SERVICE LEARNING: A CREATIVE MEANS OF TEACHING NURSING

H. Julie (MPH) Senior Lecturer

School of Nursing, University of the Western Cape

F. Daniels (MPH) Lecturer

School of Nursing, University of the Western Cape

T. Khanyile (PhD) Professor

School of Nursing, University of the Western Cape

Correspondence Address:

Mrs H Julie

School of Nursing

University of the Western Cape

Private Bag X17

Bellville

7535

Email: hjulie@uwc.ac.za

Abstract

Introduction

This article is informed by a retrospective study conducted by the first author, and a limited literature review on service-learning in South Africa. It attempts to give the reader a clearer understanding of service-learning by contextualizing service-learning within current debates about community engagement in higher education institutions in South Africa. A few dominant definitions of Service Learning are described to espouse the underlying pedagogy of Service Learning. Service - learning is then differentiated from other forms of clinical practice currently in use in nursing, based on Furco's conceptual framework. The discussion thus provides a backdrop for the brief description on how SL has been incorporated into the nursing curriculum at the University of the Western Cape (UWC). Lastly the challenges related to the implementation of SL are discussed.

Key words

Service-learning, community engagement, clinical practice, nursing education.

Introduction

The recent exodus of health professionals from South Africa to first world countries has compelled the Department of Health to institute compulsory one year community service for all medical schools graduates. A similar system is proposed for nurses and other allied health professional graduates. The benefit of such an endeavor is regarded as two-fold. Firstly, it will ensure service provision to remote areas, that are currently under-served and secondly, it serves to create good citizenship and civic responsibility in these graduates (Perold, 1998). The latter statement reflects the prevailing erroneous perception/assumption which equates service-learning with community service, and which regard *'good citizenship and civic responsibility'* as a natural outcome of community service. This paper will thus attempt to address the above-mentioned misconception by framing the discussion on service-learning (SL) within current debates about community engagement in higher education institutions (HEIs) in South Africa. A few dominant definitions of SL are

described to espouse the underlying pedagogy of SL. Service - learning is than differentiated from other forms of clinical practice currently in use in nursing, based on the conceptual framework of Furco (1996). The latter thus provides a backdrop for the brief description on how SL has been incorporated into the nursing curriculum at the University of the Western Cape. Lastly the challenges related to the implementation of SL are discussed.

Community engagement in higher education

There is an Emerging Global Movement of Universities towards greater community engagement. The Education White Paper 3 provided the impetus for the initial debates on community engagement (CE) in South Africa by stating that HEIs should *'promote and develop social responsibility and awareness amongst students of the role of higher education in social and economic development through community service progammes'* (Department of Education, 1997:10). This statement also signaled the need for transformation within HEIs.

Subsequently the CE debate, under the direction of the Department of Education (DoE), has become more focused and has contributed significantly towards a clearer understanding of the concept of CE (HEQC, 2006a: 11). The shift in national thinking is also seen in the terminology reflected in policy documents. For example *community service* in the White Paper (1997) was replaced with *academically based community service* in the HEQC Founding Document (2001), which later became *community engagement* in the HEQC Audit Criteria (2004a). The expectation that the next shift will be towards the notion of *scholarship of engagement* (Boyer, 1999), has already been put into motion by the landmark conference entitled *Community Engagement in*

Higher Education. The three- day conference was held under the auspices of the HEQC of the Council on Higher Education and the Community-Higher Education- Service Partnership (CHESP) initiative of JET Education Services in September 2006. This was the first conference to provide South Africans with 'a *platform for robust debate on the concept of community engagement and its implication for higher education'* (Fourie, 2006:9). This was corroborated by Mouton and Wildschut (2005:121) who concluded that South African HEIs shows a lack of strong SL scholarship because SL is a recent development at most HEIs .

