework during their nursing education. RQ1 examined the overall experience and the consistent service-learning elements across the nursing program. Answering this question provided rich context for understanding the student experience and a framework for analyzing the data. RQ2 explored the element of professional nursing attitudes and ethical development in relation to their service-learning experiences, which are two of the key factors of this study. The answers to these questions provided rich descriptions of the student experience in their S-L courses and activities, nursing attitude development, and ethical development by capturing participant descriptions and context within which students think and talk about their experiences.

#### *Connection to Research and Theory*

Students' feelings regarding whether their work was meaningful is an issue that was addressed in graduate responses to prompts relating to RQ1. Strategically asking questions around the impact a student made was helpful in identifying a potential positive or negative factor as to whether a student saw development in their professional nursing attitudes or personal development through the service-learning experience. Both RQ1 and RQ2 were affected by the service-learning projects in which students participate and

the perceived value they feel is gained from these experiences. Graduates' experiences were shaped by the intended service-learning benefits they experienced, if they experienced these benefits at all. Intended benefits include, but are not limited to: Enhanced learning, personal growth, professional nursing attitude development, ethical development, or expanded views of the health profession. Questions within the interview protocol pertaining to RQ2 included discussion of enhanced ethical and professional values and the social, cultural, environmental, economic, and political determinants of health as topics that have potential to allow students to explore their professional nursing attitudes or personal development (Fowler, 2013; Hunt, 2007; Kruger et al., 2010, Smith et al., 2013).

Each of the research questions were affected by the idea of reflection being a continuous cycle of thought for students (Hill, 2017). The interviews themselves acted much in the same way as a reflection activity, forcing students to rethink or reimagine their experiences. The initial fear was that students began the interviews with one set of thoughts about their service-learning experiences, and subsequent ethical and professional development, but those thoughts may change once students reflect more upon those experiences. As the researcher, it was critical to think of the series of interviews as an evolutionary process for the learner and to seek to identify those revelations that students make throughout the stages of interviews.

### *Forming a Coherent Whole*

The research questions build upon each other to form a logical line of questioning that ultimately helped fulfill the research purpose of addressing the issues outlined in Chapter 1 of this work. Questioning graduates generally about their experiences across

their nursing program allowed them to express themselves without strict guidance. Next, asking students about their service-learning experiences helped narrow their focus and they began to expose elements of their nursing program which are the intended area of exploration for this study. The element of longevity, or exposure to service-learning over multiple courses and projects, was then explored to examine the context and influence of this element on the students' experiences. After discussing the program, service-learning experience, and exposure to vertically aligned service-learning teaching over time, professional nursing attitude and ethical development were the topics for exploration. Examining these elements in this order helped to add rich context to the experiences participants shared and to form a logical coherent trail to narrow the scope of the research.

### Research Design

To address the research problem and questions within this study, a qualitative case study approach was taken. Merriam's (1998) case study application for education was used as the protocol for the research design. The approach to the problem of the national nursing shortage and under-preparedness of nursing graduates includes service-learning as a potential solution. The purpose of this examination was to better understand how nursing students felt a vertically aligned series of service-learning courses affects their development of professional nursing attitudes and ethical growth. Therefore, a series of qualitative, one-on-one interviews was selected as the method for collecting data because of the need for depth, detail, and rich context.

The primary strength of qualitative interviews lies in the open-ended nature of the inquiry, which allowed participant's responses to influence the flow and content of the

interview. This helped the researcher capture the thoughts around and views of the experience from the participants' perspectives, instead of their responses to a prescriptive prompt within a survey instrument (OccupyTheory, 2014). Limitations of qualitative interviews are that they rely on a foundation of trust and honesty between researcher and participant. If a trusting relationship were to not be established, the presence of the researcher or fear of what was done with the information they shared could have influenced or biased participants' responses (Maxwell, 2013).

Within the established research design and conceptual framework, the scope of the study was narrowed to focus on student experiences within a nursing program that includes vertically aligned service-learning as a key component of the curriculum. Explorations, through interviews, uncovered how students constructed knowledge and attitudes through these structured nursing service-learning experiences. The hope from this research is to be able to say that students engaged in these programs where service-learning is structurally incorporated across the curriculum is beneficial to students' ethical development and professional development related to nursing attitudes.

### *Population*

On a national level, the problem of a nursing shortage and underprepared nurses affects almost the entire population needing medical care. The Bureau of Labor Statistics (2018) has projected nursing shortfalls due to higher demand for nurses. Registered nurses work in hospitals, clinics, schools, nursing care facilities, and in the military (Bureau of Labor Statistics, 2018). These health facilitators feel the impact of nursing shortages. Shortages typically lead to established nurses to become overworked, with high patient-to-nurse ratios and high rates of nurse burnout (Cabrera, 2017; Spencer,

2013). Patients tend to suffer the brunt of nursing shortages through greater time-to-care and less time spent with each patient.

The population for this study included all nursing graduates who completed a Bachelor of Science in Nursing degree from a college or university within the United States that required students to complete a vertically aligned series of service-learning courses. It was unrealistic to gather data from the entire population, so identifying an accessible population was required. The case selected for study was a higher education institution in the southeast, which had a nursing program that required students to complete a vertically aligned series of service-learning courses throughout their BSN program.

The population of study included nursing students with specific characteristics. Nursing students must have completed their Bachelor of Science in Nursing degree and engaged in at least one service-learning course each of four semesters within their Nursing program. One institution was identified as having the program which matches the population criteria listed below in the sampling procedures section. The population meeting these criteria had to have completed their program within the last 3 years to qualify for this study. Graduates any further removed from their program may not have been able to recall the appropriate level of detail required to respond to the interview prompts. Generally speaking, nursing students are typically at an 85% female to 15% male split, 18% are over 30 years old (National League of Nursing, 2014), and mostly white with approximately 68.6% identified as white in 2017 (American Association of Colleges of Nursing, 2018a).

### *Description of Setting*

The case selected for study is a BSN program that uses service-learning as a major component of their educational delivery. Case Institution is a public higher education institution located in the southeast United States that serves less than 4,000 students each semester. The nursing program accepts cohorts of roughly 65 students annually and roughly 45-50 of them persist through graduation. Nursing students in this program engage in a vertically aligned service-learning curriculum each of the four semesters of nursing school. Students in this program are introduced to service-learning project creation over time and are eventually asked to establish their own group service-learning project.

After undergraduate students enter a nursing program in their junior year, their expectations of and experiences in college change dramatically. Nursing students enrolled in the selected program for this study not only have to complete the curricular necessities of the program, but also engage in at least one service-learning course per academic semester as part of their coursework. Service-learning has been shown to have positive effects on the attitudes and higher levels of development in the affective domain, including critical thinking (Vogt et al., 2011). With each passing semester, students gain greater autonomy and influence over their service-learning course project. The hope for this investigation is to afford new understandings to the little-understood phenomenon of the student experience in a vertically aligned sequenced service-learning program. The goal of this study is to develop a deep understanding of the process that nursing students who have completed at least four service-learning courses sequentially within a Bachelor

of Science in Nursing program experience, as it relates to ethical and professional nursing attitude development and continuity of service-learning participation across semesters.

### *Protocol*

#### *Case Selection*

Merriam (1998) suggests that two levels of sampling take place for case studies. The first level of sample selection includes choosing the site or sites. A typical purposeful sampling method was used to select the case for study. Criteria for site selection include institutions of higher education that require BSN students to complete a vertically aligned series of service-learning courses each semester. These case criteria were established to ensure that participants had the experiences required to answer the research questions. The selected case was an institution known to include service-learning courses which are set up in a stair-step model to build upon one another. Convenience of institution location was a factor in selecting the cases, which can be problematic if it is the only factor considered (Merriam, 1998), but was not the only basis for selection. Ultimately, the institution that was willing to allow the researcher to make a call for participants was the deciding factor for selecting Case Institution.

#### *Sampling Procedures*

The second level of sample selection includes “A sample within the case” which random selection within the case can be employed as a tool to address validity concerns (Merriam, 1998, p. 65). Criteria for selection within the case included being a BSN program graduate within the last 3 years within the institution selected. This criterion was established to increase the likelihood that graduates can recall their nursing education and service-learning experiences. After IRB approvals were granted, students who met

both levels of sampling criteria were contacted via each cohort's Facebook page. The message contained a detailed study overview and what expectations were for participants. Graduates were asked to contact the researcher via e-mail or text message to self-select into the study. In response to their respective messages, I outlined the three-interview protocol, provided guidelines as to what the obligations were for entering the study, and inquired if they would still like to be a participant of the study. Participants had the option to remove themselves from the study at any point.

### *Participant Selection*

From the pool of volunteers, four graduates from Case Institution were willing and completed all three interviews. This limited number of participants accounts for the fact that some participants dropped out of the study early. Each participant was interviewed three times for 60-90 minutes. The first sessions were used to get to know and vet participants to ensure useful data could be gathered. Each of the four participants that fully completed the first interview went on to complete all three interview sessions.

To ensure the sample reflected the general population of study, the sample was pulled from the case which meet the program participation criteria listed above. By the end of the recruitment period, there were four willing participants for the study. Within the participant selection procedures, an attempt was made to mirror the demographic make-up of the institution, mostly focusing on reflecting the gender and ethnic differences among each cohort's population. However, with extremely small sample sizes, like the ones required in qualitative studies, overrepresentation of minority groups can be a potential problem. This is a limitation of this study but note that gender, race, ethnicity, or age are not presented in this study, as they are not an issue of focus within

this work. The sampling methods listed above helped increase the probability that each nurse remembered their service-learning experiences and that they felt the nursing program impacted their ethical and professional nursing attitude development.

### *Sample Size*

Redundancy and data saturation are the primary criterion for determining the minimal sample size (Lincoln & Guba, 1985; Merriam, 1998) along with “reasonable coverage of the phenomenon given the purpose of the study” (Patton, 2002, p. 246). Especially when using the three-interview structure, four participants were able to provide more than enough information about their nursing experiences in the vertically aligned service-learning program to the point where redundancy began to occur. With this being an exploratory study, it was more important to gain a great deal of context and detail from a few participants, opposed to gaining minimal detail from a large number of participants.

### *Research Relationships*

Maxwell (2013) refers to research relationships as “key design decisions” about how they are initiated and negotiated (p. 90). First, it was important to establish relationships with the gatekeepers of information at the institution selected for study. These faculty and staff had access to information about potential participants and were able to encourage individuals to participate in the study, adding credibility to the researcher. The researcher maintained a friendly, but professional, relationship with the faculty, staff, and BSN graduates. In the initial round of interviews, a discussion took place as to the nature of the relationship between researcher and the participant, paying close attention to and using language that encouraged the collaborative nature of the

relationship. This effort was made to build trust that the researcher presents the data they provided as accurately as possible, without bias or judgement.

### *Measure for Data Collection*

The measure used for collecting data needed to answer the research questions included a series of semi-structured interviews with participants that fall within criteria of the case selected for study. Interview styles with less structure to the format are typically chosen when researchers value and believe that individual respondents construct and define the world in their own way (Merriam, 1998). Three 60-90-minute interviews were conducted with each participant. The first interview was conducted to get to know the participant, create a sense of comfortability between participant and researcher, and to gain context about the participant. The following interviews were used to collect the bulk of information in relation to ethical growth during interview two, and professional nursing attitudes during interview three. Interview protocols for the three-part series can be found in Appendix C.

### *Data Collection Procedures*

Data were collected in a mix of face-to-face and phone interviews with individual participants. To create a sense of comfortability and safety, graduates had the option to complete the interviews in a series of face-to-face meetings or over the phone. Two participants chose to meet in person on the campus of Case Institution. The other two participants lived out of town and chose to participate over the phone. In the first interview, participants were asked about their lives and I shared some of my background in hopes of building rapport and trust. Because the information gathered from these interviews was not as private and personal that a student may be wary of sharing, this

initial relationship building process was enough to allow students to discuss their service-learning experiences openly. Within the interviews, the researcher asked graduates to relate their service-learning experiences to the ANA Code of Ethics, found in Appendix D, and to attitudes related to QSEN's Competencies, found in Appendix E.

In relation to RQ1, students were asked in the second interview session about their overall service-learning experience, then were questioned about each service-learning project starting with their first and ending with their final S-L experience. Participants' answers to these questions guided the researcher's follow up questions as details emerged regarding their experiences. Participants were also asked questions linking their S-L experience to their overall program experience. The plan was to probe further into the areas in which participants described S-L as influencing their experiences. Interview prompts for RQ1 were used to explore the importance of sustained service-learning efforts that participants feel had influenced their experiences. Whether participants felt that their understanding of service-learning and the reasons they must participate in these experiences was another area for further exploration. Follow up questions for these topics were addressed during each of the interview sessions.

Participants were asked about ethical and professional nursing attitude development within the nursing program overall as they relate to RQ2. The ethical development question was purposefully broad as to not influence participant responses, but development of ethical attitudes as defined by the American Nursing Association was a factor for exploration. These ethical attitudes are similar to professional nursing attitudes but were expressed through and permeate all parts of participants lives. Then, they were asked if the service-learning element of the program influenced these areas

and, if so, what elements of nursing attitude/ethical development they felt would not have been as strongly developed if not for the service-learning courses. Participant responses and data analysis of the first interviews shaped questions for further investigation within the final two interview sessions.

Participants included those within the cases that had experienced service-learning across a curriculum. Part of the participant identification process helped ensure participants could recall those experiences for this study. The data collection process took place in the spring and summer of 2019 and included graduates from the 2018 Bachelor of Science in Nursing cohort. Interview questions were mapped onto, and linked directly back to, the research questions. Linking the interview protocol to the research questions and building trust within the first interview were two tactics to ensure credibility of findings. Interview protocols were established in a semi-structured format, which allowed the researcher to react to and further explore new ideas on the topic based on participant responses and as the researcher began to better understand participants' worldview (Merriam, 1998). Asking about each service-learning experience was a strategy promoted by Maxwell (2013) as episodic memory where participants remember and retrieve concrete experiences in more meaningful ways than in a generalized account.

### *Instrumentation*

Threats typical to every qualitative study include those to validity and reliability, although they appear most frequently in qualitative research as credibility, transferability, dependability, and confirmability. Because the researcher was the instrument, researcher bias and reflexivity were some of the biggest threats to validity in this qualitative study (Maxwell, 2013). Researcher bias had potential to cause trouble in this study in the data

collection and analysis phases. Reflexivity in interviews is described by Maxwell (2013) as the influence the researcher has on the participant responses with the participant knowing the researcher is engrained in the area of study. Additionally, participants could have dropped out of the study at any point, which could have undermined the volume and quality of data.

To minimize the effects of researcher bias, it was important to explicitly spell out the researcher's own beliefs about the research and state any preconceived notions or assumptions ahead of time. This allows the reader to identify where biases may exist and account for those in the data collection/analysis and presentation of findings. To minimize the reactivity, or influence of the researcher on the participants, participants who have already graduated from the program were chosen. Selecting graduates allowed them to speak freely about the program without fear of retribution from their professors in the form of poor grades. Additionally, creating an understanding and element of trust between researcher and participants was a key to getting honest and high-quality data from participants.

Through the interview process, participants automatically engaged in the reflection process as they re-examined their thoughts and feelings surrounding their service-learning experiences. As the researcher, I was careful to capture the essence of their experience and try not to influence their thinking with biased or leading questions or interpretations. Questions around RQ2, professional nursing attitudes, and ethical development were carefully worded, because poorly worded questioning in these areas could have created bias and led the participant in a direction that was not a reflective of their own thought. Students may also have had strong feelings toward their nursing

program, the faculty or teaching methods, or the service-learning experience itself. To control for students' strong feelings toward instructional practices or faculty members, the researcher asked questions in a way that dissected the student experience and asked students to think deeply about why an experience was good, bad, or neutral.

#### *Data Analysis Procedures and Code Selection*

Meaning-driven methods like Emotion, In Vivo, and Values Coding are recommended for the initial round of data analysis of case studies (Saldaña, 2016). Each interview was recorded, transcribed, and coded using the methods outlined below. The protocol selected for this case study followed Saldaña (2016) by first implementing descriptive coding, specifically In Vivo coding, which presents the terms and phrases that participants use in the interview process. This helped preserve participant voice. For the secondary round of analysis, the data was coded using affective methods, including emotion and values coding. Emotion Coding identifies emotions felt by participants during the service-learning experience and it is a method that helps researchers identify intrapersonal and interpersonal experiences or actions of participants. The tertiary round of coding included Values Coding. Values Coding is also used for studies that explore intrapersonal and interpersonal experiences and actions of participants and codes are representative of attitudes, values, and beliefs of participants. All these coding methods helped provide information on and context for participant experiences and allows the audience to make inferences as to participant influences on development of ethical and professional nursing attitudes.

### *Ethical Considerations*

One must consider the ethical implications of conducting research. Much like objectivity in quantitative research, confirmability is one goal of a quantitative study. Transparency in the research process, as well as presenting assumptions and past experiences related to the research, was important to improve confirmability. Presenting potential areas for bias in the preparation, data collection, and data analysis allows readers to assess the confirmability of the results. Presentation of personal experiences and assumptions will help readers make this determination. In the following section, this researcher's personal experience with the topic of study is presented as both a strategy to give insight to additional reasoning on the importance of this study and to expose potential biases from personal preconceived notions on the topic.

Given the nature of the study, the greatest ethical concern was to accurately report the data that was collected from participants. Maxwell (2013) cautions that an ethical consideration is to attempt to understand where the participant is coming from and how they would think about a researcher being present and asking questions of them. Nursing graduates had work and family obligations to attend to. These obligations were of concern to the researcher to ensure that participation in this study does not cause undue stress on these graduates because of data collection procedures.

### *Personal Experience*

Working within an office that focuses on all aspects of service-learning implementation, is both a strength and potential point of bias for this study. Much of the experience in this role is administrative in nature and focuses on six major components of the service-learning process: (A) Faculty development, (B) Student support, (C) Building

community partner agency awareness and capacity, (D) Program development and institutionalization of processes, (E) Assessment, and (F) Marketing and promotion. Specific experiences that had potential to add bias to the study included those with faculty and student development and support, as well as assessment measures. Working closely with faculty, and to a lesser degree with students, one begins to develop a sense of how these stakeholders feel about participating in the service-learning process. Reviewing assessment data and feedback is an added layer that feeds into assumptions about the program. Because of this role, there were interactions with each of the participants during regular business operations. One participant, Roosevelt, joined an alternative spring break trip which was hosted out of my office and which I also attended as a leader.

The following assumptions may have influenced the findings of this study. First, the assumption was that service-learning overall is good for student learning in the areas of academic enhancement, civic learning, and personal growth. The second assumption was that students make some sort of meaning of their experiences. Students may have felt positively or negatively about their service-learning experiences, but they must have derived some sort of meaning from all experiences, including those related to service-learning. The third assumption coming into this study was that people construct and reconstruct knowledge as they interact with their environment and as new information or variables are presented (Kolb, 1984). Finally, as students became more aware of the intention of service-learning, they made deeper meaning of those experiences. This last point was more of an anticipated outcome rather than an assumption of this study, but it was helpful to point out, as this was another point of potential bias. These beliefs and

personal experiences were important to outline here because the researcher was the instrument through which data was collected, viewed, and analyzed. Because one can never fully understand another person's experience or point of view, the goal of researchers in qualitative interviewing is to gain a "subjective understanding ... to come as close as possible to understanding the true 'is' of our participants' experiences" (Seidman, 2013, p. 17). Understanding the researcher's point of view gives readers a glimpse of how data may be understood through the mind of the researcher.

### *Standards for Rigor*

#### *Credibility*

Ary, Jacobs, Sorensen, and Walker (2014) promote rigor within all types of research noting the most important standards for rigor include credibility, transferability, dependability, and confirmability. Efforts were made within this study to adhere to these varying types of rigor. Like internal validity in quantitative studies, credibility focuses on accuracy of findings (Ary et al., 2014). Member checking—asking participants to review and critique synthesized data—and using low interference descriptors, such as direct quotations or In Vivo coding, were two strategies used in this work for addressing credibility. Even in the analysis and findings, the words participants used to describe the situations were preserved. Participants were e-mailed a copy of their narrative and the cross-case analysis in chapter 5 of this work. Each one was asked to provide corrections to any information that may have been misconstrued in presentation by the researcher. Additional credibility strategies include using more than one data source, outsider spot-checking for bias, and intentionally seeking out the opposite of expectations during analysis.

### *Transferability*

Transferability in qualitative studies is the equivalent of external validity in quantitative studies. Generalizability is not the goal of qualitative research but creating a theory of a process which operates within cases and potentially other cases is one way to increase external transferability (Maxwell, 2013). Providing rich, descriptive context for cases, comparing multiple participants in cross-case analysis, and outlining the researcher's own biases and conceptions of what was expected out of the study were attempts to increase the likelihood that the findings from this study are transferrable.

### *Dependability*

Dependability and trustworthiness are reliability standards for qualitative studies (Ary et al., 2014). Code-recode strategy, where the researcher codes the data, leaves it for a bit, and later returns to re-code the data, was a strategy used to increase dependability. Another tactic used to enhance dependability was to code a transcript based on the selected coding method and coding labels and sharing it with an experienced researcher to critique.

### *Confirmability*

Finally, confirmability and neutrality threats can be minimized by documenting an audit trail for other researchers to follow and determine if the same results and conclusions occurred. The interview protocol for this study has been provided in Appendix C. Peer review strategies also have the potential to increase confirmability. Each of these methods to enhance credibility, transferability, dependability, and confirmability were used within this study. Committee members were asked to review

the research study at all stages and critique levels of rigor and potential for bias within the study.

### *Proposal Summary*

This case study used qualitative interviews to examine nursing student experiences who completed a vertically aligned series of service-learning courses within the curriculum to identify practices which students believe were critical to their ethical and professional attitude development. The nursing profession is in a shortfall and the need for prepared nurses is getting greater by the day. A key to helping alleviate the nursing shortage is to continue to improve nursing education programs that prepare student for the rigor of nursing work. Successful nursing graduates can help alleviate the nursing shortage. Service-learning is a learning method that has been incorporated into nursing programs to help instill professional nursing attitudes in students and fill the preparation-to-practice gap. Better understanding nursing students' ethical and professional development experiences are important to combatting the issue of filling the nursing shortage. The focus of the current study was to fill a void in the literature and give voice to nursing students' experiences related to ethical and professional nursing attitude development in those who have completed a vertically aligned service-learning program.

