Defining Service Learning in Nursing Education: An Integrative Review

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Abstract

Despite the wide use of service learning, there is lack of a standardised definition and measurable outcomes. Definitions of service learning found in the literature vary from the very broad to the highly specific. The aim of this review was to generate a functional definition of service learning and identify its components to constructively design and evaluate service-learning approaches in nursing education. An integrative review of scholarly literature was conducted to enable a concept analysis. A comprehensive database search using the search terms through a range of electronic databases, including CINAHL, MEDLINE, ERIC, Scopus, and the Web of Science from the earliest retrievable records of each database to June 23, 2015. The search terms used in this review were nursing students, nursing education, nursing school, community health nursing, community mental health nursing, health education, and service learning or community based education. A total of 42 studies were included in the review. A functional definition of service learning is proposed and four components of service learning were identified in this review, namely a structured form of intra-curricular experiential learning, reflection, reciprocity, and setting specific outcomes and benefits for stakeholders. The proposed conceptual model of service learning could contribute to consistent development, implementation, and evaluation of service learning in nursing education.

Keywords: Components, definition, nursing education, service learning.

Mendefinisikan Metode Belajar *Service Learning* dalam Pendidikan Keperawatan: Sebuah Kajian Integratif

Abstrak

Metode service learning telah banyak digunakan di institusi pendidikan keperawatan di dunia, tetapi tidak ada definisi standar dan hasil yang terukur dari metode ini. Definisi service learning yang ada saat ini sangat bervariasi mulai dari yang sangat umum sampai sangat spesifik. Tinjauan literature ini bertujuan untuk menyusun definisi fungsional dari metode service learning dan mengidentifikasi komponennya sehingga dapat digunakan untuk merancang dan mengevaluasi metode service learning dalam pendidikan keperawatan. Integrative review (tinjauan pustaka terintegrasi) dilakukan untuk melakukan analisis konsep service learning. Pencarian literature secara komprehensif melalui database elektronik yang terdiri dari CINAHL, MEDLINE, ERIC, Scopus, dan *the Web of Science* dari publikasi yang paling awal sampai dengan tanggal 23 Juni 2015. Kata kunci yang digunakan adalah: *nursing students, nursing education, nursing school, community health nursing, community mental health nursing, health education, and service learning or community based education.* Total 42 artikel penelitian dimasukkan dalam analisis. Definisi fungsional service learning telah disusun dan empat komponen utama service learning telah diidentifikasi yang terdiri dari pengalaman belajar lapangan intra-kurikuler yang terstruktur, refleksi, reciprocity (manfaat timbal balik), dan penentuan hasil dan manfaat yang spesifik untuk semua pihak yang terlibat. Model konseptual yang disusun dapat berkontribusi bagi institusi pendidikan keperawatan untuk mengembangkan, melaksanakan dan mengevaluasi kegiatan service learning.

Kata kunci : Definisi, komponen, pendidikan keperawatan, *service learning*.

Introduction

As health care moves from hospitals to communities, community health nursing (CHN) has become an important part of health care (Schofield *et al.*, 2010). This movement requires nurses with adequate skill and competency to deliver health care services to people in the community. Nokes *et al.* (2005) argued that service learning combined with community-based education is a useful way to educate students in community care and for collaboration with diverse stakeholders in the community. The importance of linking education with the provision of services was started in 1916 with Dewey as one of the first proponents for this approach in the US. Since then, service learning has been used by many nursing education institutions in the US and also other countries because it is beneficial for both nursing students and the community (Bailey *et al.*, 2002; Bentley & Ellison, 2005; Nokes *et al.*, 2005).

Service learning in nursing education is poorly defined as there is lack of a standardised definition of the concept in the literature (Stallwood & Groh, 2011). Since definitions of service learning are so highly varied, the main components (which are also unclear) often overlap with the principles of community-based participatory research, community service, and community-based education (Hunt, Bonham, & Jones, 2011). These variations in the definitions of service learning can lead to variations in implementation which might then reduce the effectiveness of service learning as a teaching strategy in nursing education. There are variations of definitions of service learning found in the literature which range from the very broad to the highly specific. The following is an example of a broad definition of service learning:

Service learning is an educational experience that equally benefits the educational institution and the organization where the service is provided (Schoener & Hopkins, 2004, p. 242)

A more specific definition of service learning, which includes educational experience, reflection, and specified outcomes, was cited in three articles (Baker, Bingle, Hajewski, Radant, & Urden, 2004; Julie, Daniels, & Adonis, 2005; White, Festa, Allocca, & Abraham, 1999) namely:

Service learning is a course-based credit-bearing educational experience in which students a) participate in an organized service activity that meets identified community needs and b) reflect on the service activity in such a way to gain further understanding of course content, a broader appreciation of the discipline and an enhanced sense of civic responsibility (Bringle & Hatcher, 1995 in White et al., 1999 p. 262).

