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Nurse Educator Perceptions of Faith-Based Organizations for Service-Learning

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TITLE: Nurse Educator Perceptions of Faith-Based Organizations for Service-Learning

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ART IDEAS: sent previously

- Use image of nursing students serving in a low income setting. Would be great (but not necessary), if faith component was obvious like a clinic being held in church setting, cross on wall, etc. The primary image is nursing students serving in a low income clinic setting.
- An advantage of using FBOs for clinical site / service learning is opportunity for integration of spiritual care, doing holistic nursing (body, mind, spirit). Students could be doing spiritual care – active empathetic listening, holding a hand, even praying with a patient??

SUGGESTED CALLOUTS:

- Service-learning has a positive effect on understanding of social issues, personal insight, and cognitive development.
- Attending a clinical experience at an FBO allows students to become familiar with the role of faith in healthcare.
- Having clinical experiences in a FBO provides opportunities to observe or give spiritual care that non-FBO sites may not offer.
- The majority of faith-based clinical sites in America are found in the Christian faith.
- Schools need to accurately understand the First Amendment and the meaning of the phrase “separation of church and state”....

ABSTRACT: Knowledge about service-learning for nursing students in faith-based organizations (FBOs) is limited. This descriptive study explored the perceptions of nurse educators about using FBOs for service-learning clinical sites. Participants (N=112) relayed specific benefits and barriers to using FBOs for service-learning clinical experiences. Recommendations are made for effective school-FBO partnerships.

KEY WORDS: faith-based organizations (FBOs); nursing education; service-learning

The King will reply, 'I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me. Matthew 25:40, NIV

Service-learning as a teaching methodology actively changes the service recipient, other community members, and students. Service-learning projects foster students' sense of civic responsibility, while enabling learning through integration of the project into the academic curriculum. After completion of the project, students' self-reflection often validates their personal discovery of values and skills demonstrated throughout the project. Researchers have demonstrated that service-learning has a positive effect on understanding of social issues, personal insight, and cognitive development (Brown, 2013; Yorio & Ye, 2012).

EXPERIENCE-BASED LEARNING

According to the National and Community Service Act (Office of Management and Budget, 1999), the term service-learning (SL) is a method where students from all levels of education can learn and grow through active participation in community organization projects which do not duplicate the routine services or functions of the organization. A local organization in the community identifies a need and actively seeks solutions to remedy this particular need. Students help the organization meet community needs through the SL project. While SL is an experience-based approach to education, diverse student outcomes drive the students' participation in the SL project (Yorio & Ye, 2012). Students are provided opportunities to apply information obtained from the classroom to real-life situations, with a hands-on approach throughout the community project (Brown, 2013).

Service-learning can occur in any community organization, whether a faith-based organization (FBO) or not. Since the need is community-driven, partnership programs usually are developed to facilitate the service-learning project. The partnership includes a public or

private nonprofit organization, an institution of higher education, and students. Without these partnerships, projects may not be successfully completed. Community-based organizations can include a church or other religious entity, especially if the organization is engaged in meeting human, educational, environmental, or public safety needs. Service-learning incorporates the importance of meeting clients' needs in a holistic manner. Holistic nursing is defined as "all nursing practice that has healing the whole person as its goal" (American Holistic Nurses Association, 1998). For the purpose of this study, the authors defined holistic nursing as caring for the whole person; including body, mind, and spirit.

SERVICE-LEARNING IN NURSING

A critical approach to service-learning (SL) is one that "combines the provision of service with students reflecting on the systems of injustice that create the need for the service" (Gillis & MacLellan, 2010, p. 2). These experiences are typically linked to specific courses and course outcomes and can be integrated into the course curriculum (Groh, Stallwood, & Daniels, 2011). Also, self-reflection activities, during and after a nursing student's participation, usually focus on the learner's personal growth in the areas of social responsibility, social injustice, and ethical principles. Participation in SL may facilitate the development of professional nursing values such as becoming more socially responsible, while providing competent nursing care in a prejudiced-free manner. Providing this type of care has been identified as one of nursing's core values, especially with the rapid globalization of our world (Alfred, Yarbrough, Martin, Mink, Lin, & Wang, 2013).