The goal of this study was to examine nursing student experiences to identify practices which students believe were critical to their ethical and professional nursing attitude development. The purpose of this examination was to better understand how nursing students felt a vertically aligned service-learning program affected their attitude development. This study focused on the experiences of undergraduate nursing graduates

who completed their Bachelor of Science in Nursing degree through a program that required four or more service-learning courses within the 2 years of completing their BSN program. International or global service-learning experiences were not examined within this study.

The theoretical underpinnings of this study hinged on the two most influential scholars in the service-learning field, John Dewey and David Kolb. David Kolb, with influences from Dewey, Piaget, and Lewin, is credited with creating experiential learning theory as a foundational piece of the experiential learning movement. The research questions for the study centered around the experiences of nursing students in a higher education institution who completed structured, sequenced service-learning courses and how those courses influenced the development of professional nursing attitudes and ethical development.

Merriam's (1998) case study application for education was used as the protocol for the research design. The methods used for collecting data needed to answer the research questions included semi-structured interviews with participants that fall within criteria of the case selected for study. The case selected for study was a BSN program that used service-learning as a major component of their educational delivery. Meaning-driven methods like Emotion, In Vivo, and Values Coding were used for the initial round of data analysis of this case study. Efforts were made within this study to adhere to varying types of rigor, including credibility, transferability, dependability, and confirmability.

## Chapter IV

### RESULTS

In this chapter, narratives for each of the four participants are shared. Special attention was paid to participants' educational and work background, preferred learning styles, influences in both service and nursing related context, time at Case Institution, and life after graduation. Participants were asked to describe each service-learning experience at Case Institution in detail to create a narrative and context around their individual experiences across their academic program and within each service-learning course experience. Results are shared in the form of narratives which include gender-neutral language which includes they, them, their as opposed to identifiers such as he/her, him/she, and his/hers. Additionally, no racial or ethnic identifiers were used with any of the participants. This neutral approach to these topics were used because gender, race, ethnicity, and age were not important to identify to answer the research questions. Effort was made to mirror the gender, racial, ethnic, and age demographics of the program. However, in small sample sizes, overrepresentation of groups is always a challenge.

Table 1 indicates the summary information about each of the four participants. This information was self-identified by the participants themselves. However, the strength of the service and nursing influences were inferences made by the researcher based on the data made available by participants.

Table 1

*Individual Interview Participant Profile Table*

Participant	Learning Style	Service Influence	Nursing Influence
Washington	Hands-on	Strong / Parents	Strong / Sister
Madison	Hands-on	Strong / Parents	Strong / Traumatic Experiences
Roosevelt	Hands-on	None	Moderate / Stepmother
Ford	Hands-on	Moderate / Father	Strong / Mother

Narrative for Washington

*Background*

Washington grew up in a large city an hour away from Case Institution. They were in the high school band, took college preparatory courses, and graduated top 10 of their class, with the goal of eventually becoming a neurosurgeon. Washington received a scholarship to play in the band and attend a university out of state where they began a music therapy degree and later switched to physical therapy. Once the money began to run low, this participant returned home and went to the local higher education institution in their hometown studying biology. However, this individual eventually transferred to a local technical college and received an associate degree in surgical technologies.

The degree in surgical technologies was a purposeful move to build a skillset that would move Washington closer toward the goal of becoming a physician’s assistant, and eventually a neurosurgeon, while also making money. Neurosurgery was seen as an intriguing profession by this participant starting around middle school because they read Ben Carson’s autobiography, *Gifted Hands*, and believed it would be a profession that the participant could be good at. They were “captivated” with neurosurgery by how it “could

actually change everything for a person” and how the brain has a direct effect on people’s behavior. The associates of surgical technologies would help this participant “to work hand-on-hand with neurosurgeons to see if that’s actually something I want to do.” The hands-on experience with the professionals within the participant’s dream job was something they valued greatly.

Prior to completing their studies in surgical technologies, Washington began dating a high school friend. After completing the degree, the two got “married early” in their mid-twenties and had a couple of children. This participant feels strongly that their spouse was “a strong backbone” and that they were “very supportive of anything I wanted to do.” The spouse often had to take care of the participant, household, children, and other responsibilities, and they never complained. Washington believed that this support, both with physical tasks and mentally, was a reason that they could choose such challenging degrees. Even when the participant began to teeter towards a breaking point, their spouse would intervene, making them put the books down and “just take a mental break.” Throughout this participant’s early career and beyond, their spouse remained supportive.

While working at a local hospital as a surgical technologist, Washington completed the Bachelor of Science degree in biology with a concentration in pre-medicine that was started some years prior. Their interest in pre-medicine waned and when they only got into physician assistant schools too far from family, they decided to enroll in the nursing program at Case Institution. While still living approximately 1 hour to 1 hour and 15 minutes from the institution, Washington commuted daily to class and clinicals four or five times a week, while also working at the hospital near their home.

After completing the Bachelor of Science in Nursing degree, they had been practicing as a nurse for over a year at the sister hospital to the one Washington worked as a surgical technologist.

#### *Interest in Nursing*

This participant was interested in nursing because they “wanted to do something that would benefit my family” and their parents, “to be able to take care of them as they got older.” Through the interview process I could tell this individual really cares for people, especially family and those in need. At that point in their life, Washington came to the realization that mid-level healthcare was something very interesting because it allowed for greater autonomy and freedom at work than a physician’s assistant. Washington has a sibling who is a licensed practical nurse (LPN) and had a variety of coworkers across many health-related roles which proved helpful when this participant was considering whether to enroll in nursing school. The responses the participant received were positive and there was encouragement that that “Everyone thought that it was my calling.”

#### *Interest in Service*

Washington has been engaged in humanitarian relief efforts through youth organizations and church affiliation from a very young age, much of which they attribute to their parents’ influence. Washington said, “If I’ve ever seen someone who did not have but I could help them to have, then I will help them obtain those things that they needed ... if I could be that link in the chain to help them to be better, then I did it.” This participant also attributes caring, helping others, sharing, and “not being selfish” to their mother and father. The biggest influence in this participant’s will to help and serve others were their parents and the affiliation with the church, noting that their church was

very mission oriented and “my mom, she threw us right in there to whatever we could do” to help.

### *Work History*

Hard work seemed to come naturally for this individual and early work experiences from ages 12-15 and beyond seemed to help Washington’s professional and leadership development. Both enterprising and hardworking as a young person, those skills seemed to translate into a variety of jobs which involved leadership and peer-to-peer interactive roles throughout high school. In the early college days, a music scholarship and rigorous band practice schedule would not allow much time for work. The next big work opportunity came once the participant graduated with their first higher education degree and they became a surgical technologist.

As was with the work experience and reasoning for becoming a surgical technologist, this participant craved “a hands-on type of approach” to learning experiences in their education as well. Interactivity seemed to be a key to engaging this participant’s thinking. They noted getting bored with book learning, preferring to use methods like small group discussions and voice recording notes to replay in the car on the over one-hour commute to Case Institution. Washington noted that “If I had a choice of reading about it in a book or going out and taking a leaf off a tree and examining it, and dissecting it and putting it under a microscope, and then talking about what I saw, then I would go with the latter.”

### *Time at Case Institution*

This participant referred to themselves as a “non-traditional student, commuting, and having a family, and being older,” having work experience, and being the second

oldest in their cohort. When this participant applied to Case Institution, they knew nothing about the service-learning component of the curriculum. They just knew it was an institution somewhat close to their home and it was not the institution in their hometown at which they did not enjoy their prior experience. When describing the nursing program from which Washington graduated, they described it as “fantastic,” “very rigorous, very tedious,” and “beneficial” with “no complaints.” They noted that “I feel like I graduated, and I was very prepared for the workforce.”

When Washington first heard about the service-learning components of the program, they remembered thinking “oh, this is the beginning of all the free labor.” However, in the first service-learning course, the faculty member explained the concept of service-learning as detailed by the participant:

She went into detail about service-learning and gave a pretty good explanation as to how it helps us as a student, helps the school of nursing, as well as helps the community, and the school itself and that did captivate me. And like I said, I was always doing volunteer work or just trying to help out somebody. So, the fact that I can combine that with what I was already used to doing towards and putting towards my new degree, my new path, I thought it was a fantastic thing.

The combination of a life goal in completing the nursing degree and the prior orientation to service seemed to be a real positive for this individual’s experience in the program.

### *First Semester*

The service-learning experience occurred in the first semester of nursing school within the Health Assessment course, during a community run walk event including a variety of community members. The faculty member and students set up a blood

pressure monitoring station where students would complete blood pressure checks and educate patients on the results. Students created flyers before the event relating to cardiac, blood pressure, and dietary issues that were passed out to the run walk event participants and those receiving blood pressure checks. The student group was even able to give away automatic blood pressure cuffs to those who needed them the most.

Washington described this first service-learning experience as “providing a volunteer service that would definitely enhance our skills. It helps build the skill that we were learning in the classroom.” Other descriptors used for the element of service-learning at that time was that the activity provided a “practice ground” to translate what was learned in the classroom and lab into a real-world setting. This participant’s background and earlier exposure to service seemed to have influenced the participant to see the value to community and to themselves saying, “it was something we were doing for the community, to help the community, and in return we were helping ourselves to become better practitioners.” They described it as an “awesome way to teach” because typical on the job training is trial by fire but learning and mistakes are not things that should be happening once you are employed as a nurse. However, this individual reflected on this project and noted, “I don’t think I understood [service-learning] in its entirety; what it was. But I think that it gave me a foundation for understanding.”

### *Second Semester*

The next service-learning course, Mental Health, occurred the next semester. Students were split into groups and again were prescribed a project. This time, the students were tasked with hosting a mental health fair for campus stakeholders, mainly students, but students could choose their topic to present and educate on. This participant

and their group selected depression as their topic, which “hit home” for Washington because they themselves had never experienced depression, but they “has a lot of colleagues, friends, acquaintances who had suffered from depression.” During the presentation of the project, a student was at Washington’s station by themselves looking at pamphlets. Washington gave the student the pre-scripted talking points, but also tried to convey empathy toward to the normal college struggles. By being open, approachable, and willing to share common struggles, Washington felt that these actions helped the student open up about some of the things they were going through.

Additionally, without using the term empathy directly, this participant said this project “presented a direct connection to the rest of the student body” because they understood “how difficult and how rigorous college can be.” When discussing the understanding of the particular project, the participant responded:

I think by this one, I definitely understood the concept of didactic instruction and being in the classroom setting, having that instruction, learning the information, and then being able to present it to the community. And basically, for me, I think service-learning was reinforcement of what you’ve been taught. Because if I can be taught about depression, and turn around and teach somebody about depression, and the knowledge that I’m giving is adequate and accurate, then I’ve learned what I was supposed to learn from that instructor.

### *Third Semester*

In this participant’s case, there were two courses in the beginning of year 2 of nursing school, which was their third semester. These courses were Gerontology and Pediatrics, also known as “Gero” and “Peds,” respectively. There was a natural disaster

which forced the institution to close for a little over a week, causing an issue with the timeline in which students could present their Gero projects. Students ended up presenting their ideas to campus stakeholders in the lobby of the nursing building. Originally, the idea was to present to and have activities for the geriatric population at a nursing home, but the time crunch did not allow students the time to bring the project to that population. Washington's project involved their "first passion, music therapy," to help individuals with Alzheimer's to cope with their day-to-day lives.

The other course that third semester which included service-learning, Peds, was more successful in that the participant and their group were able to complete their presentation with the intended population. The group decided upon "sharing is caring" with second and third graders at a local elementary school. The presenters coordinated with the school nurse, created a poster, arts and crafts, and things the children could play with based on the theme of ice cream. At the end of the discussion, the group provided ice cream and toppings for the kids. Washington indicated that the project "went over really well" and that "it all played into my previous passions." Prior to the project, this participant was curious about how to keep the attention of the younger students, even asking their spouse, who is an educator, how to structure the discussion as to hold their short attention spans and keep them engaged.

When asked about the third iteration of service-learning projects, the participant indicated that the previous two experiences helped set the expectations for what steps were necessary to create the latest iteration of service-learning. When this participant saw service-learning on the syllabus, they "knew exactly what we had to do." Washington is also the type of student that, when they find out an assignment is due 6

weeks down the road, then they want to start on in and be halfway done by week 2, as to not allow the work to pile up. So, when this individual saw the service-learning project on the syllabus, they described the process as:

You already know that you have a service-learning project to do. So, now the thought process changes. So, whereas in the first one, it was kind of handed to us; this is what we're going to do. The second one you had to kind of choose amongst your group. Like, okay, what are we going to do? Back and forth, back and forth. By the third, it was already, let me look through these chapters and figure out what I'm going to do my service-learning project on because it's coming. Let me go ahead and start really homing in and start focusing in when she goes over this chapter, I really need to start focusing in on that. Let me go ahead and start doing a little bit more research because this is probably going to be my project.

The thought process behind the service-learning projects seemed to evolve the most at this stage in the process. The mindset seemed to switch from the faculty member driving the decisions to the student taking ownership of the project creation process. In the same breath of describing the service-learning process, the participant added that “service-learning was never a hindrance, but it added to the rigor of the program.”

#### *Fourth Semester*

The final service-learning project for this participant occurred the final semester of senior year, fourth semester of the nursing program, in the Community-Based Nursing course. This participant and their group got volunteered for a project to collaborate with students in an English service-learning course who were working with local

representatives for The Big Read. The nursing student group collaborated with the English student group to host a presentation on the health-related topics connected to both their community nursing course and the selected Big Read book, which included a pandemic.

As the participant described it, this was “not so much the traditional service-learning project,” whereas others “got to choose their topic and it was something that they were interested in and something they wanted to do.” However, this participant still felt as the experience in this project was valuable even though “it took a little bit more self-motivation to complete that one.” I asked the participant if they felt like they missed out on an opportunity so create their own project because the collaboration was chosen for them, but Washington indicated that they did not feel like they missed out because “those service-learning projects taught us to function in the real world.” This participant clearly valued the S-L experiences and exhibited a mindset of persevering “No matter what the topic is, how do you get to the end goal?”

#### *After Case Institution*

Since completing the nursing program, Washington was able to secure a nursing position at a hospital. During interviews with the hospital, they asked about service work completed as a nursing student and Washington “was able to tell them about the three or four different activities that I did and all the symposia I did.” Each spring during nursing school, participants presented their service-learning work at a symposium on campus. Interviewers were “really engaged and I think it was because they could see that [Case Institution] prepared me to help them do research projects or to be an asset to anything they had going on.” This participant went on to note the amount of passion, belief, joy,

and captivation with which they held and discussed the service-learning portions with this audience.

## Narrative for Madison

### *Background*

Madison had known by the time they were in eighth grade that they wanted to become a nurse. This participant went to a private boarding and day school while also competing as a competition dancer. During their high school days, Madison worked at a dance studio teaching younger children dance. The high school this participant attended included a college preparatory curriculum which helped Madison enter college with fifteen credit hours toward their college degree. Noting the timing of graduation from high school, “it was the middle of the recession, but everybody was pushing college.”

Luckily, there was a community college near the hometown when Madison lived, which offered an opportunity to both attend college, “get the basics done, and try to still figure out what I wanted to do.” They attended community college for a year and while doing so met their significant other and got married. Shortly after the marriage, their military spouse was deployed to Europe. While living in Europe, this participant chose not to complete a higher education program because credits would not transfer to the United States.

Soon after moving back to the southeast United States, Madison spent 2 years in a Licensed Practical Nurse program only to find out the school lost their accreditation and if they continued, there was no certainty the participant could sit for their nursing board examination. The experience was described as “heartbreaking and disappointing,” leaving this participant feeling “a little discouraged.” The next academic endeavor came

soon after and was a Bachelor of Science in Nursing program that was short-lived. Madison transferred after one semester because “I never felt like I belonged ... it didn’t feel right.” After meeting a nurse who had attended Case Institution and gave the school a nice recommendation, Madison visited the school and “instantly ... had this feeling of I was supposed to be there.”

A hands-on learning approach is one Madison appreciates because examples would help this participant make sense of concepts when professors would “draw it out” and “call people to try it” on the board. Madison expressed greater understanding in laboratory-based experiences, noting “You can sit there and read to me how to put a Foley (catheter) in, but if I watch somebody do it one time and then allowed myself to do it, I had it.” One of the noted influencing factors of choosing Case Institution was because of following the motto of “putting dreams into action” and a “homey feel” where faculty members had an open-door policy, which seems to connect to this participant’s hands-on approach to learning.

#### *Interest in Nursing*

Prior to these higher education experiences, Madison had a couple traumatic experiences which seemed to influence their choice of selecting the medical field and nursing as their career path. In middle school, there was a friend who had been attacked by a deer and this participant was able to act quickly to help save the friend’s life. This incident is “where the seed was kind of planted that I needed to go into the medical field because I had quick thinking.” A couple of years later, Madison found their father bleeding profusely from complications from a tonsillectomy. Again, they were able to think and act fast and potentially saved another life.

This participant realized some of their talents while helping mitigate these traumatic experiences while also recognizing “I’ve always been a caretaker and hypersensitive to my surroundings, and checking on people, and knowing what to do in critical situations.” No one in the family was a doctor or medical professional but Madison grew up living next to two doctors, a psychologist and a nephrologist—a specialist in kidney disease treatment. The participant made a point of noting that these were not influencing factors in their choice of profession. However, the experience of growing up next door to several cousins, being the eldest cousin, and caretaker was something that this participant felt may have influenced the choice of nursing.

#### *Interest in Service*

While family was not discussed as an influencing factor for selecting nursing, this participant indicated that their parents were influencing factors in creating a positive predisposition to service. Madison noted that “me and my family have always been very involved” in the children’s home and sexual assault center. The family collaborated with the center often “helping them with their needs, if they needed a place to sleep for the night.” Madison stayed involved with the organization until moving to Europe. Upon their return from Europe, Madison became involved with the Family Readiness Group for “military spouses; keeping them involved; keeping communities together.”

#### *Work History*

Prior to and after the move to Europe, Madison worked as a certified nursing assistant. The medical center where this participant worked included a nursing home which was connected to an emergency room (ER) and a medical-surgical (med-surg) unit. The participant “floated between the ER and med-surg floor” and loved different

parts of floating between each unit. The ER provided challenge because “You just never knew what was coming through the door and you’re constantly having to be ready for the unknown ... it keeps your mind continuously thinking.” The participant also “loved” working with the elderly patients in long term care because “you actually get to develop a relationship with those people.”

#### *Time at Case Institution*

Next, Madison decided to continue their education at Case Institution. The experience overall was positive, saying “I fell in love with the school” and “I thrived in our nursing program. It was hard. It was one of the most difficult things I’ve ever done, but I loved every bit of it.” Even going through two natural disasters which closed campus for a week at a time, respectively, they still enjoyed the program. One of the aspects of the nursing program at Case Institution is the service-learning program. Madison did not know about the emphasis placed on service-learning until arriving at the institution, but “I knew exactly what they were meaning when they were talking about service-learning. I figured we would have to go into the community or do a community project.”

Within this particular nursing program, “it felt like every class and every course was based on how we can relate this to the community, how can we give back to the community?” Madison also indicated that the program and service-learning experiences helped them “understand what you’re stepping into as far as that role of being a nurse ... to learn about your community and what giving back to them is all about.” This participant felt that Case Institution “really homed in on” developing nurses to go into the community.

### *First Semester*

The first service-learning project for this participant was a run walk event like the one participant Washington engaged in. Students were split into groups and asked to create brochures and provide blood pressure assessments for attendees at a run walk event. Blood pressure monitors were sent home with a few individuals who could benefit the most from having access to them. Madison “seeing those brochures around campus after the (event) was pretty neat because it was like, oh wow, we did that. My class did that.” Another thing that Madison felt was neat was encountering a man with high blood pressure. Although the nursing students cannot legally make medical diagnoses, they were “able to educate him” on this issue that he had no idea he was having. It was fascinating for this participant to run across one of the few attendees that could have been saved by the intervention.

This experience with this man with high blood pressure stuck out to this participant because, with that real-world example, Madison was seeing first-hand what the intervention was for. They noted, “you potentially could save somebody ... you’ve essentially saved someone from a heart attack, or a stroke, or heart disease.” When talking about the professor and the project, Madison described them as:

She's really passionate about her class and she's really passionate about what she does, and she wanted it to be the best. She's strives for excellence. So, it made us want to strive for excellence and she would check in on us and check in on our brochures and ... if a person was having a high blood pressures and they need monitoring, then she would give a free blood pressure monitor. So, we would tell them when to take their blood pressures and to keep account of it.

For Madison, “tying the pieces together” was mentioned as a benefit of this service-learning project because, being a hands-on learner, “once you actually get hands on it and are talking to people and explaining things to them, that’s when the pieces kind of tied together for me ... I love participating in stuff like that.”

### *Second Semester*

Mental Health was the next service-learning course for this participant. Students participated in a mental health fair on Case Institution campus in which groups of students selected their topics based on content from the course. This group selected suicidal ideation awareness and resources for help as their topic. Madison’s group asked students and attendees to “write something beautiful about yourself” on a Post-It note and put it on a large board. That helped Madison and their group to start the conversation, “providing them with information as to who they could talk to ... and that they’re not alone.” This group was putting the awareness out there that suicide is really high among college students.

Helping attendees understand the resources both in the community and on campus were important parts for Madison in appreciating this project. Knowing and discovering what students struggle with and knowing the barriers to getting help with mental issues were some of the benefits of this project that were expressed by this participant. Part of raising awareness of topics like mental illness and knowing where to go for help is learning “what’s going on and what’s available in your community ... what’s available within your campus too.”

### *Third Semester*

There were two courses which included service-learning experiences for Madison's cohort. However, the service-learning project in the pediatrics course was optional and this participant was unable to attend. Gerontology was the other course which included service-learning and Madison was able to participate in that one. Students in this course were asked to research and create a presentation for a geriatric population at a non-profit residential apartment community for seniors. Students were tasked with researching healthy aging issues that were both appropriate and relevant to the population. Madison's group selected the Brown Bag Theory, or poly-pharmacy, as their presentation topic because seniors are often seeing multiple doctors and being prescribed overlapping prescriptions from various pharmacies.

Students encouraged the group to stick with one doctor and one pharmacy to ensure they are not being overmedicated. This project was completed on campus at Case Institution and at the local hospital with nurses and geriatric populations. Because of a natural disaster that closed campus for a week, the students were unable to present their work at the residential senior living facility. Spreading the awareness about poly-pharmacy to the geriatric population was at the core of what this project was about.