Based on these various definitions, service learning could be considered to be a concept that has only partially been developed because it is not well-defined and its characteristics are not clear. Therefore, within the critical analysis of the literature, it is important to compare and clarify the components of service learning.

Inconsistent terminology and components of service learning also lead to inconsistent evaluation of the outcomes of service learning. Consistent definitions are needed in order to clarify and analyse the significance of the concept to improve knowledge, address issues, and facilitate communication among researchers (De Houwer, Barnes-Holmes, & Moors, 2013; Wong, Chu, & Yap, 2014). Therefore, a functional definition of service learning is needed to enhance understanding and communication among researchers in order to obtain evidence of the effectiveness of service learning in nursing education. An integrative literature review was conducted using a systematic approach in order to answer the question: "what are the components of service learning that can be used to develop functional definitions in nursing education?"

Method

The integrative review method, developed by Whittemore and Knafl (2005), was used. Integrative reviews include both quantitative and qualitative research to enhance the rigour of the evaluation of a phenomenon of interest (Evans, 2007; Whittemore & Knafl,

2005). The purpose of the integrative review varies and can be used to define concepts, and to review theories, evidence, and/or methodological issues (Whittemore & Knafl, 2005). A 12-step structured approach from Kable, Pich and Maslin-Prothero (2012) was used for documenting a search strategy for publications. The structured approach includes providing a purpose statement, documenting the databases or search engines used, specifying the limits applied to the search, listing the inclusion and exclusion criteria for the search, listing the search terms used, assessing the retrieved articles for relevance through the inclusion and exclusion criteria, documenting a summary table of included articles, providing a statement specifying the number of search results, conducting a quality appraisal of the retrieved literature, conducting a critical review of the literature, and checking the reference list for accuracy. These approach will be presented in the following sections.

A purpose statement

There are a variety of purposes of an integrative review, including defining concepts and reviewing theories, evidence, and methodological issues (Whittemore & Knafl, 2005). The purpose of this review is to develop a functional definition of service learning from a wide range of research designs.

Databases or search engines used to locate studies

A two-step approach to locate relevant studies was used. The first step was a preliminary search in CINAHL to identify the optimal search terms through consultation with a librarian. The second step comprised a comprehensive database search using these optimal search terms through a range of electronic databases, including CINAHL, MEDLINE, ERIC, Scopus, and the Web of Science from the earliest retrievable records of each database to June 23, 2015. The search terms used in this review were (nursing students OR nursing education OR nursing school OR community health nursing OR community mental health nursing OR health education) AND (service learning OR community based education).

Specifying limits applied to the search and inclusion and exclusion criteria

For studies to be included in a review, Evans (2007) suggested that they need to meet a set of inclusion criteria. The criteria for this review include:
- Subjects/Participants – nursing students including those at undergraduate or postgraduate level.
- Phenomenon of Interest – studies needed to use the specific term 'service learning'.
- Study design – descriptive studies, qualitative studies, and mixed-methods research papers published in peer-reviewed journals.
- Outcomes – qualitative and quantitative descriptions of service learning outcomes. Qualitative studies need to have clear reporting themes and labels that focus on service learning.
- Exclusion criteria: non-English language studies were excluded due to difficulty and costs of translating research reports. Other exclusion criteria were online

