

Service Learning Enhances Conceptual Learning in a RN to BSN Program

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Abstract

A qualitative study using transcript analysis was conducted to examine the effectiveness of service learning in enhancing conceptual learning in RN to BSN students. As part of their capstone course in an online program, students engaged in 64 hours of service learning in their local community. The transcripts of asynchronous discussions and journal entries formed the data for analysis. The findings illustrated that the student's conceptual understanding was enhanced from the service learning experience. Further, the students demonstrated higher-level thinking by linking concepts that could be applied to nursing practice. Service learning reinforced the community-based philosophy of the School of Nursing, and strengthened their abilities in leadership, teamwork, and collaboration with a greater orientation to community, vulnerable populations, and health promotion. Service learning was found to be an effective way to use the skills of the registered nurse for health related service in the community while also meeting their academic and individual learning needs.

Keywords: RN to BSN; Online Education; Service Learning; Conceptual Learning

1. Introduction

Nurses today are required to have a broader knowledge base. The IOM (2011) now known as The National Academy of Medicine identified that nurses need abilities such as leadership, health policy, system improvement, research and evidence-based practice, teamwork and collaboration which goes beyond technological competence. In addition to this broad based knowledge, competency in specific content areas such as public health with a greater orientation to community-based primary care and an emphasis on health promotion are required (IOM, 2011). As a result, several schools of nursing have adopted concept-based curricula. The desired outcome is for students to become conceptual learners meaning that students are able to form conceptual linkages to other situations and develop higher-level thinking (Giddens, Wright, & Gray, 2012).

A nursing school at a small liberal arts college in the Pacific Northwest is delivering nursing education with a community-centered curriculum to pre-licensure nursing students and to licensed nurses in an RN to BSN program. A community-centered curriculum within the nursing program emphasizes social justice, diversity, and multicultural awareness. In recent years, the faculty revised the curriculum to a concept-based approach to teaching and learning with a capstone integrated experiential course. The final course, Integrated Experiential Learning (IEL) in the RN to BSN program is a unique feature of the program as it integrates previous learning in the program that until recently used three main strategies. The strategies included: (1) 64 hours of clinical experience with a preceptor who is a nurse leader, (2) professional development activities that are negotiated between the student and instructor, and (3) three experiential learning activities using a virtual community (Author, Author, 2015).

The leadership experience with an assigned preceptor, primarily in the inpatient setting was successfully transitioned to service learning in order to more fully integrate the community-based philosophy of the School of Nursing and the concepts learned through the program. The purpose of this qualitative research study was to examine the effectiveness of service learning in enhancing conceptual learning in RN to BSN students.

2. Background

The RN to BSN curriculum consists of six nursing courses: Transition to Nursing Practice; Professional Communication; Evidence-Based Practice; Population Health; Nursing Leadership; and Integrated Experiential Learning, taken over four semesters. There are a total of 28 concepts integrated throughout the program. The students are introduced to the majority of the concepts in the first semester. A concept is defined in its simplest terms by Kearney-Nunnery (2016) as “a view or idea that we hold about something” which can range from being highly concrete to highly abstract (p. 24). Conceptual learning involves the ability to apply information in the context of related concepts or ideas and advances higher-level thinking (Giddens, 2015). Higher-level thinking moves beyond the process of linking facts to concepts as a way of organizing information to being able to link the concepts together in new ways (analysis) and apply them to new situations and new problems (synthesis). To advance conceptual learning, faculty use active learning strategies with concepts woven throughout the curriculum.

The first semester consists of the transition course in which the majority of the concepts are introduced. Students are required to conduct an assessment of their local community, which includes a windshield survey and key informant interviews. They further develop their reflective practice skills, understanding of populations, community, leadership, evidence-based practice and other concepts, which advance to higher levels as they progress through the program.

Although numerous experiential strategies (i.e. case studies, advocacy project, cultural interview, interview of a nurse manager) are used throughout the curriculum to advance conceptual learning, the final course was developed for the purpose of linking and integrating the concepts for application to practice through virtual simulation and a service learning experience. Experiential learning, which is built on constructivism, guided the development of the final course. Experiential learning supports students in deepening their conceptual understanding and fosters the application of this new

understanding to nursing practice. It provides a link between their personal development, education, and work (Kolb, 2014).

