

DISSERTATION

ASSOCIATE DEGREE NURSING GRADUATE PERCEPTIONS OF THE
INFLUENCE OF SERVICE LEARNING ON TRANSITION TO
CLINICAL PRACTICE

Submitted by

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In partial fulfillment of the requirements

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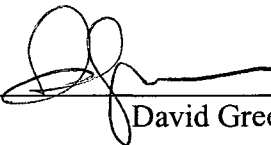
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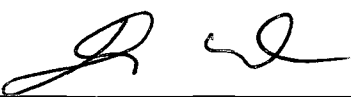
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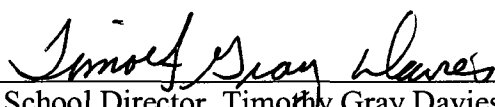
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ABSTRACT OF DISSERTATION

ASSOCIATE DEGREE NURSING GRADUATE PERCEPTIONS OF THE INFLUENCE OF SERVICE LEARNING ON TRANSITION TO CLINICAL PRACTICE

The 2007 U.S. Bureau of Labor Statistics projected a need for more than one million new and replacement nurses by 2016, while higher education continues to be challenged to find methods of producing graduate satisfaction, accompanied by successful transition from college to the workplace. Some nursing programs are meeting the challenge by utilizing a 1970s teaching strategy partnering experiential learning and community service - service learning, allowing students to work side-by-side with practicing medical professionals to meet community needs for nursing practice. Although success of this pedagogy has been documented with increasing frequency by Baccalaureate Nursing programs, Associate Degree (AD) program outcomes have only been described anecdotally, if at all, in research. Furthermore, even anecdotal accounts on any level have involved the reflections of student nurses, faculty and employers. Nowhere in the literature have reflections been documented of AD registered nurses who had experienced service learning as students. Using a qualitative basic interpretive design, this research sought to capture the meaning AD prepared RNs attributed to the service learning experience as it related to transition from the Associate Degree nursing program to the practice setting.

This study used focus groups and interviews to explore the perceptions of Associate Degree prepared registered nurses whose nursing program included service learning educational experiences. In response to open-ended questions, fifteen participants shared their perceptions of what transpired as each worked in a community free clinic with nurse practitioners to meet clinical coursework requirements. Six themes were identified from participant responses. Three of the themes were intrinsic to the study: skill development, heightened awareness, and increased civic responsibility. Three additional themes went beyond the transfer of learning themes: professional inspiration, satisfaction, and success. In light of the findings related to participant responses, additional research of both a qualitative and quantitative nature is recommended. Research of this nature is warranted both with graduates of Associate Degree nursing programs where service learning was part of the curriculum and with graduates of Baccalaureate Degree nursing programs where service learning was part of the curriculum.

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DEDICATION

I dedicate this dissertation to my family who makes the world livable and all pursuits achievable: first to the head of my family, the Holy Trinity, God, Jesus and the Holy Spirit, who have called me to higher goals and achievements to limitless ends of which only He knows; my sons, Shayn Henry and Chase Melfred Stillson who have never lost faith in me and always encouraged me in my extended journey to completion of this work; my daughter-in-law Christina Vonié who has become my daughter in her marriage to Chase and her mothering of their two children, my grandchildren, Henry Chadpatrick Stillson and Zelia Elisa Stillson, for their love and for Vonié's commiseration as she pursued and completed her Masters degree while I worked to complete my PhD and as she plans for her own PhD – keep your priorities my daughter, first God, then family, and then the PhD!; my sister Elma June Nauman for her love and prayers; my sister Ginger Louise Higgins and her husband Jay Higgins for their love and encouragement and for their prayers; all my nieces and nephews – Ann, Kurt, Jonathan, Timothy, Mary-Ellen, Danny, Nichole and Andrew - for their support and encouragement, with a special note of thanks to Timothy and his wife Mary who invited me into their home while I collected my data; and, my Aunt Beryl who kept my heart full. I also dedicate this to my four girlfriends, Diane Trix, Becky Lynch, Carol Wiegand, and Sophia Woodard, who have loved, supported, and encouraged me in spite of whining, screaming, crying, delays, and the hysterical laughter that sometimes comes with the intensity of this endeavor. I dedicate this to Dr. Patricia Tumminia and her colleagues who assisted me with my data collection. I also dedicate my dissertation to the participants in the study who shared their time and their experiences with me – without them there would not have been a study. I dedicate this to my college, The Denver School of Nursing for the support of all from the President to the Deans to my colleagues, the nursing faculty; you gave me the encouragement and support I needed to finally complete the long journey. Finally, I dedicate this dissertation to my Advisor, Don Quick, my methodologist, John Littrell, my committee members, David Green and Karen Kaminski, with special thanks to Duane Jansen who started me into my PhD and to Tim Davies who guided me through the coursework to successful completion of my comprehensive examinations – all have treated me with respect, encouraged me, given me their time and experience and showed me the way to a successful completion. I am grateful and thankful to you all.

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CHAPTER ONE - INTRODUCTION

Across the United States, higher education is being challenged to provide quality indicators in academic programs and responsiveness to the needs voiced by the workforce while demonstrating successful outcomes in graduation-to-workforce transitions. Nowhere are the needs for high quality outcomes and the demand for successful school to work transitions more greatly needed in the United States today than in the medical professions, specifically in nursing. The Office of Occupational Statistics and Employment Projections of the US Department of Labor indicated in 2007 that over one million new and replacement nurses will be needed by the year 2016, creating a national shortage of nurses so acute, and growing at such a rate, that it will impact the populace much the same as a national disaster, on a level equal to a major earthquake, flood, or, to use a more-timely example, that of a massive hurricane such as 2005's Katrina (Dohm & Shniper, 2007; Hecker, 2005; US Department of Labor, 2004). It is not enough to produce more programs and graduates, higher education must produce graduates who will successfully transition into the work environment and continue to persist as valued workers.

Background

Employment Skill Needs

In the late 1980's and early 1990's research of employer expectations for workforce development was completed (Hoerner & Wehrley, 1995). From the reports that followed the US Department of Labor issued statements regarding the need for a

refocusing of occupational and professional education. In 1991, legislation was proposed and passed that supported the employer outcry with measures such as HB 99-1289, reported in the SCANS publications (1992a, 1992b, & 1992c). This bill implemented a two-year analysis that examined educational curriculum, retention and transfer policies, as well as examining the Quality Indicator System. In 1992, the Secretary's Commission on Achieving Necessary Skills (SCANS) released a combination of reports as a blueprint for colleges and universities to follow in this effort. These reports indicated that the employer/workforce environment demands that entry-level employees come from the educational environment with work skills that include the ability to think critically, show initiative, respond to constructive criticism, demonstrate a positive work ethic (positive attitude, timeliness, showing up), and ability to be a team player (SCANS 1992a, 1992b, & 1992c; US Department of Labor, 2009).

In spite of the passage of seventeen years, the findings echoed in these reports remain as guidelines for education, communities, and cooperative efforts to produce the highest levels of workforce development (US Department of Labor 2005, 2009). Current literature and current employer surveys indicate that employers continue to expect graduates of Associate Degree programs, including nursing, to come with specific skills beyond those confined to their educational degree (e.g. intravenous therapy, knowledge of drugs & patient care). Health care employers and manager expectations of nursing graduates across the spectrum from hospitals to long term care to community health include: application of occupational knowledge; use/operation of equipment; problem solving skills; reading and writing skill; ability to complete work in accordance with quality standards; organizational skill; computer skills; math skills; listening and

speaking skills; interpersonal skills; teamwork skills; ability to be customer focused; Initiative to seek to continuously improve performance; demonstration of a good work ethic; ability to accept advice, supervision, and constructive criticism (Jones & Cheek, 2003; Lakeshore, 2006).

Nursing Education

Nowhere are these concerns more poignant than in nursing education. The U.S. Bureau of Labor Statistics announced in their November 2007 *Monthly Labor Review* that the latest projections indicate more than one million new and replacement nurses will be needed by 2016. Population growth indicators show that the United States is growing both in numbers of elderly who will require health care and numbers of newborns and children who will require health care (Allender & Spradley, 2005). Although the November 2005, Occupational Review lowered that need for new nurses to approximately 750,000, more current projections indicate that the nursing shortage is growing on an average of 3% per year (Dohm & Shniper, 2007). No other educational program is more challenged to produce quality graduates in a timely fashion who will not only graduate but also persist in the workplace (Chan, McBey, O'Donnell, & Winter, 2004; Jones & Cheek, 2003).

A means for facilitating transition from college to the health care work environment must be employed if the outcomes are to include student/graduate satisfaction, student/graduate success, and successful transition from college to the workplace. The research of Jones & Cheek (2003) indicates a solution. The authors' research indicates it is of paramount importance that nursing education create partnerships in collaboration with key stakeholders (nursing employers) if we are to both

cover the ever growing need for nursing graduates and, at the same time, assure that nursing employers can both attract and retain the nurses they hire.

Nursing education has, from its inception in the early 1900s, incorporated experiential learning into nursing program requirements in the form of clinical experiences in hospitals, nursing homes, and the home health or public health environments. In the 1970s a new teaching strategy that partnered experiential learning and community service called “service learning” was spawned (Sigmon, 1979). This pedagogy allows students to work side-by-side with practicing medical professionals in efforts to meet community needs for nursing practice while applying skills, critical thinking, and the nursing process (that is, Nursing diagnosis [NANDA] – Planning - Intervention – Evaluation of client needs & outcomes) to address patient needs in a community setting (Bailey, Carpenter, & Harrington, 1999; Poirrier, 2001). Service learning incorporates several specific attributes including: partnership between an educational setting and a work setting to meet a community need; a civic component to the learning experience – identification and addressing of a community need; inclusion of one or more community persons from the prospective work environment in the planning, teaching, and evaluation aspects of the learning experience; a reflective component to the learning experience to allow students to process the experience and envision applications of the experience to their future career (Bailey, Carpenter, & Harrington, 2002; Clark, 1999; Collier & Driscoll, 1999; National Service-Learning Clearinghouse, 2009; Stanton, Giles, & Cruz, 1999).

This pedagogy answers the charge of the National League of Nursing (NLN) (2008) to create community-driven models for nursing education using service learning

strategies to bring about needed reform in nursing education and to meet the ever-growing nursing needs in healthcare provision throughout the new century.

Statement of Problem

The premise of the service learning pedagogy is that the student will step out of the classroom and lab with the nursing program's academic instructor into an actual work setting where he or she works intimately with a nursing professional who serves both as mentor and work-site instructor. To optimally explore the outcomes of this experience as relates to transition into the actual clinical practice of nursing, I sought the perceptions of nurses who graduated from programs that incorporated this pedagogy.

The purpose of this study was to develop an understanding of the effectiveness of service learning as a teaching pedagogy in Associate Degree nursing programs as relates to transition into the world of professional nursing in a clinical setting. I sought Associate Degree prepared registered nurses' perspectives around the experience of service learning and how that affected their transfer to the medical work environment upon graduation and beyond.

Research Questions

The guiding question was, "Did the graduated registered nurse use skills learned during service learning in transitioning from an Associate Degree nursing program to the clinical work setting?" The following research questions were considered relevant to the identified population. In each case the question related to the perception of this population with respect to service learning and:

1. How did the participants' service learning experience relate to their initial nursing work experience after graduation?

2. How did the skills used in the initial clinical setting after graduation relate to their service learning experience?
3. How did the service learning experience impact the participants' level of satisfaction with their preparation for a clinical career as a registered nurse?
4. How did the service learning experience enhance their success as entry-level registered nurses?
5. How did the service recipient contribute to the participant's educational experience and on-going professional career as a registered nurse?

Definition of Terms

Appropriate interpretation of both the research questions and the impending results relied heavily on a shared vocabulary. Each of these terms was defined in relation to the recent nursing graduate's perceptions of the impact of participation in an Associate Degree nursing program curricular service learning project.

Service learning. "Service learning is a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities." (National Service-Learning Clearinghouse, 2009). In other words, service learning includes projects that apply classroom learning with community service (Gardner & Van der Veer, 1998) where there is a partnership with the community, the community has an identified need, the goal of the project is to meet a community need while enhancing certain programmatic and personal objectives for the student, the community partners take leadership roles in the project, and there is a student reflection component to the project.

Clinical setting. The clinical setting is a nursing care setting with hands on practice of skills within the nursing scope of practice involving human patients or clients. Such settings could include hospitals, nursing homes, rehabilitation units, community health, home health care, public health nursing, occupational nursing, clinic or office practice, nursing in a department of corrections infirmary setting, and public school infirmary nursing (Ignatavicus & Workman, 2006; DeLaune & Ladner, 2002).

Entry level nursing work experience. For the purpose of this research I define “entry level nursing work experience” as the first or initial employment of a nursing graduate involving the clinical setting following graduation from a nursing program.

Significance of the Study

The National League of Nursing (NLN) is a programmatic accrediting body for nursing education. The NLN accredits both Bachelor of Science in Nursing (BSN) and Associate Degree in Nursing (ADN) programs. In 2003 the NLN Board of Governors identified priorities for research in nursing education that included Community-based nursing and service learning strategies (National League of Nursing, 2009a). In August of 2008 the NLN Board of Governors indicated that innovations that would lead to creating reform in nursing education include community driven models for curriculum development that incorporate community-based nursing and service learning strategies (National League of Nursing, 2009b). Service learning is an educational pedagogy that is showing promise as a strategy involving a collaborative effort between community institutions and organizations to meet the nursing shortage (Bailey et al., 1999; Holloway, 2002; Poirrier, 2001; Seifer & Vaughan, 2002). Research involving transitional outcomes from nursing programs at the Associate Degree nursing level that incorporated the

curricular pedagogy of service learning into the clinical setting of the graduated and practicing registered nurse has been addressed anecdotally in the nursing literature. However, an extensive search of the literature using ERIC, Google, and the EBSCOHOST with CINAHL databases failed to yield any research outcomes involving reflections of graduates of Associate Degree nursing programs who experienced service learning in their educational program and how that has impacted them as working registered nurses.

Exploring graduated nurses' perceptions around the service learning experience provided added understanding of what does or does not result in successful nursing educational outcomes, successful transition from the academic setting to the clinical setting for nursing graduates, nursing graduate satisfaction, and the long-term career impact of the experience. Since the use of service learning as a means to transition has been suggested in the literature (Bailey, Carpenter, & Harrington, 1999; Jones & Cheek, 2003; Poirrier, 2001), exploring the nursing graduate's perceptions of this experience adds to the scholarly research and literature in the field. Again, no studies were identified that seek to understand the perceptions of the Associate Degree nursing graduate in these realms. Furthermore, there was a paucity of literature around community college efforts in the areas of service learning, transition, and nursing graduate satisfaction (Applebaum, 1999; Bacon, 1997; Yohe, 1997). Therefore, the need for this study was both timely and warranted.

Researcher Perspective

As a registered nurse of thirty years and an educator for Nursing and Allied Health students, I have been in a service arena my entire professional life. However,

going back even further, I have reflected on what made me “sure” that a career in nursing was the right “fit” for me, and what assisted in my ultimate successful transitions, first from high school to the university and my nurse’s training and then from the university into the clinical work arena.

In high school, in the latter part of the 1960s, I was encouraged to work as a volunteer, a candy striper, in the local hospital. Hospitals even then, as now, had needs for assistance on the floor that exceeded the staff they employed. They had sent out a request to local high schools seeking volunteers to increase the hands-on care for patients. The setting back then allowed the volunteer not only to interact verbally with patients but to actually assist the staff. Essentially, it was a type of experiential learning. I fed patients, helped change beds, played with ill children, and experienced the culture of the nursing environment. There were joyful, tedious, sad, and fulfilling interactions in this experience. But, all in all, it confirmed my desire to become a nurse.

In college, our program faculty at Northern Illinois University impressed on all the nursing students that we were entering a service profession. My most memorable instructor insisted that we recognize our roles, both in school and on graduation, to include both professional service to the community and service to the patients in the work environment. She challenged us to understand that as professionals in health care this type of service was both an expectation and a privilege. As I volunteered time outside of class and worked with patients on clinical rotations, I felt like a nurse, even before I graduated. This encouraged me and I made my transition into the work world with enough self-confidence to endure the inevitable “bumps in the road” encountered by the new graduate in nursing.

Throughout my professional career those early influences towards service within my profession and within my community have served me well. When I entered into teaching of nursing and allied health professions, I found students desired to become active in using these newly learned skills. I started providing connections within the community for students to volunteer and begin to use their skills. These opportunities included health fairs, volunteer work at hospitals and nursing homes, as well as volunteer work in other capacities such as flood relief. As students have graduated, some have come back to me to share their successes and trials. Over and over they have referenced the volunteer experiences as stepping-stones in their career paths. At the same time, I have watched others graduate and become Fast-Food managers and truck drivers! Frequently, I wondered what made the difference. Why did some transition successfully and others did not?

More recently, I was the Director of Nursing Education Programs and a Professor at Aims Community College in Greeley, Colorado. There I continued encouraging my students to use volunteer work to improve their skills. However, in reading both the history of the use of service learning and the latest materials on service learning, I became fascinated with the possibilities for formalizing student experiences in the areas of applied community service using the skills gained in the college classroom. In talking with other faculty in other occupational or career/technical programs, I have found that many have used volunteer opportunities, also, but none have attempted the use of service learning in their programs. However, many have become drawn, as have I, to the potential of service learning as a means to increase successful graduate outcomes. Six years ago, I incorporated the service learning experience as a major emphasis in one of

my allied health programs. Through the use of this methodology, and the journaling reflections of the involved students, I witnessed very positive outcomes in student participation, the growth of self-confidence and success in program completion. Since the graduation of these students, several have returned to share with me how the service learning experience impacted their entry and transition into their community and into their chosen career. In addition, the employers where students were placed for clinical experiences and ultimately for employment, expressed pleasure with higher level work skills among these students. However, graduate reflections in a research format have not yet been explored. Following my work in allied health, I returned to the teaching and supervision of two community college nursing programs.

In 2005 I left the Community College setting and joined a private college, Concorde Career College in Denver, Colorado. Here I was given the opportunity to, once again, help in the development and implementation of an Associate Degree Nursing program as one half of a teaching team. At Concorde, service learning was not formally acknowledged as a teaching pedagogy, but several of the instructors used the concepts of service learning to teach community nursing.