One of the ethical dilemmas a nursing student must contend with is the lack of access to healthcare by marginalized and/or vulnerable populations. Access to healthcare means that "all people, regardless of differences in race, sex, language, religion, or social origin should have

physical access to health facilities, goods, and services” (Huls, 2004, p. 20). Marginalized groups are relegated to an unimportant or powerless position within a society or group.

There are many groups who do not have access to healthcare, including workers who are uninsured or underinsured, persons who cannot work due to poor health, migratory agricultural pickers (Bokinskie & Evanson, 2009), adults with disabilities, elders, or those with AIDS or HIV (Huls, 2004; Jarrell et al., 2014). These marginalized groups become more vulnerable as needs remain unmet (Gillis & MacLellan, 2010).

Prior to the SL project, nursing students may be unaware of local poverty and health disparities. After identifying social injustice, during periods of reflection, students may understand the importance of the ethical principle of beneficence. Beneficence *brings about good* while considering the needs and values of the individual (Pope & Hendricks, 2012). The SL project increases the students’ awareness and assessment of the healthcare needs of a community. Examples of service projects by students can be donations of clothing and services to Head-Start programs; working at a camp for children with diabetes; screening/education programs for diabetes, cardiovascular, and stroke in underserved communities; serving in low-income clinics; and inner-city homeless residential recovery programs (Dyess & Chase, 2010; Frank & Grubbs, 2008; Lashley, 2007; Pope & Hendricks, 2012; Vogt, Chavez, & Schaffner, 2011).

PARTNERSHIPS WITH FBOs

A trustworthy partnership must exist between the school of nursing and community organizations receiving service-learning activities. The development of these partnerships should occur in steps, to facilitate a collaborative relationship. Rowland and Chappel-Aiken (2012) state that, “The fit between FBO’s and health education appears to be a natural one, however, the

process of such collaborative efforts must be clearly identified in the beginning stages of the process” (p. 29). Snyder and Weyer (2002) identified 3 steps to developing trustworthy partnerships: educators must establish a relationship with the organization to allow student entry; educators must clarify student expectations from the school of nursing with FBO staff to facilitate best outcomes and cooperative staff; and the partnership should be appropriately closed after the clinical period.

Cooperative and caring partnerships are important between educators and FBO staff members so that appropriate shared responses to students’ autonomy, critical decision making, and distress and comfort level with the organization’s clients can occur. For example, improving a student’s self-awareness, while reflecting on client interactions, can occur after conversing and sharing a common meal. These calm and less stressful interactions may allow the student to understand diverse client needs.

FBO BARRIERS (AND BENEFITS?)

Barriers for utilizing FBOs are readily found in the literature; however, facilitators for using FBOs are sparse. Otterness, Gehrke, and Senar (2007) identified barriers which can influence whether FBOs are used by nurse educators, including:

1. Religious doctrine might limit items that are discussed in the history and physical or kept in data bases, such as sexual orientation or abortion.
2. Legal issues which involve liability of the practitioner and/or the FBO regarding level of care.
3. Potential negative student biases, feelings, and fears; which educators may need to help the student explore.
4. Educator and student reception by the FBO.

Lashley (2007) reported challenges in working with an FBO that were mostly logistical, especially with coordinating competing schedules and activities (p. 26). In a partnership with an inner-city faith-based mission that served homeless addicts in a shelter and a long-term residential recovery program, students were not always available to follow through with patients. It was difficult for the students to follow the transient population due to the student's schedule and/or clients leaving the facility.

In an earlier study by Snyder and Weyer (2002), where educators also used a FBO homeless shelter, they found that faculty members "played a major role in gaining entry into the organization before a contract could be established" (p.548). While the educators familiarized themselves with the facility, both the organization's staff and the educators developed a collaborative relationship. Staff members at this facility were initially more comfortable with students only observing, but as trust developed, staff began to mentor students. Some students became anxious in the chaotic and diverse community environment and were not able to share this emotion with faculty members or FBO staff (Hunt, 2007). However, other students have easily developed caring relationships in the context of the community of faith (Dyess & Chase, 2010).

