SERVICE-LEARNING in Nursing Education: 
Its Impact on Leadership and Social Justice

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FROM 1903, WHEN THE COOPERATIVE EDUCATION MOVEMENT WAS FOUNDED AT THE UNIVERSITY OF CINCINNATI, THE MEANING OF SERVICE IN EDUCATION IN THE UNITED STATES EXPANDED CONSISTENTLY, WITH A GROWING FOCUS ON THE LINK BETWEEN SERVICE AND LEARNING. Through the mid-1960s, many of the service programs offered focused on the role of service in improving the nation as well as revitalizing the economy. Examples are the Retired and Senior Volunteer Program, Civilian Conservation Corps, Work Projects Administration, Peace Corps, and VISTA.

The concept of service morphed into service-learning in 1966-1967 when the phrase was used to describe a funded project in East Tennessee with Oak Ridge Associated Universities, linking students and faculty with area development organizations. Although the linking of service and learning persisted during the 1970s, most service-learning opportunities took place within the context of youth corps and/or volunteer work. This changed in the early 1980s when national efforts (along with federal monies) helped mobilize service programs in institutions of higher education. This effort resulted in various college-based opportunities for interested students, such as AmeriCorps and the Corporation for National Service.

Although service-learning (SL) has been a part of campus life for at least 25 years, SL experiences were not typically linked to specific courses, nor were they integrated into the curriculum of higher education until more recently. Evidence suggests that service-learning as an adjunct to traditional pedagogical methods (e.g., lecture, readings) is gaining momentum and has been implemented across a variety of disciplines and academic settings (National Service-Learning Clearinghouse, 2009).

Service-learning is defined as “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). It is not a course or a discipline, but rather a method of teaching that engages students in hands-on activities. It empowers students by making them responsible in a real-world context while giving them the support, encouragement, information, and skills to be effective (Rosenberg, 2000). Furthermore, SL fosters the development of skills and knowledge needed for participation in public life (Forman & Wilkinson, 1997).

Service-Learning in Nursing Curricula In recent years, SL has been implemented in a number of nursing curricula. Numerous articles have been published discussing the process of integrating SL into the nursing curriculum and the clinical challenges encountered (Hales, 1997; Hamner, Wilder, & Byrd, 2007; Kulewicz, 2001; Rimer, Schlumberger, Straughn, & Womack, 1998; Scheideberg, 1999; Siben, 1999; White & Henry, 1999). Other articles have focused on its use as a tool for developing cultural awareness (Worrell-Carlisle, 2005); social responsibility (Kelley, Connor, Kun, & Salmon, 2008); critical thinking; and civic engagement (Nokes et al.); as well as role preparation (Mayne & Glascott, 2002).

Only a few articles have presented quantitative research findings related to the effectiveness of SL in achieving specific outcomes. Outcomes measured include nursing competencies (Simoni & McKinney, 1998); attitudes toward people experiencing homelessness (Loewenson & Hunt, 2011); cultural competency (Amerson, 2010; Nokes, Nickitas, Keida, & Neville, 2005); critical thinking; and civic engagement (Nokes et al.); as well as leadership and social justice.

Although studies suggest that service-learning is positive for students, findings reported are primarily qualitative. A convenience sample of 306 senior-level nursing students completed the Service-Learning Self-Evaluation Tool (SLSET) pre- and post-service-learning experience over a six-year span. The constructs measured were leadership skills and social justice. Paired t-tests were calculated. Statistically significant differences were noted between pre- and post-service-learning experience, with students rating themselves higher on leadership and social justice items after the experience. Cronbach’s alpha for leadership and social justice were greater than 0.80. Service-learning as an educational methodology that combines community service with academic learning objectives is a viable strategy for facilitating leadership skills and increased awareness of social justice issues in nursing students.
acquisition of blood pressure skills, therapeutic communication skills, and knowledge of diabetes (Vogt, Chavez, & Schaffner, 2011); and beginning health counseling skills (Reising, Allen, & Hall, 2006). To our knowledge, no published studies have examined the impact of SL on the outcome variables of this study: leadership and social justice.

The centrality of leadership and the promotion of social justice in the nursing profession are particularly relevant at this time. Both have been identified as essentials of baccalaureate education for professional nursing practice (American Association of Colleges of Nursing, [AACN], 2008; National League for Nursing, 2010).

Service-Learning, Leadership, and Social Justice

Leadership has always been viewed as an important aspect of professional nursing behavior, and, as such, has been taught in nursing curricula for decades. Much of the curricular emphasis has been on theories of leadership (and management) with limited practice opportunities for developing leadership skills. In the past, this approach worked relatively well. However, as the health care environment becomes increasingly complex, so do the leadership challenges. To meet the demands of their positions after graduation, nursing students need opportunities during their academic training to develop and practice their leadership skills.

