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I am submitting herewith a dissertation written by Polly McClanahan McArthur entitled "Case Study: Community Perspectives of a Service Learning Partnership Involving One School of Nursing in the Southeastern United States." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Nursing.

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Case Study: Community Perspectives of a Service Learning Partnership Involving One School of Nursing in the Southeastern United States

A Dissertation Presented for
the Doctor of Philosophy Degree
The University of Tennessee, Knoxville

Polly McClanahan McArthur
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Dedicated to my husband
John

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The world and all that is in it
belong to the Lord;
the earth and all who live on it are his.
He built it on the deep waters
beneath the earth
and laid its foundations in the ocean depths.

(Psalm 24:1-2 Today's English Version)

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In many ways, my study is about a nursing professor unlike many in our time. I am deeply indebted to Wanda for her participation in my study. In the same way that she sat down for coffee with people in her community, she greeted me with a hug at our first meeting and gave me her full attention as I initiated my study.

In a most profound way, my family has been my anchor. I especially thank my husband John for his patience, wisdom, and optimism shared with me through the whole of my graduate studies.

Abstract

The purpose of this single case study was to describe community perspectives of a service learning (SL) partnership with a single university conferring a baccalaureate nursing degree. The longevity of the partnership extended the study purpose to explain why the partnership continued and worked well. A review of nursing literature revealed descriptive accounts of programs designed to meet needs of underserved populations and student learners. However, the review also revealed a knowledge gap in nursing education science regarding the community perspectives of successful SL partnerships. This study focused on relationships with the academe partner, interactions with students and faculty, and benefits of services rendered. Using a case study approach, the investigator sought disparate sources of information including interviews with 21 community members, the primary nursing professor, and the university administrator for rural health and community partnerships. The investigator reviewed relevant documents and made observations during nine days in the community. Triangulation of multiple data sources illuminated a relationship in which key players remained committed to mutual goals beyond immediate projects. Compelling findings were the a) immersed accessibility of the primary nursing professor who lived in the community, b) competency of community members to be expert teachers and set the agenda for the university's involvement, and c) increased social connectedness that empowered a community to improve its health. The American Association of Critical Care Nurses Synergy Model (Hardin, 2009) was useful for understanding the synergistic relationship involving community partners, student learners, and nursing faculty. However, the

broader themes of a community empowered through full integration into a partnership fit with social theories explaining interactions at the macro level as well as behaviors along a pathway of shared commitment. This case demonstrated that sustained interpersonal relationships were critical to developing the community's integral role as full partner, and the primary nursing professor was a trusted link advocating judiciously for all parties. As SL pedagogy is integrated into nursing education with an emphasis on community-based education and health at the population level, findings of this study can assist nurse educators in the development and maintenance of successful community-academe partnerships.

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Chapter 1

Introduction to the Study

In the fall of 2009, I walked up the solid wooden steps of a community center in a rural, isolated community in the southeastern United States. My goal for the afternoon was to interview four community center members who had participated in programs offered by nursing students from the regional university. In addition to the 19 interviews that I had conducted with community leaders, agency representatives, preceptors of nursing students, and health care administrators, I also wanted to hear the voices of local people who were "consumers" of the student programs.

A Glimpse of Daily Life

The aged brick veneer of the building and the marble plaque told me there was history and dignity beyond this clean, sturdy portico. Inside was the large open space of the county's first high school gymnasium. Today, energy flowed from older adults playing pool, battling at Bridge, fashioning colorful beads into intricate Christmas angels, and clearing tables after their communal lunch. A few members sat in chairs along the wall and took in the activities of the room.

The interviewees talked about how they enjoyed interacting with the university students, and they described how they welcomed and thanked the students for venturing so far from campus. They spoke of memorable activities such as an exercise class, art class, and information on how to dispose of medications. Tess (not her real name), an older woman with bright eyes and constant smile, shared her thoughts:

> They teach us everything we need to know. And I'm proud of them coming. They really show you. They will talk to you. They tell you things you don't know about the medicine and take your blood pressure. They're good, real good to come up here to talk to us all. (Tess)

With a chuckle, Wilma introduced herself as a "retired senior citizen" suggesting that being an active senior is a fulltime job. She emphasized that knowledge was flowing both ways when students came to the center: "It was a learning tool for [the students] because they learned to work with senior citizens and the elderly population."

My visit to this community social center was the culmination of my time in Crest County (pseudonym). I had been to the hospital, high school, health department, prison, the hillside operation of the sustainability development corporation, and more. At the end of my fieldwork, I wanted a glimpse into people's daily lives in a community where university students have engaged in programs of service and learning since the early 1990s. Community members' perspectives as participants in students' service projects may be the focus of future inquiries. Yet, my brief interaction with them confirmed some key ideas expressed by other participants in my study: The community viewed this relationship with the university as a positive experience, the nursing students' work was valued here, and everyone involved had something to contribute to the relationship.

Weaving the Story

From a broader perspective, this case study weaves stories from a disparate sample of community stakeholders to create a holistic representation of the service learning relationship between one community and one university in the southeastern

United States. I selected this institution and community setting because of its long record - almost two decades - of service learning. During my nine days in the community, I sought to record this community's experience and participation in a university's service learning program for nursing students. I gathered information (primarily interview data) from multiple sources including community people involved directly or indirectly in facilitating student activities as well as the primary nursing faculty member living in the community.

As the gatherer of data and interpreter of findings, I was keenly aware of my understanding of the community as a group of interconnected people who have reasons to maintain and influence these connections. Couto (1982) succinctly portrayed the essence of community: It is "a group of people who acknowledge bonds among themselves stemming from common space, kinship, or common need. Common action is also part of this concept of community" (p. xvi). Recognizing the unique rural characteristics of the community and the longevity of ties with the university, my task was to understand the contemporary phenomenon of this community's partnership with an academic institution by understanding the perceptions of individuals who are connected with the phenomenon. The concept of partnership that guided my inquiry encompassed a formalized relationship between an academic institution and community entities (usually agencies and organizations) based on a common purpose of meeting academic and community goals (Leiderman, Furco, Zapf, & Goss, 2003). However, I was open to the study participants' perceptions of how they characterized this relationship.

Community-Based Learning

Nurse educators have always placed students in the milieu of direct patient care and have guided learning with hands-on experience primarily in acute care settings. A new vision is taking nursing education into the community setting where students interact with people making daily choices about health – how to cope with chronic conditions, how to quit smoking, how to increase physical activity to 30-60 minutes most days of the week. Without resources, support, and knowledge, many people fail to make the daily decisions that promote health, prevent disease, or effectively manage chronic conditions. Whole communities can feel the impact of unmet health needs and unsupported behaviors for healthy living. When educational needs of nursing students match service needs of a community, innovative teaching strategies can bring nursing expertise to the community. At the same time, communities can make needs known and engage people from multiple disciplines in the problem-solving process.

While student learning is a significant concern of the educational institution, the community's assessment of the relationship is equally important. With a primary focus on the community's perspective, my interest is in studying the case of a community-academe partnership whose purpose is to meet community needs as well as educate nurses in population-based health care. The term commonly used by educators to describe such projects is *service learning*. Service learning (SL) programs respond to community-identified needs and provide resources that are beyond agency funding. In reciprocation, students achieve learning objectives in community-based settings (Bailey, Carpenter, & Harrington, 2002).

In this chapter, I present an overview and discussion of the significance of service learning in nursing education. Following this introduction, I discuss my interest in service learning as a teaching/learning method. Next is the problem statement, the purpose of the study, and my philosophical stance. The Synergy Model (Hardin, 2009; Hardin & Kaplow, 2005) serves as a guiding framework for exploring a synergistic relationship between academe and community. Research questions and assumptions come forth from my perspective of synergy, and I conclude with a discussion of the limitations, delimitations, and significance of the study.

Overview of Service Learning in Nursing Education

Nursing' Concern for Health of the Community

Nursing continues to expand the range of nurse-client relationships that promote health and prevent disease, and these relationships often take place in the community. SL is a teaching learning method that prepares nurses to understand and act on the complexities inherent in helping clients achieve and maintain health, which is the state of maximum potential for "physical, mental, and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1946, ¶ 1). The socialization of future nurses to value "professional commitment to and the responsibility for the health of the community" (Bellack & O'Neil, 2000, p. 18) is a national initiative (O'Neil, & Pew Health Professions Commission, 1998). Service learning is a vehicle for helping academic leaders reach out to communities and populations in need; for placing learning in the context of social, political, and cultural worlds of the client; and for

"helping students develop empathy, social awareness, and social and cultural competence" (Bellack & O'Neil, p. 18).

Key Elements of Service Learning

Service learning has several labels: a model for education, a philosophy, a pedagogical strategy, an educational innovation, and a set of guiding principles. Service learning is not unique to nursing, but the philosophy of learning through service is congruent with nursing's commitment to healing and caring interactions. Key elements of a SL experience include a) the formation of an authentic partnership between an academic institution and a community entity, b) active participation by the community in identifying a need that cannot be met by agency resources, c) preparation of students to collaborate with community partners and work competently to meet a need, d) structured activities that help students meet learning objectives of a credit-bearing course, e) reciprocal relationships in which all stakeholders share their expertise and experience changes in knowledge, attitudes, beliefs, and skills, and f) intentional reflection by students to transform concrete experiences into concepts that guide future action (Mueller & Norton, 2005; Seifer & Vaughn, 2002; Sigmon, 1997).

Service learning is an activity distinct from the traditional clinical rotation that focuses on learning through application of nursing skills in a supervised setting. Sigmon (1997) articulates the difference between an experience with equal emphasis on service and learning versus experiences that emphasize one or the other. In an authentic partnership, the community and educational institution share equal power in planning the SL experience. The service meets meaningful needs of the community, and learning is a

significant outcome for the student. The community-engaged student emerges from the experience with changed attitudes, beliefs, and knowledge.

Distinctions Among Service Programs

There is admitted confusion in drawing a line between educational activities that include community service, activities that are field education and provide a service, and a distinct SL program. Nursing literature provides examples of multiple interpretations of service learning. These examples include helping hospitals apply for the Magnet Recognition Program® (Baker, Bingle, Hajewski, Radant, & Urden, 2004), educating school children against tobacco use (Bassi, Cray, & Caldrello, 2008), conducting Head Start developmental screens and health promotion activities for preschoolers (Kulewicz, 2001), and working with families in a homeless shelter (Hunt, 2007). While service learning is flourishing as a teaching/learning method in nursing, as well as in many other disciplines, there is a need for a cohesive picture of service learning in U.S. nursing schools.

Furco (1996) explained that service-oriented programs share some commonalities with internships and field experiences but are distinguished by the degree of benefit to recipient versus provider and the intensity of focus on service versus learning. Figure 1 is Furco's illustration of the orientation and overlapping characteristics of five service programs found in education.

Volunteerism. According to Furco (1996), volunteerism is a program of charity where the service benefits the recipient not the volunteer.

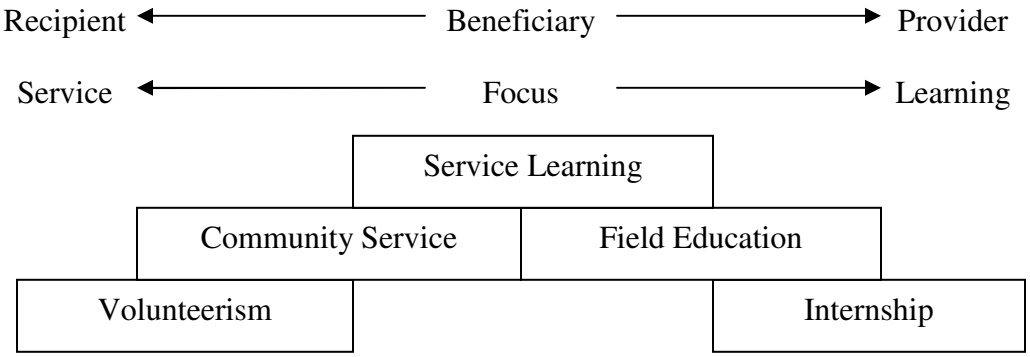

Figure 1. Furco's (1996) distinctions among service programs.

Internship. At the other end of the continuum is an internship where the provider of a service primarily engages in the experience to acquire career-related knowledge, skills, and attitudes.

Community service. At a more central position and overlapping volunteerism and internship are the two programs of community service and field education. An example of community service in nursing education is participation in Meals on Wheels. The primary purpose of the activity is to deliver healthy lunches to older and/or homebound adults, but the service provider is also learning about the needs of this population related to nutrition and social contact.

Field education. Field education is the more traditional clinical experience in nursing education where a student practices skills under supervision. The student focuses on learning a field of study while providing a service, and the scale tips more towards preparation of the learner (Furco, 1996).

Service learning. Service learning experiences bring the balance between service and learning activities to the center (Furco, 1996). The activities emerge in response to

unmet needs of the recipient and are matched with capabilities of students prepared to put theory into practice. The benefit to the learner is a deeper understanding of the professional role in a real world context of complex interacting variables (Poirrier, 2001). Equal emphasis is placed on the process and outcome of service provided to a population that otherwise would not have access to these resources (Seifer & Vaughn, 2002; Sigmon, 1997). Furco emphasized the fluidity of programs along this continuum from primarily service versus learning activities and from benefiting the recipient compared to the learner. He noted that programs evolve as well as change focus based on needs, resources, and goals of participants in the SL partnership.

National Initiative for Community-Based Educational Experiences

The nation faces diminishing opportunities for traditional clinical rotations as the supply of faculty and nursing staff moves steadily towards a shortage. Nursing programs strive to prepare future nurses committed to the health of communities, and academic health professionals seek new relationships with community clinical sites that foster SL opportunities (Foss, Bonaiuto, Johnson, & Moreland, 2003). Improving health care of populations, especially through primary and secondary levels of prevention, is a national goal. O'Neil and the Pew Health Professions Commission (PHPC) (1998) identified multiple factors shifting the U.S. health care system towards community-oriented services. Many illnesses and premature deaths are preventable through lifestyle choices and public health practices. For example, smoking causes one in five premature deaths. The U.S. devotes only 3% of the health care budget to public health initiatives. The aging population (65 and older) will increase by 80% in the next 20 years, and the chronic

illnesses of the elderly will stress current resources. In the 1998 report *Recreating Health Professional Practice for a New Century*, O'Neil and PHPC encouraged institutions of higher education to offer interdisciplinary experiences and to increase opportunities to learn and perform public service in community settings. Specifically for nursing, the commission charged schools to increase the proportion of community-based educational experiences. The evolving health care landscape challenges nurse educators to create learning opportunities that prepare nurses to partner with communities in promoting wellness and preventing illness.

National guidelines from the American Association of Colleges of Nursing (AACN) advocate community-based nursing education (CBNE) (Stanley, Kiehl, Matteson, McMahon, & Schmid, 2002) and integration of concepts of health promotion, disease prevention, and population health across the curriculum of health professions (Allan, Stanley, Crabtree, Werner, & Swenson, 2005). Nursing's historical roots in community-based services (Hunt, 2007) and clinical education through active participation form a natural link between SL activities and the trends in CBNE.

My Interest in Service Learning

In 1971, I moved from Texas to Tennessee to enter the undergraduate nursing program at Vanderbilt University. As a sophomore nursing student, I discovered an interdisciplinary student-led project on campus (Student Health Coalition) that organized health fairs in isolated Appalachian communities. The first year I participated as a student health worker; the next year I was the project's co-leader along with a political science major. Together we wrote grants, recruited students, visited communities to meet with

local groups for needs assessments and planning, enlisted support from the Tennessee Valley Authority, solicited donations of supplies, and met with program leaders (physicians) and student teams to plan the year.

My enthusiasm for taking my nursing skills to the community has never changed. In 1975, I graduated with a Bachelors of Science in Nursing and a Primex certificate as a nurse practitioner. I returned to one of the host communities to work as a National Health Service Corps nurse practitioner.

Even though the term *service learning* was not in vogue at Vanderbilt in the early 1970s, the philosophy and activities were congruent with a balance of serving and learning for the purpose of bringing needed resources while simultaneously working with the community to solve health care problems. Granted, the motives of the project were idealistic, the primary leaders were single-minded and passionate, and the social era was ripe with activism; however, I do not see the community-engaged learning experience fading with the times. Nor do I envision the goal of nursing education to produce only hospital-based nurses. Perhaps now more than ever, nursing programs must reach out into the community and the world at large to provide educational opportunities in the environment where people live, work, learn, and play. Although I owe my entire nursing career to the perspectives and experiences gained in my formative undergraduate years, I am compelled to explore the meaning of the SL experience from the other half of the SL equation: the community.

If academia has embraced SL as a strategy to engage students in making the community a better, healthier place, then what do nurses know about the community's

response to the community- academe relationship and to the benefits of the service? Just as nursing must build the science of pedagogy with well-designed studies, so must the profession explore the process and outcomes from the community's point of view. This approach mirrors the way nursing expands the body of knowledge about patient outcomes by studying phenomena such as transplant surgery from the patient's perspective.

Problem Statement

While studies support positive learning outcomes for students participating in SL programs, the problem is that few studies evaluate SL partnerships from the perspective of the community. There is a gap in what is known about the community's assessment of the partnership experience, which includes perceptions of community members regarding relationships with the academic institution, interactions with students and faculty, and benefits of services rendered.

Communities have limited resources to meet the health needs of citizens. As a result, certain populations, especially the underserved, may experience deficits, disparities, and burdens that negatively impact health. Health disparities stem from a multitude of factors linked to access to care as well as unfair treatment of ethnic/racial minorities and marginalized groups (Baldwin, 2003). Communities need help filling this gap. Nursing schools strive to meet standards for teaching care of populations at the community level. Nursing students need community-based learning experiences focused on improving health of populations. Service learning is a viable pedagogy that facilitates learning to care for populations balanced with helping a community meet health needs. However, extant literature has largely overlooked assessment of community perceptions.

A review of the nursing literature revealed descriptions of the faculty-driven process of designing, implementing, and evaluating SL projects (see Chapter 2 for citations and critical evaluation of this literature). Most were descriptive accounts of activities designed to meet needs of underserved populations and learning outcomes of students (usually assessed only through reflective journaling). My research concern (Auerbach & Silverstein, 2003) is to learn more about the community's perception of and responses to a SL program in the southeastern United States. My research concern is quite general because most SL research (particularly in nursing) focuses on outcomes of student learning and value of the pedagogy. There has been less concern for illuminating the community's perspective on what motivates a community to work with a university and what comes from this relationship.

Purpose of the Study

Therefore, the purpose of this study was to describe how a community perceived a SL partnership with a single university (in particular, a nursing baccalaureate program). This description included community perspectives on what it was like to work with university representatives (students, faculty, others) and what came from this interaction. The longevity of the partnership extends the purpose of the study to an examination of why the community continued to participate in the SL partnership.

Philosophical Stance of the Researcher

My sensitizing framework is the foundational belief that people with unique resources and needs come together to solve problems. In nursing, this union traditionally focuses on the nurse-patient relationship. At the center is caring, which Watson (1988)

conceptualizes as a relationship of supreme respect for and protection of human dignity and justice. When nursing education institutions form partnerships with the community, the ensuing caring processes promote a state of harmony and protection of dignity through protection of health (Rafael, 2000). This connection between the "the one caring and the one-being-cared-for" (Watson, p. 50) (as interchangeable roles) fosters a reciprocal exchange of knowledge, skills, and wisdom at the individual, group, and systems level. Watson's Theory of Human Caring supports the ideal of reciprocity in an experience where service and learning share equal emphasis. The ideal of mutuality in a caring relationship is reflected in the SL principle of authentic partnerships (Rafael, 2000).

Both Watson (1988) and scholars of service learning support casting aside paternalism in the nurse (i. e., student) - client relationship. Students sometimes come into a community with the idea that they are there to "fix" a problem (Hanks, 2003). For some, attitudes change from a conservative view of feeling superior to a liberal view of identifying with the struggles of others (Hanks; Watson, 1988). Interventions or caring processes are occasions of full participation by nurse (in this instance, nursing student) and client. Success depends on knowledge of the other's needs, desires, priorities, strengths, limitations, and meaning of the situation. The nursing intervention requires enabling actions that place control and power in the hands of the client.

Service learning methods bring educational institutions, students, educators, and communities together in a relationship of helpfulness and responsiveness to the other's needs. Watson's (1988) theory conceptualizes this caring relationship as human-to-

human connectedness where both parties learn from one another and respond with helping behaviors that go beyond just sharing experiences (Watson, 1988). Watson's theory is congruent with knowing the whole by knowing individual parts. In the sense of community, the focus can be on the "wholeness of a community, aggregate, or population, while still attending to the individuals and families within" (Rafael, 2000, p. 41).

Another shared value is the "regard and reverence for the spiritual-subjective center of the person with power to grow and change" (Watson, p. 73). These values are congruent with SL principles of servers as learners, the practice of self-determination, and the power by those being served to control the services (Simoni & McKinney, 1998). From my point of view, this community- academe relationship is similar to the union of nurse and patient for helping move the patient towards optimal health. Unique to the SL partnership is the concept of reciprocity: Parties unite with the goal of moving both parties toward optimal functioning.

Synergy Model

While Watson's (1988) theory serves as an overarching perspective of the centrality of caring in a community-academe relationship, the middle-range theory of the American Association of Critical Care Nurses [AACN] Synergy Model (AACN, n. d.; Hardin, 2009; Hardin & Kaplow, 2005) provides more concrete concepts related to the interaction of parties in a caring relationship. In this study, I draw upon the Synergy Model to guide my understanding of the reciprocal relationship between nursing programs in higher education and a community in need. The characteristics and

competencies (see Table 1) of both parties are relevant to the coming together of community clients with health needs and an education program that prepares nurses to promote health of populations. When the attributes of the two parties match, synergy occurs and optimal outcomes result.

In a community- academe partnership, all stakeholders share in demonstrating "professional caring and ethical practice" (AACN, n. d., ¶ 4). Rather than the primary focus being on the characteristics of the community and competency of the educational institution (including administration, faculty, and students), in SL there is a dual focus on

Table 1

Dimensions and Descriptors of Synergy Model (AACN, n. d.)

Dimensions of Synergy Model	Descriptors
Characteristics of Community and Academic Partners	Resiliency, Vulnerability, Stability, Complexity, Resource Availability, Participation in Care, Participation in Decision-Making, and Predictability
Competencies of Community and Academic Partners	Clinical (Professional) Judgment, Advocacy and Moral Agency, Caring Practices, Collaboration, Systems Thinking, Response to Diversity, Facilitation of Learning, and Clinical Inquiry (Innovator/Evaluator).

the characteristics and competencies of both partners. As a result, the Synergy Model describes a bi-directional relationship, and depending on the point of view, one party may contribute expertise that fulfills the needs of the other. For example, the community partner is the expert in identifying needs of the population while the academic partner expertly identifies learning goals of the students.

In a relationship of synergy, both parties work toward a common goal. The dictionary definition of synergy is, "a mutually advantageous conjunction or compatibility of distinct business participants or elements (as resources or efforts)" (synergy, 2009). The resulting synergism is an "interaction of … conditions such that the total effect is greater than the sum of the individual effects" (synergism, 2009). While Curley (1998) did not conceptually analyze synergy in the inaugural piece on this nursing model, she specified what constitutes the synergistic relationship. "Synergy derives from responsive interdependence, intersubjectivity, shared commonality, and equity within the patient-nurse relationship. Patient-nurse synergy results in a better outcome than that which could be achieved independently" (Curley, p. 65).

Synergy, defined as a coming together of participants to accomplish more than can be done alone, is applicable to the SL partnership. In the following discussion, I will apply components of the Synergy Model to the relationship and goals of the student learners engaged with community partners to improve health of clients. This is a new application of the model at the level of change in community health intersecting with strategies for educating nurses. Although not exactly equivalent to the community setting,

the model has been utilized successfully in an ambulatory setting demonstrating its usefulness outside the critical care environment (Hayes, 2004).

Characteristics. The Synergy Model describes characteristics of "patients, clinical units, and systems of concern to nurses" (AACN, n. d., ¶ 6). In a SL framework, these characteristics describe both the academic and the community partners. For example, resilience, vulnerability, stability, and complexity describe partnering organizations as well as individuals. Academic institutions have degrees of vulnerability ("susceptibility to actual or potential stressors that may adversely affect … outcomes" [Hardin & Kaplow, 2005, p. 5]) such as shortages of nursing faculty. Both parties have issues of resource availability ("technical, fiscal, personal, psychological, social, or supportive in nature" [Hardin & Kaplow, p. 5]) that influence each party's contribution to the collaborative effort. Participation in care, participation in decision making, and predictability are important characteristics to assess and acknowledge while building a successful partnership. For example, in a survey study of community partners, Muzak and Wollard (2008) found that in order to feel more like co-educators, the community partners requested more communication from faculty about expectations for the students and how students were evaluated academically. The authors concluded that due to the unpredictable nature of the SL experience, effective communication skills (a competency) were needed to maintain a clear understanding between community and academe regarding expectations for students in the field.

Competencies. Both academe and community partners bring competencies to the partnership. In the Synergy Model, *clinical judgment* involves "decision-making, critical

thinking, and a global grasp of the situation, coupled with … skills acquired through a process of integrating formal and informal experiential knowledge and evidence-based guidelines" (AACN, n. d., Clinical Judgment). Knowledge gained through reflection on experience (i. e., experiential learning) is a key component of SL philosophy. Service learning scholars such as Janet Eyler (2002) incorporated Kolb's Experiential Learning Cycle into structured reflection activities, which she considered the link between service and learning. Eyler emphasized the need to reflect at three levels: personal, with faculty, and with community partners. Structured reflection helped the student process the concrete experience into abstract conceptualizations (interpretations) that could be tested in future situations (active experimentation). In the SL environment, professional judgment rooted in critical thinking and experiential learning applies to community-based assessments, plans, actions, and evaluations carried out by all parties.

Advocacy and moral agency ("working on another's behalf … and identifying and helping to resolve ethical … concerns" [AACN, n. d., Advocacy and Moral Agency]) characterize both a nursing commitment and a goal of community agencies. A community partner demonstrates advocacy in the way it understands the needs of those it serves, represents those needs to the community at large, and seeks justice for populations it serves. In a study by California Campus Compact (Sandy, 2007; Sandy & Holland, 2006), researchers brought forth the voice of community partners through focus groups. The researchers accessed 99 community partners (non-profit and public organizations including libraries, hospitals, and schools) deemed by eight academic partners as organizations experienced in SL partnerships. Although nursing programs

were not identified specifically as academic partners, the researchers made an effort to access institutions of higher education with varied characteristics. These characteristics included urban, rural, four-year, community college, research-intensive, public, private, and faith-based institutions. The focus of the research was on the community's perspective of the partnership. The themes of *social justice* and *transformational learning for the common good* described the community partners' efforts to strengthen social capital. The community partners' advocacy positions for justice and learning opportunities facilitated building knowledge and changing practices.

Just as nurse caring practices can expand to *caring* for populations, so can community partners' caring practices create an environment of compassion and support, which is congruent with the Synergy Model concept of caring. Caring practices by all partners lead to supportive relationships and reduce impediments to realizing optimal health for the community.

With caring as a central value, community and academic partners collaborate to achieve goals. The Synergy Model definition of *collaboration* is, "working with others … in a way that promotes [and] encourages each person's contributions toward achieving optimal/realistic … goals. [This] involves intra- and inter-disciplinary work with colleagues and community" (AACN, n.d., Collaboration). Collaboration involves listening to others, willingness to mentor and be mentored, and soliciting contributions from knowledgeable and diverse resources in the community. As an outcome of a national conference, the Community-Campus Partnership for Health (CCPH) outlined 10 principles of partnership that strengthen the collaborative relationship. These include: a)

forming a partnership for a purpose, which may evolve or change, b) jointly specifying missions, goals, outcomes, and accountability, c) building mutual trust, showing respect, and fulfilling commitments , d) recognizing strengths and assets while striving to address needs and increase capacity, e) ensuing a balance of power and shared resources, f) practicing clear and open communication, g) agreeing on the principles and processes of the partnership and clarifying decision-making and conflict resolution processes, h) giving and receiving feedback among all stakeholders directed towards continuous improvement, i) sharing the benefits of the accomplishments, and j) planning a process for closure or resolution of the partnership if needed (CCPH, 2006).

Systems thinking as part of the Synergy Model "allows the nurse to manage whatever environmental and system resources exist … within or across healthcare and non-healthcare systems" (AACN, n. d., Systems Thinking). Service learning activities are congruent with evaluating interactions between complex variables in the community environment. The community- academe partnership itself is a complex system of action, purpose, and change, and a means of tapping alternative resources using forward-thinking strategies. Similarly, the SL projects challenge all stakeholders to think holistically about interrelationships within and across all levels of social, political, and economic networks (Hardin, 2005).

All stakeholders in the partnership must *respond to diversity* with a "sensitivity to recognize, appreciate, and incorporate differences into the provision of care. Differences may include, but are not limited to, cultural differences, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age, and values" (AACN, n. d., Response to

Diversity). At the local level, community partners and academic institutions may note differences between the students and community clients (e. g., Hunt & Swiggum, 2007). In addition, the Synergy Model provides a framework for addressing diversity at the systems level where community-academe partners may find diversity in culture, values, and other socially constructed distinctions that influence the collaborative experience.

Facilitation of learning is a key competency in the Synergy Model. In SL projects, learning occurs not only for students, but also for the community partners, clients, the educators, and academic administrators. Ultimately, the community clients are the teachers. Ideally, students enter humbly into a relationship with community clients where both parties have something to teach the other. A study of a SL intergenerational visitation program illustrated the idea of a shared learning experience (Underwood and Dorfman, 2006). The researchers wanted to know the impact of a visitation program from the viewpoint of participating older, rural-dwelling adults who interacted regularly with visiting college students. Interviewers questioned 43 older adults (ages 80-98) about what they contributed to the students who visited, what the students contributed to them, and what they identified as strengths and weaknesses of the program. The older adults responded that meaningful benefits of the project were the opportunities to share their life stories with young people and to learn about the current generation of young adults. Student interviews were not part of this study as specified by the researchers' aim to discover the meaning of the experience from the perspective of the elders served by an intergenerational SL project.

The last in the list of Synergy Model competencies is *clinical inquiry*. AACN defines this as an "ongoing process of questioning and evaluating practice" (n. d., Clinical Inquiry). While service learning does not take place in a traditional clinical setting, the concept of ongoing evaluation and modification applies to activities in the community and to faculty decisions about course design. Research on SL involves asking questions such as how do project participants give feedback, how do partners dialogue to address and solve problems, and how do all parties gain knowledge and skills to achieve their goals?

The Synergy Model was developed to guide clinical practice in the acute-care setting. Schools of nursing have adopted the model as a theoretical framework for curricula (Hardin, 2009; Hardin & Kaplow, 2005). The primacy of the nurse responding to a client's need resonates with a community-based education program that emphasizes equally the nursing student's learning experience and the rendering of services that improve health for underserved populations. When competencies and characteristics of community and academe match, the synergistic relationship contributes to optimal outcomes, which are derived from participants and from the system of shared resources.

Research Questions

Based on my personal interest in service learning pedagogy and the paucity of empirical evidence representing the community's perspective, my overarching question is, "Why does this community participate in (i. e., desires to be in and maintains the existence of) a service learning relationship with an academic institution that educates

nurses in a baccalaureate program?" In essence, why does this community-academe partnership work so well? The specific questions guiding my inquiry include:

1. What motivates community partners to work with a college of nursing?
2. How do community members perceive the experience of working with the students and faculty?
    a. How do community partners/clients decide to enter into, perpetuate, or end a collaborative relationship?
    b. What facilitates or hinders this process?
3. How do community members perceive the services rendered by the students?
    a. How do representatives of community agencies perceive the quality and the impact/outcomes of student projects?
    b. How do community clients (recipients of service such as people who come to the health department) perceive the quality and the impact/outcomes of student projects?

I adopted the case study approach, which is appropriate for examining "how" and "why" questions that seek to explain a contemporary phenomenon in the context of time and place and without manipulation of conditions by the researcher (Yin, 2003). The case (also referred to as the *unit of analysis*) is the community-academe partnership in a service learning initiative involving undergraduate nursing students. The focus is on interactions among community, academe, faculty, and students. The rationale for using a case study approach is discussed in Chapter 3 (Methodology).

Why am I asking these questions? I have an intense personal interest in service learning pedagogy. I want to be able to say something about the case: What is this SL relationship between community and university and why does the community participate? See Appendix A for an organizational scheme connecting the research questions with the phenomenon of interest: a relationship/partnership between community and university. A systematic inquiry of how key participants perceive their relationship in a SL initiative will strengthen nursing's understanding of SL as an educational strategy and as an approach to meeting community-identified needs.

Assumptions

1. Nurses "work to optimize outcomes" (Hardin & Kaplow, 2005, p. 8) for the health of community and client.
2. Partners bring backgrounds of education, knowledge, skills, and experience to each situation (Hardin & Kaplow, 2005).
3. There is interrelatedness between community populations, nursing resources, and organizational systems; and the "nature of this interrelatedness may change as the function of experience, situation, or setting changes" (Hardin & Kaplow, 2005, p. 8).
4. Nursing is a service profession in which service to others is a form of caring.
5. Academic institutions primarily function to educate students, and the ultimate goal is to prepare citizens to contribute actively to the common good of society.
6. Community partners primarily function to meet the needs of the community with the goal of contributing to the common good.

Limitations

This case study is limited to an in-depth investigation of a single case; therefore, the research does not attempt to generalize findings as representative of a universe of service learning partnerships. The location is primarily a conservative section of the United States where people have strong religious affiliations. This may influence the altruistic nature of individual and institutional commitments to service. There is a potential for researcher bias based on my background and positive experience with service learning as an undergraduate nursing student. To reduce bias, I selected a data collection site where I have no personal or professional connections and where the participants in the study do not know me. I recognize that partnerships build loyalty and that community partners participating in interviews may give socially desirable responses. On the other hand, because I am not affiliated with the academic institution, interviewees may be more candid with me about any dissatisfactions or concerns.

Delimitations

I began by delimiting the case study to one institution with an established program of service learning that meets the definition outlined above, and I focused on undergraduate service learning opportunities in the nursing program. An initial contact with the State Campus Compact (a coalition of university presidents dedicated to "campus-based civic engagement" [Campus Compact, n. d.]) led me to the university's service learning center and then to the course coordinator for the community health nursing program in a single county. Understanding the case of the community-academic

partnership as a relationship between this county and the university, I was able to establish this case as a "specific, unique, bounded system" (Stake, 2000, p. 436).

Bounding by Space

Bounding the case by space (Yin, 2003) meant limiting my investigation to informants within the geographic boundaries of the county, which includes one city center. The county is the space where I gathered data. I sampled within the case by primarily interviewing community members plus the nursing faculty member who also lives in the community. With the exception of the university director of the community partnership program, other university representatives such as professors and deans fell outside the space boundaries of the study and were not included. Current students were also excluded, as they did not fit with the study's focus on community perspectives of the SL relationship.

Bounding by Time

Bounding the case by time (Yin) meant focusing primarily on the "now" along with full appreciation of the historical context of a relationship covering two decades. This case of the partnership had a clear beginning (1992), periods of transition, but not a clear ending; thus, the past details of the partnership helped me understand the present case. As revealed later in the description of this unique, bounded case, changes in funding, curriculum, and the nebulous passing of time influenced the community-academe partnership.

Summary

There is a growing need to look to academic institutions to provide health care resources when the community cannot meet its own needs. Disturbingly, 15.3% of people in 2007 did not have health insurance (United States Census Bureau, 2008), and the United States' health care system ranks 37th by world standards (Musgrove et al., 2000). Institutions of higher education have a responsibility for graduating citizens who will participate in democracy and contribute to the common good (White, Festa, Allocca, & Abraham, 1999). From a nursing perspective, education programs should systematically create and perpetuate real-world activities that engage students in relationships of caring for local and global communities. Service learning has become one teaching/learning method utilized by nursing education programs to combine community-based education with health-related services for underserved populations. Service learning activities accomplish goals of community-based nursing education by allowing students to practice nursing interventions along a continuum of wellness to illness, by serving diverse clients (individuals and populations) in their own environment, and by practicing interdisciplinary collaboration (Carter, Fournier, Grover, Kiehl, & Sims, 2005).

Recall that the California Campus Compact Community Voices study brought together 99 community partners in focus groups to explore the "reciprocity of benefits for the community" (Sandy, 2007, p. 4). Research questions grew out of the academic partners' need to ask, "What do our community partners think about service-learning? We think they are benefiting, but how do we know? Why do they choose to partner with us in the first place?" (Sandy, p. 4). Nursing research has not focused on the outcomes

and assessments of partnership from the perspective of the community partners and clients. It is possible that student and faculty assessments of the experience are different from the assessments of community entities participating in the SL partnership. This study will help close that gap and expand nursing's knowledge of the interrelated factors contributing to or detracting from a synergistic relationship between student learner, academic institution, and community partner/client.

Chapter 2

Literature Review

In the southern United States (U. S.), a community health nursing instructor observed undergraduate nursing students interacting with older adults in a low-income public housing unit (Erickson, 2004). The context was a service learning (SL) course designed to bring students together with older adults who had less access to health care services and rarely interacted socially beyond the hallways and common areas of the building. During the semester, nursing students developed, delivered, and evaluated health promotion and disease prevention services.

As the instructor paid careful attention to all that transpired, she noted that students expressed new insights related to their preconceptions and initial responses to residents and the living conditions. Many residents showed enthusiasm for exercise groups and educational activities; some showed disinterest. The instructor noted the housing manager's involvement in activity planning as well as the students' creative development of nursing interventions that provided service to this disadvantaged and socially isolated population. Overall, students verbalized satisfaction with the experience but indicated a desire for more opportunities to perform skilled nursing tasks. These observations and insights were published and shared with nurse educators interested in community-based SL teaching strategies (Erickson, 2004).

As nursing adopts SL pedagogy to prepare nurses to care for populations, educators need to know the state of science of SL pedagogy and the learning and service outcomes for all stakeholders: students, faculty, and community. The purpose of this

integrated review of literature is to examine what is known about SL in nursing education, critique the literature, identify gaps in knowledge, and support the need for empirical research to increase understanding of the value of SL pedagogy for both learning and authentic service.

Methods of Literature Search

This critical review of the literature centers on the process of integrating SL activities and the outcomes for the stakeholders (academic institution, faculty, students, and community partners/clients). Literature that focused on the process issues described coalitions forged between academe and community, course design and implementation, and models guiding SL program development. Topics related SL outcomes included the mission of the educational institution, faculty satisfaction with the pedagogical strategy, evaluation of student learning, and fulfillment of community needs. Figure 2 illustrates the organization of SL topics that constitute current knowledge of the phenomenon. Nursing science is developing in the area of service learning; therefore, the reviewed studies include ones based on empirical research as well as articles that are not based in research.

The literature searches were conducted primarily in CINAHL, a nursing database, using the key words *nursing education, service learning, research, outcome,* and *faculty*. I used the word *faculty* to access articles addressing faculty involvement in SL design, implementation, and evaluation. Because national position papers were published in the late 1990s, searches spanned more than a decade (back to 1997). Searching a ten-year

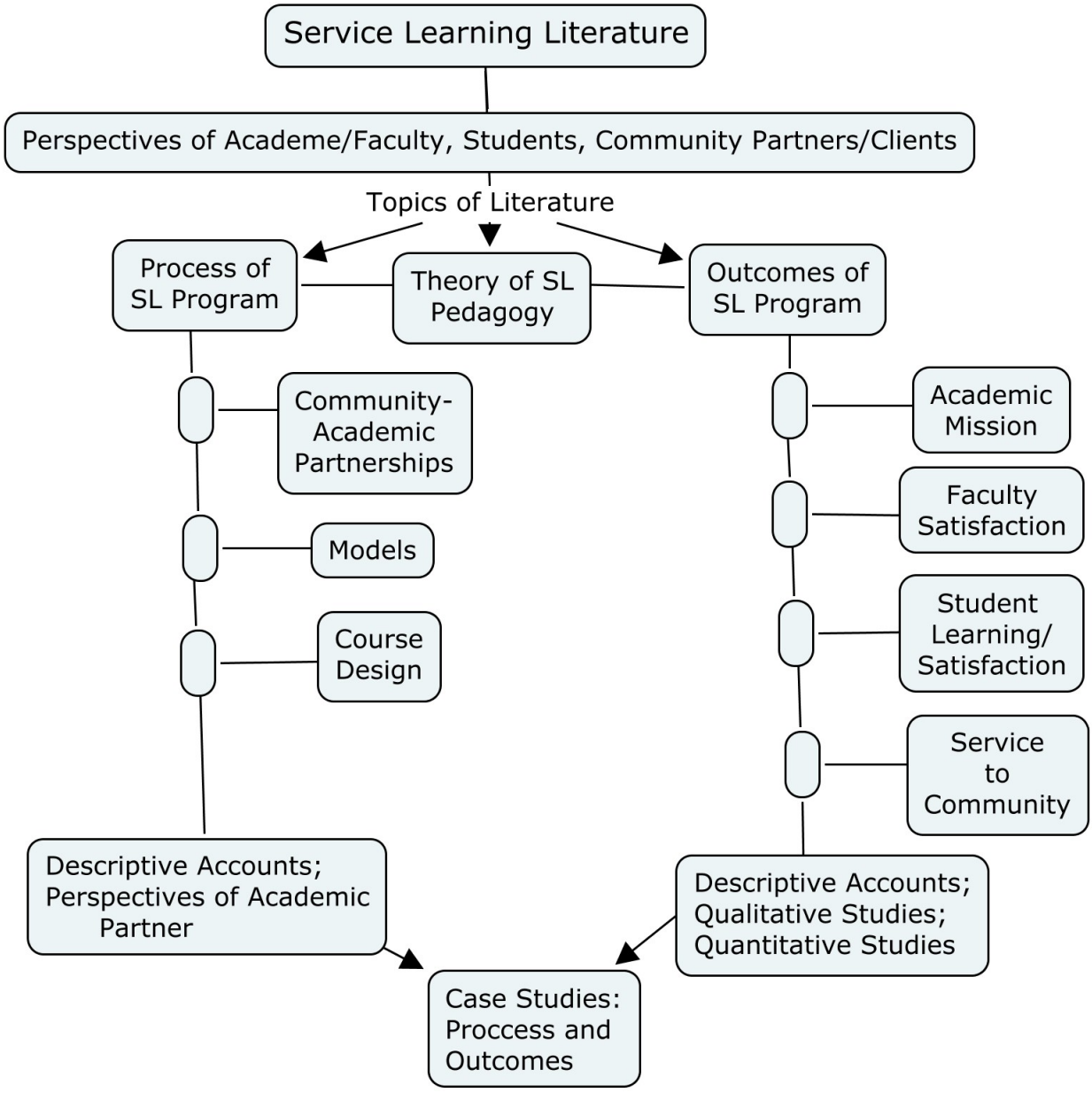

Figure 2. Organizational chart for service learning literature review

span of literature is appropriate for gaining an understanding of the phenomenon (Creswell, 2003).

I conducted a search of PubMed using the term "'service learning', nursing, AND research." These search words generated 50 records. Seven articles were accessed including Hunt's (2007) descriptive phenomenological study of nursing students serving the homeless. In order to examine studies from a related discipline, I expanded the search to an education database (ERIC) and found articles from the *Michigan Journal of Community Service Learning.* I accessed Quinn's (2006) article from a peer-reviewed education journal through Academic Search Premier.

The primary focus was on baccalaureate-degree nursing programs; however, graduate degree programs were included to broaden the representation of SL initiatives in nursing. In addition, relevant information came from a dissertation study of programs that offered associate degrees in nursing (Norris, 2007) as well as literature from related disciplines such as medicine, allied health, education, and social work.

Overview of Findings

The research literature represents two broad categories: (a) articles that describe the process of organizing, designing, and implementing SL activities as community-campus partnerships, and (b) articles that analyze the outcomes of service learning as perceived by students, faculty, and community. Categories of articles include descriptive narratives, case studies, phenomenological studies, other qualitative studies, and quantitative studies using descriptive statistics and group comparisons.

