

Student and Community Outcomes in Service-Learning: Part 1—Student Perceptions

Deanna L. Reising, PhD, APRN-BC; Patricia N. Allen, MSN, APRN-BC; and Susan G. Hall, BSN, RN

ABSTRACT

Service-learning has a long and distinguished history of providing valuable experiences to students across all academic levels. Professional disciplines are well situated to provide students with opportunities related to service-learning while also providing needed health care services to communities. This article and Part 2 on pages 516-518 of this issue describe a service-learning initiative implemented in a bachelor of science in nursing program. Part 1 details students' perceptions of outcomes realized from the program, and Part 2 describes community outcomes. The purposes of the program were to enhance students' skills in history-taking, blood pressure and heart rate assessment skills, and beginning counseling skills, as well as provide the university community with blood pressure screening and counseling in a convenient and accessible location. Data on students' perceptions were collected for each semester of the program and for 1 year after students' participation in the program. Students perceived gains in blood pressure and heart rate skill performance, beginning

counseling skills, their understanding of tailored client action plans, and their professional commitment to the health of the community.

Service-learning has been used across disciplines to provide students with real-life experiences that both contribute to student learning and benefit the community. The key components of service-learning are that a community need is identified by the community itself, students provide a service to the community as a part of their learning experience, and students reflect on their service-learning experience (Linton & Campbell, 2000).

Professional disciplines are well situated to provide service-learning opportunities to students while providing needed health care services to communities. Nurses, in particular, deliver a broad range of services from education to screening to counseling. This article describes a service-learning initiative to provide blood pressure screening and counseling to a university community. In Part 1, students' perceptions of program benefits are presented. In Part 2, community outcomes will be described.

to 2000, found that the positive benefits for students who participated in service-learning included, but were not limited to, personal and interpersonal development, social responsibility, and improvements in academic learning.

Service-Learning in Nursing

There are a number of reports on the use of service-learning in nursing, but only some are data based. A literature search of service-learning research in nursing yielded only six data-based articles, suggesting the need for more research in this area. One difficulty in service-learning research is demonstrating both student outcomes and community health outcomes. A few studies have demonstrated community health outcomes but not student outcomes (Miller, Gillespie, Billian, & Davel, 2001; O'Donnell et al., 1999). Conversely, other studies found clear evidence of student benefit but did not describe community health outcomes (Cohen & Milone-Nuzzo, 2001; Hales, 1997; Logsdon & Ford, 1998; Narsavage, Lindell, Chen, Savrin, & Duffy, 2002). No reports have documented both the student and community outcomes that are key to realizing the full benefits of service-learning experiences. In addition, of the six studies mentioned above, only three were focused on undergraduate nursing programs (Hales, 1997; Miller et al., 2001; O'Donnell et al., 1999).

The literature review indicates a need for research in the area of service-learning for undergraduate nursing students. Research that demonstrates both student outcomes and community health outcomes within the same program is particularly necessary.

Received: July 2, 2004

Accepted: June 30, 2005

Dr. Reising is Associate Professor, Ms. Allen is Clinical Assistant Professor, and at the time this article was written, Ms. Hall was a BSN student, Indiana University School of Nursing, Bloomington, Indiana.

Address correspondence to Deanna L. Reising, PhD, APRN-BC, Associate Professor, Indiana University School of Nursing, 1033 East Third Street/Sycamore 405, Bloomington, IN 47405; e-mail: dreising@indiana.edu.

Literature Review

Service-Learning Across Disciplines

Many studies have reported the efficacy of service-learning in producing desirable student outcomes. In 2001, Eyler, Giles, Stenson, and Gray published an extensive literature review on the effects of service-learning across disciplines on students, faculty, institutions, and communities. The review, which covered research from 1993

Overview of the Service-Learning Program

Student Goals

In fall 2001, the Indiana University School of Nursing bachelor of science in nursing (BSN) program secured funding to implement a blood pressure screening and counseling program for the university community. The program targeted sophomore students who had just been admitted to the nursing program and were taking nursing courses for the first time.

The student goals for the program were for them to develop the following skills:

- Blood pressure assessment.
- History-taking.
- Health counseling.

Community Partner

The community partner for the program is the Health & Wellness Education, Indiana University Health Center, which provides programs that promote healthy lifestyles at no or low cost to university employees. Students have access to these programs as a part of the mandatory student health fee. Services include counseling on nutrition, fitness, stress, and tobacco cessation.

Service Implementation

The target community for the screening is university employees, although no one is turned away; therefore, students and campus visitors are also occasionally screened. The service is offered in 3-hour sessions on a weekly basis at a variety of sites. Sites are rotated to maximize access on the large university campus. The two faculty members who developed the program alternate supervising the screenings. Approximately 50 students participate in the screenings each semester. Each screening is staffed with five to six students on staggered shifts. Each student completes two shifts of 1½ hours, for a total of 3 hours per semester.

