ABSTRACT

Background: Service-learning programs are becoming more evident in baccalaureate nursing curriculums. Anecdotal evidence describing student perceptions has been written; however, research has not been conducted regarding the in-depth student experience of service-learning with vulnerable populations in inner cities. Method: This study was conducted using Colaizzi’s descriptive phenomenological method of inquiry. Through purposeful sampling, 10 students were interviewed who have participated in service-learning throughout their sophomore, junior, and senior years of nursing education. Results: Five themes were identified—Shattering Stereotypes, Overwhelmed With Their Need, Transitioning to Community Caregiver, Advocating, and Reciprocal Benefits—and a fundamental structure emerged. Conclusion: Listening to the voices of students participating in service-learning enables educators to gain an in-depth perspective of their experience and, ultimately, to maximize the service-learning program and improve care delivered to this vulnerable inner city population. [J Nurs Educ. 2015;54(7):378-384.]

Over the past decade, service-learning in nursing education has become a global phenomenon. Service-learning includes the provision of a needed service to a community group, the incorporation of that service into the curriculum, the development of partnerships between the academic institution and the community of need, and a defined process of reflection to link the service to students’ learning of nursing content (Gillis & Mac Lellan, 2010). In an effort to provide a more socially relevant curriculum that prepares students to confront and challenge existing health disparities, improve cultural competence, and enhance emancipatory knowing (Chinn & Kramer, 2014), a new service-learning program was developed for the prelicensure undergraduate nursing program at a small university in the northeastern United States.

The program began when a partnership was forged between the University of Saint Joseph and the Franciscan Center for Urban Ministry, an outreach ministry of Saint Patrick–Saint Anthony Church in Hartford, Connecticut. The partnership represents and celebrates the convergence of mission, vision, and ministry, reflecting the common goals and core values of both institutions. One year of dialogue led to the creation of the Wellness Center on Church Street. The University Department of Nursing began using the Wellness Center for service-learning experiences for undergraduate nursing students in 2005.

The Wellness Center provides health screening, education, and referral services at Catherine’s Place, a transitional housing program for women in recovery. It is sponsored by Mercy Housing and Shelter Corporation. Other sites served included Manna Community Meals, a program providing food and support services to the underserved, sponsored by Hands on Hartford; the Sandwich Ministry, an outreach program providing food and fellowship, sponsored by The Franciscan Center for Urban Ministry; and the Malta House of Care, a mobile van providing primary health care to the uninsured.

Students interested in service-learning are invited to participate at the beginning of their sophomore year. Beginning in their sophomore health assessment class, students can visit to observe upperclassmen, participate in health screenings using newly formed clinical skills, and practice therapeutic communication. Junior nursing students visit the Wellness Center in
addition to their traditional acute care clinical experiences, and senior students rotate through the Center once per week during their community health course and their capstone clinical placement. As a result of a rotating schedule based on student interest and general education schedules, the University provides a mix of sophomore, junior, and senior students, as well as a supervising faculty member each Tuesday and Thursday to the Center. Upon arrival to the Wellness Center, new students are greeted at the door by the director of the program, who is a Sister of Mercy. Written reflections, originally requested when students express interest in the program, outlining their expectations of the experience are collected, and students are oriented to the Center. Students continue to reflect on their experiences individually, in writing, and as a group, facilitated by the program director after each visit. Although interested students are assigned to the Wellness Center during clinical placements in the sophomore, junior, and senior years, the University has committed to provide these services throughout the calendar year, and the Center is staffed twice per week with students and a faculty member during the summer months as well. The individual written and group reflections continue throughout the summer because it is seen as a commitment to the experience.

Grounded in the patterns of knowing (Carper, 1978; Chinn & Kramer, 2014), the nursing curriculum uses the service-learning program at the Wellness Center to facilitate the development of emancipatory knowing (Chinn & Kramer, 2014) in students. While students engage clients at soup kitchens, transitional housing programs, and mobile health vans, blood pressure screenings, blood glucose screenings and health teaching are conducted. Although clinical skills are practiced, the establishment of reciprocal relationships that empower clients and develop students as change agents are at the center of the interactions. Benefits of the relationship are hoped to be mutual and emancipatory.

LITERATURE REVIEW

A literature search was conducted using online reference databases from 1990-2015. CINAHL® Plus with Full Text, PubMed®, and PsycINFO® were searched using the keywords service learning, community service, nursing students, nursing education, and the underserved. Only literature pertaining to nursing was considered.