Faculty members teaching Registered Nurses in the program are fully committed to the concept based curriculum and a collaborative teaching –learning relationship between student and instructor. Virtual collaborative learning, like conceptual and experiential learning, is built on constructivist theory. Collaborative learning has been defined as “an interdependent and democratic online group process grounded in constructivist pedagogy in which students debate and reflect on shared knowledge to construct new understanding of relevant information” (Author, 2013, p. 207). Thus conceptual, experiential and collaborative learning advances active and reflective study, and challenges students to think at more advanced levels. At the same time conceptual learning is advanced as students link concepts learned in one setting or situation to another through sharing and reflecting on multiple experiences.

3. Service Learning

Service Learning is an experiential learning approach that requires students to work to meet the needs of the community while addressing academic requirements. It is more than volunteerism because of the connection to academic coursework (Trail Ross, 2012). Service Learning involves an activity or service that responds to a need identified by the community in which there is a balance between students providing a service and achieving academic learning requirements. This in turn promotes mutually beneficial academic and community partnerships. Finally, service learning requires time to reflect on the complexity involved in the service issue, the context in which the experience takes place, the social meaning of the population served and the link to program concepts (Gillis & MacLellan, 2010).

The decision to transition students to service learning in the community would more fully align with the community and concept based curriculum as it was felt that service learning would lend itself to more fully integrating and linking the concepts. As a unique approach to service learning, students work collaboratively with faculty to coordinate service experiences in their local community. This permits the student to seek opportunities that align with their personal and professional interests. Having students reach out to community partners was a purposeful strategy to further develop their leadership skills. The role of faculty is to coach the student to ensure the service learning experience meets the intent for their learning and is of benefit to the organization they choose to work with. A few examples of the types of service learning sites and the activities performed by the student participants in this study are:

1. A community home for pregnant teens in which the RN student provided support for new moms, comprehensive teaching about labor, newborn care and safety issues.
2. Immigrant and refugee senior center in which the RN student conducted health needs assessments, client teaching, and set up a process for tracking services
3. Elementary School in which the RN student developed a creative and age appropriate health promotion intervention, implemented fund raising events to place hand sanitizer in classrooms, and updated school emergency preparedness guidelines, including creating a first aid book for the school and soliciting first aid supplies.

4. Rural Community Mobile Health Unit providing HIV/Hepatitis C/STI prevention education targeted to high school students, homeless teens & adults, inmates from local “Work Camps” and individuals with mental illness.

The students served in more than twenty-five different community organizations.

4. Literature Review

A Cumulative Index of Nursing and Allied Health Literature (CINAHL) database search using the term “service learning” yielded 494 articles from 2009 to 2016. When searching “service learning” and “post RN” one article was found that focused on how to integrate service learning throughout the curriculum in a post-licensure program rather than the findings of service learning experience (Washington-Brown and Ritchie, 2014). One older study from 2007 was found when going back to 2001. Hunt (2007) conducted a descriptive phenomenology study to explore the lived experience of nursing students in service learning clinical placement working with families who were homeless. The participants consisted of seven students in a pre-licensure program and seven students in a RN to BSN program. Five themes arose from the study for both groups (1) eye-opening experience; (2) feeling intense emotion; (3) homeless families are both different from and similar to families who have housing; (4) challenging and transforming assumptions, perceptions, and stereotypes; and (5) reflection in action. A sixth theme, “discovering new and different roles for nurses” was found among the RN-to BSN students. They found that their philosophy of nursing was challenged as they were forced to consider nursing in a different light without the safety of an acute care setting. Some students felt a sense of futility as they began to understand that many of issues that the families faced were related to broader social or political issues. Through this experience, the RN to BSN students began to see their role in the broader context requiring them to care for families through advocacy, citizenship and political action (Hunt, 2007).

A literature review of the pre-licensure experience with service learning was also examined for conceptual learning. Gillis and Mac Lellan (2010) conducted a literature review of 25 articles that were published from 1999 - 2009 about pre-licensure programs using service learning that was focused on service learning with vulnerable populations including the homeless, culturally diverse groups, women, children, youth, and senior citizens. Students were involved in health education and health promotion. They gained insight into health care and social justice issues. They developed skills in group collaboration and team building, leadership, advocacy, and the value of civic engagement and responsibility for social justice. These findings are consistent with more recent findings in which the value of collaboration with the community in addition to developing leadership skills and insight into social justice issues were highlighted (Trail Ross, 2012; Bassi, 2011; Groh, Stallwood, Daniels, 2011; Foli, Braswell, Kirkpatrick & Lim, 2014).