### *Fourth Semester*

The fourth and final service-learning project for this participant was in the Community-Based Nursing course. Students in this course were required to be self-directed and were tasked with creating the entire service element of the service-learning project. Students or groups investigated community needs using data, talked with local leaders about these needs, determined an intervention, and implemented their program

based on research. For Madison's project, the group "worked in a safe house for human trafficking girls." The service-learning group helped prepare the home prior to the official opening of the house. Madison mentioned the number of criteria that had to be addressed when setting up the home. The students even set up a study area for the women to encourage learning. In addition to helping with the home set up, the group hosted clothing and supply drives to stock the house with necessary items.

Madison discussed being more prepared to build this project because of the experience with previous service-learning projects. They felt that "it didn't make me or any of my cohort nervous at all. We had a full semester to do it and we were super excited and able to take it on." Always being "a part of the community, even before college and growing up" and being "older" compared to the rest of the cohort may have helped provide some level of maturity or better understanding and accepting of the concept of service-learning.

#### *After Case Institution*

After graduation from Case Institution, Madison moved in with their parents and worked in an intensive care unit in the medical center close to home within which Madison had worked previously. This happened for about 6 months until Madison's spouse was deployed to the Midwest United States, where they currently reside. During the interview process for the new job in a hospital in the Midwest, Madison brought up the service-learning projects and that the interviewers seemed "very interested." Talking about the skills built during service-learning experiences, Madison said:

You're doing a great thing in nursing school and you're working through these projects and you're doing these great things for these people, but you're also like,

I'm just ready to get through school. But then you realize when you start working, that all of it ties in together. Just goes back into full circle.

#### Narrative for Roosevelt

##### *Background*

Roosevelt grew up in the southeast and completed their high school and higher education studies in the region. This participant said, "I did not apply myself in high school as much as I should have to my education, but I was a varsity tennis player and I worked full time, so I kind of had a heavy load in that aspect." Although they stated a lack of application to education at the time, Roosevelt was able to complete their high school diploma. Directly after completing high school, the participant began courses at a local community college. Before they could complete a degree at this institution, Roosevelt "moved to a different state and then my parents divorced and actually moved" again to another state.

Next, Roosevelt began attending a different community college to complete an associate degree and:

I became certified in Phlebotomy. So, I started straight into the medical aspect. So, I've always been in that direction. I got that, but they required 2 years' experience everywhere that I looked for work. So that kind of, I kind of let it go. I let that certification go because it didn't seem like it was going to do anything for me ... So, I just kind of dove into the workforce and stayed there until 24-25, and then went back to school.

If you're wondering, a Phlebotomist is someone specially trained to draw blood from a patient. After working in the food and beverage service industry for 16 years, Roosevelt

felt that it was time to get back into school because they knew that being in the service industry “wasn’t what I wanted to do long-term” and that ultimately whatever the new profession was “that it would be something medically-based.”

When discussing learning styles, Roosevelt mentioned that “I took all of my classes seated because I needed to be hands-on and it helped me be accountable.” In order to understand the material better this participant “needed to be in there and immersed in what was happening so that I could understand.” This graduate seemed to thrive on interactive modes of teaching and learning. Admittedly, Roosevelt is “a very hands-on learner” preferring written and verbal discussions, visual models, and “being able to ask questions and peg your confusions off your classmates.” This hands-on style of learning is conducive to how Case Institution teaches their curriculum through service-learning, clinical rotations, and labs.

### *Interest in Nursing*

Coming out of high school, Roosevelt was not sure what they would do after college but noted that a doctor or obstetrician-gynecologist were their dream jobs at that time. They knew science was something that they loved, even though it “didn’t necessarily mean that all of it came to me very easily, but it was definitely a subject that I enjoyed, and still enjoy.” Educationally, this participant loved science and they also had influences in their life that helped push toward a nursing career. Roosevelt’s step-mother was a “registered nurse for 17 years, and her father was an ophthalmologist, and so was her brother. [The stepmom’s] sister was an FNP, I believe. So, my dad married a woman who came from a very strong medical background.” When discussing whether having people close to them in the medical field, this participant indicated that it was an

influence because of the level of respect held for the stepmother and that side of the family.

Another driving force for the student ultimately choosing to pursue nursing was losing several family members to diseases and cancer, which “really kind of drove me to help others and be there for others.” It was not until an alternative spring break trip that Roosevelt participated in with Case Institution that they realized that helping others was what was driving them. Though the factors listed above were influences for this participant to pursue nursing, the biggest factor was wanting “more control of my life, of my money, of my time off ... more autonomy ... in my career and in my life.”

#### *Interest in Service*

While this participant indicated that there were not any significant influences toward community service or volunteerism activities, there were some comments of note in relation to service and serving others. In high school, Roosevelt stayed busy with school, tennis, and work. And beyond high school, work and higher education “kept me pretty busy” and Roosevelt had not found the time to volunteer. They talked about wanting “to be there for people” to fulfill “my duties here on Earth.” Roosevelt went on to talk about the spiritual element of giving back, noting “I want to say that God is calling me to be there for others ... I want to serve my community.”

#### *Work History*

Roosevelt spent “16 years in food and beverage ... knowing that I could make good money doing it.” They knew their time in that industry would only come to an end if they pursued additional education and “knew that nursing would give me” comfort in work and life “to a degree, but I had to obtain my education in order to do that.”

Comparing their previous job experiences to their current career, Roosevelt reflected “I served food for many years, but now it's, I'm serving people on a whole different level, whole different area.”

### *Time at Case Institution*

Roosevelt settled into the state where Case Institution is located and worked while establishing residency, “getting a job, and settling into the state.” The location of the institution was “the best part” and an important reason for this graduate because it was:

So convenient because [Case Institution] was minutes from my house. The [extension center] campus was minutes from my house and I literally did all of my core classes until I started the program, 20 minutes from my house, 15 minutes from my house. So, it was the convenience was even there for the college. So, and I think it was right before I stopped or got my associates, it had become a university. So, it just got even better at that point. So, I didn't have to look for another school to go to for my program. They had it and it wasn't just an Associates program; it was a Bachelor program.

Roosevelt completed a bridge program which is an “extra year of the prerequisites” before they were able “to apply to the nursing program.” The goal was to complete the pre-requisites for nursing courses by the time the BSN program was running.

Once in the nursing program, this participant commuted to the primary campus for the nursing courses and up to two hours for clinical experiences. Roosevelt completed the first semester but was unable to achieve an acceptable performance in one course, Pathophysiology or “Patho,” and had to restart the program. As Roosevelt described the situation. “my very first semester when I failed Patho by 2% and there was

no leeway and no exceptions, and I had to come back. But that was a learning experience in itself.” This setback seemed to motivate Roosevelt to apply themselves and realize that “failure is not an option.” This mantra was a driving force that helped this graduate to be “able and willing to apply myself at that age where in years prior it wouldn’t have happened.”

### *Service-Learning Before Nursing*

Prior to entering the nursing program, Roosevelt participated in a United States History course which included tutoring activities as part of the service-learning project. Service-learning students helped in the library at a local high school by tutoring freshmen students in social studies. This part of the service-learning course helped this participant take on a little bit of a mentorship role with a group of high school students who appeared to be struggling with some sort of problem in school like a breakup or potentially bullying.

As part of a voluntary part of the service-learning course, students were invited to join Case Institution’s alternative break trip. Roosevelt volunteered to join the trip “to check out the Gulf coast and the remanences of Katrina even years later.” This participant thought it was “kind of cool” to “get my feet wet with the school itself” and to “go check out some things in a state I’ve never been to.” The trip included two group leaders from the institution including the researcher, five other students, and Roosevelt. The group “toured the campus that we stayed on ... picked trash up in a park and spread mulch,” cleaned garbage out of a drainage ditch and planted plug grass, which aids in combating flooding and water retention issues. Students also met the mayor of the City of Biloxi, Mississippi and were able to enjoy some leisure fun by canoeing.

Roosevelt felt like this experience “was an emotionally growing experience for sure, especially being with people that I really didn't know anything about when I got there but knew at least a little bit about by the time we left.” One of Roosevelt’s friends was intending to go on the trip as well but fell ill the week of the trip. The trip also helped the emotional growth by meeting strangers that were on the trip and forcing Roosevelt to resolve the preconceived notions help about these people with the experience of getting to know them. This participant was surprised to learn that after getting to know the peers on the trip, they were nothing like Roosevelt thought they would be.

#### *First Semester*

Entering the nursing program, Roosevelt was aware of service-learning because of their prior experience in the pre-requisite S-L course. They added, “I’d already experienced it in pre-reqs ... I knew it would require hours aside from when I was at school ... do a project ... to collaborate with others and put something together to present it.” This participant engaged in two run walk events because of starting the program and having to restart with a new cohort. However, beyond just vague details, the participant didn’t “remember a whole lot about my health assessment class.” This is understandable given the “all encompassing ... super hard” nature of entering the first semester of a nursing program.

#### *Second Semester*

This semester the service-learning project was completed in the Mental Health course. Students were tasked with presenting a mental health topic discussed through the course at an on-campus mental health fair. Roosevelt’s group focused on suicide

awareness which required “a lot of collaboration amongst the class” and then the students pooled their research. The group created a large board with the heading “I live for ...” and they encouraged students to fill out a Post It note “to let us know what they live for.” The goal of the project was “trying to educate the young folk on how to get through” challenges when their life gets hard.

Roosevelt described the experience as “intriguing looking at it and being able to see the psychological aspect behind the people that were experiencing these things, and just seeing what people live for.” While they indicated that this project helped a little with better understanding course content, the “big part” of integrating service-learning into the course was having students “work with others, and having to manage your time, and be functional adults, and get things done.” For this participant, the service-learning element was more about collaborating as a group to educate on a topic. Roosevelt understood why Case Institution leans toward the service-learning aspect because it puts students out in the community and shows them “where the needs need to be met ... and what you can do in your education to help meet those needs.”

An additional component of the service-learning course was to cook meals at a halfway house with women in recovery from drug or alcohol addiction/abuse. During these cooking sessions, the nursing students would build trust and talk to the women about daily struggles and issues. Roosevelt said:

We're talking people that had been, that had not made the best decisions ... looking at women in this particular situation ... sharing some of your downfalls and then the negatives that you've had in your life, but still being able to give them affirmation and positive reinforcement that there is a better way.

The service-learning components of the course helped this participant see what the possibilities were for engaging in the community. For Roosevelt, “going out there and meeting with some of those, some of those ladies and getting their feel of who we were and what we were going to do or could do for them” helped develop a sense of connection to the site and to the issue of recovery.

### *Third Semester*

The third service-learning project within the nursing program for this graduate was in the Pediatrics course teaching students about peer pressure. Within this service-learning course, students were split into groups and each group had to present a safety topic to a pediatric population in the public schools. Roosevelt and their group presented the topic of peer pressure as it related to drugs and/or alcohol. Noting some of the complexity of integrating service-learning into nursing courses, the participant said of the experience “We did it with two groups because we were kind of cramped for time there towards the end of the semester ... and we presented it at the same time at an elementary school.”

This graduate stated “it was emotional for me. I remember the presentation too and showing them how life is not, it rarely goes the way that you want it to.” Roosevelt went on to describe some hurdles that they had to overcome in their life. However, the emotional experience came by:

Sharing my story with the students and letting them know that things are not picture perfect, whether they look like it or you might think that they are; that you're going to be thrown roadblocks and you just got to learn how to hurdle

them. And at that point you don't, I was still learning how to do the same exact thing in my education and in my life.

Roosevelt was able to connect past and current experiences in their life and relate those experiences back to this project to help the younger generation cope with the potential roadblocks in their life.

#### *Fourth Semester*

Community-Focused Nursing is the course within which the final service-learning project occurred for our participant. Roosevelt and their group members “went to a halfway house ... me and two other classmates and we presented, which kind of felt like a flop to be honest with you because there weren't as many people that showed up.” The group initiated a resume building workshop at a residential home for women who were recovering from drug or alcohol abuse. Roosevelt and the group were attempting to “teach these women ... what they needed to do and what to avoid when they are presenting themselves to potential employers so that they could get more out of life.”

The project during this final semester of nursing school seemed to present a larger challenge for this graduate. Along with the final courses and tests, half of the group was in preceptorship, a supervised training practice for nursing students, during half of the semester and the other half of the group was precepting the latter half of the semester. Communication challenges were listed as the main hindrance, but Roosevelt said that the project “kind of worked itself out” by the end. Lack of participation from the intended audience made the graduate feel like it was “really more of an internal growth for us as a group doing that service-learning project,” opposed to an altruistic, giving back feeling.

Roosevelt was disappointed in the overall project because “we wanted to be effective” and typically in the service-learning projects it is the Case Institution students showing other people what they have learned through their coursework. However, Roosevelt did mention that professionalism was something that they took away from this project and “presenting yourself appropriately” to potential employers and the organizations that you are representing. Another benefit of this project was that “it touched me the most in regard to where I want to be long term as far as a nurse.” Adding, “I do want to give back to my community ... it was that class that kind of helped show me where the community was in need the most or where I could help them, potentially help them.”

#### *After Case Institution*

After graduation, Roosevelt went directly into the workforce. As they explained, "in my first nursing job, I went to a magnet status hospital because I wanted to go and work for someone that required a higher level of education." Roosevelt currently works in a neurological intensive care unit (ICU) and entered the hospital-required “1-year residency program for new nurses, for anyone that hadn't been a nurse for 12 months.” During the process of data collection for this study, Roosevelt was 1 month away from completing that program.

The transition from nursing school to the workforce was a struggle. Roosevelt described the experience, saying “it's been challenging. This last year since graduation has been very, very challenging stepping into this profession but I wouldn't have it any other way.” Struggling between professional interests and practical interests like making a living were hard for this participant, noting:

My end goal really is to become some form of a community nurse.

Unfortunately, there's not a lot of money in it. And right now, that is kind of my driving force is to get my feet wet, figure out what it is that I'm doing, make decent money, so that I can get back to that portion.

Just like with the positive and negative aspects of the service-learning experiences, there appeared to be both challenge but also a rewarding sense of accomplishment and pride in work. While Roosevelt mentioned nursing as being “emotionally tearing ... especially in an ICU,” there remains this constant positivity around the profession and choice of profession.

#### Narrative for Ford

##### *Background*

Ford grew up and attended high school in a rural county in the southeast, graduating with a class size of approximately 115. They completed dual enrollment courses at Case Institution, earning college credit for courses while completing the high school diploma. Ford completed two or three higher education courses per semester either online or in-person and got “a good bit of my core out the way while still in high school.” This allowed Ford to begin their higher education at age sixteen.

First, they went to an institution which was around a six-hour drive from their hometown. The institution was described as “a suitcase campus” with very few students on campus during the weekend, even in the dormitories. The dual enrollment college credits that this participant had earned helped Ford get a jumpstart on their higher education but because of a strange regulation, the institution would only allow this

participant to take two courses in their second semester. Instead of incurring the expense of living away from home for only two courses, Ford transferred back to Case Institution.

Ford was not exposed to any forms of experiential learning prior to Case Institution but did “feel like I learned a lot better by doing, actually build or repeat the skill that was asked of me.” Examples of this type of learning approach that Ford specifically mentioned included creating a “mock situation that that you went to play out with another student or ... practice a physical skill such as a nasal gastric tube insertion or a dressing change or something of that nature.” The participant felt that “by actually doing it, it seems connect everything a bit more.”

#### *Interest in Nursing*

Being a chemist was Ford’s initial passion coming out of high school. However, they soon realized that “I just didn’t have as much interest in the physical sciences ... I much more enjoyed the life sciences, like biology and healthcare.” The thing Ford liked most about life sciences at that time was “being able to see the real-world application of it a lot easier and seeing how I can directly help people through that.” The life sciences, in Ford’s eyes, were much more visual and easier to understand compared to the more abstract work of chemistry. This participant noted that “I’ve always had my major interest being in science and healthcare.”

Ford chose nursing because they wanted to be “on the ground level and be able to help people directly” and to “see the effects of my work on other people.” Additionally, job outcomes such as the 3-day work week and financial and emotional benefits were noted as being reasons for selecting the nursing profession. Other influences for selecting nursing were because “this is a job that society seems to really love and they’re showing

their love for it” in places like the grocery store to his mother who was also a nurse. The family legacy of nursing in Ford’s family was the biggest influencing factor for choosing nursing. All their family “up to my great grandmother, we, my family’s had an unbroken line of nurses. I thought that’d be kind of cool to continue that.”

### *Interest in Service*

Ford’s mother was a nurse, but their main influence in service prior to entering the nursing program was Ford’s father. When discussing service influences, Ford said “my dad, he’s a big community guy ... He’s always doing charity work with the Shriners and the Masons.” Dad would take Ford with him to Shriner events, charity dinners, and fundraisers. However, Ford claimed to not be too involved with the service portion of the events beyond riding on a parade float and passing out candy as a child. In one instance Ford was thinking about a former college roommate who had to do a service project for a class and did not understand at the time why the roommate’s teacher would include service within the course. Ford described thinking “it was kind of pointless ... seemed random.” During their time at case institution, they thought back on their roommate and concluded that the service component probably provided “the best place to see” people that live differently, “right on the front lines of these folks who are either in poverty or very close to being in poverty and they were relying on other people’s generosity.”

### *Work History*

During high school, Ford sold ice cream part time at school events and during lunch time. It was not until Ford moved back to their hometown before they began working in a medically-based setting at a mental hospital. This was during the time period when Ford had transferred back to Case Institution. This participant worked as a

mental health technician which Ford described as “my job was mostly corralling and herding about 20 to 30 mental health patients through the daily activities, like group therapy sessions, outdoor recreation,” observing them eating lunch, and helping with initial assessments and checking in of new patients.

After the first year, “I found myself being put in charge of leading the more casual groups sessions.” This left Ford feeling out of their comfort zone and:

A little bit overwhelmed by that role because I was probably barely twenty, leading group and I had no idea what I was talking about. And all of these people that were there, they're probably usually about the forty to fifty range. They had suffered from mental illness for a long time usually, and I just felt so out of place and just uncomfortable leading these groups because I was so paranoid about saying the wrong thing, I might send them over.

During this period, Ford was attending Case Institution and taking the Mental Health Nursing course which included the service-learning experience. Ford felt that the experience working in a mental hospital helped them “learn therapeutic communication on the fly.” Soon after the mental health course, it became “too much to have a job and be in nursing school at the same time” for Ford, and they ended up leaving that position to focus on nursing school.

#### *Time at Case Institution*

Case Institution was selected by Ford because of its location close to their hometown, local scholarships, and comfort with the campus because of dual enrollment. Growing up around the 2008 recession had an impact on how Ford approached higher education, being very practical and conscious of cost savings for schooling. Throughout

the entirety of their time at Case Institution, Ford was able to live with their parents to cut costs by commuting roughly 45 minutes to the institution. It was “very comfortable knowing where everything was, the layout of the campus,” and knowing the degree options that were available.

At Case Institution, Ford began as a chemistry major but soon changed majors to “physical therapy for a while, but then I decided to go into the nursing program.” By the time they arrived at Case Institution, Ford only needed a few courses to complete their core requirements. The first year at this institution Ford completed a couple of the final core requirements as well as several psychology courses to earn an Associate of Science degree with a concentration of psychology. Throughout high school and during the first year at Case Institution, Ford felt like they “didn’t really have to try until I got into the nursing program.” The nursing program began and “I had to really step into high gear and figure out what I need to do” to succeed in nursing school. Over the course of the nursing program, several of Ford’s friends and even their significant other could not complete the program. As painful as it was, Ford saw the “method behind the madness” because the program makes everyone “hard-boiled enough to be able to practice without losing it.”

### *First Semester*

At first, service-learning was “a point of dread for everyone in the class because no one really knew what it was and ... what would be expected of us.” Once entering the nursing program, students get a taste of service-learning. The first course in the nursing curriculum involved health assessment topics and the service-learning project was a blood pressure screening experience during a run walk event. As Ford described it, “we

caught all of these people and took their blood pressures and gave them advice on how to lower it.” They described thinking back and not understanding the purpose of it, just knowing that they had to attend and participate.

The most impactful part of the project for Ford was when a man’s blood pressure was found to be dangerously high during the assessment. Ford detailed the experience:

We did this thing where you enter a raffle and if your number got called, we gave you a free automatic blood pressure machine. But what ended up happening was this man came in, his blood pressure was over 200 systolicly, which is, that’s an emergency. Now, we would recommend he'd go immediately to the ER to try to get them to lower it or start immediately on some blood pressure medications or he's in a very high risk of developing a stroke or something like that. So, we just said he won and gave him the machine. It's like, this is how you use it. Please see your doctor today. I don't care how long it takes the can appointment, but that was nice that we changed that, that we caught that in time just this random guy.

Another impact area of the project were the benefits described by Ford as “working on people skills” by talking to people in a way they can understand. The idea of “practicing the actual skills” of manual blood pressure assessment was also seen as a key benefit from the project.

### *Second Semester*

The next service-learning course was based on mental health concepts and included a mental health fair as the service-learning project. Ford believed this project was better because the class broke up into small groups and “we set up a variety of booths” in the center of campus and “passed out a lot of brochures for mental health

counseling, signs of depression ... getting help if you believe that you may be abusing alcohol or substances and we did some fun things to get people more involved.”

Attendees could tour Ford and the group’s booth or explore a variety of other mental health topics at other booths. Ford noted that “everyone was very receptive” to being educated on the topic.

For this project, Ford saw value in making a lot of referrals to a variety of resources attendees could use if needed. They also saw value in “getting out there to the public and seeing them have fun.” While Ford indicated they probably did not fully understand the benefits of service-learning, they said:

I think I was probably starting to understand it a little bit more about it. It seemed like a little bit less as like a thing to do, as in more of as a why we are doing it kind of thing. Because looking back it's like, we do the service-learning projects to kind of help expand our knowledge on the subjects that we're trying to understand ourselves and to get involved with the community.

The service-learning component seemed to give the assignment a purpose rather than just giving students another “thing to do.”

### *Third Semester*

The Pediatrics course is the third in the service-learning course within the series with this nursing program. Students were directed to collaborate with local elementary and middle school nurses to coordinate an educational presentation for the children.