Research Design

Data Collection and Instruments

After Institutional Review Board approval was obtained for both the student and community components of the study, a prospective, descriptive re-

search design was used to collect data on students' perceptions of the service-learning experience. Data were collected using anonymous end-of-course questionnaires and written reflection. The two questionnaires used Likert-type response scales appropriate for the question posed but also contained open-ended items about the program. Students were also asked which program competence level they thought the service-learning activities achieved

Students' perceived
benefits [of the project]
were skills acquisition,
making a difference, and
professional dimensions.

(i.e., sophomore, junior, senior). A written reflection was assigned the first semester the students participated in the blood pressure screening, and another online reflection session was added after the second screening experience.

Data Analysis

The questionnaire items with Likert-type response scales were analyzed by determining the mean for each item. Open-ended questionnaire items were analyzed using content analysis, and sample student comments are presented as exemplars from the written reflections.

Results

Course Questionnaire Items

Responses to the Likert-type questionnaire items for the first and second cohort groups were generally positive across all items (5-point Likert-type scale, with 5 being highest):

- Overall satisfaction = 3.8.
- Development of blood pressure and heart rate assessment skills = 4.1.
- Development of health counseling skills = 3.6.

- Seeing health promotion theory in action = 4.4.

- Development of professional and civic responsibility = 4.

- Experience with a variety of community health care needs = 4.4.

The overall mean score for each of the two groups was 4.0.

Data were also collected at the end of the second experience using anonymous online questionnaires about the level of competence (i.e., sophomore, junior, senior) students believed they had achieved. The competence levels are related to program competencies established by faculty as core graduate outcome measures. Students were asked to select the competence level they felt they had achieved across the following core program competencies:

- Decision making for care delivery.

- Professional development.

- Culturally competent practice.

- Community resource referral.

- Assisting clients to maximize health potential.

- Positive image of the nursing profession.

The data showed that although the majority of students perceived they were achieving competence at their current level (sophomore), some students believed they were achieving competence at the junior and senior levels, particularly in the competencies of professional development, culturally competent practice, community resource referral, and positive image of the nursing profession.

Open-Ended Questionnaire Items

Each student was asked, in an anonymous online questionnaire, to describe their perceptions of the benefits of participating in the service-learning project, the drawbacks of participating in the project, and suggestions for improving the project. The themes presented in this article represent findings from the first two cohort groups across four data collection points.

The major themes emerging from the item concerning students' perceived benefits were skills acquisition, making a difference, and professional dimensions. Many students identified at least two of these themes in their responses.

Students consistently described the importance of becoming more comfortable with taking a client's blood pressure and heart rate in a population outside of the laboratory experience. Although some students described performing these skills on real people as intimidating, most agreed that learning the skills in this setting was a valuable experience.

Many students also described how important it was to them to make a difference in providing service to the community. Some students reported that by observing the faculty in their client counseling, they were later able to provide some of the more basic counseling that clients needed. Some reported that the ability to counsel clients made them feel valuable at a very early time in their nursing program when they were just learning the scope of nursing roles. During their second experience, students sometimes encountered repeat clients and were able to recognize where previous screenings and counseling had had positive effects.

Students valued being able to perform a skill in a real-life setting outside of the laboratory, while also providing counseling. Some students reported that, as a result of this composite experience, they were learning for the first time how to act professionally, use therapeutic communication skills, and interact with individuals as members of the nursing profession. Some students reported that knowing they would be scrutinized by their clients because they were students heightened their awareness of their professional behaviors and that the experience helped them get used to people looking to them for health advice.

The major themes emerging from the question concerning students' perceived drawbacks of the project included the time commitment and feelings of lack of preparedness. Many students reported that the time commitment required for the project put additional strain on their already complicated schedules, although the experience was a part of the required practicum time for the course. Although the project sites were all on campus, the campus is very large, and some locations were unfamiliar to students, requiring more time to find the

screening site. Students who commuted to campus also had to find parking, which is always challenging.

Some students believed their lack of preparedness stemmed from not having course content on hypertension and related risk factors. Students described not being able to answer even simple questions for fear of giving the wrong advice or information. This left some students feeling inadequate as they

Students' perceived
drawbacks of the project
included the time
commitment and feelings
of lack of preparedness.

were simultaneously trying to gain clients' trust and master new skills.

As a part of our process evaluation, we asked students to make suggestions for improving the project. Students offered the following suggestions: better advertising, better student preparation related to counseling, and more options for screening days and times.

Reflection Writings and Discussion

Students were asked to respond to the following questions to guide their first written reflection in the fall semester:

- How does the hypertension screening project relate to your course outcomes?
- What does the nursing profession contribute to the community by performing free screenings?
- What are the significant take-home messages you gained from the experience?

The following question was used to guide the online reflection in the spring semester: What did you gain most as a future nursing professional by participating in the hypertension screening?