Descriptive narratives dominate the extant literature. For example, a 2002 edition of the *Journal of Nursing Education* (volume 41, issue 10) was devoted solely to service learning. Most of the nine articles were descriptive of educational innovations, and one

article was a research study. The review of the nursing literature revealed descriptions of the faculty-driven process of designing, implementing, and evaluating SL projects. Many articles focused on evaluation of student learning, generally through journal entries that testified to the students' change in attitudes about health care needs, disparities, and cultural issues (e. g., Narsavage, Batchelor, Lindell, & Chen, 2003; Scott, Harrison, Baker, & Wills, 2005). Students' personal satisfaction with the learning experience along with meaningful service may contribute to the "feel good" nature of SL activities (Fahringer, Assell, Harrington, Maschio, & Stone, 2000, p. 163). While enthusiasm for the teaching/learning method is important, there is a need to look at the phenomenon in a holistic fashion and to discover how key participants interact and judge the success of their collaboration. Rigorous methods of inquiry will strengthen an understanding of service learning's place in nursing education and the outcome of collaborative activities from the perspective of community partners and recipients of service.

Critical Analysis of Literature

Theoretical Frameworks in Service Learning

Articles contained reappearing themes about educating responsible citizens and harnessing the knowledge and skills of students and faculty. Prominent themes included civic engagement; participation in democracy; connection of theory with practice; understanding of the struggles of others; moral and ethical values of serving others; experiential learning; integration of research, practice, and education; development of a political persona as part of a professional persona; social justice; nurses as change agents;

and growth in cultural competency (Bailey, Carpenter, & Harrington, 2002; Cohen & Milone-Nuzzo, 2001; Gehrke, 2008; Hunt & Swiggum, 2007).

Scholars routinely specified the principles of service learning (presented in Chapter 1) as the basis for community-based nursing interventions. Only a limited number of authors alluded to theoretical frameworks for the design of a study or interpretation of findings. Leininger's transcultural nursing theory (Leininger & McFarland, 2002) framed the field experience of nursing students providing transcultural care to families in a homeless shelter (Hunt & Swiggum, 2007). Based on 14 student interviews, the authors described six themes illuminating the experience of "being in another world" (Hunt & Swiggum, p. 167). The authors found these themes consistent with Camphinha-Bacote's (2002) process of cultural competence. The authors noted that Leininger's theory was used to sensitize and prepare students for understanding their responses to the service experience. Consequently, the qualitative approach for understanding the lived experience of students came after the students' exposure to a theory that guided their interpretations of the experience. In this case, the researchers' methodology is in conflict with a phenomenological approach, which seeks to illuminate the essence of human experience in the absence of external manipulation of the participant's environment (Thomas & Pollio, 2002).

Following conventional wisdom, some authors recognized John Dewey as the "father of service learning" (Reising et al., 2008, p. 1) and acknowledged his philosophy of educating responsible citizens so that democracy will prevail. After this passing reference, the authors did not discuss how their findings related to Dewey's philosophy of

community-engaged learning (e. g., Cohen & Milone-Nuzzo, 2001). Kolb's theory of experiential learning received similar recognition without further discussion in the interpretation of findings (e. g., Baker, Bingle, Hajewski, Radant, & Urden, 2004). In some cases, designers of SL activities drew upon theories that guided the design of interventions or assessment of outcomes. Examples included Bodenheimer's chronic disease model in a depression screening program (Cashman, Hale, Candib, Nimiroski, & Brookings, 2004), Cohen's nursing theory of political development in a policy-making experience (Cohen & Milone-Nuzzo, 2001), Boyer's model of scholarship in faculty assessment of course outcomes (White et al., 1999), and Pender's health promotion model as the basis for a health promotion intervention (Reising et al., 2008). Some authors intertwined theoretical concepts throughout (e. g., Cohen & Milone-Nuzzo), while others only named the model without further elaboration (e. g., Cashman et al.). Scholars in the field of education, such as Janet Eyler, Dwight Giles, and Andrew Furco, were recognized for their clarification of SL concepts (e. g., Cashman et al.; Farley, 2003)

Process Issues of Service Learning: Forming Community-Campus Coalitions

Service learning is a partnership with three key players: university, community, and students. The mission of the university (and the school of nursing) guides initiatives that develop and sustain SL activities (Bailey et al., 2002). In some cases, authors acknowledged a university's prior relationship with community agencies (Foss et al., 2003) or specified the mission of a land-grant university to be an accessible resource to the community (Hamner, Wilder, & Byrd, 2007). However, discussion of a university's

mission to serve or its budgetary support was not usually the focus of an article. Background information on partnership origins provides a deeper understanding of institutional goals and efforts to sustain relationships with community entities (Bittle, Duggleby, & Ellison, 2002).

Preplanning process. In order for a form of pedagogy to flourish in an educational system, there must be wide support (including financial) for the time and effort that SL activities require of faculty and staff. Some universities establish *service learning centers* that help with grant writing, campus conferences, and activities to connect students with community agencies (Palmer & Savoie, 2001). Organizational steps for creating a community-campus partnership may include formation of university-wide planning teams, needs assessment of the community, coalition-building activities with community representatives, collaboration with SL experts at the university and national level, and attendance at a national institute for SL development (Bittle et al., 2002; Narsavage et al., 2003).

The pre-planning process may take a year (Narsavage et al., 2003), and faculty of one school that did not do thorough pre-planning realized the deficiencies in communication between all parties and student dissatisfaction with an experience that had limited activities (Peterson & Schaffer, 1999). Quinn (2006), in her self-reflective case study, also concluded that limited pre-planning affected coalition-building activities with a community agency that partnered with a SL course in childhood education. The university must plan to make its needs known to the community so that alliance-building activities result in high-quality experiences for students (Hamner et al., 2007).

Grants/funding/budgetary support. Many nursing programs need funding to initiate or expand SL activities. Descriptive articles often do not address the details of university budgetary issues or grant-writing activities to secure extra-mural funding. An example of funding through a private foundation appeared in one article that described the expansion of a partnership with a public housing agency (Hamner et al., 2007). Funding supported an increase of faculty time for direct supervision at the community clinic sites. Another article detailed the organizational steps of a partnership with an alternative school to provide prenatal services to pregnant teens (Foss et al., 2003). The article included data on funding needs of the school system and public health services but did not include data regarding university financial outlay to support faculty time to develop and supervise the project. All aspects of securing and maintaining financial support are of interest to nursing programs that pursue growth in SL activities.

National resources for service learning. National organizations are important resources for SL programs (Bailey et al., 2002). Community-Campus Partnerships for Health (n. d.) is an interdisciplinary organization that hosts training institutes and national conferences focused on SL activities related to health. A free CCPH tool for assessing student learning (*End-of-Program Survey*) assisted researchers in evaluating a project serving teen parents (Bentley & Ellison, 2005). Campus Compact (n. d.) is a coalition of colleges and universities promoting civic engagement. National Service-Learning Partnership (n. d.) provides resources such as grids for evaluating student-learning experiences (Quinn, 2006). National collaboration through membership and participation

in institutes/conferences assists with organizational steps for community engagement (Narsavage et al., 2003).

National nursing organizations are active in designing resources to facilitate the paradigm shift to nursing care of populations. American Association of Colleges of Nursing (AACN) joined forces with representatives of allopathic medicine, dentistry, nursing, osteopathic medicine, pharmacy, and physician assistants. This task force created a curriculum framework guiding education in health professions related to individual and population-focused disease prevention and health promotion (Allan, Stanley, Crabtree, Werner, & Swenson, 2005). The mission of the Healthy People Curriculum Task Force (Association for Prevention Teaching and Research, n.d.) was to transform *Healthy People 2010* Objective 1.7 ("increase health promotion/prevention content in health professional education" [Allan et al., p. 259]) into a curriculum guideline. The section on community aspects of practice included modules on assessing community health needs and methods of collaboration to increase access to community health services. Although the report did not specify service-learning activities, the goals of the curriculum guide are compatible with the integration of SL activities into a community-based nursing education program (Carter et al., 2005).

Models for Community-Campus Collaboration

Models that guided SL preplanning and collaboration with community agencies provided structure for the organizational team and a road map for accomplishing tasks. One example was Polivka's Model of interagency collaboration, which Foss et al. (2003) adapted to a university-community relationship. The model guided the assessment of

environmental factors (political, social, and economic), situational factors (consensus, domain similarity, resource dependency, and awareness), and the task characteristics (complexity, scope, and uncertainty) that must be addressed as the university forms a partnership with a community agency. The Polivka Model also provided structure for program evaluation. Outcomes fell into three categories of program success, program responsiveness to needed modifications, and participant satisfaction (Foss et al.).

Community-Campus Partnerships for Health (2006) published first in 1998, then revised in 2006, ten principles to guide actions for establishing and maintaining authentic partnerships. These principles may serve as a rubric for assessing the interactions between university and agency as the partners form alliances and develop programs. Authors of a university-alternative high school partnership used this approach to evaluate the program's commitment to practicing mutual respect, providing meaningful service, remaining flexible in working relationships, and sharing organizational power with the community agency (Foss et al., 2003).

A community mobilization model attributed to Minkler and Wallerstein (as cited in Mayne & Glascoff, 2002) guided a project on breast health awareness in rural North Carolina. The steps paralleled the nursing process for assessing needs, implementing a plan, and evaluating outcomes. The authors descriptively compared the stages of mobilization to the activities carried out by the team/ community and to the learning outcomes of the students. This was a comprehensive account of the steps for mobilizing a community response while utilizing service-learning activities; however, the article

lacked details about reasons for choosing the mobilization model and methods of evaluating the learning experience.

The Integrative Clinical Preceptor Model (ICP) is a nursing model designed to solve the problem of insufficient clinical experiences in community health (Mallette, Loury, Engelke, & Andrews, 2005). This nursing model guided planning actions for a preceptor program in community health, and service learning was the foundation of the clinical activities. The authors described recruiting and training preceptors, orienting students, providing faculty oversight, and describing student course assignments. The authors did not address the ICP conceptualization process or assess program goals of optimal health of populations.

The Community Engagement through Service Learning (CETSL) Model was implemented in an urban setting to prepare graduate nursing students to lead "lives of engaged, democratic citizenship" (Narsavage et al., 2003, p. 301). The authors described the one-year planning process that involved representatives from students, faculty, and community. Outside resources included a consultant from Community-Campus Partnerships for Health and attendance at a national institute for civic engagement.

Process Issues of Service Learning: Designing the Course

Many articles addressed the challenge of integrating service learning into nursing school curricula. One approach was to offer an introductory course that taught theory of service learning before students engaged in practice. Faculty at a medical center in Kentucky arrived at the conclusion that class participants (interdisciplinary health profession students) must learn principles of service learning, team work, and community

partnership before going into the field (Fahringer et al., 2000). Other programs emphasized preparation before practice by focusing on in-class training for group work (Peterson & Schaffer, 1999), and one program created an orientation manual to improve readiness for community engagement as well as a resource center in the nursing school with print and media material (Narsavage et al., 2003).

Bittle et al. (2002) described the redesign of an entire nursing curriculum, which led to pulling out clinical hours and recombining them in a separate service-learning course. This course met the requirements for community-based experience in the pediatric, community health, and leadership rotations. Students teamed up with the public health department to create an innovative TB screening project based in Hispanic neighborhoods.

Instructional system design (ISD). IDS is a systematic approach to course design that begins with course goals, develops learning objectives, identifies learning steps and performance tests, and incorporates periodic evaluation of the program (Clark, 2009). Most articles in this review did not describe the process of designing a course of instruction. Fahringer et al. (2000) provided information on needs assessment for the course but did not include a description of faculty characteristics, a timeline of their activities, or instructional design process. Quinn's (2006) self-reflective case study was a systematic analysis of a course offered in a College of Education. The author included a timeline of the SL experience that guided doctoral students through the process of planning and implementing an educational service based on ecological theories of human

development. Quinn indicated that analysis of teaching methods/strategies provided feedback for modification of course design.

Learning theory and course design. Although studies for this review did not discuss learning theory, the concept of scaffolding emerged from descriptions of matching student skill levels with SL activities. An example from Hamner et al. (2007) described a program that allowed undergraduate nursing students to apply health promotion, prevention, and detection skills in the community setting at the level of current nursing knowledge. This approach demonstrated that the program designers carefully coordinated student learning activities with practical applications in the field.

Faculty role in SL course design. Nursing school faculty are instrumental in designing and implementing SL activities. Most articles did not describe the background of the faculty, the numbers involved in planning activities, the process of course planning, the amount of time required, or the level of satisfaction with choosing SL as a teaching/learning method (e.g. Bittle et al., 2002; Foss et al, 2003; Scott et al., 2005). One exception is Quinn's (2006) case study that examined the SL experience in a childhood education course. Through self-reflection, Quinn critically analyzed how the SL activity accomplished course objectives, how limited pre-planning affected coalition-building activities with a community partner, how time constraints precluded evaluating the outcome of the service, and how she modeled the mentoring process.

Outcomes of Service Learning: Faculty Responses

Articles often included reports of informal faculty feedback (Peterson & Schaffer, 1999) or summarized written evaluations (Narsavage et al., 2003). Authors reported

remarks on the significant amount of time required to set up projects but did not elaborate on faculty's level of content or discontent with this characteristic of SL (e.g. Narsavage et al.).

Issues of faculty burden are difficult to assess. Baumberger-Henry, Krouse, and Borucki (2006) reported a case study involving five faculty and 140 students in an introduction-to-nursing course. Their findings (presented in descriptive narrative) reported that SL added to faculty workload but also increased satisfaction with the educational and service experience. The authors did not describe how this information was gathered during the end-of-course team meeting, what steps were taken to promote open discourse, or what attempts were made to quantify and analyze the data.

In a dissertation case study of an exemplary professor skilled in designing and implementing a SL course, the investigator conducted research in the nursing school where she taught (Reavy, 2003). The primary source was an expert service learning professor; secondary sources were peer faculty, university administrators, undergraduate nursing students, and the director of the campus SL department. Most, if not all, of the participants were known to the researcher. In order to reduce researcher bias, Reavy kept reflective field notes and paid careful attention to possible "contradictions between observational data and interview data" (p. 96). The researcher was sensitive to the natural inclination of teaching colleagues to respond positively with what they felt the researcher wanted to hear.

Reavy (2003) found that one of the greatest challenges for students was learning to work as a team. Conflicts within groups negatively affected the service project and

required instructor intervention in one case to help meet deadlines. Reavy concluded that the elements of SL pedagogy (experiential, problem-based, and utilizing group learning) were challenging to some students in this study. Because of tensions within groups, the author suspected that zero attendance at her student focus groups was due to students wanting to avoid confronting each other. Reavy surmised that introduction of students to service learning may need to begin earlier in the educational experience and progress in complexity.

Interviews of nursing administrators indicated a neutral attitude towards service learning as a teaching method (Reavy, 2003). The administrators clearly supported the individual freedom of professors to choose service learning or other teaching methods. Regarding tenure and promotion, the administrators viewed service learning as one method of teaching that fulfilled the expected teaching activities. They did not see SL activities as a component of scholarship or service. As a result, the professor's involvement in service learning was not recognized in tenure and promotion evaluations.

Peer faculty lacked detailed knowledge about SL philosophy, in particular, the concept of reciprocal relationships between community and academic partners (Reavy, 2003). Some faculty members had difficulty understanding how service learning differed from traditional clinical activities that rendered nursing services to patients. In general, Reavy found that faculty support for service learning was positive. The faculty tended not to share details with each other regarding SL experiences. They attributed this to the demands on their time and attention when communicating at faculty meetings. Although

some faculty expressed a desire to learn from the expert SL professor, there was no formal process for sharing or mentoring.

The strongest motivators to adopt and perpetuate service learning as a teaching/learning method came from the SL professor's personal commitment: "It's the right thing to do" (Reavy, 2003, p. 120). Although the SL professor did not consider the campus SL department as a direct influence on her choice to use SL as a teaching/learning method, she felt supported by the department's activities. The department's survival during several cycles of budget cuts indicated to the SL professor that the university president supported service learning (Reavy).

Because Reavy (2003) studied service learning from the perspective of providers of higher education, the case study did not include assessment of the community partners' perspective. In one instance of failure to meet service goals by one student team, the SL professor intervened to "protect the community partner" (Reavy, p. 205). Reavy suggested future research about this protective relationship between instructor and community partner. An investigation might focus on the issue of accountability for delivering quality services as part of the contract between students, community agency, and supervising faculty.

A case study on faculty response to integrating SL into three community college nursing programs was reported in a dissertation (Norris, 2007). Norris found that the three community colleges interpreted SL differently, and the author categorized the programs according to Furco's (1996) continuum between service and learning. One program qualified as service learning, one was field education, and the third was an

internship. Norris noted that the latter two programs had moved along the SL continuum: one towards volunteerism and the other increasingly towards service learning.

Faculty assessments revealed strong, personal commitments to engaging students in service activities and to achieving institutional goals of reaching out to the community (Norris, 2007). Faculty members shared their beliefs that service experiences in college would lead to greater civic engagement beyond graduation. Faculty members did not refer to specific evidence in support of these beliefs. Norris concluded that nursing faculty who benefited from organizational support and experienced successful SL programs valued SL pedagogy. Norris hypothesized that these conditions may influence a decision to stay in a current faculty position.

Strategies to overcome obstacles empowered faculty to deal with workload and resource demands. Norris (2007) found that strategies differed at the three sites, and the most effective outcomes occurred at the site with highly integrated services between the nursing program and the college's centralized SL support center.

Based on her findings, Norris (2007) presented two models for integrating SL programs into curricula of community colleges. The first model mirrored the successes of the one institution that met Furco's (1996) definition of SL. The key features included strong, supportive links between the SL nursing program, administration, and a formal SL support center on campus. Specifically, the campus SL center performed tasks related to recruiting and training faculty for SL courses, served as a liaison to the community, recruited students, and supported SL course development.

Norris' (2007) second model was for a distinct SL project within the nursing curricula, especially applicable when a campus SL center was not available on campus. This model focused on forming mentorships between experienced and novice SL faculty and promoting lines of communication between all parties in the SL partnership. Norris recommended learning objectives that supported social responsibility and reflection activities that linked service experiences with thinking about multiple influences on health care. Norris suggested forming alliances with established service agencies such as the American Heart Association when schools initially introduce SL activities to the curriculum.

Abes, Jackson, and Jones (2002) surveyed faculty who did and did not use service learning at 29 institutions of higher education in Ohio. The schools represented a variety of academic disciplines, and 20% of the service-learning faculties were from health professions. Abes et al. reported frequency of factors that motivated and deterred faculty from using service learning. The authors found that encouragement to use SL most often came from faculty, but the most influential sources of encouragement came from students and community. Mentoring was ranked as the most effective source of instructional support but was experienced by only 33% of the respondents. Factors representing student-learning outcomes were the most important motivators for faculty to use SL; however, time, logistics, and funding were reasons to discontinue use of SL.

Many articles described a project planned and executed by the authors, yet there was no scholarly reflection on observer bias, which is a natural outcome of personal involvement in a project (e.g. Hamner et al., 2007). In one study using a qualitative

method of constant comparisons, researchers did not address efforts to bracket feelings when they assumed dual roles of SL course instructors and researchers (Scott et al., 2005). The unpublished dissertations (using case study methodology) by Reavy (2003) and Norris (2007) provided detailed assessment of faculty responses to demands and rewards of incorporating SL as nursing pedagogy. In comparison to program evaluations by program creators, these in-depth case studies included multi-case comparisons (Norris) and multiple perspectives of a single case (Reavy). When viewed as "part of a larger set of parallel instances" (Orum, Feagin, & Sjoberg, 1991), rigorous case studies potentially contribute knowledge about strategies for success that may guide other nursing programs in utilizing SL pedagogy.

Rewarding scholarship. The requirements for faculty career advancement depend on the mission of the educational institution. The traditional interpretation of scholarship involves faculty participation in research, teaching, and service activities (Kirkpatrick et al., 2001). Articles included in this review, other than Reavy (2003), did not address the issues of rewarding faculty scholarship; however, this issue is relevant and promoted by CCPH. CCPH published a commission report that urges educational institutions to identify the role of community-engaged scholarship in review, promotion, and tenure policies (Commission on Community-Engaged Scholarship in the Health Professions, 2005). A group comparison by Abes et al. (2002) found a statistically significant difference between SL and non-SL faculty regarding their rating of personal importance of professional responsibilities. The non-service learning faculty gave higher ratings on the personal importance of research and publication compared to the SL

faculty. The SL faculty placed higher importance on professional service. These findings suggest there may be different attitudes about professional responsibilities and a need to examine the field of scholarship in SL pedagogy.

Outcomes of Service Learning: Student Learning

Some articles offered a blend of quantitative data (descriptive and statistical) along with the qualitative evaluation of personal experiences based on discussions or reflective writing. The articles uniformly addressed evaluation of learning objectives. Methods included focus groups (Peterson & Schaffer, 1999), evaluation surveys with Likert scales, yes/no agreement responses, and open-ended questions (Narsavage et al., 2003; Peterson & Schaffer), online discussion (Narsavage et al.), and reflection in personal journals (a universal method). Since a goal of service learning is to teach self-awareness and community awareness (Narsavage et al.), reflection is an appropriate method to practice critical thinking about the experience and scrutinize personal beliefs and attitudes (Bailey et al., 2002).

Reflective journaling. Authors generally reported the impact of SL experiences on students based on journal entries. Quotations illustrated students' reflection on awareness of self and community, but the methods of detecting and analyzing themes were rarely reported (e.g. Hamner et al., 2007) unless the study was clearly qualitative (e.g. Hunt, 2007; Scott et al., 2005). Most articles did not mention the process for gaining consent from students to analyze journal entries or publish quotes. Nursing scholars should pay attention to the ethics of research and clearly state action taken to protect the participants.

In addition to reflective journaling, researchers used a variety of evaluation methods to measure student learning. Most employed multiple measures of satisfaction and personal growth (Peterson & Schaffer, 1999). Methodological weaknesses appeared in studies that failed to describe either the measurement instrument (such as a survey, response form, or group discussion [e.g., Fahringer et al., 2000; Scott et al, 2005]) or the methods for analyzing the data (such as detecting attitudes expressed in reflective journals [e.g. Narsavage et al., 2003]).

The meaning of the experience. An author may choose to focus on just the student's learning experience and not on the outcomes of the SL activity for faculty, agency, or clients (e.g. Hunt, 2007; Scott et al., 2005). Hunt's (2007) use of descriptive phenomenology focused on the lived experience of nursing students in a clinical placement that served homeless families. The author did not describe the service activities; however; she did provide details on the number of students (14 participated out of a possible 20), the interview methods, a "tripartite data analysis process" (Hunt, p. 278), consent documentation, and strategies to protect anonymity and reduce observer bias. The researcher's lack of personal knowledge of study participants and course instructor strengthened her objectivity for analyzing data.

Hunt and Swiggum (2007) used the same database to present phenomenological findings in the context of teaching a transcultural nursing course. This article included additional information on the shelter population (76% were people of color) and study participants (100% were white nursing students). The course instructors designed the project to teach cultural competence for nursing students, and the authors did not explain

or disclaim direct involvement with course instruction. Leininger's theory provided a framework for joining concepts of diversity with service to others while reflecting on the experience. Students voiced new awareness of sociopolitical issues following concrete experiences at the shelter, critiques of assigned readings, reflection guided by transcultural theory, and dialogue with instructors and peers. Differences and similarities were predominant themes that emerged from the interviews of 14 students, including *we are different, being in another world, we are similar, providing care for the 'other',* and *it is the luck of the draw*. While Hunt and Swiggum's study contributed to understanding the significance of diversity sensitivity in SL experiences, their research design was incongruent with the philosophy of phenomenological methodology. This was discussed previously in the section, "Theoretical Frameworks in Service Learning."

Statistical comparison of groups. Peterson and Schaffer (1999) attempted to quantify differences between two nursing student groups (those participating in SL projects and those in non-SL projects on population health). They statistically compared mean Likert scores from a summative course evaluation. This unique approach is flawed methodologically concerning independence between two groups because both groups required service hours, and students were given the option to self-select into a group. The element of choice is valuable for student satisfaction but muddies the interpretation of whether SL has more benefits to nursing education than a traditional academic approach that does not engage the student in a community partnership.

In a second study of comparison between two groups, Bentley and Ellison (2005) randomly assigned nursing students to a maternal/child SL project (n = 20) or the

traditional clinical assignments (n = 38). A survey (Likert scale and written comments) documented students' opinions about the SL experience. Statistical tests compared course grades and HESI scores between the two groups, and results showed no statistically significant differences.

Student characteristics. In the reviewed articles, the study sample was usually the students enrolled in the SL course. In 17 studies that addressed student outcomes following a SL experience, 11 of the studies were evaluative descriptions of SL programs implemented by the authors. Reports of student outcomes were often the authors' synopsis of course evaluations, field observations, or journal entries. In the remainder of the studies, authors employed systematic quantitative or qualitative methods of data gathering and analysis. In all cases, the authors focused on single SL programs in existence for one or more semesters.

Some authors reported student participant numbers and descriptive characteristics such as discipline, level of education, and rarely race/gender (Bentley & Ellison, 2005; Narsavage et al., 2003; Peterson & Schaffer, 1999; Scott et al., 2005). Most studies did not report sample size or characteristics because the focus was mostly on describing the process of planning, implementing, and evaluating a program. For example, Kerber and Schlenker (2006) used the phrase, "a small band of brave community health nursing students" when describing participants in a SL project to detect alcohol levels and educate bar patrons on the danger of driving drunk.

In most cases, participation in SL projects was a requirement for meeting course objectives, especially in the nursing courses. Many authors described efforts by nursing

schools to improve community-based experiences that were part of undergraduate curriculum requirements (Foss et al., 2003; Hamner et al., 2007; Narsavage et al, 2003). The interdisciplinary courses (some a mixture of graduate and undergraduates) were generally elective (Fahringer et al., 2000; Scott et al., 2005). The study by Mayne and Glascoff (2002) described a unique blend of undergraduate communication students and nurses in the RN-to-BSN program.

Outcomes of Service Learning: Meeting Community Needs

This section focuses on evidence in the literature related to outcomes assessed for community agencies and clients. Descriptive data included information on settings, services provided, and history of how partnerships came into being. SL course instructors reported agencies' responses to the experience, and a few studies included feedback from the clients participating in the services. Assessments of health education interventions included outcomes related to changes in knowledge and planned behavior.

Description of community partners. Articles usually included brief community descriptions such as urban (Scott et al., 2005) versus rural (Mayne & Glascoff, 2002). Hamner et al. (2007) and Foss et al. (2003) mentioned community facility constraints (space, staff, and schedules) as issues that required accommodation and flexibility by both parties. The target populations included underserved aggregates such as pregnant teens, rural African Americans in the South, urban Hispanics, and low-income residents of housing projects. One study described how the principal of an alternative high school made the request for services from the university (Foss et al.), and another related the chronology of events that connected a rural town experiencing recent deaths from breast

cancer with a university nursing program (Mayne & Glascoff). Some articles noted that relationships were already in place. In general, the articles did not focus on the early events that brought the university and community together. Articles with a rich description of the community and the target population provide background information that is helpful in understanding the ecology of health care needs.

Community agency evaluation. Evaluation of agencies ranged from responses to open-ended questions to informal conversations. Mallette et al. (2005) acknowledged the weakness of their informal approach and described a plan to develop a tool to assess agency (preceptor) responses. Foss et al. (2003) reported written evaluations by school nurses estimating nursing time and resources related to supervising nursing students at an alternative high school. The authors used a calculation of time/salary/activity to demonstrate the net benefit in dollars that students brought to the school health setting. The authors did not specify duration of data collection. Since the study by Foss et al. covered a five-year period of planning, implementing, and maintaining the project, the reader is uncertain whether these data were general representations of partnership outcomes or the most recent findings from an evolving program.

Evaluation of the value of the service is a legitimate research focus, and this data may be the predominant quantitative content of a study. Lashley (2007) collected descriptive data from an SL project designed to increase TB screening and follow up at a homeless shelter. The author provided numbers of residents screened, counseled, and referred for treatment. Outcome data indicated a significant (although not tested statistically) increase in the rate of treatment completion compared to the usual health

department program. In addition to analyzing service outcome, Lashley discussed logistical challenges for students and faculty but did not provide details on the number of students nor the process she used for analyzing student learning outcomes through "reflective discourse" (p. 26).

In a report on a partnership between a master's nursing program and a safety-net primary care center, authors presented descriptive statistics of clients screened for depression as part of a SL program (Cashmen, Hale, Candib, Nimiroski, & Brookings, 2004). Graduate nursing students implemented a two-question depression screen with clinic patients, and the authors reported the frequency of positive responses and treatment options agreed upon by provider and patient. Cashmen et al. assessed the program from the perspective of the agency's goals to fill a gap in delivery of care in a time of staffing shortages. Other than presenting statistics of services rendered, the authors' evaluation methods consisted of assertions of benefits and challenges to program success. Benefits to the agency included implementation of a pilot program that qualified the agency to receive federal funds supporting a depression screening and treatment program at the level of primary care. The authors identified challenges based on their observations that a) student turnover affected program efficiency, b) students as a workforce could not solve the lack of adequate staffing, and c) student schedules conflicted with times of high-demand for clinical services such as weekends and holidays. In the authors' opinion, "Facilities relying on students for the delivery of core services run the risk of significant discontinuity" (Cashmen et al., p. 320). In this study, the authors highlighted the dual role of students in SL programs as both resources to the agency and learners in a nursing

program. The authors recommended the need for considering the longevity of the community-academe relationship and planning for the continuity of service.

Community client evaluation. Data from clients were sparse in the reviewed articles. The alternative high school project gathered written remarks from pregnant teens and included only one comment (positive) in the article (Foss et al., 2003). There should be many opportunities for nurse researchers to gather more data including descriptive data of client characteristics, client satisfaction, and changes in measures of community health. In the study by Hamner et al. (2007), the section on impact of the project on housing authority residents was more anecdotal than scientific. The authors used phrases such as "health parameters … improve in most cases" (p. 109), and "clinic patients in general have begun to take more control of their health conditions…" (p. 109). The authors did not elaborate on what data were collected on clinic patients, and the general statements illustrate the need (perhaps in a future article) for scrutiny and precision in reporting outcomes.

A study conducted by researchers in the field of social work focused on the response of older adults to a service learning intergenerational program in a rural Midwestern community (Underwood & Dorfman, 2006). Students were undergraduates in an interdisciplinary introductory gerontology course and a social work human behavior course. Data collection took place over three and one-half years. The rural community settings included "a congregate meal, semi-independent living, assisted living, and a nursing home" (Underwood & Dorfman, p. 43). Service learning program directors interviewed 43 rural-dwelling older adults who had participated in the intergenerational

program of “friendly visits, reminiscence, oral history, and recreational activities” (Underwood & Dorfman, p. 43). The seven interview questions centered on positive and negative reactions to the program, contributions made and received through interactions with the students, and suggestions for future programs. The authors specified how they analyzed interview transcripts for major themes and categories using Glaser and Strauss’ (1967) method of constant comparisons, and they explained their use of software to perform content analysis.

In their findings, Underwood and Dorfman (2006) presented frequency of responses and illustrative quotes that characterized meaning of the experience for the older adult participants. Most frequently, the participants cited personal interactions with students as a value of the program. In addition, elders were positive about the organizational characteristics of the project. Weaknesses of the program included students arriving at an “unhandy” (Underwood & Dorfman, p. 50) time for one nursing home resident. Another participant commented on her lack of understanding about project goals/activities and her observation that the student did not come prepared with leading questions. Some participants said they became attached to students and anticipated difficulty saying good-bye to students at the end of the school session.

Regarding the reciprocal relationship between student and elder, the elders most frequently identified their contribution as one of sharing life experiences with a younger person. The elders identified the received contribution from the students as gaining a greater understanding of the current young-adult generation. Suggestions for the future included a) continuing the program, b) improving preparation of the elders for

participation in the project, and c) improving preparation of students to interact with elders. The Underwood and Dorfman (2006) concluded that their study supported the positive benefits of intergenerational SL programs especially in the rural setting where fewer programs exist. By examining the responses of the older adult participants, the authors provided evidence of elders benefiting from interpersonal exchanges with members of the younger generation. The study also identified areas for program improvement as voiced by the recipients of the service. The authors identified characteristics of the sample (Caucasian, Midwestern, oldest of the old [ages 80-98]) as factors limiting interpretation of data beyond this group and recommended expanding the study to include a more diverse population.

Whereas Underwood and Dorfman (2006) focused on the meaning of the SL experience for the community clients, Reising et al. (2008) quantified the change in clients' health-related cognitive learning. In a nursing health promotion course, Reising et al. (2008) studied outcomes for both the students and the community clients who attended a health promotion presentation. Over the course of an academic year, 334 community clients attended educational sessions on diabetes and hypertension that second-year nursing students (n = 173) created and presented in the community setting. The students collected surveys from community clients assessing disease knowledge before and after the educational intervention. The community clients listed signs and symptoms of the specified disease, risk factors, and preventive measures. The posttest also asked if the client intended to change behavior related to the disease topic. Two professors with expertise in health promotion developed this tool, but the authors did not provide

psychometric data. At the end of the academic year, the nursing students completed a survey indicating level of satisfaction with the experience and their opinions about accomplishment of learning objectives (based on Likert-type scoring). The student survey also included open-ended questions about benefits and challenges in the SL program. Students also rated their level of competency based on sophomore, junior, and senior curricular competencies in decision-making, culture sensitivity, and health promotion practices.

Statistical analysis of the community client data (using t-tests for paired samples) supported the finding of improvement in knowledge following the educational intervention. Statistically significant change occurred in all knowledge categories, and 62% of the participants indicated a plan to change at least one health-related behavior. Regarding student satisfaction and agreement with meeting course objectives (assessed in five categories), the means ranged from 3.5 to 4.5 where "3" was "undecided" and "4" was "agree". The sophomore students rated their competency level at or above the junior level. Reising and colleagues (2008) concluded that the evidence supported positive outcomes for both community clients and nursing students involved in a SL project. The large percentage of student participation (74%) and the large number of community clients (although their participation rate was not reported) added to the rigor of the study. The study was strengthened by the duration of time that students participated in the service-learning project. In addition, the researchers assessed the students soon after completing the SL activities and matched community client outcomes with student learning outcomes. Of course, the students knew the positive changes experienced by

their community clients, and this may have influenced their overall satisfaction with the experience. In a way, this association between successful outcomes of service and satisfaction with the learning experience is what many authors have shared anecdotally in the nursing literature.

In contrast to Reising et al.'s (2008) statistical comparison of community client outcomes before and after an educational intervention, researchers in another study relied on descriptive data to judge the success of a SL project (Bassi, Cray, & Caldrello, 2008). Bassi et al. did not use statistical tests to determine significance of elementary student learning outcomes related to tobacco education. The authors described elementary students' increase in knowledge about the effects of tobacco following an educational program delivered by nursing students as a SL project. Pretests were administered to the elementary students (n = 92), but results were not reported. The authors judged the success of the intervention based on 100% of fourth and fifth grade participants meeting posttest objectives (identifying three negative effects of tobacco use and three positive effects of non-use). Without statistical comparison, the reader of this descriptive study does not know if cognitive levels significantly increased following the intervention. In fact, Bassi et al. evaluated the SL experience for the nursing students partially based on the 100% pass rate of the elementary students: "Service-learners reviewed student posttests of their teaching, which validated their effectiveness in the classroom" (p. 177). The authors concluded that nursing students were satisfied with the SL experience based on enthusiasm and positive themes found in program evaluations, the reflective final

papers, and class presentations. As acknowledged by the authors, their methods did not systematically measure the "objectives or long-term outcomes for service learning".

A descriptive article by Erickson (2004) is another example in the nursing literature of reporting SL outcomes for nursing students and clients without presenting evidence beyond anecdotal accounts. Thirteen undergraduate nursing students in a community health course interacted for 15 weeks with an unspecified number of low-income, older adults in a subsidized housing unit for seniors. The interventions included health screenings, individual visits and group gatherings focused on health promotion, and group exercise activities. The author observed positive "interactive information exchanges" (Erickson, p. 56) and residents having "fun" (p. 57) interacting socially at student-led events. The author's casual observations were the basis for her assessment of "learning outcomes of residents" (Erickson, p. 56).

Narratives, such as Erickson's report, help to diffuse information about service learning programs that successfully engage nursing students in caring for the community. However, additional evidence substantiated through rigorous methods of inquiry is needed about service learning's outcomes for community partners and service recipients. One example of community-focused inquiry looked at the reciprocal nature of the SL partnership and the community partner's perceived role as co-educator (Muzak & Woollard, 2008). The authors surveyed 25 community partners associated with a non-nursing SL course at University of Alberta, Canada. They found that community partners did not express the same level of satisfaction with connections between community and academe as expressed by students and faculty in previous end-of-course evaluations.

To gain a more in-depth understanding of this weak link between community and classroom, authors interviewed representatives of nine community partners. The resultant themes revealed community perceptions of their partnership and formed the basis for recommended strategies to strengthen the relationship. One theme was defining expectations. The community partners wanted to participate in building objectives for the SL course, clarifying student activities and methods of student evaluation, and illuminating the community's role in achieving course objectives.

Community partners expressed a need for more face-to-face time with the professors. The partners wanted faculty to come to the agency (and even to volunteer at the site) in order to gain a realistic view of political and social issues challenging the non-profit sector. In reciprocation, agency representatives wanted to come to campus and share in the classroom experience when students presented SL final projects, articulated lessons learned, or participated in open dialogue with community guests (Muzak & Woollard, 2008).

Community partners wanted to be valued as co-educators. Representatives were willing to share their expertise in the classroom. They expressed strong conviction that all parties in the community-academe partnership were teachers and the co-educator role should be nurtured and respected (Muzak & Woollard, 2008). If the philosophy of SL pedagogy emphasizes both service and learning, then nurse researchers must investigate community perceptions of service outcomes and the community's role as co-educator in addition to investigating the nurse educator's concern for student learning. Nursing science must represent the community's voice.

Summary

In many of the examined articles, authors wrote from a perspective of course coordinators who incorporated SL activities. The concepts of community partner and service activities were widely interpreted. Some projects focused on administrative and policy-making experiences such as students producing Magnet Recognition Program applications for hospitals (Baker et al., 2004). Many authors identified vulnerable populations as recipients of service. For example, student nurses provided tobacco-use prevention education for elementary students (Bassi et al., 2008). In an example of community-engaged research, students collected and analyzed data, which led to continued funding of women's health services (Francis-Baldesari & Williamson, 2008).

Authors used qualitative methods (interviews, observations, and open-ended survey questions) and quantitative methods (surveys) to assess student learning and benefits to community entities, usually identified as the agency partners. Direct assessment of clients, such as older adults in rural settings (Underwood & Dorfman, 2006) or community participants with chronic disease (Reising et al., 2008), contributed to knowledge about changes in health awareness, behaviors, and satisfaction with services.

The literature provides evidence that nursing wants to tell its stories and share lessons learned; however, nursing must design scholarly studies that examine experiences and outcomes for each stakeholder: faculty/university, community/population in need, and student. The reviewed studies have shown how models and principles guided project planning and evaluation; national organizations were key resources for transmitting SL

philosophy and offering practical tools for program analysis. Nursing does not have a national center for service learning (unlike education), and consideration should be given to unifying efforts to institutionalize service learning as a form of nursing pedagogy. Curriculum design requires funding for faculty and staff resources, but little is known about the process of grant writing, faculty characteristics, and satisfaction with SL as a teaching/learning method.

The research literature revealed a preponderance of narratives that described the process of designing and implementing SL programs. Some articles focused on one component of the SL triad and failed to describe adequately all variables that constitute an authentic partnership between an educational institution and community agency. Many authors did not elaborate on the process of assessing client and agency responses to SL activities. Faculty evaluations often consisted of responses expressed at team meetings.

Authors typically were faculty who created the programs and were vested professionally and emotionally in the programs' outcomes. Systematic observations and strategies to reduce observer bias will strengthen the validity of conclusions about service learning's value to student learning and community problem-solving behaviors. Current literature confirms that SL activities engage students in creative problem solving and increase personal satisfaction with the learning experience. The next level of research must look at evidence that describes SL's contribution to preparing nurses as change agents whose service measurably improves health of populations.

Participants in SL projects are part of the environment of change, and understanding this experience may involve collecting data using both quantitative and

qualitative methods (Shumer, 2000). There is a need to know what is working and not working as nursing integrates SL into the curriculum. Research that moves beyond descriptive narratives might include case studies of exemplary projects that include perspectives of all stakeholders, development of models to guide program design and implementation, analysis of faculty involvement and level of satisfaction, exploration of strategies for interdisciplinary collaboration, and assessment of outcomes of community service. One example of rigorous design is Nehls' and Vandermause's (2004) hermeneutic (phenomenological) approach to evaluate a community-based nursing education pilot project that emphasized nursing as service. Although not specific to service learning, this study clearly defined the qualitative methods of investigation and discussed the meaning of the experience for faculty, community, and students.

Nursing embraces SL as a teaching/learning method well matched with the profession's historical mission to optimize health and reduce suffering through service. SL philosophy is compatible with nursing efforts to teach health promotion and disease prevention as population-focused interventions that will improve quality of life, reduce health care costs, and promote responsible management of national resources.

The core SL principles of the community-academe partnership are rooted in collaborative activities for a specific purpose (based on an identified need), and this purpose may change and evolve. The partnership principles focus on mutual respect, open communication, sharing of resources, a balance of power, and accountability for outcomes that are measurable (Community-Campus Partnerships for Health, 2006). Scholarly nursing research will provide national benchmarks for SL programs and

address the gap in knowledge about community perspectives of the community- academe partnership.

My proposed research addresses how a community perceives the partnership experience involving a single nursing baccalaureate program, an area of needed emphasis as nursing programs increase educational and service activities at the community level. My illumination of a case of community-academe partnership expands nursing's body of knowledge about characteristics, conditions, driving forces, and outcomes as viewed from the perspective of community partners. In that a partnership involves complex interpersonal exchanges, the case study approach, a way to examine the "complex world of social action as it unfolds" (Orum et al., 1991, p. 9), is appropriate for this study. This knowledge will potentially inform understanding and planning by community and academe partners for programs of service balanced with learning in preparation of nurses responsive to civic and health needs of a community.

Chapter 3

Design and Methods

A partnership between a community and a higher education institution represents a contemporary phenomenon where the community and academic institution share resources. Community and academic representatives jointly plan services that go beyond agency funding, and students experience learning in a real-world setting while serving others. My research has a specific focus on community partners' perceptions of the relationships and outcomes that develop from collaborating and interacting with university representatives and nursing students.

Qualitative Approach

My worldview of holism and the contextual interpretation of social processes are starting points for my study. Building on the foundation of the Synergy Model, I looked for evidence of how and why parties came together to accomplish more than they could alone. I explored, examined, and interpreted information gathered from participants in the natural setting. This inquiry is compatible with qualitative methods in the social sciences (Creswell, 2003; Merriam, 1998). Based on this framework of holistic, contextual interpretation, a case study approach was the best way to capture the whole story of how a community meets its needs while simultaneously helping to educate future health professionals (Patton, 2002).

The case of the community-academe partnership is explicated through interview narratives of people who have lived, worked, and learned through their involvement in the partnership. Interviews are "particularly suited for studying people's understanding of

the meanings in their lived world" (Kvale, 2007, p. 46) and are congruent with the ontology (nature of reality) of a constructivist paradigm: "The world we experience arises from multiple, socially constructed realities" (Gibbs, 2007, p. 7). The scientific endeavor of systematically collecting and analyzing empirical evidence (in this case, evidence grounded primarily in interviews) produces "well-described situated knowledge" (Kvale, p. 143). This epistemological stance (how reality is known) supports the belief that a deep understanding of participant viewpoints will illuminate the case and that something of value is learned from the particular case (Stake, 2003).The focus of this chapter is an explication of the methodology (strategies for knowing the world) that guided my research actions (Denzin & Lincoln, 2003).

Case Study: Study of the Particular

Using a Case Study Approach

A case study is a way of doing things: It is the process of examining a "contemporary phenomenon within its real-life context" (Yin, 2003, p. 13). In addition to the process of inquiry, a case study can be the final product of such inquiry, usually a report shared with interested parties (Patton, 2002). An acknowledged characteristic of the case study method is the intense examination of one to a few cases in order to learn a lot from a little (M. Sandelowski, personal communication, July 13, 2009). This case study is an in-depth study of the particular: one county with an ongoing relationship of nearly two decades with a university. This is one instance of a community-academe partnership, or at least a working relationship formalized through activities and investment of resources, whose understanding may inform other cases (Gerring, 2007).