One of the foundational benefits of SL is skill learning (e.g., applying new learning) in real-life experiences that meet a community need. Although data supporting this approach are limited, one such study was conducted by Anderson and Miller (2007), who implemented SL in an online leadership course with RN to BSN students. The students worked collectively with community members in the identification of a need for change, and then worked collaboratively toward the development and implementation of a completed change project. The impact of this pedagogy was evaluated using reflective journaling. Anderson and Miller concluded that most students had not only learned concepts related to leadership and applied them appropriately, but they also evidenced pride in their contributions to the community.

Social justice as a core nursing value has been widely discussed in the nursing literature and has been identified by the AACN (2008) as one of five professional values that epitomize the caring professional nurse. The 2008 Summit of Sages brought nurses from around the world together to think and talk about social justice from a global nursing perspective (Beaty, 2008). Some schools of nursing have designed curricula that demonstrate their commitment to social justice and responsibility and have used SL as a model for integrating social justice in the nursing curriculum (Redman & Clark, 2002). Published research studies have evaluated the relationship between SL and the promotion of social justice in RN to BSN students (Lawler, 2009) and civic engagement in undergraduate nursing students (Nokes et al., 2005).

In summary, our knowledge of how SL contributes to student learning, achievement of course objective, and its role within the nursing curriculum is limited. But in nursing education, we cannot afford to have students participate in learning activities that do not contribute to program outcomes. Therefore, the purpose of this study was an initial effort to identify core nursing values (leadership and social justice) and then compare the impact of a service-learning experience on senior nursing students’ self-rated leadership and social justice interest.

Service-Learning at an Urban University

Service-learning at our Michigan university is organized and coordinated by the Leadership Development Institute (LDI), a division of the university committed to developing our mission of service to the community in which we are located. SL, as conceived by our institution, is a direct service experience in an urban environment and is a valued part of the nursing curriculum. An orientation to SL and SL requirements is introduced during the first week of classes in courses that have an SL component. Students are informed about the advantages of service-learning, liability and responsibility issues, and how students should approach the experience. SL experiences are a minimum of 10 hours.

The LDI maintains a bank of possible service sites and makes the initial contact with each site; service site staff are given copies of course objectives. Students are administered the pre-SL questionnaire during orientation and choose their service site after an orientation by LDI staff; they must consider course objectives when selecting the agency/location. The direct service experience is integrated within course work that focuses on intervening with families who are at risk for a variety of reasons: violence, poverty, mental illness, chronic illness, substance abuse, and housing and/or food insecurity. Therefore, students have the opportunity to serve at a number of community locations that provide family-focused services, including homeless shelters, soup kitchens, church “resting” centers, shelters for abused women and children, and/or community outreach programs for run-away teens.

The university is located in Detroit, a large city with a current population of 713,777 (US Census Bureau, 2010). In 2007, when the study was conducted, 33.8 percent of all residents lived below the poverty level and the median household income was $28,097 (DeNavas-Walt, Proctor, & Smith, 2008). The unemployment rate in June 2009 was 17.1 percent, which was significantly higher than the then-current national average of 9.7 percent (US Department of Labor, 2009). Based on these economic factors and social sequelae, our nursing students are geographically located in the middle of a population with tremendous social, economic and psychological...
needs and are positioned to be leaders and advocates for vulnerable and marginalized populations.

The research question for this study was: Does a service-learning experience enhance a student’s self-rated competency in leadership skills and increase his/her interest in social justice issues? We hypothesized that participation in a service-learning experience would result in higher self-rated leadership and greater interest in social justice issues in senior students attending a baccalaureate nursing program.

**Method**  
**DESIGN** This was a quantitative descriptive study comparing pre- and post-service-learning scores of senior-level nursing students who participated in a minimum of 10 hours of face-to-face service-learning during the semester. Only those respondents who completed both the pre- and post-service evaluations were included in the study (n = 306). Institutional Review Board approval was obtained.

**SETTING** The university is classified a master’s institution (larger programs) and received Carnegie Community Engagement Classification in 2008. It is faith-based and founded on traditions that link aspects of knowledge acquisition with service for those in need. The mission of the school of nursing (SON) builds on these traditions of learning while serving the human community and encourages personal reflection of experience and compassionate care of the underserved. Parallels between the university, SON, and LDI mission statements provide a sound structure for the implementation of service-learning in the nursing curriculum.