Students who work with clients from a different country and culture may experience new barriers, as compared to those who work within their own culture. Language barriers affect a student's interpretation and understanding of the client's needs. A client's socio-cultural expectation may not be understood during the student/client interaction. The presence and utilization of an interpreter may facilitate the student's ability to advocate for their client. However, some students have found that teaching through a translator was a skill to be mastered

(Sensenig, 2007). The obstacles and challenges educators face with cross-cultural FBOs for SL is similar to what is seen in non-religious organizations.

Given the barriers offered in literature to using FBOs for service-learning, we wondered what nurse educators think about utilizing FBOs. The purpose of this study was to answer three questions:

1. What opportunities are offered by faith-based SL clinical experiences for schools of nursing and their students to practice holistic nursing skills?

2. How does the use of faith-based SL clinical experiences differ from other SL clinical experiences as perceived by the educator?

3. What facilitates/hinders the use of faith-based SL clinical experiences by educators?

EXPLORING FAITH-BASED LEARNING EXPERIENCES

A descriptive study involving educators from member schools of the American Association of Colleges of Nursing (AACN) was designed to explore the research questions. A survey was developed and placed in *Qualtrics*, an online survey program. Institutional review board approval was obtained from The University of Texas at Tyler for the study. The researchers identified 432 schools accredited by the Commission on Collegiate Nursing Education (CCNE), then sent emails to the deans. The deans were asked to forward the email to faculty members and invite them to participate in this research. The survey was open for four weeks between September to October, 2013.

Faculty members were asked to answer ten demographic questions as described in Table 1. After completing demographic questions, and if faculty members indicated they were using FBOs for service-learning projects, they were directed to answer open-ended questions as shown

in Table 2. If participants indicated they did not use FBOs, they were directed to one question: Please share the reason you do not use any faith-based organizations for clinical experiences.

Of the 432 universities contacted, 112 educators responded. The response rate was unable to be determined as it was unknown how many faculty members were invited by the school deans. Participants were not identified with a particular school, and it is unknown as to whether their school was faith-based or not. In this sample, 36% had a Masters of nursing, 20% had a Doctorate of Philosophy, 15% had a Doctorate of Nursing Practice, and 29% indicated having another degree. Most of the nurse educators taught in a baccalaureate program (86%), with 11% teaching in a masters or doctoral program.

Participants represented the following geographic areas: South East (23%), North Central (23%), South Central (20%), South West (15%), North West (11%), and North East (8%). The respondents were experienced educators with 52% teaching nursing for longer than 10 years, followed by 32% teaching 4-10 years, and the smallest percentage (16%) taught 1-3 years. Christian was the most common faith-based affiliation of the respondents (95%), with Hindu (2%) and 3% indicated other.

Participants utilized faith-based service-learning opportunities in myriad courses, with the majority in community health (57%) and leadership (11%). Mental health, women's health, and family nurse practitioner programs were equivalent at 7%. In response to the first research question, participants believed FBOs offer students opportunities to practice holistic nursing. The most common FBO clinical sites included Christian-based community clinics, followed by an assortment of pregnancy crisis centers, an addiction recovery residential facility for women, mission trips (both national and international), summer camps, after school programs, homeless shelters, and preschools.

BENEFITS OF FBOs FOR SERVICE-LEARNING

Participants were asked to respond to open-ended questions about student experiences in FBOs. They repeatedly reported that the major impact on student learning was transformation of their prejudices and stereotypes. Participants said students reported the SL experience was life changing and that their eyes were opened to the real world. Becoming more empathetic was another key outcome. Students were able to reflect on the experiences and their responsibility to use their resources and talents to help others.

Having clinical experiences in a FBO provides opportunities to observe or give spiritual care that non-FBO sites may not offer. The FBO experience demonstrates how faith communities address health needs in the community, and reflects how faith impacts decisions, including health-related decisions. One participant wrote that after an FBO experience, “Students had an appreciation for their own circumstances.” Another wrote, “Students realized homeless clients cannot afford to be ill.” Students observed how government organizations are not the only framework for caring for vulnerable populations. FBOs offer students opportunities to become a “steward of resources and talents while developing a spirit for social justice.”