A gap was found in the literature regarding the effectiveness of service learning in enhancing conceptual learning in RN to BSN students. All but one of the studies was about pre-licensure nursing students. The purpose of this study was to examine the effectiveness of service learning in enhancing conceptual learning in RN to BSN students.

5. Methodology

This qualitative study examined the impact of service learning experiences on conceptual learning by identifying empirical evidence of conceptual understanding by students after they engaged in 64 hours of service learning in their community. Transcript analysis was the qualitative method used for this study, as it is a valuable methodology to study asynchronous online educational discourse (Garrison, Cleveland-Innes, Koole, & Kappelman, 2006). Transcript analysis, also known as content analysis, refers to a system for making replicable and valid inferences from texts to the contexts of their use. Content analysis is a well-established methodology in nursing research.

Elo and Kyngas (2007) in their seminal article postulate that content analysis may be used in an inductive or deductive way, depending on the purpose of the research. The inductive approach is used if there is not enough knowledge about the phenomenon studied and the deductive approach is used when the structure of the analysis is operationalized on the basis of previous knowledge. This study used a deductive approach as the structure of the analysis was operationalized by the concepts taught in the RN to BSN program.

5.1 Setting and Participants

The setting for the study was a fully asynchronous online RN to BSN program offered through the School of Nursing. The participants for the study included twenty-five (25) students who were enrolled in the final course and conducted 64 hours of service learning.

5.2 Data Collection, Coding, and Analysis

The college used *Blackboard Learn* as the platform for online courses from which the data was extracted and placed into an excel spreadsheet for coding. Data for the study consisted of discussion board transcripts and journal posts following the completion of their service learning.

The number of discussion posts and journal entries allowed for a rich database to be used for the analysis, guided by the concepts in the RN to BSN program. Using the concepts situates the analysis and does not exclude inductively derived insights gained through the concept analysis (Rourke, Anderson, Garrison, & Archer, 2001). A constant comparative analysis method was used in the analysis of the data. This involved taking one unit of analysis and comparing it to all other units of analysis to see what made it different or similar.

Each discussion post or paragraph from a journal entry was used as a unit of analysis and was coded into the most relevant analytical construct (concept). It was also recognized that there was a possibility that a single post might display characteristics or indicators of more than one of the analytical constructs. Anderson, Rourke, Garrison, & Archer (2001) found that this procedure had the advantage of being more efficient and provided more meaningful information as the percentage of total posts that were contained in each of the categories was reported. This method for determining the unit of analysis was used for the study as it was considered to be a valuable method given the concepts had been previously operationalized during the development of the curriculum. The operational definitions are found in the Concepts, Operational Definitions, and Frequencies table found in the findings section.

The concepts of credibility, dependability and transferability describe various aspects of trustworthiness in qualitative research and essentially have the same meaning as validity and reliability regardless of the research tradition according to Long and Johnson (as cited in Graneheim and Lundman, 2004). Reliability and validity issues are related to the rigor of the theoretical frameworks, models and coding schemes designed to guide the analysis of transcripts (Krippendorff, 2013; Garrison, Cleveland-Innes, Koole, & Kappelman, 2006). Reliability was addressed by checking the coding at two intervals within a month separating them and the 80% code-recode reliability according to Miles and Huberman (1994) was reached. The two researchers coded all the data separately and areas of disagreement were discussed and a 100% agreement was reached. Content validity, which includes an examination of each individual unit for its appropriateness was addressed by using the primary concepts in the RN to BSN curriculum, which had been operationalized. The units of analysis were compared with how the concepts were operationalized. The final steps in the data analysis included calculating the frequency and percentage of the times the concepts were identified as evidence of student learning.

5.3 Ethical Considerations

Informed consent had been obtained by email as recommended by the Institutional Review Board of the university where the students were enrolled. Using student numbers in the coding program and substituting names for any quoted postings protected anonymity. One of the investigators of the study also served as a course instructor for some of the participants. This concern was addressed by the fact that consents for participation was emailed to the researcher who was not the faculty member and this was not shared until after grades were finalized. The analysis of the researcher was completed after the students had completed the final course.