In 2007 I left Concorde and joined the team at a different private college, The Denver School of Nursing (DSN). Here I have taught in both the Associate Degree (AD) and Bachelor Degree (BSN) nursing programs. I currently am both a teaching Associate Professor and the Clinical Field Coordinator at DSN. The Denver School of Nursing has allowed me to use my belief in service learning to create alternative clinical experiences for both the AD and BSN students. Although the service learning pedagogy has not been implemented as yet in the core curriculum as reflected in syllabi, it has still occurred as

individual projects and as part of the underlying impetus for offering alternative clinical rotation sites, such as taking the AD students to a camp that is run largely on donations and scholarships for campers. In a private encounter in the spring of 2007, it came to my attention that the camp was having difficulty securing nurses to volunteer for the camp nurse position. The camp depends on volunteers to fill such ancillary positions in order to stay within their budget while adhering to a mission statement that includes, “no child will be prevented from attending camp due to financial limitations.” Having identified a community need while recognizing the ever increasing difficulty with finding clinical rotations for pediatrics, specifically for AD students, I approached the Deans of our nursing programs and proposed the use of the camp to meet both the camp’s need and the students’ need. This began a service learning format for the AD student that includes reflection through journaling and group discussion while providing experiential learning in a community setting where students are taught by members of the community and by the camp nurse – in this case the camp nurse is me. I have camp nursing experience that stretches back over sixteen years. My role for the camp is to act as camp nurse 24-7 for a period of two weeks each summer. During that time I bring groups of AD student nurses to camp to work with the campers by teaching health education, passing medication, providing limited medical care for campers mostly in the form of first aide, and assisting with referral of campers who may need more advanced medical intervention.

I believe strongly in the potential of service learning and was inspired to pursue research on how service learning has been used in nursing programs at the Associate Degree Nursing level. Having seen a snapshot view of the effects of service learning on allied health students at the community college level and the apparent effects on

transition to the workplace, I wanted to see how graduates of nursing programs at this level had been impacted through the service learning experience in their transition from college to the clinical environment. At present in my work with Associate degree and Bachelor degree students, I am actively working with The Denver School of Nursing to bring service learning into the curriculum in pursuit of a joint service learning endeavor to benefit a community need.

There is an absence of research and documentation of the use of service learning as it relates to transitional outcomes from the community college and/or Associate degree setting to the clinical work setting upon graduation. No studies have been identified involving the reflections of nurses in clinical practice who experienced service learning in an Associate Degree Nursing program or how this experience has impacted their transition from college to work. With this in mind and since my personal experiences in community service have been so positive, I feel an investment in discovering the essence of the nursing graduate's perspective of this experience. I believe this study is timely and that there is a real need to explore service learning as a transitional experience for nursing education at the Associate degree level.

CHAPTER TWO - LITERATURE REVIEW

Over the last two decades there has been an increasing thrust in government to hold the higher education community accountable for the outcomes of programs and curriculum (The Secretary's Commission on Achieving Necessary Skills, 1992a & 1992b; 2009). Funding has become contingent on the ability to produce quality indicators that include student satisfaction and student success through successful transition from the academic setting to the workplace. A variety of techniques have been used in an attempt to increase the incidence of successful transition from higher education, in this case the community college, into the workplace. One technique that has shown promise is the use of service learning.

Service learning is a curricular reform movement with its roots in the 1960s and early 1970s. The movement was initiated by community activists and educators who sought to combine structured educational experiences with community action believing that this would "provide stronger service and leadership in communities and deeper, more relevant education for students" (Stanton, Giles, & Cruz, 1999, p. 1). Over the decades, service learning has been ascribed with multiple definitions in multiple settings. However, certain consistent elements have been gleaned from the literature describing its usage. Initially the definitions were vague and simply emphasized it to be an educational model to prepare students for work with an emphasis on community service (Christiansen, 1994; Clark, 1999; Collier & Driscoll, 1999).

With the passage of time the definition has refined. Elizabeth Hollander, Executive Director of Campus Compact, and John Saltmarsh, project director of the Integrating Service with Academic Study Program at Campus Compact (2000) summarized service learning in this manner, “With service learning, as distinguished from community service, students engage in an organized activity that meets identified community needs and participate in structured reflection on the activity in a way that furthers understanding of the course content, a broader appreciation of a discipline (or disciplines), and an enhanced sense of civic responsibility,” (p. 30). At the start, the service learning movement fell mostly to individuals who worked independently and often at odds with the prevailing trends of both communities and educational settings, whether secondary or post-secondary (Stanton et al., 1999). However, the driving forces of federal legislation and the workplace have legitimized service learning and set it apart as an approved curricular option.

To ground the research that is to follow, literature was examined and sorted to identify the following: (1) legislative imperatives, (2) workplace imperatives, (3) theoretical foundations for the study, (4) student indicators for success, satisfaction and graduate transition, and (5) studies that define and analyze service learning and its use as a component of nursing education.

Imperatives for the Service Learning Movement

Legislative

Of the forces driving the service learning movement, one that adds motivation and certainly cannot be ignored is the force of legislative imperatives. There exists a long history of laws dating back to the 1800s that were designed to ensure tight bonds between

education and the needs of the “community” or those of the country at large (Cohen, Brawer, & Associates, 1994; Naylor, 1988). Legislative initiatives such as the National Defense Act of 1958, the Vocational Education Act of 1963, and the Carl D. Perkins Career and Technology Act of 1984 (with amendments through 1999), were all enacted to meet the needs of business and industry while ensuring that students graduated with employable skills (Hoerner & Wehrley, 1996; Naylor, 1984). Notably, these acts were all directed towards Occupational or Vocational (now termed Career/Technical) programs.

Although not the first legislation to direct educational trends, the Secretary’s Commission on Achieving Necessary Skills (SCANS) (1992a, 1992b) was of early impact on the acceptance of service learning. Established by the then Secretary of Labor, Elizabeth Dole, this legislative directive initially sought to define the entry-level skills required to prepare our “youth” for the modern workplace. The ensuing SCANS report was meant to guide vocational directives to prepare high school graduates for the “world of work” (Hoerner & Wehrley, 1996; Wetzel, 1992).

The SCANS report identified the basics required by business and industry, to include foundation skills in basic communication (e.g. reading, writing, speaking, listening), mathematics, thinking skills (e.g. creative problem solving, critical thinking, reasoning), and personal qualities (e.g. self-esteem, self-management, integrity). Competencies required at work and included in the SCANS report included resource management (e.g. organization, planning, time management), interpersonal skills (e.g. leadership, working with diversity, team work, serving clients), information skills (e.g. acquiring, interpreting, and organizing information), systems skills (e.g. understanding and monitoring work based systems), and technology usage (e.g. applying, maintaining,

and trouble-shooting technology) (Secretary's Commission on Achieving Necessary Skills, 1992a, 1992b; Whetzel, 1992). However, the early directives of these legislative efforts have since expanded to impact not only high school curricula, but also that of post-secondary education at two and four-year colleges and universities, thus helping to promote the advancement in use of service learning.

With the SCANS report came other notable federal legislation that further set the stage for service learning. Perhaps one of the most significant enactments was the 1994 School-to-Work Opportunities Act. This piece of legislation combined three requirements: 1) work-based learning systems, 2) school-based learning systems, and 3) connecting activities (Pautler & Buffamanti, 1997). In reviewing the definition of service learning, this legislation paved the way for advancement of service learning usage.

Further, the SCANS reports have led to continuation of the Carl D. Perkins Vocational and Applied Technology Education Act 1998 (amended every five years since its inception in 1984) and impacted amendments to the Higher Education Act (HEA). The Higher Education Act of 1998 (amended every five years since its inception in 1984), has mandated that education and work skills required for the advancement of national economy and the security of the nation be opened to all citizens who are willing and able to pursue postsecondary education at two and four year institutions (Prieto, 1998; Breneman & Nelson, 1981). These two pieces of legislation defined the parameters for curricular reform that sought the structure of service learning in both academic and vocational programs.

Throughout the nation, laws have been passed at the state level such as the Colorado House Bill 99-1289 (Colorado Commission on Higher Education, 2000). This

bill, as is seen in similar state legislation across the nation, reiterates the call for educational initiatives that meet the needs of the workplace. In addition, laws such as House Bill 99-1289 set requirements for quality indicators in higher education. These quality indicators include provision for documentation of the satisfaction and success of graduates completing postsecondary, higher education programs.

Business and Industry

The success of graduates in the work place is inextricably linked to whether they are prepared to meet the demands of business and industry. These demands were traditionally seen as demonstrable mastery of skills of a given trade or profession, e.g. being skilled at pipe-fitting for plumbing, blood pressures and medications for nursing, curriculum development for teaching, etc. To a point in history this was an adequate assessment.

If we consider a historical view, many students prior to World War II, the Korean War, and Viet Nam largely grew up in environments where they were expected to help with the family business, e.g. farming, ranching, clerking in an office or store, etc. In these environments they became committed through modeling and practice to a set of work ethics and communication skills (basic work skills) mandatory to good work interactions. All they were lacking were the specialization skills for a specific trade or profession. These specialization skills coupled with courses to enhance the basic work skills would be supplied through the academics of post-secondary and college programs (Cohen et al., 1994; Cohen & Brawer, 1989).

As the wars of the 20th century expanded industrial settings and severely cut back the agricultural and small business settings, and as the family home became a mandatory

setting in which both parents worked (or in single-parent settings, the only parent worked), modeling for communication and basic skills became constricted. Prospective graduates had lost a large segment (the work skills segment outlined in the SCANS report) that enhances application of skills for success in the work environment. There developed an ever increasing outcry from business and industry that graduates from high school through post-secondary and college programs were coming to the work place with a measure of academic learning but without functional work skills, such as basic reading and writing, the ability to communicate, organizational skills, ability to work in teams, and time management, to name a few (Hoerner and Wehrley, 1995).

To complicate the situation, assessment and observation of academic settings from secondary through the university, found an underlying false dichotomy between learning and doing, or head and hand as John Dewey (1916) described them (Steinberg, Cushman, & Riordan, 1999). In addition, the mobilization of society and the segmentation of families as well as communities created a trend within the population of individualization to the exclusion of the community. With growth and mobilization came a distancing and students no longer came to secondary and post-secondary arenas with any acquaintance or commitment to the community at large. Neither did the community at large any longer hold much commitment to the workers “in-training”. History had set the stage for the truth in an observation by James Hoerner (1986), “Societies that maintain educational systems that nurture knowledge acquisition at the exclusion of knowledge application will soon find both their ideologies and technologies will erode” (p. 1). Thus the cycle was complete and the challenge to the educational community set forth both through legislation and the persistent cry of the work arena.

Student Transition into the Workplace

Indicators of Student Success

Reflecting back on the introduction to this work, prime motivators to this research are the legislative requirements of the 1996 Colorado Higher Education Quality Assurance Act (HB 96-1219) (Colorado Commission on Higher Education, 2000b) and the nine statewide measures that would serve as quality indicators for Higher Education as outlined in the 1998 Colorado Commission on Higher Education (CCHE) report (Colorado Commission on Higher Education, 2000c; Seebach, 1998). One of these quality indicators was and is that of student success. The research conducted here extended this to graduate success, for how can students be truly successful if they cannot carry that success into the real world upon graduation?

Student or graduate success is reflected by the ability to think critically, with self-confidence, and with the ability to demonstrate ability in the applied setting of work (Grubb, 1996; Love & Love, 1995). Employers have cited all these characteristics as work traits they seek in the process of hiring (Grubb, 1996; Hoerner & Wehrley, 1996). Throughout, success is determined by the ability to perform competently, whether in the nature of socialization, directed hands-on application of tasks, or in the realm of interactions (e.g. teamwork) (Love & Love, 1995).

Dewey (1938) indicated that one philosophy of education is to take learning beyond the acquisition of information and apply it in a way that will relate to our everyday actions and behaviors. Success can be and is demonstrated by the student or graduate who is able to apply what she has learned to the employment setting. Students

(Carranza, 1998), faculty (Haskell, 2000), and employers (Hoerner & Wehrley, 1996), indicate the validity of these indicators of success.

Student Job Satisfaction

The 1996 Colorado Higher Education Quality Assurance Act (HB 96-1219) (Colorado Commission on Higher Education, 2000b) set the quality indicator of student “success” on equal footing with the quality indicator of student “satisfaction”. It is apparent that these two qualities, success and satisfaction, are virtually inseparable, especially for graduates in the career/technical arenas of higher education.

Student satisfaction comes in many forms. A student may express satisfaction at achievement ratings that equate to “A” for excellence in mastery of course content. A student may find an educational experience satisfying because it provides both a positive learning environment and an opportunity for socialization. However, for satisfaction to be related to positive work transition, the student, now graduate, must perceive that education has resulted in successful job acquisition as well as ability to perform within the job once it is obtained, that is, job satisfaction. Having obtained the desired employment, what then produces this job satisfaction?

In a series of eleven national surveys between 1962 and 1977, Robert Quinn and his associates explored the reasons for job satisfaction in the American workforce (Quinn & Baldi de Mandilovitch, 1975, 1980; Quinn & Staines, 1979; Quinn, Staines, & McCullough, 1974). These surveys found statistically significant positive associations between college education and job satisfaction in the areas of “financial rewards” and “challenge”, where challenge was defined as the extent to which the job stimulated, challenged, and allowed the individual to use educationally acquired skills at work.

According to Pascarella and Terenzini (1991), the results of the studies by Quinn and his associates, as well as studies by Klein and Maher (1968), Mueller, Hybels, Schmiedeskamp, Sonquist, & Staelin (1969), and Glenn and Weaver (1982), all showed “modest” statistical associations between a college education and job satisfaction. The authors indicate that the “modest” quality of the results may arise from two possible scenarios. First, the graduates may have had perceptions prior to employment as to the range of work options to expect post-graduation and then experienced frustrations associated with these unattained possibilities. Second, the graduates may perceive that the job demands do not meet the educational attainments – either that he is over-educated or under-prepared. In either scenario, the authors indicate that many graduates enter the work force with misconceptions of the career outcomes to be expected, therefore lacking a smooth transition from the academic environment to the world of work that may affect job satisfaction.

The need of the students and the community group served share equal importance (Bailey et al., 2002; Simon, 1979). In service learning a critical component is the involvement of community partners. So, taken from another view-point, satisfaction of future employers must also be considered. Employer satisfaction with graduates is often hinged on how close the experience in the educational setting matches up to the real-world of work for which the student is being educated or trained. W. Norton Grubb (1996) explored this very concept in depth with employers. He found that employers who were able to compare various educational sites preferred those with equipment and training that were closest to the actual conditions of the job site. The employers want to hire those with experiences as close to their own equipment and work-site as possible.

Clearly, it stands to reason that the satisfaction of both the student in training and the graduate will potentially be greater if there is assurance that the educational experience is in line with the future or new job. Throughout the research, the over-riding thread is that student and graduate success are the result of matching the educational experience to the intended post-graduation work setting. Student or graduate satisfaction, therefore, is aligned with post-graduation job satisfaction. Job satisfaction comes with smooth transition, with few surprises, and with the self-confidence bred by familiarity with what to expect in the real world of work post-graduation. It is this job satisfaction that is likely to result in a positive relationship between the graduate and the new employer. Results of this kind align evenly with the Quality Indicator of “satisfaction” demanded by the 1996 Colorado Higher Education Quality Assurance Act (HB 96-1219) (Colorado Commission on Higher Education, 2000b).

Transition

In Robert Haskell’s book, *Transfer of learning*, (2001), he states that the transfer of learning “is the very foundation of learning, thinking, and problem solving,” (p. xiii), and that it “underlies the ability to think, reason, plan, and to make good decisions,” (p. xiv). However, Haskell (2001) also indicates that teachers and employers alike have reported on-going concerns for the lack of student and graduate ability to demonstrate college-learned information and experience within the work setting.

The study of knowledge transfer, or the transfer of learning, has been extensive and has covered ten decades of research from the works of Edward Thorndike and Robert Woodworth (1901), to those of authors such as Robert Haskell (2001), and has run the gamut of theories forming seven basic ideas of how knowledge transfer is assured. These

seven methods can be summed up as: (a) transfer exists as the result of formal properties of learning certain educational disciplines, e.g., learning Latin; (b) transfer occurs by the recognition of concrete identical elements between two environments or situations experienced in the educational setting and again in the “real world” (Thorndike & Woodworth, 1901); (c) transfer results from the application of general learned principles from particular events (Judd, 1908); (d) transfer occurs by stimulus generalization from a repeated experience to a setting where the stimulus (work) is similar to that experienced in the educational setting (Kalish, 1969; Mostofsky, 1965), (e) and the induction of cognitive schema (Thorndyke & Hayes-Roth, 1979); (f) transfer is promoted by the delineation and use of metacognitive strategies, that is self-reflection by the learner on the learned experience (Borkowski, 1985) (e.g. use of reflective journaling); and (g) transfer is a property of the characteristics of each individual learner (Haskell, 2001, p. 89). Haskell (2001) asserts, “each model has a role to play in transfer,” and, “Each model may be more appropriate for certain kinds of transfer material (e.g., technical vs. theory based), for near and far transfer, or for different learning situations” (p. 89).

In a study of the effects of career preparation experiences on the initial employment success of college graduates, Sagan, Dallam and Laverty (2000) found that “work experience related to career goals was the only experience of universal effectiveness” (p. 753). The authors also found positive conditional effects for supplemental work experiences related to career goals. The research results of this team led them to state that, “supplementary career preparation experiences are primarily asset enhancers,” (Sagan et al., 2000, p. 763), for successful transfer of learning from the academic setting to the work setting.

Educational researchers agree that the success or failure of transition from college to work is related to the types of college experiences students encounter (Astin, 1996; Haskell, 2001; Pascarella & Terenzini, 1996, 1991). However, what types of experiences are of most influence on the transition from college to work may be perceived in somewhat different ways depending on the researcher. According to Astin (1996), the success of the college experience is most influenced by the amount of exposure to the learning environment, and, the intensity of the cognitive experience within the learning environment, where intensity involves two elements, the amount of involvement of students with each other in the learning experience and where the relationship between these experiences and the goal being pursued (career attainment) are in congruence. Pascarella and Terenzini (1991, 1996), assert that the success of the college experience is tied to the maturation process of the individual student throughout the college experience, the more effective the maturation attained, the more successful the college outcomes (successful transition to work or career) will become. Finally, Haskell (2001) contends that successful transfer will be dependent on the volume of experiences related to the aspired educational pursuit that will determine whether a successful transition can occur.