The case study approach is "holistic and context sensitive" (Patton, 2002, p. 447). Holism means that knowledge and understanding of the case emerge from the process of gathering, organizing, and analyzing multiple sources of data. These sources include interviews with key information-rich sources, observations in the natural setting, and the review of documents unique to the specific, bounded case of a community-academe partnership. In this process, I am looking at the case "in the all-together" (M. Sandelowski, personal communication, July 13, 2009). I spent time in the community, drove different routes in an out of the county, interviewed people with varied perspectives on the SL program, and gained a sense of the history, setting, and actors that illuminated the case. Each piece of evidence contributed to an aggregation and convergence of data, studied in the all-together, to give a rich, holistic understanding of the case (Stake, 2000; Yin, 2003).

Using Case Study to Describe and Explain

The case of a community-academe partnership for education of undergraduate nursing students, in particular one that has been successful, is of interest to those in the field of health professions education. The primary purpose of this investigation was to "get a close (i. e., in-depth and first-hand) understanding" (Yin, 2005, p. 381) of a particular situation. I chose the case study approach over other strategies such as survey research because I wanted to elicit community members' understandings of the relationship while freeing them from the constraints of researcher-created questionnaires. Examined from the community's perspective, this case study addresses descriptive

questions that illuminate the functioning unit of a community in relationship with a university for the dual purpose of service and learning (Yin).

In addition to examining what happened, case study method is appropriate for producing an understanding of why something happened (Yin, 2005). As the study of community perspectives of the SL experience progressed, an explanation of why a community continued to participate in a relationship with a university became pertinent (Yin). Case study strategies fit well with "how" and "why" questions seeking to explain a phenomenon that is in progress (contemporary), in which contextual conditions are relevant, and complexity blurs boundaries between phenomenon and context (Yin, 2003). Addressing questions of what was going on as well as why the partnership continued will "produce a first-hand understanding of people and events" (Yin, 2005, p. 382). This knowledge has potential for transferability to other instances of partnerships developed and sustained through actions and interactions of persons connecting community with academe.

Not a Program Evaluation

"Evaluations examine and judge the processes and outcomes aimed at attempted solutions" (Patton, 2002, p. 218). Evaluation comes after problems are identified and after programs are designed and implemented to intervene in the problem. The purpose is to determine if the intervention is effective (Patton).

In the early 1990s, the university partner in this study received a foundation grant to implement a community partnership program in rural health. As described above, problems were identified and interventions were implemented. The ongoing relationship

between the county and the university has its roots in this foundation-funded initiative. However, issues important to those associated with the foundation program did not drive the design of my study. I was not contracted to evaluate the program and have no stake in determining the extent to which program goals were met. This case study is not a program evaluation.

The unique history of the foundation program permeates the telling of this case. Although conditions have changed since the inception of the foundation program (notably, the withdrawal of the nursing program from the interdisciplinary instructional unit), the nursing course coordinator continues to bring nursing students into the community for the dual purpose of education and service.

Case Study and Interpretive Research

Interpretive research is oriented towards a deep understanding of a phenomenon illuminated by insiders' perspectives (the emic view) (Merriam, 1998). The perspective of those living, feeling, and making sense of their experiences (i. e., constructing meaning of their world) is embedded in the temporal, physical, and social setting of the participants (Merriam). Acknowledging postmodernist, constructivist views that there are multiple interpretations of reality (Merriam, 1998) and that "knowledge … has a strong human element in that it is primarily a social construction" (Rogers, 2005, p. 154), my aim is to elucidate the meaning a service learning experience has for a community collaborating with a single school of nursing.

To be open to interpreting without bias the world of others (i. e., *empathic neutrality* [Patton, 2002]), the research design must allow for flexibility that flows from

continuous analysis of data. This process enables the researcher to formulate new hunches, identify topics needing further clarification, seek new data sources, reformulate questions asked of informants and of data, and refine the researcher's thinking about the interconnections among findings (i. e., support the inductive process). This flexibility in discovery methods distinguishes qualitative study, and in particular, case study, as an emergent process (Merriam, 1998; Patton).

Unit of Analysis

The phenomenon is a community-academe partnership for SL initiatives (Cruz & Giles, 2000) located in the southeastern United States. The main unit of analysis is the relationship of a community (people with bonds of space, kinship, and need) with a single school of nursing that offers a baccalaureate nursing degree. This relationship was called a partnership at the inception of the foundation-funded program. My analysis places emphasis on community perceptions because analysis of the community's participation has received less attention in prior studies. The SL program involves undergraduate nursing students in a location that was easily accessible and conducive to repeated visits during the data collection period. This phenomenon of interest, an abstract concept, is known through interviews, observations, and supportive information from documents. It is my holistic look across the data that reveals this community's story and illuminates the case (Patton, 2002).

Community Partners

A community partner (sometimes referred as a community-based entity) often is a "public or private non-profit organization that has experience meeting unmet human,

educational, environmental, or public safety needs" (Serve America Act, S. Res. 277, 2009, p. 170). The community partner is typically an established, non-profit agency serving populations in a geographic community with needs related to health, lower socioeconomic status, and/or age categories associated with less independence such as children and older adults. Embedded in the community partner unit are agency staff, administrators, the board of directors, and individuals served. A generic example of a community-based entity is an office on aging that partners with a nursing school to do home safety assessments and friendly visits with older community dwellers. Such an agency has a board of directors composed of citizens committed to helping older adults age healthily and safely in their desired places of residence. Staff members direct programs that assist their clients in this goal. In this study, agency administrators and staff members worked directly with nursing students in capacities ranging from site hosts to preceptors. Agencies included a community recreation center, senior citizen center, sustainability development corporation, health department, agriculture extension office, anti-drug coalition, and public high school.

A Key Informant: Primary Nursing Professor

A key informant is an information-rich source: not the average person on the street. From key informants, a researcher "can learn a great deal about issues of central importance to the purpose of the inquiry" (Patton, 2002, p. 230). A person with close connections to the case is an appropriate starting point for identifying other information-rich contacts. In this study, a key source was the nursing faculty member who had coordinated student learning activities in the county since the early 1990s. In addition,

she had been a continuous, fulltime resident of the county since that time. Since I was investigating this case with a special interest in nursing pedagogy, the identification of a primary nursing professor with community roots was serendipitous and indicative of a unique situation.

The primary nursing professor recommended contacts who had different levels of association with student projects, who represented different levels of leadership in the community, and who represented different degrees of longevity with the partnership program. In turn, participating informants suggested knowledgeable contacts, with some names put forward repeatedly. In order to bound the case to include only people with a significant presence in the community, I did not seek out other nursing faculty informants.

Community Leaders

Community leaders may have formal and informal positions in the social and political structure of the locale. Examples of leaders include elected local government officials, community-engaged citizens such as pastors, and members of a local advisory board founded when the university established the partnership. I sought out local leaders who had participated in the partnership program in ways such as allocating resources, interacting with faculty or students, facilitating access to agencies or organizations, or serving on the advisory board. In the health care delivery sector, community leaders included graduates of the health professions education program established through the community-academe partnership, administrators, and providers with connections to the partnership program.

University Administration

University administration is a broad category that includes deans, presidents, and program administrators. The case's boundary of space did not include sampling from this group; however, as the study progressed, I realized a need to "re-case" my study and learn more from the administrator of the community partnership program. I included this program administrator to gain access to documents and perspectives on the history of the foundation-funded partnership initiative.

A Unique Case

The case at hand has some distinctive characteristics. The community was rural and isolated. Nursing students must invest a significant amount of time to travel to and be present in this community. The university's engagement with the community was planned carefully and has been continuous for two decades: it was not in a formative stage. The nursing faculty coordinator established her home and her work in this community. Although she did not label her course as service learning, this case was congruent with the principles I used to define SL: collaboration for a purpose, authentic service, formalized learning, reciprocity, and student participation in reflection and integration of learning. Figure 3 illustrates key players in a community-academe partnership. This study focused on how community members perceived this relationship; hence, data came primarily from sources within the more darkly shaded circles of primary nursing faculty, community partners, and community leaders.

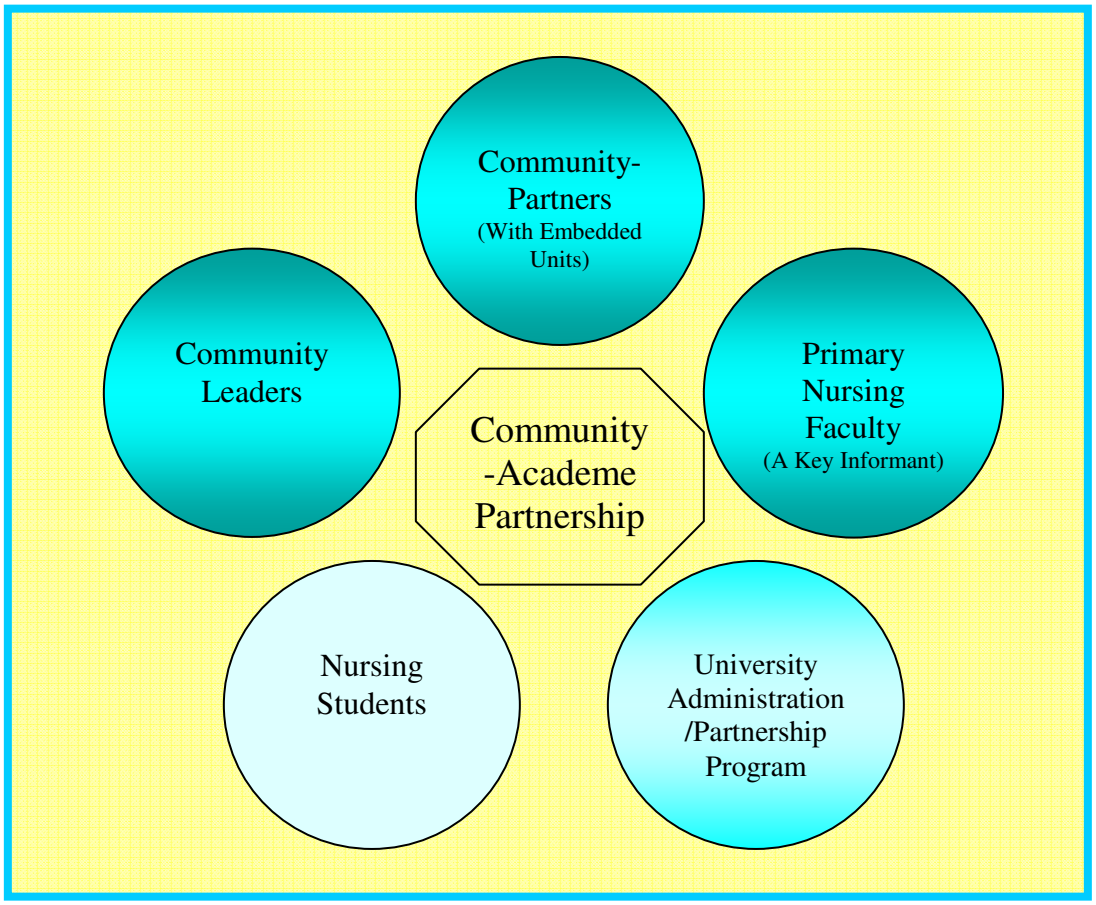

Figure 3. Unit of analysis: the community-academe partnership.

Methods

My case study approach draws upon methods from Yin (2003), Patton (2002), Stake (2000), Merriam (1998), and ideas I learned at a case study institute hosted by Margarete Sandelowski, PhD, RN, FAAN in July 2009. Hallmarks of the case study approach include: a) a particularistic focus on a phenomenon (the case), b) an in-depth, descriptive look at multiple variables from multiple points of view, c) a heuristic approach to discover new variables, relationships, or insights by following leads in the field, and d) inductive reasoning based on information grounded in context, linked

through interpretation, and reformulated as new understanding (Merriam). By asking questions about past and present experiences and about stakeholders' interpretations, I maintained my focus on the whole story of the partnership (Merriam) rather than quantifiable outcomes, which are difficult to isolate from complex interacting variables in the community setting (Cruz & Giles, 2000).

Sampling Within Bounds of the Case

Case boundaries guided my purposeful sampling within the case, and I sought interviews with "information-rich key informants" (Patton, 2002, p. 237). I began with the nursing faculty member who coordinated the SL program in the county. Moreover, she also lived and taught within this community during the time boundaries of the case. She was there from the beginning, and she came to the community to initiate the partnership program.

The first interview was with this nursing faculty coordinator in October 2009. As a key informant, this faculty member suggested representatives of agencies participating in recent or on-going projects. Initial contacts included the health department, school system, an anti-drug coalition, nursing home/rehabilitation center, community hospital, and state agriculture extension office. Formal interviews with community members led to contacts including a pastor, elected local government officials, members of the foundation advisory board for this county, and the director of the partnership program at the university. The case study researcher was open to the sequential nature of sampling as individuals were identified through ongoing data analysis (Merriam, 1998).

Participants

My initial recruitment of informants centered on individuals identified by my key informant as stakeholders in the community-academe partnership. The purposive sample (Waltz, Strickland, & Lenz, 2005) came from the primary target group of community members (including local leaders) who advocated for, coordinated, and/or participated in the students' activities. Inclusion criteria focused on the participants' involvement in recent service-learning projects as well as involvement in activities, boards, or other positions that connected the individual with the university program. Agencies (including governmental and non-profit organizations), the public school system, and a church hosted recent nursing projects. My timeframe of involvement was not rigid; I was more interested in richness of description.

I sought a heterogeneous group with varied perspectives on the partnership history, structure, function, and outcomes. I asked each interviewee to suggest other informants that I should contact, including recipients of agency services (O'Reilly, 2009). This strategy of "snowball or chain sampling" (Patton, 2002, p. 237) served me well. My key informant directed me to members of the community, and these people made additional suggestions. Subsequently, only a few additional names rose to the top because my initial list of contacts was comprehensive. Not surprisingly, most participants named the same list of people as recommended informants. Hearing this repetition of names confirmed that I was talking to appropriate individuals who fit Patton's description of information-rich sources.

Each informant was tied (directly or indirectly) to the conceptual ideal of a purposeful relationship between the community and university – a key principle of a partnership (CCPH, 2006). This approach ensured "informational representativeness" (Given & Olson, 2003); that is, each data source was a piece of the puzzle that made up the case. The figure in Appendix B displays how the categories of information (primarily interview data) support the goals of the study, which is to examine the community's perspective of the SL experience.

Since I was not observing nursing students in the field (they were not within the space boundary of the case), the timing of community members' direct or indirect involvement with students was less significant than their assessment of the experience. Included in the study were three graduates of the foundation-funded program. These individuals were students in the early years of the grant; they graduated with baccalaureate degrees (nursing and public health), and found jobs in the community of study (which is where they grew up). Their perspectives as both students and as active community partners contributed invaluably to understanding the holistic and historical aspects of the contemporary phenomenon.

All interviewees – the key informant, agency representatives, university administrator, community leaders, and recipients of service – participated graciously and without hesitation. As an expression of my appreciation for their time during formal interviews and activities that provided access to research data, I sent a hand-written thank-you note and a small token of gratitude (a $5 gift card for a coffee break). I gave the four community clients who participated in interviews a $10 Wal-Mart gift card

(retailer suggested by the community center director) as partial compensation for their time.

Appendix C provides of list of interview participants (all are pseudonyms) and their association with the unit of analysis. An asterisk denotes informants whose interviews were substantive and comprehensive. These informants were considered primary informants who provided the richest interviews based on my assessment of their a) status within the community, b) direct connection with the partnership program, c) longevity of involvement, and d) leadership role in multiple facets of service learning such as working directly with students, matching community needs with student needs, and facilitating opportunities for students to carry out projects in the community.

Research Setting

Selection and entrée. My selection of the research setting began with inquiries to a number of universities that awarded the baccalaureate nursing degree. Most programs within a reasonable distance of my home did not identify service learning as the teaching/learning method used by their nurse educators. At that point, I decided to initiate my search through the state organization (Campus Compact) that brings together university administrators who share the philosophy of learning through civic engagement. The state director referred me to State University (pseudonym) perhaps because their program stood out to her, and I eventually began a conversation with the nursing faculty member who became my key informant. She listened to my research concerns and advised that a study in this county would satisfy the necessary condition of a community engaged in a relationship with a university to educate students and serve the county. As

she recounted the history of the program, the notable feature of a long-standing relationship (18 years) became evident.

My entrée into the community came about through formal and informal support. I contacted the Dean of the College of Nursing at State University, and she wrote a letter of support. I submitted this letter in my application to the Institutional Review Boards of my university (where I am a doctoral student) and State University, the host for my research in the community. Since this letter reveals the identity of the host university, it is not included in this document; however, it is available on request from the primary investigator. Less formally, I experienced an "open-door" response when I contacted potential interviewees. I believe that in the community members' eyes, my support from the key informant and from this regional university lent legitimacy to my request for an interview.

Description of setting. The research setting was Crest County (pseudonym), which provided the geographic bounds of the case. The main city center in the county, Crestville (pseudonym), contained the majority of services and agencies where students developed projects and worked with preceptors. I spent nine days in the community, and on each visit, I drove a different route into and out of the county. When possible, I walked between interview sites so I could observe the daily life on the town's main street and surrounding blocks with businesses, government offices, community centers, library, churches, and homes. A number of interview destinations were in the less-populated areas of the county. I interviewed participants in offices, classrooms, restaurants (at participants' request), and quiet rooms in agency buildings.

I am providing only minimal statistics on the county to ensure that the identity of the community, the university, and all of the participants will remain confidential. However, the community's rural characteristics and distance from larger population areas (centers of services) is notable. One elected official who is in a position to know the demographic statistics of his county stated the population as 18,000. Statistical estimates for 2008 published by the U. S. government support this figure (United States Census Bureau, n. d.). A number of informants described their county as poor or impoverished and noted the exodus of manufacturing jobs in the last two decades. Statistics from 2006 published by the state confirmed that only three other counties in the state reported lower per capita personal income. The unemployment rate in 2009 was 11.8% compared to the state rate of 9.5%.

The local community hospital opened in 1998 as a two-bed critical access facility with a 24-hour emergency room and primary care services. Distance from the county's city center to the next closest hospital is 27 miles and across the state line. This out-of-state hospital is a 117-bed facility with specialty services such as cancer treatment and cardiac catheterization. The closest same-state hospital, which is in the city where the university is located, is 46 miles away. This facility is a 488-bed regional tertiary referral center and is affiliated with the critical-access hospital in the county of study. These data come from the hospitals' official web sites (retrieved January 20, 2010).

Case Study Protocol

Following Yin's (2003) format and my dissertation committee's advice, I constructed a case study protocol to guide my data-collection activities in the community

(see Appendix D). Following my dissertation proposal meeting, I composed the protocol and sent it to committee members. No negative comments were received. Next, I included the protocol in my application to the Institutional Review Boards of both my university and the host university associated with the data collection site. My protocol contained four main sections: a) introduction to the study including research questions, b) data collection and field procedures including potential sources of information and questions that would guide a focused interview, c) data analysis, and d) outline of case study report, which identified the audience for my presentation of findings. Attached to my protocol was the introductory question that I asked each interviewee along with potential follow-up questions generated by my research purpose and formal research questions.

Yin (2003) advises the use of a protocol when gathering data from multiple respondents, although he also makes a case for its use when collecting data from a single respondent. In my situation, I returned to the community a number of times to meet with a variety of people. The protocol enabled me to conduct my interviews and observations using a similar approach, thus replicating to an extent my interactions as an investigator. This protocol-guided approach to data collection "increases the reliability of case study research" (Yin, p. 67).

Interviews

Digital audio recordings were made during participant interviews with written permission from the interviewees. Experts advocate this procedure when the primary data comes from interviews conducted in the natural setting (Spradley & McCurdy, 1988; Yin,

2003). Following the participant's review and signing of the consent form, I conducted a semi-structured interview that began with a brief statement of my interest (Kvale, 2007): "I am interested in the community's perspective on the service learning experience involving nursing students who come to [this] County to do service projects." Next, I followed with the introductory question (see protocol in Appendix D). Interestingly, some participants jumped in with their response after my opening statement and did not seem to need to the stimulus of the introductory question. However, most waited for the question, after which a pause sometimes followed. I would ask if the respondent would like a brief explanation of my term *service learning*, and then I would summarize the elements of SL as defined in my study.

Probing questions (Dorado & Giles, 2004; Krauel & Krauel, 2003; Sandy, 2007) enumerated in the protocol helped to keep the information flowing. Usually, it was not necessary to ask all of the questions because many respondents touched on my pre-determined topics or spoke of experiences and issues relevant to their involvement. Questions in subsequent interviews were revised according to directions taken by individual respondents and in conjunction with on-going analysis.

For example, the administrator of the university office of rural health and community partnerships (Ben) emphasized the informal atmosphere of meetings taking place in the community. Community members spoke eloquently about how they became involved and interacted with university representatives regarding local participation in student activities or advisory board functions. The idea of formal agreements never arose in the interviews. I learned that I did not need to interject a question about how

community members clarified partnership responsibilities because informants shared details of their personal interactions with local and university players related to collaborative relationships.

In a second example, the question about risks associated with SL projects did not fit with data emerging from interviews, observations, or review of documents. This question was deleted. Instead, a line of questioning was used to pursue topics introduced by informants regarding challenges of working with students and strategies used to prevent undesirable consequences such as student schedules conflicting with community schedules.

I conducted all interviews in a setting suggested by the participant. Most settings were private (such as an office or room in an agency), but some were more open (such as a coffee shop and fast food restaurant). Each participant knew my interests before we met, and I asked each to chose the location. As we talked utilizing a conversational manner and recorded the interview, I did not sense at any time that the participant was uncomfortable in the chosen location.

Observations

Observation of characteristics of community life and the environment provides context for data gathered in the natural setting (Spradley & McCurdy, 1988). Since my inquiry focused on interviews with community members, I recorded observations related to their life and environment following our interview sessions. I did not observe the activities of students.

After interviewing a health educator at a state agency, I was invited to a local health council meeting. My ongoing data analysis suggested that such an observation was relevant to understanding the community's perspective of health issues significant to the well-being of the county. The community's efforts towards addressing problems and promoting a healthy community would potentially shed light on the community's active engagement with the university. Of the 10 people in attendance, I had previously interviewed six of them. The representation of these study participants on the health council helped confirm my sense that I had chosen appropriate stakeholders to be part of my research.

Recording notes of observations, ideas, and emotional reflections was done immediately after the field experience (O'Reilly, 2009). For this purpose, I carried a small notepad, which allowed for discreet entries. However, I never made notes during interviews so I could give my full attention to listening while not distracting the speaker by writing notes. Most often, I recorded my thoughts verbally by speaking into a digital recorder; I did this in a private area, usually in my car. The goal of my note-taking was to "paint a picture for [myself] that is as faithful a representation as possible of what [I] have seen, heard, and felt" (O'Reilly, p. 73). I referred to my field notes during data analysis. In addition to contributing to the descriptions and interpretations of the data, these notes are part of the audit trail of my analytical process (O'Reilly).

Documents

Examination of documents provides additional evidence to support, expand, or contradict information gathered directly through interviews and observations (Yin, 2003).

I sought documents relevant to understanding what constitutes the partnership and its meaning to participants. I did not examine artifacts such as educational posters made by students because I was bounding my case to the community's perspective. One informant said she kept tri-fold displays created by students because she valued the content and would re-use the displays in her work as a health educator. However, I did not need to view the displays to understand how students contributed to services at her agency.

Documents included publications produced in the 1990s when activities were initiated with the foundation grant. With permission from a nursing faculty member involved in the early years of the education initiative, I reviewed the 1992 curriculum designed for the interdisciplinary courses offered in the rural community. These courses represented the integration of learning activities for nursing, medical, and public health students. A second source was a book edited by the program director of the foundation that provided seed money for the educational partnership between community and academe. When I interviewed the administrator of the university's partnership program and asked to look at relevant background information, he said, "We wrote a book" (Ben). Thus, I purchased and read the 1996 edition, which acquainted me with the aims of the program. The foundation's web site was the third source of information that oriented me to the philosophy of the granting foundation. However, I found little archival material about the original program for community-focused education of health professionals.

For additional contextual background of the community, I reviewed a publication by the county's historical society for the sesquicentennial celebration. I accessed this publication in the county's public library. Serendipitously, a substantial collection of the

community's local newspaper from the turn of the 20th century was sitting on the table in the library's historical archives room. While the material was not critical to my data collection, I enjoyed reading about life in 1897 and enriching my historical perspective of the community.

The primary nursing professor who resided in the community beginning in 1993 shared her collection of clippings from the local newspaper related to activities of university students and community partners. The clippings included reports of her activities on community boards, her national leadership recognition, and community events such as student orientation picnics and graduation celebrations. Information from these articles corroborated and enhanced information from interviews thus increasing the clarity of the case.

Equipment

The technological support for this study was basic. I used a digital tape recorder during interviews. In the historical section of the public library, I read aloud and recorded the content of the documents and summarized some materials. I also recorded reflective memos after interviews. I did not take any photographs of the area because I felt that my field notes were sufficient to recreate my visual impressions of the area. I obtained a student license for ATLAS.ti™ (Version 6.1) software and used this to manage qualitative data. In addition, I used an mp3 player (iPod™) to listen to my recorded memos and meetings with my committee. No identifying information was part of these recordings and I removed the files from the IPod when finished; however, I securely stored copies of the audio files on my password-protected personal computer.

Ethical Considerations

Confidentiality

In essence, I asked people to share personal meanings of their experiences. A part of their life was open to my observation and inquiry during the course of data collection. To protect their rights as study participants, I asked permission to include them in the study, informed them of my purpose and methods for conducting the study, and obtained their written consent (see consent forms in Appendices E and F). I assured confidentiality in my study by removing all names and other personal identifiers from recordings, manuscripts, documents, and field notes. Only I, the researcher, know the names connected with the pseudonyms. This information is secured on a personal, password protected computer and in a locked office. No reference is or ever will be made in oral or written reports that could reveal the name or location of the nursing school, the county, or the individuals participating in the study. In addition, the professional transcriptionist who transformed the data from audio to text pledged to protect the confidentiality of the material and to delete all case-related files from her computer when transcription was complete (see Appendix G).

I also took selected transcripts to an interdisciplinary group of scholars (phenomenology colloquy) who met weekly at my university. Together we read the transcripts and discussed themes. Each group participant signed a confidentiality agreement (see Appendix H).

Minimal Risks

The researcher anticipated that participation in the study would pose no significant risks, and the risks would be no greater than risks encountered in daily life. Participation in the study was voluntary. I explained verbally and in writing that participants had a right to withdraw from the study and to receive services if the researcher's interviews or observations resulted in emotional or physical distress. I informed participants that withdrawal from the study would not change any services the participants may receive from the community agency or the educational institution involved in the SL project. No one withdrew. Since no students currently enrolled in university classes participated in the study, I did not need to address the issue of a perceived relationship between participation and a grade in a course.

Benefits

In addition to conducting research in an ethical manner, the investigator considers the benefits of the study to society in general. As a doctoral dissertation, the primary audience for my lengthy tome of scholarly work is my doctoral committee. Following intended publication in a professional journal for nurse educators, a concise rendering of the case along with my interpretations will add to the scientific body of knowledge about why communities participate in community-academe partnerships.

Most importantly, the community that gave its story for me to understand and report deserves to hear and retain a written version of my findings. I will make my findings available to the educational institution and community agencies in the form of a final report. Benefits may arise from knowledge gained about how the community

perceives a SL partnership, how these activities may influence (or do not influence) health at the community/population level, and what comes from this effort to educate future health professionals. In addition, the audience of the final report may gain insight into why a community participates in a community-academe partnership.

Stance of the Researcher

Case study research requires going into the field, having a personal look at the situation, and getting to know key players in their natural setting. Through interviews and observations, the researcher becomes both the instrument for gathering data and the analytic processor for interpreting and reformulating information (Patton, 2002). Personal values, background, attitudes, and goals must be detected and dealt with to ensure "balance, fairness, and completeness" (Patton, p. 51) of the evaluation. My interest in SL is personal and compels me to investigate this phenomenon as well as attain both independence and neutrality in my methods of design, discovery, and interpretation of information (Patton).

As an undergraduate nursing student, I participated in a service-learning project (although the SL label was not in common use). I had experience as a student in writing grants, living in a remote community, and working with other health care disciplines to provide services of health promotion and disease prevention. As a graduate teaching assistant in community health, I have supervised students as they learn in the field. I consider my bias as one that supports service learning as an effective method for preparing nurses to care for populations. I also consider community-based nursing

education as important as hospital-based education in preparing nurses to understand and respond to needs of a client from a holistic perspective.

Before going into the field, I reflected on my preconceptions of the partnership phenomenon in this particular setting. I presumed that people were working together to make this program continue, work better, evolve, and suit the needs of students as those needs change. I anticipated that those involved were working in a committed way to serve the needs of both the community and the students; hence, the Synergy Model provided a framework for describing the matching of competencies and characteristics.

I attempted to reduce bias by selecting an educational institution where I had no personal connections with students or faculty participating in the study. Entering into the study, I reflected on the noteworthy situation of a faculty member living in the community, serving on community boards, and making a personal, long-term commitment to be in the community. I kept reflective notes on the process of conducting the study, such as how I thought I did in bringing out the participant's emic view without introducing my own perspective on the topic.

I wanted to keep an open mind and learn what stood out to people regarding this partnership. Kvale (2007) wrote about a *conversational world* that encompasses the empirical work of qualitative researchers along with the public discussions about "truth and value of the knowledge produced in interview conversations" (p. 144). Through conversations with people in the community, my aim was to bring out the ordinary experience of what it was like to host and work with students and faculty, why they were doing it, and what came from it. As a case study researcher, I was cognizant of

participating in a conversational world in which I functioned as an instrument for eliciting the whole story.

In the later section on rigor of the study, I discuss my efforts to deliver a trustworthy and authentic rendering of the case. My goal was to portray faithfully the perspective of community partners who collaborated with university representatives and students (VanWynsberghe & Khan, 2007; Yin, 2003).

Analytic Procedure

Analysis is the researcher's construction of the world: A carefully crafted rendering of the participants' world as interpreted through the lens of the researcher (Gibbs, 2007). In this section, I will explain my systematic transformation of textual data and observations into a narrative account of the case. This is an inductive process similar to the making of a fine garment. I have at hand all of the pieces of material needed to accomplish my goal. As in garment making, a variety of materials are required: interfacing, trim, accessories, and the main cloth cut to the size and shape needed for the finished product. The task is to make connections between the smallest units, to decide on the shape and texture suggested by the fibers of the material, and to create an overall piece whose form is congruent with its function.

More simply stated, "Data analysis is the process of making sense out of the data" (Merriam, 1998, p. 178). The analysis proceeded simultaneously with data collection (Merriam) and followed the general qualitative strategy of reducing information to smaller units, categorizing according to similarities (coding), and

recombining inductively to describe themes related to initial propositions of the study (Creswell, 2003; Yin, 2003).

Identifying Smallest Units of Evidence

I began with the reading of interviews. My first step was to listen to the audiotape while reading the transcribed text. I corrected the text (errors were few) and thought about what people said, the layers of meaning in their words, phrases, and choice of topics to emphasize, and their ways of expressing themselves. I reviewed field notes to refresh my memory about the contextual conditions, my observations, and my reflections on my interview techniques and efforts to maintain empathic neutrality. I had recorded my observations and reflections in the field using a digital voice recorder. I transferred these audio files to a portable MP3 player (an iPod™) and listened to my notes multiple times while walking to class or around the block of my neighborhood.

Relevant text. As I closely read the 23 transcripts, each one as a whole, then in sections, and finally line-by-line, I considered the relevancy of words, phrases, and whole paragraphs. Because of my novice experience as an interviewer, I found that I sometimes asked too many questions, probed too forcefully when no further information was forthcoming, and generally allowed the interview to go for too long (15 to 30 minutes beyond the hour stated in the consent form). As a result, some text was less helpful in shedding light on my research concern. I selected text that related to my research concern (see Problem Statement in Chapter 1), helped clarify my thinking about what participants were saying, or seemed significant even if I could not say why at the moment (Auerbach and Silverstein, 2003).

Repeating ideas. I pulled out phrases or sections expressive of key ideas. These smallest units of evidence represented ideas that stood alone without further descriptors and were understood within the context of the study setting. As I recognized patterns in the text, I clustered similar ideas. The organization of repeating ideas was an initial step in an analytical sequence that linked raw text to progressively abstract concepts for explication of the case (Auerbach & Silverstein, 2003).

The process of reading closely the text, selecting relevant text, identifying repeating ideas, and generally asking of the text, "What is going on here?", was facilitated by gathering with an interdisciplinary group of scholars participating in a phenomenology research colloquy. This group included my dissertation chair as well as professors from diverse fields of psychology, education, counseling, and nursing. Graduate students from a variety of disciplines (e. g., nursing, child and family studies, educational psychology, sports psychology, and adult learning) participated in interpretive analysis of interview data. The process of thematizing transcripts included volunteers reading the parts of interviewer and participant. Group members would suggest a pause in the reading to offer observations on textual meaning, to ask for clarification, or contribute ideas for group discussion. Once all voices had been heard, the reading continued until the next interruption for sharing of ideas. During the sessions devoted to the transcripts from my study, I recorded the sessions for later review. In addition, notations made by group members on the transcripts were returned to me for further analysis.

The interdisciplinary phenomenology research colloquy has welcomed researchers using a variety of qualitative approaches since it began in 1994. Although most of the researchers have employed phenomenological methodology, the group members have also been consulted for their expertise in text analysis by researchers using narrative methodology or content analysis.

I met with this group approximately seven times from late October 2009 through February 2010, and we read and discussed three transcripts. I clarified at each meeting how my research methodology utilized a case study approach and described my focus on a holistic rendering of a contemporary phenomenon in which contextual conditions are significant to the case (Yin, 2003). I introduced each transcript with a description of the participant's connection to the university program for educating health care professionals through service to the community, and I described my interview approach using a case study protocol. I selected the three transcripts (i. e., community leader, preceptor and former student, and nursing faculty) as representative of key data related to the community's perspective, longevity with the program, and active involvement in student activities. In addition to providing rich descriptions based on their involvement, each informant offered a different perspective emanating from his or her diverse experience. For example, the health department representative who worked directly with students had a different experience compared to the prison administrator who was on the school board, did not precept students at the time, but actively supported the presence of students in the community.

Coding. Coding was the process of assigning symbols (usually words or phrases) to segments of the text. The purpose of coding is to facilitate grouping of the units based on "recurring regularities or patterns" (Merriam, 1998, p. 181) of the data. I used an open coding method, which is the "data-driven" approach of assigning labels while reading the text (Gibbs, 2007). When appropriate, I used *in-vivo* terms (words or phrases spoken by participants). As I went about this coding process, I utilized two supportive environments that helped me improve my interpretive skills: a) the phenomenology group mentioned above who read and thematized my transcripts, and b) the members of my committee who each read a different transcript and gave me feedback.

Categorizing

Categories form a scheme of increasingly abstract representations of groupings of data, and category names may come from terms used by informants, the researcher's interpretation, or associated literature (Merriam, 1998). The categories should a) relate to the purpose of the study, b) accommodate all relevant data (*exhaustive*), c) fit the specific data so that the smaller units are described by one category (*mutually exclusive*), d) be named in a way that is meaningful to a layperson and indicative of the central concepts shared by the included units (*sensitizing*), and e) represent the same level of conceptual abstraction across each level of the coding scheme (*conceptually congruent*) (Merriam).

At each level of categorization, I assigned code names that became more abstract and more inclusive, moving from a simple description to more analytical and theoretical conceptualizations (Gibbs, 2007). Using a master list of codes for repeating ideas, I grouped ideas with conceptual similarities, and moved sequentially to higher levels of

abstraction. I used ATLAS.ti™ (Version 6.1), a computer-assisted qualitative data analysis software (CAQDAS), to assist me in organizing the definition for each code and the associations and hierarchical groupings of codes.

As a data reduction strategy, a simple count of the frequency and context of ideas related to *good* characteristics and *challenges* of the experience was helpful in illustrating topics that the interviewees thought important to share with the researcher (Patton, 2002). Using ATLAS.ti Text Search for the words *good* and *challenges,* transcripts were examined for instances of these words as community partners and primary nursing faculty responded to questions about their assessment of the SL experience. The counts did not reflect considerations relevant to the data such as participants' longevity in the relationship or their information-rich contributions. However, as an aid in pattern recognition, the content analysis revealed repeating ideas across the texts that illuminated positive and negative topics significant to community participants in the SL relationship (Patton).

Theorizing

Theorizing about the data involves thinking about the complex, contextual relationships that link the conceptual categories (Merriam, 1998). By theorizing about the phenomenon, I am going beyond the descriptive data to make meaning of different situations, draw inferences, examine relationships, and "attach significance to what [I find]" (Patton, 2002, p. 480).

While categories come forward from patterns in the data and have a more concrete quality (i. e., units can be counted, grouped, and put into a more defined

structure for analysis), a theme is a more holistic, contextual abstract depiction of the "meaningful 'essence' that runs through the data" (Morse, 2008, p. 727). From this broader perspective of unifying themes, often said to "emerge" from the data, the researcher offers an interpretation of the constructed meaning of a social phenomenon.

As a descriptive case study, I focused on patterns of actions and beliefs that put the SL project into motion and maintained partnership activities. I compared the stakeholders' assessments of their experience with the SL program. To understand how SL partnerships contributed to nursing education, I adopted an iterative process between data and the Synergy Model (Hardin, 2009). The interpersonal interactions of preceptors, students, and faculty fit with the concept of synergy, but the emerging themes of a community strengthening its web of interconnectivity led me to Putnam's (2000) theory of social capital. Putnam posits that social networks have value and contribute to improved productivity of organizations. The repetition of discovery and comparison allowed me to relate embedded and associated units of analysis to the whole case of SL partnership, compare findings to theoretical statements, and continually revise my understanding of why a community continued to participate in a SL relationship (Yin, 2003). I did not fully abandon the Synergy Model that proved useful in interpreting the interpersonal exchanges related to community members working directly with students and the primary nursing professor. However, the broader themes of a community empowered through full integration into a partnership fit with social theories explaining interactions at the macro level as well as behaviors along a pathway of shared commitment.

The concept of various paths of community-academe engagement provided a framework for understanding the relational background of community-academe partners (Dorado and Giles, 2004). Dorado and Giles employed grounded theory methods to analyze interviews with 27 participants in 13 SL partnerships. Developing a coding sheet of behavioral synonyms, they conducted frequency counts on interview text to illustrate the "vividness in interviewees' minds" (Dorado and Giles, p. 28) of the three categories of partnership behaviors (actions and interactions). These behaviors centered on *learning*, *aligning*, and *nurturing*. Based on these dominant behaviors, the researchers conceptualized and coined the concept label of three *paths of engagement* that potentially vary over time. For example, a younger partnership is more likely to exhibit learning behaviors and an older partnership to exhibit nurturing. A *tentative path of engagement* characterizes a partnership dominated by gaining familiarity (i. e., learning). An *aligned path of engagement* focuses on improving working relations, and a *committed path of engagement* describes a working relationship committed to supporting and expanding the partnership.

As I interpreted the case of a community in partnership with a university, I did so within the context of a long-term relationship. The intent of my study was not to document the evolution of the community's relationship with the university. However, in my process of theorizing, the direction of the partnership along a path of engagement provided a background upon which I interpreted themes of the community-academe partnership.

Rigor

To ensure quality of the study, I applied standards of systematic inquiry to reduce bias and deliver results that are credible and can be trusted (i. e., confirmable and dependable). Concepts originating in quantitative designs have guided discussion about rigor when conducting qualitative studies (Merriam, 2002a; Yin, 2003). The following section applies the concepts of internal validity and reliability to the design and conduct of my research.

Internal Validity

In qualitative research, construction of an accurate representation of the phenomenon focuses more on "ways to eliminate obvious mistakes and to generate a richer set of explanations of your data" (Gibbs, 2007, p. 94) and less on presentation of reality as a "simple, absolute truth" (Gibbs, p. 91). The design of this case study contributed to its validity (its credibility and trustworthiness) by delivering rich, thick descriptions from multiple data sources. Using the practice of triangulation (Gibbs; Merriam, 2002a; Yin, 2003), I collected interview data from a heterogeneous sample of stakeholders in the community-academe partnership. This "redundancy of data gathering" (Stake, 2000, p. 443) ensured a variety of viewpoints that clarified meaning of the phenomenon and increased reproducibility of findings.

All interviews were conducted privately with individual informants, thus creating a means for sharing information independently with the researcher. Some ideas such as positive assessments of working with the primary nursing professor and benefits of the program were repeated among informants; however, it was unlikely that this was a pre-

conditioned response emanating from frequent interaction with outsiders (Yin, 2005). Individual interviews with the quantity and diversity of participants included in my study were not common or routine within the context of eliciting perspectives on the SL experience. As noted in my interview guide included in the case study protocol (Appendix D), I invited interviewees to discuss challenges related to the SL partnership experience. This strategy contributed to the openness of the interview topic, thus reducing the risk of constraining responses to a positive or socially acceptable vein.

In addition, I made observations during my time in the field and collected evidence from documents as part of the triangulation of data. In my study, observations in the field contributed to rich descriptions of a contemporary phenomenon within specific surroundings. I was not observing actions of key players within the unit of analysis and comparing these actions to interview text, which is a different rationale for including observations in case study research (Yin, 2005). Documents, primarily local newspapers and archival material in the county library, supplied background information. When asked about documents related to the partnership, the director of the university office of rural health provided copies of articles and a book chapter about the Foundation program. The primary nursing professor (Wanda) shared her collection of newspaper clippings from the past 15 years.

As discussed with my committee before data collection and during the analysis period, interviews afforded substantial weight within my dataset. Triangulation of multiple perspectives from disparate sources (instructor, community leaders, site hosts, and preceptors) along with observations in the field and examination of documents

contributed to getting "an accurate (or more accurate) view of the subject matter" (Gibbs, 2007, p. 94). See case study protocol (Appendix D) for description of primary and secondary data sources.

Peer examination. An opportunity for peer examination (Merriam, 2002a) was the reading of transcripts with an interdisciplinary group of scholars (the phenomenology colloquy) as described earlier in this chapter. The benefits of taking the transcripts to the group included a) input from intelligent, thoughtful readers that helped me interpret the text while continuing to hold in check my biases and preconceptions, and b) the intense focus on words and phrases as well as the relationships of small units of meaning to the larger text. The multiple perspectives of the members of the group helped me understand the deeper meaning underlying the literal words and expressions of the interviewees. To further explicate meaning from the text, the group consulted the dictionary for etymological origins of words and shared expertise about regional expressions (e. g., Appalachian idioms).

One example of reducing preconceptions from my interview methods came from my first meeting with the group. I no longer used words such as *collaboration* or *partnership* when introducing the purpose of my research to the interviewee, although these words remained in the consent forms (Appendices E and F), which had been approved by the Institutional Review Boards. I rephrased my introduction as follows: "I am interested in the community's perspective on the service learning experience involving nursing students who come to Crest County to do service projects."

The interdisciplinary group of scholars also contributed knowledge derived from contextual experiences such as being a nursing student in a prison setting, relocating to southeastern U. S. from another region of the country, and writing grants for non-profit organizations. These opportunities for in-depth discussion and analysis over seven sessions significantly contributed to the rigor of the data analysis and exemplified a key demand of case study methodology: doing data analysis in concert with data collection (Yin, 2005).

Reflexivity. As described by Gibbs (2007) and Merriam (2002a), reflexivity is the researcher's critical analysis of self as the instrument of research including decisions about what to study, what data to collect, the process of data collection, and how to interpret the findings. "Reflexivity is the recognition that the product of research inevitably reflects some of the background, milieu, and predilections of the researcher" (Gibbs, p. 91). These characteristics of the researcher contribute to bias and preconceptions that are foreseeable in human endeavors but can be managed through "reflexive good practice" (Gibbs, p. 92).

My life experiences contributed to the preconceptions and worldviews that formed the lens through which I examined this case. Factors included my positive support for SL pedagogy, my SL formative experiences as an undergraduate nursing student, my exposure to the culture of the area during my years in the National Health Service Corps, my long-term residence in this region of the U. S., and my marriage to a man who has a keen interest in the history and culture of the area. To increase my awareness of how my past might influence interpretation of my findings, I recorded my preconceptions about

the study before conducting my first interview. A helpful strategy for focusing my attention on the relationship between self as research instrument and interpretation of findings was my interaction with the interdisciplinary phenomenology group. In particular, the group brought to my attention how I phrased my comments and queries during the interview sessions and offered suggestions for ensuring interactions that did not lead informants to preconceived answers.