The HEQC defines community engagement (CE) as: Initiatives and processes through which the expertise of the higher education institution in the areas of teaching and research are applied, to address issues relevant to its community (HEQC, 2004a). The HEQC states that CE *'typically finds expression in a variety of forms, ranging from informal and relatively unstructured activities to formal and structured academic programmes addressed at particular community needs (service-learning programmes)'* (HEQC,2004b: 15).

The term service - learning clarified

In the South African context SL is regarded as a teaching methodology combining community participation with content-based class discussion and reflection (Stacey, Rice & Langer, 2001). This perception is confirmed by the most recent DoE policy document which states that CE is regarded as an integral part of teaching and research, and has therefore incorporated CE and its service-learning component into the national quality assurance systems (HEQC, 2004: 11). This document, Higher Education Quality Assurance Criteria for Institutional Audits, (HEQA, 2004a:26) defines SL as: *'Applied*

learning which is directed at specific community needs and is integrated into an academic programme and curriculum. It could be credit-bearing and assessed, and may or may not take place in a work environment.

The widely accepted definition by Bringle and Hatcher (1995:112) clearly connects SL with academia because they regard SL as *'A credit-bearing educational experience in which students participate in an organised service activity that meets identified community needs. These experiences provide a connection between the students' studies and the real world in a way that would not be otherwise achieved'.*

The definition provided by Eyler &Giles (1999:77) locates SL in the pedagogical framework of experiential learning as it states: *'Service-learning is a form of experiential education where learning occurs through a cycle of action and reflection as students work with others through a process of applying what they are learning to community problems and, at the same time, reflecting upon their experience as they seek to achieve real objectives for the community and deeper understanding and skills for themselves'.*

The definition by the World Wise Schools Education broadens the definition of SL to include civic responsibility by stating that SL is a "... *teaching method that combines academic instruction, meaningful service, and critical reflective thinking to enhance student learning and civic responsibility"* (Peace Corps, 2006).

A common thread in the above definitions of SL is the focus on community needs, experiential learning and service provision through reflective practice. It can thus be concluded that SL should be both relevant and meaningful to the community, the students and the HEI.

Steiner and Sands (2000:645) remark that SL is increasingly regarded as an educational strategy for social transformation. Mouton and Wildschut (2005:121) concluded that South African HEIs showed *'neither clear consensus nor a dominant paradigm in SL'.*

Clinical practice in nursing education

The South African Nursing Council (SANC), as the Education and Training Quality Assuring body (ETQA) for nursing, has always included mandatory clinical practice into its educational curricula. SANC requires the completion of a minimum of four thousand clinical hours before student are registered as professional nurses. Most nursing educators are of the opinion that there is no real difference between the current clinical practice, service-learning and the envisaged mandatory community service.

So how is SL different from what has been done previously in nursing education? The distinguishing feature of SL from other forms of community engagement is the balance between the service needs of the community and the learning needs of the students based on the educational objectives of the HEIs (Stanton, Giles & Cruz: 1999). To illustrate the difference, it may be helpful to look at the main features of Furco's (1996) typology of community engagement.

Clinical practice in nursing can be provided in the form of volunteerism, community service, co-operative education and internships.

Volunteerism is the engagement of students in extra curricular activities of an altruistic nature. The primary

beneficiary is thus the recipient community as the emphasis falls on the service and its beneficiaries. The student's learning needs are generally not part of the equation and these activities are funded by external donors (Perold, 1998 & HEQC, 2006b).

Community service and co-operative education are an integral part of most nursing curricula. However, in these instances the focus has predominantly been on the service itself and on those who benefit from the service, namely the community. These service activities are usually generated by the HEI, often predetermined by health care authorities, with students fulfilling designated positions and roles.

Internships *are* used intensively in professional programmes such as nursing, medicine, social work, education and psychology. Service learning also differs from internships because internships, or clinical practice in the case of nursing, are generally intended to provide students with practical experience. The primary beneficiary is thus the students and the primary goal is to achieve their learning outcomes although it is fully integrated into the curriculum and accredited (HEQC, 2006b:22).