Nursing students were allowed to select topics based under the umbrella topic of safety. Ford and their group selected a middle school and “we taught their PE class, their physical education/health class that day.” The S-L group taught them about stress, relief

techniques, and “what to do if they feel like they're having issues dealing with it on their own.”

Ford shared a story about a former patient who dealt with anger issues that had made strides to control his anger. When the man got out of the mental hospital not one of his friends or family members would pick him up. Ford tried to convey to the kids that “if I turn to my stress and anger towards others, or if I project it on to other people, they're not going to like me.” Within this third semester of service-learning, Ford “was a lot more comfortable with it at that point ... we of course had done two projects beforehand.” Experience with the prior service-learning courses left Ford feeling “much more prepared and kind of understanding the rationale behind it at that point.”

#### *Fourth Semester*

In the final semester of nursing school, each student took the Community-Based Nursing course in which student groups research community issues, select one, and plan and implement a relevant, research and health-based intervention. Ford and their group had big ideas about a health screen fair for the homeless population. The plan was to host the fair at the local homeless day shelter in partnership with the local hospital. The hospital was not willing to provide for all the screenings that Ford and the group wanted but did provide privacy barriers and chairs. Students also had to alter their plans because the host site already helped provide food and hygiene supplies, which were in the students' initial plans. The assessments were a commodity that the day shelter could not already provide, but the nursing students could.

The group, then decided to provide health assessments, education about their ailments, and information for low or no cost pharmacies. Ford described the project which included:

About five or six semi-private pods where we could go in, talk to the people, take their blood pressure, go through their health history, make recommendations, and give them access to resources in and around [the] county; make sure that they're current on their medications and if they weren't, tell them it's like, okay, you need to get this medication refilled. These pharmacies have that medication on their \$4 list, and I believe one pharmacy would fill some for free ... We also give them a list of low cost or no cost, doctor's offices if they did need to renew on their medications, and we also gave out ... a first aid kit plus a little hygiene kit.

The project went really well in Ford's eyes. Ford noticed that because the homeless individuals were in the day shelter, they were out of view of the public. This participant believed that "you don't think about the problem until you go where they actually are." The value in seeing the people involved directly in the issue, both on the service and recipient side, seemed to be very impactful for Ford. In the end, Ford recognized the importance of exposure to "the resources and charities that operate" locally.

#### *After Case Institution*

It did not take Ford long to obtain a nursing job after graduation because "I started my first nursing job probably about a week after I got my license." This graduate had a deal in place with the local hospital in which the hospital would pay for Ford's final year of nursing school in return for a 2-year work commitment. Entering the residency program allowed Ford to go "to every single floor for about 2 weeks, decide what's a

good fit for you.” The cardiac step-down unit ended up being that fit. Now, Ford treats “all the fresh [out of] ICU people ... we'll usually have a couple of heart attacks, couple pulmonary embolisms and usually more serious conditions like that.”

## Chapter V

### CROSS CASE ANALYSIS AND FINDINGS

Nursing programs are charged with producing well-rounded nursing graduates with the competency, attitudes, and ethical behavior to thrive in the high-stakes world of the nursing profession. The current nursing shortfall and projected faster-than-average growth in the need for nurses are cause for concern over filling these important nursing roles (Bureau of Labor Statistics, 2018). While retaining nurses is important, the focus of this research was on the education of nurses and their exposure to vertically aligned service-learning activities. The purpose of this study was to explore student experiences in their service-learning courses to create dialogue as to how nursing educators and students can benefit from vertically aligned service-learning inclusion throughout an academic discipline like nursing.

Specifically examined in this study are the experiences of nursing graduates during their time in their nursing curriculum which included a vertically aligned service-learning element and whether these students felt their service-learning experiences helped them learn a variety of ethical and professional nursing attitudes. While much has been examined in terms of one-time service-learning experiences in nursing programs (Bassi, 2011; Hunt, 2007; Kirkpatrick & Brown, 2006; Reising et al., 2006; Vogt et al., 2011), little research has been found for strategic, structured inclusion of service-learning courses through vertical alignment of this high-impact practice (Kruger et al., 2010). The following research questions were used to guide the researcher throughout the study:

RQ1: What were the experiences of nursing graduates from a higher education institution who completed four or more vertically aligned service-learning courses within their Bachelor of Science in Nursing program?

RQ2: Did the graduates' experiences in a series of vertically aligned service-learning courses influence the development of ethical or professional nursing attitudes?

Insights into the individual graduates' experiences in the nursing program at Case Institution have been presented in the form of narratives provided in the previous chapter. However, further exploration of service-learning in a nursing curriculum, the vertical alignment of service-learning activities, and influence on ethical and professional development of graduates was necessary.

#### Findings of the Study

Findings for this study have been broken down into service-learning, vertically aligned service-learning, ethical growth, and professional nursing attitudes. The service-learning findings are presented in two parts beginning with a general overview of service-learning findings, ending with findings related to vertically aligned service-learning across a nursing program. Ethical and professional nursing growth are presented as they relate to the American Nursing Association's Code of Ethics for Nurses, and the Quality and Safety in Nursing Education's competencies and related attitudes, respectively.

Vertical alignment is an important aspect of the service-learning program at Case Institution. Vertical alignment of service-learning benefits students by:

- Building better and consistent relationships with peers, community partners, faculty, and patients through collaboration and teamwork.

- Better understanding communities and the complex determinants of health that individuals experience throughout their lives.
- Recognizing the role nurses can play in patient-centered care by understanding and meeting patient needs outside of traditional acute care settings.
- Improving student capacity to create service-learning projects as they learn, practice, and repeat the S-L process.
- Opening students' minds to a variety of ethical and professional nursing attitudes through a multitude of varied experiences interacting with diverse people and contexts.
- Providing a practice ground for students to wield authority, and take accountability and responsibility for healthcare environments.

Community-based service within service-learning is parallel to and aligns with the community engagement process. By building the knowledge, skills, and attitudes that align with community engagement in nursing, graduates have greater potential to continue to engage with the community in their working years. Nursing students can easily transition from service-learning during their education to a community-engaged nursing practice in the professional realm. As students completed “more advance projects ... down the line,” they “had no problem knowing where to begin” and “the service-learning projects never end” as students enter the professional nursing world (Ford; Roosevelt; Washington).

Service-learning was a “launching pad” for ethical and professional nursing attitude development because students were able to get “hands-on experience” working

and communicating with patients in a non-traditional healthcare setting (Washington; Roosevelt). However, participants felt strongly that these ethical and professional nursing attitudes were pre-existing, but influenced, strengthened, or built upon by the service-learning experiences. This may be an indication that Case Institution is already recruiting students who have attitudes that align with the nursing profession. An alternative explanation may be that individuals with certain attitudes prevalent in and promoted by the field of nursing are naturally drawn to engagement in nursing school.

### *Service-Learning*

Findings related to service-learning are presented under: Personal, professional, and community outcomes. Personal outcomes include improved relationships with peers, faculty, and community partners. Professional outcomes are those which are directly applicable to situations in the professional nursing world. Finally, community outcomes relate to building knowledge around community issues and resources, while increasing student capacity to engage with the community.

Overall, graduates from Case Institution agreed with Washington that, to some degree, the service-learning element of the program “provided us with that level of experience to help with our education and professional career.” Madison added to this point that “Service-learning projects are great” and nursing students “need to do them ... to push their self to go the extra mile, and educate themselves, and to be able to put themselves in front of people.” The real-world applications of the course content through service-learning seemed to mesh well with each of the participants’ stated preferences for more interactive, hands-on learning. As Washington said, experience is best teacher and

“anything that we do is going to be something in the affirmative. You’re going to learn from it.”

*Personal*

The greatest benefits that each of the participants discussed included service-learning effects on relationships and building on existing ethical and moral values. Graduates talked at length about the positive effects on their relationship with their peers. Many of these service-learning projects were group projects, which allowed students to develop closer bonds with their peers because “we had to be involved with each other more” (Madison). Washington echoed their classmates’ sentiments, noting that the service-learning projects “brought us closer together” and helped participants learn more about each other as individuals “outside of the nursing school ... you get that aspect of their whole life when you start meeting outside of schools.” Several participants discussed the ease of getting to know a few individuals on a deeper level because of the small group nature of the projects and the extra level of coordination needed because “these wouldn’t be just like a quick meet up after class kind of assignments” (Ford).

Relationships with community partner agencies or representatives was mentioned by each participant. The ability to network with these professionals in the non-profit or education world allowed students “to put our feelers out there to see who is offering opportunities for employment ... being able to meet directors and employees and other nurses and ... pick their brains” (Roosevelt). Staying in communication with partners was also seen as a positive outcome of the service-learning experiences. Ford contacted a service-learning partner agency to help fulfill an unrelated service requirement for a different part of the program. Another graduate, Washington, was not from the area in

which they served with the S-L project but was able to find a similar organization in their hometown to continue to serve in that area. Yet another graduate, Madison, mentioned they still received e-mails from the organization and knowing they could still serve with that organization by reaching out.

Compared to relationships with peers or community partners, service-learning was not seen as being strong in promoting positive relationships with faculty members. However, this area warrants further investigation. The overall effect was neutral for Roosevelt and Ford, and positive for the other two participants, Madison and Washington. Roosevelt believed the service-learning element of the program “made us closer, within reason” to faculty members and “it gave us bonding points where they could see us outside of a classroom interacting with each other and individuals of the community with said projects.” While Roosevelt focused on how professors were exposed to “the deeper and even more sensitive elements of who we are as people,” another participant saw the service-learning projects as a way to see faculty differently. Madison said, “when it comes to being in clinicals or projects or service-learning, you can see their own true aspects of their nursing, and their lifestyles, how they were portrayed as a nurse come out.”

The final personal outcome that graduates mentioned throughout the interview sessions was that the service-learning experiences built on existing morals or values. When asked if the service-learning element helped develop ethical or moral values, each participant emphasized that they already had their own belief system and own code of ethics. While service-learning experiences could help strengthen or sharpen these values, the students were not developing these values because they already existed. An example

of Roosevelt's view on the topic is that "I really just think it kind of built on for myself, already existing morals and ethical values that I've already had. So just kind of enhance them." Sentiments like this one is seen interwoven into this cross-case analysis in later sections.

### *Professional*

These professional outcomes are those that are directly applicable to the knowledge, skills, and attitudes required of nurses in the professional environment. Roosevelt summarized their thoughts on faculty intentions of the service-learning projects by saying "one of the biggest things with service-learning" was that "they wanted us to experience things so that we would be able to drive our practices as nurses once we graduated and give back to the community." This drive to emulate the profession of nursing through service-learning experiences was noticed by Madison who noted that the service-learning projects never stop because nurses are constantly trying to improve patient care through implementing new ideas and programs.

Clarification of nursing role, collaboration, communication, and better understanding patients are several professional outcomes of service-learning engagement mentioned by participants. Madison realized that "service-learning opened up my eyes to see there's so much more to nursing than just the hospital." The S-L projects helped students, including Roosevelt, realize how much nurses do and "that there are multiple areas of nursing, multiple things that you can do, not only in your education, but in the service-learning aspect that can contribute to your community, can contribute to this world." Ford noted that "having us out there in the community at least once a semester"

allowed Ford to engage in hands-on learning and “let us see the results of what we could do.”

Collaboration and teamwork are mentioned in both the ANA Code of Ethics as well as QSEN’s Competencies and related attitudes. However, they are worth noting here because each participant mentioned the teamwork or collaboration element as one of the major components that service-learning enhances. Service-learning also helped later in job duties by gaining skills in “collaboration, and talking with the higher-ups and administrators, and putting my case for my group ... making sure we get the resources that I feel like we needed” (Ford). Being able to “organize ideas and bring them to fruition” using teamwork and relying on your peers was a key element that Washington felt was helpful in their transition to professional nursing and continuing to improve care through future professional service projects.

Communication and better understanding patients are critical components in the nursing workspace. One method of communication strengthened through service-learning is being able to educate patients and community members on important health issues. Being able to express what you learn and not being afraid to reach out to or educate the community are two areas Washington focused on regarding communication. The service-learning element enhanced communication skills by allowing students to gain experience and practice in speaking with a variety of individuals. Roosevelt said the faculty members “wanted us to think critically” about communicating “but without experience, hands-on experience, it’s very hard to do that.” This practice with communication helped Ford by better “understanding our patients a bit more as we have

more exposure to people in situations that we did not come from or we're not that familiar with.”

### *Community*

Through service-learning and active engagement with the community, graduates gained knowledge of community issues and resources and learned how to engage in community outreach. Exposure to community issues varied for each participant based on which projects they engaged in across their curriculum. Roosevelt understood why Case Institution leans toward the service-learning aspect because it puts students out in the community and shows them “where the needs need to be met ... and what you can do in your education to help meet those needs.” For Ford, the issue of homelessness was described as “a different world that gets kind of hidden away from society” and that only through actively engaging with those individuals, can someone better understand the issue. Understanding disparities is a large part of these social issues and “a lot of our service-learning, especially when we went out into the community, we dealt with a lot of the underprivileged individuals” (Roosevelt).

In relation to the challenges within the community, graduates were able to learn about the “issues and problems community faces ... some of the resources they offer” (Madison). Ford, through their final service-learning projects assessing homeless individuals, learned “that there was a lot more resources for the homeless population” than the graduate had thought going into the project. For each participant, being aware of the resources available in the community was an outcome that was enhanced through the service-learning course. If experience is the best teacher, as Washington reemphasized repeatedly, then students having to interact with community agencies and find referrals

for resources in the community was certainly something that students would have to experience throughout at least the later stages of their service-learning projects.

Engaging in community outreach is probably not a skill anyone can master overnight. Learning the service-learning and community outreach process was an area that participants felt they gained from engaging in service-learning projects. The nursing program at Case Institution through service-learning showed students how to give back and “getting out of the hospital and getting ourselves out in the community ... getting us out of our comfort zone” (Ford). The awareness of how to engage in the community was expressed by each participant. Each one of them mentioned that service-learning allowed them to be more comfortable reaching out to the community, educating patients, and implementing an intervention for the good of the public.

#### *Vertically Aligned Service-Learning*

There is a great amount of evidence that high impact practices, such as service-learning, can be beneficial to students in a wide variety of areas (Hunt, 2007; Kruger et al., 2010; Kuh, 2008; Liberal Education & America’s Promise, 2014; Mitchell, 2008; National Survey of Student Engagement, 2007; Schmidt & Brown, 2016, Smith et al., 2013). When these practices are strategically aligned over the duration of several semesters and constructed to build on prior skills, knowledge, and attitudes, students have potential to reap the benefits of service-learning and beyond. This exploratory study revealed several potential benefits to vertically integrated service-learning experiences beyond the benefits of one-off S-L experiences. The key benefits identified in this study include themes related to “practice makes perfect” and creating more well-rounded nurses (Washington).

### *Practice Makes Perfect*

Thinking logically regarding comparisons of one-off service-learning experiences versus a multitude of scaffolded service-learning experiences, one could reasonably assume that students improve their service-learning projects as they practice and repeat the process. This is partially because they build knowledge, skills, and attitudes in the following areas: Learning the service-learning process, knowing where to begin, gradually gaining additional autonomy in creation of projects, and setting of expectations for future service-learning projects. Each of these areas is related but distinctly different in the way that the participants viewed and discussed these topics.

Throughout their interviews, Washington's mantra was "practice makes perfect" because "the more you do, the better you become at it." Madison echoed Washington's sentiments about the element of vertically aligned service-learning stating "I think it just got better. You start out as a novice student and then you graduate with as a confident student and ... I can take these things that I've learned and add onto it." Washington referred to engaging in multiple service-learning experiences as the "launching pad" for enhancing professional nursing attitudes in which:

It was that first place that you actually were able to put those skills and those attitudes into play and on display ... the more opportunities we had using the service-learning to interact with different patients, the better those nursing attitudes became. So, more so practice makes perfect.

Each of the participants felt that the element of longevity of the service-learning experiences allowed the students to build on their ethical and nursing attitudes in a

positive way. Participants also indicated that they felt that learning how to set up a service-learning type of project helped them in their future careers.

*Learning the service-learning process.* During the first service-learning project, the run walk event and nursing interventions were set up by the professor. As Ford put it, “I just knew I had to be there and what I was doing that day ... looking back, it was a pretty good precursor to the more advanced projects that we did down the line.” Over the next couple of semesters, students were given more responsibility to create their own projects. Madison outlined the process as “you get your topic ... get it approved by your professor ... and then you research on it, and where it’s actually affecting the community, and then you educate on it.” Learning the process builds over time but, by the final semester or two, students were “able to create a mental rubric for the process of creating a service-learning project” (Washington). Roosevelt related their experiences to learning the S-L process by building upon old relationships and past service-learning and clinical experiences to identify potential impact areas for their final service-learning project by collaborating with a past community partner.

*Knowing where to begin.* Being comfortable with the service-learning process meant that students could feel confident knowing how to start the collaboration process with a community partner. Roosevelt shared their appreciation of the S-L program building slow in that:

They didn’t just throw us straight into the fire ... I definitely appreciate that it was more of a building block ... because we still had so much to learn in regard to nursing specifically. And without them having done that, we probably wouldn’t have understood what was going on or what they actually expected out of us.’

Several participants indicated that they were not nervous or scared at all to begin or engage in a variety of aspects through the service-learning process such as getting started or communicating with and educating the public. Madison mentioned that “I had no problem knowing where to begin” and that it did not “make me nervous” but was instead “excited to take it on.” Knowing and being comfortable with where to begin were mentioned more specifically by Madison and Washington because they both believed that the community engagement activities that were happening in service-learning courses are still being completed in the professional nursing environment. Washington added:

As the practitioner now, you realize that the service-learning projects never end. I'm still doing service-learning projects as a practicing nurse, especially working for a nonprofit, who is a big advocate in the community. So, we're constantly doing projects or going out and talking to the masses, and everything that I was doing as a student, I still do in some way, shape, or form.'

Understanding where to begin and how the process of community engagement works seemed to be important to each of the participants in their own ways.

*Autonomy in creation of projects.* For Ford, the importance of understanding the process was the added impact and creativity of the projects beyond the first service-learning project. Looking back on the experience Ford reflected “Past the first semester, you got a lot more leeway of what you wanted to do and what you wanted to bring to the table.” Ford continued, that the first service-learning project was given to the whole class with little creativity on the student part:

Versus the second, third, and fourth semesters where we got to choose the topic, chose how we were going to do it, collaborate with the rest of our group, and

getting resources such as through the service-learning program or out of our own pocket ... and then pretty much teachers just evaluated everything at the end to see how well they thought it went.

Ford felt strongly that the increase in complexity, creativity, and student autonomy of the projects increased the amount of “pride” a student or group would put into the project because there is more buy-in for projects that students create themselves.

In a different line of thinking, Madison said “it would have been a struggle” to start off with the larger projects which required a great deal of student autonomy. It was a relief to most of the participants to know that the projects started off small, in terms of student-driven creation of the projects. In Roosevelt’s opinion, it was beneficial to take more than one service-learning course because “it’s compounding. They start you off small” as students “go from one to the next class and see different things and it’s all part of nursing and being out there for the community.” By the time participants had reached their senior year, experiences in past service-learning projects helped students with organization skills, talking with community leaders, knowing who and where to ask questions to, and how to make an impact. These were all necessary skills for students to build and complete their own service-learning projects.

*Setting expectations for future service-learning projects.* Most participants emphasized that knowing a service-learning project was coming each semester was a beneficial part of the vertical alignment of the service-learning courses. Service-learning had a strong influence on Roosevelt’s experience because “that was my life for 2 years and every semester pretty much I had a service-learning class. So, there was a form of community outreach included with my classes that I was already required to take per my

curriculum.” Ford’s view had a slightly different focus on evaluating the current method of vertical alignment of service-learning versus other options when they said:

If we would just have like one semester with two or three different service-learning projects in it but then not really touched on it for a rest of the program, I don't think we would've gotten as much out of it. I think the current method is a lot better one. One good project a semester on it. So, it's always kind of in the back of your head. So, it's not like you don't just do them all at the very beginning.

Washington also appreciated the vertical alignment of the service-learning experiences by the third semester because “by that project, we knew exactly what we had to do. We knew exactly what was expected of us.” As early as the first day of class in the latter two semesters, Washington knew there was a service-learning project and what planning needed to be completed to bring the project to fruition. Washington added “you already know that you have a service-learning project to do so now then the thought process changes.” By the third project Washington was already beginning to “look through these chapters and figure out what I'm going to do my service-learning project on because it's coming.”

#### *Creating More Well-Rounded Nurses*

Madison concluded that after “looking back, I’m glad we did” service-learning “because we’re more well-rounded nurses.” Madison went on to explain that exposing students to “real life scenarios” and experience with a multitude of health and community issues helped build empathy. The point Madison took from the service-learning experiences was from “actually going and sitting and experiencing that, it just opens up

your mind to have more empathy for these patients.” Working with patients “was nerve-racking and tough in the beginning, but by the fourth semester” it feels alright because “you get more comfortable going out into the community” (Madison).

Part of being a well-rounded nurse is working with your team. Many participants mentioned collaboration with peers and others as an activity that enhanced them as nursing students. Roosevelt shared the opinion that “building and having collaboration with those around you really can help enhance your community as well as enhance yourself.” Ford felt like they got more out of the vertically aligned S-L courses because the first one, the run walk event went okay, but:

As we separated it into our own little groups to do our projects, I feel like they shot up in quality semester after semester. Mental health fair I feel was a lot, went a lot better than the [run walk event] and then probably the lecture that we gave at the health class was even better than that. And then our final project, I feel like was a significant improvement from our earlier projects.

Ford elaborated on this topic as it relates to collaboration and teamwork and how the small group collaboration improved each year as well.

Exposure to both group work and to a variety of people and situations were outcomes many of the participants discussed. Through multiple service-learning experiences, students interact with a variety of people who “did not grow up like me” and operate in a variety of environments which provide for unique experiences (Ford). These experiences of “consistently going out there into the public eye and working with the community made me a bit more comfortable doing more of the public health aspect ... interacting more directly with the public” (Ford). Washington added, the service-

learning “puts you in different arenas” and environments which helped Roosevelt see “what the community needs.” Through completing service-learning projects with the public, school-age children, geriatric, and mental health populations, Roosevelt described it as “you experienced a lot of different people, a lot of different situations.”