Table 1 Summary of Number of Included Retrieved Articles

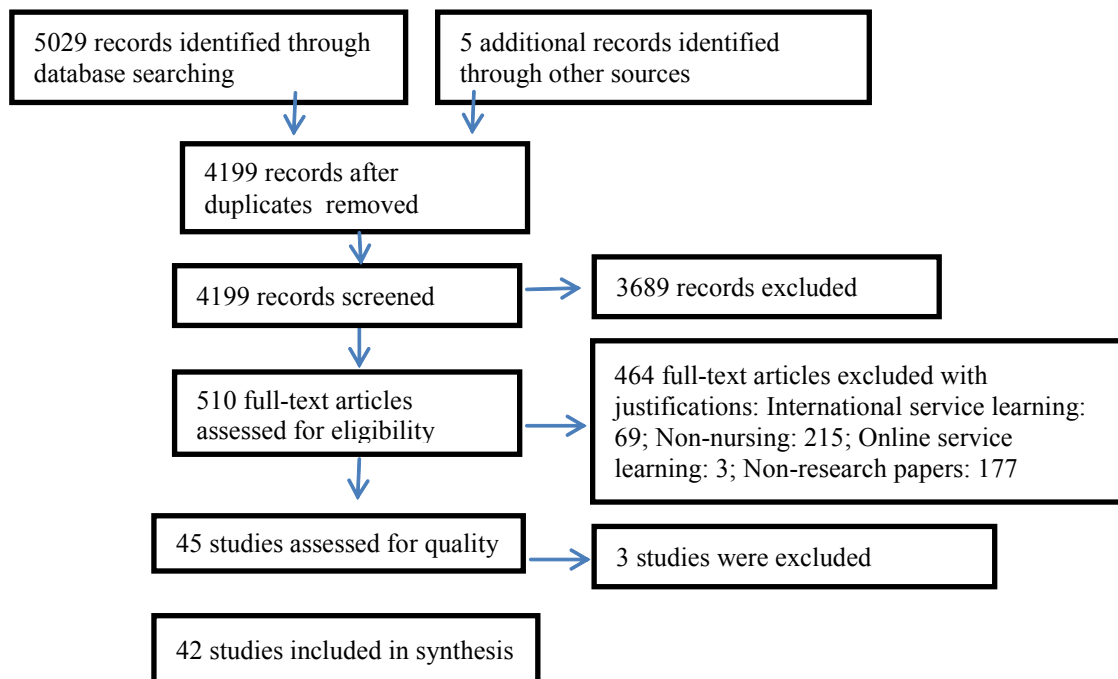| Literature Search	Retrieved papers	Met inclusion criteria
CINAHL	218	18
MEDLINE	257	12
ERIC	3,905	3
SCOPUS	497	6
Web of science	152	3
Hand searching and snowball technique	5	3
Total	5,034	42

Figure 1 Flow Chart of Search Results

service learning and international service learning, meaning that the location of the service learning was outside the country of the nursing education institution. These studies were excluded from this review because the nature of this type of service learning is different from service learning in which the education institution and the community partner are located in the same region.

Assessing and documenting a summary and the number of included retrieved articles

The literature search was conducted systematically using a number of databases, hand searching of hardcopy journals, and the snowball technique (Kable, Pich, & Maslin-Prothero, 2012). The results are documented in Table 1 as a summary of the number of included retrieved articles. A total of 42 studies were included in the review. A flowchart of the search results is presented in Figure 1.

Conducting a quality appraisal of the retrieved literature

A total of 45 studies were assessed using the general critical appraisal tool suitable for assessing qualitative, quantitative, and mixed-methods studies (Crowe & Sheppard, 2011). Total scores for each study ranged from 30% to 97.5%. Three studies with scores under 50% were excluded based on this critical appraisal; therefore, 42 studies were included in the review. Of the 42 studies reviewed, none of the studies had perfect methodological quality; however, twenty studies achieved high methodological quality scores above 80%, and 22 studies had moderate scores (50%-80%).

Data Analysis

All the articles were systematically analysed to identify the components of service learning. The definitions of service learning were firstly identified in each study. In addition, each concept was identified through its structural

features consisting of a definition, its characteristics, boundaries, and pre-conditions, and its outcomes (Morse, Mitcham, Hupcey, & Cerdas, 1996). After the articles had been gathered, the synthesis process consisted of three phases (Evans, 2002):

1. Identification of the key findings by reading and re-reading the articles to develop a sense of the studies as a whole. During this process of reading, attention was paid to the content of each study, followed by a collection of findings taken from each individual study, and the recording of the demographic characteristics of the studies and a listing of the major findings.
2. The differences and commonalities in the lists of major findings across the studies were compared and contrasted, then collated by grouping and categorising them into structural features consisting of definitions, components, antecedents, attributes, characteristics, and outcomes (Morse *et al*., 1996; Whittemore & Knafl, 2005).
3. Data display matrices were developed to display all the coded data from each article by category. These categories were used to identify the components of service learning that would be used as the basis to develop a functional definition of service learning. The product of the synthesis was then written up, describing all the components and the sub-components at higher levels of abstraction in the form of a conceptual model (Whittemore & Knafl, 2005).