I entered the research setting without prior association with the service learning program at the university and with no personal connections to community members or the faculty member participating in the study. I gained access to the setting through my key informant, the primary nursing professor (Wanda), and her recommendations led me to people who knew her well and worked with her. Prior to my dissertation proposal, I conducted a formal *case study screening* procedure (Yin, 2005) by conversing with Wanda to determine whether the characteristics of the setting met the criteria for my study. Based on Wanda's descriptions of the program's background and current activities, I concluded the following: a) there were key persons who would be willing to talk with me, b) the longevity of the program and the multiplicity of involved community members suggested a rich source of interview data, and c) the program met my working definition of service learning involving undergraduate nursing students. My thorough preparation for entering an appropriate data collection site where I was unencumbered by deep, personal ties to individuals or program provided safeguards against pursuing a nonviable case or being influenced unduly by personal factors (Merriam, 2002a; Yin).

Participants were aware that I was doing research in Crest County based on my connection with Wanda, and they may have had a strong alliance with her. However, I did not formulate any interview questions that specifically asked about Wanda; rather, I asked general questions related to the SL experience. As noted in the case study protocol (Appendix D), the questions were oriented towards community members' assessment of the SL program, their work with students, or participation in activities associated with State University. Interviewees offered their own perspectives on key players in the partnership. In addition, I interviewed other contacts suggested by informants during on-going data collection.

One example of on-going reflection during the process of data gathering was my decision to contact informants suggested by community leaders and to attend a health council meeting as an invited observer of a public gathering. The chair of the school board suggested I talk with the chair of the advisory board of the community-university partnership. After our interview concluded, she added that she knew teachers who had worked with university students and suggested I contact the high school principal, which I did. This led to an interview with the teacher of the health sciences course who discussed her involvement with the primary nursing professor (Wanda) and the county's health council. Based on her service with the Health Council, the health science teacher considered the organization's work an impetus for addressing significant health issues in the community. My reflection on this interview confirmed my decision to return to the community for the Health Council meeting. My observations at the meeting, which are discussed in Chapter 4, helped tie together themes of interconnectivity and purposeful

actions of community organizations related to facilitating student activities as well as forming connections for local efforts centered on health.

One way that I kept my ears and eyes focused on the community members' perspectives was to limit my analytical discussions with Wanda in an effort to "control for interpretations by the higher education voice" (Sandy & Holland, 2006, p. 32). Three times during the data collection period, I stayed overnight in her basement quarters since the community did not have a motel. I was careful to focus our limited interaction on social topics of families and other interests, and we did not discuss the day's events so that I could maintain my reflections and observations as my own.

I kept reflective memos on my thoughts and decisions related to selection of informants, observations in the field, definition of codes, and puzzling sections of transcripts that I needed to revisit as my understanding developed. These strategies helped reduce researcher bias, improved accuracy of reporting, and established an audit trail of the data collection process and my analytical reasoning (Patton, 2002).

Reliability

In qualitative research, reliability of findings is determined by the extent to which "results are consistent with the data collected" (Merriam, 2002a, p. 27). In a study with sound reliability, a later researcher could replicate the findings based on the investigator's procedural documentation and accuracy of data (Yin, 2003). In this case study, the use of a protocol (Appendix D) increased the study's reliability by promoting a consistent approach to data collection (Yin). Transcript checking (Gibbs, 2007) was employed as a strategy to eliminate mistakes and ensure that textual representations of interview data

were reliable. After transcription of the interviews, I listened to each audio file while reading the transcript. There were few errors in the transcription, and I primarily needed to listen carefully to words or phrases that were mumbled or trailed off and were unclear to the transcriber. During my first thematizing session with the phenomenology group, I learned that insertion of paragraphs was a form of interpretation and should not be part of the transcribed text. All transcripts were then examined without paragraphs in the text.

I developed a case study database (Yin, 2003) by organizing a secure and backed-up system of all data from interviews, memos, notes on observations, documents, and audio files from group thematizing sessions and meetings with my committee members. In addition to hand-written notations on printed transcripts, the software for computer-assisted qualitative data analysis (CAQDAS, i. e., Atlas.ti) provided the primary management system for linking data with codes and memos. The CAQDAS also helped me organize a hierarchy of codes, which was part of the categorization process. I documented my inductive organization of categorical and thematic groupings on hand-written paper often taped together as ideas grew in complexity and interconnectedness. This systematic development of a case study database contributed to the study's reliability by providing a means for others to "authenticate the findings of a study by following the trail of the researcher" (Merriam, 2002a, p. 27), i. e., the audit trail.

Conclusion

The study's unit of analysis, the single case of a community-academe partnership, was a functioning unit of key players studied as a contemporary phenomenon within specific bounds of time and space (Merriam, 1998, Yin, 2003). The researcher

demonstrated a heuristic approach to inquiry using methods distinctive to case study: a) plurality of perspectives offered by informants experiencing different aspects of the partnership, b) triangulation of data from multiple sources, c) simultaneous data collection and data analysis, d) adherence to a case study protocol, and e) a focus on what and why something was happening (i. e., a community continuing to participate in a SL partnership) (Merriam, 2002a; Patton, 2002; Yin, 2003).

Rigorous standards for research conduct contributed to the quality of the study. Analysis of data benefitted from the multiple perspectives of members of the interdisciplinary group of scholars (the phenomenology group). The researcher's reflexivity, enhanced through interaction with research peers, assisted in holding in check preconceptions and biases that potentially influenced implementation of the study and interpretation of findings. To assure dependability and consistency of findings, the researcher adhered to the case study protocol and constructed a case study database to serve as a trail of evidence open to others for authentication of findings. Ethical conduct of the researcher was demonstrated by maintaining confidentiality of study participants and providing them with information regarding purpose of inquiry and use of findings. The next chapter is the presentation of findings.

Chapter 4

Findings

A new section of highway descends into Crestville. It is a small but vital town – an alive and important center of many community activities, most services, the secondary education of all county students, and the seat of county government. A drive through the town of Crestville takes less than ten minutes, and that includes a few stops at traffic lights along the four-lane by-pass or on the main street. The courthouse is on the main street, which is three blocks long and two lanes wide with parking angled in front of the stores (no parking meters). Side streets include quiet residential areas with well-kept, modest homes with yards free of clutter, exteriors in good repair, orderly carports with cars in good condition, and stately trees lining the street. Many houses are a conservative style with painted siding, shutters, and a front porch.

A motorist stopping at an intersection in front of the courthouse finds a modern traffic light hanging from a shiny metal arm arching across the street. The first time I stopped at this crossing, I looked up, but I could not see the color of the lights directly overhead. I had miscalculated where to stop – perhaps because the intersection was smaller than what I am accustomed to in my hometown. My thought was, "This town takes pride in itself: They are doing things the modern way while preserving the unique qualities of an intimate community."

Over the course of two months, I spent nine days in Crestville. Each time I drove through Crest County, I took a slightly different route, which gave me different perspectives of the county's attributes. Based on my interviews with 23 community

people, my observations, and review of documents, my aim is to weave a story about why this community participates in a partnership with an academic institution for educating health professionals. Throughout this account, the words of the community residents themselves are quoted verbatim because they are the principal storytellers.

Just as I needed a road map to find the quickest route to Crestville, the reader deserves a road map of my organizational scheme for this chapter. The presentation of findings begins with a description of the setting of the study: history of Crest County, economic trends, and changes in availability of health care services. Knowing the surrounding conditions (i. e., the context) of a phenomenon is an essential component of the case study approach.

The next section focuses on the beginning of the partnership and portrays Crest County as a community where people "go out of their way to make [the program] work" (Wanda). The story of the original community-based, interdisciplinary program for educating health care professionals provides a backdrop for understanding the current relationship between community and academe.

The remaining sections are the heart of the findings that emerged from interviews, observations, and a limited number of documents. Analysis of data suggests three main foci of the community's perspectives on a community-academe partnership: a) the community actively participated in building this relationship, b) community members played a significant role in guiding student learning activities and removing obstacles to success, and c) the community benefited by raising awareness of health-related problems,

tapping into resources for improving the community's health, and strengthening the network of local organizations and agencies invested in the community's well-being.

Setting of the Study

In order to understand the present, one must know the past. For that reason, I accessed historical materials housed in the local public library. I reviewed a paperbound volume of the county's history published by the local historical society for the sesquicentennial celebration in the 1980s. In addition, I perused a collection of local newspapers from 1897 to 1913. The following overview includes information from these locally produced historical documents.

"This County is so Rural"

The distinctive qualities of Crestville and the county as a whole relate closely to its rural setting. From the county's perimeter, there are four main roads (mostly two-lane) passing through a myriad of unincorporated communities that once had their own post office or single-room school. The ridges, valleys, and rivers determine these routes and have done so since white settlers came here to establish homesteads on land purchased from Native Americans. All main roads lead to Crestville, which is centrally located in the county.

Beginning in the 1820s, residents lobbied to establish the current county lines and the courthouse in Crestville. They argued that distance and hardship (numerous river crossings and steep traverses over mountains) cut them off from the existing county seat further to the west. Thus, stories from the past portray Crest County residents as a cohesive community actively seeking solutions to their needs.

Settlers found Crest County rich in natural resources, and the 19th century was a time of increasing activities to harvest these assets. The timber industry flourished, especially after the arrival of the "iron horse" (steam locomotive) in 1899. A mineral essential to producing metal was mined from the ridges and processed locally. With access to this resource, settlers were able to make their gun barrels, plows, and wheel rims. Fertile land along river valleys and across hillsides cleared of lumber became family farms that produced cash crops such as tobacco and legumes.

Along with economic growth came services to support the well-being of people. An 1897 edition of the local paper (still published today) documented the availability of professional services such as lawyers, physicians, dentists, and druggists. The doctors published their "professional cards" in the paper. Five medical doctors with locations throughout the county announced that they would answer calls at all hours, but they reserved Saturdays for office hours. The notices included the doctors' residences, which indicated that a trip to the doctor's house was perhaps acceptable.

Although Crest County experienced significant growth in services and infrastructure during the early years, its geography still made the community vulnerable to natural disaster. In 1940, a flood wiped out the main line of the railroad. Years of timbering and mining had depleted local resources. The railroad was not rebuilt, and as these industries declined in scale, trucking took over.

Beginning in the 1960s, manufacturers brought jobs to the county; however, this economic revitalization was short lived as production was outsourced near the turn of the 21st century. Like jobs in the lumber and railroad industry, opportunities to earn a living

in the industrialized plants dwindled. George, an elected county official, expressed great concern about the loss of local jobs. There had been a textile industry that employed fifteen hundred people and a footwear company that exported worldwide. “Those folks are gone, you know,” lamented George. George related that the largest employers in the county were the prison (about 550 people) and the school system (about 500). The one remaining textile plant was streamlining and cutting jobs. As George observed, “We’ve got a global recession, and things are tough. Manufacturing’s about gone everywhere.” Confident that a younger person could fill his position and help find the answers, George had made the decision to retire at the end of his term. “I’ll be going home,” said George, a lifelong resident of the county and graduate of State University.

“Two Doctors in this County”

In the 1960s, local access to health care providers was in crisis. Local physicians petitioned county commissioners to build a community hospital. The case for a community hospital was presented as a way to attract additional physicians to the community, which seldom had more than two practicing physicians during the previous two decades. “I can remember when there were two doctors in this county,” said George, “Both of them right on Main Street down here, two family practitioners. I mean, they delivered babies, anything that wasn’t major they could take care of well.”

The hospital project received serious consideration and community leaders explored funding avenues, including an application for Hill-Burton funds from the federal government. Following commitments from multiple funding sources, hospital

construction began. Community members even donated labor to complete the building. Following years of mustering support, securing funds, and constructing the two-story building, the hospital opened in 1972 with 44 beds and a staff of four physicians. One year later, it closed and entered a period of reorganization. Shortly afterwards, the hospital reopened. Following a decade of revenue production, it grew to 66 beds including a 4-bed intensive care unit. Then conditions in the county changed such that it was no longer a viable operation, and it closed in the late 1980s, then reopened for a short time and closed a third time in the 1990s. Health care in the community was in crisis again, and the community was interested in finding a solution.

The Foundation Program: Beginning of a Partnership

Based on a long-standing connection between Crest County and State University, it was logical that the university would be aware of the needs of regional communities. According to the Crest County historical society, State University was where many teachers in the county school system received their degrees. “I think because of the region – [State University] remembers us…. Let’s say we have a little special place in our heart for State University. When you talk about going to college here, you’re talking about going to State University” (Kelly).

The glaring shortage of doctors in Crest County and the closing of the hospital were concerns shared by the region’s major institution for the education of health professionals that was just one hour away. In 1990, State University College of Nursing established a primary care clinic run by nurse practitioners during a time when the local hospital was closed. Hillary, a health care administrator, credited this development as

paving the way for the community's acceptance of health sciences students as care providers. Supportive gestures and resources were flowing between Crest County and State University, and community needs were urgent.

> Community … they wanted more doctors and nurses because they were down to two physicians…. They needed nurses because they couldn't make things work without nurses. They wanted preventive services because they were sick and they knew that there were things that they weren't getting that they should have. They wanted a healthcare system, and the hospital closed on them. (Ben)

"Willing to Go Out of Their Way to Make [the Program] Work"

In the early 1990s, a partnership between Crest County and State University was established for the dual purpose of educating health care professionals in the community setting and bringing resources to communities lacking in health care services (Richards, 1996a). The vision for this partnership came from a nonprofit foundation (which I will call "The Foundation"), and a grant of nearly $50 million dollars was made to seven institutions of higher education.

The impetus behind the funding was to help solve the nation's deficit of primary care providers (Richards, 1996 b). Interdisciplinary education was central to the program's design. By moving education to the community, student learning would link directly with people's needs in the community setting, the program would facilitate multidisciplinary approaches to solving health problems, and the primary care emphasis would influence how and where students practice after graduation (Richards, 1996b). The Foundation's philosophy was, "If a shift from specialty care to primary care is to be

accomplished, a transition from hospital-based education to education that incorporates the community perspective must precede it" (Richards, 1996a).

Around 1991, State University received $6 million dollars from The Foundation "to do partnership work … in two counties that wanted the program and were willing to kind of go out of their way to make it work" (Wanda Jones). From the beginning, the words *community partnerships* were in the formal title of the foundation's initiative for health professions education. Crest County was where the State University partnership program opened.

"Things are All Built on Relationships"

My case study focused on the community, and I gathered my data there, with one exception: my interview with Ben, the "first and only" (Ben) director of the State University office for community partnerships and rural health. For this interview, I traveled from Crestville to the city where State University was located. His office was in a small brick house that sat on a hill at the edge of campus. A dilapidated barn was its closest neighbor – home to a ground hog that sat up and took notice of my car pulling up the gravel drive. In this place, the remnants of a farm were merging with the sprawling campus of a modern university: a fitting touch for an academic office that served rural communities. I interviewed Ben to increase my understanding of the original intent of the program and the current structure.

Establishing the Foundation Advisory Board. Many participants in the study referred to the Foundation program and the formation of a community advisory board as a starting point in this relationship:

> When the Foundation program started, they developed a board here, a community board. And it was always directed through a community board, and there still is a community board. I'm not sure what they're called anymore. I always called it the Foundation Board, but I know that's not the name. The community board consisted of leaders from across the community, and it wasn't necessarily that somebody's in charge of something. (Christopher, community leader and former Foundation Board member)

As Ben explained, the community advisory board included representatives of the community partners: the new critical-access hospital (opened in 1998), health care practices, county school system, nursing home, home health agencies, senior center, churches, and more. For 10 years, the advisory board met monthly in the community and "helped the university to understand a community definition of health and what health meant to a community" (Ben). The first five years (1991-1996) were the grant-funding period; the next five years were a period when Ben "milked the money just to help support the overall program." In 2000, a local newspaper article entitled, "Sixth Foundation Graduation Held," listed 18 members on the board (see Appendix I). Eighteen years after its formation, the board continued to meet twice a year with the interdisciplinary students to orient them to the community, discuss ideas for projects, and hear presentations of their findings.

Building relationships in rural communities. Ben's organizational philosophy was that "rural communities are not formal places; things are all built on relationships." Ben focused on the relationship and not on formalities such as a rigid schedule of

meetings. “I’ve always had a tendency to not formalize, not try to structure things other than people know which door to go through” (Ben). Just as the community members on the board opened doors for the university’s entrée into the community, the university representatives facilitated access to campus resources. Ben shared an example of this attitude that community and academe could depend on each other. On a previous night, Ben had attended a meeting of people from Crestville and other counties and community organizations:

> One of the community members walked up and said, “Now, my daughter wants to come to school here. Who is it that I talk to?” So I gave the name, and I said, “If there’s anything I can do to be helpful, let me know.” And he said, “That’s why you’re here.” They know. They know that this is a door they can go through to get what they need to get for their community or for themselves, and that’s perfectly acceptable. I’m very pleased to be able to do that. (Ben)

“Teaching, learning … and doing service.” Ben described the university’s relationship with the community partners as one that “opened the doors for us to be able to do student learning in those communities.” Although community-based projects were (and still are) part of student learning, Ben emphasized that the Foundation program went beyond a “typical or traditional service learning program in that the degree of difficulty was different. We were talking about longitudinal relationships.” The Foundation program provided the financial resources needed to establish a long-term, community-based, and interdisciplinary approach to educating health care professionals. The program

at the time of this study shared the original approach of "using teaching and learning as the entrée to a community through which we are doing service" (Ben).

"What We Did Was Pretty Amazing"

Dr. Wanda Jones came to Crestville in 1993 as the primary nursing faculty. She came because she wanted to be a part of the community-based education program and prepare future health care professionals in the environment where people live, work, worship, learn, play, and nurture their families. Dr. Jones encouraged me to call her "Wanda," and I will refer to her by her first name in most instances. I found that community people also called her "Wanda," perhaps in keeping with her comment that in the community, "I never use my 'Dr.' title, ever" (Wanda).

Wanda knew what life in a rural community had to offer because she and her husband grew up in a rural environment. "I mean, it didn't frighten us at all to move up there. And so we came here. I was the primary nursing faculty" (Wanda). Her children attended kindergarten through high school in Crestville. She served on boards of community organizations (she estimated 24 boards in 16 years). She did volunteer work including teaching CPR (cardio pulmonary resuscitation) classes "until I couldn't teach them anymore because that was a way to get into a lot of organizations" (Wanda). She lived, taught, and became actively involved in the life of the community. Her approach was confident, respectful, and successful in the way that she contributed to organizational life while increasing her contact with key stakeholders in the community.

Hiring a faculty member to reside in the community was a strategy put forth by the State University's Foundation program; however, Wanda noted that not all faculty

members in the interdisciplinary program made the move to Crest County. She considered her presence important to the mission of the program and unique. Even nationwide, of the universities receiving the Foundation Grant, State University was the only one that hired faculty to live in the community. By Wanda's estimation, a nurse was well suited for this endeavor since a nurse would know about health, the community, and community nursing. "You really need folks that know community but also know health that can then talk to folks and see kind of a bigger picture than just injury and illness and diagnosis and treatment" (Wanda).

During these early years, the nursing students' course work spanned six semesters, which included core nursing courses and the interdisciplinary curriculum. All classes were taught in Crestville, and the nursing students left the community only for their obstetrical and critical care rotations. It was a full immersion experience. Just as Wanda was committed to living and working in Crest County, the nursing students also committed to living and learning in the isolated, rural setting. Wanda spoke of the early years with fondness and pride.

> One day a week they'd be in interdisciplinary courses with the other two disciplines [medicine and public health], but the other six days of the week I had them to myself then, and they did a lot of great work up there, up in Crestville, as part of their other curriculum. (Wanda)

Perhaps those were the golden years of the interdisciplinary program when there was full participation from the colleges of nursing, medicine, and public and allied health. Of the seven programs funded by the Foundation, Wanda regarded the State University

program as one of the four most successful: “I thought what we did was pretty amazing” (Wanda).

“The Interdisciplinary Piece Fell Apart”

During the second decade of the program, things changed. There was no longer full integration of the three disciplines in the interdisciplinary program for rural health education. Nursing students no longer lived in the community as part of full immersion in the curriculum and community life.

“We downsized the curriculum.” Complex interacting factors contributed to changes in the interdisciplinary program. These changes related to coordination of course schedules, money to support faculty development, and decisions made by individual colleges regarding the program of instruction. Ben, the director of the office for community partnerships and rural health education, described changes in the interdisciplinary curriculum: a) 1992 – 13 courses over two full years, b) 1998 – nine courses over two years, c) 2009 – two courses over one year.

Ben spoke about decisions made within the nursing program that related to hours required for graduation: “When the college of nursing went through its last accreditation they had like a hundred and thirty-five credit hours to get a degree, and the maximum was one twenty. So they had to downsize their commitment to the interdisciplinary.” Rather than continuing certain clinical courses in the community such as anatomy and clinical diagnosis, “these courses got dropped for nursing when they had to downsize, and they pulled all those nursing students in for their clinical coursework to campus, or they’re doing some stuff online now” (Ben).

A change in nursing presence in the Foundation program. Some in the community noticed the transition away from a fully integrated interdisciplinary program but did not understand the specific changes at the university level. Rhonda, one of the first Foundation students, was passionate about how she benefited from the program as a nursing student:

> My class was the first one. We were kind of the guinea pigs, to see how this is going to play out and to see how this works, and it worked out very well. I know eventually it kind of - the interdisciplinary piece fell apart. And, to date, I'm not sure exactly what they're doing. But there were several classes after my class that continued the interdisciplinary piece. Then in later years, the interdisciplinary piece fell apart, but the rural initiative, the primary care track, was still kind of the heart of the program. And that continued for nursing students. (Rhonda)

Hillary, an administrator of a Crest County health care facility and a nurse, remarked that as an on-going member of the Foundation Board, she currently interacted with medical students and provided guidance for their projects in the community. However, she noticed a change away from nursing students participating in the interdisciplinary activities:

> Our Foundation program is truly funneled into medical students…. It used to be interdisciplinary. I don't know what happened. There were nursing students that graduated through that program that work here. They came home to work. And I think that is the strength of that program: You expose students to rural medicine, and they quickly learn, aha, this is what medicine is all about. They come back

> home to practice, or they go back to rural communities to practice. I don't know what happened over the years. It changed to where it's primarily just medical students now. There's no nursing presence, and that's sad. (Hillary)

Wanda's involvement with the interdisciplinary part changed. Developing and implementing interdisciplinary courses was a huge undertaking according to Ben and Wanda. Wanda's position as community-based faculty evolved as she took on an increasing workload preparing lectures and managing student projects. The balance of responsibility became unequal between her and the medicine and public health faculty.

> And one of the reasons that I went to just teaching nursing students was because public health and medicine faculty … would walk into class, and we have class from 9:00 to 4:00…. They'd walk in at five minutes to 9:00 in the morning, and I would have been there since 7:30, and they're like, "Well, so what are we doing today?" (Wanda)

Based on an instructional program with split credits, she would "sometimes be teaching seven courses a semester, and that just got to be old after a while" (Wanda). Wanda affirmed that she did not have to continue in this vein, and she transitioned to teaching only nursing students. Her instruction took place in the community setting but was apart from the courses involving medical students: "Today I have little involvement with the interdisciplinary part of the program." (Wanda).

Dr. Sam Jackson, a Crest County family physician, instructor, and mentor in the rural health program, had interacted with nursing students since he moved to Crest County in 1996. While the rural health program was transitioning away from an

integrated curriculum, Dr. Jackson's interactions with nursing students became more "casual, over the phone, questionnaire-type things; and sometimes it's just seeing and meeting people as we do our work in the community" (Dr. Jackson). He affirmed that Wanda was a key force in linking nursing students with the community, and she was responsible for them "coming up to the community" (Dr. Jackson).

For the past five years, Wanda coordinated the undergraduate nursing community health course in Crest County, and the participants were nursing students in their senior year. Like the interdisciplinary course (which nursing students were still allowed to choose, along with medical and other students from social work, psychology, health education, and nutrition departments), the undergraduate community health course was two semesters. Following a community assessment, student groups planned, implemented, evaluated, and submitted a final report on their projects. Wanda was pleased with her ability to maintain the community-based experience for nursing students interested in traveling to a rural, isolated setting. "I'm much happier now - there is no place else probably in the world that would have given me as good an opportunity to learn about teaching at this level in the community" (Wanda)

"Learning from Communities … Still the Heart of the Program"

Students: "You see them working everywhere." In Crest County, active engagement of students was evident, and there were multiple disciplines involved in projects and field placements. While I was reading historical materials in the Crest County Public Library, I overheard a man ask about a group of children and young adults in an adjoining room. The librarian said, "Those are State University students. They come

up here to work with the children as part of their teacher's training." Community members also noticed the activities of health sciences students: "I see them all over the county because, like I said, I'm on different committees [Health Council and Diabetes Coalition], and you see them working everywhere" (Kelly, community agency director).

"I've got a group working on that." Wanda's position that nursing students were a productive and valuable resource was evident as she described their activities in Crest County during fall semester of 2009. Three groups of students were conducting nutrition education programs in the primary schools as part of a nutrition initiative, which was an outreach program of a state university institute (not connected with State University). In conjunction with the anti-drug coalition, another group was working on disposal of prescription medications kept in the home as part of the community's effort to resolve unintended access to addictive medications.

The last group was working with a sustainable development corporation to gather interview data related to food security in the county. Wanda considered this activity very significant for the community: "pretty much over the top for folks in the community to be able to do that. I mean, [the community members] don't have the equipment, like digital recorders and those kinds of things, to be able to do that." Nursing students had the unique opportunity to interview farmers, the mayor, church leaders, and others active in securing local food sources for the community.

The ramifications of this project extended beyond the students' contribution of interview data. "If this project goes well, they have the opportunity to get a three hundred thousand dollar grant for intervention, so it would be huge if this happens" (Wanda). By

comparison, Wanda noted that medical students did not have the advantage of a full-time faculty member living in the community. As a result, their projects did not necessarily translate into long-term, funded projects. “Medical students - the interdisciplinary students is what I should say - tend to do a little lighter types of projects simply because they’re not here as much and they don’t know the community quite as well” (Wanda). Wanda connected her student projects with situations conducive to securing grant money for community organizations. In spite of changes in the academic programs, the rural piece for nursing students was still in place (as Rhonda noted), and undergraduate nursing students continued to carry out significant projects in the community.

Summary: Understanding the Conditions that Surrounded the Partnership

A rural community. Crest County’s characteristics were defined by open spaces, lack of urban areas, distance from specialized services, decline in economic base, and geography. Mountains and rivers have influenced travel into and out of the county since white settlers (some being slave owners) established homesteads. Since the founding of a regional university in 1911, Crest County has had an informal association with State University. College-bound students from the community primarily went to State University.

The partnership. In the early 1990s, that community-academe relationship became more formal with the dedication of $6 million by a private foundation to promote education of health professionals in two rural counties. The concept of partnership was part of the language and design of this interdisciplinary, community-based educational

approach. Wanda was hired to be the primary nursing faculty, a link between community and academe strengthened by her commitment to live fulltime in Crest County.

Many study participants used the term *partnership* when talking about the Foundation program, perhaps because that term had been in common use since the program's inception. More importantly, no one discounted that the Foundation program had been a partnership, but several were not sure of the current level of integration of nursing, medical, and public health educational activities. Mildred, an original Foundation Board member, remarked, "I'm not sure that we have any of the Foundation people here now, but we did awhile. They were nurses, and some were going on to study medicine more."

Just as all relationships have strengths, weaknesses, areas deemed "good," and recognized challenges, the community members' words depicted such characteristics of their partnership. A simple count of the frequency of ideas related to *good* characteristics and *challenges* of the experience was helpful in illustrating topics that the interviewees thought important to share with the researcher. See Appendix K for displays of frequency counts and additional data related to the counts. Community members strongly emphasized the community's positive response to the partnership program. Preceptors noted challenges that they could influence such as giving more attention to groups that needed to improve in areas of accountability and skills for interacting with specific populations. Distance from campus was a factor that affected students' time in the community; however, community members understood the isolation issue and worked around its consequences by being flexible.

In the following sections, the empirical representations of how the community experienced a relationship with State University incorporate and expand the ideas presented above. The evidence is organized in a pyramid of themes: a) community perspectives of how they were involved in building relationships between community partners and university representatives, including faculty and students; b) community perspectives of what students gained from the community's involvement in the SL relationship; and c) community perspectives of what the community received from this involvement (see Figure 4).

The Community's Involvement: Building Relationships

"Come on In"

> If I was advising someone else of how to set up a good program and get good acceptance, it would be going back to the basics of what they did on the Foundation Board of having a community advisory board and having people

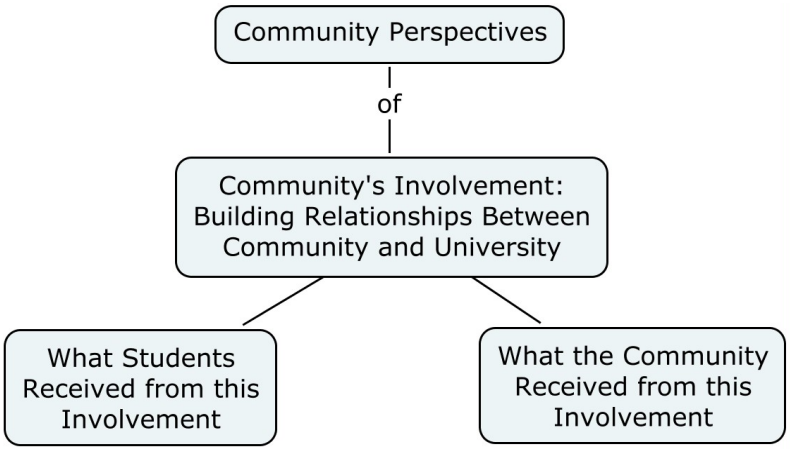

Figure 4. Thematic organization of evidence supporting how the community experienced a service learning relationship.

pulled in and actually doing a lot of things that were visible like that, where people saw that. (Christopher)

Building good acceptance by involving community people in active roles was a critical endeavor from the beginning. In the early days, Hilda and Mildred became involved as volunteers because someone in the community asked them. Community people offered their homes when students arrived for a week of orientation and joined in dinners and ballgames to build connections with the students. Hilda took on a special role: "I just started volunteering with some of the things they were doing and ended up as chairman." She has served as chair of the Foundation Community Advisory Board for 14 years.

The program's purpose was clear to community members: educating future health professionals in their community. Newspaper articles repeated program goals such as "to seek strategies to provide more medical personnel to rural areas" and "the Foundation program is a means by which nursing and medical students can gain practical experience with rural community health problems as well as encouragement to continue their medical careers in small town family practice" (see Appendix I). Hilda considered this relationship with State University to be a partnership, and spoke of the board's role in assisting with the students' entrée into the community. A fellow board member, Mildred, described her efforts to increase awareness about the program in the community. Mildred interacted with students and advised them on people to contact in the community and was especially involved at the personal level with facilitating home visits by students. The

community's capacity to do its part to support the rural health initiative was never in question.

"We make a special effort." Hilda, a lifelong resident of Crest County, participated in introducing students to the resources and culture of the community. Several study participants observed that many students were not familiar with life in an isolated, rural community. Appreciating the diverse backgrounds of students, community members made a special effort to share their personal interests and their rural, southeastern, mountain lifestyle. As Hilda noted, they wanted the students to feel at home in the community and come back to places on their own.

In the 1990s, community members responded to notices printed in the local newspaper recruiting host families for the 3-4 day orientation. The entire community was invited to orientation picnics that took place in Crestville's public park and included music and family games. Graduation ceremonies were community events that celebrated the accomplishments and contributions of students from nursing, medicine, and public and allied health. See Appendix I for excerpts from the *Crest County Newspaper* describing these events. The collection of articles clipped and saved by Wanda ranged from the year 1995 to 2000. As noted by Christopher, the activities of the Foundation Partnership were more in the public eye in the early days when the community was involved extensively in the orientation activities.

"We made provisions" In addition to endorsing the program and paving the way for students to interact with local people, the community demonstrated fiscal support. County commissioners approved the construction of a building, which provided a

classroom. The Foundation building located 2.5 miles from the courthouse was a one-story, brick building next to the original hospital, which at the time of the study was a state facility for adolescents. With a local place to meet, students were able to spend considerable time in the community doing their educational activities. The Foundation Building, on Foundation Road, continued to be a place where the advisory board and community leaders met with the interdisciplinary students. Several study participants recalled a reception in 2009 at the building for the new Dean of State University College of Nursing, an indication that they wanted to be remembered by the university. In addition to a classroom, county funds were dedicated to securing a house where medical students lived during their three-month rotation with local family practice physicians.

Visible student activities affirmed value of the partnership. In the past, the program was "full-blown" and there was "a lot of close communication with the community, a lot of publicity to it" (Christopher). Over time, the program became less visible and "kind of blended into State University" (Christopher). However, student activities continued to be highly visible to Christopher, who at the time of the interview served as chair of the school board and was a member of the hospital board (a tenure of 18 years). In addition, he regularly attended meetings of the Foundation Board to hear student presentations and lend support to new students. Christopher talked to the students, and based on these personal interactions, he spoke with authority about the students' experiences of being accepted by the community.

Sandra, an agency representative, said the community was accustomed to students being in the community, to the point that they were missed if not seen. Sandra

emphasized the significance of both the longevity of the relationship and the positive expectations expressed by community members, an indication that many had worked successfully with university students.

When student activities were visible to community members, the educational goals of the partnership program seemed most viable. Eighteen years after the program's inception and 12 years after the grant money's depletion, the community continued to see a connection between students doing projects in the community and students returning to rural areas as health care providers. "I think that we're hoping that several of them would look us over and like what they see here and see the need that our people have and come back and work here" (Hilda). Visible student activities affirmed that community efforts were continuing and the partnership was worthwhile. See Appendix I for participant quotes and documents that support the community's position of welcoming students, connecting them with local resources and practice sites, and keeping the relationship viable.

"Tying Things Together"

The community members who worked with nursing students had a close relationship with Dr. Wanda Jones, the nursing faculty member who lived in the community and coordinated the student nurses' learning activities. They spoke about her as being competent, approachable, interested in the community, and a reliable, knowledgeable resource.

Linking service with learning. A significant part of tying community needs with academe resources was identifying community issues that students could address in their

projects. As a preceptor and local agency representative, Sandra gave ideas to Wanda based on local data, program goals for her agency, and requests from community organizations such as the senior citizens center. Together, she and Wanda would review the list and "weed out what works for me and what works for that class. And she does that not only with myself but with three or four other agencies in the county" (Sandra). Sandra worked closely with Wanda to tailor projects to students' interests and ensure relevance to the learning process. Moreover, Sandra was equally concerned about her contributions to the students' learning experience.

Theresa, another agency representative, gave credit to Wanda for developing the idea and plan for nursing students to work with Theresa to carry out a nutrition education program in all elementary schools in Crest County. To Theresa, Wanda's effort was extraordinary: "She seriously goes out of her way, she gives of her time, and the energy, just the energy that she puts into her programming, I'm seriously indebted to her." Theresa saw Wanda's efforts as a key link between the needs of the county and the learning objectives for the university students.

People in the community saw Wanda as a catalyst in the critical, local interactions needed to identify and address health issues. Christopher witnessed her effectiveness because the studies done by her students were not trivial; the projects were related to cancer, diabetes, and childhood obesity and were relevant and valuable to the community.

> The dynamics of Dr. Jones has been to pinpoint real issues. Most of what I have seen is that she has been instrumental in a lot of that. I know there have been

> some other people associated with that, too, but she has identified real issues here that we're facing and tied that in with the students. (Christopher)

Developing a network of service opportunities. Wanda's longevity and reputation in the community were reasons people often thought of her when addressing issues related to health. Kelly, as the director of a community center, endeavored to bring quality programs of interest and relevance to her clients. She knew that she could call Wanda and propose projects suitable for the students; however, she did not often need to use this tactic because many in the university system called her asking to bring programs to her clients.

> Wanda Jones lives here in the county, and she's a professor at State University in nursing, so if we have a special need, usually I call her or call someone and ask if there's someone or some class that will fill that little glitch that we have that we need. (Kelly)

Over the years, the community members' knowledge of whom to call meant that Wanda did not have to search for projects (as in the early years); rather, people would call to ask if she had students coming the next semester. Wanda developed a strong network of preceptors for her students: "I have preceptors now that I tend to go back to simply because they bring me projects" (Wanda). This rapport was an indication that Wanda's relationships in the community promoted equality of interactions, initiative, and an environment where "we [the university representatives of faculty and students] did things with people … not for people … or to people" (Wanda).

A community "buying in" and working hard for mutual goals. While acknowledging the importance of having a committed, intelligent professor directing the students' learning activities and service projects, Christopher emphasized the contributions of the community to making this partnership successful. "I don't think it would have been as successful, just the long distance from State University, throwing people up here saying, 'We're going to do this.'" (Christopher). Christopher's metaphor of throwing people into Crest County suggested the possibility of a relationship unbalanced by the power and status of the university and the relative isolation of Crest County. Christopher stressed that the relationship became a thriving partnership due to the strong response of a community motivated by an opportunity to improve the local health care system.

> I think it was that buy-in from the community. I think it was the community advisory board working hard for them. And I think it was that tie-in with local folks like Wanda and … another advisor [he could not remember his name]. It was those kind of people who actually tied all that together. (Christopher).

Immersed and effective university representatives were key elements to the success of this relationship.

Summary: Building a Partnership by Working Hard So Both Parties Benefited

As the partnership developed between community and academe, people in Crest County perceived their welcoming activities for students as broadly supported, well organized, and worthwhile. They understood their role as gatekeepers to the community and responded with gestures that opened doors such as hosting students in their homes,

organizing dinners, and taking them places to experience the culture and natural beauty of the area.

The students' presence in the community continued to be noticed. Wanda, in her words, "cultivated" preceptors, and they came to expect nursing students to be available in future semesters. Even the county's largest employer, the prison, became a site for student learning. Ongoing, visible student activities contributed to a community's awareness of a valued program.

Time and personal commitment were essential ingredients for building this relationship, and energy flowed in both directions between community and campus. The hard work by Crest County citizens to support the program's mission was a source of local pride. In addition, community members highlighted the dynamism of embedded, skillful university representatives, especially Wanda, who assisted the community in pinpointing real issues. "Wanda, Dr. Jones … she is very interested in tying those two things together to where this side is learning and this side's benefiting" (Christopher).

The next section presents how community members experienced the phenomenon of working with students, including their perceptions of what the students received from the community's involvement.

The Community's Involvement: Helping Students "Get It"

Community members were part of the students' experience of "getting it." I heard the phrase "getting it" or "get it" repeated several times in interviews with community members who provided guidance for student activities in the community (Appendix J). In order for students to "get it," a nebulous term whose meaning was revelatory, the co-

participants in the learning experience actively and purposefully contributed to this process.

"The Best Teachers are Community Residents"

Wanda referred to community members working directly with students as *preceptors*; likewise, several of the interviewees used that term. Preceptor is an academic term often used in nursing to describe on-the-job supervision of students in the field. Preceptors do not have to be in the exact same discipline as the student. Wanda emphasized that "the best teachers are community residents," and she frequently placed students with community members who were not nurses. Of the three preceptors who were active in the fall 2009 projects, none was a nurse.

Experience with students helped educate preceptors, and the preceptors passed along their higher levels of functioning to subsequent student groups. "One of the biggest motivations has been a partnership with Dr. Wanda Jones. I've had the experience of working with her for several years, and I know the quality that she has, and that has given me an avenue" (Elizabeth). Wanda recognized her contributions as well as their receptiveness: "They've been cultivated, and I've worked with them, hard with them." Community members affirmed that they were appropriate, skilled, and worthy teachers for the students. People's willingness to be involved in a long-term relationship confirmed the success of the original approach to recruit and cultivate local preceptors as well as recognize that the whole community had something to contribute to the learning experience. See Appendix L for a description of preceptors interviewed for this study.

"Come in and Listen to People"

Community members worked with diverse groups of students and recognized that learning in a community was very different from learning in a classroom at State University. Community members appreciated that a rural community was a different environment for many students and that they arrived with preconceptions about life in a small rural place. Hilda spent time with students from all disciplines including offering a cabin on her property as housing. By reaching out to students new to the area, she became more aware of her insider status. She looked closely at what life was like in her community and what outsiders might see as being different.

Bobbie, the director of a community agency, invited university students to her center. This was a place where students could conduct surveys and give presentations. Bobbie was a master at teaching people how to get along. Every day after school, children came to her center to participate in activities, socialize, and have a healthy meal. Bobbie stressed to the university students that they should come with an open mind – not with preconceived notions. "When dealing with kids as well as adults, that's my message: Be open, don't come in expecting that, 'I'm the authority and this is the way we'll do it.' You have to be open, have to truly be open" (Bobbie).

Theresa spoke eloquently about the positive community attributes that students discovered by being in the schools and being in Crest County. Theresa was proud of her community and wanted to emphasize the things that were going well including how people were taking responsibility for their children's future. As a preceptor, Theresa

valued her role as a conduit for students to change their preconceptions about education in an isolated community.

The community members, recognizing there were differences between insiders and outsiders, wanted students to use their range of abilities – hearing, seeing, sitting quietly, and going out to explore – to open their minds to the experience. Community members did not want to be judged only by their deficits; they wanted students to come in, "find out what they're about, what their needs are" (Bobbie), and recognize their strengths and capacity to take action towards change. Kelly was confident that students who made the special effort to drive up from University City were highly motivated to experience learning in a rural setting: "If they're willing to come up here, then they're extra special people in my book" (Kelly). Helping these motivated students to understand local culture and needs was how community members helped students "get it."

"Don't Make It a Classroom Setting"

While some preceptors worked mostly in classroom settings, student projects extended to almost every setting in the community. Students were encouraged to adopt creative approaches for getting their message to their audiences whether it was in a company break room, a church parking lot at the harvest festival, the prison clinic, or the bustling rooms of the community centers. The community members were the experts who taught students how to connect with their audience.

Bobbie's agency was a place for active socializing, so she carefully prepared students to fit their topics and their approaches to the activities offered at the center where children and adults congregated. Friday night music events were an appropriate

place to interact with older adults. Bobbie was very sensitive to and knowledgeable about the participants at her center. She passed along this competency to the students because she wanted the best for her clients. In this way, she was protective of her community, which was a characteristic of many who guided student activities.

Kelly shared her expertise in best practices for engaging older adults in the students' presentations, particularly ones that delivered detailed information. She observed techniques such as PowerPoint presentations that were not working with her clientele. Based on years of experience, Kelly helped students learn that "working in the public, especially with the senior population, it's different."

Sandra: Foundation Program Graduate and Seasoned Preceptor

After graduating from the Foundation program in 2002 with a degree in public health, Sandra returned to her Crestville, her hometown, took the health educator position at the health department, and immediately started working with State University students. Sandra used the term *mentoring* and considered the mentor's role as giving direction and helping students find resources. Sandra related how she was ready to learn from her students. The exchange of knowledge included academic concepts such as new models in the field of community health. Sandra emphasized the reciprocity of the preceptor-student relationship: "I've learned to mentor them a little bit about community needs and community approaches. And, they bring their new ideas and creativity to me when they come here" (Sandra).

In addition, Sandra learned interpersonal lessons through her interactions with students. She valued learning through experience because she witnessed her own

construction of pertinent knowledge about "what students need to know as they're working in the community" (Sandra). She identified some areas where her mentoring skills matured: preparing students for the unforeseen, helping them gain entrée to significant others in the community, and teaching them strategies for efficient planning – strategies that respected the time of others busily engaged in community work. "I can tell a big difference in how I work with the students now versus when I first started and when they first started coming to me, so I think I've learned" (Sandra).

Sandra seized this opportunity to be a mentor because she had gained new insights into her community as a Foundation student even though she was a life-long resident. Her experience with the Foundation program transformed her understanding of her own community and led her to a career in community health.

> I came from a very small rural community, this one. [As a student], I was involved in community projects in this community, which I learned a lot about even though I was from this community, a lot that I didn't know. (Sandra)

Learning about community needs and how to serve the community was an experience that Sandra valued and wanted to pass on to students. She accomplished this by preparing students to meet and overcome obstacles.

Sharing Expectations

One of the first interactions between preceptor and students was to navigate a plan for working together on a project. Preceptors described their skills in finding solid ground and avoiding a situation of shifting sand that left students without clear direction. Each approached this process differently, but the outcome was a sharing of expectations about

goals, investment of time, and commitments to keeping each other informed about progress.