Many articles explored the process of initiating and integrating service-learning into curriculum (Hamner, Wilder, & Byrd, 2007; Juhn et al., 1999; Kaye, 2004; Trail Ross, 2012; White & Henry, 1999). Lashley (2007) described the development of a faith-based partnership for a homeless population in an urban setting. Kraus, Morgan, and Matteson (2003) described a paradigm shift in Louisiana, in which faculty and undergraduate nursing students working with parochial schools and churches designed a neighborhood-based initiative to promote and deliver primary, secondary, and tertiary care to a community. Gauthier and Matteson (1995) described a community-based nursing education program to foster empowerment of all participants. Other articles encompassing RN students in a baccalaureate program (Washington-Brown & Ritchie, 2014), advanced practice nursing students (Cohen & Milone-Nuzzo, 2001), and others related to undergraduate nursing students did not reflect the long-term experience of students at the sites for the underserved.

Some research incorporated undergraduate students; however, the studies were for a single experience of 10 hours of service (Groh, Stallwood, & Daniels, 2011), for a community placement practicum (Bassi, 2011; Hunt, 2007), and to assess community health needs (Alexander, Canclini, & Krauser, 2014; Krumwiede, Van Gelderen, & Krumwiede, 2014), and did not consider a long-term relationship. One study reflected the results of a 2-week international immersion program and its impact on nursing student self-efficacy toward cultural competence (Long, 2014). Although those studies demonstrate that undergraduate baccalaureate nursing students benefit from participating in service-learning, they did not seek to discover the meaning of a sustained service-learning experience.

Gillis and Mac LeIan (2010) published a review of the current literature related to service-learning. The literature reviewed was not research based but was mostly anecdotal evidence of different service-learning opportunities. Schaffer, Mather, and Gustafson (2000) reported a service-learning project involving students who surveyed shelter residents and conducted focus groups to identify residents’ perceptions of health, health care needs, and health care service delivery. It was limited to a single-semester experience. Cohen and Milone-Nuzzo (2001) presented a framework for incorporating service-learning for advanced practice nurses in health policy; however, this was not informed by research.

Although a plethora of information published is related to service-learning (Alexander et al., 2014; Buff et al., 2015; Mpofu, Daniels, Adonis, & Karuguti, 2014), there is a dearth of research to inform its application in the academic setting. No studies were found that examined the essence of the experience of service-learning for students in an undergraduate nursing program. Furthermore, no studies were identified that sought to identify the meaning of the experience of service-learning, and no studies of service-learning were found that used a phenomenological methodology. The current study seeks to fill that gap in the literature and was designed to answer the following research question: What is the essence of a multiyear service-learning experience for undergraduate nursing students in a baccalaureate program?

METHOD

The current study was grounded in the phenomenological philosophy of Edmund Husserl. First described by Husserl (1913), phenomenology is a philosophical method of observation in which the observer would become fully free to observe the world without prior bias. He proposed that this could be accomplished through a process referred to as epoché, or bracketing (Husserl, 1913). Epoché requires the researcher to reflect on where he or she is situated in the world and set his or her pre-existing beliefs aside. It is through epoché that the philosopher or observer discovers a new way of experiencing the phenomenon. Through transcendental reduction, the self is liberated to discover the phenomenon (Husserl, 1913). Exploration through phenomenology provides a thorough understanding. Merleau-
Ponty (1956) defined phenomenology as the study of the essence of the observed phenomenon. Heidegger (1996), as a student of Husserl, proposed that one could never fully separate his or her personal predispositions. He proposed that the observer of the phenomenon must explore his or her own situation in the world. According to Heidegger, “Regarding, understanding and grasping, choosing, and gaining access to, are constitutive attitudes of inquiry...of the being we inquirers ourselves in each case are” (p. 7). Munhall (2007) suggested that inquiry from a phenomenological perspective can lay the foundation to solve problems.

Data Collection
This study collected data through in-person, unstructured interviews with participants. The interviews were tape-recorded and transcribed verbatim, and the data collection phase lasted 2 weeks. During that time, graduating senior nursing students were approached to participate in the study, and a purposive sample was obtained. Inclusion criteria consisted of the willingness to be interviewed and of having participated in the service-learning program in each of the sophomore, junior, and senior years. Volunteering in the summer was not acceptable as participation in service-learning because it lacked the tie in to academics. Only 10 of the students graduating had participated in the program for all 3 years, and 100% of those agreed to participate in the study. Eight of the 10 participants were aged 20 to 29 years. Two were returning to school after having families. All were women, and nine were Caucasian. Interviews were held at a location and a time that was convenient for the participant. Each student was asked to respond to the following opening prompt: “Please describe the experience of participating in the service-learning program at the Wellness Center during the past 3 years.” Additional prompts, such as “tell me more about that,” were used to encourage further elaboration if needed. Participants’ tone of voice and nonverbal communication were noted on the transcripts, using italics for the researcher to consider in the data analysis process. Interviews ranged from 25 to 60 minutes.