Results

Origins and design of the papers

Most of the identified articles were from the United States (US) reflecting the fact that service learning has been widely used in this region. Three articles were from Taiwan (Hwang, Wang, & Lin, 2013; Hwang, Wang, Tu, Chen, & Chang, 2014; Yeh, Rong, Chen, Chang, & Chung, 2009), three from South Africa (du Plessis, Koen, & Bester, 2013; Julie *et al*., 2005; Mthembu & Mtshali, 2013); and one each from Canada (Schofield *et al*., 2013) and Ethiopia (Downes, Murray,

& Brownsberger, 2007). In terms of the populations sampled in the included studies, the majority were undergraduate nursing students, although there were two studies involving postgraduate nursing students.

A range of different research methods were used in these studies. Of the 42 papers assessed in the review, 15 were qualitative, 5 were descriptive-quantitative, 13 were quasi-experimental studies, 5 were evaluation studies, 2 used mixed-methods, and 2 articles used case study design. The relatively high methodological quality and variance of the studies indicate that the conceptual framework of the service learning in this review was developed from sound research evidence and a range of research methods. This helped to ensure that a rich description of the components of service learning could be generated from a broad research base.

Components of service learning

The analysis of service learning was conducted by identifying the preconditions, characteristics, reported activities, and evaluation outcomes. The preconditions are important factors that would enable certain behaviour to occur, while the outcomes are the results, or the implications, of performing the behavioural activities (Morse *et al*., 1996). A synthesis of the selected studies has shown that the components of service learning can be consistently seen in the following four major characteristics: structured intra-curricular experiential learning (40 articles), reflection (27 articles), reciprocity (22 articles), and specified outcomes and benefits (36 articles).

A structured form of intra-curricular experiential learning

The first identified component of service learning is a structured form of intra-curricular experiential learning. A precondition for this is the need for an educational method that enables nursing students to apply theory to a real-life setting (Voss, Mathews, Fossen, Scott, & Schaefer, 2015). Through service learning in higher education, nursing students learn about the unique concept of service that is located within the experience of dealing

with problems in the community. Many researchers have asserted that this type of experiential learning should be integrated into nursing curricula (Baker *et al.*, 2004; Bassi, 2011; Downes *et al.*, 2007; Groh, Stallwood, & Daniels, 2011; Laplante, 2009; Peterson & Schaffer, 1999; White *et al.*, 1999; Yeh *et al.*, 2009). In addition, service learning is described as being structured in relation to the service learning placement mission, objectives, preparation, process, site orientation, and task supervision (Downes *et al.*, 2007; Erickson, 2004; Loewenson & Hunt, 2011; Rosing, Reed, Ferrari, & Bothne, 2010).

The main characteristics of experiential service learning, according to the selected articles, are teaching strategies about various health topics in academic coursework (40 articles), and student engagement in service learning in real-life experiences that address human and community needs (28 articles). The implementation of service learning starts with preparation which includes setting up the learning contract with the students, assessment, planning, intervention or implementation, and evaluation (Brown, 2009; Chen, McAdams-Jones, Tay, & Packer, 2012; Foli, Braswell, Kirkpatrick, & Lim, 2014). Following such preparation, students then undertake the service learning activities which have varied from 12 hours (Hwang *et al.*, 2013) to 14 weeks (Kazemi, Behan, & Boniauto, 2011) in various settings such as nursing homes (Hwang *et al.*, 2013; Hwang *et al.*, 2014; Yeh *et al.*, 2009), schools (Bassi, 2011; Kazemi *et al.*, 2011), and the community (Jarrell *et al.*, 2014; Reising, Allen, & Hall, 2006; Schaffer, Mather, & Gustafson, 2000).

Reflection

The second identified component of service learning is reflection, which is referred to in 27 of the selected articles. Bassi (2011, p. 165) stated that reflection is "a framework within which students process and synthesise information from their experiences" (p. 165). A precondition for reflection is the importance of creating meaning within the service learning experience (Julie *et al.*, 2005). This is an integral component of service learning (Baumberger-Henry, Krouse, & Borucki,

2006) in order to improve the critical thinking of nursing students (Sedlak, Doheny, Panthofer, & Anaya, 2003) and to promote caring behaviour (Schofield *et al.*, 2013).