Part of developing skills as a preceptor was learning to design with students a relevant project doable in one semester. In Martha's first experience with students, the project was not "laid out for students," it was "nebulous;" students were not "plugged in" to a "concise and manageable project" (Martha). She considered this a "disservice to students" and took responsibility. The process in the first year was too unstructured and the goals were too indistinct.

Martha emphasized that the next year's project had more clarity, and the problems of the first year were corrected though her interaction with Wanda. Working with Wanda to write a grant, Martha's organization received funding and she began work on a solid project. The council identified ways to assess the community's needs: surveys, community meetings, and focus groups. Martha and Wanda again saw an opportunity for students to be involved, and this time, students' work tied in closely with the goals of the funded project. Together, Martha and the nursing students laid out their approach. Students would collect interview data from key stakeholders. Martha considered the project a success because she had a well-structured activity that was a priority to her organization.

In addition, Martha learned how to share with students her expectations for working together. She felt better prepared to say, "Okay, this day we're going to have a meeting, and then schedule your interviews on your own time, and then this day we'll

have a meeting." The experience taught her to be more instructive, which helped her resolve her own scheduling challenges.

Unlike the previous year, Martha did not experience the uncertainty of wondering how the students were progressing: "What's happening out there? Hello?" (Martha). A group with a more defined project showed more initiative for apprising her of their movement towards project goals. Martha improved her skills through her association with Wanda (in essence, Wanda was her preceptor), and she saw results: Students did phenomenal work.

Engaging Students in Service: "Let's Go See What You See"

Preceptors spoke about their satisfaction with helping students learn valuable skills for working in the real world: prioritizing their actions, setting realistic goals, and taking ownership of their projects. One method used by preceptors to facilitate the connection between service and learning was to allow students a measure of freedom when creating projects around needs they identified in the community. This process involved students freely choosing topics and activities within the constraints of relevant needs, available resources, and a reasonable timeframe. By allowing choice and control, the preceptors demonstrated their desire for students to be invested fully in the project.

Rita, a preceptor with fewer years of experience in the community-academe program, spoke in-depth about her maturation process. She came to her organization as a seasoned community worker who had participated in the AmeriCorps program; however, she realized that guiding student projects was a new skill learned over time and with the support of the nursing instructor, Wanda.

The first year, students took on a project that was a significant service to her organization, the anti-drug coalition. The project, a community carnival, met a local need; however, Rita looked back on the experience and wondered if the students were doing her project, not their project. She sensed they "didn't own it," (Rita) and she had higher goals for engaging the students with the community.

At the carnival, the families were "invited in" (Rita) to visit the students' booths. Now, Rita wanted students to go out and create a project based on their own assessment. She gave them some ideas along with her agency's data, and then the students went out the agency's door to conduct their own appraisal: "We scoot them off and make them learn" (Rita). Rita bolstered their autonomy with these words, "Well, this is some of what we see, but let's go see what you see…. We [her agency] don't know it all" (Rita).

The students' independent work and identification of issues around prescription drug abuse and disposal led to two years of intervention projects. The experience was empowering to Rita as she expanded her ability to "steer [students] towards the big picture" (Rita). She put the students on a course of independent discovery, and the students benefited from her efficacy.

"Where are You on This Task?"

Preceptors were constant in their efforts to help students fulfill their obligations. They used different approaches, but all strategies emphasized to the students that they must stay on top of their work. If not, the quality of their projects suffered, and they potentially wasted the time of their program participants.

Sandra described how she felt solidarity with her students and treated them as colleagues engaging in problem-solving discussions. She liked things to go smoothly and prepared the way for students so they could make contacts efficiently in the community. She respected the students and did not act like a dominant power over them. When the attitudes of students were positive and their efforts were strong, success was more likely.

Theresa emphasized how she valued fulfilling her duty of bringing nutrition education to the schools. If students did not follow up with their tasks, such as emailing their schedules, she was obstructed in her job of scheduling the presentations in the schools. Theresa wanted to the students to know that they must follow through on the projects and that she was not going to give up on them. She stood by them if they stumbled, as demonstrated by her commitment to being with them during presentations.

When students did not fulfill expectations of their preceptors (answer emails, submit reports), the relationship shifted off its center. Preceptors sometimes had to be more instructive with the students. This put the preceptor in a position of feeling like a boss, yet the students were not their employees. Students were there to work towards a quality final product, and Rita took seriously her position of monitoring their progress: “I was wanting to know what they needed and if they were getting stuff done. It’s just like being a boss, kind of, wanting to know if they got everything done.” Sandra had a legitimate reason for firmly stating her expectations: “I need information at the end. Your predecessors haven’t always done that, so up front, this is what I need.”

Keeping a supervisor informed and turning in needed paperwork were important lessons that students could learn from their interactions with preceptors and community

members. The preceptors never considered the students as employees and never considered themselves as professors giving a grade. However, an effective working relationship was critical in order for students to accomplish their learning goals and effectively serve the community. Students were responsible for carrying out planned activities; they were earning a grade, but preceptors were helping them understand the value of their work from the community's perspective. The community was helping the students "get it."

"Be a little less subtle." To ensure success, preceptors intervened when they were concerned. They communicated with students by email and contacted Wanda to apprise her about their concern. The students may not have realized how their short-falls affected the preceptors who were an hour away in the community. Preceptors sometimes were subtle in their feedback to students, something noticed by Wanda. Perhaps this was because a preceptor felt uncomfortable in expressing disappointment directly to the students. During the interview, Theresa directed an apologetic remark to the audio recorder, the device enabling me to use her words in my study. She wanted to soften her verbalization of frustration about students who did not respond with the basic courtesy of supplying her with their schedules.

Wanda encouraged the preceptors to be less subtle: "They want to be nice, you know. And sometimes the students just don't get it. It's just way too subtle for them to realize that this is a problem" (Wanda). Moreover, a preceptor's reluctance to criticize indicated a mature approach to maintaining a relationship with Wanda and the students. They knew that these omissions were challenges that could be overcome and glitches that

could be worked out. They trusted Wanda to help them teach accountability to students. If accountability were an easy lesson, it would be learned easily and perhaps be less valued in our society.

"The majority think it ends when they implement." Preceptors modeled the behaviors they expected from the students such as being responsible, available, and respecting others' time. These behaviors were a way of enabling students to be successful in their projects and their future careers. Considering the preceptor's commitment to the students' projects, when students fell short, preceptors were frustrated. Typically, communication was strong at the beginning and middle of the semester. At the end, it dropped off. For Sandra, this created barriers for doing her job. She needed to complete paperwork for her state agency and report data gathered by students.

Sandra wanted them to treat her in the same way that she had modeled helpful behaviors to them. She had paved the way for them, and now, she needed this data. Giving her the data was a form of reciprocity, and she was teaching them to participate in a partnership where reciprocity was critical. Engaging in behaviors for mutual benefit built cohesion within the group, a phenomenon elucidated in Whyte's (1955) seminal study of social structure within groups.

The students' tendency to not follow through on delivering final data reports was an ongoing challenge for Sandra. Some groups were great to give her oral reports and others returned the surveys. "Probably, though, the majority think it ends when they implement" (Sandra). In her realistic way, Sandra understood the mindset of graduating

seniors. Similar to her other practical strategies, she instituted a back-up plan: She contacted the teacher and got what she needed for her reports.

Committed Partners Keeping Students on Track for Success

Preceptors were invested in the quality of students' work. An effective working relationship built on communication and mutual respect usually produced memorable presentations and worthwhile final products. Elizabeth complimented the nursing students on their preparation and their effort to check boundaries about what they could include in a presentation to high school students. She remembered a quality presentation on prom night safety that benefited the entire senior class at Crest County High School. By her estimation, the event "was awesome" and accomplished the goal of giving high school students tools for making good decisions and "a little time to think about what they were planning to do" (Elizabeth). She considered the nursing students' youthful status an asset: "One of the best things they brought is the fact that they're closer in age to my students…. The response to them has been much greater" (Elizabeth).

"Nice, good groups." For Sandra, working with students was an enriching experience that connected her with a diverse group of students. Students brought different attitudes to the projects and had different backgrounds. When the attitudes of students were very positive and their efforts were strong, she found that this matched her efforts to help them find success. She considered these as the "nice, good groups," but she was also willing to give her best to the groups that were "not exactly what we hoped for" (Sandra). However, she had been surprised at times with the outcomes. Groups that seemed to struggle through the process were sometimes the ones that gave the best presentations

(the final product). She was careful not to pre-judge groups according to the effort and attitude she perceived while working with them. Overall, she thought that the groups with the most commitment and best attitudes delivered the best presentations.

Students were "never without support." Theresa acted as a partner with the students to help them accomplish the goals of the program. Students learned how serious she was about delivering high-quality presentations. In return, she gave them support and paid careful attention to their work. Theresa's approach was "everything flows through me." The students knew what to expect because she offered a concise project with "canned curriculum" (Theresa). Within the limits of a uniform curriculum, the students had room for creativity. They made changes to the lesson and submitted this to Theresa for her approval. Theresa was with the students when they presented to the children and gave clear directives such as when she would "jump in … to get the lesson taken care of" (Theresa). She helped at any time before or during the presentation. "One way to ensure success is I am always with them" (Theresa). Her strategy worked; she had perfected it over seven years.

"If there's a failure … that comes back on me." Preceptors regarded with great seriousness their part in the students' projects and worried about the quality of outcomes when students seemed lack-luster in their efforts. The students' work reflected back on them – both the failures and the successes. Theresa expressed two concerns related to her involvement with students: a) that the nursing students did a good job (engaged the children, kept their attention, and delivered all the points of the lesson), and b) the

students did not jeopardize her open invitation to bring the nutrition program into the county school system.

Making sure there were no surprises. Inherent in a community-based learning environment was the need to develop skills for working in less-structured surroundings while meeting expectations for quality work. Preceptors learned to give students a measure of freedom but never wavered in their concern about the outcome. They were willing to enter an unknown territory with students and await the results. Wanda made sure there were "no surprises" by checking the details of the students' program plan before implementation. The result was a good surprise in most cases.

The mutual support between Wanda and preceptors helped to assure quality work from students. Sometimes, even with their best efforts, an air of uncertainty lingered – a situation preceptors had to manage and hope for the best. **"**This group, we have not completed our programming for the semester, and I hope all goes well with this particular group. I hope all goes well is all I can say. They're going to be challenging, I'm afraid" (Theresa).

When students did not meet expectations, the reality of community-based education as a complex undertaking was evident to all involved. Unlike a textbook exercise, learning in the community challenged students to make choices without knowing the clear-cut outcomes. For some, learning in an environment where activities were self-directed and answers were not black and white was an opportunity to discover ways to solve problems and collaborate with others fully invested in the quality of the projects.

Community: "Where Students Begin to Learn About Ambiguity"

Working in a community where priorities were driven by community needs was different from the structured environment of the classroom and even the hospital. None of the parties, i. e., faculty, students, or preceptors, had full control of all factors in the community. Wanda had learned that she could work with preceptors to create relevant projects; but then, she never knew exactly how it would turn out. Sometimes an experience with uncertainty could sharpen students' skills at finding a central concern of an issue and building a project around it.

In order for students to succeed in the less-structured and somewhat unpredictable environment, preceptors addressed obstacles that students faced. Sandra learned to prepare students for unforeseen changes, things that required "work around" plans. She prepared them for possible disappointment because that is part of the real world. She wanted things to go well, which she facilitated by anticipating the future and helping students do this as well. Sandra considered time as precious; therefore, it was worth everyone's effort to plan for times when things did not go as designed**.**

Likewise, Elizabeth was committed to making things work. She was flexible and she perceived the nursing students as flexible. They were like her high school students: young and doing something for the first time. Because the nursing students had to travel a distance, Elizabeth adapted their planning time to those constraints. "It kind of narrows down. You know if we were somewhere a little closer to the university, I think that we might be able to have more of a partnership and more interactions" (Elizabeth). She made allowances and adjusted her expectations to fit their student status. It was a learning

experience for all. She did not see the college students as a replacement for her teaching in the classroom and expressed satisfaction with the traditional-age university students who made more of a peer connection with her high school students.

Theresa had a slightly different approach and identified more closely with the nursing students as a substitute for her own teaching. In fact, she expressed a preference for the older students. In the schools, perhaps the older nursing students were viewed as being more like a teacher than a student. Likewise, a more mature student might have work-related experience with meeting deadlines, coordinating schedules, and generally being more flexible.

Wanda's philosophy of community as a "place where [students] can begin to learn about ambiguity" (Wanda) communicated the value of learning to deal with uncertainty in all aspects of nurse-client interactions for the protection and promotion of health. The community members' willingness to work with students while accepting the elements of uncertainty was evidence of the trust built between key players in the community-academe relationship. Moreover, the community members' willingness demonstrated their commitment to making things happen in the community, thus providing a necessary support system for students serving and learning in the community setting.

Summary: Helping Students "Get It"

Through the lens of community members describing their experiences with students and faculty, the meaning of helping students "get it" became clear. This was a process of educating students about the community and providing opportunities for students to contribute to changes in the community's health. The community members'

dedication to teaching students to be good listeners, deal with uncertainty, anticipate the unforeseen, communicate progress, and behave as true partners who build cohesion through respect for mutual obligations was intrinsic in this relationship. Community members provided a safe and supportive environment for students to carry out projects that were an authentic service to the community (see Figure 5). For the preceptors, this working relationship was most gratifying when the students reciprocated with positive attitudes and reliable behaviors. These were the ideal conditions that preceptors hoped would transpire.

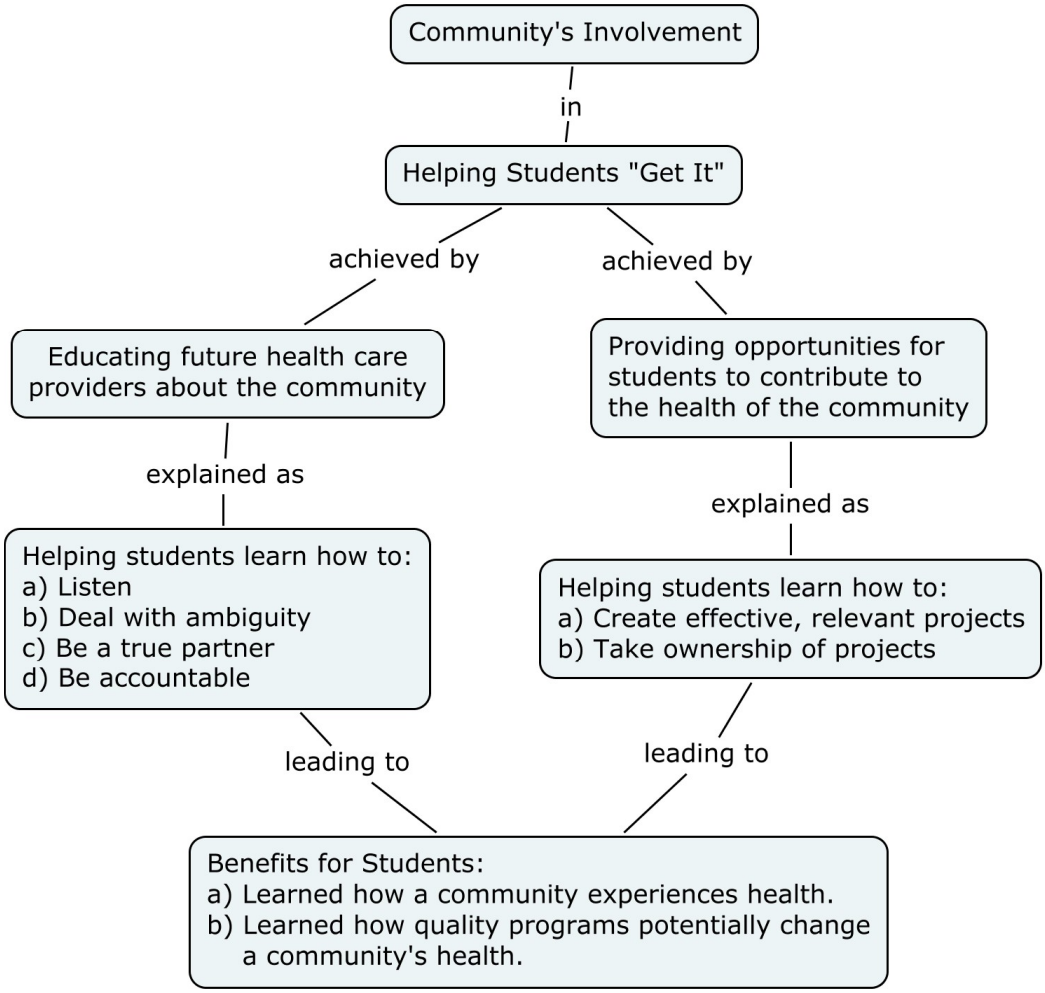

Figure 5. The community's involvement in helping students "get it."

In Wanda's interview, she used the phrase, "get it," only in terms of students "not" getting it (see Appendix J). She was especially concerned when students "did not get it" because of the negative implications for the community's involvement. When preceptors sensed that students were not "getting it" (not engaged, not meeting target dates, or not following through with obligations to their preceptors), they did not abandon the effort. These challenges taught preceptors how to use their support system (Wanda was their anchor) to develop skills for keeping students on track and moving towards successful completion of the projects. Outcomes for the community included relevant and possibly longitudinal projects that potentially changed the health of the community. Appendix M is a table of additional participant quotes linked to the descriptive categories of community perspectives on helping students "get it."

Wanda was proud of her preceptors' qualifications and "cultivated" a successful relationship around mutual goals. All of the preceptors worked for organizations deeply involved in the well-being of the community and considered their programs a "good fit" (Martha) with the educational needs of nursing students. Preceptors were committed to serving the students while simultaneously balancing the needs of their community agency/organization as well as their personal role in that organization.

"It's really a joint education between community members and the university, learning how to best work with students" (Wanda). Nursing students brought their professional orientation into the field and community partners helped them grow in knowledge about the influence of family and community on physical, mental, and social well-being. Wanda allowed the community people to be the experts, and the relationship

was strong enough to withstand negative times when one party was frustrated or disappointed in the other.

> One of those groups, the students, community, or faculty, can at any time mess up. And then we just have to all say we're sorry and then go on to the next thing, because, really, for the most part, the work we do, nobody dies. If your heart's in the right place, then usually there's forgiveness for whatever you might have done. Sometimes the community messes up and the students will get kind of aggravated, and I'll just say, "You know, they don't have to do this." (Wanda)

My interviews with community members revealed perceptions of how their involvement was instrumental for students to achieve successful outcomes in a service learning program. The next section focuses on community members' perceptions of how their involvement in the community-academe partnership benefited the community.

The Community's Involvement: How the Community Benefited

A community's newspaper can be a window into the concerns of the local people and a reflection of society at that time. Each time I visited Crest County, I bought a copy of the local paper to learn about events and issues. While carefully leafing through the archival collection of the *Crest County Newspaper* (pseudonym) at the local library, I came across an 1897 article entitled, "Do Not Wet a Lead Pencil," which was attributed to the *Scientific American.* Such an article about taking action to protect one's health might well be published today with perhaps a different spin (and a little less drama). See Appendix N for a transcription of the *Crest County Newspaper* (April 9, 1897) article.

In 1897, the citizens of Crest County had an opportunity to participate in a public awareness campaign to prevent illness. They became knowledgeable about disease transmission via contaminated objects, and the people in this isolated rural town were cautioned about habits injurious to health (and to pencil leads). This article stood out from the volume of advertisements imbedded in this 1897 issue. Notably, this saliva-on-a-lead-pencil awareness article duplicated almost word for word the original article published in the *Scientific American* (Do not wet a lead pencil, 1897) just 20 days earlier.

Local campaigns raising awareness about ways to protect health were not so different in fall 2009. In the U. S., the global outbreak of H1N1 influenza infections was highly publicized, and posters about flu protection and hand washing were common (Centers for Disease Control and Prevention, 2009). As I entered the small foyer of Crest County's only long-term care facility, an easel with a large illustration of how to cover your cough and sneeze greeted all visitors. A dispenser containing hand sanitizer hung from the wall.

At the meeting of the county health council, many attendees were interested in the update on availability of H1N1 vaccine. The health department representative explained the guidelines, and several in the group expressed concern that older adults were not in a priority category for the first round of immunizations. One council member, a pastor, recounted his congregants' fears about pandemic flu and their trepidations about receiving a new vaccine.

Through a partnership with State University, Crest County citizens learned about health-related issues significant for the community, and they grew in their capacity to

make changes in personal behaviors and changes at the community level. Participants in this study shared their perceptions of how the activities of students, faculty, and community members influenced the interconnections between people and the push for common action around health care issues.

In some narratives, the informants identified ways that State University students had contributed to increasing awareness about health issues such as cardiovascular disease, diabetes, and cancer that occurred in high rates in the county. Key figures at local agencies talked about the value of having students who provided "extra hands" and brought "fresh ideas" (Sandra). Community members described grant-writing activities and the formation of new organizations dedicated to improving the health of the community. In addition, health care professionals, notably the former students in the Foundation program, described the phenomenon of interconnected resources that empowered the community to address its needs.

The following presentation of findings centers on the perceptions of community members regarding how their involvement in the community-academe program contributed (directly or indirectly) to the community's current capacity to act in support of individual and communal wellbeing. As expected, these stories were not found in the newspaper; rather, participant interviews provided rich descriptions of an empowered community.

"Extra Hands … Fresh Ideas"

Community members noticed the physical presence of students in Crest County and appreciated the students' commitment to travel from "an hour or two away, because

they don't necessarily live in University City" (Martha). The community members understood the issue of travel because they experienced the same constraints of time, distance, and cost when they left Crest County to seek services, retail items, or work. Since the early 1800s, this separation from others had prompted efforts to bring services to Crest County beginning with the establishment of new county boundaries and the county seat in Crestville.

Along with acknowledging a physical presence, the community members described the students' contributions in physical terms. Not only did students provide extra hands and fresh ideas, they were a "different face" (Kelly) and a different voice. Elizabeth surmised that her students listened more closely to the university students because "it's just good to hear it from someone besides the old fogey that preaches at you every day. There's always value to bringing in someone new that has the same message" (Elizabeth).

The students were a unique resource supplied by the university, and this resource was not in the form of publications, textbooks, or electronic media. The students were physically present and doing work that expanded the efforts of the local agencies and organizations. Sandra's first obligation was to implement the priority programs identified by her county and state, but she strove to give her county more. Nursing students were valuable in her program of community health outreach: Students "get actual hands-on learning … and we get some extra hands to help" (Sandra). She gave an example of a program conducted by students in conjunction with a local church. Sandra considered her

time in planning this program with the students as "well-spent because that resulted in a very well-attended program that wouldn't have been done" (Sandra).

Sandra's time was valuable: She served on multiple boards and participated in many community activities. The day after I interviewed Sandra at her agency, I met her again at another agency where she was helping the anti-drug coalition prepare for a drug-abuse awareness event. She was motivated to extend herself as a resource to students because "they're doing something in addition to what I would be doing. So it's an extra activity that probably wouldn't have been done if we hadn't had them helping us do them" (Sandra). Her extra effort with students led to extra services for her community.

Hard work, commitment, energy, and investment of time were ideas repeated throughout the narratives of interview participants. The pay-off to the community was evident to those involved. Theresa considered it a "win/win situation." She delegated the teaching of nutrition classes in certain grades to the nursing students. In exchange, the students "alleviated some of the pressure that I have working with youth…. This gives me time to move a focus maybe just in other age groups that I should be working with to plan and implement programs" (Theresa).

At Theresa's agency, the students' hours of service were counted and reported to the State. Theresa explained how the volunteer hours were considered "in-kind" services that translated into "monetary value" for the agency's "grant-driven federal program" (Theresa). "I would say that I'm probably getting close to two hundred volunteer hours that they are donating to Crest County" (Theresa). Since federal dollars were not available to hire additional staff, the students' contribution of time compensated for

absent funds needed to maximize the benefits of the nutrition program. Theresa was the only one who referred to students as volunteers, but this label was in keeping with her agency's need to extend programs through volunteer activities.

Theresa described the students as "instrumental" in gathering data on health needs especially in the adult population. By using effective instruments such as questionnaires and field observations, the students produced resources for the community and "opportunities for the citizens of Crest County to receive health education" (Theresa). As discussed previously, Sandra utilized data generated by students when compiling reports for the State. Community members delineated the students' work in quantifiable terms, and calculated the benefits as true services in keeping with the original aims of the Foundation program.

Martha welcomed the "extra help" that students provided her sustainable food sources project. She used the word *gleaning*, a word suggestive of the down-to-earth work of farming, to describe the process of utilizing the students' data. "It's nice to see those [transcribed] conversations and start gleaning some of the information that I was talking with people more casually about over the last year" (Martha). She was hesitant to call the students *workers* perhaps because it did not capture the contributions of their minds along with their hands. However, her message was clear that these service learning students toiled and produced something of value for the community.

"Most of Our Education Comes Through Students"

Community members regarded the students' educational projects as a means for increasing awareness of health issues and empowering people to take control of their

health. Theresa noted the connection between student activities and people's access to information about their health.

> I think the State University partnership has actually helped Crest County in getting the messages out. They'll have little mini-conferences where our residents who go would be educated on diabetes or heart disease. So, yes, without those students, you would be relying on the relationship between the physician and the patient, and in the mountains, you do have a lot of people that are very resistant to going to the physician until, unfortunately, it's too late. (Theresa)

In the past, health fairs at a local manufacturing plant as well as the original hospital were events planned by nursing students that connected community members with needed services and health education. The relationship between Theresa's agency and State University nursing students "predates [me]" (Theresa). *Crest County Newspaper* articles and photographs depicted the inclusion of [State] Nutrition & Consumer Education Program in health fair events organized by Foundation students in the 1990s (see Appendix O). Through her 7-year commitment as a preceptor for nursing students, Theresa had carried on this mutual effort to reach out to the community with nutrition education.

Kelly was certain that student presentations at the senior center and throughout the community were helping people "take possession of their own health" (Kelly). Being older adults did not mean that her clients eschewed change or were uninterested in learning. In fact, Kelly observed the opposite taking place: She saw (and tasted) the evidence.

> As far as the senior center goes, we wouldn't have the education if it wasn't for the students…. And cooking, oh. A few years ago, everybody used fatback. We just had a covered dish. There wasn't fatback in anything…. We had some sugar-free desserts here today, which before was unheard of. Education is wonderful…. And they're listening. (Kelly)

While student projects were not the sole source of health education in Crest County, community members recognized an interconnection between local efforts (through the health department, school system, and agriculture extension office) and the students' contributions. Students were visible in the community conducting surveys, doing interviews, participating in the churches' block parties, and making presentations. "I think what they have done for us here is to bring some of the health problems to awareness" (Hilda).

In his own family, Christopher recognized the benefits to his school-age children, who brought home lessons learned about dental health and topics important to pre-adolescents. To Christopher, it did not matter if these lessons originated with school personnel, university students, or health educators. He knew that there were connections between all these resources and that his children were benefiting.

> I'm not sure which ones tie into the health students or which ones tie into our local Health Department and our health people in the school. But all of those things tie together…. That's been a part of the bigger picture. (Christopher)

He was certain that these health promotion activities had increased, complemented each other, and become more effective in Crest County.

An example of lost educational benefits connected with reduction in student activities was the model of standardized patient interviews, which was as an instructional innovation. Several years ago, a local pastor learned to be a standardized patient, which was an educational strategy to help students learn the skill of interviewing. The pastor lamented the passing of this program from the community: “They do it all at the campus now, which I think is unfortunate” (David).

The reduced interaction between students and community members potentially led to a loss of serendipitous benefits derived from the community-academe partnership. Although it was not a spoken goal of the standardized patient program, David realized that he learned a valuable skill through this interaction. Being a “careful observer” (David), he realized that he was learning what patients needed to share with their health care providers in order to maximize their care. His newfound skills in helping people communicate effectively with health care providers were beneficial to his ministry, especially related to his interactions with older parishioners and their family support systems.

A Community with “Simply More People Power”

The people of Crest County were learning how to take hold of their personal health, and at the same time, the community as a whole was growing in its capacity to organize around health issues and take action. “I think we’re at a point where we are simply more people power, that the community knows where they’re going. They have nonprofits, they’ve got the Health Council, and they have all kinds of organizations” (Wanda). An article in the local newspaper described the restructuring of the Crest

County Health Council in 1997 to implement a community diagnosis process. After two years of data gathering and analysis, health concerns were prioritized and announced in the newspaper. In 1999, the highest priority was teen pregnancy prevention. “I know that the rural health students have looked at teenage pregnancy in Crest County. There, too, on the school board, what can we do to further educate our teens?” (Christopher). An undated newspaper clipping announced the formation of a community Pregnancy Prevention Coalition. See Appendix O regarding news releases about Health Council, coalition, and other group activities that corroborate observations of a community becoming more organized around health concerns. People power also increased when more people were hired to fill vital positions. An indicator of progress was the hiring of the first fulltime health educator at the Crest County Health Department in 1999, which was proudly announced in the local newspaper (see Appendix O).

Community carried projects forward. From Christopher’s viewpoint as an influential leader in the community, welcoming the students and facilitating their activities were community-based strategies that blended student resources with community resources. He remembered a student group that studied cancer rates in the county several years ago. Their findings led to discussions by the hospital board about bringing health care services to the elderly. From there, Christopher took the issues of cancer rates and services for the elderly to state senators and representatives and sought help in meeting the needs of Crest County. That experience stood out to Christopher as an example of the students’ work leading to community action.

Based on work done by nursing students (undergraduate honors students) in the public school system, administrators and teachers decided to intervene in conditions contributing to children being overweight. The study by the nursing students determined that "children were not getting enough exercise, but it was mostly in school that they were not getting enough exercise, and so now we have daily walking with teachers" (Wanda). The power of knowledge led to action; the community made use of the local data and took over a project that could be maintained indefinitely.

Instituting longitudinal programs was an original goal of the Foundation initiative. One community leader, the pastor, noted that some projects were one-time events presented in the schools. "Many of [the projects], there hasn't been a lasting impact, because they come in, they do the project, they're in the schools for one year, and then, it's not carried on" (David). He noted two examples of successful, long-term initiatives: the diabetes and childhood obesity projects that were ongoing. However, David emphasized that the community (and the school system, in particular) were responsible for carrying forward projects that "must be continued and strengthened rather than just dropped after the project's over" (David). An project aimed at reduction of soft drink consumption in children needed to be continued and reinforced "throughout their whole educational process if they're going to make a lasting effect" (David).

Rhonda described how the Diabetes Coalition grew out of the community's awareness of the risk factors for diabetes and ways to prevent the disease. Rhonda explained how a program for nutrition education in the schools was part of the diabetes initiative and involved Theresa's agency. The Diabetes Coalition's coordinated approach

supported best practices for management of a chronic illness but went beyond a treatment focus. It focused on the source of the disease and on prevention through lifestyle changes. This course of action stood out to Rhonda as an example of the power within the community to organize around an issue and be proactive.

Often, Wanda was a common link. Establishing causal connections between university students' projects and new initiatives for community health was not the focus of my study. However, many community members illuminated connections that were more like pieces of a jigsaw puzzle fitting together to reveal a bigger picture. Wanda frequently was a common link in many activities. She may not have been directly placing students with a program, but she often was involved in helping conceive or nourish a program through her expertise in grant writing or as an advisor.

> I kind of wear those two hats. I live in the community, and so there are times that I wear that hat of just being a community member, and then there are times that I'm wearing this faculty hat of being a representative of State University and interacting. (Wanda)

Sometimes the community hat was suitable for helping establish or strengthen programs that would benefit from the extra hands and brainpower of students. Changing to her State University hat was an easy and acceptable transition because people trusted and respected Wanda's ability and sincerity in matters of community empowerment. Rita explained how the relationship between her agency (the anti-drug coalition) and the nursing students "came about through Wanda Jones" (Rita). Wanda served on the board

and “partner[ed] with us and then other agencies in the community to get the students to come out and do a community project” (Rita).

Similarly, Martha was introduced to Wanda by the “gentlemen that started the Sustainable Development Corporation (pseudonym); his wife used to work with Wanda.” Martha and Wanda collaborated on “different smaller grants” (Martha) and began a conversation around ideas for the food security project. Wanda suggested doing the interviews as part of the assessment phase of the project. Martha said, “It made great sense to me,” and the next semester, nursing students began their collaboration with Martha. Taking steps towards making things happen was a logical process aided by the network of contacts in the community and Wanda’s availability and interest in helping. Wanda’s commitment ran deeper than just looking for exemplary learning experiences for her students. She was committed to facilitating change at the most accessible points within a community especially when the change involved preparing the next generation to make healthy choices and educating young people to tackle big issues such as access to health care.

Good ideas blossomed. Introducing school-age children to the health care field was a way to interest students in a health career and hopefully retain professionals in underserved areas. Ten years ago, the high school initiated a health science curriculum, and Tiffany was the founding teacher. “When I came, they did not have a teacher before, so I’ve had to build it up from four basic walls to a regular classroom, to have them put a sink in and a hospital bed” (Tiffany). She formed an advisory board that included Wanda, Hillary, and other key people from Crest County’s health care agencies. These contacts

helped her place students in clinical sites such as the hospital, nursing home, pharmacy, and even the funeral home. Overall, Tiffany was very pleased with the program's acceptance in the community, which she attributed to the support she received from her board and the Crest County Health Council.

Tiffany called this a process of "getting the word out," which was similar to Wanda's efforts to place university nursing students in dynamic situations for learning and serving in the community. Wanda's presence on the health science advisory board and her membership in the Health Council enabled her to pass along what she had learned about involving students in community activities and securing clinical placements.

Tiffany and Wanda discussed the idea of having a high school health science student on the Crest County Health Council, and this led to one of Tiffany's students serving with voting capacity on the council. In addition to gaining leadership experience, the student's participation benefited the council by giving the Health Council "an idea where the students are coming from and what they see as health needs that are important to them" (Tiffany). When I attended the health council meeting, I was not aware of a high school student being present. Tiffany did state in her interview that at "one time" she and one of her students sat on the council.

Hillary explained that Crest County was in a hiatus between Remote Area Medical (RAM) events, which were major undertakings for the Health Council and community as host (see newspaper article in Appendix O describing significant community involvement). In the past, Tiffany's students helped with RAM, which she

considered an excellent opportunity for her students to witness the delivery of vision, dental, and medical care to a large number of people (1,700 by Hillary's recollection) over three days. "So there, again, [the members of the Health Council] are very receptive to my students as far as a council if they see any need" (Tiffany). A time of need might be when large community events are undertaken and the student's perspective on "what [they] could do in the community" (Tiffany) comes to the forefront. An upcoming RAM event (targeted for 2011) may be a future opportunity for the high school students to help with planning and providing a service. In a similar way, Tiffany's students had assisted the State University nursing students with doing preschool physicals in the past. The precedence of high school students participating on the Health Council demonstrated the community's interest in "how we could reach the students' level" (Tiffany). Consequently, the health science students participated in events that influenced the well-being of the community, which was a way of building service into their exploration of health careers.

Pushing the community to address complex issues. Tiffany described the work of the Health Council as an effort to "really push the community" and bring together resources for common action. I witnessed the phenomenon of planned action as members of the Health Council reported on their projects. The agriculture extension agent and health department educator collaborated to initiate the state's first comprehensive wellness program at an elementary school with 89 students in Crest County. The local newspaper covered the story in detail the following week (see Appendix O). This program was part of a pilot study and would be evaluated through a university institute

(not State University), which reflected the community's reputation for successfully participating in research.

A pastor reported on a diabetes workshop hosted at his church. He considered it a good model for future "mini-conferences" (Theresa) and was pleased that the focus was on what a diabetic could eat and how to cook it rather than what foods were forbidden.

The director of the senior center reviewed current initiatives for improving the lives of older adults and protecting them from harm. The regional office on aging was forming a coalition to address adult abuse, and the local director wanted to increase awareness about this issue in Crest County. The director talked about the region's emphasis on falls prevention. Unfortunately, the local educational program at her center (presented by pharmacy and nursing students from State University) did not generate interest among the centers' participants. The director thought the clients of the senior center chose to stay away from sessions because they did not want to heed certain advice such as taking up their throw rugs. As a result, few attended.

Previously, the director had described the content of this presentation during our private interview: pharmacy students reviewed medications that might cause weakness or dizziness, and the nursing students did a step test. She did not specify which instructor oversaw the students' project. At the council meeting, however, I heard a more candid appraisal of the presentation. The director asked the council members for suggestions on future falls-prevention presentations at the senior center because she did not want to abandon a topic of such significance for her clientele. One member suggested they give H1N1 flu shots as a way to draw the older adults to a program (as mentioned previously,

people over 65 were not in the priority immunization group at that time). Everyone laughed.

The prison nurse asked the health department educator for help with educating inmates about food choices for diabetics. Recognizing the limited food options in a prison environment, the health educator suggested they work on a plan for helping inmates make better choices from the vending machines. Another request to the health educator came from the pastor who wanted to connect his parishioners with accurate information about the H1N1 flu shot and the pneumonia shot. The health educator said she would provide him with fact sheets that he could compile in a handbook. She also suggested that he consider recruiting nurses from his congregation to participate in a local pastoral care group.

Hearing the reports and discussions at the Health Council meeting helped me understand the "overall commitment of the whole community" (Tiffany) to address health issues. I observed cohesion in the way group members asked for help with projects and received feedback on their concerns. The Health Council was an example of a network cultivated in the community and an on-going effort to tackle relevant problems. Unlike a corporation with a chain of command, the council was an alliance of community leaders and administrators who believed that sharing their ideas and giving mutual support would benefit the county.

This holistic approach was consistent with the many ways that the community was developing local resources for meeting critical needs: a) introducing young people to health careers, b) establishing a satellite classroom for a nearby community college, c)

developing a school-wide leadership course (Wanda collaborated with Elizabeth to create the curriculum and write a grant for its support), and d) offering educational programs to reverse trends in teen pregnancy ("what used to be taboo is no longer taboo" [Rhonda]). If solutions were to be found, the community needed to tap into and sustain local resources. Three of the community's most valuable resources were the health care professionals who were once students in the Foundation program and returned to serve their rural community. These Foundation "graduates" are described in the next section.

Foundation Graduates Came Back and Gave Back to Their Community

Many community members shared the success stories of the three Foundation graduates. Rhonda and Olivia were nursing students in the 1990s and part of the interdisciplinary learning model. Sandra was a public health student in the same era and took courses alongside the medical and nursing students. The three women had grown up in Crest County and were drawn to the program for multiple reasons: they could learn in their home setting and not have to drive to University City, the interdisciplinary opportunity was appealing, and they were interested in rural health care. Individually, they each referred to their educational experiences as opening their eyes to health issues in their county and the social/economic/environmental factors affecting their community. Christopher, Hilda, and Hillary, all leaders in the Foundation program since its early days, pointed out the success of these students returning to Crest County, finding work that matched their skills, and remaining in the community. In fact, each former student had assumed leadership roles in their profession and in their community.

The interdisciplinary, community-based learning experience. Learning together with medical, nursing, and public health students was a formative experience for Sandra, Rhonda, and Olivia. Sandra described how she learned a different perspective about the health care system and gained skills that traditionally were taught only to providers of direct care.

> I learned … how [physicians] work in an office, why those settings are that way, why you may have to wait longer. I learned right along side the medical students how to interview patients. So I think I learned a lot about how we all need to communicate together to provide the community and the public with the best service they need or they can get. (Sandra)

Sandra's skills for communicating effectively with all disciplines have defined her professional life. Her educational background led to her being handpicked for her job as a health educator. "I graduated, got this job immediately because my hands were already into some programs, activities, and agencies" (Sandra). She was a leader in the Health Council, and when people spoke of working with the Health Department on community projects such as RAM or the wellness pilot program at the elementary school, they mentioned her name. Sandra was a unifying person in the community; people respected her special knowledge and her skills for motivating groups to a common purpose. Sandra often used the phrases *hands-on* and *having a hand in,* which expressed her desire to be part of the local action in which she willingly invested her time and energy.

Rhonda realized in high school that she wanted a career that served people. She considered her choice of nursing as her destiny: "This is where God intended me to be - a

nurse" (Rhonda). She credited her high school guidance counselor as the one putting her on that path and her college professors as molding her and helping her grow. Although she originally envisioned a nursing career in critical care or emergency care, she was drawn to the Foundation program because of the interdisciplinary design and the advantage of learning in her home community.

> I was really interested in the interdisciplinary piece and not as much thinking about the rural component. But as I grew in the program and was experiencing more of the job opportunities and roles in the community, I saw that's what I wanted to do. (Rhonda)

Rhonda considered her management practicum in the prison system to be a seminal experience for learning nursing care at the community level. She intentionally extended her educational experiences to unique settings as a way of rounding her skills and broadening her options for employment. The experience opened her eyes to the meaning of a community within a community where she learned that her approach to nursing care had to be adapted to the characteristics of inmates in a correctional setting.

> The prison is a large community within itself, so it was very educational, personal[ly], with me being so young and not well known to things of the world. And also at a professional level too, it was very interesting just because as nurses we're usually taught to be nurturing and caring, and then there are different scenarios at different institutions to where you are still caring, but the way you come over with things is much different in an institution. There's no sugar coating

> really anything when you're dealing with inmates in an institution. It's very militant and matter-of-fact, very businesslike, and that's it. (Rhonda)

Rhonda's experience as a nursing student going into a prison was the only educational exemplar that she shared during our interview. She remembered with pride a time of personal challenge and an opportunity for her to stretch her limits as a budding health care professional. As a young female going into a mostly male environment, especially one with a population of men who had broken the law, Rhonda established that she could achieve her goals as a professional nurse and as a confident woman.

> I had to be escorted…. They would frisk you. They always checked my shoes and would kind of pat my legs down and this kind of stuff when I went in, and then someone would escort me across the yard, because inmates were roaming all over the yard. And to get from the one annex to the infirmary was probably like walking from here to across the road. It was a pretty good little walk, and I was a fairly thin, frail, young female, and they would wait, and an officer would escort me across the yard to the infirmary. (Rhonda)

Rhonda graduated with her baccalaureate degree in nursing, worked two years in a hospital to "round" herself, and returned to Crest County to work as a community-based nurse first in public health and then in home care. Along the way, she shared her passion for nursing and for education through her interactions with clients. When people asked her about nursing as a career, she encouraged them to go forward with their education, and she was proud of two individuals she served through the Health Department who became registered nurses.

Rhonda's actions at the community level revealed her passion for making her community a better and healthier place. She participated in cancer research fund-raising activities, the Diabetes Coalition, and every community event where her agency could contribute nursing skills such as giving flu shots. "I have always been very passionate about nursing and, as I've grown, have become much more passionate about community involvement and seeing the need where more health care professionals need to be involved at a community level" (Rhonda). She welcomed nursing and medical students to her agency where they could "ride along" (Rhonda) with her nurses to experience the skills and social support that nurses provide in the home and to gain the perspective of patients in their home environments where they meet daily needs. Experiences like this took students (especially medical students) out of their "professional realm and put [them] in the patient's realm" (Sam Jackson).

Although she was not currently a preceptor for the community-health nursing students, Rhonda maintained her support for the community-academe relationship by attending meetings of at the Foundation Building. Rhonda considered the community-academe partnership to be thriving, and she credited the interest of community representatives as the moving force. At her last meeting, 20-30 people from different community organizations and agencies "brainstormed" (Rhonda) about projects that would benefit the community. In this large group, she identified participants from the long-term care facility, the prison, the school system, and "pretty much any of the health-affiliated organizations in Crestville" (Rhonda). Participation was extensive and broadly inclusive.

> They're still very, very interested in continuing that relationship with State University with the community partnership program…. And they all give input on the projects or things they think the community could benefit from. If they're going to bring a group of nursing students into the community what could they work on? What are some ideas that we could give them as a group? If there's any kind of studies or anything that we could give them to work on to improve within the community, and we talk about things like that. So the community involvement and to keep an ongoing relationship with the college is a positive thing within the community. It's very positive to have the students in the community, and they have a very good reputation within the community. (Rhonda)

Rhonda was certain that the community was not waning in its support for students learning and serving in Crest County. Ben echoed this sentiment based on his observation that the community continued to demonstrate interest: "They keep coming up with ideas of things that they would like to have us do or help them to learn" (Ben).