6. Findings

The 169 units of text selected for coding were retrieved from journal entries and discussion posts related to their service learning experience. The units ranged from 14 words to 430 words with an average of 95 words per unit. Longer units were selected when context was needed to tell the story. The RN to BSN program has 28 concepts integrated in the curriculum. Of these 28 concepts in the curriculum, 18 were selected following an initial analysis of the data. This was followed by using one unit of analysis and comparing it to the other units that were identified with the concept. Of the 18 concepts, the findings range from 4.14% of the total units for the concept of evidence based practice to 40.24% for vulnerable populations.

Table 1. Concepts, Definitions, and Frequencies

Concepts	Definitions	Frequency	% of n (n=169)
Advocacy	Actions taken by the nurse to support and recommend a specific cause or course of action that take place at an individual, community, organization, or policy level (ANA, 2015).	16	9.41

Assessment	The process of collecting and analyzing data through interaction with the individual, family, group, community, population, and professionals within the health care system (ANA, 2015).	38	22.35
Caring	Actions taken by the nurse to provide ‘good’ care that includes specific activities, attitudes, and awareness of the situation (Gastmans, 2006). An ethic of care that considers the uniqueness and realities of human lives, and for nursing, provides a moral environment for caring that also considers the nurse’s social and ethical practice values (ANA, 2015).	18	10.59
Client Education	Teaching individuals, groups, and communities while considering their individual preferences using a patient-centered approach to delivering information that can be trusted and in a manner that makes sense to them and is presented at a level they can understand (Drenkard, 2013).	42	24.71
Collaboration	A professional healthcare partnership grounded in reciprocal and respectful recognition and acceptance of: each partner’s unique expertise, power, and sphere of influence and responsibilities; the commonality of goals; the mutual safeguarding of the legitimate interest of each part; and the advantages of such a relationship” (ANA, 2015, p. 86).	32	18.82
Communication	Standard 9 (ANA 2015b, p 71) lists competencies related to communication which informs this concept.	44	26.04
Community	A group of diverse, interacting individuals who share common interests, perspectives, needs, resources, and geographic environment (Harkness & DeMarco, 2012).	46	27.22
Diversity	A range of differences that includes consideration of socioeconomic class, gender, age, religious belief, sexual orientation, and physical disabilities, as well as race and ethnicity. Diversity and equality of opportunity recognize that individuals learn from exposure to and interaction with others who have backgrounds and characteristics different from their own. Recognizing and valuing diversity means to acknowledge, appreciate, and support different learning styles, ways of interaction and dialogue that is derived from interaction and collaboration with persons from diverse backgrounds and experiences (AACN Task Force on Diversity and Opportunity, 1997).	18	10.65
Health Care Systems	Refers to any organization at any level from grassroots community organizations and coalitions to large corporations that serves the health of the population (Harkness & DeMarco, 2012).	22	13.02

Health Disparities	A particular type of health difference that is closely connected to social, economic, and/or environmental disadvantage (U.S. Department of Health and Human Services, 2015). Groups who suffer from health disparities have experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion (U.S. Department of Health and Human Services, 2015).	29	17.16
Health Promotion	Taking action on a wide range of social and environmental interventions, to move beyond a focus on individual behaviors, to enable people to increase the control they have to improve their health (World Health Organization, 2015).	23	13.61
Leadership	Leveraging individual traits and abilities in relationship with others, interpreting the environment/context where a situation is emerging, and entering a situation that lacks a defined plan (Bleich & Kist, 2015).	62	36.69
Populations	A collection of individuals who share personal and/or environmental characteristics (AACN, 2008).	19	11.24
Professionalism	Working with a variety of professionals to assist patient's, families, and communities to achieve optimal health and wellness, while demonstrating core values of the nursing profession that include excellence, caring, ethics, respect, communication, and accountability (Interprofessional Professionalism Measurement Group, 2008). Taking accountability for one's self and nursing practice, including continuous professional engagement and lifelong learning (AACN, 2008).	47	27.81
Reflective Practice	The practice of continually examining personal thoughts and actions that emphasizes interactions with colleagues and the environment in order to gain awareness of personal and professional behavior (Sommerville & Keeling, 2004).	49	34.91
Research	The practice of seeking out scholarly and evidence based articles to inform nursing practice.	7	4.14
Social Justice	Actions taken that consider fair treatment regardless of economic status, ethnicity, age, citizenship, disability, personal and religious beliefs, or sexual orientation (AACN, 2008). Actions taken to advocate for social justice, specifically addressing the health of vulnerable populations, and efforts to reduce health disparities (AACN, 2008).	28	16.57

Vulnerable Populations	Social groups with increased risk factors or susceptibility to health related problems. Vulnerability is measured by higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life (AACN, 2008).	68	40.24
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The table lists all the concepts, with operational definitions and the number of times a concept was found along with the percentage of total units

Several units were coded for a number of different concepts. For example the following unit was coded for collaboration, community, health disparities, health promotion, leadership, professionalism, and reflective practice.