Although the research on transition of students from college to career is diverse and multi-directional, certain consistent trends arise. First, transition success for the graduate to the world of work may have varying influences dependent on the individual student (Astin, 1996; Haskell, 2001; Thorndike & Woodworth, 1901). Second, the amount of varied experience and exposure to work-related projects increases the potential for successful transfer (Kalish, 1969; Mostofsky, 1965; Pascarella & Terenzini, 1996; Thorndyke & Hayes-Roth, 1979). Third, educational methods that cause the student to

mature to the level of career expectation to be encountered will tend to result in successful transition experiences (Pascarella & Terenzini, 1996). And, finally, the potential for transition success can be enhanced by increased student involvement with each other (Astin, 1996), with work-related or career-related projects that simulate or directly involve students with the employer-based world (Haskell, 2001; Kalish, 1969; Mostofsky, 1965; Sagan, Dallam & Lavery, 2000), and by reflective processes during the learning experiences (Borkowski, 1985).

Theoretical Models

With this in mind, five theoretical models are considered here to serve as the ‘philosophical framework’ from which to begin this research. The first two theories, Stern’s Need x Press Theory and Pervin’s Transaction Model, address the concept of environmental congruence. The next three theories address knowledge transfer and are considered here as they may apply to transition from the academic setting to the work setting. Each of the theoretical models that follow discusses ‘constructed environments’ for learning and/or knowledge transfer. Although some of these were proposed at a time when quantitative analysis was either the preferred or only recognized form of research, each discusses the qualitative precept “assuming that environments are understood best through the collective perceptions of the individuals within them” (Strange & Banning, 2001, p. 86).

Environmental Congruence

George Stern (1970) first proposed his Need x Press Culture Theory in his authored text, *People in Context*. In this text, Stern described an interrelationship between psychological needs, those internal forces that drive a person’s behavior and

environmental press, and the external situations that impact human response. Stern's theory evolved in response to the work of Kurt Lewin (1936), who wrote, "Every scientific psychology must take into account whole situations, i.e., the state of both person and environment" (p. 12).

Stern determined that the only way to address both psychological needs and environmental press was through an examination of an individual's behavior (Walsh, 1973). Needs drive the person from within and represent a set of personal objectives that the individual is trying to achieve. These become the "characteristic spontaneous behaviors manifested by the individuals in their life transactions" (Stern, 1970, p. 7). Environmental press is viewed as the implied values of a social setting, where social refers to the world around the individual. Stern states, "In the ultimate sense of the term, press refers to the phenomenological world of the individual, the unique and inevitably private view each person has of the events in which he takes part" (p. 7). Since the theorist suggests that this environmental press is a 'private view', it is valid to adopt the philosophy that an address of the private perceptions of the student or a graduate in a qualitative study would be consistent with the guidance of this theory.

The second theory to address person-environment interaction is Pervin's Transactional Approach. According to Walsh (1973), Pervin's theory is phenomenologically oriented. This theory, or approach, focuses on the interactions and transactions between a person and the environment through the self-reported perceptions, and reactions to those perceptions, by each individual in the study (Pervin, 1968). This theorist studied student perceptions of the perceived self and the ideal-self. Pervin

theorized that a student who saw a greater congruence between the perceived self and the ideal-self would experience a higher degree of performance and satisfaction.

According to Walsh (1973), Pervin's Transactional Approach explored student perceptions of dissonance within the college environment and satisfaction as a function of student-college interaction. Pervin's theory serves as an additional underpinning to this study in two ways. First, the Transactional Approach under-girds the philosophy that student perceptions are a true reflection of student satisfaction. Second, as Pervin addressed environmental fit, his theory contends that a higher degree of fit (within an environment) would increase student satisfaction and success. Although Pervin's theory attempts to examine student perceptions of the impact of student-college interaction on student success in the college environment, the theory set the stage for a similar exploration in this study. What are graduated registered nurse's perceptions of the student-service learning experience and its impact on the graduate's satisfaction and success in the transition from college to the world of work?

Knowledge Transfer

The three theories that will follow address situated learning and knowledge transfer. The first of these three is Vygotsky's Theory of Situated Learning. Vygotsky was a psychologist and an educational theorist who lived in and pursued theoretical research from 1917 to his death in 1938 in the then Soviet Union. However, it is noteworthy that Leon Vygotsky's personal work on this theory did not end with his death in 1938. It was his endeavor, in the last years of his life, to surround himself with a circle of gifted young theorists, to envision theories worth pursuit, and to empower them to carry on that pursuit following his death. Vygotsky's work centered on the development and

learning of young children and how knowledge translates into behavioral changes (Cole, John-Steiner, Scribner, and Souberman, 1978). Vygotsky believed that research must allow for the subjects (of the study) to participate in a variety of observed activities rather than just controlled and rigid experiments (Vygotsky, 1925). According to Cole et al. (1978), the implication of Vygotsky's theoretical approach is that "experimental results will be qualitative as well as quantitative in nature... To some, such findings may seem merely anecdotal: Vygotsky maintained that if carried out objectively and with scientific rigor, such observations have the status of validated fact" (p. 14).

Vygotsky (1925), in discussing his theoretical approach referred to a structure of behavior that is 'mediated'. Essentially, he indicated that knowledge translates into behavior when there is a 'mediating link' between them (Cole et al., 1978). This might otherwise be referred to as a bridge between knowledge acquisition and the ability to apply that knowledge in a behavioral way. According to Vygotsky (1925), the development of the higher forms of behavior occurs through a relation between human beings and their environment. The development of these behaviors "is characterized by complicated, qualitative transformations of one form of behavior into another," (Cole et al., 1978, p. 19).

Vygotsky's work explored, in depth, the transformation of abstract intelligence into practical activity. His theorist-successors found that there is a "zone of proximal development" in the ability to move from knowledge acquisition to independent application of that knowledge. This zone represents the distance between achieving an actual level of developmental change and the level at which the learner still needs to depend on collaboration with more capable peers or the instructor/mentor (Cole et al.,

1978). It is at this 'zone of development' that the service learning experience is introduced. Although Vygotsky and his followers pursued knowledge transfer to practical activity through the development of children, the elements of his research lend an additional dimension to the exploration of the insights of graduated nurses who were interviewed for this study. This theory set a foundation for exploration, through graduated nurses' reflection, of whether service learning provides a venue for transition from academic knowledge to the application of that knowledge in the work environment.

The educational psychologist Henry Ellis (1965) describes the Theory of Knowledge Transfer in *The Transfer of Learning*. Early in the text Ellis emphasizes that learning does not occur in a vacuum, rather we build on what we already have experienced. To frame this in another way, we build on the schema of prior learning (Cross & Steadman, 1996; Gaff, Ratcliff, & Associates, 1997). Ellis elaborates on this perspective demonstrating that five major elements impact whether knowledge transfer occurs.

The first impact on knowledge transfer is task similarity. If tasks in two separate environments, for example, the college classroom or service learning site and the work environment experienced following graduation, then transfer of knowledge from one environment to the other is more likely to occur. Second, if instruction involves repetitive task performance, the repeated practice increases the potential for transfer of knowledge. Third, the learning must go beyond repetitive to being done multiple times with short time spans between repetitions for the knowledge to internalize and assure transfer. Fourth, desired tasks must be learned in a variety of related experiences along with other related tasks for the knowledge to transfer beyond simple repetition. Finally, for transfer

of knowledge to be optimally successful, the similarity of tasks and the goal of knowledge transfer into a new environment must be explicitly pointed out to the students involved (Ellis, 1965).

The use of service learning as a curricular approach attempts to place the student in a position where she can practice learned skills, repetitively, while developing workplace ethics and abilities such as teamwork, organizational skills, and community awareness (Bailey et al., 1999; Hales, 1997; Poirrier, 2001). Since the elements of task similarity, performance repetition, and student involvement are each reflected in Ellis' Theory of Knowledge Transfer, this theory adds credence to the exploration of graduated nurse perceptions along these lines in relation to the experience of service learning.

The next theory or model for philosophical consideration in this study is the Low Road/High Road Model of Transfer proposed by D. N. Perkins and Gavriel Salomon (1988, 1989). This model describes how knowledge acquired or learned in one context is transferred to another context by near transfer, far transfer, low road transfer, or high road transfer. In addition, this model discusses impediments to transfer in the context of negative transfer and local transfer conditions.

The ability to transfer knowledge from one context to another or from one setting to another is an expected outcome of "good" teaching. This expectation is carried by the instructor, by the student, by employers, and by the government funding agencies. Colleges and schools in general educate so that graduates transfer knowledge first from one school subject to another, and then "from school subjects to life outside of school. One hopes that students will become better creative and critical thinkers in the many contexts that invite a thoughtful approach – making important life decisions, casting

votes, interacting with others equitably, engaging in the productive pursuits” such as in the place of employment (Perkins & Salomon, 1988, p. 23).

Using an analogy of going from a car with an automatic transmission to a truck with an automatic transmission, Perkins and Salomon (1998) give a visual reference for near transfer. In other words, it is a “short step” to take a learned ability from one context into another (1988). In contrast, far transfer is demonstrated through the use of a Shakespearian metaphor where the reader is asked to compare a rental “lease” to a “season” of the year. In this example, the theorists describe a far transfer. The reader must have knowledge of the attributes of each term (lease and summer) and then must sort out through prior experience how they are similar. To give further understanding, Perkins and Salomon (1988) point out that near transfer usually carries a physical skill over to another context while far transfer carries associated knowledge over to another context.

Central to the model presented by Perkins and Salomon (1988) are two distinctly different mechanisms of transfer – low road transfer and high road transfer. Low road transfer is the “automatic triggering of well practiced routines in circumstances where there is considerable perceptual similarity to the original learning context” (p. 25), e.g. performing blood pressures in the clinical lab of a medical program set up like a medical environment and performing the same procedure in a doctor’s office. Low road transfer depends on the strong overlapping similarity of two settings and the reflexive use of a well-learned repetitive skill.

High road transfer goes well beyond low road transfer in its ability to abstract ideas. “By definition, high road transfer depends on deliberate mindful abstraction of skill

or knowledge from one context for application in another,” (Perkins & Salomon, 1988, p. 25). In high road transfer the settings for application of knowledge may have very little superficial similarity. For example, high road transfer might be illustrated by knowledge transfer of teamwork capabilities learned through the planning and delivery of a community service project to the work setting of a business office, aviation setting, or auto body shop. Low road transfer is almost always “near” transfer, because there is surface similarity between the contexts (or environments) where the knowledge was obtained and to which it is being transferred.

High road transfer also comes in two types – forward reaching and backward reaching. When a person uses forward reaching high road transfer, she uses acquired knowledge from one setting to plan for application projects elsewhere. In backward reaching high road transfer, the person finds herself in a problematic situation and converts (or abstracts) knowledge from one setting to formulate a solution to her current problem in her current setting. “High road transfer always involves reflective thought in abstracting from one context and seeking connections with others,” (Perkins & Salomon, 1988, p. 26). In contrast to the low road transfer, high road knowledge transfer can bridge between remote contexts, given that there is deliberate effort on the person’s part to make connections and to abstract the knowledge to fit the new context. A key element of service learning is the reflective process. According to Perkins and Salomon (1988), embracing low road/high road transfer is not a passive endeavor. Rather, the skills to facilitate either type of transfer must be learned “by designing instruction to meet the conditions needed to foster transfer” (p. 28). The theorists refer to two types of teaching, “hugging” and “bridging”. When teaching the hugging method that is characteristic of

low road transfer, the instructor strives to create a strong resemblance between the learning environment and the environment to which the knowledge will be transferred. Bridging, however, requires a more involved instructional plan. Thus, the service learning process is intended to assist the student in development of low road transfer of learned techniques, such as physical body assessment (hugging), and the use of high road transfer, such as reflective critical transfer of patient teaching techniques or problem-solving strategies (bridging), from curricular precepts into the practical environment of the service learning experience.

As with Vygotsky's Theory of Situated Learning (Cole et al., 1973; Vygotsky, 1925), Perkins and Salomon (1988) indicate that instructors must provide mediating experiences to encourage abstraction of knowledge and transfer connection making between dissimilar environments (Delclos, Littlefield, & Bransford, 1985). In other words, "bridging" is only accomplished if an instructional program is teaching in a manner that draws out intentional abstraction.

This model insists that students must be placed in learning settings where they are deliberately provoked to think about how they approach tasks outside the environment in which they are learning. Students must be taught to develop skills of "learning for transfer" (Perkins & Salomon, 1988, p. 30).

The theorists conclude that students can only be pressed to abstract knowledge by being compelled to develop methods of reflection in which "they monitor their own mental processes" (Perkins & Salomon, 1988, p. 31). Reflective learning leads to reflective methods of knowledge transfer (high road transfer). Most people learn to be reactive to a problem rather than responsive. When a person is reactive, he fails to allow

sufficient time to abstract through either forward thinking or backward thinking highroad transfer of knowledge. Reflective thinking, is a skill that provides “learning for transfer” and can be accomplished through role-playing, written consideration of scenario solutions, or through developing the practice of journaling. Journaling and reflection are integral pieces of the Service Learning Model considered in this study. Perkins & Salomon’s Model of Low Road/High Road Transfer, while not at any time specifically referring to the teaching pedagogy of service learning, does concur with certain elements characteristic of service learning (using dissimilar environments for contextual learning and application of reflective techniques for knowledge application). This model lends strong foundation for exploration of the techniques of service learning as a curricular pedagogy to promote knowledge transfer in transition from the Associate Degree nursing classroom or lab to the work setting after graduation.

Five theories or models were considered here to serve as the ‘philosophical framework’ from which this research of graduated nurses’ perceptions around service learning and its impact on transition to the initial clinical work setting was guided. Although the basic interpretive qualitative study remains inductive and does not depend on theories and models in advance of a study, knowledge of these models allowed for thoughtful processing of the interviews that were obtained from graduated and working registered nurses who experienced service learning and transitioned into the clinical work setting. In Chapter Five - The Conclusions and Recommendations chapter, these theories and models are considered once again.

Service Learning

Service Learning is an educational experience that links the student, the learning institution, and the community in a partnership of reciprocal learning and mutual benefit (Bailey et al., 2002; Barnett, 1996; Burr, 1999; Seifer, 2001; Upcraft, Gardner, & Associates, 1990). This mode of learning incorporates program-based learning, applications of classroom learned principles and skills, community member involvement as partners in teaching and learning, with student reflection through use of critical thinking. More specifically, the National Community Service Trust Act of 1993 defines service learning as:

...a method under which students or participants learn and develop through active participation in thoughtfully organized service that is conducted in and meets the needs of a community and is coordinated with an elementary school, secondary school, institution of higher education, or community-service program, and with the community, helps foster civic and social responsibility, is integrated into and enhances the academic curriculum of the student's program or the educational competencies of the community-service program in which the participants are enrolled, and includes structured time for the students and participants to reflect on the service experience (p. 10).

Perhaps the earliest form of connecting a student to his community to serve while learning was the apprenticeship, a form of learning through experience extending back centuries. The concept of linking an educational experience to community interaction dates back to the early 1900s if not earlier. In *Democracy and Education*, John Dewey

(1916) was perhaps the first to emphasize the importance for educators to connect the educational experience of students to the communities where they live are educated, and where they will eventually work. This educational methodology became entitled “service learning” as structured learning experiences in the 1960s and 1970s and developed over the decades that followed into a teaching pedagogy that connects the service experience to program curriculum in a “reciprocal educational experience” (Bailey et al., 2002, p. 433).

Components of Service Learning

Authors of several recent articles and publications on service learning note that there has been no comprehensive agreement on a single definition for this teaching/learning pedagogy (Kozeracki, 2001; Seifer, 2002; Zlotkowski, 2001). A 1979 article by Robert Sigmon provides one of the earliest definitions of service learning. In his article, Sigmon outlines three major principles for service learning. The first component is reciprocal learning. According to Sigmon, students become engaged in a service project in which the community members who receive the service and the students are each expected to receive an equal benefit from the experience. Second, faculty and the community representatives collaboratively define the service learning experience so that they share clear and common goals. And, finally, the students’ experience includes structured meetings with the community members and the faculty where problem solving and strategizing is done collaboratively. This third element has come to be called structured reflection. Reflection is defined as:

“...the process of creating and clarifying the meaning of experience (present or past) in terms of self (self in relation to self and self in relation to the world). The

outcome of the process is changed conceptual perspective. The experience that is explored and examined to create meaning focuses around or embodies a concern of central importance to the self (Boyd & Fales, 1983, p. 101).

According to Bailey, et al (1999), Sigmon's definition gets at the heart of all true service learning experiences.

In 1990, President Bush signed the National Community Service Act of 1990. President Clinton followed suit by signing the National and Community Service Act of 1993. Both pieces of legislation were aimed at revitalizing a spirit and an ethic of service across the United States. In response to these pieces of legislation, the American Association of Community Colleges (AACC) (1995) proposed curricular directives that included refocusing on educational experiences that included community service activities, civics requirements for graduation, experiential learning techniques (e.g. practicums and internships), and service learning. The AACC defined service learning as an "instructional methodology [that] integrates community service with academic instruction as it focuses on critical, reflective thinking and civic responsibility" (American Association of Community Colleges, 1995, p. 1). Listing the components separately, the AACC indicates three components, 1) integration of service and instruction, 2) critical, reflective thinking (presumably by the students), 3) and an emphasis in the curriculum on civic responsibility. However, the definition is loose in comparison to others such as those of Furco (1996), Mintz and Liu (1994), Howard (1993), and Sigmon (1979), in that it does not define how these components are to be addressed nor does it emphasize an equal partnership in the process of curriculum

development, goal setting, teaching, or program evaluation between the community agency and the faculty.