Only one of the selected articles clearly delineated the characteristics of reflection which was referred to in three phases: observation, analysis, and synthesis (Bassi, 2011). Firstly, observation involves the perceptions of stakeholders in relation to what they learned and achieved in the service learning activities. Secondly, the analysis of the experience is conducted through conversation and discussion, and finally, the synthesis of the learning experience can be used as the basis for future application (Bassi, 2011; Laplante, 2009; White *et al.*, 1999). The above sub-components are mentioned in 27, 10, and 7 articles respectively. Most of these articles used qualitative assessments of reflection to evaluate outcomes of the service learning experiences of the managers and staff of the partner organisation, in addition to the students and academic staff. However, some of the studies used quantitative instruments to determine the effectiveness of service learning by measuring students' reasoning skills and evaluating the results of their reflections. This shows that the method of reflection and its evaluation vary, which can lead to difficulties in comparing the effectiveness of service learning to produce better outcomes for all stakeholders involved in such activities.

Reciprocity

The third component of service learning identified in the selected articles is reciprocity. There were 22 articles (see Appendix 1) that incorporated the term 'reciprocity' into their definition of service learning; however, only one article provided a clear definition of the term. Reciprocity is defined as a process in which 'every individual, organisation, and entity involved in service learning functions as both a teacher and a learner' (Laplante, 2009, p. 6). A precondition for reciprocity in service learning is an increasing awareness of the need to develop a community-academic partnership (Voss *et al.*, 2015). This precondition is needed so that reciprocity can be achieved for the mutual benefit of all

stakeholders (Baumberger-Henry *et al*., 2006), and to transform student learning so that they can develop caring behaviours (Bentley & Ellison, 2005; Chen *et al*., 2012; Eymard, Breaux, & Dozar, 2013; Hunt & Swiggum, 2007). According to Francis-Baldesari and Williamson (2008), who conducted a case study of partnership between a college of nursing and a community service organisation in John Islands, the US, the contribution of all stakeholders to develop strong community-academic partnerships enhanced the integration of nursing education, research, and practice to produce better outcomes for both organisations, as well as people in the community.

The main characteristics of reciprocity include two sub-components; first, that all stakeholders function as both teachers and learners (mentioned in 22 articles), and second, the presence of partnership and collaboration in providing community service activities (mentioned in 14 articles). Service learning emphasises the concept of reciprocity, the integral involvement of community partners, and the addressing of community needs or concerns (Bailey, Carpenter, & Harrington, 2002).

A qualitative study by Laplante (2009) showed that attachment and a reciprocal relationship are two major characteristics of service learning. The study found that students described reciprocity as a trust relationship that leads to 'forming a strong bond with their partners' so that students can work together with community partners both as 'learners and teachers', and have the opportunity to learn about, and give back to, society at the same time (Laplante, 2009). White *et al.* (1999) suggested that a positive indicator of partnership and citizenship is when the university moves from 'taker' to 'giver' status through providing its expertise in health care and student-learning activities. Students therefore need to understand the concept of service learning before they perform service learning activities (Hwang *et al*., 2014).

Setting Specific Outcomes and Benefits for Stakeholders
The fourth component of service learning found in the selected literature is the setting of the specific outcomes and benefits of service learning. The specific outcomes reported in the articles are students' competencies and insights into certain values (36 articles), health-related outcomes for clients and the community (14 articles), cost-effectiveness in providing services for the partner organisation (Baker *et al*., 2004; Kazemi *et al*., 2011; Narvasage, Lindell, Chen, Savrin, & Duffy, 2002; Voss *et al*., 2015; White *et al*., 1999), and opportunities for empirical research, other forms of scholarship, and consultation (Baker *et al*., 2004; White *et al*., 1999). Some of the articles reported more than one specified outcome. These outcomes show that most service learning places a greater emphasis on outcomes for students, clients, and the community than for the partner organisation and academic staff.

Service learning is a labour-intensive teaching experience. A number of academics perceived that service learning reduces the strength of the learning experience as it takes much student time and energy without having a clear impact on the community and nursing education institutions (Cohen & Milone-Nuzzo, 2001). However, this review has also found that there are potential outcomes and benefits for all stakeholders involved in service learning activities.

Most of articles mentioned a specified outcome for students. Three articles focused on the students' outcomes in order to understand the course content, to recognise the value of the nursing discipline, and to increase social responsibility (Baker *et al*., 2004; Julie *et al*., 2005; White *et al*., 1999). Service learning was also viewed as an appropriate method to increase caring behaviour among nursing students (du Plessis *et al*., 2013; Schofield *et al*., 2013).