Service-learning takes place when there is a balance between learning goals and service outcomes (Gray, 1997). The reciprocity of SL is displayed when students engage in activities where both the student and the community are primary beneficiaries whilst community service is integrated with scholarly activities. Just like community service, SL also addresses a need within a community, *"but it uses that need as a foundation to examine ourselves, our society, and our future"* (Cooper, 1999:1).

Gray, Ondaatje and Zakaras (1999) in their summary report show that SL enabled the various community organizations to provide services to more people and thus better the quality of the service that they were rendering. Lastly, Perold (1998) also highlights the fact that SL is not rendered in exchange for financial remuneration and should be designed to address unmet community needs.

Rationale for service- learning in nursing

Jacoby (1996) lists a plethora of advantages when SL is incorporated in nursing curricula in a meaningful way. According to Jacoby (1996) through SL students are able to see academia within the context of the real world, helping to bridge the theory / practice dichotomy that plagues nursing education. It prepares students for their chosen careers and for continuing education within that career path, making nurses lifelong learners. It further provides a richer context in which student learning can take place and allows for students to have cross-cultural experiences, making for better understanding between community and practitioner towards mutual goals.

In addition, SL gives students the chance to prepare themselves for the demand and challenges of life. It encourages students to view education not only for personal economic gain but also as a way to further the common good, to work for social justice i.e. equal access to and the just distribution of resources (Gray, 1997).

Steiner and Sands (2000) suggest that reflection should allow the students' experience to be put into a broader context and enable them to make a connection between the service experience and the learning. Through this reflective practice students start engaging in critical analysis of clinical situations. This is turn contributes to professional pride and therefore towards the development of the nursing profession in general (Jacoby, 1996). Taking

cognizance of the above, the authors argue that SL appears to be an appropriate pedagogy to address the challenges mentioned in the 1997 South African White Paper on Higher Education (Perold, 1998:27).

Incorporating service - learning into the School of Nursing curricula at UWC

A retrospective study conducted by Hester Julie, explored SL as an alternative pedagogical method in training nursing students in the management of Gender Based Violence (GBV). The research question focused on the professional and personal development of students that occurred during the SL experiences, as reflected in the students' group project reports, reflective journals, exit student focus group and the field notes of the coordinator of the SL project, as participant observer (Julie, Daniels & Adonis, 2005: 43).

Service-learning was introduced and pilot tested in the undergraduate programme of the SoN at the University of the Western Cape using a group of 4th year students who were registered for the GBV module. This project took place between 2002 and 2005 at the Saartjie Baartman Centre for Abused Women and Children, which was established in 1998 as the first one-stop service centre for abused women in the country.

This SL project aimed to facilitate social accountability and civic engagement during the professional development of nursing students. Proponents of SL claim that it is a teaching methodology which provides nursing students with opportunities to develop both the core values of professional nursing (American Association of Colleges of Nursing, 1998) and their competencies through modeling these professional values, while meeting community needs and contributing to the greater need of society in the process (Levy & Lehna, 2002:220).

Since the underlying philosophy of SL is the development of partnerships, such was formed between the Saartjie Baartman Centre, a non-profit-making, community-based organisation that provides comprehensive services to survivors of domestic violence and the SoN at UWC. This partnership was formed based on the recommendation of the 2002 external evaluation report of the Centre which identified medical services, a focused HIV/AIDS programme and a dedicated counseling service for children as gaps in service delivery of the Centre (Els, 2002 as reported in Julie et al 2005).

This perfectly matched the training needs of nurses at UWC, since the aims of the GBV modules are to:

- develop skills/competencies in health professionals, in order to provide effective, comprehensive and quality care to survivors of Gender-Based Violence;
- prepare health professionals to function effectively, within a comprehensive health service, as a member of the multidisciplinary team that provides holistic preventative, promotive and curative management of the common conditions/illnesses presenting at a primary level of care;
- develop the personal and interpersonal skills of health professionals through collaborative efforts;
- develop critical thinking in health professionals (School of Nursing, 2003).