In 1993, Jeffrey Howard of the Kellogg Faculty Committee on Service learning at the University of Michigan outlined the components of an educational program that constituted their definition of service learning. The committee summarized this educational format into six components:

Service-learners:

1. Apply knowledge by testing and applying academic learning.
2. Synthesize knowledge by bringing together past and present learning, giving coherence to students' studies.
3. Critically think and analyze by learning, to distinguish what is not important in the unfiltered context of the real world.
4. Learn about cultural diversity by learning with, from, and about people of other races, ages, economic means, and competencies.
5. Develop values through first-hand interaction with community issues.
6. Learn inductive reasoning by using the specific as an embarkation point for hypothesizing and theorizing. (Howard, 1993, p.15)

Within document searches in the ERIC database, a keyword search turned up articles describing programs that do not even use the term "service learning" in their documentation, such as with Miami-Dade Community College's (M-DCC) "Comprehensive Neighborhood Quality of Life Enrichment Program" (1991). Keyword searches are based on terms provided by the authors or publishers to facilitate access to relevant materials for research and study of a given subject matter. M-DCC defines the

components of this program as being founded on “the principles of holism – that is, treating people as individuals with many complex and ‘all-at-once’ needs – as well as principles of prevention, and community synergy” (p. 1). According to M-DCC, synergy is derived from “consensus-building” gained through inclusion and authorship of the program by the individuals being served by the project. In a later article Robert Exley (1996) notes that service alone does not make a project “service learning”. Using M-DCC guidelines, he notes that service learning must also include a component of active guided reflection, encouragement of students to become productive citizens, and provision of “a more formalized service learning effort [that] includes the overt goal of reinvigorating individual commitment to community good” (1996, p. 36).

Yet another definitional viewpoint on service learning is provided by Mintz & Liu (1994). These authors view service learning as a method and philosophy of experiential learning. This definition lists only two core elements to the methodology: “(1) service activities that help meet community needs that the community finds important, and (2) structured educational components that challenge participants to think critically about and learn from their experiences” (p. 9). Once again this definition is contrary to that of other authors who specifically state that service learning goes beyond experiential learning specifically in the areas of collaboration with the community agencies to define, teach, and evaluate the service learning experience (Bailey et al., 1999; Seifer, 2002) or who indicate that experiential learning is only a component of service learning (Bailey, Carpenter, & Harrington, 2002).

Author and educator Arthur Furco (1996) has written several books on service learning and the service learning experience. Furco states, “Each program type is defined

by the intended beneficiary of the service activity and its degree of emphasis on service and/or learning” (p. 3). As with Bailey, et al (2002), Furco further defines service learning as being akin to but different from experiential learning. Furco states, “Service learning programs are distinguished from other approaches to experiential education by their intention to equally benefit the provider and the recipient of the service as well as to ensure equal focus on both the service being provided and on the learning that is occurring” (1996, p.5). Furco’s definition shows some flexibility in that it allows the elements to be defined differently with each service learning effort dependent on commitment levels by the community.

Clearly, there are differing perspectives on the exact definition of the service learning pedagogy. However, amidst these definitions, there are common elements as outlined by Sarena Seifer and Kara Connors for the “Partners in Caring and Community” projects (2001). These authors used the definitions in the literature to encapsulate the service learning definition as a teaching methodology that combines community service with specific “learning objectives, preparation, and high-level reflective activities... [to] provide direct community service while learning the connections between the context in which the service is provided,” their curriculum, and their future career roles (Seifer & Connors, 2001, p. 3).

Service Learning in Nursing Education

Sarena Seifer and Rachel Vaughn are nursing educators and researchers in the area of service learning within nursing education. According to Seifer and Vaughn (2002), educational methodology for nursing has always included clinical experiential learning. The emphasis until the mid-1960s was forever on the low road transfer of skills

from the college or training lab, outfitted as closely as possible to the bedded-medical environment, to the hospital or nursing-home setting. With the onset of the 21st Century, medicine saw the inception of Managed Care, a formulated transition from facility-based nursing to community-based nursing as the dominant trend.

This dynamic shift prompted the National League of Nursing (NLN) to formulate a response to these emerging trends. The mission statement of the NLN states: “The National League for Nursing promotes excellence in nursing education to build a strong and diverse nursing workforce” (National League of Nursing, 2009b). The National League of Nursing Accreditation (NLNAC) is a national programmatic accrediting body for both Associate Degree and Bachelor Degree nursing programs setting standards for nursing excellence across the United States. In 2008 the Board of Governors of the National League of Nursing approved list of foci for nursing education to create reform through innovations in nursing education that address the trends of the 21st century. Innovations recommended for creating reform in nursing education included community driven models for curriculum development that incorporated community-based nursing and service learning strategies (National League of Nursing, 2009b).

The American Association of Colleges of Nursing (AACN – a national programmatic accrediting body for BSN and graduate nursing programs) in response to these trends of transition into the 21st century were prompted to address the importance of community and service in its 1999 position statement, *Nursing Education’s Agenda for the 21st Century*. Within this document, the AACN took a strong platform for including community-based research and service in the curriculum, mission, and philosophy of nursing education. AACN advocated that nursing education provide links between

teaching, research, community service, practice and the external environment (Seifer & Vaughn, 2002). The precepts of service learning are an obvious parallel to the recommendations of AACN.

In the short span of just nine years, we have seen nursing progressing along NLN's and the American Association of Colleges of Nursing's (AACN) predicted pathway into an ever more intensively managed care setting with in-patient care being more quickly and consistently transitioned to or replaced by ambulatory, community and home-health settings for care (Seifer, 2001). With this awareness, nursing programs must be prepared to educate their students in community settings (sites other than the hospital or long term care) as an essential strategy for preparing the entry-level graduate with the skills needed to provide clients with continuity of care from the acute hospital setting to the outpatient settings; "practice health promotion and disease prevention strategies; develop patient communication and negotiation skills; and deal with social, financial, and ethical aspects of care" (Seifer, 2001, p. 3).

Seifer and Connors, nurse educators, applied their definition of service learning both to service learning in general and to its use in nursing programs, as a teaching methodology that combines community service with specific "learning objectives, preparation, and high-level reflective activities... Students involved in service learning provide direct community service while learning the connections between the context in which the service is provided, the connection to their nursing curriculum, and their roles as future health care providers" (Seifer & Connors, 2001, p. 3). Seifer and Connors (2001) used this definition of service learning as it applies to nursing education and differentiated it from traditional clinical nursing education in the following ways:

Balance between service and learning objectives. Traditionally, clinical education emphasizes student learning as the primary objective. SL [service learning] attempts to balance service and learning objectives. Nursing education programs and their community partners must negotiate differences in their needs and expectations when designing a SL course.

Emphasis on reciprocal learning. In SL, the traditional definitions of “faculty”, “teacher” and “learner” are intentionally blurred. For instance, community agency staff and indeed community members themselves serve in teaching roles, whether or not they are formally recognized as faculty by the academic institution. Faculty need to be open and willing to learn from the community.

Emphasis on addressing community-identified concerns, understanding broad factors influencing health and quality of life and fostering citizenship skills. Traditionally, clinical education emphasizes student acquisition of clinical knowledge and skills, and focused on the individual nurse-client interaction. SL emphasizes the importance of addressing community-identified concerns, incorporating an understanding of broad factors influencing health and quality of life explicitly into the curriculum while fostering citizenship skills.

Emphasis on reflective practice. Clinical education emphasizes observing and doing, but does not typically emphasize or include opportunities for reflection. Reflection is a critical component of SL and facilitates the students’ connection between their service experience and their learning. Opportunities for reflection through dialogue, journals, stories and other means, encourage students to consider the contexts of the community concerns being addressed by SL.

Integral role of community partners. Even when traditional clinical education takes place in community settings, the curriculum is often designed by college- or university-based faculty. In SL, community partners are integrally involved in the design, implementation and evaluation of curriculum that is responsive to community concerns, priorities and assets. As a result, SL provides a vehicle for integrating students into ongoing community assessment and development

SL has far-reaching impacts. Traditionally, clinical education is primarily concerned with its impact on student development and learning. SL can benefit at least five important stakeholders: students, faculty, nursing education programs, community organizations, and community members. In the college curriculum, SL has been shown to enhance the relevance of course content, change student and faculty attitudes about communities, enhance support for community projects and needs, and increase student and faculty volunteerism. In health professions education, SL has been shown to increase student understanding of community health issues and resources, reinvigorate faculty enthusiasm for teaching, and increase the community’s capacity to respond to critical community health concerns. (pp. 3-4).

Student Perceptions of Service Learning in Nursing

As the service learning movement in nursing has grown, research endeavors have tapped into the observations of faculty (Harrington, 1999; Palmer & Savoie, 2001; Poirrier, 2001) and employers (Bailey, 1999b; Seifer, 2001). On the other hand, review of the literature has shown that the reflections of students on the service learning experience in nursing are either anecdotal (Bailey, 1999; Holloway, 2002; Hurst & Osban, 2000; Rockwell, 1999; Seifer, 2001; White, 2001) or have been filtered through outside observers, such as teachers, professors, and researchers (Bailey, Carpenter & Harrington, 2002; Poirrier, 2001; Redman & Clark, 2002; Seifer & Vaughn, 2002), with minimal direct analysis of student reflections. Often these attempts at reporting student outcomes are utilized to give support to contentions of the worth of the reported projects. However, without substantiation through quantitative or qualitative analysis, there is no substance or weight to this reporting. Further, there is no indication in the literature of any effort made to see the transitional impact of the service learning experience on the graduated registered nurse's (RN's) entry into clinical practice and beyond into shaping the RN's professional career and personal commitments.

Anecdotal comments made by students and reported in the literature are those that are isolated without being connected to statistically significant outcomes in a quantitative study or evidenced population response saturation in a qualitative study. Generally these examples in the literature are direct quotes from one or more students following or during a service learning experience and may be taken from journal entries, post-course evaluations or post-project personal reflections. The following are examples of anecdotal comments reported in the literature:

"I learned a lot about other people, about myself, and about my values and beliefs and the needs of our community." "[This experience] also allowed me to feel more comfortable and gain confidence in my ability to teach," (Holloway, 2002, p. 442).

"The feedback I received from other people allowed me to see myself in a different way" and "I had a chance to interact with people I don't normally associate with," (Rockwell, 1999, p. 101).

"One student spoke for many of his classmates when he wrote, 'It changes who you are, if you let it, because the focus is no longer on you. It is on helping others, on serving...in a sometimes humble but powerful role,'" (White, 2001, p. 96).

"The little boy spoke no English, but because of my field experience I was more confident in trying to communicate with him than I would have been without the Nightingale," (Hurst & Osban, 2000, p. 187).

"I learned that the community needs a lot of help. I never realized how many single-parent families there are and the effect this has on the children," (Bailey et al., 1999, p. 11).

Filtered student reflections are those reported in the literature as "student outcomes" with, again, vague references or parameters that do not speak to qualitative or quantitative results. Often these comments are linked to the results of a student evaluation survey for a specific course. Some of these notations speak to expected outcomes or faculty observations without any direct evidence of qualitative or quantitative analysis of the outcomes or observations. Below are examples of this type of reporting in the literature:

"An important objective of service-learning is for students to internalize their commitment to serving others, and many students will complete more than the required number of hours and will even continue their service commitments after the course is ended," (Bailey et al., 2002, p. 435).

"Often students involved in the program articulate an ability to see the 'big picture' of their work in the community and gain an understanding of the relationship between health care and social justice," (Seifer & Vaughn, 2002, p. 438).

"Many students found that working in community agencies was beyond 'their comfort zone' because service-learning differed dramatically from clinical experiences where... client contact is regimented and predictable," (Redman & Clark, 2002, p. 449).

“Service learning not only complements the practice of nursing but also provides for transition to primary health care in a nontraditional learning environment and community,” (Poirrier, 2001, p. 6).

Again, there were no documented studies that were found to address the reflections of registered nurses who graduated from an Associate Degree nursing program that incorporated service learning in the curriculum. There were no documented studies found addressing transition from Associate Degree nursing programs into clinical practice in nursing. There were no documented studies found on the long-term career and personal impact of service learning on the registered nurse who had been educated in this manner.

Conclusion

The resources recounting the uses and successes of service learning, the concerns for successful transition, the legislative mandates for quality indicators reflecting student success and student satisfaction are almost exclusively presented through the eyes of the researcher or government agency. Studies in higher education are almost exclusively limited to either use at the undergraduate four-year college and university level or within the graduate degree nursing domain, with little research, primarily anecdotal, examining the community college or Associate Degree setting. Furthermore, with rare exception, the perspective of the student on these topics, presented through their own voices, is virtually non-existent.

Careful review of the literature failed to identify any studies in which nursing graduates who experienced service learning as a curricular pedagogy reflected on how this experience impacted their transition into the clinical setting as an entry-level RN or, in the long-term, as a professional registered nurse. There is no evidence of research

using either a qualitative or quantitative approach to address the concept of transition in light of a service learning experience. Ultimately, no research exploring reflections on prior academic experiences with service learning by graduates of any curricular discipline, including liberal arts could be found.

CHAPTER THREE - METHODOLOGY

“Learning how individuals experience and interact with their social world, the meaning it has for them, is considered to be an *interpretive* qualitative approach” (Merriam & Associates, 2002, p. 4). The methodological approach used in this study was qualitative research utilizing the basic interpretive qualitative approach. In this approach the individual constructs reality from experiences as he or she engages with the surrounding world (Crotty, 1998). The basic interpretive qualitative design is guided by symbolic interactionism and phenomenology. Symbolic interactionism is the meaning one constructs from interacting with society (Merriam et al., 2002) and phenomenology is an individual’s personal meaning or interpretation of those experiences provided through his or her own detailed descriptions of experienced events (Creswell, 1994). Using a basic interpretive design I interviewed recent graduates, first in a focus group format and then (as necessary) in face- to-face interviews, to learn how they interpreted the experiences that constructed and continue to construct their worlds (Merriam et al., 2002). I sought to identify perspectives of nurses who have graduated from a community college Associate Degree Nursing program where they participated in service learning as a curricular component of the program and to explore the factors that defined the world of a registered nurse in the clinical setting. I asked the participants in the study to describe the experiences they had in their nursing programs using service learning and working side-by-side with practicing medical professionals in efforts to meet community needs for nursing practice and to address patient needs in a community setting. From these beginnings I asked the participants to reflect on how these experiences related to their current practice as registered nurses in the clinical setting. I listened for the intersections between the educational experience and their entry level experiences. At

that point participants were asked to reflect on their transition into the clinical setting as new registered nurses and beyond within the professional role as a registered nurse. Participants were encouraged to explore their entry into the clinical setting as it did or did not relate to their service learning experience. Additionally participants were asked to reflect on the contributions of the service recipients to their education and on-going professional growth and pursuits. Having covered these areas of experience I sought any additional reflections that the participants had for the emergence of additional long-term impacts of the service learning experience.

The guiding question was, “Did the graduated registered nurse use skills learned during service learning in transitioning from the community college Associate Degree program to the clinical work setting?” The following research questions are considered relevant to the identified population. In each case the question relates to the perception of this population with respect to service learning and:

1. How did the participants' service learning experience relate to their initial nursing work experience after graduation?
2. How did the skills used in the initial clinical setting after graduation relate to their service learning experience?
3. How did the service learning experience impact the participants' level of satisfaction with their preparation for a clinical career as a registered nurse?
4. How did the service learning experience enhance their success as entry-level registered nurses?
5. How did the service recipient contribute to the participant's educational experience and on-going professional career as a registered nurse?

Design

Qualitative research has its roots in sociology, psychology, and education (Creswell, 1994). It is interpretive, inductive, and systematic involving reflections reported by individuals who have derived meaning from similar experiences (Creswell, 1994; Merriam, et al, 2002; Smith, 1987; Tesch, 1990). “All qualitative research is interested in how meaning is constructed, how people make sense of their lives and their worlds ... [while seeking] to uncover and interpret these meanings” (Merriam, et al, 2002, p. 39). This study was qualitative in nature and sought to understand the meaning of service learning as constructed by Associate degree prepared registered nurses who are former participants in service learning. Therefore, the study sought participants with specific characteristics that matched the parameters of the study questions. The study derived meaning from the reflections of the participants and the meanings they attached to their prior experiences with service learning and their current experiences with clinical nursing as graduated registered nurses in the clinical setting. I looked for any intersections between their reflections on the experiences and their transitions from student to licensed clinician.

Unlike quantitative research where the focus is on finding a single meaning or interpretation of reality, qualitative research acknowledges that reality has multiple meanings as constructed by the individuals experiencing a given process or event (Burns & Grove, 2007; Creswell, 1994; Merriam, et al, 2002; Miles & Huberman, 1984). Experiences are value laden, with meaning being influenced by the history, prior experiences, and schema of the individual (Firestone, 1987; Guba & Lincoln, 1988; McCracken, 1988). In spite of these facts, qualitative research has been found to be a rich

source of information that is reliable and accurate when the researcher takes the time and care to verify the information obtained (Creswell, 1994; Merriam et al., 2002). According to Strauss and Corbin (1990), theoretical sampling provides rich data through participant descriptions of personal experiences. Therefore, purposive sampling was used for this study to provide first-hand descriptions and personal reflections on the experience and impact of service learning. It was my task to explore with the participants their reflections and what influenced them. I sought to distinguish between individual reflections that directly linked to the service learning experience and those that went beyond the service learning experience, drawing on additional life experiences to cause impacts on the participants' reflections.

The design of this study used methods outlined in basic interpretive qualitative research. Basic interpretive qualitative research is used for investigation and analysis of applied fields of practice including educational practice. The research design includes data collection through interviews, observations, and/or the analysis of documents. The basic interpretive qualitative research approach concentrates on: “(1) how people interpret their experiences, (2) how they construct their worlds, and (3) what meaning they attribute to their experiences” (Merriam et al., 2002, p. 38). This required me to carefully record the responses of the initial focus group and interview data used to explore and follow-up on participant reflections. In addition, it was imperative that the responses were carefully transcribed for accuracy. Finally, I analyzed the findings through a constant comparative format to discern patterns and trends in the responses. A total of 15 participants were included in the study. Data collection proceeded until saturation and redundancy of the emergent data themes were identified.

Participants and Sites

To ascertain viable participants for this study, I first identified Associate Degree Nursing programs that incorporated true service learning experiences. Associate Degree Nursing programs are all RN preparatory by definition. The program chosen had to have common defining factors for the service learning experience to include: (1) an educational philosophy that emphasized engaged learning with the goal of social responsibility (Kendall, 1990), (2) an active partnership between the college program and community members, reciprocal in nature, who served in the capacity of advisors to the program, instructors within the service learning experience, and evaluators of the students in the service learning endeavor, (3) a service learning experience that was experiential, involving direct provision of health or illness nursing care or education by nursing students to actual clients within the community, and (4) with the provision that the nursing students involved in the defined service learning experiences had a required, organized, reflection component to the service learning experience (Jacoby, 1996; Poirrier, 2001).