Olivia's educational experience as a Foundation Student was similar to Sandra and Rhonda's experiences, especially her opportunity to "see different aspects of nursing, not just the hospital-based" (Olivia). By working as a "close-knit" (Olivia) team with medical students and public and allied health students, her preconceptions about doctors changed. In fact, she considered the learning environment more similar to a "nursing setting that is hands-on and the caring" (Olivia). In this environment, the medical students demonstrated that "they're not only concerned with the treatment and the

medication, but the overall well-being of the patient" (Olivia). This was an "eye-opener" for Olivia.

As nurses, Olivia and Rhonda both commented on how the interdisciplinary educational model promoted teamwork between nursing and medical students. The students had opportunities to see the perspectives of the other's profession and jointly devise solutions. Rhonda was especially interested in the program's design to "increase collaboration among the disciplines and to break down that hierarchy that you see mainly between nursing and medicine…. I was very passionate about it, because I wanted that level playing field to see that there is no hierarchy" (Rhonda).

As professional nurses in their current roles, Rhonda and Olivia saw evidence of more holistic care and collaboration between health care professionals. Olivia noted that physicians attending patients in her facility "do something to help their overall well-being, not just automatically, treating them with the medication, but trying some other alternatives before [they] do that" (Olivia). Rhonda observed that strides had been made in leveling the playing field for "nurses and members of the whole interdisciplinary team" (Rhonda), and she attributed this to the way that nurses and doctors were educated.

> That's something the program taught me: Whatever seed is planted, it's hard to change that way of thinking if you are molded in a certain way. So I would like to see more interdisciplinary education, but it's dependent on the instructors and who's teaching - who's teaching medical students and kind of their background and who's teaching nursing students. It will be hard to eradicate that hierarchy,

> because you have so many different personalities that are going to be there and mold those individuals. But, I have seen strides over the years. (Rhonda)

Rhonda ended her interview with a story from one of her nursing professors about a time in the past when nurses wore skirts and had to curtsy when a physician came on the hospital floor. Rhonda said, "That would have been where I drew the line. I always wanted to be a nurse, but I thought, 'Oh, I can't imagine'."

Sandra, Rhonda, and Olivia illustrated how the interdisciplinary educational experience shaped the way they conducted their professional lives and planned community interventions. They were prepared not only to work as health care professionals in a rural community but also to propagate the skills of working together no matter one's socially constructed status. For some, this feeling was so strong that their choice of profession would be threatened if treated like handmaidens.

A way of interfacing community insiders with academe. The Foundation students continued to be a link between the community and new students arriving in Crest County. Dr. Jackson made a special effort to connect his medical students with Sandra, Rhonda, and Olivia, the public health and nursing graduates of the Foundation program, because he considered them authorities on learning about a community's health. He wanted his medical students to learn from the graduates' experiences with assessing needs, identifying problems meriting inquiry, and designing creative interventions. In addition, students benefited from the insider status of these health care professionals.

> One of the things I always try to point out to students when I bring them up here … is that this person went through the program, and they're a product of the

> program…. Sometimes in the past, I've asked them to gather for our little community orientation with the medical students to show them around because these are people who grew up in Crest County, and so they know Crest County. And they also know State University and the program. (Sam Jackson)

Dr. Jackson described this as a "nice way of interfacing:" a way of promoting interaction and creating a bond for learning about a community. Along with nursing students working with community preceptors, the process of connecting students with influential insiders maintained the relationship between community and academe. These efforts sustained the collaborative work based in the community and prepared health care professionals to influence the quality of a community's health care system.

Community: A Web of Connectivity

The community benefited from its investment in the education of students, especially when those students returned to work in the community, exemplified by the contributions of its star graduates: Sandra, Rhonda, and Olivia. Christopher hoped that the students' involvement in the prison system would open their eyes to "a whole different opportunity that they never knew existed out here" (Christopher) and would interest them in joining the prison's health care team. To date, no medical students have returned to work in Crest County. However, several community members spoke with pride about a young man who grew up there, was a health science student in Tiffany's class, and was getting ready to receive his degree at State University's College of Medicine. Students educated about a community were best prepared to change a health care system and improve overall health.

"It's the whole community." Olivia eloquently described her educational awakening to the importance of knowing the big picture of health in the community. She learned this as a Foundation student when she worked in the prison, the schools, and the local agencies providing medical and social services. "I think it's helped me to be able to develop that rapport with those other facilities to kind of know how they ran, because we had an opportunity to go into those places" (Olivia). Her experiences as a student were practical; she built relationships with people in the community, and they were comfortable and familiar with her qualifications when she was ready to start her career.

This rapport continued as Olivia strengthened the connections between her agency and other agencies that served clients before, during, or after receiving care at the rehabilitation/long-term care facility where she worked. She gave an example of a new program that helped fill a gap in community services for those (primarily older adults) needing assistance with independent living in their homes. The corporate office of Olivia's agency proposed a service for sending home assistants to help with independent living needs. Funds were available through government assistance and clients qualified by economic status. Olivia's agency "took on" the service, which indicated they understood the local needs and wanted to respond. She described the phenomenon as a "corporate thing" (requiring financial responsibility), "but really a community thing too" (requiring buy-in from multiple agencies). The pay-off to her agency was obvious. This community-based program (she did not refer to it with a specific name) would increase the visibility of the agency in the community, build trust through actions that were caring

and reliable, and ease the transition into her facility when an individual could no longer live at home.

Olivia explained how this one program brought to the forefront the importance of working closely with multiple agencies to ensure that community members did not "fall through the cracks" (Olivia). Adult protective services, home health, and her agency were exchanging information, making referrals, and working to make the home assistance program a success. In fact, the demand was greater than available funds. Olivia tied her community health philosophy to her experiences as a student:

> The main thing for me was that it opened my eyes to the many different aspects of health care in a rural setting. You have to work closely, because anything that happens in one agency pretty much affects someone else with that resident. If Home Health ends up dropping that patient, then they go to that Adult Protective Services, and then they may end up here…. Whatever we do here affects other people, and the same for them. That's what I think probably helped me the most out of this specific training – that I've got to see that it's the whole community. (Olivia)

Widening circles of knowledge and influence. Forming a partnership with the university also drew board members into a relationship with other communities. As part of her role as chairman of the Foundation Board, Hilda attended meetings outside the community. "I've attended, tried to attend, our outside meetings in University City. It's a little more than an hour drive, but we've attended. The people that participate in this attend a lot of the meetings" (Hilda). The meetings in University City included advisory

board members from other counties participating in similar programs with students. They would meet with university leaders and hear presentations about issues affecting their communities such as the incidence of cancer and diabetes. These activities contributed to building relationships among communities in the university's region. The widening circle of communication promoted sharing of knowledge and actions to address health issues.

The programs in Crest County were influencing programs in other parts of the state. News about Theresa's innovative partnership between her agency and State University students who taught nutrition in the schools had spread. As the first in the state to develop a partnership program with a university, others sought her expertise in recruiting and working with student volunteers. She had received several phone calls wanting to know, "How can we go about setting up this partnership?" (Theresa). Her advice was, "Make the contacts with either the nursing department or the family consumer education department and work with the professor, present your ideas to them, and my suspicion is that it will flow, and it has" (Theresa). The result was a successful program joining another county with a state university where students provided volunteer hours for the community nutrition program. See Figure 6 depicting the web of connectivity and widening circles of influence that characterized interrelationships involving community-academe partners. Within the community, Wanda had many direct and indirect connections that strengthened and generated strands of this web.

Summary: How the Community Benefited

Dialogues have continued between Foundation program graduates, key community representatives, and university faculty and administrators. Even after the

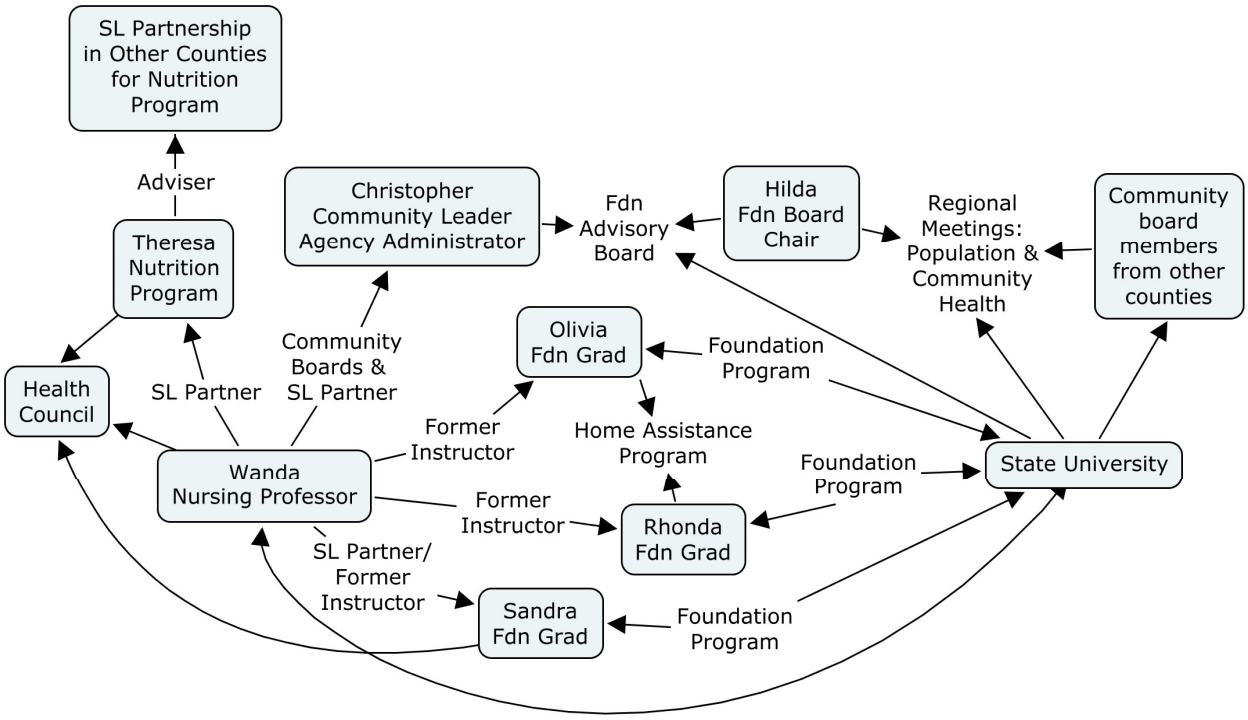

Figure 6. A web of connectivity between community members, agencies, State University, and more distant groups.

grant money was spent and "the Foundation went away" (Christopher), State University representatives continued to gather community stakeholders for brainstorming sessions and student presentations. Out in the community, people may not have known the details of which disciplines were doing which projects or whether the students were undergraduates or graduates. Community members focused more on their part in welcoming students, providing access to local resources, and benefiting from educational programs. "We know who [the students] are, and we know when they're here" (Hilda). This program remained important to the community because student projects identified real issues and produced useful assessments and interventions.

With the input of the community, students conducted assessments and presented educational programs that, in some cases, were picked up and carried forward by community agencies such as the school system. In return, the community shared its real world setting for learning about health care issues.

Since the early days of the Foundation program, students had been welcomed into the community and "there's never been anything like resistance" (Christopher). The students gained entrée into unique settings such as the prison where they could get practical, hands-on experience. Using the innovative approach of a mock epidemic, inmates, staff, administration, and students all learned what would happen in an outbreak of infectious disease within a closed environment.

Students were allowed inside the prison to learn about health concerns not seen in such concentrations in the outside world. Christopher identified AIDS, hepatitis B and C, MRSA (methacillin-resistant staphylococcus infection), and even a history-making outbreak of giardia (water-borne intestinal infection) as significant health concerns in the confined prison population. "One of the public health students, who came and was a part of that, ended up being a counselor here." (Christopher).

The continued acceptance of students throughout the county coincided with the community's expectation that students would "see the need for rural health" (Hilda) and return to this community or another underserved area. In addition to addressing the supply problem of health care providers, the partnership benefited the community because the students were "coming here and they're learning these things and paying attention and they're sharing that on a learning basis with us" (Christopher).

As the community-academe partnership matured, connections among community organizations strengthened. Crest County organized a health council to increase communication among agencies, coordinate large undertakings such as hosting a RAM event, and facilitate public dialogue about priority health issues, funding opportunities, and long-term solutions. Hillary identified three issues needing critical attention: vision, dental, and mental health; and Theresa identified dental care as a critical need as well.

The web of connectivity among community agencies helped programs such as the home assistance program for independent living to succeed. In Crest County, interconnections among people were strong, and agencies had a natural bond because they often served the same individuals. The educational model of the State University Program helped students see the big picture of the community's health as more than the sum of many parts. Students understood how conditions and actions in one segment of services affected others in the system. Important players in this web of interconnected services were the graduates of the Foundation program who came back to work in the community and assumed leadership roles in promoting the community's health.

Supported by Wanda's grant-writing expertise and her input on advisory boards, new organizations were forming and opportunities for student involvement were growing. These organizations had work that needed to be done, and Wanda saw a way for her students to help with that work. "We've really evolved to where the community now has needs, and they look to us for those needs" (Wanda). Wanda's heart was in the community. She was of the community even though she came to this community from another place. She had fully integrated her life into the community, and her priority was

for students do what was best for the community. She built her reputation on quality work and sincere personal relationships. Her leadership skills were recognized and expanded through her 3-year participation in the prestigious [Foundation] National Leadership Program (see Appendix O). Even years after being an instructor for the Foundation graduates, each said they were comfortable calling Wanda if they had a need or suggestion for student projects.

> If I had an issue, or if there was something that I was curious about such as what was going on with nursing at State University, or if there was something I thought she could look at for us … I would not mind at all to pick up the phone and call her. (Olivia)

Wanda's solid connection with community members maintained an open line of communication. She was instrumental in establishing what Christopher characterized as a "dual partnership" where she would "see what our community needs were and bring the students in to get their practical experience and tie it in with the community needs" (Christopher).

Many informants in the study, especially those involved directly in the Foundation program, used the word *partnership* to describe the give and take between community and academe. The concept of reciprocity was transparent to many in the community. The work of hosting students in the community and serving as their preceptors was balanced with the benefits of educating health care professionals about what a community needs and how to influence its overall health. It was not a matter of

doing a favor for the other or experiencing an accidental outcome: Both sides received value and it was a long-term commitment.

Summary of Findings

In this chapter, the conditions surrounding the partnership were provided as context for the understanding the case. Crest County is rural and isolated with a history of connections with State University. In 1991, grant money from a private foundation supported the mutual efforts of the community and university to establish a community-based education program for health care professionals who will provide primary care in rural settings. The student projects brought health-related services to Crest County with a focus on needs assessment and health-promotion activities. The student activities incorporated the philosophy of service learning, and the community supported the programs by giving access to learning sites, helping students identify relevant topics, and participating in educational activities and acts of hospitality. Key players were community partners who acted as preceptors and site hosts. The evidence presented in this chapter outlines the process through which community members facilitated student success and the overall outcome of "getting it."

A second finding was the ways in which Crest County benefited from the partnership. Students delivered programs that otherwise would not have been offered. The community also developed skills for carrying the projects forward and utilizing data to write grants for complementary programs. Graduates of the original Foundation program returned to assume practice and leadership roles that contributed to health at the

community level. The Health Council formed and connections between agencies and organizations grew.

A strong thread running through community members' accounts of building and maintaining a relationship with the university was the skill and dedication of the primary nursing professor who also resided in Crest County. In Chapter 5, I discuss the implications of the study, limitations related to transferability beyond this special case, and recommendations for future research.

Chapter 5

Discussion

Prior to this case study, no in-depth examination of community perspectives of a SL partnership has taken place in Crest County, which has been in a community partnership with State University for almost two decades. Specifically, this study focused on a program that brought undergraduate nursing students into the community setting. Other studies that gave voice to community partners have been an aggregate of partners not necessarily focused on nursing education partnerships or health professions education (Leiderman, et al., 2003; Muzak & Woollard, 2008; Sandy & Holland, 2006).

As emphasized throughout the reporting of this study, the inquiry focused on the community perspectives of the "what" and "why" questions about a community-academe partnership that had been successful for a very long time. The aim of my study was to investigate the partnership phenomenon through the lens of knowledgeable, involved community members. An illumination of what was working well in a successful SL partnership extended my research to address why a community continued to participate in a partnership for educating future nurses.

Two theoretical frameworks, AACN Synergy Model (Hardin, 2009) and Putnam's (2000) concept of social capital, guided interpretations of what the SL partnership meant to community members as well as why the community continued to participate in the partnership. In this chapter, I discuss implications of my findings within the framework of interpersonal exchanges to achieve mutual goals (synergy) as well as

social processes that strengthen community initiatives centered on health (social capital). This discussion supports the descriptive and explanatory purposes of the research.

The Synergy Model (Hardin, 2009) was useful in understanding what was going on, and concepts applied primarily to the description of the SL relationship involving community members, students, and Wanda. Unique to this case were the following features: a) Student activities took place in an isolated, rural location one hour from campus, b) SL activities had been going on for a long time (almost two decades), c) Three graduates of the Foundation program returned to work as health care professionals, and one served as a preceptor, and d) The primary nursing professor lived and taught in the community since the early days of the Foundation program.

On-going analysis of findings led the researcher to look beyond a synergistic relationship for a conceptual framework that explained why the community continued to participate in the partnership. The researcher's openness in the inductive process was congruent with the qualitative "ideal of *emergent design flexibility*" (Patton, 2002, p. 45) that is characteristic of case study inquiry. As a holistic view of a community engaged with a university began to form, a second framework for interpreting the social phenomenon of partnership came into prominence. The concept of social capital (Putnam, 2000) was useful for answering the question of why the community continued to participate in the partnership. Regarding the social connectedness of the partnership, this case was unique in the following ways: a) the longevity of the partnership, b) the stability of players representing both the community and university, c) the growing interconnectedness among community organizations centered on health issues, and d) the

change from complete immersion of nursing students in a community-based interdisciplinary learning program to the current program in which undergraduate nursing students travel from campus and participate primarily through the community health nursing course.

One related finding was the background of the community-based education program funded in 1991 through the Foundation Initiative at State University. Recall that three disciplines composed the original initiative: medicine, nursing, and public and allied health. The purpose statement from the 1992 Foundation Initiative curriculum summarized the initial educational approach: "Innovative interdisciplinary theoretical and clinical courses which include community outreach projects will be emphasized" (copy of Foundation Initiative Rural Primary Care Curriculum [1992] available from researcher). As noted in Chapter 4, the configuration of the original interdisciplinary group and the curriculum changed. During the five years preceding and including this study, undergraduate nursing students came to Crest County primarily through the community health nursing course taught by Wanda.

Since the focus of this study was the community members' perspectives of the SL partnership, I followed investigative leads significant to issues raised by community members. I chose not to go down the path of investigating changes in the interdisciplinary program because community members did not raise this issue as a significant factor in how they functioned as partners with the university or why they continued to participate. This is not to say that decisions about the interdisciplinary

curriculum were irrelevant to the partnership program. However, the transition of nursing away from the interdisciplinary program warrants investigation beyond this study.

In particular, an understanding of the revised educational approach would require extending the boundaries of the case to include faculty, deans, and other administrators of multiple colleges within the university system. As noted in the description of the unit of analysis (see Chapter 3), the case was bounded by a focus on community perspectives and an emphasis on the undergraduate nursing program coordinated by Wanda. The configuration of this nursing program was in effect for five years prior to the study. Pursuit of academe's decisions about interdisciplinary course design was outside the bounds of this case.

In this chapter, I present core themes inductively derived from the data (see Figure 7). I begin with my assessment of community members' perception that their partnership with State University followed a committed path of engagement. Wanda's exemplary role as a nursing faculty partner contributed to the direction taken by this partnership. Applying concepts of synergy and social capital, my discussion of collaborative pedagogy and community-building enterprises aims to position findings in terms of the current body of knowledge in the field of service learning. In addition, I explicate the contributions this case study makes to this body of knowledge, with a special emphasis on implications for nursing education. I conclude with reflections on the limitations of the study and my recommendations for future research (Merriam, 2002a).

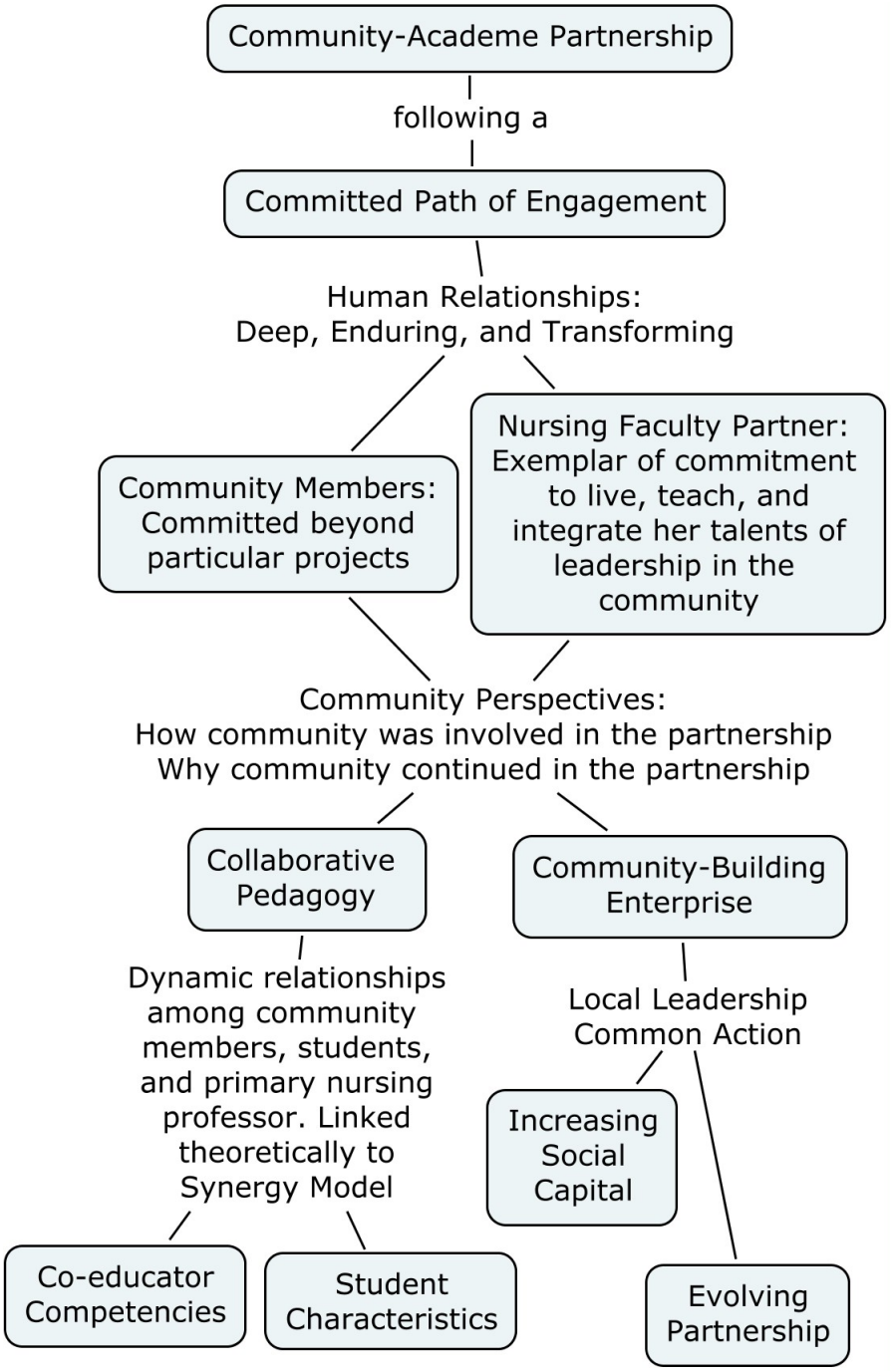

Figure 7. Partnership themes framed by relational concepts of synergy and social concepts of the value of interconnectedness.

A summary of the main points that emphasize the perspective of community partners includes the following:

- The community was willing to accept service learning students and cooperate with nursing faculty.
- Wanda's role as leader of the nursing faculty, SL students, and as a respected member of the community was of critical importance.
- The community had a vital role in assisting SL students and welcoming their contributions to the general health care of the community.
- The university did not look down on the rural community but treated them as equal partners in the SL program.

Committed Path of Engagement

As discussed in Chapter 3, the concept of partnerships on a path of engagement (Dorado and Giles, 2004) provides a framework for describing the case as a relational phenomenon with characteristic behaviors (learning, aligning, nurturing) evident from the data. Dorado and Giles identified words such as *nurture, support, develop, encourage, cherish,* and *cultivate* that describe actions and interactions expressing "commitment to the partnership beyond a particular project" (p. 26). My findings in this study are congruent with community members perceiving their relationship with State University as traversing a committed path of engagement. As early as 1995, sentiments recorded in the newspaper expressed how community members cherished the graduates of their new partnership program (Appendix I):

> "Do not follow the path. Go where there is no path, and leave a trail. This, the Foundation students have done. They have made an impression on the community…. And you have held onto your dreams, and made your dreams come true." Then, with tears in her eyes, "It's hard to let you go…" (Article quoting Foundation Advisory Board chair in *Crest County Newspaper*, April 24, 1996)

In another example of encouragement, Martha hoped that nursing students would appreciate the natural beauty and slower pace of life in the rural setting. She was concerned about the students' level of stress, and encouraged them to learn from their time in Crest County that life does not have to be a "stress ball" (Martha). Wanda used the term *cultivate* to describe her long association with community members and the development of a relationship where preceptors brought her ideas and confirmed their interest in working with students.

Theresa perceived that nursing students experienced satisfaction from their involvement with schoolchildren as well as personal rewards from knowing their efforts may "change … a child's life by giving them this [nutrition] information" (Theresa). Theresa considered these outcomes beneficial to nursing students beyond the more immediate experience of developing communication skills with a pediatric audience. She felt connected with the students beyond their projects. In a cherishing way, Theresa said she could see their faces as she was speaking: "Some of them were just exceptional students to work with. And a few were not. Just maybe one or two, not many, but just a few were not" (Theresa).

Committed engagement also described Theresa's outlook on the mutual agreement for a planned end of her preceptorship with State University students. Theresa credited Wanda with being proactive and imaginative in forming the relationship between Theresa, nursing students, and the community organizations serving the interest of children. This opportunity for nursing students to work with children met an instructional need, and Theresa supported the collaboration that had a planned end when the children's hospital opened in University City. "Those students [will] migrate toward the hospital…. So this semester will be my last semester working with the State University students" (Theresa). However, Theresa's continued support was evident when she specified that she was open to future collaborations with professors from the dietetic and nursing programs at State University based on rewarding experiences in the past. "It's been a very good partnership, and I can perceive of seeing more in the future, just not for the end of this school year" (Theresa).

By selecting a long-term relationship for my study, I was more likely to find elements of committed engagement if one assumes that older partnerships are more likely to engage in nurturing behaviors (Dorado & Giles, 2004). Bringle and Hatcher (2002) posit that longevity of partnership is not indicative always of a thriving relationship. A continued partnership can mean excessive dependency or unequal power between partners. However, in my study, community partners portrayed a partnership with open communication between community members and accessible faculty (Wanda, specifically). Concerning parity, there was evidence of a community partner empowered to turn down a public health study because it did not meet community needs. In addition,

community leaders, preceptors, and faculty described a shared process for matching community needs with student projects.

Recall that the purpose of the study was not to trace the evolution of the partnership, such as if or when the partnership transitioned to a tentative, aligned, or committed path of engagement (Dorado & Giles, 2004). However, the conceptualization of human behaviors that strengthen bonds for common action helped frame my understanding of why a community continued along this path of commitment.

Nursing Faculty Partner: An Exemplar

A most significant characteristic of the case was the continuity provided by the primary nursing faculty member. Without a primary nursing professor establishing deep roots in the community, the outcome of the partnership possibly would have been different. In response to my invitation to say more about the process of initiating and maintaining a partnership, Theresa expressed her doubts that without Wanda, the program would have been as successful.

> In a different area, where they were lacking a professor that's vested in the community, I don't know how the partnership would work, if it would - I don't know if it would be as successful as it is here, because she sees the needs of the county. She sees the needs of the students…. I doubt the other counties would have the success that we've had without having someone like Dr. Jones. (Theresa)

Corroborating Theresa's positive view, a noteworthy number of participants emphasized Wanda's contributions to the incorporation of student activities into the social and health

care systems of Crest County. By Christopher's estimation, Wanda was the person who tied things together: service, learning, community needs, and university resources.

Engaged Citizen and Community Leader

Wanda extended her personal commitment by serving on boards and lending her grant-writing expertise to local organizations. In an article dated July 5, 1995, a local newspaper correspondent proclaimed the revival of the formerly de-chartered Crest County Chapter of the American Red Cross. As chapter manager, Wanda Jones (no "Dr." title mentioned in the article) was quoted as she described the new community programs such as CPR classes for sixth graders, swim lessons, disaster planning, and blood drives (see Appendix O). Since her arrival in Crest County, community members noticed Wanda's contributions, and communal bonds grew as she integrated fully into the community.

As illustrated earlier (see Figure 6), Wanda was fully immersed in a web of connections with community members. Through these connections, she facilitated communication among players within the community as well as representatives of the university. As Wanda stated, she wore two hats – community resident and university professor. Sometimes these roles intermingled. For example, Wanda contributed her educator expertise to the high school health sciences program and served on a community health council that helped open doors for high school students to experience health careers in the community. Wanda's investment of time and energy in community endeavors, as a civic-minded individual, professional nurse, and university professor,

exemplified her shared priorities with a community growing in its capacity to meet its needs.

Bringle and Hatcher (2002) described the fostering of a close relationship between community and university partners as *healthy interdependency*, which is a mutual sharing of valued outcomes emanating from an intensive and extensive relationship. Wanda helped build and sustain this relationship through frequent interaction with community members as well as expansion of collaborative activities across diverse community entities including non-profit, governmental, and private agencies. Her continual interaction throughout many years communicated her respect for community members' decisions and goals and her dedication to expanding networks for collaboration centered on health of the community (Bringle & Hatcher).

Trusted Advocate and Colleague

The concept of "parity among partnership members" (Leiderman et al., 2003, p. 7) was evident in the Crest County setting. As an indicator of a good partnership, the peer relationship between Wanda and community members affirmed her respect for local expertise and experience. She advocated for the value of non-nurses as co-educators of nursing students by developing close relationships with community members who taught students about the health of their community through diverse aspects of services to humanity.

Wanda did not go by "Dr. Jones" in the community. She interacted with everyone in the casual, trusting manner of the local culture where people did not "put on all these airs" (Wanda) and neither did she. Likewise, she did not condescend to them as though

she had special knowledge and skill, an approach conducive to building trust in the community setting (Bringle & Hatcher, 2002; Carter et al., 2005). She did not set herself apart as the expert from campus; to the contrary, interactions between Wanda and community partners were that of colleagues comfortable calling each other for advice or consultation. This lack of elitism was evident from community members' descriptions of their ease of communication with Wanda and their frequent use of only her first name.

In one situation, she was a safeguard to the community when university representatives failed to respect the community's autonomy for deciding what studies were needed. However, she was confident that community leaders were fully empowered as true partners who could deal with positive and negative developments in the context of the partnership. She also felt comfortable making apologies when needed because she knew that relationships with community partners were stable, problems could be corrected, and both parties wanted to move forward.

Both Ben and Wanda related an account of the one time that a community partner in Crest County turned down a university proposal. This was a research study in public health that proposed gathering data on the body mass of school-age children in Crest County. Apparently, the proposal had been turned down in another county, and the proposal's author had failed to update the document with Crest County's name (a detail noticed by Wanda and considered an egregious offense to the community). The school administrator in Crest County called Wanda and asked to meet face-to-face. At the meeting, the school administrator expressed her reluctance to participate in this research project because the school system was already collecting data and knew that a significant

percentage of the children were overweight. The school administrator was more interested in effective interventions. Wanda told her, “You don’t have to do anything you don’t want to do. You don’t have to let people in to weigh and measure kids when you’re already doing it.” As a result, the administrator “turned it down” (Wanda).

This was an incident of failed parity among partnership members when the academe side traded careful preparation for expediency. As Wanda pointed out to the campus partners, “You should have gotten folks on board before you ever sent in the grant.” Wanda knew that the phone call from the school administrator was personal because their long friendship meant that community partners could call her whenever university matters surfaced. Even though the proposal was not from the nursing department, the school administrator turned to Wanda as a representative of the academe partner and trusted her thoughts on this project.

Wanda’s presence and reputation in the community helped bolster an equitable peer relationship, which promoted joint participation in projects “based on deep understanding of a community’s interests, assets, needs, and opportunities” (Leiderman et al., 2003, p. 7). Likewise, the community partners were empowered through this relationship to protect their interests: “They don’t put up with gunk from the university anymore [because] they’ve been around a long time” (Wanda). In the example above, the community partner had a say in the proposal for gathering data in the community. The community partner said, “No,” and it did not break the partnership. While the autonomy of each partner remained intact, the sharing of power as exemplified above confirmed

evidence of a collaborative alliance in which participants such as the academe partner accomplished more by giving up some decision-making powers (Wood & Gray, 1991).

Community partners demonstrated empowerment at the macro level (Carter et al., 2005), a desired outcome of partnership building. Making needs known (by both university and community) and standing up for the right to be treated as an equal partner were part of building alliances to accomplish mutually beneficial goals. These behaviors were key to successful interagency collaboration in a SL partnership as described by Foss et al. (2003). In Crest County, community members grew in their competencies for engaging with the university, and Wanda was a trusted link advocating judiciously for all parties in this alliance.

Community Perspectives: Themes of the Partnership

As a case study, my research design was both interpretive and holistic (Merriam, 2002b). I interpreted the meaning of a partnership phenomenon, and my interpretation was rooted in diverse viewpoints solicited through individual interviews, observations in the field, and relevant documents. My intent was not to build a theory; however, the naturalistic approach of constructing meaning from subjective data was a process of theorizing, i. e., "bring[ing] together concepts and themes to explain how things happen or why they took place the way they did" (Rubin & Rubin, p. 230). Likewise, my research was not designed to test a theory. Concepts of synergy and social capital helped framed my thoughts about interactions between community and academe partners as well as developments within the community.

As noted by others studying the impacts of SL partnerships, "Partnership plays out in service-learning in two intermingling ways: as a collaborative pedagogy and as a community-building enterprise" (Kelshaw, Lazarus, & Minier, 2009, p. xiv). My interpretation of findings supported the proposition by Kelshaw et al. that a SL partnership is a dynamic relationship for education, service, and community empowerment. Supportive of the idea of collaborative pedagogy were two predominant themes that emerged from this study: a) Community members grew in their competencies as co-educators, and b) Student characteristics contributed to quality programs but sometimes detracted from community members' satisfaction with the experience.

The Synergy Model was particularly applicable in interpreting the community members' narratives of the interface between competencies and characteristics. As preceptors, they asserted with humility and confidence their significant contributions to the student learning process. They also recognized characteristics of students that both facilitated and hindered an ideal working relationship. The preceptors whom I interviewed worked with nursing students and thus had an ongoing relationship with the nursing instructor, Wanda. Their individual stories consistently supported the value of Wanda's professional and interpersonal skills. For the community members with varied connections to student projects (site hosts, fellow board members, and other leaders), Wanda's contributions and her accessibility were highly praised.

The second grouping of themes illuminated the partnership as a community-building enterprise. Although Kelshaw et al. (2009) did not explicate this term, Couto's (1982) emphasis on the nature of bonds within a community fit with initiatives that

strengthen or develop these bonds through actions for a common purpose. Factors internal as well as external to the community influenced these actions. In Crest County, complex interacting variables and sustained leadership emanating from the community contributed to common action around health issues. The involvement of university representatives, the infusion of seed money, and the unique situation of an embedded nursing faculty member contributed to collaboration for the education of health professions students.

The goal of my study was not to measure the effectiveness of Foundation dollars spent in the community. Nor was my study designed to evaluate, quantify, or otherwise document the direction or extent of change in the health care services of Crest County. However, many signs of progress were evident and people spoke of satisfaction with the students' activities in the community. More significantly, a strong theme emerging from the study was the community's ability to embrace fully the opportunities for developing local assets such as services and education programs to improve health at the individual and population level. Community members were empowered as integral players who could withstand the ebb and flow of resources, talent, and public recognition inherent in the changing relationships of a community-academe partnership. Two defining themes of this community-building category were a) a community with increasing social capital, and b) an evolving partnership.

First, I will discuss collaborative pedagogy within the framework of competencies and characteristics that contributed to a synergistic relationship for the education of

nursing students. Next, I will discuss the social phenomena related to community connectedness, empowerment, and the experience of inevitable change.

Collaborative Pedagogy

Community Members Grew in Their Competencies as Co-Educators

A community-academe partnership is an abstract concept. The partnership cannot be measured directly, captured as an image or sound, or manipulated like an object. The only way to gauge a partnership is to understand the actions, thoughts, and emotions that participants link to the relationship. In general, actions are demonstrative of thoughts; therefore, people's stories of what they did as part of the community-academe partnership painted a portrait of the phenomenon. One emerging portrait was that of flourishing competencies among community members as they gained experience guiding the learning activities. In the interface between preceptors and students, the competencies of the preceptors stood out in the community members' stories.

At the level of direct interaction, especially between preceptors and students, *general reciprocity* was the operant behavior. Putnam (2000) explained general reciprocity as the underlying concept of the Golden Rule (the ethical teaching to "treat others as you want to be treated" [Gensler, n.d]). The preceptors treated students in ways they also wanted to be treated (timely communications and follow-through on obligations) and in ways that taught collaboration skills. These interactions were more than an immediate exchange of favors, obligations, or services. For the preceptors, they were investing in the more distant rewards of preparing nurses who knew the needs of rural communities and learned strategies for improving health at the community level.

Student projects were an immediate outcome of working together and appreciated as value-added services that otherwise would be lacking due to constrained resources such as staff, funds, or expertise. Preceptors contributed their services not solely with the expectation of receiving a quantifiable service in return, as in a bartering exchange or in an employer/employee relationship, i. e., a *transactional* relationship (Enos and Morton, 2003). Rather, they invested in the education of future health care providers by helping them learn through experience how to assess the needs of a community and respond appropriately. As characteristic of a *transformative* relationship, the community members' were committed to ends that went beyond the immediate, utilitarian benefits of student projects (Enos & Morton). Participation in the projects brought new insights for all involved players.

The following sub-sections relate concepts from the Synergy Model (Hardin, 2009) to the relational dynamics between community members (especially preceptors), nursing students, and the primary nursing professor. Recall in Chapter 1, the Synergy Model is presented as a conceptual model for understanding of the reciprocal relationship between nursing programs in higher education and a community in need. Table 1 lists the characteristics and competencies of interacting parties, which contribute to a synergistic relationship leading to optimal outcomes beyond what could be achieved by each party alone. In particular, the voice of community partners is brought forth in this study, and their perspectives illuminate their engagement with students and faculty to achieve optimal outcomes for learners and community.

Professional judgment. Preceptors shared their competency of professional judgment. They had formal and informal education in their fields (not all were in nursing, and educational degrees spanned from technical to master's level). In addition, their opportunities to learn from experience were their assets, and they combined these lessons learned with professional expertise and knowledge of the community. The outcome was increased skills for working with students. For example, Martha brought to her job an advanced degree, a background in community service as an AmeriCorps member, and professional experience working with communities to create sustainable agriculture enterprises. Through her association with Wanda and the nursing students, she developed her competency in designing concise, manageable projects that students could take over and deliver final products that benefited her organization.

Advocacy. The community's non-profit and public-funded agencies worked on the behalf of others, which is a competency of advocacy and moral agency. The anti-drug coalition was active in advocating for the rights of a community to be free of the personal tragedies and the communal deleterious effects of harmful and criminal drug use. As Rita matured in her strategies for guiding learning activities, she devised ways to send students out in the community to assess needs and plan interventions. The students' projects that promoted awareness of prescription drug abuse and reduced access to unintended supplies were acts of advocacy for the whole community. The interventions helped combat community stigma and individual self-destruction linked to drug abuse in an isolated, rural area.

Collaboration. The competency of collaboration was demonstrated at the community level as a close working relationship between students, preceptors, and faculty. Preceptors were accessible to students and Wanda through email, face-to-face planning sessions, and phone calls. Elizabeth adapted the SL planning session to her own work environment (the fast-pace schedule of her high school) and the time constraints nursing students faced when driving from University City. Theresa and Sandra emphasized the utility of emails and their promise to respond within a short period. Sandra called her community contacts and paved the way for students to access resources efficiently. Preceptors were open to ideas, new knowledge, and new approaches offered by students. Often these new concepts came from the classroom, and preceptors were willing to incorporate new approaches into their work.

Behaviors that were respectful, accommodating, and conducive to meeting mutually agreed-upon goals moved the relationship beyond cooperation to collaboration. Cooperation suggests an emphasis on compliance where individuals complete assigned tasks (cooperate, 2010). Collaboration incorporates the participants' commitment to organizing around a common concern, contributing positively to outcomes, and sharing in the benefits of teamwork. This conceptualization emphasizes *interdependence* in which there is a "willingness to become members of communities we have not belonged to before, by engaging in constructive conversation with others whose background and needs are similar to our own but also different" (Bruffee, 1999).

The idea that collaboration involves willful participation and does not just happen was described in a report of the 5-year evolution of a SL partnership among a school of

nursing, a county health department (school health services), and a public school system (Foss et al., 2003). The authors described key components of successful collaboration: a) flexibility rooted in free exchange of ideas and an open-minded understanding of each party's limitations, b) a shared sense of "fair play" involving respect and acceptance of what each party brought to the relationship, and c) a commitment to a common goal, which a school principal characterized as a collective desire to make a difference in the health of children.

In a study that brought together 19 community partners in focus groups to identify core elements of effective partnerships (Leiderman et al., 2003), the group identified the non-formal interactions between community and campus partners as most significant. "Good community/campus partnerships are created daily through routine interactions and cumulative outcomes of their processes and activities. They are intentional, with a focus … on careful preparation every time, excellent implementation, and meticulous follow-through" (Leiderman et al., p. 6).

My findings fit with the key components of successful partnerships – trust, open communication, flexibility, and fairness – that were explicated in the work of Foss et al. (2003) and Leiderman et al. (2003). In Crest County, ready access between community and academe partners facilitated interactions that were routine, candid, and immediate when needed. As community members, the participants in my study affirmed the value of knowing Wanda through her many roles in the community and feeling comfortable with calling her about concerns. Wanda indicated she was aware of how this interaction as equal parties contributed to a strong and productive relationship. She talked with

community members in informal settings in the community (over a cup of coffee) and listened to their concerns. By living in the community, Wanda had knowledge of the community's assets and capabilities for influencing health at the population level. She did not take a demeaning approach by focusing only on deficits. This focus on strengths and potentialities of community partners contributed to successful collaborations (Leiderman et al., 2003).

Systems thinking. Service learning pedagogy promotes systems thinking as a cognitive skill for connecting immediate issues to a bigger picture of complex interacting variables (Steinke & Fitch, 2003). Preceptors helped students broaden their assessments of local concerns (such as a local, affordable food supply) by gathering data from diverse sources representing education, local government, community leadership, and community members involved in direct services (in this case, farmers). This holistic representation of community voices helped organizations target effective interventions.

Martha described how the nursing students' interview data would help council members of the sustainable food corporation determine the best allocation of resources based on needs for education, farming classes, food preparation classes, or health classes. In addition, the council would identify gaps in the community's food security by considering the role of federal programs and faith communities for meeting people's needs.

The competency of systems thinking is necessary for organizations whose purposes focus on change in the social world, and effective community-academe partnerships "increase community capacity to address a particular issue at the systemic or

structural level" (Leiderman et al., 2003, p. 10). Martha demonstrated how the systems-thinking competency of her grass-roots organization was synergistic with the skills of student researchers.

Response to diversity. Issues of diversity were evident from the community members' sensitivity to the differences between the university students and the local residents. In the study by Hunt & Swiggum (2007), service recipients and nursing students represented two different racial groups (one predominantly of color and the other one white). This was not the case in the Crest County/State University region. State University students, in general, and Crest County residents were predominantly white, although some diversity of race and ethnicity was evident. More specifically, economic and cultural diversity (including poverty and remoteness) were in the foreground of the community-based experience. When I drove through the pastoral valleys and along the rivers and ridges that lent their names to the unincorporated settlements, I observed open spaces and amazing panoramas that belied the socioeconomic status of this rural community.

Community members noted that students coming to an isolated, rural environment may experience lifestyle and cultural differences, and Crest County residents were proud to share their southern rural culture, strong family ties, and religious influences. Community members hoped the students would take in the natural beauty and take note of local traditional values – "the importance of family and working hard and just good, simple living" (Martha).