### *Ethical Growth*

The following analysis was completed by first collecting and arranging graduate responses to nine provisions and thirty-nine adjoining statements and whether students could relate their service-learning experience to each statement. See Appendix F: American Nursing Association: Code of Ethics for Nurses Prompt Response Chart for a full listing of results. The strongest responses are counted as those which three or four participants gave a related service-learning example to the prompt statement. The strongest responses were attached to the following ANA statements:

- Relationships with Patients
- Relationships with Colleagues and Others
- Collaboration
- Authority, Accountability, and Responsibility
- Maintenance of Competence and Continuation of Professional Growth
- Continuation of Personal Growth
- Respect for Human Dignity
- Protection of the Rights of Privacy and Confidentiality
- Assignment and Delegation of Nursing Activities or Tasks
- Preservation of Wholeness of Character
- The Environment and Ethical Obligation

- Health as a Universal Right
- Integrity of the Profession

These ethical statements and related student responses are shared and discussed at length in this section.

### *Relationships with Patients*

This statement along with the statement discussed in the following section, relationship with colleagues and others, both fall under the first provision of the ANA Code of Ethics which reads, “The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person” (Katulka, 2018). Each participant shared a different story of how one or more of their service-learning experiences contributed to growth in the area of relationships with patients. Through service-learning, “you learn that we are all individuals” because you are exposed to people on “their own footing, opposed to my own” which is in the nursing or hospital setting (Roosevelt; Ford).

Through this close contact, students can build on attitudes related to fostering relationships with patients. Ford explained:

I feel like after doing the projects, interacting with the community more, I got a bit more of my understanding of how people live that didn't grow up the same way I did and how it made me kind of think how that might affect their care and where their priorities may lie.

Ford’s final project included outreach and assessment of homeless individuals and that experience proved to be beneficial to Ford as they discussed seeing Maslow’s Hierarchy of Needs playing out in a real-world setting. If an individual in the homeless population

was worried about higher-order needs such as food and shelter, they were going to have a harder time prioritizing their long-term health.

Madison took more of a relational approach to this topic, discussing the mental health and geriatric projects as giving the graduate the opportunity to sit with the service-learning event attendees and form a relationship. Getting to experience the one-on-one interactions with these individuals allowed many of the participants to form relationships and relate to the population they were serving. Even as early as the blood pressure assessment service-learning course, Washington believed they were able to enhance relationships with participants through individual interactions and showing a healthy respect for them as individuals. The example provided was that Washington made sure not to praise someone with good blood pressure readings as to not negatively affect other relationships with patients who may not have as healthy blood pressure readings.

#### *Relationships with Colleagues and Others*

As mentioned in the professional outcomes section above, the study participants believed the service-learning projects enhanced their relationships with peers and community partners, and Roosevelt and Ford believed it enhanced relationships with professors as well. Madison emphasized that the service-learning element brought them closer together with peers, while Roosevelt mentioned the relationships with peers that were built over time and enhanced by working closely together with their peers for a period of a few years. Ford believed that the service-learning projects “helped me gain experience in working with others, especially in group related goals such as quickly assigning everyone a role” which would be similar in the nursing profession later on to “a rapid response scenario or code scenarios.”

### *Collaboration*

Falling under provision two, “The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population,” collaboration was seen by study participants as an important part of the growth experienced through multiple service-learning courses (Katulka, 2018). Roosevelt outlined the amount of collaboration that happened throughout the nursing program:

We had to do a lot of collaborating and service-learning with each other, with our community, with the organizations that we were going to work with, with a group of people that we were going to teach, serve, whatever we were doing at the time. So yeah, it was absolutely a lot of collaboration in there.

Madison echoed this sentiment claiming, “that’s all we do as nurses” and that “collaboration is the number one.” Specifically for the service-learning projects, Ford stated that “collaboration is probably the first or second step of any of the projects because we need some sort of point person inside either with the schools or with ... whatever charity organization we decide to help out” because without a contact inside the organization, the student group wouldn’t be able to collaborate with that organization.

### *Authority, Accountability, and Responsibility*

Provision four of the ANA Code of Ethics reads “The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care” (Katulka, 2018). Many of the comments from participants around this prompt centered on responsibility for the healthcare environment, which in these cases were the service-learning project setting and interventions that students set up. At the run walk event,

Madison believed they had an “obligation to promote health and provide optimal care ... making your nursing judgement, promoting them to follow up with their health care provider.” Roosevelt also felt responsible for patients, particularly vulnerable populations such as children or the elderly. Roosevelt added, “I do feel like the service-learning aspect helped instill that responsibility and knowing that ... I have the responsibility to others, to mainly children and elderly.”

With authority comes an obligation to accountability and responsibility as well. Ford espoused these sentiments in saying:

I would say we were seen as authority figures at most of the events that we did.

And especially at the school and at the homeless day shelter ... we did have that authority. But at the same time, we did have that responsibility and accountability with that authority.

Being accountable and responsible, for Ford, was about fulfilling “the role that they have given us ... We are the healthcare professionals ... and we have to act like that.” Taking on that role of an authority figure seemed like a transition for students, as some participants noted a bit of surprise that they were held in such high regard by those individual community members. In describing the service-learning process and wielding that authority and responsibility, Washington said “we were responsible for several of the service-learning projects to ... present our information without our instructors or anybody there to oversee what we were doing.” Not only did students feel responsible for the service-learning tasks toward the end, often times faculty members could not attend each group’s service-learning event which did leave the projects to be the sole responsibility of the group start to finish.

### *Maintenance of Competence and Continuation of Professional Growth*

This statement falls under provision five, which states “The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth” (Katulka, 2018). As Madison said, “you need to maintain your competencies and content ... maintaining your personal growth. You can’t sit stagnate in this field or you’re just, you’re not going to make it.” For Washington, the service-learning experiences again boiled down to practice; “The more you practice, the better you’re going to be. Practice makes perfect. So, the more service-learning you do ... the better off you’re going to be in the professional environment. You never stop learning.”

### *Continuation of Personal Growth*

Professional growth and personal growth are two of the statements that the study participants typically folded into each other when responding to the prompts. Personal growth falls under provision five which was stated in the above section. Although each participant said, to some degree, that the service-learning projects did not build or develop the participants’ ethical attitudes out of nothing, but the projects did help “sharpen” or “enhance” those values (Washington). Much of the personal growth that the graduates related to this statement dealt with the enhancement of their personal attitudes, beliefs, and value systems. Roosevelt noted that all of the S-L experiences “helped guide where I wanted to go, what I wanted to learn, what I wanted to, see more of how I wanted to challenge myself ... And it helps with self-recognition a lot.” As the service-learning

courses went on, students were given greater freedom to select their own projects and follow their own interests as they related to nursing and health.

*Respect for Human Dignity*

This statement falls in line with the other statements from provision one pertaining to relationships with patients and with colleagues and others. Three out of four participants mentioned the relevance to service-learning and spoke of respecting people's dignity by working with them on even footing, respecting them as individuals and not forcing your care or opinions on the patient.

*Protection of the Rights of Privacy and Confidentiality*

Three-fourths of participants throughout their service-learning projects were always concerned with protection of the rights of privacy and confidentiality of participants in their projects. Ford was tempted to use data obtained from the participants in a research project but knew that it was not allowed to be reported without following research protocols and safeguards. Washington mentioned not taking pictures at events while working with vulnerable populations because of privacy concerns.

*Assignment and Delegation of Nursing Activities or Tasks*

This statement resonated with most of the study participants as an aspect they were able to use and practice throughout the service-learning experiences. Each of the three respondents made clear that they viewed delegation as a more cooperative system of volunteering or self-selection of service-learning project tasks, opposed to a more autocratic style of a group leader delegating assignments.

*Preservation of Wholeness of Character and the Environment and Ethical Obligation*

Responses to the two statements, preservation of wholeness of character, and the environment and ethical obligation, centered on living up to the professional nursing standard of providing care and doing what is good for others. Three out of four participants considered these statements relevant to their service-learning experiences. Washington's response mentioned the obligation to help by sharing knowledge:

We have this set of skills, this enlightenment. It is up to us to enlighten those who are ignorant to those health disparities, health issues. So, we have that charge, moral virtue as well as obligation that this is what we have to do for our community.

Ford viewed the ethical obligation as one which required nurses "seeing people as more than just an assignment, more as like a thinking, breathing person that has preferences and the capacity make their own decisions, even if you don't agree with those own decisions."

*Health as a Universal Right*

This statement related to service-learning for three participants. Madison agreed with the statement and believed that the service-learning, "shined light on the difference between certain areas and certain populations ... not getting what they need ... it opened my eyes to that." Ford added:

A big part of the service-learning has helped breaking down the barriers and differences, either perceived or real differences, that are affecting folks' access to care or quality of care ... I think it helps get you out of your little social bubble and then with more people that you're actually trying to help and treat.

During nursing school and “the entire time that you’re doing any service-learning projects, you gain a better understanding and say everybody deserves a chance to be healthy ... Everybody deserves this information ... It’s for you to make sure that everybody has access to the information” (Washington). Clearly for this participant, health as a human right meant that health education is a necessary part of health and it is part of the nurse’s obligation to provide that information.

### *Integrity of the Profession*

The final Code of Ethics statement is linked to the integrity of the profession. Washington believed that “with doing service-learning projects, you definitely develop a sense of preserving the integrity of the profession.” Students are exposed to the community through service-learning activities and each of the participants talked about the authority, accountability, and responsibility that comes with overseeing service-learning projects. With taking on that accountability for the projects, students also take on accountability for the patients or community members they are serving. Ford saw it as “upholding the image that the community has given to us.” Each of these statements related to the American Nursing Association’s Code of Ethics warrant further examination for the level of impact service-learning activities can have on enhancing these capabilities for future nursing graduates.

### *Professional Nursing Attitudes*

The Quality and Safety Education for Nurses created six competencies which, upon completing an accredited nursing program, a nursing school graduate should possess. Each competency contains a list of knowledge, skills, and attitudes. This study examined only those related professional nursing attitudes for the competencies. During

interviews, nursing graduates were asked about each of the forty-five attitudes and if they saw any relation to their service-learning experiences. To view the full results and frequency counts, see Appendix G: Quality and Safety Education for Nurses: Competencies and Related Attitudes Prompt Response Chart. The following professional nursing attitudes are being highlighted because they had three or four positive responses for relevance to service-learning.

- Value seeing health care situations through patients' eyes
- Acknowledge own potential to contribute to effective team functioning
- Appreciate importance of intra- and inter-professional collaboration
- Seek learning opportunities with patients who represent all aspects of human diversity
- Value continuous improvement of own communication and conflict resolution skills
- Respect the unique attributes that members bring to a team, including variations in professional orientations and accountabilities
- Value own and others' contributions to outcomes of care in local care settings

These attitudes were identified by participants as being relevant to their service-learning experiences and are discussed in the following sections.

#### *Value Seeing Health Care Situations Through Patients' Eyes*

For each of the participants, this attitude was reflected in the relationships that the students were able to build with patients through their service-learning experiences. Ford described working with a variety of people ranging from school-aged children to homeless adults noting:

They don't really value the same stuff me or you would. It's kind of hard to get a 12 or 13-year-old to seriously think about their long-term health effects. At the same time, it's very hard to get a homeless gentleman to care about quitting smoking when he has to worry about where he's going to sleep that night.

Ford also described the need for a nurse, or in this case as a student, to make healthcare more relevant to the audience or patient. Madison shared similar remarks in adding that one must "see it through the patient's eyes, of how can I break this down to make it simple for them and to, in a way that they will learn it, in a way that will be valuable to them." Washington felt that in order to affectively educate patients, to "relay the information that we found during our research, you have to have that level of empathy" for what their patients are seeing and feeling (Washington).

Roosevelt related this attitude to diving deeper with individual patients through recurring service-learning projects and clinical experiences. Having more opportunities to "take the time" to understand patient issues provided Roosevelt with "being able to see things through someone else, how they perceive it." With the approach of better understanding patients' lives and worldviews, participants felt they were "making healthcare more relevant" to the patients.

#### *Acknowledge own Potential to Contribute to Effective Team Functioning*

Students in Case Institution's nursing program worked closely together and were grouped together by professors for service-learning projects. For each S-L project, each group was different and Madison believed "some of us had other strong suits than others" but "every personality counts." Roosevelt provided insight into their view on being conscious of the expectations you set for yourself and others by describing "all of our

service-learning classes ... we were coupled together with other students that, there might've been something in there that you wanted to do, but maybe you weren't as good at as you thought you were going to be.” For this participant, it was important to understand both the value of effective team functioning and the limitations of what the nursing students could accomplish.

Roosevelt approached their service-learning projects with the intent of “fostering respect for those around you,” including the group and other collaborators. Ford added that in the service-learning projects, “most people try to be more equal” in their role because, especially with the final project, “we all would have a lot of pride in.” Washington claimed that service-learning “helped perpetuate” this attitude. In completing multiple service-learning courses, Washington said, “you actually learned through, from the beginning of having it all given, to the end of this last service-learning project, to this is what we choose to do, and this is the resources that we tapped in to,” adding “This is our collaboration; this is our team.” That passion for the projects and value in being able to have greater autonomy in the projects was outlined earlier in this chapter.

#### *Appreciate Importance of Intra- and Inter-Professional Collaboration*

Washington mentioned the collaborative team beyond just the service-learning group. While students work intra-professionally with their peers, through service-learning projects they also work inter-professionally with community agency representatives to collaborate and build mutually beneficial projects. When the faculty members put the students in groups and had them “doing the service-learning aspect, shows that there is no I in team and that, to be successful, you will have to work with

multitude of people” (Roosevelt). Ford outlined the inter-professionals they have worked with over the course of the nursing service-learning program “working with the business administrators ... the schoolteachers, the principals, the school nurses ... a minister ... everyone is bringing something to the table.”

Participants saw the value in collaborating across disciplines and areas of service to achieve a common goal. Ford further explained:

When we work with these other professionals ... it's nice because I think it would have taken us a very long time to realize the stuff that they could have seen right away that was wrong with the project.

By getting people involved with a variety of perspectives, students were able to enhance their projects while being more responsive to the unmet needs of the community. Adding those varying perspectives was beneficial for Madison as well, as they exclaimed:

I loved the human trafficking project. It wasn't directly directed towards nursing, but it gives you an outside perspective that we all needed. And whether it's in nursing or whether it's in a regular profession, we're all needed, and you can make a difference in the community.

Dealing with issues, whether its inside or outside of the acute medical setting, collaboration was seen as important to each of the participants.

*Seek Learning Opportunities with Patients who Represent all Aspects of Human Diversity*

Service-learning puts students in close contact with a variety of populations.

Roosevelt felt “the service-learning aspect kind of helped enhance” learning opportunities with diverse patients “a little bit and showing you that there are a lot of disparities. There are a lot of people out there that can really use our help.” Washington emphasized the

aspect of being in contact with a myriad of patients and continually working with them led to the realization that everybody is not going to experience the same situation in the same way because each individual views things differently. When relating their service-learning experience to this professional nursing attitude Ford said of the service-learning element “It just kind of gets you out of your little niche that you’ve carved yourself in” and gets you “into areas where you wouldn't really have spent a whole lot of time under normal, more normal circumstances.”

*Value Continuous Improvement of own Communication and Conflict Resolution Skills*

Communication and conflict resolution are naturally a part of many service-learning courses. Each of the participants indicated to some degree that service-learning contributed to sharpening this attitude. Roosevelt also believed the S-L element helped, but threw out the caveat that:

I think that goes back to just having my own self-respect and knowing that I want and will treat those around me as I want to be treated ... So that would just be another one of those things that service-learning did just kind of bring forward even more or enhanced. But it definitely wasn't something that it, that instilled in me because I already kind of had that.’

However, the more a nursing student can come into contact with patients, they can practice their skills, attitudes, and conveying knowledge related to communication. Washington believe when communicating “You’re never going to be perfect at it because every patient is an individual. But along the way, you do pick up certain triggers and you do recognize certain personality traits that will drive your conversation, drive your

communication.” Ford also felt that the communication aspect was improved by the final service-learning project as well as the area conflict resolution.

*Respect the Unique Attributes that Members Bring to a Team, Including Variations in Professional Orientations and Accountabilities*

For each service-learning project, Roosevelt had a “diverse group ... people from all walks of life and they'd all experienced things that some of the rest of us hadn't.” Roosevelt went on to describe a variety of medical and non-medical backgrounds that helped their peers contribute to service-learning projects in unique ways. Being in small groups and in closer quarters collaborating on these projects seemed to help students create closer bonds. Washington outlined their thoughts on the topic:

I think the more that you had to make phone calls and the more you had to go see people and organize the presentations that we were going to provide, you gain that understanding of respecting the unique attributes that each members of the team bring together.

Each participant in these projects play their own part. In some cases, like in one of Ford's experience during the middle school presentation, some group members can become overbearing, especially since this participant believed there are a lot of “type A personalities” in nursing school. The project worked out well in the end, but it is a reminder that not everything a student brings to a group project is always positive.

*Value own and Others' Contributions to Outcomes of Care in Local Care Settings*

Each of the participants that believed there was a connection between S-L and this attitude described a different aspect of valuing contributions in local care settings. When working with the homeless day shelter, Ford and their group “had to definitely value the

work that was already in place ... They have their own thing going on that's been going for years. We're just kind of doing our own little thing to help them for a little bit."

Respecting the organization's pre-existing contribution to the issues of homelessness was something this participant felt was important.

Roosevelt took a different approach, viewing this attitude as valuing the unique contributions of group members and "that one person versus another could really kind of help guide your project or guide what it is that you are doing or help influence the group that we were working with a little bit more than another." And with a slightly different focus, Madison saw value in the professor's ability to gain access to take-home blood pressure monitors to improve care of patients. Providing the patients with the necessary tools to help control health issues on their own was something that Madison felt mirrored what would happen in a real-world nursing setting.

#### *Limitations of Service-Learning*

Nursing school is extremely content heavy and adding vertically aligned service-learning experiences on top of that can overwhelm students. Roosevelt described the service-learning experience while completing the nursing program:

At first, it seems it's a little overwhelming ... working with other people, putting our projects together, coordinating times with organizations, much less ourselves as students, and getting things put in line and where they needed to be, where our professors approved of them. So, you're not only going to school, going to clinical, trying to be an adult, you've got all those other responsibilities back behind you of just being a human being ... on top of it. So, yeah, I mean it was demanding.

Madison added that it was at times “daunting” and they “juggled a lot” with so many other nursing school requirements. During their time in the nursing program, participants explained how the program is an “all encompassing” part of their life for the 2 years of the program (Roosevelt). Adding service-learning experiences to nursing students already heavy curriculum has been shown to be beneficial, but it may place a harder burden on nursing graduates to complete degrees.

Service-learning is only a small part of the nursing school experience. Roosevelt even said, “It’s really hard to say specifically, hey, the service-learning did this.” Students may not be able to isolate the service-learning experiences from the overall nursing program. This makes it a challenge to identify whether many of these ethical provisions or professional nursing attitudes were affected by the service-learning experiences, the nursing program, or another aspect of their program or lives. Another concern with having students suggest that an educational program affected ethics and attitudes is that some, including Roosevelt, believe that these things are innate to us and cannot be developed. Looking back on their experiences, graduates may not have realized at the time what they were getting from the experience. Within Kegan’s (1982) meaning making theory, the relationships of the object—the thought process an individual recognizes and can control—and the subject—the unconscious part of our mind—is important because individuals may or may not recognize educational benefits of a program depending on their cognitive level of this object/subject relationship.

### *Conclusion*

This chapter focused on four key findings: Service-Learning outcomes, vertical alignment of service-learning, ethical growth, and professional nursing attitudes. These

findings are discussed at length in the final two chapters of this work. The meaning and implications of these findings are presented for discussion as well as links to existing literature. This work will conclude with a presentation of the limitations of this study and areas for further research related to the current study.

## Chapter VI

### DISCUSSION AND IMPLICATIONS

There were several goals of this study. The first was to explore the experiences of nursing graduates who had completed a series of vertically aligned service-learning courses across their Bachelor of Science in Nursing program. The next goal was to develop a better understanding of graduates' experiences within the service-learning courses and projects across semesters. Another goal was to identify the elements of ethical and professional attitudes which students believe their service-learning experiences impacted. The final goal was to determine if long-term service-learning affected professional nursing attitude and ethical development as achievable education outcomes. By examining vertically aligned service-learning and its effect on ethical and professional nursing attitudes, the hope is that educators will consider the student benefits and limitations of completing a series of scaffolded service-learning courses and potentially incorporate a vertically aligned service-learning program within their curriculum.

#### Summary of Findings

Findings are presented as they relate to service-learning, vertical alignment of S-L, ethical growth, and professional nursing attitudes. Presented in the area of service-learning are findings related to improved relationships with peers, faculty, community partners, and patients. Additional relevant service-learning findings included participant feelings of better understanding patients, community issues, and resources available to

combat those issues. Specific to the vertically aligned service-learning program, findings included practicing both the service-learning and community engagement process, and feelings of participants having a more well-rounded experience compared to peers without service-learning experiences. Of particular note here is that when students develop an understanding of the service-learning process, this process aligns with the development of understanding the community engagement process.

Vertical alignment of student service-learning experiences not only effects student understanding of the complexity of engaging with communities, but also that this consistency of engagement impacts student ethical and professional nursing attitude development. Findings related to ethical growth included relationships and collaboration with others, respect for and understanding of patients as human beings, and wielding authority in the healthcare setting with responsibility, character, and integrity. Continuing to grow personally and professionally was another important finding related to ethical growth. Professional nursing attitudes can be developed through long-term engagement of service-learning. The findings related to professional nursing attitudes included empathy toward diverse patient views and approaches to care, valuing continuous improvement across all aspects of care, and collaboration with healthcare professionals and valuing contributions of each team member.

#### Meaning, Importance, and Implications of Findings

The findings of this exploratory study provide further evidence that service-learning can help increase a myriad of learning outcomes. The vertically aligned service-learning component of Case Institution was examined for consistency with the benefits of one-off service-learning and to explore additional benefits and implications based on

participants repeating the S-L projects over time while adding more and more autonomy to build their own projects. Finally, the topics of ethical and professional attitude development through sustained, structured service-learning activities are presented. While the S-L component was helpful in sharpening or enhancing student attitudes, the graduates insisted that service-learning did not develop attitudes, as Roosevelt claimed, “They didn't instill it in me; it was already there.”