Site Selection Process

During the process of performing the literature review for this study, seven community colleges with Associate Degree Nursing Programs using service learning were identified. Each nursing program was contacted by e-mail. The contact persons identified received a description of the study, the research questions, and the purpose of the study. Five of the sites contacted responded and were supportive of the study. Of these five, two of the sites felt that the connection to service learning and/or to graduates was not sufficient to offer support to this study. However, three sites expressed support

and willingness to assist, at least minimally, as on-site coordinators for the identification and recruitment of participants. Additional support as needed beyond the on-site coordinators' role was offered by three of these community college Associate Degree Nursing Programs. Two of these three nursing programs that agreed to assist in identification of participants are located in the mid-Atlantic and southern states along the east coast of the United States. The third site is in the mid-west. One of the mid-Atlantic and southern community colleges was able to supply access to a sufficient number of graduates to meet the research process needs of this study. All participants in this study came from that college. Over seventy graduates of the nursing program of that college were contacted. Twenty of the graduated registered nurses agreed to participate. During the week of data collection there was an attrition of participants down to a final count of fifteen.

Working with the Site

The site that expressed support and willingness to participate received a proposal indicating the parameters of the study, the needs for and from the on-site coordinator (and from the college), and materials that were to be used for recruitment of participants. The proposal included a brief description of the research, its purpose, reasoning for choosing their site for the study, the potential gain for the on-site coordinator and the college she represented, and a copy of the recruitment letter (see Appendix B) and consent form (see Appendix C) to be used with participants. The recruitment letter and consent form had been approved by the Human Research Review Committee and was included per instruction of the on-site coordinator to meet conditions for consideration of the proposal.

This documentation was completed and submitted for review by specific administrative and faculty representatives of the on-site coordinator's community college.

In the literature review where the colleges were identified, several nursing researchers at those colleges were identified who had published pieces on teaching Associate Degree nursing using the service learning format. At the chosen community college site the published professor as well as her program Dean and college IRB Director were contacted to ascertain interest in supporting this study. The published professor was asked to be the on-site coordinator. Support and interest were expressed and the published professor agreed to be the on-site coordinator or gatekeeper for the study. An on-site coordinator or "gatekeeper" is an individual who has already established a trust and confidence relationship with the participants. The on-site coordinator provided both elements of legitimacy and security within the initial and subsequent contacts between the researcher and recruited participants (Creswell, 1994). My on-site coordinator was a former professor to the nursing graduates and a member of the community college Associate Degree nursing program selected. The on-site coordinator was asked to describe the service learning projects that her graduates participated in during the nursing program at that college and validated that the criteria for an eligible program was met. The professor at first identified a didactic class in community health nursing. Although this course ultimately served as a foundation for the students, the actual service learning project involved an on-going partnership between the nursing program and several free health clinics in surrounding communities. All of the participants in the study had spent time working in these clinics with low income and indigent populations.

Participants Recruited

Through databases maintained at the chosen college and within the identified program the on-site coordinator had access to addresses and e-mail or telephone contact information that allowed me to identify qualified participants and enabled me to efficiently and expediently access the final participants. Participants had the following common characteristics: (1) graduated from an accredited Associate Degree Nursing Program from the chosen site college, (2) the Associate Degree Nursing Program was at a community college that used service learning as an educational methodology within the approved curriculum, (3) following graduation worked as a registered nurse in a hands-on clinical capacity within a hospital, long-term care facility, public/community health facility, clinic, or in a clinical volunteer capacity (see Appendix E). The recruited on-site coordinator gave me a list of potential participants and I contacted over 70 of those on the list using a standard script for either e-mail or telephone contact (see Appendix A). In addition, two of the participants who were graduates of the Associate Degree program at that community college were also now working as educators with that college. These two faculty members asked to be included in the study as they met all criteria for participation.

As participants were identified and agreed to further contact by me, each was informed regarding the general purpose of the research and that the study was to be conducted through the use of focus groups and interviews. Participants were sent a formal invitation to participate along with a copy of the consent form that each was required to sign at the focus group sessions. The participants were offered the opportunity to review the consent form in advance so that they could ask questions by e-mail or phone prior to

the focus group sessions. Participation in the study was voluntary and did not affect any participant's current or future relations with his or her prior alma mater or with Colorado State University. Any potential or actual participant was free to withdraw at any time without affecting either relationship.

Participant Demographics

During the focus groups the participants were asked demographic questions to confirm where they obtained their Associate Degree in nursing, where each initially practiced nursing after passing the nursing boards for licensure, when each graduated, where each worked in the clinical nursing realm after graduation and licensure, and where each participant currently practices nursing (see Appendix E). This process confirmed that each of the participants had graduated from the same Associate Degree Nursing program located in an eastern seaboard state of the United States. Thirteen of the fifteen participants in the focus groups and interviews had graduated between 2001 and 2007. One participant, Ruth, graduated in 1997 and one other participant, Grace, was a graduate of the same program from 1989. All participants had more than a year of clinical experience. One participant, Joseph, has gained his RN clinical experience in community service as a volunteer rather than as an employee of a medical facility. One participant, Deborah, after working for over a year in clinical floor nursing and medical office nursing has left nursing to go back to work in her former profession for personal reasons. Deborah plans to return to nursing after her children graduate from college.

Three of those interviewed are immigrants to the United States, one is a first generation born an American, and one is married to an immigrant. Three of those interviewed had already continued their education to completion of a Bachelor's degree

in Nursing (BSN), one had a BSN in progress, three had gone beyond the BSN and were in the process of completing a Master's degree in Nursing (MSN), and one had already completed the MSN (coming to a total of eight of the fifteen participants). Three held prior Bachelor degrees in Biology or Business in addition to the Associate Degree in Nursing (ADN). A comprehensive picture of each of the participants gained through the demographic questions and through interview responses is presented in table format in Appendix E.

All participation in the focus groups and interviews was done on a volunteer basis. A consent form was signed by each participant to be included in this research prior to participation in the focus group interviews. A copy of the consent form was retained by each participant.

Although all those who agreed to participate were incorporated in the focus groups and interviews, follow-up verification interviews only involve as many participants as were needed to add clarity to the reflections expressed in the focus groups, to a total of four contacts. The informed-consent form (see Appendix C) described the purpose of the research, the right to confidentiality and anonymity, and the right to withdraw from the research. Each participant received a copy of the signed consent following completion of the consent process. Focus groups were held in a location where privacy was maintained. Interviews were face-to-face and by e-mail. Approval of the study was obtained from the Colorado State University Institutional Review Board: Human Research Review Committee prior to commencement of the study.

Data Collection

Data collection was conducted in two ways: first through focus group reflections, interactions (two to five per group), and observations and second through individual interviews and follow-up interviews. Focus group participants were given a choice of participating in one of seven scheduled focus group interviews. At the time of each focus group interview, each participant was asked to indicate in writing, using a provided form, whether he or she would be willing to participate in a follow-up interview, should one be deemed helpful or necessary. Follow-up interviews were used to clarify reflections contributed by participants during the scheduled focus groups. The purpose of the follow-up interviews was explained to all participants during the orientation phase of the focus group meeting when paperwork was completed. Participation in a follow up interview was done on a volunteer basis. Anyone who indicated willingness to participate in a follow up interview had the option of choosing to decline the interview process at any time. The follow-up interviews were used to expand on, confirm or clarify information gained through the focus group interview experience. All participants were contacted by e-mail following the transcription of the interviews. At that time they were asked to review the transcript of the focus group interview in which he or she had participated and to clarify certain points or any errors in transcription identified. Only five of the participants responded back to the follow-up interview e-mails. Each indicated that the reflections and transcriptions that were presented were as he or she recalled and no additions were proposed.

Focus Groups

Focus groups are a means for qualitative research to yield data with “insights into attitudes, perceptions, and opinions of participants” (Krueger, 1994, p. 19). In preparation for this research study I did a pilot of the focus group process using graduates of an Associate Degree allied health program that had employed a service learning piece in the curriculum of their program. This lent clarity to the process and better prepared me for using this format.

Participants in this study were invited through a formal letter of invitation (Appendix B) to attend a focus group at a time and place arranged at a site convenient to the potential participants. Krueger and Casey’s (2000) format was used as a guide for the procedures to be used during the focus groups. A brief description of service learning coupled with a recap of the service learning experience that was included in the graduate’s nursing program was included in the letter to assure that the potential participant connected with the basis for the reflections being sought. Arrangement for the time, place, and amenities were achieved, in part, in conjunction with the on-site coordinator at the community college. These preparations at external sites were made by me. Those participants who responded affirmatively to the invitation letter were apprised of the location, specific date and time of the scheduled focus groups. This was followed by a reminder e-mail or phone call one week in advance of each focus group meeting. During the week of the scheduled focus groups, five of the respondents had issues occur that caused their withdrawal from the study leaving a total of 15 participants. The sites selected for the focus groups were located in areas familiar to the alumni. Some were

conducted in a conference room with table and chairs while others were conducted at a place of employment or at a chosen restaurant. Refreshments were provided.

I served as the facilitator of each focus group. Each session was audio taped using two tape recorders, one digital and one manual. I also took notes both to highlight key statements made and to note body language or group interactions that could not be accessed through the taped meetings. Each focus group took approximately 45 to 90 minutes (dependant on the size of the group), for the actual question and answer segment with additional time required for paper work and socialization, total time was no more than two hours.

I introduced myself and shared some of my own background and motivation for this research (5-10 minutes maximum). I gave a brief synopsis of the purpose of the research being conducted including the assurance that each participant will be provided with a synopsis of the results of the research upon its completion. I asked each participant to introduce him or herself and had each answer demographic questions at the beginning of each focus group session. I briefly described the write up of this study and how participant names, location, and actual nursing programs will not be revealed. This included the assurance that references to specific comments will be identified using a pseudonym for the speaker, e.g. "Jane stated..." Each participant was given a written consent form for participation and collection of data to review and sign prior to the start of each focus group. The focus group consent form covered consent for participation in the focus group interview. As stated earlier, the potential and purpose for follow-up interviews of members of the focus group was covered at that time. Again it was made

clear that anyone consenting at that time was free to refuse the interview at any point in the future.

Each participant was given blank paper and a pencil to write down any questions or reflections that they wished to express in the event that his or her opportunity to contribute was delayed while another participant was speaking. I designed a series of potential questions (see Appendix D) to begin discussions by the participants. These questions were just a tentative guide to get things started or to get over “bumps” where a silence developed. Following the segment involving demographic information-gathering the participants were given an open-ended question to start the actual interview. The flow of the focus group was kept as open as possible to allow for the emergence of unexpected themes.

Following each focus group interviewing session I made a written summary of the key points expressed by each group. During the week of the focus group interviews I transcribed the demographic pieces so that I could begin to form lasting images of the participants and the flow of their responses. To facilitate initial analysis I used portions of the Systematic Analysis Process proposed by Richard Krueger in his text on focus group analysis (Krueger, 2005a). I used three of the five steps advocated by Krueger’s method:

- Start analyzing comments and words and their context while still in the focus group interview – look for inconsistencies and elicit clarifications.
- Immediately after the focus group, diagram the seating arrangement labeling the participants, debrief the facilitators and note any repeated themes, words or phrases, compare observations with other facilitators and label field notes & tapes. I was the only facilitator involved, so I could not

compare notes with other facilitators. However, I did spend time after each group going over the statements that were made and noting any repeated themes, words or phrases, and drawing mental pictures of the participants as I labeled field notes & tapes.

- Within hours perform analysis of an individual focus group by listening to the tapes, highlighting quotes, and sharing notations with other researchers (on-site coordinators) that were present during the focus group. I had a one to two hour commute from where data sets were collected to where I was staying. During this time I began to analyze individual focus group responses by listening to the tapes and highlighting quotes (Krueger, 2005a).

Beyond this, full transcription of the audiotapes was initially delayed while a transcriptionist was located. However, the transcriptionist proved less than reliable, not responding to deadlines set, not returning telephone calls, and disappearing from available contact for six weeks. When the tapes and “transcription” were returned to me, they were incomplete, and I was soon to discover, frequently incorrect as to what was actually said on the tapes. What followed was a very long process of personally transcribing the tapes over again. Although this was a long and tedious process, it probably made me much more aware of the verbal responses I had gained. After completion of the tape transcription, the last two steps of Richard Krueger’s recommended focus group analysis process followed:

- Analyze the series of focus groups performed, compare & contrast themes, look for emerging themes, diagram the analysis and use quotes to describe

the findings. Krueger recommends this be done 7-10 days after the interviews. As stated previously, this occurred months later. However, my constant involvement with the taped responses kept me connected adequately to the original focus group interview process.

- Finally, prepare the report using a few quotes to illustrate themes using a narrative style, share the report with other researchers (on-site coordinators, “gatekeepers”), revise and finalize the report (Krueger, 2005a). This follows in Chapter Four of this study.

Confidentiality

Participation in the study, the focus group, and any interviews is confidential. During the focus group interviews, interviewees sometimes mentioned an employer or the title of their program; by the nature of a complete record these were present in the final transcript of the focus group interviews. However, names or specific affiliations will not be included in any report or publication of the study findings. All data is kept in a locked file in the office of the Primary Investigator for six months following completion of the study. At that time they will be destroyed.

Follow-Up Interviews

Initial analysis of the responses gained from the focus groups yielded six themes of the participants’ constructed realities. These initial results seemed complete but verification was sought from the participants in the study. Each participant was provided with a transcript of the focus group session and subsequently each was provided with the identified themes. These themes were then “member checked” through individual participant verification via e-mail as recommended in the literature (Creswell, 1994).

Cross checking information using additional techniques such as the verification interviews (by e-mail) increased the trustworthiness and credibility of the data analysis results (Creswell, 1994; Eisner, 1991; Merriam et al., 2002). This was completed entirely by e-mail. I used the group analysis guide and the follow-up interview information to identify common themes and categories expressed in the groups (Krueger, 2005d).

Analysis

Data analysis started while still in the focus group interviews, listening for inconsistent comments and cryptic referrals that needed to be followed up either within the group or in the follow-up interview process. Immediately following each data collection session, data analysis continued. This started with drawing a mental picture of individual participants and reflecting on their responses, confirming a picture of each for later memory jogging by noting associative characteristics of each participant. Within a few hours of each focus group session an initial analysis of the responses was performed. Determination of common statements and repeating words or phrases were noted in field notes and the tapes were labeled (Krueger, 2005b). Since the responses were clear and direct, no immediate follow-up interviews were pursued.

Full analysis of the data from each site was completed over the next three months. Each participant was supplied with a completed transcript of his or her focus group interview to verify clarity of what was said and what was transcribed. No additions or deletions were recommended by the participants. The synthesized data from each focus group interview was compared and contrasted using the constant comparative method of analysis (Creswell, 2003; Merriam et al., 2002). Using this method I continually compared, in this case, one reflective statement by one participant with another reflective

statement offered by a different participant. The other participant was either part of the same focus group or a participant in a different focus group. In addition, mannerisms were compared or added to the analysis to corroborate what was gleaned from the reflections of the participants. Mannerisms include but were not limited to frowning, nodding, or laughing, exhibited during the focus group – either by a person speaking or by someone who was listening. Data was analyzed on the computer using documentation in a simple Word program with columns and numbering of the responses and mannerisms observed to show patterns of response. I allowed adequate time to collect the data and interviewed enough participants in focus groups interviews to achieve saturation for identified themes. The themes garnered by the research questions as well as the emergent theme identified in the responses were transmitted to the participant by e-mail to again achieve the strategy of member-checking. This involved taking my interpretations back to the participants and requesting their support or disconnect with my findings. Using a combination of methods to triangulate data added to the validity and trustworthiness of the study outcomes (Merriam, et.al, 2002).

Results were compiled, emergent themes were identified and reporting of the data analyses proceeded. Results were disseminated to the on-site coordinator, all participants, presented for publication in a juried journal, and compiled within this dissertation.

Trustworthiness

Four strategies to ensure study validity are included within this study. These include triangulation, member-checking, clarification in advance of the bias this

researcher brings to the study, and provision of rich descriptions of the data findings (Creswell, 2003).

Triangulation

Consistency or dependability was confirmed through the process of triangulation of data. The process of triangulation was used to define findings more specifically thus lending weight to use of the data for future educational planning and research. Triangulation utilized different data sources to identify and delineate specific themes as they emerged from the data (Creswell, 2003). In this case, triangulation was accomplished through comparing and contrasting the responses from the multiple focus group sessions, the follow up e-mail interviews, the literature, and peer review of the determined findings. Peer review was built into the dissertation process through the review of my findings by my dissertation advisor and my dissertation methodologist (Merriam et al., 2002).

Member-checking & Clarification of Researcher Bias

Member-checking is a method of validating findings by taking them back to participants in focus groups and interviews and asking the individual to determine the accuracy of the themes and responses, do they “ring true” (Creswell, 2003; Merriam et al., 2002). This was accomplished through the use of e-mail communications and interviews. Follow-up conversations and interviews were accomplished totally by e-mail contact.

Presentation of the investigator’s position was supplied to the reader with an open view of the biases of the researcher. This clarification supplied an “open and honest narrative that will resonate well with readers” (Creswell, 2003, p. 196). This

identification of personal relationship between the researcher and the study forms an ethical foundation for the study. It presented a pure reflection of the researcher's position and allows the reader to more clearly understand how the researcher arrived at her conclusions.

Provision of Comprehensive and Rich Descriptions

Following the analysis of data, the reporting of the study was done using comprehensive and rich descriptions of the findings. Well-presented material allows the reader to experience the setting and lends itself to a sense of shared experience between the researcher, the participants and the reader (Creswell, 2003). In addition, a clear presentation of the data collection, analysis and synthesis provides the desired foundations for determination of the benefits, rewards, drawbacks and potential value of using service learning in Associate Degree Nursing programs.