This experience has engrained the concepts of health disparities, community, collaboration, and health promotion in me. In my nursing practice I never gave much thought to these concepts. I honestly just did my job and dealt with what was in front of me at the time. I feel like I have always been a great nurse but I never did anything but what was at work. I never looked into my community to how I could make difference with my leadership, knowledge and experience. This experience had made me do just that. It has broadened my thinking. I look at situations with a more open, nonjudgmental view. I also realize that I can make a difference.

The above reflection demonstrates higher level thinking as the student linked several concepts in thinking about her service learning experience. Vulnerable populations (40.42%) and leadership (36.69%) were the two most frequently found concepts. Reflective practice was close behind leadership in frequency illustrating that the students thought deeply about their learning and demonstrated growth in professionalism. Vulnerable populations and leadership were found to provide an avenue to several other concepts as they were linked to several other concepts in the data analysis.

6.1 Vulnerable Populations

Vulnerable populations are individuals and groups with increased health risks due to social and economic disadvantages. The AACN (2008) cited the UCLA School of Nursing description of vulnerability, which is measured by “higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life” (p.39). In their reflections on service learning, students identified increased awareness of the circumstances of people who have socioeconomic disadvantages, for example:

People have to make a choice sometime to pay their rent, heat their homes or to buy food. Not everyone can afford to do all three. I saw people show up for the free bread that I would never suspect of needing food. Hunger is something one can hide. It taught me to be aware and not make assumptions.

Students recognized personal growth related to previously held beliefs or limited understanding of the circumstances of others, such as the student who stated, “I have been more than undereducated and not aware of the struggles of people who live in my community. I have been very self-absorbed with my own needs to be aware of others.” Another student identified a very specific previously held assumption:

Volunteering at the mission has opened my eyes to how stereotypical I used to think. I used to think

that only the people who choose to use alcohol and drugs instead of caring for themselves and their families were the ones who utilized the resources at the Mission, but now I know that there are people from all walks of life that utilize the resources that are available.

Students also identified needs in the community that can be addressed by nurses delivering health education and advocating for the resources that people need to improve their health and circumstances. One student described an “eye opening experience” with young women and babies that revealed the need for knowledge of basic baby care. She left her service learning experience reminding herself not to make assumptions that people have the knowledge that they need to be healthy. Another student recognized her role as an advocate for people in the community who may need to be connected to resources that support their health. She described her experience working with seniors in an immigrant and refugee community center as a “privilege” and came away from the experience anxious to learn more about resources in her community that will support her work with vulnerable people.

Further, the service learning experience served as a catalyst for considering how they could have a broader impact in the community:

This experience has forever changed how I will work with vulnerable families, individuals, and groups. I am planning on completing my FNP [Family Nurse Practitioner] ... this opportunity has shown me the real need for more primary care practitioners in my community and I am now planning on going into primary care after my masters. I have also applied for an on-call position in the [free medical clinic] so that I can continue the work I started with my service-learning project. This experience was a real eye opener for me as I witnessed the different levels of vulnerability ... as a nurse; I can be more of an advocate to this patient population. There are several things that I am planning on doing ... such as becoming geriatric certified, becoming a clinical nurse specialist, and starting a geriatric association chapter in [local community]. I have already started conversations about how we can bridge gaps in communication between the organization and Adult Protective services in order to promote healthier outcomes.

The students’ reflections demonstrated a deeper understanding of the concepts of professionalism, advocacy, leadership, communication, and collaboration, beyond what they were doing in their current nursing positions and beyond the RN to BSN service learning experience.

6.2 Leadership

Leadership is defined as the nurse having the qualities necessary "in relationship with others.....to (often rapidly) interpret the environment/context where a situation is emerging, and enter that situation in the absence of a script or defined plan that could have been projected" (Bleich & Kist, 2015, p.4). Many students found working through the ambiguity of not having a script or defined plan daunting, as illustrated by:

I use to feel like a fish out of water when handed a task to lead, I actually felt that way when the [homeless shelter] told me what they were requesting of me for a project, but now I feel prepared and open to the idea of taking on leadership roles

Further, the AACN (2008) emphasizes that leadership requires understanding the dynamics of power,

politics and policy and the ability to initiate and maintain relationship in which communication and collaboration are mutually respectful. They gained confidence in their ability to lead change.