### Service-Learning

Many of the service-learning outcomes presented below are consistent with past research. However, some of the findings of this study show slight modifications to concepts presented in other studies. Overall, service-learning seems to strengthen students' knowledge, skills, and attitudes, especially those community-based outcomes that are not found across all nursing programs. The following sections include several findings and implications of those findings.

*Personal.* Every participant indicated that the service-learning experiences improved their relationships with peers and community partners. Most participants said S-L improved their relationship with their faculty member as well. The idea of enhanced peer relationships is consistent with the literature (Eyler & Giles, 1999; Eyler et al., 2011; Osborne, Hammerich, Hensley, 1998). Graduates credited the constant small group work and collaboration necessary to complete the service-learning projects for enhancing their relationships with peers. In cohort-based programs such as the nursing program at Case Institution, student relationships and group cohesion were important to the success of the group. Throughout these graduates nursing school experiences, they had to complete a service-learning course each semester. Most of the time, they work closely in groups of

six to eight on a project touching some population of the community. Findings emanating from this study related to attitudes that would logically be built by group activities. Multiple group-based service-learning projects have been shown to enhance collaboration and teamwork, relationships with peers or others, and enhanced communication skills.

For Madison, the peer relationships were enhanced because “we had to be involved with each other more” through the service-learning projects. Ford noted, service-learning strengthened their relationship with peers and added “It was kind of nice to be able to get to know those four or five people from your class a lot better because these wouldn’t be just like a quick meet up after class kind of assignments.” Student’s interactions with faculty members and community partners outside of the classroom setting, such as those noted by Madison, seemed to help give students “bonding points” to see the value of interactions with a variety of stakeholders to accomplish the goal of the projects.

Another important finding in this study is that service-learning impacts existing ethical and moral values. This is consistent with the literature as far as service-learning impacting nursing student attitudes (Bassi, 2011; Foli et al., 2014; Hwang et al., 2013; Kirkpatrick & Brown, 2006; Lashley, 2007; Missen et al., 2016; Reising et al., 2006; Sawin et al., 2016; Vogt et al., 2011). Participants for this study, across the board, felt that neither the service-learning projects, nor the nursing program overall helped them develop attitudes or values from scratch. Instead, each participant used their own descriptors including Washington’s claim that attitudes were “strengthened” or

“reinforced,” while Ford and Roosevelt focused on the idea of “building on” the foundation of existing ethical and nursing attitudes.

Learning is unique to each learner and is constructed from old knowledge and experiences according to Kolb’s (1984) experiential theory. New knowledge and experiences are fed into a “continuous cycle” of learning, experiencing, and applying new knowledge (Hill, 2017, p. 934). Attitudes can be similar in that they are typically built upon and can be shaped by academic programs, but they can never be formed from these experiences alone, especially for adult learners who came in with life experiences (Knowles et al., 2015).

Graduates’ personal outcomes related to service-learning include enhanced relationships with peers along with others and sharpening of ethical and professional nursing attitudes. All participants noted that service-learning helped deepen relationships with peers and community partner agencies. Madison and Washington claimed a neutral effect on relationship with faculty members, but Ford and Roosevelt indicated a positive influence on that relationship. However, Madison did mention, “when it comes to being in clinicals or projects or service-learning, you can see their own true aspects of their nursing, and their lifestyles, how they were portrayed as a nurse come out.” While evidence has been provided that teamwork and collaboration are enhanced through service-learning (Bassi, 2011; Kirkpatrick & Brown, 2006; Kruger et al., 2010; Sensenig, 2007), few published research studies could be located on improved peer-to-peer (Hatcher & Oblander, 1998), student-to-faculty (Eyler & Giles, 1999), or student-to-community relationships.

Development of relationships is important for nurses who constantly have to work together with their peers, doctors, administrators, and patients. Based on participant responses, it is evident the consistent, small-group element of the vertically aligned service-learning program at Case Institution helped foster closer peer-to-peer relationships with members of the cohort. This is because nursing students were made to work so closely together and to coordinate a variety of levels of service-learning projects throughout their academic coursework. Relationship-building with a variety of stakeholders is a skill which encapsulates a wide variety of attitudes which are mirrored in the professional nursing setting. Roosevelt indicated that a “big part” of the service-learning projects was to “work with others, and having to manage your time, and be functional adults, and get things done.” Attitude enhancement is also an important personal outcome of this study, but one that will be discussed further in a later section of this work.

*Professional.* Most graduates felt these outcomes were directly applicable to the professional nursing environment. These include clarification of nursing role (Hunt, 2007; Kruger et al., 2010), collaboration (Bassi, 2011; Kirkpatrick & Brown, 2006; Kruger et al., 2010; Sensenig, 2007), communication (Vogt et al., 2011; Ward et al., 2007), and better understanding patients (Hunt, 2007; Sensenig, 2007; Sawin et al., 2016; Vogt et al., 2011). Greater recognition of the scope of the nursing profession, better understanding patients, and a sharpening of ethical and attitude development were seen by participants as being impacted by vertically aligned service-learning activities. Graduates seemed to understand their role as a nurse and an educator better as well as the scope of what a nurse can do, especially in community nursing (Ward et al., 2007).

Madison realized how much nurses do and the service-learning element of the program “opened up my eyes to see there’s so much more to nursing than just the hospital.” What is important to recognize about the professional outcomes of collaboration, communication, and better understanding patients is that they are interconnected for the participants in this study. Each graduate mentioned connection between improving communication and collaboration over time to continue to work closely with patients to eventually understand what each individual patient is facing. Ford added that service-learning “helped develop more of ... understanding our patients a bit more as we have more exposure to people in situations that we did not come from.”

Better understanding patients also relates to community outcomes of service-learning engagement, such as exposure to the “social, cultural, and economic barriers which are not as highly pronounced in hospital settings” (Smith et al., 2013). Experience with diverse stakeholders through service-learning is important because it can lead to greater cultural awareness (Otterness et al., 2007) and can help graduates work alongside a variety of patients, including vulnerable populations. Ford and Roosevelt specifically mentioned their duty to vulnerable populations and the need to help these populations specifically as a nurse because of the understanding that these people may not have the means that the majority of people have. Roosevelt described the service-learning projects as providing practice with “being able to be compassionate and sit and listen or ask questions and try to understand the situation a little more.”

Outcomes related to professional knowledge, skills, and attitudes were included in these findings. Clarification of the nursing role seems to align with previous studies related to comfort or confidence in the nursing role (Anderson & Miller, 2011; Bassi,

2011; Kruger et al., 2010; Pharez et al., 2008; Reising et al., 2006; Vogt et al., 2011). However, many of the participants of the current study expressed increased confidence in the nursing role but also emphasized they learned the expanded scope of the nursing role (Hunt, 2007). Madison add the experience students gained in working with patients, saying “we were just nursing students and in college and we're actually providing education and sending them home with what we would actually do in the real field is send these patients home with their own monitoring systems.” Other findings from this study related to professional outcomes include collaboration and teamwork (Bassi, 2011; Kirkpatrick & Brown, 2006; Kruger et al., 2010; Sensenig, 2007), communication (Vogt et al., 2011; Ward et al., 2007), and better understanding patients.

This study is consistent with the literature in regard to professional outcomes and provides further evidence that service-learning can help enhance the professional skills listed above. However, better understanding patients is presented in much of the literature as empathy for populations (Hunt, 2007; Sensenig, 2007; Sawin et al., 2016; Vogt et al., 2011). While better understanding patients can lead to empathetic feelings towards them, participants in this study discussed at length their exposure to a variety of individuals with different backgrounds, views, and environments. Learning a great deal about people you don't know is something that Roosevelt pointed out and mentioned, “you have to figure out how to incorporate that into you plan of care.” By seeing and interacting with diverse others in their spaces and context, students were able to recognize the wide variety of issues that can affect health.

*Community.* As the costs associated with healthcare rise (Barati & Fariditavana, 2019), nurses need to be prepared to provide care to a wide variety of patients, some of

which may not have the means to devote to self-care. Graduates indicated the vertically aligned service-learning program enhanced outcomes related to community and community awareness. When discussing the community engaged aspects of Case Institution's service-learning program, participants promoted learning about community issues and resources, and how to engage in community outreach, as key outcomes of the program.

Understanding community issues and knowing the resources that are available, especially those that are low or no cost to patients, is an important part of becoming a well-rounded nurse. Madison talked about being exposed to the "issues and problems community faces" and becoming aware of "some of the resources they offer." Multiple researchers have provided evidence that service-learning has the potential to increase nursing students' awareness of community needs (Bassi, 2011; Lashley, 2007) and resources (Kirkpatrick & Brown, 2006; Kruger et al., 2010; Pharez et al., 2008; Smith et al., 2013). By better understanding communities and the issues patients face through service-learning, nursing graduates have the potential to impact their communities in positive ways.

Graduates who had engaged in a vertically aligned service-learning program indicated a strong link from the service-learning process to the community outreach process. Madison expressed the "one thing that I would take from the service-learning is knowing how to research and to look these things up and to implement these ideas" both in the community for service-learning and in the community as a professional nurse. Through engagement with diverse populations, including vulnerable populations, nursing graduates at Case Institution were able to increase their capacity to engage with the

community. This finding aligns with research that promotes links to service-learning outcomes of increased student cultural awareness (Kruger et al., 2010; Otterness et al., 2007; Sensenig, 2007; Ward et al., 2007), attitudes toward various populations (Lashley, 2007; Sawin et al., 2016), and civic responsibility (Reising et al., 2006). As eventual graduates built these skills through their S-L projects, they were able to better recognize community issues and were empowered to create interventions for those problems (Anderson & Miller, 2017; Bassi, 2011; Hunt, 2007; Kruger et al., 2010; Pharez et al., 2008; Reising et al., 2006; Vogt et al., 2011).

Community-based outcomes of student engagement in service-learning include gaining understanding of community issues, awareness of the available resources, and learning how to engage in community outreach. Nursing student recognition of community needs (Bassi, 2011; Lashley, 2007) and building knowledge of community resources (Kruger et al., 2010; Pharez et al., 2008; Kirkpatrick & Brown, 2006) are well-supported in the literature across several relevant studies. By recognizing community needs and resources, nursing graduates were able to leverage this knowledge to help others with health-related issues. Roosevelt noted, “a lot of our service-learning, especially when we went out into the community, we dealt with a lot of the underprivileged individuals.” Additionally, identifying issues and resources to combat said issues are pertinent to the professional nursing world and also can impact a nursing student’s ability to learn the community engagement process. Service-learning courses at Case Institution provide nursing students with opportunities to engage with communities through a series of vertically aligned service-learning courses. Completing this series of courses allows students to learn the service-learning process and, in turn, shows students

how they can engage with communities in the future. This topic will be explored further in the following section.

### *Vertical Alignment of Service-Learning*

Many service-learning studies focus on a variety of elements of, within, and outcomes of one-off service-learning experiences, but few studies have examined a vertically aligned service-learning program (Kruger et al., 2010). Key findings emanating from this study include the idea of practicing, engaging in, and learning the service-learning process over time, gradually gaining control of service-learning projects, and creating more well-rounded nurses. Because of the dearth of published research on vertically aligned service-learning, a major implication of this study is providing insight into this rather unique style of curricular S-L integration.

### *Practice makes Perfect*

Findings and student learning outcomes related to the vertically aligned service-learning process included practicing and enhancing skills and attitudes through repetition of the S-L process. The vertical alignment of service-learning projects allows students to improve their projects as they practice and repeat the process. In his renowned book, *Outliers* (2011), Gladwell promotes the idea that greatness requires an extremely large amount of time on task. It was repeated by each of the participants that one of their takeaways from the structured service-learning curriculum was that the more practice one has with building service-learning projects and using the knowledge, skills, and attitudes associated with these projects, the more it helped them learn the steps needed to engage with the community in the future. This is important given what nursing graduates can gain from the wide variety of benefits which have been outlined in this dissertation.

The idea of consistent practice with the knowledge, skills, attitudes, and service-learning itself seemed to be a major factor in helping graduates discover and develop the benefits of service-learning. Each graduate interviewed for this study indicated that by the final one or two projects, their understanding of the service-learning process and confidence in their ability to create these projects with more independence had increased. Ford enjoyed the service-learning projects because “Past the first semester, you got a lot more leeway of what you wanted to do and what you wanted to bring to the table.” The idea of using scaffolded service-learning experiences to build student knowledge, skills, and attitudes has many implications for the field. The evidence for service-learning being beneficial to student development in various personal, professional, and community outcomes is overwhelming, and those same outcomes only stand to be increased by the reiteration and continuous cycle of service-learning project development.

*Learning the service-learning process and knowing where to begin.* Graduates from Case Institution were gradually introduced to service-learning projects. At first, faculty members lead the planning of projects, but nursing students were gradually given greater autonomy to build their own projects. Learning the process and being exposed to previous projects helped create a “rubric” or “blueprint” for Washington:

We'd definitely learn and use techniques that were already studied, already proven to be effective for your patient. So, I think with the service-learning portion, it definitely prepared us to follow the blueprint. And this is the blueprint that's already given, no need to reinvent the wheel.

Understanding how to best maximize the service-learning benefits for nursing students requires inquiry into nursing schools which incorporate vertically aligned service-

learning courses across their curriculum. Further investigations are warranted into these types of programs because only few studies could be found on vertically aligned service-learning programs (Kruger et al., 2010).

Greater confidence and comfort in the nursing role (Anderson & Miler, 2017; Bassi, 2011; Hunt, 2007; Kruger et al., 2010; Pharez et al., 2008; Reising et al., 2006; Vogt et al., 2011) seemed to be interlocked for the participants of this study with engaging in iterative service-learning projects. As the graduates are not professional nurses, each one indicated “it didn't make me or any of my cohorts nervous at all” and not being scared or nervous in starting a variety of impactful projects across various professional nursing settings (Madison). Washington added, “I'm still doing service-learning projects as a practicing nurse.” Knowing how to identify issues and produce interventions are skills that each nurse should have, and vertically aligned service-learning projects are important for teaching students how to use these critical skills to better the health of their communities.

*Gradually gaining autonomy in creation of projects.* Graduates, including Roosevelt, appreciated the “building block” approach to the service-learning process in part because of the initial transition pains entering and adjusting to nursing school. It was important for the graduates to see, participate in, and experience a service-learning project in action before being asked to create one themselves. The autonomy of building their own projects aligns with Knowles and colleagues' (2015) adult learning principle of being self-directed by the learner, driven by their needs or interests, and using experience as the preferred medium of learning. Additionally, Knowles et al. (2015) suggest that

“sharing control over the learning strategies is believed to make learning more effective” (p. 169).

Schaffer et al. (2015) noted one of their participants mentioned that service-learning experience helped create comfort working with ambiguity and little direction. The same participant added that as greater autonomy was granted, there was an increase in comfort being self-directed. Within this study, Ford shared, felt more invested and had a greater sense of pride in the more ambitious service-learning projects because the student groups were able to use that sense of self-direction and investment in the project they had built over time. Ford added “once you dive more into it ... it’s something you get to choose mostly and put some pride into it.” All of the current study’s participants believed that the service-learning projects affected their attitudes related to wielding authority, having accountability, and embracing responsibility during their activities. Washington mentioned “Accountability, responsibility, and the authority, service-learning definitely helped to implement those.” These attitudes are important for nurses to build capacity to lead and serve both patients and the healthcare environment.

*Setting expectations for future service-learning projects.* It was important for participants in this study to know that each semester would include a service-learning project. Each participant talked about the expectation that another service-learning course was coming. Washington even described the idea that “the thought process changed” by the third semester because expectations had been set in previous service-learning courses. This is an example of a transformative learning experience in which Washington’s meaning structure around service-learning was altered in an irreparable way (Mezirow, 2000). This transformation seemed to lead to greater comfort and

confidence in the role of collaboratively creating service-learning projects with peers, community partners, and faculty members.

### *Creating More Well-Rounded Nurses*

Each participant expressed appreciation of the service-learning program because they believed it enhanced their professional skills and provided experience working with community-based health issues. The assumptions of experiential learning are that learning is both holistic and “constructivist in nature” (Merriam et al., 2007, p. 163). As students experience repeated service-learning experiences, they engage in a continuous cycle of construction, interaction with the environment, and reconstruction of knowledge in reaction to internal feedback (Piaget, 1969). Graduates reflected back on their time in their service-learning projects and many described being exposed to a variety of environments and individuals during their program. Roosevelt talked about the service-learning projects exposing students to “where the needs need to be met ... and what you can do in your education to help meet those needs.” Due to their experiences, each graduate gained a variety of knowledge, skills, and attitudes from their service-learning courses that they believed they would not have gained without their service-learning experiences.

Participants felt that exposure to a wide variety of people, environments, and situations were important to making them well-rounded nurses. Ford noted, “getting out of the hospital and getting ourselves out in the community” was “beneficial because it allowed us to get out of our comfort zone” and learn more about the community. Collaboration and teamwork, understanding factors affecting patients, and building empathy with patients were key takeaways for each participant. These findings are

consistent with the literature about one-off service-learning and graduates most likely enhanced their learning around those topics because of the repetition and gradual growth in autonomy for creating projects. Washington mentioned that having multiple service-learning projects “puts you in different arenas” and “having those different topics given to me and having multiple disciplines given to me ... was definitely beneficial.” The nursing field stands to benefit from having nurses who have been educated with civic and community objectives in mind. The field will benefit as nurses gain awareness of the holistic perspective of a patient, not just the acute health reason for their visit. If graduates can see beyond the acute health setting and can understand the wide variety of determinants of health, then they should be able to provide more comprehensive care for their patients.

#### *Ethical and Professional Nursing Attitudes*

Assessing which attitudes graduates believed were enhanced through their vertically aligned service-learning courses are important because changes in attitudes are much more difficult to teach and assess than knowledge or skills. Augustin and Freshman (2016) promote the idea that “The exposure effects of service-learning provide an opportunity to change attitudes, perceptions, and behaviors” (p. 2). Washington indicated that the service-learning experiences were a “launching pad” for enhancing ethical and professional nursing attitudes. Developing a better understanding of which ethical and professional nursing attitudes can be enhanced through service-learning activities can help higher education professionals determine the value and the shortcomings of the service-learning activities.

Attitude development is a tricky subject in education. Several studies claim that service-learning has helped students develop better attitudes toward populations (Lashley, 2007; Sawin et al., 2016), foster attitudes of civic responsibility (Reising et al., 2006), empathy for populations (Hunt, 2007; Sawin et al., 2016; Sensenig, 2007; Vogt et al., 2011), and enhanced collaboration and teamwork (Bassi, 2011; Kruger et al., 2010; Kirkpatrick & Brown, 2006; Sensenig, 2007). A few of the ethical and professional nursing attitudes examined in this study were not readily found in the literature. Findings consistent with the literature include gains in building relationships, collaboration and teamwork, and to a degree empathy for patients. Those findings that are counter to or build upon existing research are presented in the sections to follow.

Findings emanating from this study include those relevant to the effect of service-learning on ethical or professional attitude development. The strongest responses from graduates regarding the ANA Code of Ethics inferred a strong connection between service-learning and several ethical attitudes. Those attitudes include relationships and collaboration, authority and responsibility, and professional and personal growth. Out of the six QSEN professional nursing attitudes, service-learning seemed to most strongly impact patient-centered care and teamwork. The strongest responses were the professional nursing attitudes related to empathy, compassion, contributing to a team, and collaboration. Each of the findings will be further examined in the sections below.

### *Ethical Growth*

The American Nursing Association sets the standards for the Code of Ethics for Nurses. This organization promotes nine provisions along with relevant ethical attitudes to all nursing education institutions. Engaging in ethical practices related to building

relationships and collaborating with peers and others, maintaining professional and personal growth, practicing wielding authority, accountability, responsibility, and protecting patient privacy are important to nursing students because these are all attitudes that will be used in the nursing environment. Washington promoted the idea of practicing and putting on display these ethical attitudes and claimed that the more students engage in service-learning, “the better off you’re going to be in the professional environment.” Through the service-learning projects, graduates including Ford were able to see patients as individuals who had “preferences and the capacity make their own decisions” about their care. Seeing patients as individuals helped graduates realize those human and environmental determinants of health which affect how the nurse would care for that individual.

Based on the statements associated with the ANA’s Code of Ethics, graduates felt that the following provisions were most impacted by the service-learning portion of their curriculum. Provision one states that “The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person,” and provision five adds that “The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth” (Katulka, 2018, p. 1). These two provisions had the highest proportion of positive response out of any of the provisions. Within each of the other provisions there was at least one statement from each provision that a majority, if not all, graduates indicated relevance to their service-learning projects.

The service-learning aspects of the nursing program helped enhance the graduates' competence and continuation of professional growth in the areas of: Clarification of the nursing role, collaboration, communication, and better understanding patients. Madison added, "service-learning teaches you those aspects to continue to constantly educate yourself on what's up to date and what's going on as far as applying those from the service-learning projects." In the professional realm of nursing, Ford related their experience in the service-learning courses to taking on a larger role in their hospital, adding "the service-learning projects did make it a bit easier for me to do stuff maybe outside my job description ... I think it's helped there because it helped me get out of my comfort zone." Being put in uncomfortable situations is not a goal of service-learning projects but it certainly helps push students into situations that are new to them and, in turn, these participants had to navigate those situations using the skills, knowledge, and attitudes developed throughout their nursing education.

#### *Professional Nursing Attitudes*

The organization Quality and Safety Education for Nurses created six competencies as a blueprint for every nursing education institution to equip nursing graduates with the knowledge, skills, and attitudes required of the nursing profession (Altmiller & Hopkins-Pepe, 2019). Quality, safety, patient-centered care, and teamwork are a few key aspects within the work of nursing and education institutions have a duty to train potential nurses to be well versed in a wider variety of nursing duties related to these competencies. Washington promoted the idea that nursing students should be allowed to practice all aspects of nursing regularly in nursing school because a nurse should not be on the medical floor learning "on the fly." So, nursing education programs should

explore potential avenues to help nursing students develop and practice professional nursing attitudes.

QSEN's professional nursing attitudes were reviewed with each participant and the attitudes that were most relevant to the service-learning projects fell under two competencies of patient-centered care and teamwork. The other attitudes related to the competencies of evidence-based practice, quality improvement, safety, and informatics only had strong responses for one of the related attitudes in each competency, except for informatics, which had no strong responses. Based on the findings listed above and the specific structure of the S-L program at Case Institution, this list makes logical sense that graduates would feel they enhanced their existing attitudes toward patients and teamwork. Most of the service-learning projects did not focus specifically on the other competencies related to attitudes.