**SAMPLE** The sample consisted of senior-level baccalaureate nursing students (pre-licensure and RN-completion) enrolled in a required course titled “Intervening with Families at Risk.” While debate has occurred over whether service should be optional or required, it has been believed that making it mandatory would facilitate the ease by which SL can be integrated into all aspects of the course. Traditional students had previously participated in SL in their fundamentals course (5 hours required), but this was the first SL experience for RN-completion students.

**INSTRUMENT** The Service-Learning Self-Evaluation Tool (SLSET) used in this study was developed by the LDI and has been in use since 2000. The 17 items on the instrument were based on a review of the literature and measure two constructs: leadership and social justice. The 10 self-evaluation leadership items are based on Servant Leadership Attributes (Greenleaf Center, 2011). Students were asked to rate their pre- and post-experience level of competence in each area on a scale from 1 (low) to 5 (high): listening; empathy; healing; awareness; persuasion; conceptualization; foresight; stewardship; commitment to the growth of people; building community. (See Table 1.)

The seven social justice items are based on “Catholic Social Teaching” issues (www.osjspm.org/catholic_social_teaching.aspx). Students were asked to rate their pre- and post-interest in each issue on a scale from 1 (low) to 5 (high): dignity of the human person; community and the common good; rights and responsibilities; option for the poor; dignity of work; solidarity; and care for God's creation. (See Table 2.) Higher scores reflect higher self-rated competencies in leadership and interest in social justice. Cronbach’s alphas met reliability standards at pre- and post-service-learning experience for both leadership and social justice (Table 3).

**PROCEDURES** The SLSET was administered after the LDI presentation at the beginning of the class (Time 1) and at the completion of the community experience and the reflection exercise (Time 2). This usually occurred during the last week of class. The SL assignment required interaction with vulnerable populations, placing students in the position of giving assistance that required some degree of competence using various leadership skills and at least a concern for social justice. The study spanned the years 2002 to 2007, and the results are the aggregate from six consecutive classes.

**DATA ANALYSIS** A paired-samples t-test was used to evaluate the differences between students’ pre- and post-SL scores. We used Bonferroni-corrected p-value to correct against Type 1 error. Cronbach’s alphas were computed to examine the internal consistency of each subscale (leadership and social justice) pre- and post-SL experience. All statistical analyses were performed using SPSS, version 16.0 for Windows. Significance was set a priori at p < .025.

**Results**  
**SAMPLE CHARACTERISTICS** Three hundred six completed surveys were obtained at both Time 1 and Time 2. The demographic characteristics were similar across the six cohorts: the vast majorities were female (range 89 percent to 93 percent); white (range 65 percent to 71 percent); with a mean age in the 30s (range 31 to 36 years). The most frequent religious affiliation reported was Catholic (range 35 percent to 38 percent) followed by “other” (range 25 percent to 26 percent). Class sizes ranged from 55 to 86 students.

Paired-sample t-tests identified differences between pre-and post-service-learning on the constructs of leadership skills (Table 1) and social justice (Table 2). All but one item on the self-perception of leadership skills and social justice showed a significant change in a positive direction after the SL experience. The exception was healing (care of self and others under leadership skills), which showed a significant change in a negative direction. All of the differences were statistically significant at the a priori level of p < .025.
Table 1. Leadership Self-Evaluation Constructs: Pre- and Post-Service-Learning Scores