Ethics
The researcher sought and received approval by the internal review board of the University of Saint Joseph. Because students participating in research can be considered a vulnerable population, the interviews were conducted following completion of their senior year and prior to commencement. Informed consent was obtained and confidentiality was protected throughout the research process.

Data Analysis
Data from the interviews were analyzed using the method of Paul Colaizzi (1978). The steps in this method include:

- The participants’ transcripts are analyzed to extract significant statements.
- Meanings are formulated for each significant statement.
- The formulated meanings are organized into clusters of themes.
- An exhaustive description of the investigated phenomenon is written.

- The fundamental structure of the phenomenon is identified.
- The participants read and validate the findings.
- Any additions or deletions based on the participants’ feedback is made to the fundamental structure.

RESULTS
Analysis of the participants’ transcripts uncovered 274 significant statements that were examined, and meanings were formulated for each. Examples of significant statements and their formulated meanings are found in the Table. Clustering of formulated meanings resulted in five identified themes. An exhaustive description of service-learning in the context of the study was written, and a fundamental structure emerged. After analysis, and congruent with the Colaizzi method, each student reviewed the findings and confirmed that the fundamental structure identified was descriptive of her experience. No additions or deletions were required. The first theme identified related to the students’ preconceived assumptions of the vulnerable population served by the Wellness Center.

Theme 1: Shattering Stereotypes
As part of the critical reflection necessary for service-learning, each student identified assumptions and stereotypes she held prior to the experience. These assumptions and stereotypes were challenged and changed as a result of the experiences at the Wellness Center. Two students stated:

- I grew up with the notion that homeless people are homeless because they don’t care about themselves. They are addicted to drugs or alcohol, that it was their fault. I never really expected that they would care so much about themselves.
- You hear people talk about immigrants, “they are just coming to our country to take over our health care.” It is so much more than that, though, so much more to it.

Students’ anxieties related to their unchallenged assumptions were assuaged and they learned not to fear the unknown. Several students commented:

- At first, I was a little scared at first, but it went away really quick because you just talk to people like they are people, we are all human beings, that was one of the big realizations I had, they deserve to be treated like anyone else.
- As students became comfortable with the community served by the Wellness Center, they became aware of the unmet needs of this community and the barriers that exist to quality health care for vulnerable populations.

Theme 2: Overwhelmed With Their Need
At one time or another, each participant expressed feeling overwhelmed with the many diverse needs of the community and the limited resources available to help them. Several comments included:

- As a student with advantages, you cannot understand all of the barriers. It is not just making a phone call to see a doc-
The power of the nurse–client relationship in the community set-

\[\text{TABLE}\]

<table>
<thead>
<tr>
<th>Significant Statement</th>
<th>Formulated Meaning</th>
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<tbody>
<tr>
<td>I don’t know what I was expecting, but it wasn’t this…. The environment is safe and</td>
<td>She was unsure of what the experience might present…. but after establishing a trusting</td>
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<td>communal and more like a family. I never knew anyone who could not read.</td>
<td>relationship, the clients were very welcoming.</td>
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<td></td>
<td>She was humbled by the level of trust the gentleman had for her.</td>
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<td>One gentleman had found pills in the garbage…. He did not know what they were, but</td>
<td>The clients care about their health. They [the students] learned to work through the</td>
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<td>he was hurting and they were in a prescription bottle, so he brought them to me…. He</td>
<td>system to gain services for their patients.</td>
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<td>wanted to take them.</td>
<td>When two nursing students are serving in a cooperative effort, there is a synergy that</td>
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<td></td>
<td>is both rewarding and educational.</td>
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<td>I learned a lot about factors I had not considered before. This gentleman had come in</td>
<td>Students encounter a transformational and reciprocal learning experience.</td>
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<td>for the first time, from prison, he had been incarcerated a few days before…. He had</td>
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<td>high BP [blood pressure], and no medication was given to him. His BP was 220/120.</td>
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<td>When two nursing students are together, it is almost like we are on the same team,</td>
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<td>the same school. We are better together. People really trust us, recognize us as USJ</td>
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<td>[University of Saint Joseph] nursing students.</td>
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<td>It has been awesome.</td>
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<td>tor. It is having identification [ID] to apply for something, and to have an address to</td>
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<td>get the ID….</td>
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<td>• Not having food, clothing, housing, transportation, having your stuff stolen. It is</td>
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<td>has hard to see people in such despair when they don’t value it. It is very frustrating</td>
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<td>because what I can do is somewhat limited. Even the resources that are available to</td>
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<td>them are so limited.</td>
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<td>All of the participants reported feeling that the services provided were far from</td>
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<td>adequate to meet the needs of the community. The participants each reported feeling</td>
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<td>humbled by the experience and expressed empathy for the clients they served. Several</td>
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<td>commented:</td>
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<td>• You meet people who are no where close to where you are…. They are going through so</td>
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<td>much, and when you put your issues next to their issues, you think to yourself, “I am</td>
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<td>stressed over this?”</td>
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<td>• It changed me. It has made me more of an empathetic person. I am able to see more</td>
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<td>about the different barriers that people in the community face.</td>
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<td>• My experience has been a very humbling experience.</td>
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<td>Another finding of the study was that students recognized the difference in roles</td>
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<td>between an acute care and community care provider. They developed an appreciation for</td>
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<td>the work of those who practice in the community setting and stated that their acute</td>
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<td>care work was informed by their community experience.</td>
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Theme 3: Transitioning to Community Caregiver