I had to meet with program directors and managers to present my research for approval. This was intimidating because I had no idea if I was going to meet their expectations, but they were accepting of my ideas and respected and appreciated my leadership role. This experience has taught me that being a leader does not mean you are in it all alone. You still have resources and a team of people to coordinate with; you are just taking the lead.

I look at situations with a more open, nonjudgmental view. I also realize that I can make a difference. I have a lot of things I am passionate about. If I take that passion and organize a coalition I can make change. I realize that I possess qualities that are valuable and I can make a difference.

I have a better understanding of a global health issue as well as starting a coalition to make change. My thinking has become more proactive instead of reactive. What I mean by this is that if I see a problem or situation I don't agree with, I want to take action to change it instead of complaining about it. I feel I have learned tools for doing so in this term.

Thus, effective leadership requires the ability to link several concepts such as communication, collaboration, advocacy, and social justice and the ability to work through the initial absence of a defined plan thus increasing their confidence in tolerating ambiguity.

7. Discussion

The purpose of this study was to examine the effectiveness of service learning in enhancing conceptual learning in RN to BSN students. The percentages of concept frequency as identified in the data reflect the diversity of student experiences. Similar to Hunt's (2007) study, the students did find the experience eye opening and had their assumptions, perceptions and stereotypes challenged. They also discovered new roles for nurses. However, none of the nurses in this study expressed a sense of futility as they began to work with vulnerable populations. Different from Hunt's study, the students worked with other vulnerable populations besides the homeless.

Many of the students were motivated to make a difference by continuing to work with the organization they had their service learning experience with. Others wanted to bring back what they learned to their place of employment to facilitate a better transition from acute care to community. They expressed interest in educating their peers to improve care and understanding of vulnerable populations. Some students made the decision to advance their education in order to continue working with their chosen population whereas others wanted to become involved in social and political action such as being engaged in coalition building and volunteerism to further promote health.

It is theorized that students did not have the same sense of futility as a result of being exposed to the issues faced by vulnerable populations and resulting health disparities throughout the program. They had been exposed to social, economic, cultural, and political forces that contribute to the considerable barriers that vulnerable populations experience in promoting and maintaining health. The students have been involved in projects that addressed solutions such as coalition building, policy writing, population advocacy, and health promotion interventions for families and communities. The resources they

discovered in the community and the work that was being done by the organizations they worked with was encouraging to them.

It is surmised that the work they did to establish their own service learning experience also assisted in building confidence in their abilities, further developing their leadership skills. Some students were very anxious about reaching out into the community on their own but the confidence it built was very rewarding to them. There were comments in the planning stage reflecting confusion and anxiety such as “Searching for community sites for my service learning experience wasn’t an easy task” and “I have read over all the material in the Service Learning folder and am still unclear as to what I am supposed to be doing right now”. As they spent more time thinking about it and working with their faculty member, they were able to transition from an individual client focused care to community focused care.

Another factor that may have led to a more optimistic view was that students chose to work with a population they had a heart for. They had given a lot of thought to what they wanted to do. Many students saw this as an opportunity to contribute to something they felt passionate about as reflected in the following comments: “Another area that is very dear to me is the homeless population. I grew up practically homeless and lived off food from a food shelf when I was young.... I feel a strong connection to that population”.

It was found that service learning met the desired outcome of assisting students to form conceptual linkages to other situations and develop higher- level thinking. For example reflective practice, advocacy, leadership, vulnerable populations, professionalism, communication, and collaboration were frequently linked together in a way they could apply to nursing practice.

8. Conclusion

The service learning experience for RN to BSN students has shown to be an effective way to enhance conceptual learning. The experience reinforced the community based philosophy of the School of Nursing and addressed the recommendations of the Institute of Medicine (2011) for students to have abilities in leadership, teamwork, collaboration, and a greater orientation to community and health promotion. Service learning is an effective way to use the skills of the registered nurse for health related service in the community while also meeting their academic and individual learning needs. The next step will be to evaluate the impact that RN to BSN service learning has on the organization and on the population being served.

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