Recognizing the ability and role of service-learning in helping students build upon their professional nursing attitudes is a key implication of this portion of the study. Case Institution's vertically aligned S-L program focused on small group service-learning projects that worked directly with a variety of individuals which align with many of the attitudes related to patient-centered care and teamwork. However, this does not mean that service-learning projects cannot develop the other competencies of attitudes. Faculty and administrators of nursing or service-learning programs should recognize the benefits to student attitudes presented here and consider more broadly how the other areas of professional nursing attitudes may be developed through service-learning as well as other educational approaches.

## Implications for Service-Learning Programs

This study examined a specific type of vertically aligned service-learning program within a school of nursing. Understanding the successes and challenges of a wide variety of service-learning programs and curricula is important for the field of service-learning and other high impact educational practices. Koch et al. (2017) called for higher education professionals to vertically align high impact practices because of the value added for students. It is important to explore and study institutions and programs that are finding success in integrating high impact practices in and across the curriculum.

Jacoby (2014) describes the vertically aligned service-learning model as a “course sequence” with the same general idea that “Students take a sequence of courses, each one building on the work of the previous, with the service becoming more intensive and the reflection becoming deeper and more critical” (p. 97). It is important to understand the theoretical underpinnings of what it will take to create a vertically aligned model of service-learning but many more studies into these types of programs is warranted. When higher education faculty, practitioners, and administrators can integrate service-learning into the curriculum, they can help students build knowledge, skills, and enhance student attitudes towards one another and the community.

### *Implications for Practice*

Implications from this portion of the study are that nursing graduates felt their specific service-learning experiences were relevant to ethical and professional nursing attitudes including: (A) Relationships with patients, colleagues, and others, (B) respect for human dignity, (C) collaboration, (D) protection of privacy and confidentiality, (E) authority, accountability, and responsibility, (F) assignment and delegation, (G)

maintenance of professional and personal growth, wholeness of character, ethical obligation, and duties to self or others, (H) research and professional practice standards, and (I) integrity of the profession. Faculty members and administrators within nursing education should seriously consider both the various attitudes that can be sharpened through service-learning and those attitudes that graduates felt did not relate to their service-learning experiences. Upon reviewing these attitudes, these faculty and administrators can make informed decisions on the intended outcomes of the service-learning activities and what other kinds of educational practices can be included to strengthen the attitudes that were irrelevant to the graduates' S-L projects.

Additionally, the inclusion of vertically aligned service-learning lends itself well to cohort-based programs which have greater control of student schedules. Schools of arts and sciences and other schools with a wide variety of electives or pathways for students to choose would make a four-course series nearly impossible. However, a smaller series of upper-level courses that are embedded within an academic major could potentially produce similar results on student outcomes. Institutions of higher education will be challenged to infuse high impact practices within and across a multitude of disciplines, each with their own unique and important features.

While a variety of service-learning programs and approaches have been studied and published on, only one publication was found to report on a program like the nursing program at Case Institution that uses a vertically aligned service-learning program to enhance student outcomes. This publication is a formative evaluation of a nursing program in which students participate in service-learning and clinical experiences with a “Home-base structure” (Kruger et al., 2010). The goal of that program is to “integrate

community health concepts and experiences across the curriculum ... as a way to teach students to swim in the ocean (i.e., community) as well as in a pool” (Kruger et al., 2010, p. 10). This study presented preliminary results on student outcomes including the benefits of interaction with a variety of people, learning community resources, building relationships, working independently, communication, education, and advocacy.

The home-base model engages their students across five semesters. The first semester students are engaged with their home base by attending events and being exposed to a variety of health influences. Within the next three semesters, students get involved with the home base by creating, implementing, and evaluating small-scale interventions. In the final semester, students work as partners with the home base and “students function autonomously and work in a collegial manner with community and faculty partners” (Kruger et al., 2010, p. 14). The programs have many similarities, but the biggest difference in the programs is that Case Institution has students complete service projects with a variety of community partner agencies, not just one. Like the Home-base model, the service-learning program at Case Institution includes a variety of levels in which students participate in, engage with, and create service-learning projects. In Case Institution’s nursing program, the first course is similar in that students participate in existing projects. The middle courses, because Case Institution only has four semesters in their nursing curriculum, are similar as well because of the use of small community interventions used. In the final semester, nursing students at Case Institution also work autonomously in collaboration with community partner agencies and their faculty member.

Many outcomes of the study by Kruger et al. (2010) were consistent with the current service-learning literature. Reported preliminary outcomes for the Home-base model include broadening of student conceptions of health, working with a variety of populations, learning about the community and resources, relationship building, and additional “knowledge and skills” related to nursing roles including advocacy, education, and communication (Kruger et al., 2010, p. 10). Many of these knowledge and skill-based outcomes fall in line with the findings of the current study. However, this study also looked at a third important component of professional nursing competencies, attitudes (Quality and Safety Education for Nurses, 2020). Although the researchers do not use the term vertical alignment, additional findings from Kruger et al. (2010) study pertain to the vertical alignment of the service-learning activities as they reported:

The gradual progression of community experiences within the curriculum is necessary for students to engage residents, develop relationships that move them toward grasping the big picture, appreciate the influence of community context on health, and develop a population approach to practice. (p. 15)

Many of these findings align with results from the current study in terms of relationship development and seeing the population approach as one where students better understand individuals and the factors that influence individual health. Yet, it is surprising that none of the outcomes mentioned include the idea of practice over time as an enhancement of many of the benefits from the Home-base study.

#### *Assumptions and Potential Biases*

It is important to keep in mind both the assumptions built into the scope of the study and the researcher’s personal assumptions as potential for bias interpreting the

findings of the study. To review, this study was framed using the theories regarding adult learners, meaning making, experiential learning, and service-learning. Assumptions with adult learners is that learning focuses on their personal needs or interests, is self-directed, and experience is the preferred medium (Knowles et al., 2015). Meaning making from experiences is a highly personal process which combines cognitive, social, and emotional understandings of the experience (Kegan, 1982). According to Baxter Magolda (2009), meaning making structures are initially heavily influenced by external forces, but individuals can progress to self-authorship of meaning making structures. Participants ages varied and each one may be at a differing cognitive level and that will affect how they view and make meaning of their experiences.

Experiential learning theory includes several assumptions, a few of which are pertinent to re-present here. Learning is a constructivist process, reflection on and refinement of knowledge is important, and learning requires an individual to interact within an environment (Kolb & Kolb, 2005). In addition to the previous assumptions, my personal assumptions pertaining to service-learning include (A) potential to affect student outcomes of civic learning, academic enhancement, and personal growth, (B) students make some sort of meaning of their service-learning experiences, (C) people construct and reconstruct knowledge as they interact with their environment, and (D) as students become more aware of the intention of service-learning, they will make deeper meaning of those experiences.

### *Limitations*

Due to the in-depth nature of qualitative studies, a limited number of participants were engaged. While generalization is not a goal of qualitative research, the hope of this

study was to create some form of external transferability (Maxwell, 2013). Context was also highly important. Variety in the type of service-learning program, students, or the S-L experiences themselves has potential to provide differing conclusions in similar studies in the future. Each of the participants in this study preferred learning methods that were hands-on types of experiences. Not having participants with different preferred learning methods is an area of potential bias.

Talking to graduates about their past experiences has potential to bias the study because they may not recall or understand specific details, especially in their thoughts about past experiences. They could mistakenly attribute gains in one area or attitude to service-learning when it may have been affected through another experience all together. Finally, the construction of the prompts within the ANA Code of Ethics and the QSEN Competencies were at some points confusing to participants. Some of the attitudes or statements within the documents were very similar to previous prompts and some were worded in such a way that it was difficult to interpret the intended meaning or differentiate the prompt from similar ones.

#### *Level of Generalizability of Results*

Additional studies on this topic are necessary to create larger generalizability of these findings. However, a limited amount of generalizability exists. Most findings from this study are consistent with and provide further evidence to existing literature. Enhanced relationships with peers, better understanding patients, and learning the service-learning process are areas that build on and expand the current literature base. The biggest take away from this study is that a vertically aligned service-learning program can sharpen ethical and professional nursing attitudes of students.

Each graduate made sure to point out the rigor of the nursing program and the wide variety of educational experiences that students go through including class, clinical rotations, service-learning, and preceptorship. When participants responded to some of the prompts, it seemed as if it was hard for them to separate the gains they experienced as specific to the service-learning involvement. Roosevelt noted it was tough to say “the service-learning did this” and whether service-learning was the major or only factor to help build a certain skill or attitude. This, in turn, makes it hard for a researcher to say whether student outcomes were a result of service-learning, opposed to the overall nursing program or a specific clinical placement. Additionally, natural advances in maturity of the students may be an alternative explanation for student gains in some competencies such as responsibility, recognizing community needs, empathy, or caring more about people.

#### *Areas for Further Research and Future Studies*

The exploratory nature of this study allowed for examination of a wide variety of topics within service-learning, vertical alignment, and attitude development through service-learning. Because no one has published a study on the effects of a vertically aligned service-learning program on student attitude development, there are many additional questions begging to be asked. First, would the same study with different participants present similar results? Second, would the current findings be consistent with findings involving a similar case? Third, would the findings of a similar study be different if the researcher interviewed participants about the ANA Code of Ethics and the QSEN Competencies after each semester of their nursing curriculum? Finally, are there better tools for assessing student attitude development?

### *Recommendations*

It is recommended that researchers explore elements of vertically aligned service-learning programs, such as the transition between year 1 nursing and year 2, relationships between faculty and service-learning students, and different types of service-learning activities. Third semester, or transition from year 1 nursing to year 2 nursing, seems key to students better understanding service-learning. By the third semester, the “thought process changed” toward service-learning because the expectation was set by the previous two projects and “we knew exactly what was expected of us” (Washington). Furthermore, greater autonomy of project creation was granted to students which meant they knew the onus was on them to plan and implement the projects. Through service-learning projects, faculty show students issues which they are passionate about and are able to exemplify what it looks like for a nurse to engage with individuals and groups in the community outside of an acute healthcare setting.

Additional research in vertically aligned high impact practices is needed (Koch et al., 2017). To better understand the benefits and challenges of vertically aligned service-learning, researchers should study a variety of programs across academic disciplines who follow the vertically aligned model. Administrators and faculty members in schools of nursing should review the types of activities experienced by participants in this study and consider whether it was these specific activities that impacted participant experiences and led to findings in this study. Longitudinal studies of students are needed to gain further insight as to the student experience while it is happening and to see when students start to make gains among the varying attitudes. Studies of a variety of different service-learning activities are needed to determine if specific S-L activities effect student attitudes

differently. Quantitative studies are necessary in this area to create more generalizable results about student attitude development through one-off and vertically aligned service-learning programs. Hopefully this study will promote greater numbers of researchers to examine a variety of models of service-learning integration, especially vertical alignment of the service-learning courses and activities.

### *Conclusion*

This qualitative exploratory study addressed the research questions by examining experiences of nursing graduates while engaging in a vertically aligned service-learning curriculum within their nursing program. Additionally, the effect on ethical and professional nursing attitude development was explored and discussed. It seems that the vertical alignment and repeated service-learning projects were important to building peer to peer and community relationships, helped students better understand a wide variety of patients, sharpened ethical and professional nursing attitudes, and taught students the service-learning and community engagement process. These findings along with other outcomes of vertically aligned service-learning should be examined further because students deserve a holistic, well-rounded education complete with the knowledge, skills, and attitudes to be successful in professional environments.

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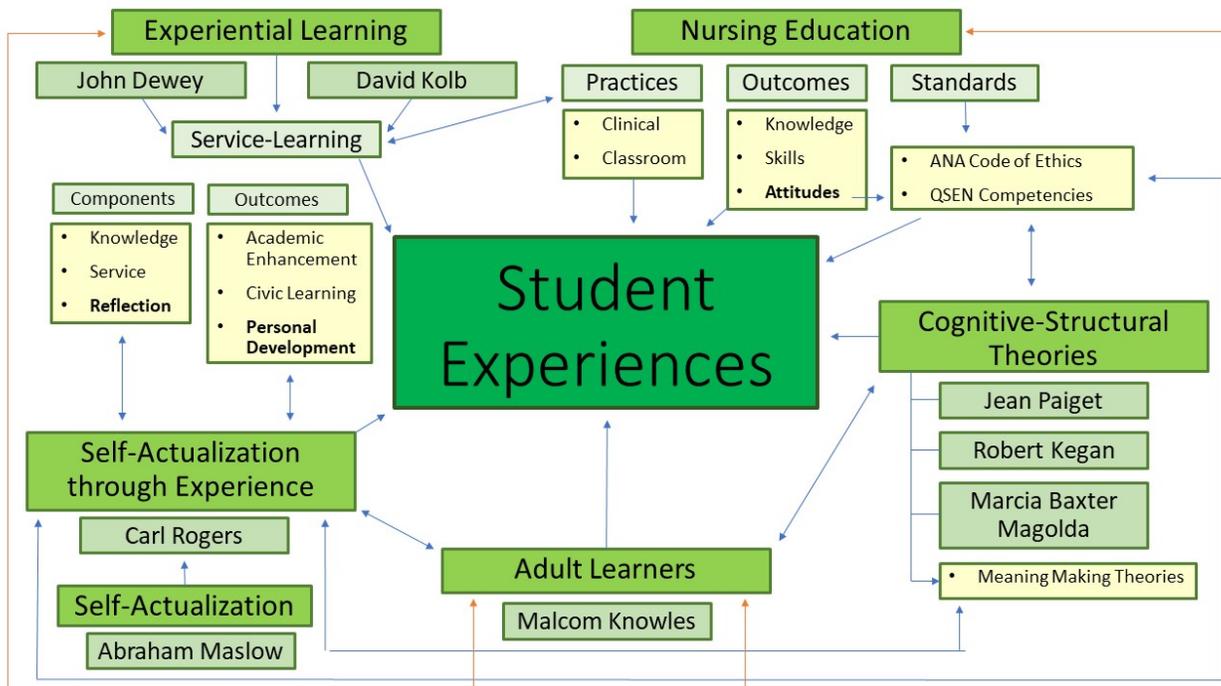
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APPENDIX A:

*Conceptual Framework*



APPENDIX B:

*Cocchi IRB-03863-2019 Protocol Exemption Report*



**Institutional Review Board (IRB)  
For the Protection of Human Research Participants**

**PROTOCOL EXEMPTION REPORT**

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**Protocol Number:** 03863-2019      **Responsible Researcher:** Cody Cocchi

**Supervising Faculty:** Dr. Jamie Workman

**Project Title:** *Case Study of Nursing Student Development After Completing Sequenced Service-Learning Coursework.*

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**INSTITUTIONAL REVIEW BOARD DETERMINATION:**

This research protocol is **Exempt** from Institutional Review Board (IRB) oversight under Exemption **Category 2**. Your research study may begin immediately. If the nature of the research project changes such that exemption criteria may no longer apply, please consult with the IRB Administrator ([irb@valdosta.edu](mailto:irb@valdosta.edu)) before continuing your research.

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**ADDITIONAL COMMENTS:**

- *Upon completion of this research study all data (data list, email correspondence, transcripts, etc.) must be securely maintained (locked file cabinet, password protected computer, etc.) and accessible only by the researcher for a minimum of 3 years.*
- *At the start of the interview session the researcher must read aloud the research statement to each participant. If the interview is recorded, the researcher's voice must be part of the recording and final transcript - reading the statement and confirming participant understanding.*

*If this box is checked, please submit any documents you revise to the IRB Administrator at [irb@valdosta.edu](mailto:irb@valdosta.edu) to ensure an updated record of your exemption.*

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*Elizabeth Ann Olphie*      *07.19.2019*  
Elizabeth Ann Olphie, IRB Administrator

*Thank you for submitting an IRB application.*  
*Please direct questions to [irb@valdosta.edu](mailto:irb@valdosta.edu) or 229-253-2947.*

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Revised: 06.02.16

APPENDIX C:

*Interview Protocol*

## **Purpose**

The goal of this examination is to better understand how nursing graduates feel a vertically aligned series of service-learning experiences affected their development of ethical and professional nursing attitudes.

## **Research Questions**

RQ1: What were the experiences of nursing graduates from a higher education institution who completed four or more vertically aligned service-learning courses within their Bachelor of Science in Nursing program?

RQ2: Did the graduates' experiences in a series of vertically aligned service-learning courses influence the development of ethical or professional nursing attitudes?

## **Qualitative Semi-Structured Interview Protocol**

### **Interview One: Description of Background & Experiences**

1. Describe your educational experience beginning in high school and ending at your most recent education program.
2. Did you receive a high school diploma or GED?
3. Did you complete any dual enrollment in high school?
4. What were your career goals when completing your high school education (or equivalent)?
5. What made you choose Nursing?
6. When did you decide to become a nurse?
- \* Confirm summary of responses so far
7. Did you have any family that were nurses at that time?
8. What were your parents/grandparents' jobs?

9. Did you have any friends in the nursing profession when you decided to pursue nursing?
10. What was the biggest factor in deciding to pursue your nursing education?
11. Did you volunteer or provide community service prior to entering your BSN program?
  - a. If so, what influences were present in your decision(s) to serve?
  - b. If so, how often did you serve?
  - c. If so, what organizations/activities did you choose to serve with?
12. Did you have any jobs during high school or college?
13. Did you have any college experiences prior to entering your BSN program?
14. Did you obtain a college degree before completing your BSN program? (Assoc? Bach?)
  - a. If so, where?
  - b. Did you have a minor?
15. Prior to entering your BSN program, do any teaching activities or methods stand out?
16. What characteristics of the BSN program at your institution were important in your decision-making process?
17. Is the institution you obtained your BSN from accredited? By whom?
18. Is the school you obtained your BSN from accredited? By whom?
19. What year did you graduate from the BSN program at Case Institution?
20. What was your age when you graduated from your BSN program?
21. Are you licensed in this state?

- a. If so, when did you receive your license?
  - b. If not, do you plan to obtain a license? When?
22. What is your current job?
- a. Did they ask about your S-L experience in the interview?
  - b. Did they seem interested in any/all of your S-L projects?
23. Describe your overall experience in the nursing program at your institution.
24. Did you have any service-learning experiences prior to entering the nursing program?
25. Describe what you knew about the service-learning component of the BSN program prior to your first service-learning experience in the nursing program.
26. Did you hear about S-L at Case Institution before nursing school?
27. Reconstruct your *first* service-learning experience in your nursing program.
- a. Did you understand service-learning at that time?
  - b. Have you thought back on that experience and seen any benefits? If so, when?
28. Reconstruct your *second* service-learning experience in your nursing program.
- a. Did you understand service-learning at that time?
  - b. Have you thought back on that experience and seen any benefits? If so, when?
29. Reconstruct your *third* service-learning experience in your nursing program.
- a. Did you understand service-learning at that time?
  - b. Have you thought back on that experience and seen any benefits? If so, when?

30. Reconstruct your *fourth* and final service-learning experience in your nursing program.

- a. Did you understand service-learning at that time?
- b. Have you thought back on that experience and seen any benefits? If so, when?

**Interview Two: Reflection on Service-Learning Experiences & Ethical Practice**

\*Reconstruct the experience within the context which it occurred

31. Did the service-learning elements of the program influence your experience in your nursing program?

32. Relationships to: A) Peers, B) Faculty, C) Community Partners, D) Family, E) Friends

33. Did you learn anything about the community itself?

34. In what ways did the element of longevity—the sustained experience over time—of service-learning involvement influence your experience in your nursing program?

35. Do you believe there is a benefit to doing more than one service-learning course and multiple projects?

\*Hand participant the document “5-Minute Summary: The ANA Code of Ethics for Nurses” document found in Appendix C.

Instructions: Please take a few minutes to review the first page and a half through the section “The 9 Provisions of the Nursing Code of Ethics.” Now together we will review the section “The 9 Provisions & 35 Interpretative Statements of the Code of Ethics” and for each interpretive statement I’ll ask you to describe how you would relate the statement to your service-learning experiences in your nursing program.

36. For each Statement: How would relate this statement to your service-learning experiences?
37. Overall, to what extent do you believe your service-learning experiences contributed to the development of your own code of ethics as it relates to your nursing practice?
38. Please explain your reasoning

### **Interview Three: Service-Learning & Professional Nursing Attitudes**

39. What characteristics do you believe are classified as professional nursing attitudes?
40. How did the nursing program, in general, influence your development of professional nursing attitudes?
41. How did the service-learning elements of the nursing program influence your development of professional nursing attitudes?

\*Hand participant the document “QSEN Competencies” document found in Appendix D.

Instructions: Together we will review each of the six sections related to the QSEN Competencies. For each competency, there is a definition for the competency followed by a list of knowledge, skills, and attitudes. We will only be focusing on the attitudes associated with each competency. For each attitude listed, please describe how you would relate the statement/attitude to your service-learning experience(s) in your nursing program.

42. What are the elements of professional nursing attitudes that you feel would not have been as strongly developed if not for the service-learning experiences?

43. How do you feel the element of longevity of service-learning experience affected your professional nursing attitude development?
44. Did your thoughts about professional nursing attitudes change after discussing the QSEN competencies?
45. Do you have any opinions you would like to address as they relate to your service-learning experiences and/or ethical or attitude development through the service-learning experiences?

Thank you for your participation.

APPENDIX D:

*ANA Code of Ethics for Nurses*

## 5-Minute Summary: The ANA Code of Ethics for Nurses

Need a refresher on The Code? Here you go!

By: Lauren Katulka July 2, 2018

Back in nursing school, you were expected to know the Nursing Code of Ethics backwards and forwards. In fact, you were probably able to recite it by heart at some point. But if you've been out of school for a while, some of the details might be a little fuzzy now. In any event, it never hurts to get a refresher on something like the Code. This easy-to-read breakdown will help you re-familiarize yourself with the Nursing Code of Ethics and its key concepts.

Note that this guide only deals with the national Code of Ethics that's recognized in the United States. If you have the time, you might also want to familiarize yourself with the international code as well.

### **What Is the ANA Code of Ethics for Nurses?**

In 1950, the American Nurses Association (ANA) created the first "Code of Ethics for Nurses with Interpretive Statements," known commonly as the Nursing Code of Ethics, in order to help nurses successfully navigate a variety of healthcare scenarios. Think of it as a document that formalizes the behaviors expected of nurses. When facing an ethical or moral dilemma, nurses can refer to the Code to guide their on-the-job decision-making processes.

