

Community Engagement Through Service-Learning: A Strategy for Developing Cultural Sensitivity in Graduate Nursing Students



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Community Engagement Through Service Learning

Service learning (SL) – approach to working with multi-cultural populations in graduate nursing education funded by a grant from The Helene Fuld Health Trust, Inc.

SL is viewed as a reciprocal partnership among students, faculty and communities in which all engage in service and learning - all are teachers and learners - all are servers and served - both reciprocity and reflection are keys to the service learning experience.



Need: Health Disparity Sensitization

- **Minorities in Cleveland continue to be over-represented in infant mortality rates, cases of lead poisoning in children, and deaths due to heart disease, AIDS, and breast cancer (ODH, 1999)**
- **More than 100 City City of Cleveland census tracts are Primary Care Health Professions Shortage Areas**



Design: Action Research

- Learn while doing – work with Community Advisory Board/CMSD
- Community based participatory action research- “recognizes the community as a social and cultural entity with the active engagement and influence of community members in all aspects of the research process”

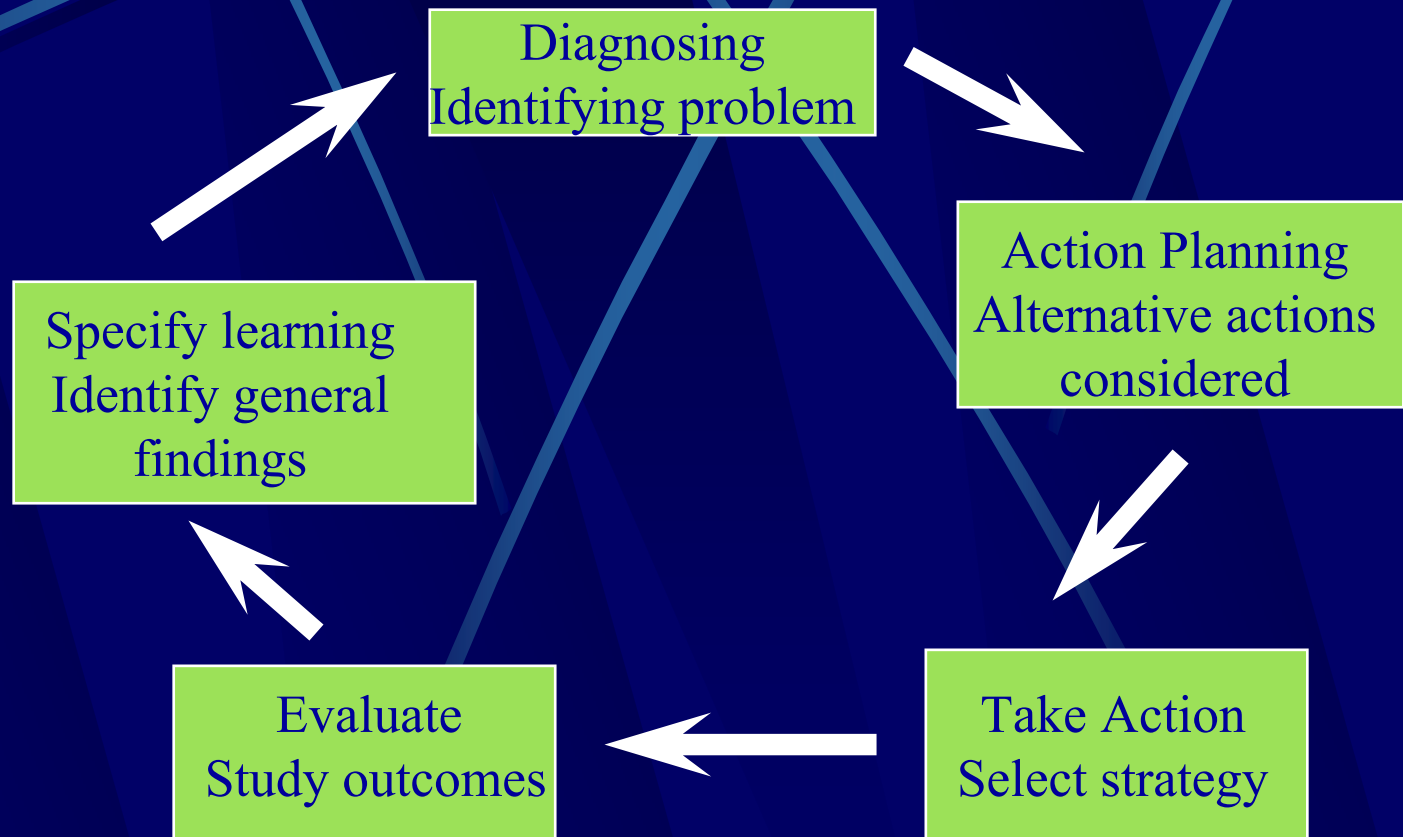
Israel et al., 2000, CCPH, p.4



Activities and Agency Connections