The students' comments from the reflection questions are consistent with

specified course and program outcomes. In particular, students wrote about health alterations across the life span and across cultures and socioeconomic status. Students were also able to identify nursing roles essential to the profession and recognized that independent nursing interventions could make a difference in the health of a community. In addition, students learned about hypertension, its risk factors, and how to minimize risk.

A year after the screening experience, as the first cohort of students finished their junior year of the program, they completed a short questionnaire to determine their comfort with blood pressure and counseling skills and whether they believed there were other skills that could be performed in the community to enhance clinical practice.

All students, except for one, reported feeling comfortable with their blood pressure skills. The students were also asked what they believed contributed to their comfort in taking blood pressures. Nearly 64% of students attributed their comfort to participating in the screenings; 36% attributed their comfort to their work.

The item related to use of counseling skills in clinical practice received a mixed response, with nearly two thirds of students reporting they used the counseling skills role modeled by faculty in subsequent clinical experiences. The extent to which these skills were used varied from "a little" to "frequently," with a few students reporting that they use their counseling skills with their friends and family. However, nearly one third of students reported they had no or almost no opportunity to use the counseling skills role modeled by faculty.

In terms of other projects that could be implemented in the community that would benefit students in future clinical experiences, students identified participating in influenza vaccination programs, preschool vaccination programs, and cholesterol screening programs. A few students suggested providing experiences in which they could listen to heart and lung sounds to improve their comfort in subsequent semesters.

Discussion and Implications

In general, the data show that the students perceived positive outcomes from the hypertension screening service-learning project. Most students reported achieving the key goals intended from the program: acquisition of blood pressure skills, therapeutic communication skills, and beginning health counseling skills. In addition, students perceived other benefits, such as the development of civic responsibility, beginning conceptualizations of the professional role, the role of theory, and the value of tailoring public messages.

Some of the most compelling data came from the students' responses to the anonymous open-ended questionnaires or in the written reflection. Students recognized some of the other important goals of offering this kind of program, such as promoting healthy lifestyles, client self-efficacy, and nurses as key health care providers. In addition, some students learned how complicated setting up such a program can be in terms of location, timing, and referral patterns. In several cases, students believed they were meeting BSN program competencies at levels higher than the sophomore level, suggesting a possible value-added component to the service-learning experience.

Students were helpful in evaluating program effectiveness, suggesting many of the same quality improvements as did faculty. As a result of student input, changes in scheduling were implemented, advertising was improved, and student orientation sessions were implemented for later cohort groups.

In areas rated less highly, faculty have implemented strategies to help students better understand the tenets of service-learning and program expectations. In particular, a class session is spent on service-learning, connecting the goals of service-learning to professional standards set by leading nursing organizations. In addition, more attention is given to the reflection process, which is critical to students gaining full benefit from the program.

Conclusions

These data were obtained from students in one BSN program and are not generalizable to all nursing students. In addition, all data about benefits to students were self-reported. Nevertheless, this research suggests that even one service-learning project in a BSN program may result in positive student outcomes, including skill improvement and development of counseling skills and professional role socialization, as well as the main service-learning outcome of civic responsibility. Larger-scale studies of other kinds of service-learning programs are needed to further assess the value of such programs for undergraduate nursing students.

References

- Cohen, S.S., & Milone-Nuzzo, P. (2001). Advancing health policy in nursing education through service learning. *Advances in Nursing Science, 23*(3), 28-40.
- Eyler, J.S., Giles, D.E., Stenson, C.M., & Gray, C.J. (2001, August 31). *At a glance: What we know about the effects of service-learning on college students, faculty, institutions & communities, 1993-2000* (3rd ed.). Nashville, TN: Vanderbilt University.
- Hales, A. (1997). Service-learning within the nursing curriculum. *Nurse Educator, 22*(2), 15-18.
- Linton, J.P., & Campbell, J. (2000). *A guide to partnerships in service-learning at Indiana University*. Bloomington: Indiana University Instructional Support Services.
- Logsdon, M.C., & Ford, D. (1998). Service-learning for graduate students. *Nurse Educator, 23*(2), 34-37.
- Miller, M.P., Gillespie, J., Billian, A., & Davel, S. (2001). Prevention of smoking behaviors in middle school students: Student nurse interventions. *Public Health Nursing, 18*, 77-81.
- Narsavage, G.L., Lindell, D., Chen, Y.J., Savrin, C., & Duffy, E. (2002). A community engagement initiative: Service-learning in graduate nursing education. *Journal of Nursing Education, 41*, 457-461.
- O'Donnell, L., Stueve, A., San Doval, A., Duran, R., Haber, D., Atnafou, R., et al. (1999). The effectiveness of the reach for health community youth service learning program in reducing early and unprotected sex among urban middle school students. *American Journal of Public Health, 89*, 176-181.

Copyright of Journal of Nursing Education is the property of SLACK Incorporated and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.