There are several reasons why FBOs are valuable clinical sites. Participant statements included: students have positive experiences; FBO staff members role model compassionate and empathetic care to underserved populations; and spiritual needs are a priority.

In response to the second research question, participants reported FBOs focused on serving others as their primary mission. In the study, many participants relayed that students experienced altruistic opportunities in caring, empathy, critical thinking, communication, and cultural awareness. Through this experience, the students gained more than the civic

responsibility recognized as an outcome from non-religious community partners. One participant stated,

I believe that nursing students see the element of self-respect and self-control that is evident in the structure of the after-school program. There definitely is the element of Christianity that is evident in the practice and procedures. FBOs openly address spiritual needs of clients.

Participants also reported that over 80% of the clients in FBOs fell into underserved populations, including uninsured and underinsured. Some students have continued involvement in SL sites after graduation, and many students have gone on to mission-related activities, such as going to a third world country to become a volunteer nurse. As one participant said, “I believe it has made a difference, but I don’t know explicitly what it is. It is exposure we give the students, [but] they are learning on their own.”

BARRIERS OF FBOs FOR SERVICE-LEARNING

The primary barriers reported by participants in this study that hindered use of FBOs include limited opportunities and availability, and potential conflicts between a state school and a religious organization. Several participants expressed concerns about separation of church and state. Some relayed how difficult it is to find an FBO appropriate for clinical expectations and course outcomes. One participant reaffirmed this concern, stating; “As the coordinator for service-learning, I do not identify any of the programs sufficiently robust to provide the students with ongoing experiences to meet the course requirements.”

It is difficult to have a representation of multiple religions represented in FBOs if only Christian-based organizations are used. However, the majority of faith-based clinical sites in America are found in the Christian faith. One participant commented,

There is also a heavy level of discomfort for many students with doing activities outside of their own religion, or for those who do not practice religion; many students feel oppressed at church-based functions. There is a heavy division between...religions in this area, and we, as an independent college, tend to choose opportunities that avoid the conflict.

In addition, educators may not be of a like faith. One participant said, "I am Jewish, but teach at a Catholic university." Another was concerned about potential harm if the student does not agree with the faith of the FBO. Declining to attend the SL experience at the FBO could result in negative feedback for the student. Another issue was putting a student with a visible faith (i.e., Muslim female wearing a headscarf) in a setting where patients might be more likely to react negatively to the students' faith. As one participant shared,

I don't think placing students in situations in which negative experiences are likely is sound educational practice. Nurses generally have to put their various beliefs and biases on the shelf when entering the workplace in order to provide non-judgmental care to all clients. I think one's religious faith falls into that category as well. Would students in a faith-based setting do that if it matches their beliefs? Would they learn habits of interaction that would be inappropriate in other settings or with other patients? Nursing education (and nursing practice, in most situations) needs to remain neutral in regard to student/nurse and client faith.

Several participants expressed concern with separation of church and state, referring to the First Amendment of the U.S. Constitution. One noted, "As faculty of a state school, I worry about the conflict between church and state. It's easier to avoid the issue by not seeking faith-based organizations." Another wrote,

I teach at a public supported university. I teach students of many faiths: Christian, Jewish, Muslim, Hindu, Buddhist, and Atheists. I have no objection to working with faith-based organizations, but since I must offer the same opportunities to all students, I have to be careful that no student feels excluded, disadvantaged, or discriminated against. It is difficult to find faith-based organizations that are accepting of all these different beliefs.

Another participant commented, “Non-religious organizations provide broader learning experiences.”

DISCUSSION & RECOMMENDATIONS

The responses from the nurse educator participants in this study confirm and add to prior discussions about using FBOs for service-learning. Participants noted that the client census should be high and complex enough to facilitate student learning and experience. Furthermore, educators should develop a firm partnership and clear expectations with the FBO prior to bringing students to the site (Snyder & Weyer, 2002; Rowland & Chappel-Aiken, 2012). This requires dedicated planning, time, and effort. Students need to be oriented to the FBOs’ goals and mission before entering into the SL experience, and familiarized with their role and expectations for how they will interact with clients. A firm partnership and good student orientation could alleviate some of the concerns participants expressed about potential negative experiences. Guidelines for how information from students’ services will be used by the FBO and school of nursing should be established (Snyder & Weyer).