Prior to the students' placement at the Centre, the 4th year students attended a 5-day workshop on the Management of GBV. The workshop also served to orientate and prepare students for the service-learning. A package from the Community - Higher

Education Service Partnerships (CHESP) office containing information which focused on the unique principles of SL and which clearly differentiates SL from other service activities was provided to students. CHESP is a project of JET Education Services. It aims to support South African Higher Education Institutions to engage in the development of historically disadvantaged communities through the development of appropriate institutional policies, strategies, organisational structures, and accredited mainstream academic programmes. According to Steiner & Sands (2000) such preparation clarifies the learning objectives to be reached by the students and the meaningful, valuable service to be provided to the community.

Service - learning activities in which the students participated were designed to take place in two phases: firstly, the needs analysis phase, to establish a database in terms of the clients' (women and children) socio-demographic and health profiles for use as baseline for the intervention programmes; and secondly, the intervention phase which was based on addressing the priority health needs (Julie et al 2005:6-7)

The students set their own learning objectives and work plan for each week. They were expected to evaluate these learning outcomes at the end of each week, thus enabling students to monitor their progress as well as providing continuity for the project. The reflective journals mapped the students' development because they could express their experiences in the group project journals, and/or the individual critical incident journals openly without any fear of intimidation. The journals also provided information regarding the emotional impact of the SL experiences on the students (Julie et al, 2005: 46).

The findings of the retrospective study done by Julie (2003) indicated the integration of theory and practice through the students' engagements in the various activities at the Centre. Whilst students were expected to perform their professional duties, they performed activities beyond the scope of the curriculum. In addition, SL provided an opportunity for the students to reflect on the service activity in such a way as to gain further understanding of the course content, a broader appreciation of the discipline and an enhanced sense of civic responsibility. This was achieved through the introduction of reflection as an assessment strategy (Julie et al, 2005: 49). Julie et al (2005) concluded that SL as a teaching methodology is successful in linking theory and practice and for developing professional skills and could be employed to meet the challenge of providing adequately trained health professionals.

Challenges of service learning as a learning method

Once a service-learning programme has been initiated, great care must be taken to ensure the continued success of the programme. Gray et al (1999) in their summary report address these issues and highlight factors that can ensure success. Their most important finding was that the SL ideology needs to permeate the entire educational institution and all its endeavors. They identified that institutional leadership was crucial for ensuring the success of dedicated SL programmes. However, it is just as important that champions of SL be given the necessary support from fellow educators. Lastly, they recommended that HEIs establish dedicated SL centers from which SL programmes could be administrated.

In an attempt to institutionalize SL the HEQC recommends that SL be incorporated into the mission

statement, institutional and academic plans and the strategic goals of HEIs. The HEQC further states that SL must be adequately resourced and that enabling support mechanisms are put in place for student and staff capacity development, with adequate monitoring and review of the SL programme. However, many HEIs have not yet fully engaged with this brief. Academics in higher education are reluctant to pursue service-learning as it is time consuming and does not contribute to their upward movement within their fields of expertise. So for this methodology to work for the benefit of all stakeholders, institutions of higher education need to revise their policies regarding promotion, to give research, teaching and community service equal validity (HEQC, 2006b:142).

Critics of this SL also caution against becoming yet another welfare organization. Gray et al (1999:1) also mention that critics in their faculty were doubtful of its benefits and stated that SL *"waters down the curriculum, further weakening the quality of higher education"*. These critics also felt that the time given to service provision by students would have yielded more benefit in a clinical laboratory or in libraries.

Summary

The challenges of transformation necessitate innovative modes of learning, and SL experiences provide the intellectual, experiential and attitudinal challenges required to keep learning appropriate and relevant to societal needs. The authors therefore urge nurse educators to take up the HEQC's recommendation of incorporating service-learning with its important reflective practice as an essential component of nursing education. It is apparent that SL has a unique set of principles which sets it apart from other forms of clinical practice (community engagement) but also provides new challenges. Despite the obvious benefits of SL, this method has

not yet been widely implemented in HEIs in South Africa.

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