CHAPTER FOUR - FINDINGS

This chapter is directed at an analysis of the data in response to questioning through the focus groups and interviews of this study. Participants were asked to reflect on their experiences working with the community through their didactic preparation and through their work in free clinics as part of their nursing education. The guiding research question for the data analysis was, “Did the graduated registered nurse use skills learned during service learning in transitioning from an Associate Degree nursing program to the clinical work setting?” Questioning was primarily open-ended using statements such as, “Describe for me your experiences in the community nursing project,” “Reflect back on your first month of nursing practice and how your [community] experiences influenced that beginning,” and “Describe how this experience influenced your life as a career nurse.” On occasion a direct question was used to guide the direction of responses, such as, “How did the people who received the service provided by you affect your educational experience?” or “How did that affect you as far as contributing to your educational experience and then beyond that to your functioning as an RN?” As the service learning experiences of these participants were described, three major inductive themes around transfer of learning were identified and expected: skill development, heightened awareness, and civic responsibility. In analysis of the responses, three deductive themes also emerged that went beyond transfer of learning: professional inspiration, satisfaction, and success.

Service Learning Activities

While setting up for this study the gatekeeper who taught within the Associate Degree Nursing program was asked to identify the course in which service learning concepts were used. She identified this as a first-year course entitled “Community Health Nursing.” During the onset of discussions within the focus groups, the participants were asked to describe their experiences within this course. The participants indicate that within this course the students were divided into groups based on their home zip codes. Each group explored the communities within their zip code area to identify potential community health needs. Once identified, each group chose a community health concern and interviewed agencies in their area where an intervention could be planned. The project was documented and presented orally to the class as well as in writing to the instructor. The project was entirely theoretical and the actual interventions were not implemented by the students. However, this project set the foundation of understanding for how community needs are identified and how community service partnerships are formed. Although all participants in this study were required to take this course and did so, they were unfamiliar with the term ‘service learning’ as it was not introduced to them in the teaching of this course.

During the introduction phase of the focus group interviews, I described the actual concepts of service learning including that it was hands-on in nature, involved working with professionals in a community setting to meet, in this case, a community identified health-care need, and that included a formal reflection piece to go over what was experienced in the clinical setting. From this description, the participants identified their experiences within community free clinics surrounding or within the college as having

met the service learning criteria. All but one of the free clinics were set up by the community to meet the needs of uninsured or under-insured residents. The college had approached the community agency in the early 1990's to partner with them to meet the community needs while meeting the educational needs of the nursing students. Providers within the free clinics who participated in the student education included doctors and nurse practitioners from the community as well as nurse practitioners hired by the college to act as clinical instructors for the students. Reflection was accomplished through journaling or post-conference discussions associated with the clinical rotation experience in the free clinics. Participants spent anywhere from two days to multiple weeks working within the free clinics as part of the pedagogy of the nursing program. Responses were not catalogued on the basis of length of time spent in the service learning setting. Nonetheless, there was no differentiation in responses that would indicate that length of time spent altered the outcomes of the experience. The experiences of these students fit the criteria of being service learning even though the specific activities weren't titled service learning.

Transfer of Learning Themes

Skill Development

All participants indicated that their experiences in the service learning environment related to their experiences in the clinical environment as an RN. The first theme of learning identified by participants was in the area of nursing skills development. The first skill identified was that of patient assessment. Statements identifying skill development in this area included:

- “It was mainly health assessment. It was mainly knowing what’s normal and being exposed to the abnormal to know what that either looks like or sounds like. But to me it was very basic. You needed that – your assessment skills when on the floor they were critical if you were to pick up something that was maybe not quite right.” (Deborah)
- “Certainly I developed more assessment skills and learning to take an in-depth history. All of our clinical experiences were beneficial, but this was practical and I use it on a day-to-day basis.” (Joseph)
- “They gave me the experience about my assessment skills, like I said earlier, now I am able to differentiate the sounds in the lungs and heart.” (Anna)

Adding to assessment skills, most participants indicated that the service learning experience also helped with development of the vital nursing skill of interpersonal communication. For example, Anna stated, “This also comes from the learning of communication, how to talk with different people in the community that we learned in the clinics,” Deborah stated, “What specific skills have I learned in this experience? I would say interpersonal skills,” and Sarah said, “The experience helped me to be a better communicator and to interact appropriately to patients with ethnicity.” Beyond general communication techniques, Ruth noted that the multi-cultural nature of the clinic environment brought an additional dimension, “We all had to figure out some functional medical Spanish.”

In the focus group and interview sessions, the participants described working in the community free clinics as having involved managing a constant stream of patients during a finite time-frame. To see the maximum number of clients, the focus group and

interview participants learned organizational and time management skills beneficial in transfer to clinical nursing as a registered nurse. Statements identifying skill development in this area included:

- “I think it made us all a better time manager, because, you only have the clinic open for so many hours and so many days of the week. There would always be long lines of people waiting to open the doors and we would all go, ‘OK, who’s gonna open the doors?’ So, you’re overwhelmed by the volume of people who come in there, and you have to be organized.” (Sophia)
- “It probably also helped as far as being efficient because you were behind the 8-ball as far as time. I mean there were many more patients that could be seen at the clinic and we had to turn people away so you had to work efficiently. And that certainly helps you when you hit the floor in the hospital.” (Deborah)
- “This was working in situations with people we didn’t know and we had to come up with solutions or recognize problems in certain time constraints. You had to get right to the issue and that’s what working in medicine is.” (Mark)

Skill development gained from the service learning experience extended on to a vital nursing skill and professional nursing mandate, learning how to do appropriate patient teaching. For example, Anna stated, “And that’s something that I really remember learning - that when we are teaching we should be giving them something to refer to,” and Beth stated, “I remember doing so much teaching on congestive heart failure and just wanting people to understand what the very early-early-early signs were of heading for trouble. In my current functioning, I educate.”

Yet another skill, hard to teach, but crucial to nursing, is the mastery of critical thinking. Nurses must develop the ability to think independently and to know when intervention requires referral of the patient. Utilization of this skill in nursing extends from the emergency department triage to the general medical-surgical floor environment to the clinic setting. Statements identifying examples of critical thinking skill development included:

- “What helped me was when I was put in the position of having to refer patients on to other resources. That’s when the community health, that little bit of knowledge...later I would remember, “That’s when I refer ‘here’.” That little bit of knowledge was of benefit to me. That’s what helped me, doing the referrals.” (Grace)
- “You had to assess people and sum up and come to some conclusions and move forward to the problem they came in with. And we had to move them on to the nurse practitioners [referral] and they made a decision as to whether they then saw the physician based upon our basic assessment.” (Mark)

Additional critical thinking skills gained were expressed by Sophia and Ruth as each described how the service learning setting prompted them to develop means of addressing complex issues of prioritization to meet patient needs:

- “There were hoards of people who would come in and I remember thinking, we have to set up some sort of triage here. And, I flagged the charts and said, “OK, we have school physicals over here, we’ve got respiratory over here, and we’ve got something else and something else over here.” (Sophia)

- “But it gives them [students] a little bit of autonomy in an environment to think outside the box a little bit. And you might have to work with what you have and figure things out. So it makes you HAVE to think critically, it makes you HAVE to adapt, HAVE to realize what your resources are for them and where to go from there.” (Ruth)

Another enhanced skill attributed to the service learning experience was that of gaining professional confidence. Statements of enhanced confidence are reflected in the following statements:

- “Well it gave me more confidence, also, to work in a clinic setting. When you are first working with patients, there is a certain level of anxiety and working in this setting took some small percentage of that away.” (Joseph)
- “I think it built up my confidence when I started my first job as an RN to have had that experience. Especially in the role that I’m in now in the drug and alcohol treatment center, I get a lot of calls from people who are in trouble and so it has given me a lot of confidence for dealing with people, for dealing with the public.” (Julia)
- “It’s made me a stronger person, more confidence, knowing the right action at the right time. I’m a different person, and people really look up to me on my job. I can get in there and do the best I can with difficult issues.” (Anna)

Finally, nursing is especially driven by the attributive skills of compassion, acceptance, and tolerance. An example is Joanna’s statements, “You understand it more, see things from the other point of view. It does help with that part. It gives you more

compassion for the people.” Further evidence of enhancement of these attributive skills can be seen in the statements that follow:

- “I think, acceptance – not forcing anything just accept as they are - is very important in nursing especially when they’re in pain or they’re not in a healthy status. What they think and how they feel and how they think about illness and everything including family functioning around the patient – I think it’s very important to accept as they are, and then go from there.” (Judith)
- “Probably just the same thing, that tolerance is a big thing. When you’re first a nurse you’re not sure of yourself and you know that the environment for the patient needs to be a certain way. So it [the community experience] really taught me to better interact with my patients and once I realized that I could do that, I became more comfortable in my skills because I realized that I was really helping them by being tolerant.” (Ruth)

Heightened Awareness

The next theme that was identified was heightened awareness. Responses indicating a heightened awareness included identifying words such as “aware or awareness,” ‘awakened or awakening’, ‘understand’, ‘empathy or empathetic’, ‘impacted me’, ‘helped me to see’, and the most common phrase expressed, ‘*It opened my eyes*’. In truth, heightened awareness covered the full breadth of the focus group interviews, manifesting in response to both open-ended and clarification questions. Responses applied to transferable skills, implied satisfaction, related to success in transition, and

involved the effect of service learning recipients on the participants' entry level experiences and career endeavors. Heightened awareness was repeatedly used in conjunction with statements such as Anna's, "The beginning, with community it helped me to see the big picture," Mary's comment, "I think that's true, I think it opens your eyes," Mark's response, "It opened our eyes and made us better," and Joseph's reflection, "All of these clinicals [clinical rotations – hands-on practice in a medical setting] were an eye opener as to the needs of the community and the less fortunate. Really, it was helpful getting to understanding about these people."

Heightened awareness manifested as both personal insight and insight into the needs of the service recipients. For example Mark stated, "For me personal growth – and getting to the top level of actualization, I think nursing is at that level," and Anna stated, "Doing the clinics really helped me know that there are so many needs of others that they really don't know." Reflections on the service learning experience were at times positive and at times negative as reflected in the following participant statements:

- "The community project was just an "eye-opener" for me to see beyond my small-minded borders. Does it help me as a nurse? I think it does. Whether or not I see like-people at work, I think it did make a difference in how I practice." (Lydia)
- "They gave me a tremendous insight into the actual lack of knowledge that the general public has about their own health and health concerns and that was a big eye opener for me. I remembered that when I worked as a nurse." (Beth)

- “When I transitioned I became disillusioned from the ‘disconnect’ between what I had experienced and the reality. As I became an RN - well, you say, “Opened my eyes”, well, it sure did, and I feel almost betrayed. The clinics we attended didn’t give us an entirely realistic view of working as a nurse in this community.” (Sophia)
- “My biggest transition problem was experiencing too many patients for too few nurses and there wasn’t any more community. It was just reality shock.” (Mary)

The service learning experience for these nurses, as nursing students, also inspired heightened awareness of core motivational values for nursing including compassion, empathy, and tolerance. Statements indicating heightened-awareness in these areas included:

- “*They* provided the means for me to practice. You felt appreciated, certainly, and I think it also gave you a sense of compassion with the population that you were dealing with.” (Deborah)
- “You understand it more, see things from the other point of view, it does help with that part. It gives you more compassion, for the people.” (Joanna)
- “For me I think it was giving people time, attention, empathy, and clinical skills to all your patients whether they be poor or wealthy or anything in between, right? You’ve got to learn to not be judgmental when you’re taking care of somebody.” (Mark)

Heightened awareness was perhaps most prolific in the area of cultural awareness as this outcome permeated the participant reflections both on the student experience and on their experiences as registered nurses. Although one participant denied that the service learning experience improved her success with transition from college to clinical practice, enhancement of cultural awareness was universally seen as a positive outcome to the service learning experience as the following quotes indicate:

- “It just made me a little bit more aware. Occasionally [now] we get [a patient] that is from another culture. And the nurses on the floor are fighting because they don’t want to take that patient because they don’t want to deal with the cultural issues that come with them. And, to me, that’s why we’re nurses. We’re there to serve them, we’re there to help them, we’re there to push.” (Lydia)
- “Experience I gained from that [the community experience] has helped me learn how to interact with people with different racial and ethnic backgrounds and their problems.” (Sarah)
- Ruth’s reflection on the influence of the service recipient with respect to her heightened cultural awareness is seen in the following statement, “They taught me that what they think is important and their dynamics - their socio-economic dynamics – and how they relate to each other is so different from ours and to be able to embrace that and know that is their usual... the way they’re comfortable. It also gave me a better understanding of how to care for each person that came through my rooms.”

Civic Responsibility

Responses to this question of transference from academia to the professional career of nursing most directly addressed the third theme, that of increased civic responsibility. For example, Judith stated, “It has affected me to think about – like I say – I want to give back to the community,” and Julia responded, “It makes me feel more and more that proper health care should be a right not a privilege... not a privilege for the few,” and Deborah said, “To offset that burden we have in this country as far as immigrant population – what to do in health care with escalating costs, what better way than to enlist the students.” Additional reflections indicating a sense of increased civic responsibility included:

- “In general, in my life, if you can focus more there, it gives me more understanding of what can *I* do. I can help them or friends, the community, in general from that side.” (Joanna)
- “And I just think [the service learning] experience I have carried with me all the way through and I continually think about that when I see opportunities arise for me to get back into the community and to teach, so that was a good experience.” (Beth)
- “I’ve taken it on to do work in the community and we have formed a group to provide services for those near our site. I can see the need out there. I am working with friends and every month we meet with the community and assess them and see what we can do for them. I am choosing to work with members of the church and I can see the need and thank God.” (Anna)

Beyond Transfer of Learning Themes

Professional Inspiration

In addition to the three areas of knowledge transfer described above, an additional result of the service learning experience emerged from the responses of these registered nurses. This fourth area, labeled “professional inspiration,” provided motivation as evidenced by a) desire to be a role-model for student nurses and family, b) pursuit of educational advancement to increase ability to serve, c) working with the RN’s own community to provide health awareness for all, and d) career ‘future-planning’ to provide health care availability for all. These inspirations are reflected in the comments that follow:

- Naomi found that the service learning experience inspired her to encourage others, “I guess the experience affected me by helping me encourage others who are interested in health related jobs to go ahead and pursue getting their Associate Degree. I did it to show my granddaughters that they could accomplish anything they want no matter what age they are.”
- Beth reflected that her awareness gained through the service learning experience brought out her focus in nursing and inspired her to continue her nursing education, “I am an educator at heart actually. I’m currently in the middle of getting my Master’s at [the University] and I’m going down the nurse educator track... I enjoyed thoroughly from the beginning the education piece – the teaching people... so *I’m taking that down this path* where ok now I’m going to become an official educator.”

- Anna indicated the inspiration to advance her education and to find ways to help her community, “It really helped me know that there are so many needs of others that they really don’t know. Right now I’m so, you know, I’m trying to do my Master’s Degree. Now I have to look at my own community and find out what they need. Based on what I did that time it has really helped me to identify how to work in the community.”
- Judith also indicated that the service learning community experience has inspired her to advance her education and to serve the community, “It has affected me to think about, like I say, I want to give back to the community. I was even thinking do I want to do community health when I go to my Master’s [Degree]. I want an advanced nursing degree but I DO want to give back to the community.”
- Deborah looked to future planning for her nursing career, “And you want the connection between the community nursing and school and that particular experience? It’s 2-fold. It makes me want to see myself more in public policy eventually. It made me comfortable in nursing, probably. But it makes you want to help with the problem.”
- Finally, Ruth indicated her inspiration also as a focus on future planning, “Yeah, and then ultimately what I really want is my own clinic – I want to move back up to where I’m from in Maine and have a clinic of sorts where nurse practitioners run the clinic and the doctors come in and oversee things. So it really made me want to step into that world.”

Satisfaction

Satisfaction can influence both persistence of students within educational programs and persistence of graduate nurses within the newly acquired career. Although it would be reaching to say that satisfaction was a theme that permeated the focus group responses, there were specific comments that bore on the question of whether the service learning experience impacted a participant's satisfaction with his or her preparation for nursing clinical practice. Perceived satisfaction was expressed using terms such as 'good', 'great job', 'excellent', and 'helpful'. Participants with positive indicators were spontaneous in their comments since no formal questions such as, "Were you satisfied?" were included in the interviewing. Statements of satisfaction included Grace's comment, "I think it was a good experience to be exposed to the poverty and the immigrant issues when I was a student," and Anna's comment, "I think the school's done a great job." More expansive reflections expressed satisfaction that skill attained in the service learning environment was in areas identified as critical to nursing.,

An additional insight, ultimately positive in nature and attributed to the service learning experience, came in the area of personal career awareness. Both Joanna and Lydia indicated that the service learning recipients helped them understand that community health is not their career path. Joanna stated, "It helped me know what I don't want to do, which part I don't want to get into," and, Lydia said, "After I did those clinicals I never wanted to do that again. I enjoyed them and I certainly was enthusiastic about them, but no way would I want to work in community health."

However, transition to clinical practice from academia was not positive for all participants. Some felt that the service learning experience did not present a realistic

picture of the actual nursing clinical environment. Perceived dissatisfaction with clinical preparation was stated with candor and sometimes heatedly. Terms used to indicate dissatisfaction included ‘disillusioned’, ‘disconnect’, and ‘reality shock’. Again, these reflections were spontaneous as no formal rating of satisfaction question was included in the interviewing. Comments indicating dissatisfaction included Mary’s comment, “Too many patients for too few nurses...It was just reality shock,” and Sophia’s comments, “When I transitioned I became disillusioned from the ‘disconnect’ between what I had experienced and the reality.” All statements of dissatisfaction with transition were voiced in Focus Group One.

Success

Analysis of participant responses alluded to reflections on success in transition from academia to working as an RN. Participants’ comments were both positive and negative with regard to the affect of the service learning experience on their entry-level to present careers. Those who asserted a successful outcome in transfer from academia to clinical practice were both energetic and definitive in their reflections. Contributions were asserted with confidence and often with enthusiasm as reflected by Julia, “It built up my confidence when I started my first job as an RN to have had that experience,” and by Joseph, “This was practical and I use it on a day-to-day basis.”

Conversely, several Focus Group One members actively refuted the influence of service learning on transition, such as participant Joanna who commented, “My experiences [were] working as a nurse assistant, working with many people and their families helped me become a nurse, not my clinic rotation,” Lydia who reflected, “I would not say that it helped with transition, I think it’s the life experience along with the

nursing experience that I got and took into nursing school is what helped me,” and Sophia’s statements, “I think my beginning [heritage, family environment] probably had more influence on [transition into clinical practice] than the clinic or the class or anything else. I would say it had no influence whatsoever on what I ultimately do.” It is worth noting that all three of these responses came from the first focus group.