- **Health care needs of Cleveland's inner-city community focus of service learning**
 - **Services to 8 disadvantaged areas of Cleveland including homeless**
- **Work with Cleveland Municipal School District School Nurses**
- **MoMobile- Cleveland Public Health Dept**
 - **Provides opportunities for students to provide pregnancy testing, prenatal care, glucose and cholesterol monitoring, immunizations, and referrals -emergency and follow-up health care**

Model for Action Research



Adapted from G.I
Sussman, 1983

Advantages

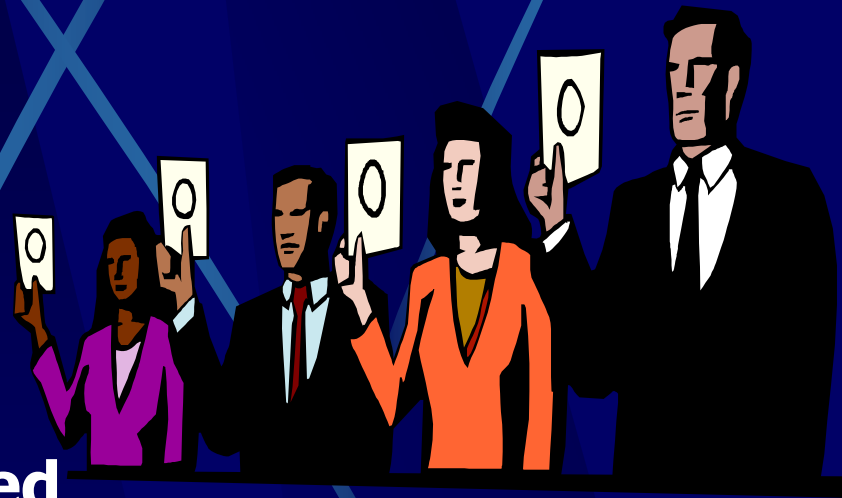
- Data relevant/ useful to all
- Improves validity - can direct practice
- Strengthens development capacity
- May decrease feeling of being “used” as subjects
- Puts person in context of culture
- Funding and opportunities for community expanded
- Involving marginalized communities in reducing and eliminating disparities

Concerns

- May not know how to use data equally
- Difficult communication
- Need to share roles
- Leaders need to buy-in
- Takes time
- Takes work
- Outcomes may not be in usable form for the community

Action Research Method

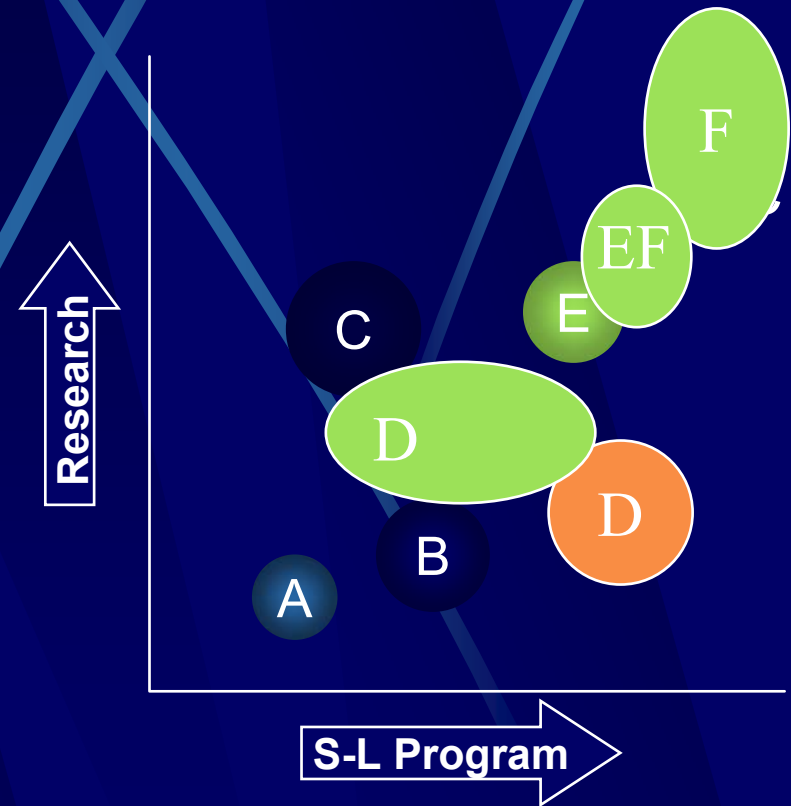
- **Discuss Methodology Principles – ID need**
 - Collaborative resource
 - Risk
 - Plural Structure
 - Theory, Practice, Transformation
- **IRB approval and informed consent**
- **Intervention**
- **Evaluate - Focus groups with students/ agency**
- **Analysis for themes – ID learning**