Discovering the new role of community care nurse, the participants learned that sometimes less is more, and they focused on the importance or communication in the nurse–client relationship. Participants reported:

• It is not as high pressure as in hospital clinical, but that is not to say it is less important. The residents need so much.
• I think the hardest part of health care is having the time to get to know the patients. In the community, you have the time. When you spend time with them, you get to hear their stories. It makes me look at patients differently in the hospital.

• It was more about conversation and reassuring them that they are okay, and the social contact was mutually beneficial. When we take a blood pressure, it opens the door to a conversation.

The students provided basic care and began to understand the reality of the patients’ daily lives. A few student participants stated that they really could not talk to patients prior to this experience and that it was in this environment they felt comfortable enough to find their voice. All stated that they felt they could be more themselves and felt comfortable. One participant commented:

I really could not talk to patients before. It is so different, not having your clinical faculty with you all of the time. The residents look to you for answers and you find that you have them.

From each other and from faculty advisors, participants learned about the resources available to the underserved population. They created resource lists with addresses and hours of operation for clients in the area, including a multidisciplinary clinic for the underserved; a mobile health van; outreach clinics in soup kitchens, staffed by advanced practice nurses; and pharmacies. Participants stated:

• They really want to know how to stay healthy. Instead of going to the ED [emergency department], they find out about the mobile clinics. We help them use the resources available so they don’t incur costs they cannot pay.
• We gave him information on where to go for diabetes education and actually made the appointment for it. We asked him to come back the following week. The next day he went to a diabetes education program…. He did receive follow up with us. He is doing so much better.

Participants discovered that they were not there for the technical expertise. They had more to offer than just taking blood pressures and doing glucose levels. They began to appreciate the power of the nurse–client relationship in the community setting. Several participants said:

• We aren’t there for just the blood pressures and the blood sugars, it is really about the interactions with the residents.
They just come to talk. If there is a new student, they say, “I will let you practice.”

- My experiences there have caused me to reflect on my practice as a nurse. At times long after I have completed my time at the Wellness Center, I find myself thinking “Are they okay? Are they safe?, What more could I have done?, What more could I have taught them? How can I better myself so that I am able to provide the care that these clients need?”

As participants developed relationships with the community members, they sought to meet the overwhelming needs with limited resources and further developed themselves in the role of patient advocate.

**Theme 4: Advocating**

Participants found their own voice through the experience of service-learning and began to use that voice to advocate for the community they served. All participants expressed emancipatory knowing (Chinn & Kramer, 2014) by outwardly critiquing social structures and seeking to break down barriers to health care. They grew into the role of advocate for the vulnerable and underserved, stating:

- This client deserves better care. He deserves to receive proper services and he deserves to obtain the same understanding, rights, and health care equality that everyone else in society is entitled to.
- This interaction is just one small way that this program supports the community, and how we as students can offer, even in a small way, an opportunity to overcome challenges and barriers to care that so many face in society.

Students recognize the importance of the relationship and the need to listen for the patient to be able to take advantage of other services. Students listen to the stories of patients being turned away from care and it brings reality to social injustice.

One student commented:

> They need a friend and it is more of a peer relationship. They need someone to confide in…. You need to fill that first level of need, the relationship, before you can move on to further issues of their health.

It became clear that the student participants benefitted from the experience of service-learning as much as the community served at the Wellness Center did.