Conclusion

In conclusion, analysis of the responses to the focus group and interview questioning identified three major themes around transfer of learning, those are, skill development, heightened awareness, and civic responsibility. In addition, the fourth emergent theme of professional inspiration was also identified. Reflections by the participants were at times positive in nature and at times negative. However, it is clear that each of the participants was definitively impacted by the service learning experience. Analysis has revealed evidence of transference of clinical skills, awareness, and civic accountability from the college experience to the clinical work setting and personal lives of these registered nurses. In addition, analysis identified professional inspiration in the areas of continuing education through advanced degrees, impetus to inspire others, and future planning resulting from the service learning experience for the participants in the study.

CHAPTER FIVE - DISCUSSION

As indicated in Chapter One, the Office of Occupational Statistics and Employment Projections of the US Department of Labor indicated in 2007 that over one million new and replacement nurses will be needed by the year 2016, creating a national shortage of nurses so acute, and growing at such a rate, that it will impact the populace much the same as a national disaster, on a level equal to a major earthquake, flood, or, to use a more-timely example, that of a 2005 massive hurricane Katrina (Dohm & Shniper, 2007; Hecker, 2005). Furthermore, predictions found in Occupational Outlook Quarterly indicated that this problem may only get worse due to aging nurses and an aging population thus resulting in a nursing shortage that is likely to increase by 3% yearly beyond 2016 (Dohm & Shniper, 2007). Expectations of nursing graduates in all clinical nursing environments include application of occupational knowledge, clinical hands-on skills, problem solving skills, show initiative, organizational skills, listening and speaking skills, interpersonal skills, teamwork skills, good work ethic (positive attitude, timeliness, showing up), and, ability to be customer focused (Lewis, et al, 2007; US Department of Labor, 2009).

Answering the Research Questions

Service Learning Impact on Transfer of Skills

The first two research questions used to guide data analysis of the focus group and interview responses sought to elicit transferable skills and behaviors accomplished through the service learning experiences. These questions were: 1) How did the

participants' service learning experience relate to their initial nursing work experience after graduation? and, 2) How did the skills used in the initial clinical setting after graduation relate to their service learning experience? Through the analysis of the responses it became apparent that these two questions elicited similar responses. This being the case, these two questions were collapsed into one set of data responses to answer the question, "How did the participants' service learning experience elicit skills and behaviors that were transferable between the academic service learning setting and the entry level nursing experiences of the participants after graduation?"

The ability to transfer knowledge from one context to another or from one setting to another is an expected outcome of "good" teaching (Perkins & Salomon, 1988). One of the defining characteristics of an "ideal" service learning experience is the equity with which it meets the educational needs of the students while meeting an identified need of the community (Poirrier, 2001; National Service-Learning Clearinghouse, 2009). The first identified category, "skill development" is clearly indicative of an ideal service learning outcome. Skill development included: a) technical skills, b) attributive skills, and c) professional thinking skills commonly called the nursing process (Lewis, Heitkemper, Dirkson, & O'Brien, 2007). As indicated in Chapter Four, all participants indicated that their experiences in the service learning environment related to their experiences in the clinical environment as an RN.

The first area of skill development voiced by the participants as having transferred from academia to the clinical work environment was in the areas of technical skills. The technical skills identified were: a) holistic assessment (i.e., physical, mental, psycho-social, spiritual), b) interpersonal communication, c)

organization d) time management, and e) patient teaching. These skills are a matter of “near transfer” as described by Perkins and Salomon (1988, 1989). That is to say, these are skills that can be modeled and emulated.

The skill of critical thinking as pertains to nursing was described by participants as developing in areas of synthesis of assessment data leading to organization of the work environment, prioritization of tasks, and appropriate referrals. The element of critical thinking, “prioritization of tasks”, is particularly valuable to entry level nurses as prioritization has become a strong emphasis on the national licensure exam (the RN-NCLEX) required for entry into clinical practice as a registered nurse (National Council of State Boards of Nursing (NCSBN), 2009). In many states a nursing graduate cannot enter the clinical environment for professional practice without successfully passing the RN-NCLEX exam. In addition to the clinical skills gained, participants voiced the gain of attributive skills that included increases in the areas of professional confidence, compassion, acceptance and tolerance. These skills are what Perkins and Salomon (1988, 1989) referred to as “far transfer” skills, meaning that they take character development and critical thinking to accomplish.

Skill development and the transfer of these skills into the work environment as an RN supported two pre-existing theories of knowledge transfer. First, skill development and skill transfer supported Vygotsky’s Theory of Situated Learning (1925) that described the transformation of abstract intelligence into practical activity. Vygotsky and his followers identified a “zone of development” that exists when theoretical knowledge transitions into practical activity (Cole et al., 1978). Participants in this study identified skill transfer from the classroom to the academic clinical

environment and further transitioning into the work environment. In addition, the service learning experiences of these participants support Ellis's Theory of Knowledge Transfer (1970). Participants referred to learning in the classroom, frequent repetition of activities at the service learning sites, development of critical thinking that allowed them to transfer skills to the RN role, and reinforcement of learning both in the service learning setting and through work experiences after entering clinical practice. These four steps are the steps Ellis outlined in his theory (1970).

In addition to technical skills the participants identified the second theme of heightened awareness coming in the areas of personal insight and insight into the needs of the community, inspiration of core motivational values for nursing including compassion, empathy, and tolerance, as well as the prolific expression of increased cultural awareness. Eye-opening experiences using service learning stretched the participants to a level above the low-road transfer of repetitive skills and equally high-road in quality to critical thinking. For a participant to grasp his or her limitations and to enter into the nursing profession with first-hand experiences in community awareness puts the entry-level nurse at a distinct advantage over other nursing graduates who lack this awareness. Although two of the participants alluded to "culture shock" when entering into the clinical realms as registered nurses, by far the participant reflections indicated that the heightened awareness eased the transition from student to registered nurse.

An entry-level nurse who enters the world of clinical practice with the responsibilities of a registered nurse is more likely to persist in the work-world when community attitudes and needs are already part of the schema from which he or she can

draw. This is especially true when it comes to heightened awareness of cultural norms. Heightened awareness of client needs related to cultural norms goes beyond assisting the RN in providing patient care. This type of awareness increases the potential positive responses to treatment for the client. The entry level nurse as well as the more experienced nurse gains personal self esteem and increased self confidence when a patient/client exhibits positive response to the therapy he or she administered. The patient/client improves or becomes well and the nurse perceives his or her personal capabilities as successful and competent. This supports Pervin's Transactional Theory (1968) that perceptions of success bring congruence between the perceived self and the ideal self thus leading to higher degrees of performance and satisfaction.

Finally, transference from academia to the professional career of nursing most directly addressed the third theme, that of increased civic responsibility. By definition, service learning is to include a civic component to the experience (Bailey, Carpenter, & Harrington, 2002; National Service-Learning Clearinghouse, 2009). Use of the community free clinics met this criterion. Participants indicated increased civic responsibility by voicing personal plans for or current involvement in community service as part of her or his role as a registered nurse. Some participants indicated that this increased civic responsibility was inspiring progression from the Associate Degree to the Bachelor's degree and on to the Masters Degree in nursing.

Service Learning Impact on Satisfaction with Preparation

As reflected in the introduction to this study and in Chapter Four, satisfaction can influence both persistence of students within educational programs and persistence of graduated nurses within the newly acquired career. According to both entry-level nurses

and employers, satisfaction with educational preparation stems from educational experiences that emphasize skills directly transferable to the work setting (Bailey, et al, 2002; Grubb, 1996). The third research question used to guide analysis of the focus group and interview responses sought to elicit responses that would provide insight into how participation in the service learning experience influenced the participants' satisfaction with the nursing program attended: "How did the service learning experience impact the participants' level of satisfaction with their preparation for a clinical career as a registered nurse?"

Areas of address in the participants' responses that reflected satisfaction, implied or stated, included transfer of learning from the college environment to the world of clinical nursing and satisfaction with the nursing skill preparation as related to the service learning experience. In reflecting on the service learning experience, the responses were mixed, falling between indicators of satisfaction and dissatisfaction. Perceived satisfaction was expressed using terms such as 'good', 'great job', 'excellent', and 'helpful'. Participants with positive indicators were spontaneous in their comments since "Were you satisfied?" was not specifically included as an interview question.

Transition to clinical practice from academia was not positive for all participants. Some felt that the service learning experience as well as the clinical rotations for other courses did not present a realistic picture of the actual nursing environment. Perceived dissatisfaction with clinical preparation was stated with candor and sometimes heatedly. Terms used to indicate dissatisfaction included "disillusioned", "disconnect", and "reality shock". Again, these reflections were spontaneous as no formal rating of satisfaction

question was included in the interviewing. All statements of dissatisfaction with transition were voiced in Focus Group One.

Service Learning Impact on Successful Entry into Practice

Entry level practice success is dependent on educational experiences that mirror clinical work expectations. The experience gained must include universal skill sets and be transferable into multiple settings including in-patient hospital settings, community clinic practice, home care, and long-term care. In addition, the “universal skills” must apply to diverse practice populations that range from medical-surgical adult practice to pediatrics to psychiatrics to obstetrics to geriatrics. Universal work expectations for entry-level nurses include technical skills, (e.g., vital signs, assessment skills), interpersonal skills (e.g., communication, compassion, relationship-based practice), and work-force skills (e.g., time-management, organizational skills, critical thinking). According to research by Jones & Cheek (2003), to achieve successful entry into practice, it is of paramount importance that nursing education create partnerships in collaboration with key stakeholders (nursing employers and nursing supervisors, e.g. nurse practitioners, physician’s assistants, or doctors) if we are to both cover the ever growing need for nursing graduates and, at the same time, assure that nursing employers can both attract and retain the nurses they hire. According to the National League of Nursing (NLN), the leading organization for accreditation of Associate Degree nursing programs, changes in the health care environment are driving large percentages of nursing care in all levels of nursing practice out of hospitals and into the community (2009b). With this in mind, NLN sees the prudence of incorporating community-based nursing and service learning strategies in both Associate Degree and Bachelor Degree nursing programs.

Most of the participants in this study entered nursing through hospital-based employment. However, approximately one-third of the participants either worked in a community-based clinic or did on-going volunteer work with a community-based clinic since graduation. Although the question, “How did service learning influence successful transfer into clinical practice?” was never asked during the focus group interviews, participants were asked to reflect on how the service learning experiences affected their experience as an entry-level to present RN. Participants’ comments were both positive and negative with regard to the affect of the service learning experience on their entry-level to present. Those who asserted a successful outcome in transfer from academia to clinical practice were both energetic and definitive in their reflections. They indicated use of the skill attained in the service learning environment in areas identified as critical to nursing.

In spite of noting the many clinical skills and heightened awareness gained in the service learning projects, several participants hesitated to attribute successful transfer from academia to clinical practice totally or in part to the service learning experience. Instead, respondents frequently referred to prior work experiences, life experiences, or the influence of personal or family immigrant experiences as having been the major influences on the successful transfer from academia into clinical practice. The responses disclaiming the influence of service learning on successful transfer were all voiced in the Focus Group One responses.

Impact of Service Recipients on Participants

The fifth question used to guide the focus group and interview responses sought to elicit responses that would give insight into how the service recipients affected the

participants: “How did the service recipient contribute to the participant’s educational experience and on-going professional career as a registered nurse?” This question further identified the category of heightened awareness in the areas of a) health care needs of the community b) health care deficits (including knowledge deficits) of the community members, as well as c) personal awareness, and d) awareness of cultural customs and health practices. For example, when asked how working with the service recipients affected her as a career nurse, Sarah commented, “It helped me to see – to better work with everybody to appreciate individuals, work with all people, my patients...my children, my husband (laughing).” In addition to the almost universal reflections of heightened awareness, there were again a couple of dissenting comments indicating that individual participants in the study did not gain from the service recipients. For example, Sophia stated, “It gave me too rosy a view,” and Lydia commented, “Did any clinical experience really show us what we would be facing?”

Other Issues that Emerged

The Added Benefit – Emergence of Professional Inspiration

Possibly the most encouraging result of the data analysis was the emergence of the theme called “Professional Inspiration”. Nursing shortage is a complex fix. It is not just a matter of expanding existing nursing programs or opening additional nursing programs. Nor is it a matter of convincing more people to become nurses. To have more nurses nursing education must have both more educators and more clinical sites for hands-on training. Given the projections that 60% or more of all nursing will be moving from acute-care settings (hospitals) to community settings (clinics and home care) (NCSBN, 2009; NLN, 2009), this category of analysis offered areas of hope.

The first area of professional inspiration identified was the inspiration to encourage others to come into nursing. The participant who put forth this outcome was not just seeking to find a warm body to come into nursing. This participant had a 35- year association with nursing as a Licensed Practical Nurse (LPN) before becoming a Registered Nurse (RN). This participant had gained her degree for two reasons, first to show her granddaughters that they can accomplish whatever they want to, and second to provide herself with needed credibility for her research. Both of these motivations were influenced first by her prior nursing experience as an LPN and additionally by her experiences in her nursing program. Recruiters of this type know what they are looking for and influence some of the best candidates into nursing.

The first area of professional inspiration identified was to continue educationally from the Associate Degree to the Bachelor of Science in nursing degree and on to the Masters in Science of Nursing (MSN) degree. This is more than just life-long learning, this is the ability to teach full time in an accredited nursing program. Gone are the days where a nurse with multiple years in nursing could make a career out of sharing knowledge gained with the nurse in training. To teach didactically or clinically in an Associate Degree or Bachelor's Degree nursing program today, even part-time, accrediting bodies like the NLNAC will only authorize the use of nurses who are either at the MSN level or actively in the process of attaining an MSN degree (Colorado State Board of Nursing [CSBON], 2009). As was pointed out by one of the participants, Mark, one of the biggest factors in meeting the crisis of a nursing shortage is not providing more nursing programs, but providing more qualified nurse educators. To have a third of the participants already in BSN programs or beyond to the MSN level is a vital and

unexpected outcome. Of those who are not seeking to teach nursing with advanced degrees, most are seeking to enter community or public health nursing practice.

Next, in the area of career planning for the future, professional inspiration transferred into development of a clinic that could be used for clinical rotation sites for nurses in training. Expansion of nursing programs runs the risk of over-loading clinical sites to the point that the staff and thus the site could become burnt out. At that point, typically the clinical site refuses students. If even one clinical site does this, programs run the risk of not being able to provide the clinical experiences required by the State Board of Nursing (SBON). Organizations such as the Alliance for Clinical Education (ACE) (2009) have recommended that nursing programs become creative with provision of clinical rotation opportunities. ACE reiterated the stance of both the NCSBN and the NLN that more commitment to clinical rotations involving community-based sites is a way to achieve the necessary creativity.

Finally, professional inspiration was evidenced in the participant Deborah who will be re-entering nursing and advancing her degree to become involved in policy making for nursing. This participant was energized by her experiences in the service learning community clinic. She expressed awareness of a need for the community and an address for nursing. This is a vital aspect of professional nursing that requires commitment and drive. It also requires inspiration of the variety this RN gained in the free clinics during her nursing education. Her transfer of learning exceeds the clinical realm to a broader base of community assistance. Deborah's goals can have both local and national implications when completed.

Comparison of Experiences - Use in AD Nursing Program versus BSN Nursing Program

During the literature review for this study, it was found that there was a dearth of articles regarding the outcomes of service learning use in Associate Degree nursing programs. Those that were found were largely anecdotal. No studies involving the reflections of registered nurses who had graduated from Associate Degree nursing programs during which they had experienced service learning were found in the review of literature. This did not change in searching the CINAHL database in 2009. It appears that this study has opened up an area of new ground. The literature does have research involving the reflections of registered nurses from BSN programs. This being the case, it is worth reviewing the outcomes of that data source and comparing it to the outcomes of the analysis of this study.

A review of the literature addressing the use of service learning in BSN nursing programs was conducted. The first study reviewed was conducted by Karen Hayward and LaMae Weber (2003). They incorporated service learning in an undergraduate nursing program to address the issue of domestic violence and patient advocacy in their community. The students who participated in the study expressed satisfaction with the service learning experience. Skills gained were in the areas of therapeutic communication, critical thinking, and heightened awareness. The participants also demonstrated evidence of increased civic responsibility. Finally, these participants, although still students at the time of the study, expressed future-planning around community involvement and persisting with the work they had started during the service learning experience.

In review of a second article by Bassi, Cray, and Caldrello (2008), undergraduate nursing students in New England were involved in a service learning partnership with a local school district to teach a tobacco-free curriculum to fourth and fifth graders. This course met the requirements for a public health course. The students who evaluated the coursework indicated that they experienced satisfaction with the experience, heightened awareness of community needs, and increased cultural awareness. In addition, these Baccalaureate students expressed inspiration to teach and sponsor further community health projects in the future outside the course requirements.

Finally, in an article by Pharez, Walls, Roussel, and Broome (2008), the authors describe incorporating service learning into a mental health course. The Baccalaureate students were paired with a community agency that provided community-based mental health services, often with the homeless. Students stated that the service learning experience resulted in skills enhancement, increased critical thinking, enhanced therapeutic communication, and heightened awareness in the area of cultural diversity. In addition, students in the study indicated that the service learning experience resulted in a desire to contribute to the community (increased civic responsibility) as well as an inspiration to serve.

There were no studies found that addressed the reflections of registered nurses. No studies were found involving transition from academia to clinical practice. However, the perceptions expressed by the Baccalaureate students in the above service learning studies mirrored the perceptions expressed by the participants in this study. Outcomes expressed both by Associate Degree RNs and Baccalaureate students included enhanced skill development, including therapeutic communication and critical thinking, heightened

awareness in the areas of cultural diversity and community awareness, increased civic responsibility, and inspiration to serve beyond the parameters of their coursework.

Influences on Participant Responses

When arriving at conclusions regarding data acquired in any research study, influences that impact individuals or groups interviewed must be considered. These influences can alter the frequency and nature of responses and thus bias conclusions. When these influences are openly identified, it allows the research to be more cogently considered. Two specific influences were identified through careful review of the transcripts of responses and the profiles of the participants.