Being in the community was an opportunity for students to open their minds and eyes to local differences, and community members made this happen by giving access to many settings for learning including schools, the prison, community centers, and health care agencies. As discussed in Chapter 4, community leaders considered Crest County receptive to students and emphasized the leaders' willingness to listen and open doors for learning opportunities so both sides benefited. Although students who came to do projects in a rural area risked not being accepted, the welcoming attitude of Crest County residents and agency representatives reduced the tension of insider/outsider status.

Facilitation of learning. Findings from this study indicated that learning occurred in all groups participating in the partnership. The preceptors improved their skills for designing projects, "scooting" (Rita) students out the door to formulate evidence-based interventions, and managing schedules for an effective working relationship. Learning was experiential, that is, in the real-world environment, sometimes "trial and error" (Wanda), and open to revision. Learning also was reciprocal because each participant had a role in teaching the other, including the recipients of service such as senior citizens who taught students how to work with elderly population.

Wanda's support to the preceptors was invaluable. She helped them narrow the options for manageable projects relevant to both community needs and student learning objectives. She was available for consultations and calls of concern, and her fulltime residency in Crest County helped her integrate her status of nursing professor with that of engaged local citizen. Even those community members who did not work directly with

the nursing students were comfortable in calling Wanda regarding any concern – nursing, local, or university-related.

Sandra was the only participant to use the word *mentoring* to describe her approach to providing direction for students. Wanda was in a similar position of providing direction for the preceptors, but neither she nor the preceptors used *mentor* to describe her role. In an academic setting, a mentor is a wise and trusted counselor who helps a less experienced colleague develop cognitively, emotionally, and with skills to fulfill a desired status (Bierema & Merriam, 2002; mentor, 2010). In a survey study by Abes et al. (2002), faculty in higher education settings ranked mentoring as the most effective source of instructional support in a SL program. The importance of Wanda's support to the community preceptors suggests a transferability of the mentoring relationship to the community setting where preceptors desired supportive interactions as they developed their preceptor status. In the Abes et al. study, only 33% of faculty received the support they considered necessary to adopt SL pedagogy. In my study, the community preceptors, although not functioning as academic-based educators, indicated they had a trusting and supportive relationship with Wanda that facilitated their role as co-educators. They identified ways they improved their preceptor skills based on experience and interaction with Wanda. In the situation of voluntary community involvement, a link with faculty that was conducive to learning a new role was critical. Studies representing the voice of community partners uphold the importance of developing a relationship with faculty in the community setting (Leiderman et al., 2003; Muzak & Woollard, 2008; Sandy & Holland, 2006).

In a milieu of open communication and awareness of support systems, the preceptors' roles and responsibilities fit with their capabilities and resources (Leiderman et al., 2003). The study participants did not indicate that they were put in a burdensome situation regarding their role of facilitating student learning. Their competency for facilitating learning matched student needs for guidance in a learning environment that offered many options for influencing health at the population level.

Ongoing evaluation of practice. I often asked during the interview, "How does your agency evaluate the students' projects and what they accomplished?" Answers from community members were broad and indicated that evaluation was mostly an informal process for them. For some, this approach was satisfactory in a community where interaction was frequent and where many of the same people served on multiple boards. "It's the same ten or twelve of us are on every committee in town" (Kelly).

Community leaders considered the "end result" (Christopher) of student activities as the main indicator that the service was useful to the community. For example, Christopher knew that studies by students had brought the issues of significant rates of diabetes, cancer, and childhood obesity to the attention of community boards such as those overseeing the hospital and school system. Community leaders in touch with the broad issues of Crest County heard student presentations, worked with groups formulating interventions (including talking to state politicians), and then moved on to the next issue.

The preceptors evaluated individual projects in order to give feedback to students, inform their agencies of what was working (or not working), and make decisions about

future approaches. Sandra used the informal approach of talking to groups that participated in student presentations. She asked for participants' feedback as a way to help her gauge future project designs and identify potential audiences. However, not all preceptors had seamless opportunities to go back to the same groups who participated in the projects.

Even when groups were accessible, such as Elizabeth's high school students, some preceptors desired more opportunities to review the anonymous feedback given to the nursing students. Sometimes the final reports that included feedback from project participants were not shared with the preceptors. Elizabeth considered this a lost opportunity that could improve her teaching and increase her understanding of how the nursing students were benefiting from the experience.

Student evaluations that were more formal were built into the service learning program. When Wanda was not able to attend a presentation in the community, she asked preceptors to observe the nursing students and complete an evaluation form as part of the students' academic assessment. Wanda emphasized that maintaining open lines of communication and expressing confidence in the preceptors' co-educator functions nurtured the trusting relationship.

One preceptor, Rita, expressed a desire to observe the nursing students' final presentations on campus. She felt limited by the evaluation form that was part of the course materials and wanted to provide feedback on a more personal level. Rita was the only preceptor to voice a desire to go to campus, and she anticipated that Wanda would support this idea. Rita considered her stance as different possibly from other preceptors.

Perhaps this difference related to her developmental stage in the preceptor experience, the longevity and familiarity of other preceptors with the partnership program, or her individual approach to improving personal performance in the field.

The issue of "hearing students articulate their most important service learning lessons" (Muzak & Woollard, 2008, p. 224) had different levels of significance for different preceptors. In the community, the connections between preceptors, faculty, and students were tight. For the most part, the involved parties were in the same place at the same time or were readily accessible. Unlike community partners participating in the study by Muzak and Woollard, the preceptors of nursing students in Crest County did not "lament the lack of a relationship between instructors and themselves" (p. 221). To the contrary, Sandra, Elizabeth, Martha, Rita, and Theresa described their associations with Wanda as overlapping and complementary. Wanda served on their boards, helped them write grants, was easily accessible by phone and email, sent student rosters each term, made regular contacts, and ended the semester with a follow-up session – usually lunch in the community. Wanda's interactions with preceptors occurred in the community, and preceptors expressed satisfaction with this.

Studies elucidating the expectations of community partners (Creighton, 2006; Leiberman et al., 2003; Muzak and Woollard, 2008; Sandy & Holland, 2006) supported the strategy of welcoming community partners on campus. Researchers found that community partners wanted to be involved in presentations about community organizations and included in wrap-up sessions on student projects. Such activities affirmed the community partners' value as co-educators, exemplified to them the

outcomes of their teaching efforts, and strengthened the communication infrastructure especially with faculty. The community partners participating in this study did not emphasize classroom inclusion as something that was missing. The distance to campus and time away from work possibly influenced the partners' practical decisions about traveling outside Crest County. In addition, the founding premise of the Foundation program was to center all activities in the community; therefore, the precedent of leaving the community to participate in SL activities was never established.

For State University students choosing to serve and learn in Crest County, "the community was [their] classroom" (Rhonda). Wanda's presence in the community as fulltime resident and professor had not changed. Recurrent local conversations between Wanda, preceptors, students, and community leaders facilitated the evaluation of what was working well for all involved. The "end result" of projects over years of student engagement provided a macro level evaluation of the partnership's cumulative outcomes. However, community partners as co-educators saw a need to fill identified gaps in their evaluation of what the students had learned and what the recipients of service had gained from the experience. In the next section, the researcher presents community perspectives of student characteristics and relates these characteristics to community partner competencies that facilitated successful working relationships and project outcomes.

Student Characteristics

The characteristics of students stood out to the community members who worked closely with them as preceptors or site hosts. When student groups were cohesive and responsive, the preceptors noted a more equitable relationship in which students were

self-starters, consistent reporters of progress, and generally on schedule with tasks and contacts. Preceptors considered these students as engaged, committed, and full participants in the collaborative process. Sometimes the groups that caused a preceptor to worry about the final product delivered high quality results in the end. A seasoned preceptor, such as Sandra, learned to be balanced in her assessment of the students' drive along with their intellectual abilities. Not all outcomes were predictable based on the preceptor's standards of high performance, both intellectual and collaborative, that contributed to a satisfying collaborative experience.

The student characteristics of vulnerability to stressors especially stood out to preceptors. The distance from University City to Crest County limited the students' immersion in the community. On top of that, competing demands of family, jobs, coursework, and other clinical rotations influenced student availability. Although scheduling was the biggest challenge, most preceptors focused on the positive ways they worked around these problems. None of the preceptors considered these pressures, stressors, or physical distances to be insurmountable to their working relationship. Preceptors learned to be flexible, devised backup plans for unforeseen obstacles, established a communication infrastructure, and called Wanda when concern rose to a critical level. The matching of preceptor competency with student characteristics aided the optimal outcome of a quality program (see Figure 8).

Preceptors were aware of risks to the reputation of their agency or themselves professionally if projects were not high quality or appropriate for the audience and setting. This risk management by community members was similar to the protectiveness

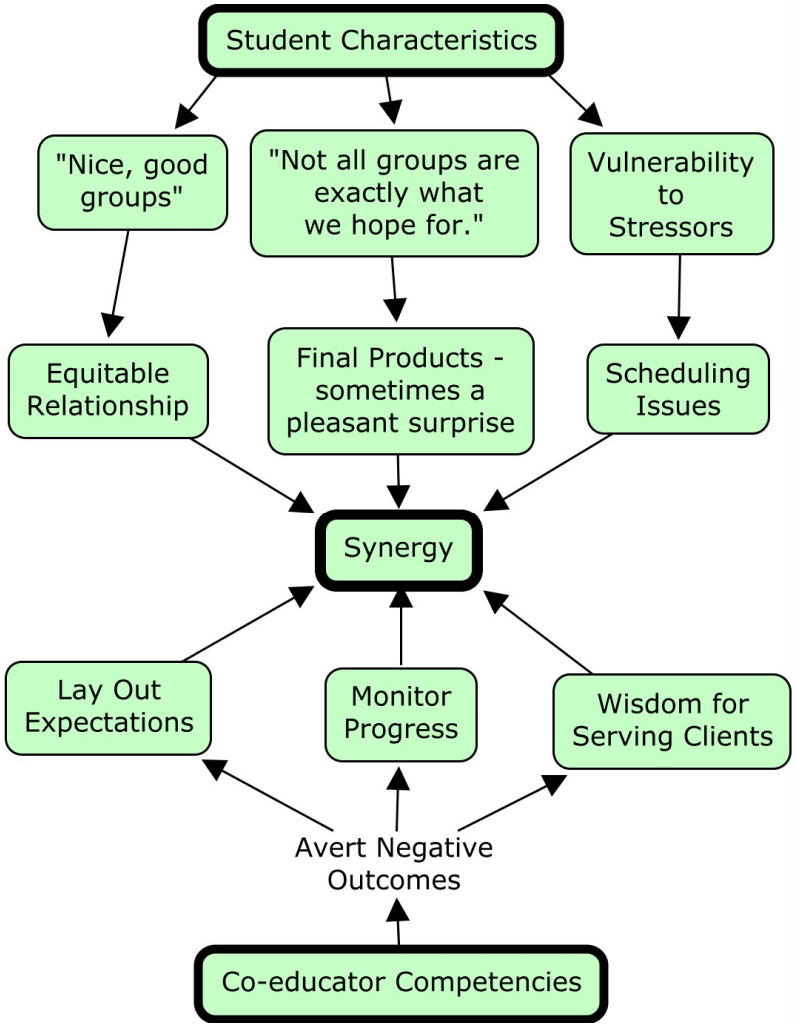

Figure 8. Matching of preceptor competencies with student characteristics aided the optimal outcome of quality programs.

of a SL professor profiled in Reavy's (2003) case study, who intervened when a student project failed to meet service goals. Crest County community members anticipated potential obstacles to success and the possibility of dissatisfaction from the recipients' viewpoint. To avert negative outcomes, the community members interacted with students to lay out expectations, monitor progress, and share their wisdom about how best to serve their clients. These strategies illustrated the role and responsibility of community partners

as protectors of their clientele and interveners when failure threatened the quality of their collaborative work. When projects did fail to garner interest from target audiences, Wanda surmised that students, specifically interdisciplinary students, had not spent enough time assessing the needs and desires of community clients or had overlooked the community's prerogative to decide what was valuable or useful. These cases lacked a synergistic outcome because competencies and characteristics did not match.

Community-Building Enterprise

Social Capital of the Community

The story of how Crest County benefited from the community-academe partnership was essentially a story of community empowerment. Just as community partners grew in their competencies especially as co-educators, so did the entire community grow in interconnectedness around health issues. A term that describes strong social interconnectedness is *social capital*. Social capital theory, simply stated, is that "social networks have value … and social contacts affect the productivity of individuals and groups" (Putnam, 2000, p. 19). Trustworthiness and reciprocity are essential behaviors that contribute to the value of social networks. The SL literature supports a connection between effective community-academe partnerships and an increase in the community's social capital. "Social capital among community partner agencies is often strengthened when universities foster linkages among community partners with whom they are affiliated" (Sandy & Holland, 2006, p. 36).

The findings of my study fit with the phenomenon of increased social capital in a community participating in a successful partnership with an academic institution.

Community members provided evidence of cross-communication, mutual support, and shared expertise in their descriptions of coalitions, community events, councils, programs, and nonprofits that developed and flourished during the past two decades. I did not structure my inquiry to establish a cause-and-effect association between community-academe partnership and social capital, but my findings provided clear evidence that individual and communal capacities flourished during the years of the partnership.

Accessible services. One consideration in this case of Crest County and its health care system was the community members' perception of quality, accessible, and affordable services in the county. The story of the original community hospital was somewhat like a tragic tale of heroic struggle and downfall. Almost every interviewee mentioned the ups, downs, and closing of their hometown hospital: "We have a hospital now, but the other one died out. No fault of theirs" (Mildred). Since 1998, the existing two-bed critical access hospital provided a different interpretation of secondary care. For some, this was a satisfactory solution. For others, they still dreamed of having local in-patient services: "I'm certainly not being critical of the hospital here, but you're not going to do anything with two beds" (George). The doctors were well respected, but a hospital with two beds was not what people considered a local source of in-patient care that kept them close to their social support network.

Although the hospital's evolution was not related directly to the community-academe partnership, the community responded to the shortage of health care providers by welcoming innovative programs. The partnership began when the community was highly motivated to bring more health care professionals into Crest County. As explained

by Hillary, the successful primary care clinic operated by nurse practitioners and the State University College of Nursing set the precedent for Crest County citizens to utilize services connected with a university and supplied by students.

Community acceptance of students. Hillary observed that people grew accustomed to seeing nurse practitioners and students, which paved the way for the new hospital to incorporate rural health internships for primary care providers. As primary care services increased in Crest County, more family practice physicians established practices and proved that they were committed to staying and providing holistic care even at the institutional level such as long-term care. Medical students, graduate nursing students, and psychology students did internships with local providers, and community members expected to see students during clinic visits. Hillary considered these relationships as natural and expected: "I am a patient, and I'm going to help this student learn today" (Hillary). In this community, people were forming relationships with State University students at the most personal level of direct health care services as well as identifying students with projects that improved health at the community level.

Future opportunities for students. As administrator of the critical-access hospital, Hillary welcomed undergraduate nursing students to do clinical rotations in the hospital. In most cases, these students were in associate degree (ADN) programs. Although she primarily hired ADN nurses, she expressed her support for baccalaureate-track students, such as those from State University, to do projects in conjunction with the emergency department or primary care clinics. "I'd love to have them back, especially the community health portion of their semester" (Hillary).

Although hosting BSN students was not a strategy for hiring staff at this hospital, Hillary's interest in future activities with State University undergraduate nursing students demonstrated her trust in the academe relationship and support for rural placements. The longevity of the relationship with State University meant that community and university partners had weathered different approaches in curriculum design and site utilization. Nonetheless, interest in maintaining the relationship persisted. Expressing ideas about future community-based learning experiences indicated that community members knew their strengths and potentialities and were confident about initiating dialogues with the partnering university.

Health ranking of the community. A community where agencies, non-profit organizations, and community leaders shared information and resources was a community skilled in bridging internal and external assets. Putnam (2000) considered this bridging capability the "sociological WD-40" (p. 23) that enabled communities to look outward, look forward, and flourish in spite of socioeconomic disadvantage. Although the overall status of the health care system in Crest County was not the focus of this study, the narrative data brought out the participants' perspectives on the community's progress.

One measure of a community's health care system was the *clinical care ranking* of the county. Clinical care status was based on access to care and quality of care. Subcategories included measurements of uninsured adults and primary care provider rates (combined under "access to care") and measurements of preventable hospital stays, diabetic screening, and hospice use (combined under "quality of care"). In 2010, the

clinical care ranking of Crest County was "26 out of 100" (University of Wisconsin Population Health Institute, 2010).

Since the county and state identities were confidential in this study, I converted the clinical care ranking to a hypothetical state with 100 counties. A county with a rank of 1/100 means that it had the best clinical care rating in that state of 100 counties. For this report, the conversion of Crest County's ranking is a valid representation since the actual state has close to 100 counties. Data used in this ranking system were not available for the 1990s when the partnership program began, so the ranking reflected a current snapshot of access to and quality of care but did not reflect change over time. Crest County's ranking on clinical care was much "healthier" than its ranking on *health outcomes* (based on morbidity and mortality), which was 91/100 and considered the single indicator that best described the overall health of a county (University of Wisconsin Population Health Institute, 2010, n. d.). Exactly how or to what extent the Crest County's health rankings were related to two decades of participation in a community-academe partnership are questions for future inquiry.

An Evolving Partnership: Enduring and Responding to Change

In 1991, the partnership between Crest County and State University was established as a long-term, joint venture with an aim of being an "intensive and extensive relationship" (Bringle & Hatcher, 2002, p. 508) not unlike a relationship with a spouse. As in a marriage, ongoing personal efforts devoted to "consideration of joint outcomes, a communal attitude, and accommodation" (Bringle & Hatcher, p. 509) nurtured a trusting relationship. As evident from the data, actions and interactions of stable players built a

relationship that could withstand the ups, downs, and inevitable changes inherent in collaborative undertakings.

In the community, informants with a long history of involvement with State University depicted the partnership program as having a high profile in the beginning. Community members were extensively involved in the orientations including housing, feeding, and recreating with students. As time progressed, grant money dissipated, and students and activities migrated back to campus. There were fewer demands on the community members to contribute time and resources. Community leaders observed that the State University program was less visible, received less publicity, and required less involvement for housing and orienting students.

Although changes in the program diminished its prominence in the public eye, community members still desired to stay informed of student activities. People noticed the students' presence, as in the situation of the resident asking about State University education students who came up to work with children at the public library. Public recognition of the community's contributions in partnership activities was an important way of communicating appreciation and guarding against ambiguity in a relationship (Bringle & Hatcher, 2002).

The transition away from full immersion of nursing students in the community as well as nursing's separate participation in community projects were changes evident to some community members. Hillary, a health care agency administrator, spoke about serving on the Foundation advisory board, hearing student presentations, giving input on projects, and guiding students to local resources "because it's truly the community that

knows their community" (Hillary). She observed that the Foundation program initially was an interdisciplinary effort and now was "funneled" mainly into medical students. She lamented the lack of nursing's presence in the interdisciplinary program - "that's sad" (Hillary). In spite of program changes at the university level, Hillary continued her support for the partnership by finding ways to connect health care students with a rural health experience.

Although change was an inevitable part of partnership activities spanning nearly two decades, much was still the same. Wanda found a way to continue her role as primary nursing faculty in the community and link her undergraduate nursing students with capable community preceptors. She empowered the local co-educators to take charge of the agenda for community projects by treating them as equal partners, gaining first-hand knowledge of the organizations, and sharing her talent for connecting local initiatives with grant money. Wanda continually affirmed the value of non-nurses as preceptors by seeking opportunities for students to learn and serve in a variety of settings: schools, non-profit organizations, and other government agencies and private enterprises in the past.

There continued to be a sustained response within the community to welcome students. Study participants easily recounted ways that students were involved in the community, and only a few noted specific changes indicating less interaction in the community setting. One was the lost opportunity for community members to act as standardized patients and serendipitously learn skills needed to maximize effective communication with health care providers. Recall the description in Chapter 4 of how the

pastor passed along knowledge to the community at large. This chain of shared knowledge was disrupted when the site of certain student learning activities moved back to campus.

Changes in the university's approach to community-based learning meant that some elements of community participation were lost, but community members did not wane in their commitment to supporting student activities. The partnership could withstand program changes as long as personal connections kept people involved and fostered cohesion around mutual goals. The pastor continued to serve on a regional cancer coalition facilitated by State University; in addition, he continued to integrate student projects into community outreach activities such as block parties sponsored by his church.

The interdisciplinary approach had changed over time, and the future may bring additional changes in how the university interprets the role of students in the community related to clinical practice, community-based research, and outreach projects. Dr. Jackson expressed a desire for more integration of disciplines in the student cohorts coming to Crest County. Dr. Jackson supported the ideal of interdisciplinary learning in the community setting, but recognized barriers that contributed to changes in Crest County. Schedules among programs may conflict and be very difficult to reconcile. Grading differences between disciplines can seem unfair to students if one discipline assigns a grade while another assigns pass/fail. Faculty members need time and resources to develop skills for interdisciplinary instruction, and programs must commit money to

breaking down these barriers because “in order to have the time, it takes you away from a revenue producing endeavor” (Dr. Jackson).

As it turned out, the community was not a place where instructors shared teaching responsibilities in an equitable manner. Wanda became the primary anchor for instruction and project planning. As discussed in Chapter 4, coursework responsibilities became excessive and reached a tipping point. Eventually, she transitioned to just teaching nursing students. The potential challenges of integrated instruction, especially the distribution of teaching responsibilities, merit further attention as disciplines collaborate in community-based instruction.

A key link between the past and present were the graduates of the Foundation program, and their status was an important legacy for the community and possibly for the partnership. If willing and interested, these graduates were supported in their efforts to “take ownership of the connection” (Dr. Jackson). Studies have examined the career choices of community partnership graduates (Florence, Goodrow, Wachs, Grover,& Olive, 2007) but not the leadership outcomes that maintain connections between community and academe to accomplish mutually formulated partnership goals.

The question of who will take ownership of the connection between Crest County and State University reflects the complexity and the potentiality of a partnership established on the ideal of “inter”-disciplinary education and now grounded in “multi”-disciplinary education. In Crest County, the “ivory tower” (Carter et al., 2005, p. 171) was demystified through a transformative relationship of “deeper and more sustained commitment” (Enos & Morton, 2003, p. 24) between community and academe. However,

the silos were re-erected to serve better the needs of the academic institution. For 19 years, the university asserted that the "[community] people [knew] which door to go through" (Ben). To continue to nurture the partnership, this open door must invite community leaders in and send university leaders out to the community with a common purpose of stating needs clearly, ensuring fairness in their exchange of support, and being open to emerging new aspirations (Enos & Morton; Leiderman et al., 2003).

Implications for Nursing Education and Service Learning Pedagogy

The case of Crest County in partnership with State University brings to the foreground the importance of close relationships among stable players that sustain the bonds of a service learning partnership (Sandy & Holland, 2006). As posited by Bringle and Hatcher (2002), the community-academe partnership is a "series of interpersonal relationships" (p. 503) between representatives of the community and university. In an enduring partnership with healthy interdependency, such as this case, attentive, respectful, equitable, and affirmative behaviors repeated over time built trust. Community partners were empowered to set the agenda for collaboration around activities to improve the health of the community, an approach rooted in a view of knowledge as being pluralistic and residing in community members who knew local needs (Bringle & Hatcher).

Community perspectives garnered in other studies converged with the core strengths of the Crest County-State University partnership, especially as evident in the nursing partnership program (Leiderman et al., 2003; Muzak & Woollard, 2008; Sandy & Holland, 2006). This case study provided evidence of how community members grew in

competencies as co-educators when a solid infrastructure of communication, sharing of resources, and feedback was in place. When community interconnectedness grew along with these competencies, the potential for empowerment, self-direction, and problem solving at the systems levels enhanced the community's capacity to improve health.

A key link in the partnership was the nursing faculty member Wanda who spent time in the community, applied her skills as a good listener, became familiar with the inner-workings and challenges of the agencies and organizations, and increased the community's social capital through leadership roles. Wanda shared her knowledge about grant writing and advised community organizations associated with health, which resulted in more work to be done in the community and more need for student involvement. She advocated for the community's equal status in all aspects of the partnership processes and outcomes. In addition, Wanda appreciated and cultivated community members, notably non-nurses, as capable and valuable teachers for nursing students.

As Christopher pointed out, another key ingredient was expertise. He credited Wanda with the ability to identify relevant topics and to tie student projects with authentic needs in the community. In return, he worked as a community leader to open doors for students to do projects in settings with carefully controlled access such as schools and the prison. Without a serious level of commitment from the academe partner to get to know the community and contribute beyond the immediate SL activities, the relationship between community and academe will suffer from a lack of purposeful, mutually beneficial, and reciprocal actions.

Wanda was a unique exemplar of fully immersed faculty. Would a program find similar success without a "Wanda" wearing the two hats of community resident and primary nursing faculty? Wanda shared her insights during a casual conversation at the conclusion of my data collection period. She surmised that being in the community was key but believed that did not necessitate being a fulltime resident. She gave the example of the community hospital administrator who had been in the community working in various health care positions for 17 years. Few people knew that this administrator lived in a neighboring county. The critical piece was the commitment to being available to the community, attending meetings outside of the usual workday schedule, and maintaining a committed presence even if home was elsewhere.

At the time of writing this dissertation, change in the faculty position for educating undergraduate nursing students in Crest County was likely. For almost two decades, Wanda played a major part in cultivating competencies and growing networks of support among community partners. Skills for collaborating with the university were integrated solidly within the fabric of the community. However, the partnership like all human relationships was not immune to change. A new era is in progress and suggests a return to Crest County in the future for a scholarly look at how nurse educators continue to partner with the community.

Limitations

As a researcher making periodic visits to Crest County over two months, I gathered evidence about a phenomenon while at the same time realizing the limitations of not having insider knowledge or being fully immersed in the community. I am certain I

missed opportunities to interview all individuals connected with the partnership, but the people I met and interviewed did not suggest any key person that I omitted from the study. As principal investigator, I did not represent the academe partner. My intent was to help participants share their stories in an atmosphere of neutrality. I considered my outsider status as a strong feature of the study design that reduced researcher bias. Conversely, I possibly was unaware of other factors, players, or events that were not shared or would have offered a counter perspective of the situation.

Findings from case studies, which arise from examination of the particular in a specific context, do not generalize straightforwardly to other cases (Stake, 2000). Ease of generalization is not the compelling work of case study research. Thus, a case must have some significance that generates interest and justifies its examination. The case at hand holds unique elements (in particular, the partnership program's longevity and immersion of the primary nursing professor) that drew the attention of this researcher. Moreover, the study of this case allows insight into the abstract concept of community-academe partnerships, which are an essential part of service learning activities.

As a case study, the methodological approach is idiographic and focuses on studying the "individual (person, place, event, setting, etc.) as a unique case" (Gibbs, 2007, p. 5). Part of this uniqueness is the time, place, and individual actors that make up the holistic, contextually based portrait of the partnership between Crest County and State University. The particularities of the case warrant caution in transferring interpretations to other situations (Wolcott, 2001). However, whether my interpretation of the findings transfers to other situations depends possibly on cross-case comparisons with additional

studies of similar cases (Yin, 2005). Alternatively, studies of dissimilar cases may refute or support the themes emerging from this case as indicative of the partnership phenomenon in a broader context.

Future Research

This study focused on one aspect of the partnership dyad: the community perspective. I did not gather evidence on the academe perspective other than the interview with the primary nursing professor and the administrator of the rural health partnership program at State University. A study that incorporated the voices of all partners including students was beyond the feasibility of a dissertation study. A team project would be more suitable for such a comprehensive undertaking.

Another approach would be to do a similar case study in the second county that also received Foundation funds in partnership with State University. The similarities of length of partnership, geographic location, and shared academe partner would facilitate cross-case comparisons. These comparisons would answer questions about the themes that were similar or applicable to only one location and lead to theorizing about what contributes to these similarities or differences. Cross-case comparisons build knowledge about transferability of findings (Merriam, 1998).

Building on the State University experience and recognizing the evolving nature of the partnership, action research methodology provides an opportunity for community members to explore their role as change agents. First, the community's interest and identification of a problem must be established. Dr. Jackson noted that a number of original Foundation Advisory Board members were getting older and some had died. He

contemplated the role of the Foundation graduates in taking "ownership of the connection" between community and academe (Dr. Jackson). "I don't know if they've been approached or if they want to do that" (Dr. Jackson). Action research gives voice to community partners when change is a desired outcome.

Creighton (2006) used action research to address the main research question, "What do community organizations look for (and expect) in a successful civic engagement partnership with higher education institutions?" (p. 19). In his dissertation study, Creighton conducted individual interviews and brought together 11 community partner representatives in two focus group sessions. From their discussion, the community representatives generated indicators of a successful civic engagement partnership. These indicators were shared with partnering institutions as a way to advocate for better understanding of the community partners' critiques and expectations for effective civic engagement partnerships. The action research methods used by Creighton ensured that problem identification and research questions related closely to the needs of the group. Community partners were co-participants in the research design, thus strengthening their position as advocates for change.

In spring 2009, State University College of Nursing representatives gathered data from Foundation Advisory Boards in the two counties that were the original recipients of the Foundation grant, one being Crest County. As described by Ben, participants in focus groups responded to a question about what they thought were the most effective things the university partner did with them in the partnership program. I obtained a list of the themes expressed in the two groups (S. Grover, personal communication, December 16,

2009). Community identities were not linked to the data. A number of themes from one group focused on the community's lack of access to the information generated through studies by interdisciplinary students. This group was interested in housing the information in a central location in the community after interdisciplinary students completed their projects. Both groups identified a lack of publicity in recent years regarding the program and student activities. These data came from a research project that was in progress with a final report pending (S. Grover, personal communication, March 18, 2010).

My study was not aimed at change; however, my research findings illuminated a theme of change that was important to community members. As mentioned above, focus groups participating in the 2009 State University study identified concerns at the community level. If viewed as a process of feedback, responses to concerns may have been straightforward. However, if new leadership in the Crest County partnership and new goals are growing issues for the community partners, then systematic knowledge construction in a way that advocates for the community will strengthen their position as equal partners.

The issue of integrating multiple disciplines for the education of health care students emerged primarily through the stories of informants with direct connections to curricula design and implementation. Examining the transition to community-based education and the evolution of the interdisciplinary approach are opportunities for further inquiry. Possible research questions are 1) What happened to the interdisciplinary program and why did it change?, and 2) What are the implications for future integrated

community-based learning opportunities involving multiple disciplines? Investigation would explore the chronological case of design, application, evaluation, and redesign of an interdisciplinary program as a unit bounded by time and place.

A final recommendation for research grows out of the community partners' perspective on evaluating student learning and the service recipients' responses to student projects. Preceptors of the nursing students wanted more time and more interaction after implementation of projects so that they could discuss with students their learning experiences. The preceptors also wanted to know the details of how service recipients perceived their experiences with the students. This information would be useful to the agencies. Possible research questions include a) What do community partners want to know about the students' learning outcomes and the service outcomes?, b) How do they go about evaluating these outcomes and how is this information useful to them?, and c) What is the role of the academic partner in constructing evaluation processes that meet the needs and wishes of the community partners?

Researchers using case study methodology can adopt certain methods for data collection and analysis as well as emphasize desired outcomes such as theory development (Merriam, 1998). In a proposed multi-case study of Crest County and the second county in the State University partnership, the central concern could focus on how community partners evaluate student learning and service recipient satisfaction. Using a Grounded Theory approach, researchers could analyze interview data to create a theoretical model of community evaluation of the SL experience. From this model, nurse educators, using community partner input, could devise an intervention, which would be

a system of evaluation designed to be most useful to the community partners. The evaluation process intervention could be applied in one county while the usual practice continues in the other. Subsequent data collection and analysis would compare outcomes. Quantitative and qualitative research designs might be combined in this scenario to create a mixed methods study. This scenario represents a practical use of case study methodology as a way to address issues related to SL experiences and to support a program of research that contributes to best practices in SL partnerships.

Concluding Remarks

The purpose of the case study was to examine the community perspectives of the SL experience and explain why the community continued to participate in and value this partnership. Few studies exist that portray the community's perspective of the partnership; and as this case revealed, few partnerships exist with the same characteristics of longevity, solidarity, and continuity of nursing faculty.

The case of the Crest County-State University partnership is unlike many partnerships that grow sporadically as universities explore the benefits and challenges of reaching out to communities and designing curricula for civic engagement. The Foundation program was introduced as a full-functioning package of interdisciplinary courses and aligned professors. In addition, skillful representatives of a campus center for rural health/community partnerships nurtured the community advisory board. Notably, State University implemented the unparalleled strategy of hiring a nursing professor to live and teach fulltime in the isolated, rural community of Crestville.

Compelling findings included the community members' commitment to being competent co-educators of students in health care professions (in particular, my study provides evidence related to nursing students). Sandy and Holland (2006) found similar evidence generated through focus groups with 99 community partners, which revealed the partners' "profound dedication to educating college students" (p. 34). For rural Crest County, separated by considerable distance from the partnering regional university, there was evidence of increasing community interconnectedness and increasing social capital that bridged the community's internal and external assets related to health. This study was not designed to evaluate program outcomes or the quality of the community's health care system. However, the findings pointed to a cohesive community that had progressed in two decades from a place with dwindling health care resources to a county with a high ranking for clinical care based on access to quality, frontline services.

The importance of interpersonal relationships that build trust in the partnership process is a core finding of this study. Forming relationships takes time, commitment to mutual fulfillment, active listening, and affirming behaviors that recognize and celebrate the value of partners. These are activities of humans interacting with other humans. This case study, in particular, illuminated how the style and leadership of an individual nursing professor contributed to empowering a community to collaborate effectively with a university for improving health at the community level. As SL pedagogy is integrated into nursing education with an emphasis on community-based education and health at the population level, findings of this study can assist nurse educators in the development and maintenance of successful community-academe partnerships.

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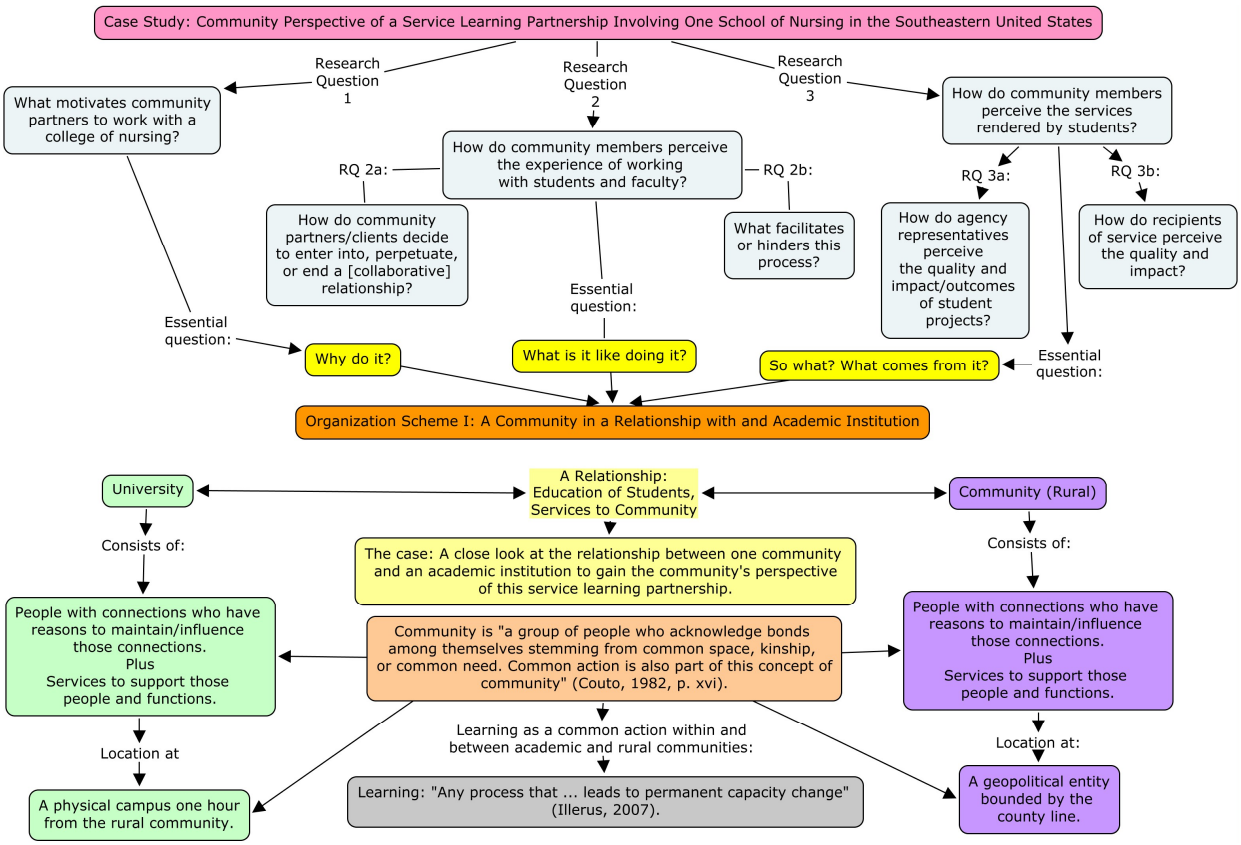
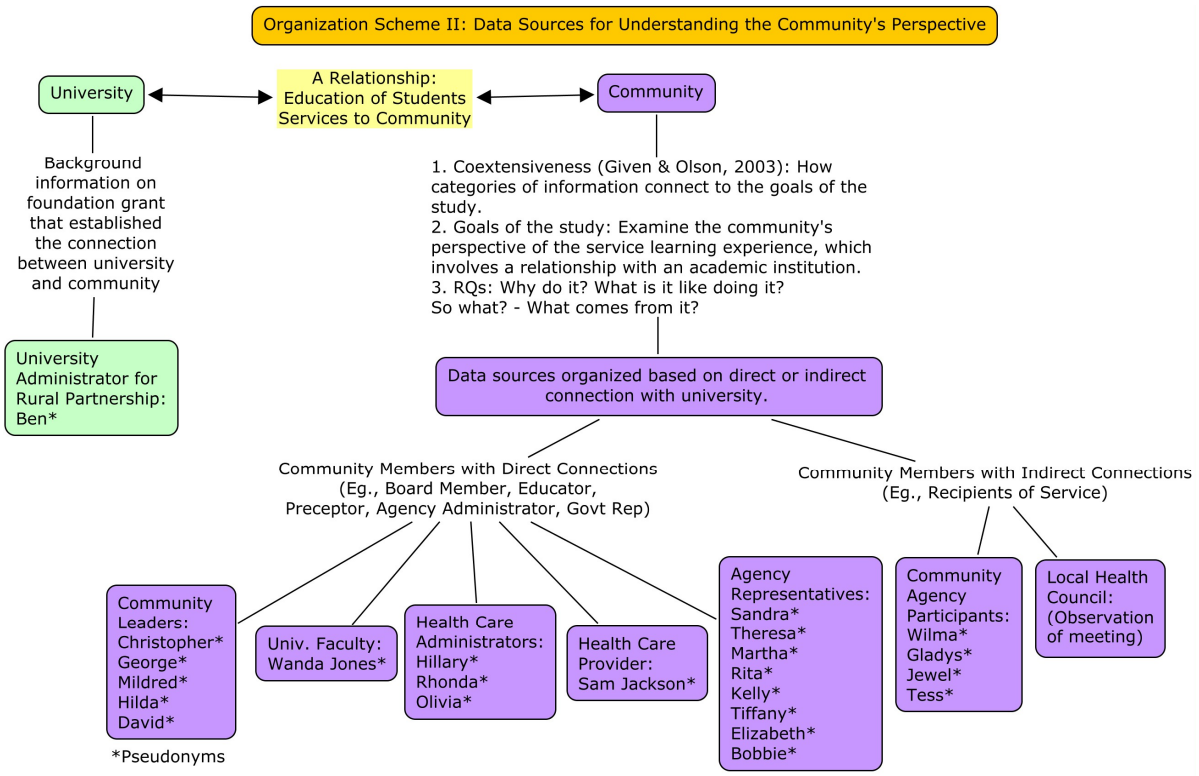
Appendix A

Organizational Scheme I: Research Questions Related to the Case



Appendix B

Organizational Scheme II: Data Sources Coextensive with Research Goals



Appendix C

Participants within the Unit of Analysis

	Pseudonym	Description	Interview
1	Dr. Wanda Jones*	Primary Nursing Faculty	10/07/09
2	Sandra*	Health Educator/Community Health Agency/Graduate of Foundation Program/Current Preceptor	10/22/09
3	George	Community Leader/Elected Official	10/22/09
4	Theresa	Educator/State Agency/Current Preceptor	10/22/09
5	Martha	Nonprofit Agency Staff/Administrator/Current Preceptor	10/22/09
6	Hillary	Health Care Administrator	10/23/09
7	Rita	Nonprofit Agency Staff/Current Preceptor	10/23/09
8	Christopher*	Community Leader/Agency Administrator/Elected Official	10/30/09
9	Kelly	Community Agency Administrator	10/30/09
10	Mildred	Community Leader/Elected Official	10/30/09
11	Rhonda	RN/Health Care Administrator/ Graduate of Foundation Program	11/05/09
12	Tiffany	Educator/Public School System	11/05/09
13	Hilda	Community Leader/Chair of Foundation Advisory Board	11/05/09
14	Elizabeth	Educator/Public School System/Past Preceptor	11/06/09
15	Bobbie	Community Agency Administrator	11/06/09
16	Dr. Sam Jackson	Health Care Provider	11/12/09
17	Ben	University Administrator	11/12/09
18	David	Community Leader	11/13/09
19	Wilma	Service Recipient	11/13/09
20	Gladys	Service Recipient	11/13/09
21	Jewel	Service Recipient	11/13/09
22	Tess	Service Recipient	11/13/09
23	Olivia	RN/Health Care Administrator/ Graduate of Foundation Program	12/09/09

*I considered these participants as primary informants who provided the richest interviews. I based my appraisal on their status within the community, direct connection with the partnership program, longevity of involvement, and their leadership role in multiple facets of service learning such as working directly with students, matching community needs with student needs, and facilitating opportunities for students to carry out projects. In addition, multiple participants repeated these names and recognized their contributions as valuable (Patton, 2002).

Appendix D

Case Study Protocol

The case study protocol is a "standardized agenda for the investigator's line of inquiry" (Yin, 2003, p. 68). As the researcher seeks out points of view from multiple community stakeholders in a single case study, the protocol will guide data collection using a planned approach that is true to the purpose of the study and problem that is being addressed. The protocol increases the reliability of the case study by facilitating replication of the researcher's steps. The following protocol includes the primary sections outlined by Yin: an overview of the project, field procedures, case study questions, and a guide for the case study report (p. 69). In addition, the protocol addresses how data will be analyzed.

I. Introduction to the Study

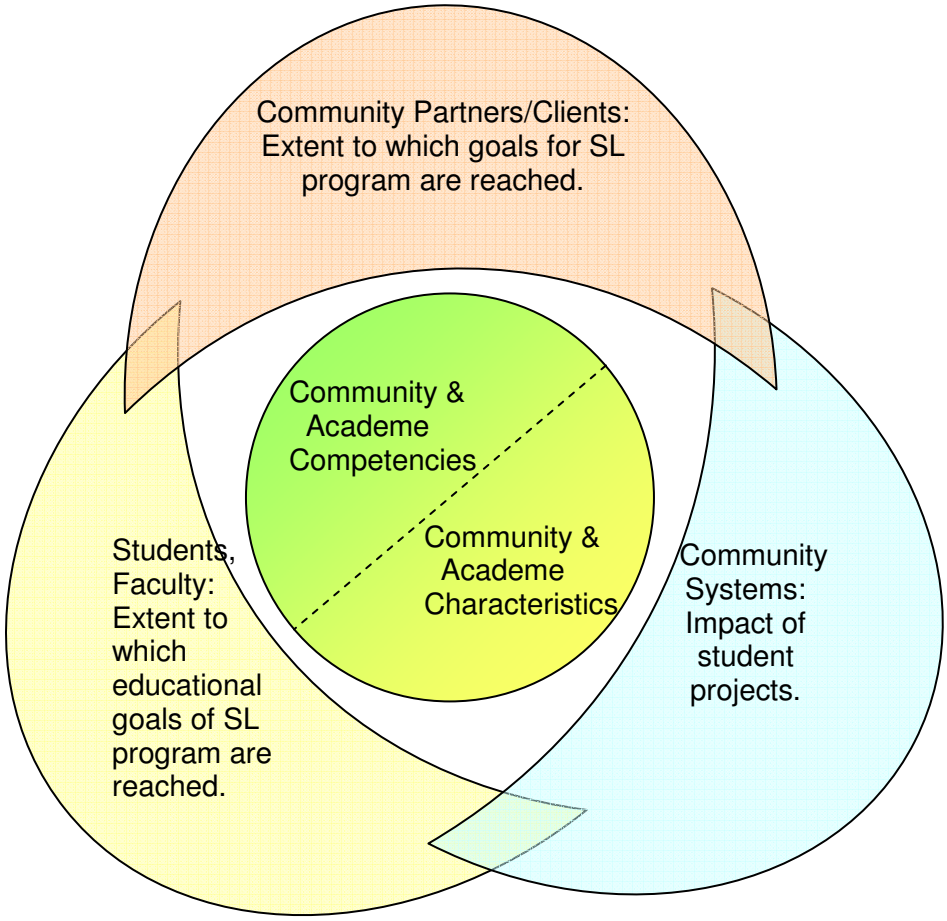
A. Gap in Knowledge: While studies support positive learning outcomes for students participating in SL programs, the problem is that few studies evaluate SL partnerships from the perspective of the community. Most studies in the nursing literature are descriptive accounts of activities designed to meet needs of underserved populations and learning outcomes of students. There is a gap in what is known about the community's evaluation of the SL program, which includes relationships with the academic institution, interactions with students and faculty, and benefits of services rendered.