### **Breaking Down the ANA Nursing Code of Ethics**

Currently, the Code has nine provisions and 35 interpretive statements that outline how nurses should behave both in and out of the workplace. Given how lengthy it is, we've consolidated all of the information you absolutely need to know about it.

First, we'll highlight the nine provisions that form the structure of the Code of Ethics. Then, we'll add on each provision's corresponding interpretive statements, which should help give you a better idea of the ANA's intent for each of the nine expectations it has of nurses.

### **The 9 Provisions of the Nursing Code of Ethics**

PROVISION 1: "The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person."

PROVISION 2: "The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population."

PROVISION 3: "The nurse promotes, advocates for, and protects the rights, health, and safety of the patient."

PROVISION 4: "The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care."

PROVISION 5: "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth."

PROVISION 6: “The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care [sic].”

PROVISION 7: “The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.”

PROVISION 8: “The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.”

PROVISION 9: “The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.”

### **The 9 Provisions & 39 Interpretive Statements of the Code of Ethics**

PROVISION 1: “The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.”

- “Respect for Human Dignity”
- “Relationships With Patients”
- “The Nature of Health”
- “The Right to Self-Determination”
- “Relationships With Colleagues and Others”

PROVISION 2: “The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.”

- “Primacy of the Patient’s Interests”
- “Conflict of Interest for Nurses”
- “Collaboration”
- “Professional Boundaries”

PROVISION 3: “The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.”

- “Protection of the Rights of Privacy and Confidentiality”
- “Protection of Human Participants in Research”
- “Performance Standards and Review Mechanisms”
- “Professional Responsibility in Promoting a Culture of Safety”
- “Protection of Patient and Safety by Acting on Questionable Practice”
- “Patient Protection and Impaired Practice”

PROVISION 4: “The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.”

- “Authority, Accountability, and Responsibility”
- “Accountability for Nursing Judgments, Decisions, and Actions”

- “Responsibility for Nursing Judgments, Decisions, and Actions”
- “Assignment and Delegation of Nursing Activities or Tasks”

PROVISION 5: “The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.”

- “Duties to Self and Others”
- “Promotion of Personal Health, Safety, and Well-Being”
- “Preservation of Wholeness of Character”
- “Preservation of Integrity”
- “Maintenance of Competence and Continuation of Professional Growth”
- “Continuation of Personal Growth”

PROVISION 6: “The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care [sic].”

- “The Environment and Moral Virtue”
- “The Environment and Ethical Obligation”
- “Responsibility for the Healthcare Environment”

PROVISION 7: “The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.”

- “Contributions Through Research and Scholarly Inquiry”
- “Contributions Through Developing, Maintaining, and Implementing Professional Practice Standards”
- “Contributions Through Nursing and Health Policy Development”

PROVISION 8: “The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.”

- “Health Is a Universal Right”
- “Collaboration for Health, Human Rights, and Health Diplomacy”
- “Obligation to Advance Health and Human Rights and Reduce Disparities”
- “Collaboration for Human Rights in Complex, Extreme, or Extraordinary Practice Settings”

PROVISION 9: “The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.”

- “Articulation and Assertion of Values”
- “Integrity of the Profession”
- “Integrating Social Justice”
- “Social Justice in Nursing and Health Policy”

APPENDIX E:

*QSEN Competencies*

## QSEN Competencies

### OVERVIEW

The overall goal for the Quality and Safety Education for Nurses (QSEN) project is to meet the challenge of preparing future nurses who will have the knowledge, skills and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work.

Using the Institute of Medicine: competencies, QSEN faculty and a [National Advisory Board](#) have defined quality and safety competencies for nursing and proposed targets for the knowledge, skills, and attitudes to be developed in nursing pre-licensure programs for each competency. These definitions are shared in the six tables below as a resource to serve as guides to curricular development for formal academic programs, transition to practice and continuing education programs <sup>2</sup>.

For information on applying the competencies at a graduate level, see the [Graduate KSAs](#) page.

[box type="shadow"]**Note:** This content is reprinted with permission from the "[Quality and Safety Education for Nurses](#)" article originally printed in *Nursing Outlook Special Issue: Quality and Safety Education*. For guidelines on use of this material, please read our terms and conditions.[/box]

PATIENT-CENTERED CARE		
<b>Definition:</b> Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.		
Knowledge	Skills	Attitudes
Integrate understanding of multiple dimensions of patient centered care: <ul style="list-style-type: none"> <li>• patient/family/community preferences, values</li> <li>• coordination and integration of care</li> <li>• information, communication, and education</li> <li>• physical comfort and emotional support</li> <li>• involvement of family and friends</li> <li>• transition and continuity</li> </ul> Describe how diverse cultural, ethnic and social backgrounds function as sources of patient, family, and community values	Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care  Communicate patient values, preferences and expressed needs to other members of health care team  Provide patient-centered care with sensitivity and respect for the diversity of human experience	Value seeing health care situations "through patients' eyes"  Respect and encourage individual expression of patient values, preferences and expressed needs  Value the patient's expertise with own health and symptoms  Seek learning opportunities with patients who represent all aspects of human diversity

		<p>Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds</p> <p>Willingly support patient-centered care for individuals and groups whose values differ from own</p>
<p>Demonstrate comprehensive understanding of the concepts of pain and suffering, including physiologic models of pain and comfort.</p>	<p>Assess presence and extent of pain and suffering</p> <p>Assess levels of physical and emotional comfort</p> <p>Elicit expectations of patient &amp; family for relief of pain, discomfort, or suffering</p> <p>Initiate effective treatments to relieve pain and suffering in light of patient values, preferences and expressed needs</p>	<p>Recognize personally held values and beliefs about the management of pain or suffering</p> <p>Appreciate the role of the nurse in relief of all types and sources of pain or suffering</p> <p>Recognize that patient expectations influence outcomes in management of pain or suffering</p>
<p>Examine how the safety, quality and cost effectiveness of health care can be improved through the active involvement of patients and families</p> <p>Examine common barriers to active involvement of patients in their own health care processes</p> <p>Describe strategies to empower patients or families in all aspects of the health care process</p>	<p>Remove barriers to presence of families and other designated surrogates based on patient preferences</p> <p>Assess level of patient's decisional conflict and provide access to resources</p> <p>Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self-care management</p>	<p>Value active partnership with patients or designated surrogates in planning, implementation, and evaluation of care</p> <p>Respect patient preferences for degree of active engagement in care process</p> <p>Respect patient's right to access to personal health records</p>
<p>Explore ethical and legal implications of patient-centered care</p> <p>Describe the limits and boundaries of therapeutic patient-centered care</p>	<p>Recognize the boundaries of therapeutic relationships</p>	<p>Acknowledge the tension that may exist between patient rights and the organizational</p>

	Facilitate informed patient consent for care	responsibility for professional, ethical care  Appreciate shared decision-making with empowered patients and families, even when conflicts occur
Discuss principles of effective communication	Assess own level of communication skill in encounters with patients and families	
Describe basic principles of consensus building and conflict resolution	Participate in building consensus or resolving conflict in the context of patient care	Value continuous improvement of own communication and conflict resolution skills
Examine nursing roles in assuring coordination, integration, and continuity of care	Communicate care provided and needed at each transition in care	

#### TEAMWORK AND COLLABORATION

**Definition:** Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

Knowledge	Skills	Attitudes
Describe own strengths, limitations, and values in functioning as a member of a team	Demonstrate awareness of own strengths and limitations as a team member  Initiate plan for self-development as a team member  Act with integrity, consistency and respect for differing views	Acknowledge own potential to contribute to effective team functioning  Appreciate importance of intra- and inter-professional collaboration
Describe scopes of practice and roles of health care team members  Describe strategies for identifying and managing overlaps in team member roles and accountabilities  Recognize contributions of other individuals and groups in helping patient/family achieve health goals	Function competently within own scope of practice as a member of the health care team  Assume role of team member or leader based on the situation  Initiate requests for help when appropriate to situation  Clarify roles and accountabilities under conditions of potential overlap in team member functioning  Integrate the contributions of others who play a role in helping	Value the perspectives and expertise of all health team members  Respect the centrality of the patient/family as core members of any health care team  Respect the unique attributes that members bring to a team, including variations in professional orientations and accountabilities

	patient/family achieve health goals	
Analyze differences in communication style preferences among patients and families, nurses and other members of the health team	Communicate with team members, adapting own style of communicating to needs of the team and situation	Value teamwork and the relationships upon which it is based
Describe impact of own communication style on others	Demonstrate commitment to team goals	Value different styles of communication used by patients, families and health care providers
Discuss effective strategies for communicating and resolving conflict	Solicit input from other team members to improve individual, as well as team, performance	Contribute to resolution of conflict and disagreement
	Initiate actions to resolve conflict	
Describe examples of the impact of team functioning on safety and quality of care	Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care	Appreciate the risks associated with handoffs among providers and across transitions in care
Explain how authority gradients influence teamwork and patient safety	Assert own position/perspective in discussions about patient care	
	Choose communication styles that diminish the risks associated with authority gradients among team members	
Identify system barriers and facilitators of effective team functioning	Participate in designing systems that support effective teamwork	Value the influence of system solutions in achieving effective team functioning
Examine strategies for improving systems to support team functioning		
<b>EVIDENCE-BASED PRACTICE (EBP)</b>		
<b>Definition:</b> Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.		
<b>Knowledge</b>	<b>Skills</b>	<b>Attitudes</b>
Demonstrate knowledge of basic scientific methods and processes	Participate effectively in appropriate data collection and other research activities	Appreciate strengths and weaknesses of scientific bases for practice
Describe EBP to include the components of research evidence, clinical expertise and patient/family values.	Adhere to Institutional Review Board (IRB) guidelines	Value the need for ethical conduct of research and quality improvement
	Base individualized care plan on patient values,	Value the concept of EBP as integral to determining best clinical practice

	clinical expertise and evidence	
Differentiate clinical opinion from research and evidence summaries	Read original research and evidence reports related to area of practice	Appreciate the importance of regularly reading relevant professional journals
Describe reliable sources for locating evidence reports and clinical practice guidelines	Locate evidence reports related to clinical practice topics and guidelines	
Explain the role of evidence in determining best clinical practice	Participate in structuring the work environment to facilitate integration of new evidence into standards of practice	Value the need for continuous improvement in clinical practice based on new knowledge
Describe how the strength and relevance of available evidence influences the choice of interventions in provision of patient-centered care	Question rationale for routine approaches to care that result in less-than-desired outcomes or adverse events	
Discriminate between valid and invalid reasons for modifying evidence-based clinical practice based on clinical expertise or patient/family preferences	Consult with clinical experts before deciding to deviate from evidence-based protocols	Acknowledge own limitations in knowledge and clinical expertise before determining when to deviate from evidence-based best practices

#### QUALITY IMPROVEMENT (QI)

**Definition:** Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.

Knowledge	Skills	Attitudes
Describe strategies for learning about the outcomes of care in the setting in which one is engaged in clinical practice	Seek information about outcomes of care for populations served in care setting Seek information about quality improvement projects in the care setting	Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals
Recognize that nursing and other health professions students are parts of systems of care and care processes that affect outcomes for patients and families Give examples of the tension between professional autonomy and system functioning	Use tools (such as flow charts, cause-effect diagrams) to make processes of care explicit Participate in a root cause analysis of a sentinel event	Value own and others' contributions to outcomes of care in local care settings
Explain the importance of variation and measurement in assessing quality of care	Use quality measures to understand performance Use tools (such as control charts and run charts) that	Appreciate how unwanted variation affects care Value measurement and its role in good patient care

	are helpful for understanding variation  Identify gaps between local and best practice	
Describe approaches for changing processes of care	Design a small test of change in daily work (using an experiential learning method such as Plan-Do-Study-Act)  Practice aligning the aims, measures and changes involved in improving care  Use measures to evaluate the effect of change	Value local change (in individual practice or team practice on a unit) and its role in creating joy in work  Appreciate the value of what individuals and teams can do to improve care

### SAFETY

**Definition:** Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.

Knowledge	Skills	Attitudes
Examine human factors and other basic safety design principles as well as commonly used unsafe practices (such as, work-arounds and dangerous abbreviations)  Describe the benefits and limitations of selected safety-enhancing technologies (such as, barcodes, Computer Provider Order Entry, medication pumps, and automatic alerts/alarms)  Discuss effective strategies to reduce reliance on memory	Demonstrate effective use of technology and standardized practices that support safety and quality  Demonstrate effective use of strategies to reduce risk of harm to self or others  Use appropriate strategies to reduce reliance on memory (such as, forcing functions, checklists)	Value the contributions of standardization/reliability to safety  Appreciate the cognitive and physical limits of human performance
Delineate general categories of errors and hazards in care  Describe factors that create a culture of safety (such as, open communication strategies and organizational error reporting systems)	Communicate observations or concerns related to hazards and errors to patients, families and the health care team  Use organizational error reporting systems for near miss and error reporting	Value own role in preventing errors
Describe processes used in understanding causes of error and allocation of responsibility	Participate appropriately in analyzing errors and	Value vigilance and monitoring (even of own performance of care activities) by patients, families, and

and accountability (such as, root cause analysis and failure mode effects analysis)	designing system improvements  Engage in root cause analysis rather than blaming when errors or near misses occur	other members of the health care team
Discuss potential and actual impact of national patient safety resources, initiatives and regulations	Use national patient safety resources for own professional development and to focus attention on safety in care settings	Value relationship between national safety campaigns and implementation in local practices and practice settings

## INFORMATICS

**Definition:** Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

Knowledge	Skills	Attitudes
Explain why information and technology skills are essential for safe patient care	Seek education about how information is managed in care settings before providing care  Apply technology and information management tools to support safe processes of care	Appreciate the necessity for all health professionals to seek lifelong, continuous learning of information technology skills
Identify essential information that must be available in a common database to support patient care  Contrast benefits and limitations of different communication technologies and their impact on safety and quality	Navigate the electronic health record  Document and plan patient care in an electronic health record  Employ communication technologies to coordinate care for patients	Value technologies that support clinical decision-making, error prevention, and care coordination  Protect confidentiality of protected health information in electronic health records
Describe examples of how technology and information management are related to the quality and safety of patient care  Recognize the time, effort, and skill required for computers, databases and other technologies to become reliable and effective tools for patient care	Respond appropriately to clinical decision-making supports and alerts  Use information management tools to monitor outcomes of care processes  Use high quality electronic sources of healthcare information	Value nurses' involvement in design, selection, implementation, and evaluation of information technologies to support patient care

## REFERENCES

<sup>1</sup> Institute of Medicine. Health professions education: A bridge to quality. *Washington DC: National Academies Press*; 2003.

<sup>2</sup> Cronenwett, L., Sherwood, G., Barnsteiner J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D., Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55(3)122-131.

QSEN Competencies retrieved from: <http://qsen.org/competencies/>

APPENDIX F:

*American Nursing Association: Code of Ethics for Nurses Prompt Response Chart*

Participant Response Key	
X	Mentions direct connection to S-L or affirmative answer given toward sub provisions
~	Implied connection from comments, but no direct affirmative response ('Yes,' 'Absolutely')
G	Group received affirmative answers as a paired prompt, without going into detail as to which related directly
\	Partial
*	more collaborative approach; volunteering for roles & responsibilities

Ford	Madison	Washington	Roosevelt	Statements	Count
PROVISION 1: "The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person."					
X	X	X	X	"Relationships With Patients"	4
X	X	X	X	"Relationships With Colleagues and Others"	4
X	X	X	~	"Respect for Human Dignity"	4
X		X		"The Nature of Health"	2
X				"The Right to Self-Determination"	1
PROVISION 2: "The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population."					
X	X	X	X	"Collaboration"	4
X	~			"Primacy of the Patient's Interests"	2
X				"Conflict of Interest for Nurses"	1
X				"Professional Boundaries"	1
PROVISION 3: "The nurse promotes, advocates for, and protects the rights, health, and safety of the patient."					
G1		X	X	"Protection of the Rights of Privacy and Confidentiality"	3
G1		X	~	"Performance Standards and Review Mechanisms"	3
G1		X		"Protection of Human Participants in Research"	2
X		X		"Professional Responsibility in Promoting a Culture of Safety"	2
X	X			"Protection of Patient and Safety by Acting on Questionable Practice"	2
				"Patient Protection and Impaired Practice"	0
PROVISION 4: "The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care."					
X	X	X	X	"Authority, Accountability, and Responsibility"	4
X		X*	X	"Assignment and Delegation of Nursing Activities or Tasks"	3
X		X		"Accountability for Nursing Judgments, Decisions, and Actions"	2
		~		"Responsibility for Nursing Judgments, Decisions, and Actions"	1
PROVISION 5: "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth."					
G2	X	X	G	"Maintenance of Competence and Continuation of Professional Growth"	4
G2	X	-	G	"Continuation of Personal Growth"	4
X	X	G2		"Preservation of Wholeness of Character"	3
X	~	G1	~	"Duties to Self and Others"	4
X		G2		"Preservation of Integrity"	2
	~	G1		"Promotion of Personal Health, Safety, and Well-Being"	2
PROVISION 6: "The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care."					
X	X	X		"The Environment and Ethical Obligation"	3
X		X		"The Environment and Moral Virtue"	2
				"Responsibility for the Healthcare Environment"	0
PROVISION 7: "The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy."					
~	X	~		"Contributions Through Research and Scholarly Inquiry"	3
~		X	~	"Contributions Through Developing, Maintaining, and Implementing Professional"	3
X		~		"Contributions Through Nursing and Health Policy Development"	2

Ford	Madison	Washington	Roosevelt	Statements	Count
PROVISION 8: "The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities."					
G3	X	X		"Health Is a Universal Right"	3
G3	~		X	"Obligation to Advance Health and Human Rights and Reduce Disparities"	3
G3		X		"Collaboration for Health, Human Rights, and Health Diplomacy"	2
G3				"Collaboration for Human Rights in Complex, Extreme, or Extraordinary Practice"	1
PROVISION 9: "The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy."					
X	X	X		"Integrity of the Profession"	3
	X	X		"Articulation and Assertion of Values"	2
X			X	"Integrating Social Justice"	2
X			X	"Social Justice in Nursing and Health Policy"	2

APPENDIX G:

*Quality and Safety Education for Nurses: Competencies and Related Attitudes Prompt  
Response Chart*

Participant Response Key	
X	Mentions direct connection to S-L or affirmative answer given toward sub provisions
~	Implied connection from comments, but no direct affirmative response ('Yes,' 'Absolutely')
G	Group received affirmative answers as a paired prompt, without going into detail as to which related directly
\	Partial
*	more collaborative approach; volunteering for roles & responsibilities

Ford	Madison	Washington	Roosevelt	Statements	Count
<b>1. PATIENT-CENTERED CARE:</b> Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.					
X	X	X	X	Value seeing health care situations "through patients' eyes"	4
X	~	X	X	Seek learning opportunities with patients who represent all aspects of human diversity	4
X	~	X	X	Value continuous improvement of own communication and conflict resolution skills	4
~G1		X	X	Recognize personally held values and beliefs about the management of pain or suffering	3
~G1		X	X	Appreciate the role of the nurse in relief of all types and sources of pain or suffering	3
		X	X	Respect and encourage individual expression of patient values, preferences and expressed needs	2
X		X		Value the patient's expertise with own health and symptoms	2
X		X		Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds	2
X	X			Value active partnership with patients or designated surrogates in planning, implementation, and evaluation of care	2
X		~		Willingly support patient-centered care for individuals and groups whose values differ from own	2
X	~			Respect patient preferences for degree of active engagement in care process	2
			X	Respect patient's right to access to personal health records	1
		X		Acknowledge the tension that may exist between patient rights and the organizational responsibility for professional, ethical care	1
			~	Recognize that patient expectations influence outcomes in management of pain or suffering	1
				Appreciate shared decision-making with empowered patients and families, even when conflicts occur	0
<b>2. TEAMWORK AND COLLABORATION:</b> Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.					
X	X	G	X	Acknowledge own potential to contribute to effective team functioning	4
G2	X	G	X	Appreciate importance of intra- and inter-professional collaboration	4
X	~	X	X	Respect the unique attributes that members bring to a team, including variations in professional orientations and accountabilities	4
G2	X			Value the perspectives and expertise of all health team members	2
X			X	Contribute to resolution of conflict and disagreement	2
X	X			Value the influence of system solutions in achieving effective team functioning	2
X				Respect the centrality of the patient/family as core members of any health care team	1
X				Appreciate the risks associated with handoffs among providers and across transitions in care	1
				Value teamwork and the relationships upon which it is based	0
				Value different styles of communication used by patients, families and health care providers	0

Ford	Madison	Washington	Roosevelt	Statements	Count
<b>3. EVIDENCE-BASED PRACTICE (EBP):</b> Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.					
	X	~	~	Appreciate the importance of regularly reading relevant professional journals	3
X		X		Value the concept of EBP as integral to determining best clinical practice	2
	~	X		Appreciate strengths and weaknesses of scientific bases for practice	2
X		\		Acknowledge own limitations in knowledge and clinical expertise before determining when to deviate from evidence-based best practices	2
			X	Value the need for continuous improvement in clinical practice based on new knowledge	1
~				Value the need for ethical conduct of research and quality improvement	1
<b>4. QUALITY IMPROVEMENT (QI):</b> Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.					
X	X		X	Value own and others' contributions to outcomes of care in local care settings	3
X	~	X		Appreciate the value of what individuals and teams can do to improve care	3
	X	X		Value measurement and its role in good patient care	2
	~	X		Value local change (in individual practice or team practice on a unit) and its role in creating joy in work	2
	X			Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals	1
		X		Appreciate how unwanted variation affects care	1
<b>5. SAFETY:</b> Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.					
	X	X	~G	Value own role in preventing errors	3
X		X		Value the contributions of standardization/reliability to safety	2
		~	X	Appreciate the cognitive and physical limits of human performance	2
X			~G	Value vigilance and monitoring (even of own performance of care activities) by patients, families, and other members of the health care team	2
			~G	Value relationship between national safety campaigns and implementation in local practices and practice settings	1
<b>6. INFORMATICS:</b> Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.					
	X	X		Value technologies that support clinical decision-making, error prevention, and care coordination	2
		X		Appreciate the necessity for all health professionals to seek lifelong, continuous learning of information technology skills	1
~				Value nurses' involvement in design, selection, implementation, and evaluation of information technologies to support patient care	1
				Protect confidentiality of protected health information in electronic health records	0