Study participants noted that students developed compassion, empathy, respect, and citizenship through the SL experiences at FBOs. This has been noted by others for all types of SL (Alfred et al., 2013; Brown, 2013; Yorio & Ye, 2012). Finally, schools of nursing need to

explore and accurately understand the First Amendment and the meaning of the phrase “separation of church and state” in relation to FBO partnerships.

This survey did not distinguish if participants taught at faith-based or non-religious or state universities, which did not allow for looking at different perspectives based on the school’s faith identification. Only AACN universities were surveyed, which did not allow for investigation into associate degree programs across the U.S. Although faith-based organizations were not defined by their specific faith tradition in the survey, most respondents believed the survey to relate to Christianity. Finally, the response rate was unable to be determined, as participants were not identified with a particular school so it is unknown how representative the sample was of all schools and nurse educators.

There is a lack of research that supports the use of FBO’s as an effective service-learning activity. More studies are needed to investigate FBOs influence on all levels of nursing education. An exploration of perspectives beyond educators is needed, including from the FBO, clients, nurses, and students. Other qualitative studies are needed to further explore the experience of SL at FBOs. Student learning outcomes may be similar between state and faith-based organizations, but long term effects are unknown, such as how students are influenced to continue with service and missions in the future.

Service-learning projects offer many opportunities for nursing students to provide competent care for marginalized and vulnerable groups, including those served by faith-based organizations (Carey & Fricke, 2011; Brown, 2013). Nursing stresses that the client is the center of the nurse/client relationship. Therefore, the client’s faith perspective must guide nurse/client interactions. Nursing students should be able to competently facilitate healthcare delivery within the context of the client’s faith. A SL clinical experience at an FBO allows students to become

familiar with the role of faith in healthcare. Modeling FBO staff and volunteers, students learn how to manage patient care across the faith spectrum. Some FBOs teach students how to accomplish patient goals and meet standards of care utilizing fewer financial and personnel resources. Since referral of these clients to other healthcare providers may be limited, students learn to become more creative and persistent in meeting patient needs. In addition, should clients want to discuss faith issues with students, such discussion may be more acceptable.

Faith-based organizations are valid clinical sites. Educators should exercise the opportunity to develop a relationship with an FBO to facilitate student learning. Nursing schools should have the freedom to offer FBOs as an option to students who are seeking clinical sites grounded in faith or not offensive to their faith. Nurse educators in this study expressed multiple positive student learning outcomes, including student recognition of FBOs meeting diverse health-related needs, the ability of students to see how faith communities can be a partner in health, and recognition of the importance of spiritual care as part of healing.

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Table 1: Demographic Study Questions

1. In which nursing education program do you teach?
2. What is your highest level of educational preparation?
3. In which region of the U.S. do you teach?
4. How many years have you been a nurse educator?
5. Are you a member of a faith-based organization that is affiliated with one of the major religions?
6. If yes, with which religion is your faith-based organization affiliated?
7. Do you utilize faith-based organizations as service-learning opportunities for nursing students?
8. If yes, what type of faith-based nursing, service-learning opportunities are utilized?
9. In which course(s) do you use faith-based service-learning?
10. What do you consider is the major impact on student-learning as a result of faith-based service-learning?

Table 2: Open-ended Questions for Educators Using FBOs

1. What has facilitated the use of faith-based organizations as a service-learning clinical experience?
2. What has hindered your use of faith-based service-learning opportunities?
3. How does the use of faith-based service-learning clinical experiences differ from other service-learning opportunities?
4. Do you believe that faith-based service-learning experiences have an impact on student learning outcomes?
5. Does participation in a faith-based service-learning clinical experience affect students' attitudes toward vulnerable and underserved populations?
6. If you use faith-based organization for nursing clinical experiences, please share the reason below.
7. For the nurse practitioner educators, does participation in a faith-based clinical experience **AQ: Please complete this question**
8. Please list the name of the faith-based organization that you use as a clinical experience along with **AQ: Please complete this statement**