<table>
<thead>
<tr>
<th>LEADERSHIP SKILLS CONSTRUCT</th>
<th>DEFINITION</th>
<th>N</th>
<th>PRE</th>
<th>POST</th>
<th>T-VALUE (DF)</th>
<th>P VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening</td>
<td>Listening intently to others, getting in touch with one's own inner voice</td>
<td>306</td>
<td>4.04</td>
<td>4.43</td>
<td>-7.71 (305)</td>
<td>.0001</td>
</tr>
<tr>
<td>Empathy</td>
<td>Understanding others</td>
<td>306</td>
<td>4.25</td>
<td>4.59</td>
<td>-7.29 (305)</td>
<td>.0001</td>
</tr>
<tr>
<td>Healing</td>
<td>Care for others and self</td>
<td>298</td>
<td>3.81</td>
<td>3.56</td>
<td>4.31 (297)</td>
<td>.0001</td>
</tr>
<tr>
<td>Awareness</td>
<td>General awareness, self-awareness, ethics, power and values</td>
<td>305</td>
<td>3.92</td>
<td>4.54</td>
<td>-11.59 (304)</td>
<td>.0001</td>
</tr>
<tr>
<td>Persuasion</td>
<td>Use of consensus-building rather than positional power</td>
<td>306</td>
<td>3.27</td>
<td>3.97</td>
<td>-10.76 (305)</td>
<td>.0001</td>
</tr>
<tr>
<td>Conceptualization</td>
<td>Seeing the “big picture”</td>
<td>306</td>
<td>3.69</td>
<td>4.35</td>
<td>-11.20 (305)</td>
<td>.0001</td>
</tr>
<tr>
<td>Foresight</td>
<td>Ability to foresee the likely outcome of a situation</td>
<td>306</td>
<td>3.77</td>
<td>4.23</td>
<td>-8.15 (305)</td>
<td>.0001</td>
</tr>
<tr>
<td>Stewardship</td>
<td>A commitment to serving the needs of others</td>
<td>305</td>
<td>4.03</td>
<td>4.53</td>
<td>-9.18 (304)</td>
<td>.0001</td>
</tr>
<tr>
<td>Commitment</td>
<td>Nurturing others</td>
<td>304</td>
<td>3.93</td>
<td>4.45</td>
<td>-9.81 (303)</td>
<td>.0001</td>
</tr>
<tr>
<td>Building community</td>
<td>Developing interdependence</td>
<td>303</td>
<td>3.37</td>
<td>4.23</td>
<td>-14.68 (302)</td>
<td>.0001</td>
</tr>
</tbody>
</table>

Table 2. Social Justice Interests: Pre- and Post-Service-Learning Scores

<table>
<thead>
<tr>
<th>SOCIAL JUSTICE CONSTRUCT</th>
<th>DEFINITION OF TERMS</th>
<th>N</th>
<th>PRE</th>
<th>POST</th>
<th>T-VALUE (DF)</th>
<th>P VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dignity of human being</td>
<td>People do not lose dignity because of disability, poverty, age, lack of success, or race.</td>
<td>304</td>
<td>4.38</td>
<td>4.70</td>
<td>-6.52 (303)</td>
<td>.0001</td>
</tr>
<tr>
<td>Community and the common good</td>
<td>Realize our dignity and rights in relationship with others, in community.</td>
<td>306</td>
<td>4.18</td>
<td>4.57</td>
<td>-8.26 (305)</td>
<td>.0001</td>
</tr>
<tr>
<td>Rights and responsibilities</td>
<td>People have a fundamental right to life, food, shelter, health care, education and employment.</td>
<td>306</td>
<td>4.41</td>
<td>4.70</td>
<td>-6.60 (305)</td>
<td>.0001</td>
</tr>
<tr>
<td>Option for the poor:</td>
<td>Right to decent employment, fair wages.</td>
<td>304</td>
<td>4.10</td>
<td>4.56</td>
<td>-9.15 (303)</td>
<td>.0001</td>
</tr>
<tr>
<td>Dignity of work</td>
<td>People have a right to decent and productive work, fair wages, private property and economic initiative.</td>
<td>303</td>
<td>4.24</td>
<td>4.55</td>
<td>-5.93 (302)</td>
<td>.0001</td>
</tr>
<tr>
<td>Solidarity</td>
<td>We are one human family called to work globally for justice.</td>
<td>303</td>
<td>4.10</td>
<td>4.53</td>
<td>-8.33 (302)</td>
<td>.0001</td>
</tr>
<tr>
<td>Care of God’s Creation</td>
<td>The goods of the earth are gifts from God, and we are responsible to care for these goods.</td>
<td>304</td>
<td>4.30</td>
<td>4.53</td>
<td>-4.15 (303)</td>
<td>.0001</td>
</tr>
</tbody>
</table>

Table 3. Results of Analysis for Leadership Skills Scores (n = 307) and Social Justice Scores (n = 306)

<table>
<thead>
<tr>
<th>LEADERSHIP SKILLS TIME</th>
<th>MEAN (SD)</th>
<th>RANGE</th>
<th>ALPHA</th>
<th>PAIRED T TEST (DF)</th>
<th>P VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Service-Learning</td>
<td>3.80 (.53)</td>
<td>1 to 5</td>
<td>.80</td>
<td>-16.44 (306)</td>
<td>.0001</td>
</tr>
<tr>
<td>Post-Service-Learning</td>
<td>4.35 (.45)</td>
<td>1 to 5</td>
<td>.87</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Justice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Service-Learning</td>
<td>4.24 (.59)</td>
<td>1 to 5</td>
<td>.82</td>
<td>-11.45 (305)</td>
<td>.0001</td>
</tr>
<tr>
<td>Post-Service-Learning</td>
<td>4.60 (.45)</td>
<td>1 to 5</td>
<td>.87</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Discussion and Implications  This is the first study to our knowledge that has measured the outcome variables of leadership skills and social justice in response to participation in service-learning for nursing students. The data show that the students perceived positive outcomes following their SL participation, despite describing their pre-service leadership skills and social justice interests at the higher end of the 5-point scale. The SL experience provided these nursing students with additional insight into these qualities.