**Theme 5: Reciprocal Benefits**

All participants reported positive experiences at the Wellness Center, and each stated that they learned more during their service-learning than they expected. Four of the 10 participants

- It really feels good, it’s that feeling of “I actually did something, I did my part.”
- I liked going there. It was something I looked forward to every week. So now that I am not going, I miss it.
- It was an awesome experience.
- It helped me too. I had something to look forward to each week. I get to check in each week. I tell them how my week was and they encouraged me. I am learning from them, and they are learning from me.

Participants were humbled by the community’s gratitude for the assistance they provided and were surprised at how the community grew to care for them as well. Participants stated:

- They are struggling, yet they are so happy for us. I don’t know how to describe it. They are so proud of us, they are not jealous. They are selfless. They have nothing and they are happy for us. It is heartwarming.
- They are so grateful for our services. They are so grateful for our presence.
- The level of appreciation for what we give them is unbelievable. We updated a pamphlet, and they thought it [this accomplishment] was huge.
- They have more wisdom than us…. It is very humbling.

The relationships developed aid both community members and students. Two participants said:

- It is a trusting and nonjudgmental relationship. We establish trust by being there each week and being supportive and showing we care. We are completely nonjudgmental. We educate, we support, we care.
- I really feel somehow more whole as a nurse and as a person when I am providing compassionate care that really makes a difference, and through this experience, I have really the opportunity to do that.

One participant summed up the growth of the group related to service-learning and expressed the intent of praxis (Chinn & Kramer, 2014) at the same time: “It has changed me.”

**Fundamental Structure of Service-Learning**

Entering the community as visitors, students begin to understand previously unimagined barriers to health, overcome embedded stereotypes, establish trust, learn the art of communication, and experience long-term relationships that transform their lives.

**Limitations**

Although some might consider a sample of 10 as being inadequate and not representative of the student population, given the purposes of phenomenological investigation the sample size of 10 is adequate. The researcher (J.G.K.) believed that all themes were fully developed, but a larger population from which to obtain a purposive sample may have determined repetition of data at a different point. Participants were drawn from a women’s undergraduate university, but a sample including men may have yielded discrete differences in the results. Future study using other methods that focus on a representative sample would be worthwhile to further explore service-learning in nursing. Finally, the investigators were the supervising faculty in the study setting, which could have influenced the outcome of the study; however, true to Colaizzi’s method, the investigators remained open to observe without bias.

**DISCUSSION**

This study presents an in-depth analysis of nursing students’ experiences over 3 years of service-learning. Although the literature is scattered with evidence supporting short-term service-learning in undergraduate baccalaureate programs across disciplines (Astin et al., 2006; Wang & Rodgers, 2006),
this study provides evidence of positive student development in a sustained service-learning program integrated throughout the nursing curriculum. Findings indicate that students enhance their emancipatory knowing (Chinn & Kramer, 2014) through participation with vulnerable populations and have the opportunity to contextualize nursing content that leads to shattered stereotypes, enhanced identification of health care barriers, increased appreciation for the role of community care giver, and increased advocacy skills. This is accomplished during the development of a mutually reciprocal relationship between the student and the community.

The results of this study inform nurse educators to the benefits of a long-term commitment for students in the community. It is not enough to assign students to soup kitchens and mobile health vans. It is the process of critical reflection in the context of community that informs both students and faculty and defines service-learning. Without time to reflect, with faculty guidance, students would not have the opportunity for this growth. According to Mitchell (2008), “Challenging students to analyze the interplay of power, privilege, and oppression at the service placement and in their experience in that placement will ensure that a critical service-learning pedagogy questions and problematizes the status quo” (p. 62). It is through exposure to social issues that students come to know critical health injustices. Through discussions in praxis, students have the opportunity to critically reflect on health injustices and, ultimately, to propose and facilitate change.

Nursing faculty have an opportunity to increase participation in programs such as the service-learning program described to foster community engagement and to promote the development of social responsibility. Future efforts will include an interdisciplinary team.

FUTURE RESEARCH

Future research will investigate the development of cultural integrity and agility in undergraduate nursing students and assess the development of these attributes of professional nursing over time during the service-learning curriculum. Cultural integrity refers to the provision of holistic services that recognize the diverse cultural and linguistic needs of individuals in the health care setting. It involves mutual respect and collaboration between the nurse and client and is developed by learning knowledge required for culturally competent care, along with the ethical standards of the profession of nursing (Campinha-Bacote, 2002). Cultural agility is a clinical nursing competency, which enables the professional to quickly, comfortably, and successfully work in cross-cultural environments, leading to optimal outcomes for clients (Caligiuri, 2012). Future study might determine the degree of cultural integrity and agility in undergraduate students at different points in the curriculum. The goal is to determine whether students’ cultural integrity and agility increases as the curriculum progresses when students participate in the service-learning curriculum.

REFERENCES