Adapted from www.web.net/~robrien/papers/img00002.gif

Example Action Research:

- A. Meeting community
- B. Projects jointly decided
- C. Design clear formats
- D. Separate but related
- E. Focus groups
- EF. Analyze and interpret with agency/students
- F. Dissemination - poster/CE program/grant



Intervention - **SL** assignment:

- **Students in community - meet agency need**
- **Service linked to course objectives/grade based on “product” of service**





Learning Outcomes



- **Examine cultural sensitivity development**
- **Guided Questions:**
 - **Expectations about population served ?**
 - **Aspects that were**
 - **positive/fulfilling ?**
 - **Frustrating ?**
 - **Surprising ?**
 - **Changes in your ideas/approaches to caring ?**
 - **New learning about self/health care system/
nursing/agency/community/society/ client needs?**



Authenticity and Trustworthiness

- **Written/oral reflections on community service experiences guided students to examine the cultural sensitivity implications for populations**
- **Participants reviewed the themes**
- **Themes evolved from qualitative data.**
- **Intersubjective agreement was established between the researcher and a second member of the research team.**

Identified Themes

1. Working with limitations
2. Daily struggle
3. Recognizing strengths
4. Involving others
5. Partnerships
6. Giving back to community



Reflections:

Working with limitations

- **“I witnessed what a challenge it is for R. to provide these services relying on meager donations. I received first hand experience on how difficult it can be to gain the attention and interest of such a needy population. .. It was shocking for me to see how little control they have over their health”**
- **“I felt as though I wanted to do so much more for them, but what they actually needed was not what I was providing (diabetes ed) ... I also spent a lot of time trying to figure out how in this particular community I could have been more useful.”**

Reflections

Daily struggle

“ It never occurred to me honestly that homeless people can also have diabetes!!... it is easy to see how quickly this can become a huge financial and social problem...”

“Who cares about HbgA1C when your basic needs go unmet? I also realized how complicated it can be to teach patients who are can't read.”

Students Designed Education Aids



Reflections

Recognizing strengths

- “Initially [I] felt sorry” for the clients, but at the end of the project [I understood that] while these people had little or no income, they were strong people who were making the best of their situations.”
- “It caused me to re-examine my values.”

Reflections Involving others

- **“I was pleasantly surprised by the experience at () community center... The honest sharing of the clients with us and with each other was impressive, heart warming, and very gratifying...”**
- **“It is important for NPs and other health care professionals to be aware of what the community needs and what resources are available for clients to access....”**

Reflections Partnerships

- “[S-L is an] opportunity to develop partnerships with outstanding community agencies”. (Faculty)
- “Allowing the students to have ‘first-hand’ experience with the community and sharing the knowledge gained with the community entity that provided them with that experience in opting to make things better for our community.” (Agency)

Reflections

Giving back to community

- “ a breath of fresh air. [They] have so much to give ... and we [students] should give back and I was amazed that we were going to be doing this”
- “...I would be more than willing to back to (the homeless) ...and volunteer my time to give to them what I could”
- “ think the (agency people) learned about the NP program and that students (even at a school with a snooty reputation) ARE interested in learning from and giving back to the community.”

Cultural competence

- Process by which healthcare providers continuously strive to achieve the ability to effectively work within the cultural context of a client, individual, family or community (Campinha-Bacote, 1999, p. 203). Dimensions:
- Cultural awareness is a process where providers recognize and appreciate the way of life, including values and beliefs, of patients.
- Cultural knowledge is seeking an educational foundation for understanding different world views of different cultures
- Cultural skill refers to the ability to collect culturally relevant patient data and to perform assessment and care based on culturally specific information
- Cultural encounters refers to the process whereby providers actually engage in cross-cultural interactions.

Conclusions/ Implications

- CETSL-development of cultural competence
- **Researcher must work with community to ID need and negotiate before collaboration –**
 - ownership of final product?
- **Community should outline priorities –**
 - venue for reflection and action
- **Community has a role in defining methods for data collection and analyses**
- **Openly discuss power/position influence**
- **Collaborate on interpretation**
- **Results understandable & usable by community**