Although the impact of SL on leadership skills has not been examined in other quantitative studies, our findings on social justice are supported by those of Nokes et al. (2005), who reported a significantly higher civic engagement score after the service-learning experience (p = .004) in a sample of 14 nursing students. Although social justice and civic engagement are not synonymous, they are similar constructs.

An unexpected finding was the decreased score on one of the leadership skills, healing, which was defined as care for self and others (pre, 3.81; post, 3.56; p = .000). Perhaps the students’ interactions with the social agencies and people served resulted in the lower score because students realized that nurses’ best intentions to care for self and others are hindered by the structure of service agencies that often minimize individual needs over the needs of the aggregate population. An alternative explanation is that caring for self and others is sometimes the luck of the draw — you can do all the right things and still experience life difficulties beyond your control (e.g., catastrophic illness, unemployment). It is also possible that healing is not related to leadership skills, and additional psychometric testing is needed.

Limitations of Study  There are several limitations of this study. The most pressing is the use of the Service-Learning Self-Evaluation Tool, which has not been validated with students outside our university. Although the Cronbach's coefficients were good (greater than 0.80 at before and after the experience), additional psychometric testing is imperative. Second, the university is a private, faith-based university, and, as such, the results may not be generalizable to nursing students at public or other private universities. The reasons that students choose a private, faith-based university may influence their self-rating of leadership skills and social justice interests. Third, it is difficult to compare our results with other quantitative studies since only one other study measured pre- and post-experience outcomes with different variables (Nokes et al., 2005). Last, there was no control group with which to compare pre- and post-experience scores. Despite these limitations, the results of the study do provide some insights into how students perceive their service-learning experience in relationship to leadership and social justice.

Implications for Nursing Education  Service-learning as pedagogy in higher education has been implemented in a myriad of nursing curricula since the mid-1990s and will continue to play an important role in nursing education going forward. Service-learning, coupled with community-based education, is an effective way for educators to prepare students for community engagement and for partnership with diverse populations (Nokes et al., 2005). It is an active learning strategy for students at the baccalaureate level.

While the role of SL seems secure within nursing curricula for the foreseeable future, it is imperative that nursing administrators and educators think carefully about the courses in which it is most appropriate and the courses in which it can most effectively facilitate learning and professional development. Service-learning is a concept that is hard to argue against — it is socially and politically correct. Yet, if SL is not used to its fullest potential, it may be seen as just another assignment, with its value lost for both student and educator.

A discussion about service-learning outcomes seems well overdue. Several pressing questions need to be addressed. For example, is it important that SL outcomes be consistent across nursing curricula, or should the outcomes be specific to the school of nursing and/or the course in which the service-learning occurs? Would outcomes be different depending on geographical location, private versus public institution, and/or mission of the school of nursing? If common SL outcomes are recommended, what might they be and who would ultimately decide? Recent articles have described the conceptualization and implementation of social justice (Redman & Clark, 2002) and social responsibility (Kelley et al., 2008) as core threads in nursing curricula. Would these concepts transcend all nursing curricula? These are important pedagogical questions that warrant further discourse and debate.

Implications for Future Research  There are several areas for additional research. First, comparing freshman and senior-level nursing students’ perceptions of SL outcomes, as well as comparisons between nursing and other health care professions, would help elucidate ways in which SL facilitates learning and professional development. Second, tying specific course objectives to SL outcomes may prove useful for evaluation and appropriateness of these objectives to faculty, students, and service site leaders. Third, analyzing qualitative data from reflection journals, as well as voluntary reenlistment in service beyond course requirements, will provide rich data regarding the effects of serving while learning on students’ personal choices and priorities. Fourth, few studies to date have measured the impact of SL on the agencies and aggregate populations receiving the serv-
ice. Since SL is a mutual process, it is critical that outcomes be identified for the served population and the impact of the service activity measured. Last, more rigorously designed studies are needed. Quasi-experimental designs with larger samples using multiple sites throughout the United States could provide the foundation for an evidence-based practice within nursing education and clinical practice.

Conclusion  Based on the results of this study and previous research, SL is an important and valued component of nursing education. Many schools of nursing have implemented SL and students unequivocally support the value of this learning strategy. Yet, it is unclear exactly how SL impacts the learning process and students’ long-term commitment to service.

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