Apart from setting specific outcomes for students and academics in nursing education institutions, specified outcomes for clients
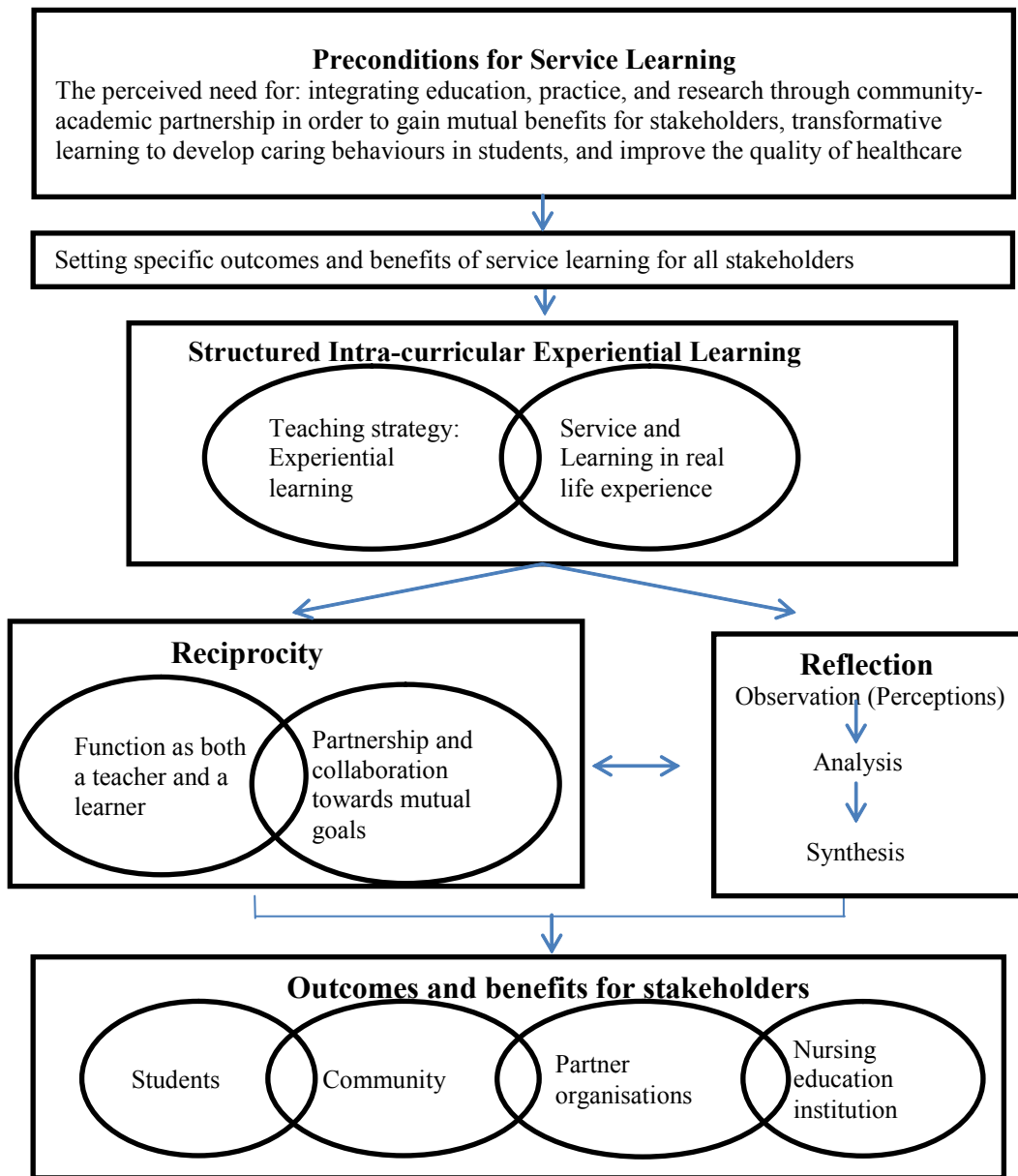
Figure 2 Conceptual model of service learning

and the community were mentioned in 14 articles, including improved health status of individuals, family and community (Downes *et al*., 2007; du Plessis *et al.,* 2013; Erickson, 2004; Hwang *et al*., 2014; Larson *et al*., 2011; Voss *et al*., 2015), development of community awareness towards health promotion (Erickson, 2004; Larson *et al*., 2011; Schaffer *et al*., 2000; Sedlak *et al*., 2003), the use of preventive health service (Bassi, 2011; Larson *et al*., 2011; Metcalfe & Sexton, 2014; Reising *et al.*, 2006), and residents' satisfaction with the service provided (Yeh *et al*., 2009).