In reviewing the transcripts of this first focus group, it was found that one participant, Sophia, extensively shared negative experiences and feelings that evolved over several years in her RN practice with indigent populations. These comments did not actually reflect back on her student service learning experiences where she noted she gained increased critical thinking, organizational, and time management skills. Rather, her comments in the focus group were directed at experiences over several years of working in a clinical assignment with a free clinic attached to her hospital employment. When this is taken into account, the comments could imply a state of burn-out for this participant that led her to pursuit of a Masters in Nursing required in her current career change from the clinical environment to teaching. Regardless, there was a lot of negative energy in Sophia's stand during the interviewing. This negativity spilled over into the whole focus group despite efforts to redirect the comments to a more positive flow. Sophia became both an "expert" and a "dominant talker" in Focus Group One. Her

energy and frustration in what could be called “a passion gone sour” is a noted hazard in the focus group interviewing format (Krueger and Casey, 2000).

Another potential influence on some participants in this specific service learning experience could have related to immigrant status. The service recipients in the free clinics where the focus group participants experienced service learning were indigent, under-insured, and frequently immigrants to the United States. Four of the participants were themselves immigrants (Anna, Sarah, Judith, and Joanna), one was married to an immigrant (Lydia), and one was a first generation American with grandparents who had immigrated to the United States and who were a strong influence as she grew up (Sophia). The influence of prior personal experiences in relation to an environmental setting is correspondent to the rationale behind Stern’s Need x Press Culture Theory which states that there is an interrelationship between psychological needs, those internal forces that drive a person’s behavior and environmental press, that is, the external situations that impact human response. Stern stated, “In the ultimate sense of the term, press refers to the phenomenological world of the individual, the unique and inevitably private view each person has of the events in which he takes part” (1970, p. 7). Each of these participants had a pre-existing set of schema that was deeply imbedded and influential to how each viewed this particular service learning experience, positively or negatively.

Recommendations

An extensive literature review failed to produce additional research studies involving Associate degree nursing program outcomes around service learning experiences that went beyond anecdotal reporting of individual students and reflections

of nursing faculty. Studies have been conducted, documented, and disseminated around the outcomes of service learning as part of the nursing curriculum for Baccalaureate students. It is apparent that nurse educators who teach in programs using service learning need to compile their data and publish so that more Associate degree nursing graduates can benefit from these outcomes. Qualitative follow-up to clinical rotations is recommended and data collection could be incorporated into the classroom schedule in the form of focus groups. This could involve videotaping as well as audio taping to catch the nuances of body language as well as tone of voice.

Searching of databases did not reveal any studies regarding the transfer of learning from academia to clinical practice with respect to Associate degree nurses. The closest reference that could relate was in the documentation from researchers regarding the concerns for entry-level nurses who are not ready for the realities of clinical practice (Smith, 2008). This research involved implementing a nursing internship for entry-level registered nurses to get them additional support and training in the first year of nursing. Smith was motivated to research and advocate nursing internship because so many graduates leaving their nursing education are able to pass the licensure exam but unequipped for the realities of clinical practice. Two participants in this study, Mary and Sophia, made reference to experiences on graduation that caused 'reality shock' and a 'disconnect' between academia and clinical practice. These assertions were consistent with Smith's research (2008). Therefore, it is imperative that additional research involving nursing education include exploration of transfer of learning in registered nurses. Based on the findings of the present study, I would recommend that nursing programs at all levels do a quantitative survey six months to a year post-licensure to

ascertain the level of transfer found in key areas. Key areas would include technical skills, attributive skills, community involvement, success, and satisfaction.

Thorough searching of the ERIC, Medscape, and CINAHL databases failed to produce any exploration of the long-term outcomes of service learning on professional growth of the registered nurse. No studies were found regarding exploration of long-term outcomes post-graduation and into licensure of the registered nurse either in Associate degree trained nurses or in Baccalaureate degree trained nurses. No research was found that explored service learning outcomes in the area of professional inspiration. In programs of nursing incorporating service learning, I would recommend that a quantitative survey be done of nursing graduates one- to two-years post graduation to track professional outcomes that may be linked to the service learning experience.

Finally, it is imperative to continue to assess data collection on future research endeavors to identify influences that would impact the participant responses. Individual experiences and schema are inevitable, but should continue to be addressed. In addition, cross-referencing diverse service learning environments to identify themes and strands that can be attributed to this teaching-learning pedagogy will add depth and validity to the outcomes that are identified.

Conclusion

It is evident that the experiences of the study's participants transitioned nursing skills from academia into nursing clinical practice. In addition, the service learning experience created a "connect" to the community resulting in future planning inspiration for the entry-level Associate degree RN. These are vital and, in the area of professional inspiration, unexpected outcomes to the service learning experience.

Comparison of outcomes perceived by these registered nurses in reflection on their nursing curriculum and service learning were mirrored in the documentation around studies involving service learning and community-based partnerships with Baccalaureate students. A conclusion can be drawn that it is the service learning experience that produces the results, as opposed to the academic level of the students. Furthermore, the outcomes of service learning can be enduring, transitioning from academia into clinical practice and persisting even in participants who had exceeded five years of nursing clinical experience. This was expressed in statements by Mark, Ruth, Beth, Grace, and Sophia, a third of the participants who shared their perceptions for this study, all of whom graduated over five years prior to this study.

In addition to the mirrored outcomes, however, this study indicates that service learning has some bonus qualities for nursing graduates. As the graduate passes licensure and enters his or her professional career, it is apparent that the lingering impact of the service learning experience brings with it professional inspiration to grow in the nursing profession and to seek to give back to the participants and the communities that assisted in their education.

Although this qualitative study involved a mere fifteen graduates of an Associate Degree nursing program, those participants were from multiple different classes that graduated over a period of years. The outcomes of enhanced skill development and heightened awareness alone are proof that service learning is a beneficial curricular pedagogy for nursing education. The added outcomes of increased civic responsibility and professional inspiration provide the basis for an observation that service learning is a teaching pedagogy that results in professional behaviors that are hard to teach but

enduring in nature. The recommendations for additional research and dissemination of results are both warranted and necessary as we seek ways to further meet the advanced nursing shortage.

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APPENDIX A - INVITATIONAL LETTER TO POTENTIAL PARTICIPANTS

TEXT FOR FIRST CONTACT E-MAIL OR PHONE CALL

March 20, 2008

Hello, *program alumnus*, Community College Associate Degree Nursing Program Alumni:

Ms. *Nursing Program Faculty*, a representative of your former nursing education program, has been in contact with me and referred your name as an alumnus who may be willing to participate in my study. Thank you for agreeing to this contact and for considering participation in my research. I am a PhD candidate from Colorado State University and my dissertation study is around Associate Degree Nursing graduates' perceptions and experiences. The purpose of my study is to explore the relationship between participation in a community college-based service learning project within a nursing program and the effects that this experience may have on choices made by the graduate, now a registered nurse, who entered the clinical hands-on practice of nursing. Your prior nursing program introduced you to service learning in the coursework of your class entitled NRS *Title of class*.

Participation will involve meeting in a small group setting with other alumni who have had the same or a similar service learning experience. The focus group will take about approximately 30-60 minutes (depending on when we meet). This focus group session will be audio taped to assure a more accurate transcription of your perspectives than note taking and to allow me to more fully concentrate on the information you provide. You are free to decline to answer any question asked. Following transcription of the focus group session, you will be given a copy of the meeting transcript so you can correct or clarify the information you provided.

Areas of experience that will be addressed in the focus group sessions will include the effects of the service learning experience on transition from college into the clinical work setting, as well as any additional impacts that you may attribute to having had service learning during your nursing education. There are no known risks or any direct benefits to participation in this study. However, the information gained could be useful to your alma mater and to other nursing programs by providing information that may increase support for these nursing programs. A compilation of the information gained will be shared with your alma mater and disseminated through articles for publication.

Focus group data often produces additional questions requiring clarification by the researcher. With this in mind, you may be invited to participate in a 30-60 minute post-focus-group individual interview. You are free to decline to participate in the interview portion of the study. This interview will occur within a month following the focus group portion of the study. Following transcription of the interview, you will, again, be given a copy of the interview transcript so you can correct or clarify the information you provided.

I schedule you for a focus group session based on the information you supply to me in the attached e-mail. I will be in *your area* to collect data from Monday March 24th through

Friday March 28th. If you have a preference for the time/date of your participation, please note this in your response. If you have questions, feel free to contact me on my cell phone at *my phone* or by my e-mail address *PhD Candidate's e-mail address*.

Sincerely,

Kathy Smith-Stillson, MSN, RN

PhD Candidate, Colorado State University

Donald Quick, PhD

Dissertation Advisor and PI, Colorado State University

APPENDIX B - INVITATION TO PARTICIPATE

Date

Hello, _____, Community College Associate Degree Nursing Program Alumni:

XXXXXXXXXX, a representative of your former nursing education program, has been in contact with me and referred your name as an alumnus who may be willing to participate in my study. Thank you for agreeing to this contact and for considering participation in my research. As I believe you have been informed, I am a PhD candidate from Colorado State University and my dissertation study is around Associate Degree Nursing graduates' perceptions and experiences. The purpose of my study is to explore the relationship between participation in a community college-based service learning project within a nursing program and the effects that this experience may have on choices made by the graduate, now a registered nurse, who entered the clinical hands-on practice of nursing. Your prior nursing program introduced you to service learning in the coursework of your class entitled _____.

Participation will involve meeting in a focus group setting with other alumni who have had the same or a similar service learning experience. The focus group will take about approximately two hours. This focus group session will be audio taped to assure a more accurate transcription of your perspectives than note taking and to allow me to more fully concentrate on the information you provide. You are free to decline to answer any question asked. Following transcription of the focus group session, you will be given a copy of the meeting transcript so you can correct or clarify the information you provided. You may at any time decline to participate in this study.

Areas of experience that will be addressed in the focus group sessions will include the effects of the service learning experience on transition from college into the clinical work setting, as well as any additional impacts that you may attribute to having had service learning during your nursing education. There are no known risks or any direct benefits to participation in this study. However, the information gained could be useful to your alma mater and to other nursing programs by providing information that may increase support for these nursing programs. A compilation of the information gained will be shared with your alma mater and disseminated through articles for publication.

Focus group data often produces additional questions requiring clarification by the researcher. With this in mind, you may be invited to participate in a 30-60 minute post-focus-group individual interview. You are free to decline to participate in the interview portion of the study. This interview will occur within a month following the focus group portion of the study. Following transcription of the interview, you will, again, be given a copy of the interview transcript so you can correct or clarify the information you provided.

You will be scheduled for a focus group session on either _____, 2006 at 7pm or in the second focus group session on _____, 2006 at 11am. If you have a preference for the time/date of your participation, please note this in your response.

Unless otherwise indicated, I will contact you in the same manner as I have on this occasion.

Sincerely,

Kathy Smith-Stillson, MSN, RN

PhD Candidate, Colorado State University

Donald Quick, PhD

Dissertation Advisor and PI, Colorado State University

APPENDIX C - CONSENT TO PARTICIPATE

Consent to Participate in a Research Study
Colorado State University

TITLE OF STUDY: Community College Nursing Graduate Perceptions Of The Influence Of Service Learning On Transition To Clinical Practice

Please read this form and ask any questions you may have before agreeing to participate. You are invited to participate in a research study seeking reflections of registered nurses who graduated from an Associate Degree nursing program that used a collaborative project between your program and a community-based agency (e.g. hospital, senior center, etc.) to meet a community need while advancing your education. You were selected because you graduated from just such a program and meet these criteria. Your perspectives and experiences are vital to the success of this study. Participation in any portion of this study is **totally voluntary**. If you decide to participate, you may withdraw your consent, stop participating, at any time without penalty. Costs for participation are limited to time spent and transportation to/from the session with these being the sole responsibility of each participant. This research is in partial fulfillment of requirements for the degree of Doctor of Philosophy for Kathy Smith-Stillson, MSN, RN Colorado State University College of Applied Human Sciences, School of Education, Colorado State University Fort Collins, Colorado 80523; kaysmith@lamar.colostate.edu.

The study purpose is to explore perceptions of participation in a nursing program service-learning project, and the effects that experience may have had on choices made after graduating and working as an RN. Data obtained could be useful to nurse educators in initiating curricular changes and to community agencies in making policy and practice recommendations. It is not possible to identify all potential risks in research procedures, but the researcher has taken reasonable safeguards to minimize known and potential, but unknown, risks. Benefits of participation are limited to personal perceptions, personal satisfaction, gained through research involvement and potential improvement of nursing programs. In keeping with rules of confidentiality, we will keep private all research records that identify you, to the extent allowed by law. In writing about the study, I will use combined information only. To preserve participant identity, in write up and publication of this study, I will keep your name and other identifying information private. Data will be kept locked and will be destroyed in three years when analysis is complete.

If you agree to participate you will be included in a two-hour focus group scheduled at a central location and at a time convenient to participants. The focus group session will be audio taped to allow for optimum concentration on your input. You will also be invited to participate in a 30-60 minute follow-up interview at a later time. You are free to decline to answer any question asked or inclusion in post-interviews. Following transcription of the focus group session (in 10-14 days), you will be sent a copy of the meeting transcript to correct or clarify any information provided. Snacks and beverages will be provided for the session. A small gift certificate worth \$10 will be provided for each participant. No monetary compensation will be provided. Please consider any personal reasons for not participating in this study. The focus group meeting will be open only to participants and the research investigators. No daycare will be provided. Observers or guests may not attend. This will be held in a non-smoking facility. Pets other than licensed guide dogs will not be allowed.

Before deciding to accept this invitation to take part, please ask any questions that now come to mind. Future questions can be sent by e-mail to Kathy Smith-Stillson at kaysmith@lamar.colostate.edu or by phone at (970) 443-1231. You may also contact Dr. Don Quick, research advisor, by e-mail at don.quick@colostate.edu. If you have any questions about your rights as a volunteer in this research, contact Janell Barker, IRB Administrator, at 970-491-1655. You will receive a copy of this consent form for your records. The Colorado Governmental Immunity Act determines and may limit Colorado State University's legal responsibility if injury happens because of this study. Claims against CSU must be filed within 180 days of injury.

Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this one page document.

 Signature of person agreeing to take part in the study

 Date

 Printed name of person agreeing to take part in the study

 Date

 Name of person providing information to participant

 Date

 Signature of Research Staff

 Date

Page 1 of 1 Participant's initials _____ Date _____

APPENDIX D - FOCUS GROUP PROCESS

FOCUS GROUP PROCESS

- I. Greeting
- I. Introductions
- II. Explanation of the “ground rules” of the focus group
 - A. Explanation of why I am seeking their assistance – brief description of the study
 - B. How the Focus Group works
 - C. Any paperwork
 - D. My responsibilities to them during and after the focus group, e.g. will they get a summary of the findings, etc.
 - E. Follow up to the focus group
- III. Questions for the Focus Group Session – Get to know you section:
 - A. When did you graduate from your nursing program?
 - B. How long after graduation did you enter clinical practice?
 - C. Describe the various nursing units where you have worked since graduation.
 - D. Where do you currently work and in what capacity?
 - E. How long have you worked in this position?
- IV. Questions for the Focus Group Session – Study questions:
 - A. Describe for me your experience with the community project in your nursing program (use actual project name, e.g. community experience in your Health Promotions course NUR 326).
 - B. Describe how the people who received the service you provided as a student contributed to your educational experience and to your current functioning as a registered nurse.
 - C. Describe how your participation in the project working in the community has affected your experience as an entry level to present RN? (Villard, 2003)
 - 1. What specific skills, abilities, experience, etc. did you gain from your involvement? (Villard, 2003)
 - 2. Describe how this experience has influenced your clinical approach to the nursing environment and to patients/clients.
 - 3. Reflect back on your first months or year of nursing practice, how did your experiences in the community project influence that beginning?
 - D. Describe how this experience influenced your life as a career nurse.
 - E. Take a moment to reflect back on what has been said here today and please add any additional comments or experiences that come to mind.
- V. Questions & Conclude the session with a “thank-you” for participation, and reiterate how I will follow up with them

APPENDIX E - FOCUS GROUP PARTICIPANTS

PARTICIPANT PROFILES
Obtained March 2008

Participant Pseudonym	Graduated	Entry into Clinical Practice	Clinical areas Since Graduation	Current Employment	How long in Current Position
Mary	2006	Immediate entry	1) Hospital 2) HMO Clinic	HMO Clinic	1 year
Sophia	2001	5 mo after graduation	1) Hospital 2) Ambulatory surgery	1) Hospital 2) Adjunct teaching	6 ½ yrs hospital 3 yrs teaching
Lydia	2006	Immediate entry	1) Hospital Army 2) Hospital civilian	1) Army by contract 2) Fertility Clinic	1 month
Joanna	2006	Immediate entry	Hospital	Bariatric Surgical unit	1 ½ yrs
Grace	1989	Immediate entry	1) Ambulatory Care 2) Insurance 3) Case mgmt 4) Military reserves 5) Clinical teaching	Teaching full time didactic and clinical Asst. Prof OB	9 mo.
Beth	1997	Immediate entry	Hospital – multiple departments	Management ICU	2 years
Deborah	2005	6 weeks	1) Hospital 2) HMO Clinic	Account exec in insurance	21 years
Mark	2001 (BA Biology)	Immediate entry	Hospital	Hospital Telemetry	7 years
Joseph	2006	Immediate entry	All volunteer for RN experience	All volunteer for RN clinical (Park Ranger, Clinics, Red Cross Shelter, Health Dept)	12 years – 2 years as an RN (prior EMT)
Naomi	2006 (LPN 1968)	Immediate entry	1) ER 2) Psych	Psychiatric liaison	2 years
Julia	2006 (BA Business)	Immediate entry	1) Hospital 2) Detox	Floor nurse hospital	1 yr 3 mo

Participant Pseudonym	Graduated	Entry into Clinical Practice	Clinical areas Since Graduation	Current Employment	How long in Current Position
Anna	2006	1month after	1) Long term care Assisted Living 2) Geriatric sub-acute 3) Geriatric clinic	Supervising Nurse for 12 floors and work clinic	1 ½ years
Sarah	2006	3 months after	Hospital	Surgical unit staff nurse	1 ½ years
Judith	2006	Immediate entry	1) Hospital telemetry 2) ICU	ICU	2 months
Ruth	1997	Immediate entry	1) OB and well baby 2) NICU 3) TCCU	TCCU	6 months