Finally, service learning also provides

potential outcomes and benefits for the partner organisation. Kazemi *et al.* (2011) demonstrated that service learning is also cost-effective for the partner organisation. The literature also showed that service learning enhances the participating organisation's efficiency and effectiveness (Narvasage *et al.*, 2002; White *et al.*, 1999). Narvasage *et al.* (2002) reported that the service learning program helped the agency partners to accomplish their 2 to 8 year agendas, in addition to 90 to 1,200 hours of services that had been provided to their agencies. White *et al.* (1999) also reported that each student completed 12 hours of service learning which is beneficial to organisation partners. In order to obtain the most benefits and outcomes from service learning, it is necessary that academics from the nursing education institution, the students, and the community partner agree on the service needs of the organization (Cohen & Milone-Nuzzo, 2001). In this way, the integration of nursing education, practice, and research can be achieved (Francis-Baldesari & Williamson, 2008).

Discussion

The conceptual model, as a product of the synthesis process, consists of four components, as described in the previous sections: experiential learning, reflection, reciprocity, and the setting of specified outcomes and benefits for stakeholders (see Figure 2).

In Figure 2, the conceptual model of service learning is underpinned by a number of preconditions. Nursing education institutions and partner organisations need to perceive and be motivated to integrate education, practice, and research through community-academic partnerships to gain mutual benefits for stakeholders. This should include transformative learning to develop caring behaviours in students and to improve the quality of health care for the community. After the participating organisations have gained an awareness of these needs and have set specified outcomes, the structured intra-curricular experiential learning can take place, which is then followed by reflection and reciprocity. At the end of the service learning program, the stakeholders evaluate the specified outcomes for students, the community, partner organisations, and the nursing education institution.

Based on this review, the definition of service learning is proposed as follows:

Service learning is a structured form of intra-curricular experiential learning that engages students in service and learning in real-life experiences using reflection and reciprocity as tools to achieve the specified outcomes and benefits for all stakeholders.

This synthesised definition of service learning is broader and more detailed than any definition found in the 42 literature included in this review as described in the results section. The definition of service learning has been modified to accommodate the broad themes and variations in the definitions of service learning found in the 42 reviewed literature. Service learning must offer students experiences that address the needs of clients and the community, as well as providing opportunities for students to reflect on these experiences. Although reflection has not yet been fully defined, students need to clarify the meaning of their experience through critical thinking and analysis as well as connecting with the community through service learning (Bailey *et al.*, 2002).

In creating a composite definition of service learning, the broad term of setting specified outcomes and benefits for all stakeholders has been used. This broad term offers flexibility for nursing educators, partner organisation officials, and other stakeholders involved in the service learning process, to determine desirable and measurable outcomes. The outcomes not only assist in gaining a better understanding of the course content, a broader appreciation of the discipline, and an enhanced sense of civic responsibility, as stated by White *et al.* (1999), but could also incorporate outcomes for students, clients, and communities, the staff of partner organisations, and nursing academics involved in service learning. Thus, a broad sense of 'specified outcomes' can provide more space for further research on, and development of, the service learning approach.

Limitation

The complexity of service learning and the factors influencing its implementation, such as variations of settings, activities, and the length of service learning, places limits on this integrative review. However, it is argued that the conceptual model developed in this review contributes to a better understanding of the definition, antecedents, attributes and outcomes of service learning.

Conclusion

Despite the wide use of service learning in nursing education, it is poorly defined in the literature as definitions of service learning are varied from broad to specific due to a lack of a standardised definition of service learning. The conceptual model presented in this review consists of four components of service learning, which are a structured form of intra-curricular experiential learning, reflection, reciprocity and setting specific outcomes and benefits for stakeholders. These components are used in the proposed functional definition of service learning. The conceptual model showed relationships between each component and attribute of service learning and this proposed model could give direction to the development and evaluation of service learning activities in nursing education. However, further research is needed to examine the applicability of this service learning conceptual model in nursing education.

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