In addition, it is possible that student and faculty assessments of the experience are different from the assessments of community entities participating in the SL partnership. This study will help close that gap and expand nursing's knowledge of the interrelated factors contributing to or detracting from a synergistic relationship between student learner, academic institution, and community partner/client.

B. Proposition: Study propositions guide data collection and analysis (Yin, 2003). Based on the Synergy Model, I propose that in SL partnerships, community and academic partners come together to solve problems, fulfill needs, share resources, and work for the good of society. Together, they accomplish what neither could do alone. I am interested in the "coming together" and what "comes from" this SL initiative, particularly as viewed by the community members associated with the projects.

C. Theoretical Framework: The AACN Synergy Model for Patient Care is adapted to the relationship between community and academic partners. Based on this model, when the characteristics and competencies of two parties match, synergy occurs and optimal outcomes result. Below is a visual depiction (based on an illustration by Hardin [2005]) of my adaptation of the synergy model to community-academe partnerships for service learning (SL):

AACN Synergy Model Adapted to Community-Academe Partnerships for Service Learning



D. Research Questions:

1. What motivates community partners to work with a college of nursing?

2. How do community members perceive the experience of working with the students and faculty?

a. How do community partners/clients decide to enter into, perpetuate, or end a collaborative relationship?

b. What facilitates or hinders this process?

3. How do community members perceive the services rendered by the students?

a. How do representatives of community agencies perceive the quality and the impact/outcomes of student projects?

b. How do community clients (recipients of service such as people who come to the health department) perceive the quality and the impact/outcomes of student projects?

II. Data Collection and Field Procedures.

A. Primary data source: Interviews of key stake holders including nursing faculty coordinator for SL projects in the community, agency representatives, and recipients of services.

A *Draft* List of Potential Interviewees

Category of Informants	Projected Number of Informants	Potential Sources
Nursing faculty (Begin project by interviewing this key informant. Follow informant's suggestions for community contacts. Permission to begin this inquiry is documented in a letter from the Dean of the College of Nursing.)	1	Community Coordinator for Service Learning Program
Representatives of community partners including community leaders (Permission to approach agency administrators and staff will be obtained through proper channels and documented through correspondence.)	8-10	Health Department, Agriculture Extension Agency, School System, Extended Care Facility, Community Hospital, Anti-Drug Coalition, and Appalachian Native Plants Center.
Community clients (Permission to approach recipients of service will be obtained through proper channels and documented through correspondence.)	5	Recipients of services from agencies listed above

B. Secondary data source: Examination of documents or artifacts that the researcher has determined relevant through analysis of data or to which the informants have directed the researcher. Permission to review these items will be obtained prior to accessing the documents/artifacts.
C. Additional data: Field notes (written or audio taped) concerning researcher's observations at the time of interviews, reflections on emerging themes or patterns in the data, and self-reflections on how and why the researcher is responding (subjectively and objectively) to the experience and the interpretation of findings.
D. Creation of Case Study Database: Observations, interviews, and review of documents may be recorded and stored using a variety of means including

audio files transferred to a secure, password-protected computer, transcriptions with all identifying information removed, written notes, and computer assisted qualitative data analysis software (CAQDAS) that allows for embedding codes and memos within documents.

III. Data Analysis

A. Data analysis will follow the general qualitative strategy of reducing information to smaller units, categorizing according to similarities (coding), and recombining inductively to describe themes related to initial propositions of the study. Frequency counts help identify patterns of repeating ideas.
B. Synergy Model provides framework for interpreting the relationship in which partners come together in a SL partnership to accomplish goals of service and education. I will examine how the concepts of the Synergy Model fit with the findings.
C. I am open to other theoretical frameworks for interpreting the partnership phenomenon, in particular, social theories that fit with partnership behaviors and community interactions related to a partnership program intended to help a community meet its health care needs.

IV. Outline of Case Study Report

A. Audience: Boards of community agencies, community leaders, faculty/administration of college of nursing, and nurse educators.

B. Context of Case: Over the course of two semesters, nursing students fulfill educational requirements by coming to a rural community, assessing community needs, and planning, implementing, and evaluating service projects in collaboration with community organizations.

C. History of Case: This program of nursing students serving and learning in the community has been ongoing for two decades. The length of time that students spend in the community has changed from six to two semesters. Many agencies have worked with the faculty coordinator and rotating groups of students for successive years.

D. Presentation of Findings: The researcher's intent is to describe and interpret the narrative responses of community representatives to a service learning program in Southeastern United States in which the community partner(s) and academic institution collaborate to educate undergraduate nursing students and meet health-related needs of community clients that are beyond agency funding or resources. Tables will assist in organizing multiple sources of data that converge to present a valid and reliable view of the subject. The focus is on how community members perceive the service learning experience and why they have continued this partnership.

Interview Questions

Following a brief explanation of the purpose of the study and a review of the consent form (to be signed before proceeding), I will begin the interview with an introductory question of sufficient simplicity and openness to allow the participant to proceed naturally (Kvale, 2007). It is not likely that any one interviewee will be asked all of the following questions. Interviewee narratives will be interrupted only minimally, as long as information germane to the research questions is being revealed.

	Introductory Question:		
RQ*	**Community Agency Representatives**	**Community Clients (Recipients of Service)**	**Faculty Coordinator for SL Program**
# 1 # 2 # 3	How are you involved with the SL project, and how would you assess your experience?	In what way are you connected with the nursing students' project? What do you think about your experience with the students and their project?	How are you involved with the SL project, and how would you assess your experience?
	Potential Probing Questions (Subject to Change Based on On-going Data Analysis):		
# 1	What motivated you to participate in this SL project/program?	What made you want to participate in a program or activity carried out by the nursing students?	What motivated you to participate in this SL project/program?
# 2	What is it like to work with the faculty and students?	What is it like for you when students come here?	What is it like to work with the community partners?
# 2	What have been some challenges, and how have you overcome these?	Have things gone smoothly, or have there been some challenges in working with the students? How did you overcome these challenges?	What have been some challenges, and how have you overcome these?
# 2	How do you and the students/faculty decide what the community needs?	How did you and the students decide on what services or activities were best for you?	How do you and the community partners decide what the community needs?
# 2	How do you and the students/faculty decide what the students need?		How do you and the community partners decide what the students need?
# 2	How would you describe your relationship with the academic partner?	How do you and the students get along?	How would you describe your relationship with the community partner?
# 2	How have the roles and responsibilities in this partnership been clarified?	Did the students do what they said they were going to do?	How have the roles and responsibilities in this partnership been clarified?

	Have these agreements worked out?		Have these agreements worked out?
#2	Are there risks to you, to others, or to the organization associated with the SL projects?	Do you think you are taking any kind of a risk by participating in the students' project?	Are there risks to you, to others, or to the organization associated with the SL projects?
# 2	What are the assets of this community and how do these features impact future collaborations with the nursing program?	What are the best features of this community, and what do you think it has to offer to the nursing school?	What are the assets of this community and how do these features impact future collaborations with the nursing program?
# 2	What are the assets of the educational institution and how do these features impact future collaborations?	What are the best features of the nursing school, and what do you think the school has to offer the community?	What are the assets of the educational institution and how do these features impact future collaborations with the community?
# 2 # 3	How does the SL program fit with the programs of the community agency (mission, goals, timeline, and resources)?	What do you think the students are learning when they come here?	How does the SL program fit with the academic program of the nursing school (mission, goals, timeline, and resources)?
# 3	How does your agency evaluate the students' projects and what they accomplished? What do you think the students accomplished?	Overall, what do you think the students accomplished by being here in this community? Do they ask your opinion about how their projects affect you and the community?	How does your educational program evaluate the community's response to student projects and student accomplishments in the community?
# 3	What do you think are the strengths (successes) and/or weaknesses (failures) of this SL project/ program?	What do you think are the best services that the students provide? What are some not-so-good things about these services?	What do you think are the strengths (successes) and/or weaknesses (failures) of this SL project/program?
# 3	What factors contribute to these strengths and weaknesses?	What do you think makes these services good or in need of improvement?	What factors contribute to these strengths and weaknesses?
# 3	How has this SL experience impacted the community?	Do you feel that you have changed as a result of participating in these student projects?	How has this SL experience impacted the community?

*RQ = Research Question

Appendix E

Informed Consent Statement for Community (Agency) Representatives and Faculty Coordinator

Case Study: Community Perspectives of a Service Learning Partnership Involving One School of Nursing in the Southeastern United States.

INTRODUCTION

- You are invited to participate in a research study conducted through the University of Tennessee, Knoxville and in conjunction with the host institution [name of institution and location removed from case study report to maintain confidentiality; information available from researcher].
- The purpose of the study is to explore community responses to a service learning (SL) program in [State] in which the community partner(s) and academic institution collaborate to educate undergraduate nursing students and meet health-related needs of community clients that are beyond agency funding or resources.

INFORMATION ABOUT PARTICIPANTS' INVOLVEMENT IN THE STUDY

- Participant interviews are the primary method of data collection. You will be asked a series of open-ended questions beginning with, "What is your involvement with the service learning project, and how would you assess your experience?"
- An interview session will last approximately one hour; and with permission, the interview will be recorded so the researcher can study the content.
- With your permission, additional data collection methods may include examination of documents such as agency or university records that are relevant to understanding the partnership between community and academic institution.
- All names and personal identifying information will be removed from the recordings, typed manuscripts, observation notes, and notes from documents.
- The researcher may contact you after the interview if she needs to clarify something you said. This will help her understand correctly your thoughts or comments.
- The study period is nine months; however, your participation will be limited to this interview and possible follow up as stated above.
- The approximate number of participants in the study is 15.

RISKS

- The researcher anticipates that participation in the study will pose no significant risks, and the risks are no greater than risks encountered in daily life.
- As a participant, you have a right to withdraw from the study and to receive services if the researcher's interviews result in emotional or physical distress.
- Withdrawal from the study will not change any services you may receive from the community agency or the educational institution involved in the service learning project.

BENEFITS

- In order to benefit the participants in the study, the researcher will make her findings available to the educational institution and community agencies in the form of a final report.
- Benefits may arise from knowledge gained about how service learning partnerships work (or not), influence (or do not influence) health at the community/population level, and contribute (or not) to education of future health professionals.

CONFIDENTIALITY

- The information in the study will be kept confidential by removing names and other personal identifiers from the recordings, transcribed documents, and manuscripts. Transcriptionist(s) will sign a confidentiality agreement. No references will be made in any reports that could link participants to the study.
- Audio recordings (converted to audio files) and electronic documents will be stored on a password-protected computer in my locked home office. Paper copies of documents will be stored in locked cabinets in my secure home office. Data will be made available only to persons conducting the study unless participants specifically give permission in writing to do otherwise. Audio recordings will be destroyed after transcripts are checked for accuracy.

COMPENSATION

- As a volunteer in this study, you will not receive compensation for your participation in the interviews. Please know that the researcher is grateful for your time and effort and will follow up with a hand-written thank-you note and a small token of gratitude such as a gift card ($5 value) for a coffee break.

CONTACT INFORMATION

- If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study,) you may contact the researcher, Polly McArthur at 865-982-3303 or pmcarthu@utk.edu. You may also contact the chair of Ms. McArthur's dissertation committee: Dr. Sandra P. Thomas at 865-974-7581 or sthomas@utk.edu.
- If you have questions about your rights as a participant, contact the Office of Research Compliance Officer at (865) 974-3466.

PARTICIPATION

- Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled.
- If you withdraw from the study, your audiotape will be destroyed.

CONSENT

☐ I have read the above information.
☐ I have received a copy of this form.
☐ My participation is voluntary, and I agree to participate in this study.
☐ I am 18 years of age or older.

Participant's signature _____Date _____

Investigator's signature _____ Date _____

Appendix F

Informed Consent Statement for Community Clients (Recipients of Service)

Case Study: Community Perspectives of a Service Learning Partnership Involving One School of Nursing in the Southeastern United States.

ABOUT THE STUDY

- I am Polly McArthur, a doctoral student in nursing at the University of Tennessee, Knoxville. I would like to invite you to take part in a research study jointly hosted with [name of institution and location removed from case study report to maintain confidentiality; information available from researcher].
- The study's purpose is to find out what community members think about a service learning (SL) program in [State]. This program involves nursing students coming to the community to plan and carry out service projects. I am interested in finding out your thoughts on how this program has affected you and the community.

HOW YOU CAN TAKE PART

- I would like to talk with you. I will ask questions such as, "What is it like for you when students come here?"
- Our meeting will last about one hour. I would like your permission to record the interview to help me remember and study what you say.
- I will erase your name from the audio tape. You may pick a "fake name" that I can use in its place. I will erase names of any places or people that you mention. No one will know who you are, where you live, or the places or people that you mention.
- I may contact you after the interview if I need to clarify something you said.
- My study may take nine months, but I only need to talk with you this one time. I may need to follow up briefly as stated above.
- About 15 people will be in this study.

RISKS

- I do not foresee any harm that might come from taking part in this study. Risks will not be any more than risks in your everyday life.
- You have a right to leave the study. You also have a right to receive services if this interview causes you to become upset.
- Leaving the study will not change any services you may receive from the community agency or the university involved in the service learning project.

BENEFITS

- I will write reports of my study for the school and for other nurses and teachers to read.
- The findings may help others understand the meaning a community holds for its partnership with a school of nursing, including possible benefits or problems. In addition, the findings may help nursing schools improve the design of service learning programs.

PRIVACY

- Your name or any names of persons or places will NOT appear in the information or reports from this study.
- Information will be stored securely in my locked home office. Only my research partners and I will have access to this information.

PAYMENT FOR TIME AND EFFORT

- As a volunteer in this study, you will receive a $10 payment to help compensate for your time and effort.

YOUR RIGHTS

- You can choose whether or not you want to talk to me. If you decide you do not want to, that is all right.
- It is also all right if you decide later that you do not want your tape used in the study. In that case, I will destroy your tape. I will not report anything you said.
- Whether you choose to talk to me or not, you will not lose any benefits that are part of your activities with the nursing students.

CONTACT INFORMATION

- If you have questions at any time, or if the interview causes you to become upset, please contact me: Polly McArthur, 1127 Greenfield Drive, Maryville, TN 37803. Home phone: 865-982-3303. Email: pmcarthu@utk.edu.
- You may also contact the chair of my dissertation committee: Dr. Sandra P. Thomas at 865-974-7581 or sthomas@utk.edu.
- If you have questions about your rights as a study participant, contact the University of Tennessee Office of Research Compliance Officer at (865) 974-7697.

CONSENT

- ☐ I have read the above information.
- ☐ I have received a copy of this form.
- ☐ My participation is voluntary, and I agree to participate in this study.
- ☐ I am 18 years of age or older.

Participant's Name (Printed)_____

Participant's signature _____Date _____

Investigator's signature _____ Date _____

Appendix G

Transcriptionists' Confidentiality Agreement

Case Study: Community Perspectives of a Service Learning Partnership Involving One School of Nursing in the Southeastern United States

I am Polly McArthur, and I am a doctoral candidate at the College of Nursing of the University of Tennessee, Knoxville. As Principal Investigator (PI) of my dissertation research project, I am interviewing persons associated with a service learning (SL) program in which community partner(s) and a school of nursing collaborate to educate undergraduate nursing students and meet health-related needs of community clients that are beyond agency funding or resources. Interviewees potentially include agency representatives, recipients of service, nursing faculty, and other informants.

You have agreed to transcribe the interviews that I have audio taped. The information that you will be transcribing is confidential and should be revealed to no one except the PI (Polly McArthur). I will be giving you the audio recordings as a CD.

After transcribing, you will return the transcribed word document and CD to me, and you will delete the word documents from your processing/storage devices. You will delete all recordings or documentation of the transcribed interview(s).

If you have any questions about the study or the procedures, please contact the PI:

Polly McArthur, Doctoral Candidate at University of Tennessee, Knoxville

1127 Greenfield Drive

Maryville, TN 37803

Home: (865) 982-3303; cell: (865) 560-6963

Email: pmcarthu@utk.edu or pmcarthur99@yahoo.com

If you have any questions about your rights, please contact the Office of Research, University of Tennessee, Knoxville, 1534 White Ave, Knoxville, TN 37996, (865) 974-7697. Compliance Officer is Brenda Lawson (blawson@utk.edu).

I have read the above information and agree to provide transcription services for this study. The study has been explained to me, and I have been given an opportunity to ask questions. I understand that I may ask further questions at any time. I agree to maintain all information related to the study confidential, disclosing information only to the PI and

others directly involved in the study. I have received a copy of this confidentiality agreement.

Name (Print):_____

Signature: _____ Date: _____

Investigator's Signature: _____ Date: _____

Appendix H

Confidentiality Agreement for Research Colloquy

As a participating member of the interdisciplinary phenomenology research colloquy at the University of Tennessee, which meets in the College of Nursing under the direction of Drs. Sandra Thomas and Howard Pollio, I agree to guarantee confidentiality to all participants whose transcripts are read aloud in the group meeting. This means that I will not repeat any words, phrases, or other excerpts from the audio taped interviews outside of the meeting room. I will not publicly divulge the nature of any information learned, or discussions that have taken place, during the group meeting.

Signatures: Date:

Appendix I

The Community's Involvement: Building Relationships

Quotes from Participants

Welcoming, Joining In, and Building Acceptance

- We're in a partnership with State University for them to come into our community…. to keep it together as a group and be sure that there are some folks here to work with these young people, to welcome them into our community. (Hilda)
- 'Do you know we've got some new people to see you? How would you like that?' If they do, they'll say, 'Well, I think that would be good.' Most of them that I ever talked to said, 'Come on in.' (Mildred)
- And - and sometimes the community messes up and - and the students will get just really, kind of aggravated, and I'll just say, "You know, they don't have to do this." You know, they don't have to house students, which they did for six years for a week at a time in their own homes at their own expense. They would come and guest lecture, they would be on panels, they would play softball against the students once a year. I mean, all this stuff that they didn't have to do but they did anyway. I think that's really the key is when we get that kind of buy-in from the community that the students get pulled in. You know, it's just if you don't have that kind of buy-in, and it takes a long time, and I can't really imagine how that would have ever happened, and I don't think it's happened as well, in other

communities in [northeastern section of state] where we don't have a representative of the university living there. (Wanda)

Making a Special Effort

- We make a special effort to show them the county, take them to places of interest that we think they will come back to, whether we're with them or not. (Hilda)
- We have some places here that have music on Friday nights. I took a group one time, and they were all up there flat-footing with those banjoes. (Hilda)

"We Made Provisions"

- The Foundation's building is a project. That's a building that's owned by the county. I was a county commissioner for eight years, and that was built during that time. It was a place where these young people could come and have their classes. (Hilda)
- We have a house like if they have to stay overnight and work at the hospital with one of the doctors, they can spend the night there rather than drive back to University City. So I think all provisions have been made for the students that we could. (Hilda)

Visibility of Students was Important

- When somebody has identified a project, say in the schools, the schools are open door, and, "Yeah, come on in." We have always opened our door to them as far as, you know, "Do you want to do something at the prison? Yeah, come on." (Christopher)

- Sometimes when there's not as many [students], you'll hear a few people say, "Where are the students?" or "We've not seen any students." So I think the community's gotten used to it and used to seeing the students, and it's been going on for several years. (Sandra)

Crest County Newspaper: Headlines and Excerpts

- "National Foundation Board Visits Crest County" (1995, June 14): Five members of national board were "feted" at a luncheon. "Foundation program made possible the educating of nursing and other health care students at the Foundation Building." Community Advisory Board members gave presentation on lack of services and high unemployment rate in Crest County. They talked about the "tremendous effort of the fund raising drive that reopened the bankrupt facility [the community hospital] and the involvement of State University, the Foundation, and other groups that brought much needed services back to the county…. Gave presentations on the individual programs that are part of the Foundation Community Partnership program and the impact they are having in the community."
- "Ben B. Delivers Foundation Update to Local Club" (n. d.). Ben gave update to the Crestville Rotary Club on the effect of the Foundation grant. "The program … is in its third year, it lists 12 interdisciplinary courses given in Crest County…. The aim of the $3 million grant is to seek strategies to provide more medical personnel to rural areas…. Local cooperation, Ben said, has helped the program with the participants, one third of whom are from Crest County…. Ben also

expressed the belief that the Foundation program can play a part in the current drive, sponsored by the Crest County Chamber of Commerce, to create a vision of community development for Crest County. This action is the result of federal action to designate certain communities as empowerment zones or as enterprise communities."

- "Host Families Needed for Foundation Students" (n. d.). "The foundation Community Partnerships Advisory Board is seeking host families for medical, nursing, and public and allied health students … who will be in Crestville for orientation week July 22-29. An essential part of the program is for students to live with a community family during the week. This allows the students to integrate more quickly into our community."
- "Foundation Community Partnerships Hosts Picnic" (n. d.). "The entire community is invited to the 3rd annual Community Partnership Picnic to welcome the new Foundation students. There will be food, fun, games, and entertainment for the entire family."
- Picture of the first group of State University nursing students graduating from the Foundation program in Crest County (1995, May 10). Rhonda is in the picture.
- "Graduating Foundation Students Honored at Celebration Dinner" (1996, April 24). A celebration of the second graduating class. "The Foundation program is a means by which nursing and medical students can gain practical experience with rural community health problems, as well as encouragement to continue their medical careers in small town family practice…. A motto suggested by [chair of

the advisory board] reads, 'Do not follow the path. Go where there is no path, and leave a trail.' This, the Foundation students have done. They have made an impression on the community…. And as [name of advisory board chair] said, 'You have held onto your dreams, and made your dreams come true.' Then, with tears in her eyes, "It's hard to let you go…"

- "New Foundation Students Arrive" (1998, August 4). "The ultimate goal of the program was to make health care in the region more accessible, more affordable, and more effective…. While students were in Crest County, not all of their time was spent in the classroom [picture show 11 people seated in a circle of tables in a classroom]. They enjoyed luncheons, receptions, time with their host family, and … a scavenger hunt."
- "Four Days of 'Getting to Know Us' for the Foundation Students" (n. d). Picture caption: "Foundation students, host families, and faculty members enjoy fellowship and a good meal at the [Wanda] Jones home." The article included clever hints for the scavenger hunt: "Photo the place whose room and board is paid up by the state, whose tenants come from far and wide to pass in through its gate. List the things that they have done, on work crews in the 'hood. Ask the landlord of the place; he'll make it understood. (Answer: [name of prison]).
- "Sixth Foundation Graduation Held" (2000, May 10). "The ceremony was held to honor seven participants in the Foundation funded medical community partnership program through State University." Picture includes Dr. Wanda Jones and graduates: two in nursing, two in medicine, and three in public and allied

health. “The students spend a minimum of one day each week for two years working in the community.” The article names Dr. Wanda Jones, Dr. Sam Jackson, two others in nursing, and one addition physician as educators in the program. Quoting the public health instructor, “The students have done plenty of things through this program like diabetes education. They are also working on a program to train all high school students in Crest County in CPR.” A list of the [New Name] Council Board includes Hilda (chair), Mildred, Dr. Jackson, Dr. Jones, and 14 others.

Appendix J

"Getting It" Frequency Count

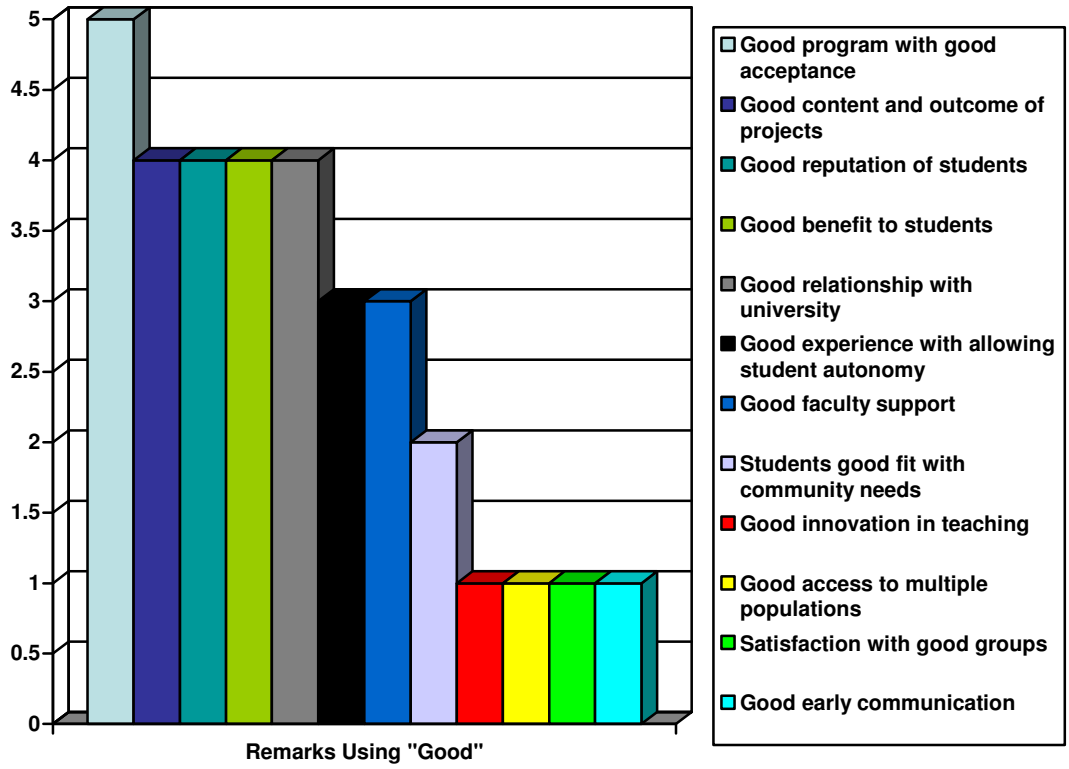
Search words: *get it, getting it* Context: Community members referred to interactions with university students Number of transcripts searched: 23 Results: Four participants spontaneously used the phrase "get it" or "getting it" in reference to students experiencing or not experiencing a change in capacity.	
Participants	Quotes (in same order as spoken in interview)
Wanda	• I find [our preceptors in the community] all to be - and, again, they've been cultivated, and I've worked with them, hard with them. But they can pretty much pick out a group after the first meeting and say, "We're going to have to spend more time with this group. They don't **get it."** • Sometimes I have a group that maybe had a lot of problems in the first semester, but they get to the second semester and they've figured it out. And other students just never **get it.** • I often challenge [the preceptors] to be a little less subtle, 'cause they want to be nice. And sometimes the students just don't **get it.** I mean, it's just way too subtle for them to realize that this is a problem.
Rita	• [The students] may see their weakness at the same place that I saw they had a weakness. So that would make me understand that they really did **get it**. They know where they need to do a

	better job.
Bobbie	• We [in the community] have our battles, but we will turn around and embrace each other in the blink of an eye. And if you get that concept down, then you can **get it**.
Dr. Sam Jackson	• It's helpful to see young people, sort of the light switch on, you know, when they kind of **get it**, when they see the transition from the book world to the real world. • (Interviewer invited participant to say more about the idea of "when they kind of get it."): One of the big things for me, as a family physician, is when students see how it's not just about the patient, but it's about the family and the community and the whole system or, for example, when they see with the even larger systems how the healthcare reform debate - how these systems affect health also. So I guess the **getting it** is when I can see that they don't lose or they regain that sense of human connection, and they understand how the different systems affect all of that.

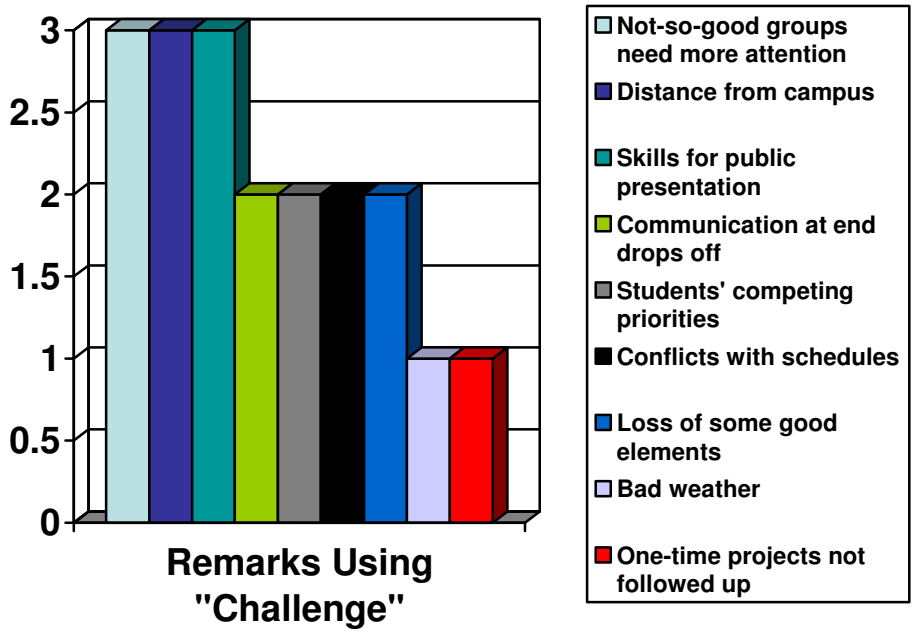
Appendix K

Positive and Negative Comments from

Community Partners/Leaders/Faculty Working with Students



The figure above presents the number of participants who used the word *good* along with the contextual categories related to their experience in the SL partnership. See table below.



The figure above presents the number of participants who used the word *challenge* or responded to a question about challenges along with the contextual categories related to their experience in the SL partnership. See table below.

Participant Categories and Quotes		
Search words: *good; challenge; bad* (*bad* was not used to describe experience other than references to bad weather; *not bad* was used once) Context: Positive and negative comments by community partners related to the SL experience Number of transcripts: 18 (university administrator and recipients of service not included)		
Category of remarks using *good* with sample quotes	Number of participants	
Good program/partnership with good acceptance	Community Leaders	3
	Preceptors	2

• I think our - we certainly do support this program, and it's been a good one. And people here are just willing to work with these young people. (Hilda)	Site Hosts	0
	Nursing Faculty	0
Good content and outcome of projects • I don't think that we would have had as many people concerned with the fact that they can take possession of their own health if we hadn't had the students come up and do these education classes. (Kelly)	Community Leaders	1
	Preceptors	2
	Site Hosts	1
	Nursing Faculty	0
Good reputation of students • It's very positive to have the students in the community, and they have a very good reputation within the community. (Rhonda)	Community Leaders	2
	Preceptors	1
	Site Hosts	1
	Nursing Faculty	0
Good benefit to students • I think it's good for kids too, some of them from not rural settings, you know, to be able to come in and see what the other side of the world is once they get there. (George)	Community Leaders	2
	Preceptors	2
	Site Hosts	0
	Nursing Faculty	0
Good relationship with State University • Well, I have a very good relationship with them, and they have invited me to participate in several different events down on the campus as well as up here. (David)	Community Leaders	4
	Preceptors	0
	Site Hosts	0
	Nursing Faculty	0

Good experience with allowing student autonomy • I can trust this group … I can sort of let them go. I've thought, you know - I've gotten good feedback. (Sandra)	Community Leaders	0
	Preceptors	3
	Site Hosts	0
	Nursing Faculty	0
Good faculty support • We have a good relationship with Ms. Jones. So any communication that we need to make or any issues that I have, I just tell her. (Rita)	Community Leaders	0
	Preceptors	3
	Site Hosts	0
	Nursing Faculty	0
Good fit of community needs and activities with student involvement • Really, it just seemed like a good fit that - I mean, students needed an experience, and I needed a little bit of help. (Martha)	Community Leaders	0
	Preceptors	1
	Site Hosts	1
	Nursing Faculty	0
Good innovation in teaching • It's a good experience to know that you're helping somebody to communicate because, of course, I believe communication is essential in almost any career days these days. (David)	Community Leaders	1
	Preceptors	0
	Site Hosts	0
	Nursing Faculty	0
Good access to variety of populations • They've got access at about ever age group in the - in this county and through different - several different	Community Leaders	1
	Preceptors	0
	Site Hosts	0
	Nursing Faculty	0

means. (David)		
Satisfaction with "nice, good groups" • With each different group that comes in, I just feel like I grow every time, especially when it's a nice, good - good group. (Sandra)	Community Leaders Preceptors Site Hosts Nursing Faculty	1 0 0 0
Good early and midway communication from students • [Communication from students] is usually really good in the beginning and middle… (Sandra)	Community Leaders Preceptors Site Hosts Nursing Faculty	1 0 0 0
Category of remarks using *not so good* or *challenge* with sample quotes	Number of participants	
"Not-so-good" groups need more attention • Not all groups are, you know, exactly what we hope for, and some need to learn more than others with the groups. (Sandra)	Community Leaders Preceptors Site Hosts Nursing Faculty	0 2 0 1
Distance from campus • One of the issues for us for the students coming here has been the distance from State University. (Christopher)	Community Leaders Preceptors Site Hosts Nursing Faculty	1 1 1 0
Student skills for presentations to the public (seniors, children, teens) • One of the challenges that comes to mind with communications is PowerPoints. Seniors are not	Community Leaders Preceptors Site Hosts Nursing Faculty	0 2 0 0

PowerPoint people. (Kelly)		
Students' communication at end drops off • [Communication from students] … at the end that's where we come into a little bit of a problem at times. (Sandra)	Community Leaders Preceptors Site Hosts Nursing Faculty	0 2 0 0
Students' competing priorities (work, family, academics) • Some students will make the time to do things, and some students are just naturally overwhelmed with what's happening. (Martha)	Community Leaders Preceptors Site Hosts Nursing Faculty	0 1 1 0
Conflicts with schedules (both in community and on campus) • I like to have a certain schedule, follow through, do as I say I'm doing. That way I keep a very good working relationship with our school system and our other partners. So I don't - I don't like to start making last-minute changes asking others to accommodate me. (Theresa)	Community Leaders Preceptors Site Hosts Nursing Faculty	0 2 0 0
Loss of some good elements: • David – "We started this standardized patients for a few years, and then that kind of phased out. They do it	Community Leaders Preceptors Site Hosts Nursing Faculty	2 0 0 0

all at the campus now, which I think is unfortunate." • Dr. Jackson – "We kind of have our own little tracks and ways of teaching and learning … it doesn't prepare the ground for teamwork."		
Bad weather • And I tell them don't if you're - especially if you're not used to driving in the snow, don't, we will reschedule. (Kelly)	Community Leaders Preceptors Site Hosts Nursing Faculty	0 0 1 0
One-time projects not followed up by county schools • Several of the schools have had really good experiences with that, but, again, it's usually a one-time event, and there's no follow-up year after year. (David)	Community Leaders Preceptors Site Hosts Nursing Faculty	1 0 0 0

Appendix L

Description of Preceptors

Years as Preceptor	Agency and Connection with Wanda	Background	Project Examples
Rita 2 years	• Anti-drug coalition that was part of a mental health initiative • Wanda was involved in grant writing and served on board	• Technical college graduate • Previous AmeriCorps • Longtime community resident	• Anti-drug coalition carnival • Prescription abuse awareness and disposal project
Martha 2 years	• Sustainable Development Corporation • Wanda was involved in grant writing activities	• Master's degree related to sustainable food systems and local food economies • Previous AmeriCorps	• Interview data collection to support assessment phase of sustainable food source project

Theresa 7 years	• Extension Services of University Institute of Agriculture • Wanda was member of a nutrition coalition linked to state and local initiatives.	• Longtime community resident • Qualified to conduct nutrition education programs • Education background not known by researcher	• Nutrition education program for school children • An outreach service of [State] Nutrition & Consumer Education Program
Elizabeth Number of years as preceptor not collected.	• Crest County High School • Worked with Wanda to create a countywide curriculum for school children that promoted leadership skills • Interested in connecting Crest County students with opportunities for education beyond high school	• High school teacher • Master's degree • Working on doctorate at State University • Longtime local resident who came from outside the area	• Prom night safety assembly and classroom program emphasizing responsible choices and dealing with

			peer pressure
Sandra 7 years	• 2002 graduate of Foundation program • Wanda was an instructor in the Foundation program • Worked with university students since 2002 • Interacted with nursing groups as well as students in other disciplines • Served as a resource for health-related data • Preceptor for specific projects	• Bachelor's degree in public health • Health educator at public health department since 2002 • Native resident of Crest County	• Program presented at a local church; topic not specified

Appendix M

Helping Students "Get It"

Perspectives of Community Partners and Primary Nursing Faculty	Quotes from Participants
"The Best Teachers are Community Residents" • Demonstrated reciprocity: a mutual exchange of learning between preceptors and students • Considered their role as serving the students • Experienced growth, maturation, and increased satisfaction	• What we learned a long time ago up in Crestville was that the best teachers are community residents, whether they have a degree or whoever they are, they know the community the best, and they're best able to teach students, not me. (Wanda) • I think this experience [with two groups, three months each] has educated me also about what I can do better to serve them and at the same time fulfill the needs of my organization and myself … how [I can] do better to give them something that is meaningful and fulfilling and clear and manageable. So it's been a good experience for me - for my learning as well. (Martha)

"Come in and Listen to People" • Recognized differences and commonalities, and wanted students to have an open mind when learning how best to serve the community • Confident that they were a valuable resource to the students • Shared their pride in their community • Saw value of students being exposed to places different from their home because the experience opened	• Come in and listen to people. Whatever you do, you all are in a field that you need to do that. Whether you're providing health care or doing studies or whatever, listen to people. If you listen to people you'll find out what they're about, their needs are. It's that basic and simple. And I think we sometimes forget that: Just sit back and listen. (Bobbie) • The issues that they see we're facing are very eye-opening for them. I think it gives them a good view into our culture. (Elizabeth). • [The students] come and talk to me, get a feel, they go around, they listen…. That's the key to anything, the ability, I think, to listen and hear people. Don't instill your perspective on us. Each community is unique, as you all well know. And we're no exception. Our folks are unique in that we're up here in these mountains. It takes some getting used to. We're typical mountain folks. We're a family-oriented community. We have our battles, but we will turn around and embrace each other in the blink of an eye. And if you get that concept down, then you can get it. (Bobbie)

their minds to how others address needs within their community, especially in a rural setting.	• I'm a lifelong resident, was born and raised here, so I have deep roots here…. I kind of know what's going on around here. (Bobbie) • Maybe they feel like we do without some of the things that are important in life. We really don't miss out. We can go to the theater, and we can go to plays, or we can go out to dinner. But I'm sure when they come here they think, "Where are all these places that we had – that we could just drive downtown and see?" (Hilda) • Crest County is very remote. We have a high rate of poverty. Therefore, in the public perception, we're looked at as being lesser. We're looked at as, to the outside person, maybe our education system isn't on par with University City school system. State University students every year are absolutely amazed. This school system is loaded with technology. We've had SmartBoards in each classroom throughout the county for several years, wireless for even longer than that in all the schools. They tell me how well behaved our students are…. They also comment on our schools, how clean and well maintained they are,

	that you can tell that there's a pride of ownership in this county that they do not see with the larger school systems. (Theresa) • I can give this example only because it was a recent project, but they learn about infrastructure of a community, of a rural community. One girl was shocked that the entire county did not have someone that came through and picked up their trash or their garbage. I mean, that was just something that her being from a rural community that just happened. And this came from a project that they worked on with litter control and things such as that, so I think they learn about different types of infrastructure in different communities and how this rural community may compare to theirs, and learning about services that are not here, that they automatically think, well, this is available to everyone in every community. (Sandra)

"Don't Make It a Classroom Setting" • Community people were experts on how they learned best • Community partners were protective of their clients and wanted the best experience for them	• If you want a big group of adults, for us that's a captive audience. You don't want to overburden them … Don't make it a classroom setting because they have a short attention span also…. They come here to socialize with each other and to hear the music…. You have to make it short and interact with them. They love it. But, they know what they come here for, as do the kids. (Bobbie) • Seniors are not PowerPoint people. A lot of them can't see well. A lot of them can't read well, especially with the older generation…. When someone wants to come and do a program, I explain to them that … you're better off to say the same thing twelve times to twelve small groups than to try to do one large group, because, ultimately, you're going to get someone that can't hear. (Kelly)
Sharing Expectations • Students expected a doable project and preceptors expected students' commitment to	• I think expectations and needs are laid out pretty well. I try to make sure that I find out, "What do you need from this?" "What do you want to put into this?" I'll even ask, "How much do you want to put into this? What do you want to get out of this? Do you just want to get that project over and that grade

communication, task completion, and follow through. • Hoped students would experience satisfaction beyond getting a good grade • Student performance improved with clarity of the project • Shared input around a common goal strengthened group cohesion, improved communication, and increased satisfaction with outcome.	done?" (Sandra) • It's their project. They have to like it. I think it's sad if they come in here and they spend all these months doing a project and they don't know that they've made a difference. Yeah, they may get a good grade, and maybe that's all they want, but I think it would change once they got in the community and they got deep into something they liked. (Rita) • I keep talking about last semester, and it's no fault of the students. I want to say that again, I do recognize that, and that was a learning experience for me, to give them something that is "handle-able" within the timeframe. (Martha) • We [preceptor and nursing students] did it at the meeting, "Okay, who wants to do which groups? Let's brainstorm people for each of those groups," - groups being sectors of the food system: health educators, government officials, a couple of other sectors. And it's been phenomenal. They're on top of it. They've collected the data. Some of them are already done with the transcription; others are still working on it. (Martha)

Engaging Students in Service • Allowed choice whenever possible • Set students on a path to find significant information, identify needs, and create relevant projects. • Encouraged sense of ownership • Supported students in tackling issues that are beyond the funding capabilities of the organization	• Once the classroom has that list of potential projects and activities, most of the time the students will choose then which area they want to work in so that they're not assigned a specific topic. Hopefully, that means they're a little more interested in that topic and are willing to go that extra mile to work on that topic. (Sandra) • I found out if I let them have more control over what they're supposed to do - like I just come in and say, "Well, what do you want to do?" Kind of like I do with the kids in the school when I was AmeriCorps. They feel more ownership with that program and with that project, and they get more done. (Rita) • They're always familiar with their community. So when they had to get out and they want to know what we think our community needs, we send them out and say, "Well, this is some of what we see, but let's go see what you see." So they go out, and they may talk to some people, so we scoot them off and make them learn. (Rita) • So they take our data back, and they also get data from the Health Departments, and this year and last

	year they came back and they said, "Well, we noticed that prescription drugs abuse was high in this area." We said, "It is." … We are grant funded, so we didn't get to hit drug abuse, prescription drug abuse, as heavy. Our grant didn't allow us to do it at all. But we knew it was an issue. So when they saw it was an issue they took it on, and they made an awareness campaign. (Rita)
"Where are You on This Task?" • Developed respectful ways for keeping students on task • Valued others' time and guarded against wasting it • Understood the difference between a relationship with students and one with employees • Expected	• Depending on the project, we may have a checklist that we put together…. I'm not asking is that task complete. [I'm asking], 'Where are you at on this task? Have you contacted this person? Can I see your plan?'" (Sandra). • "A lot of times now I'll call ahead or email and say I'm sending out some students that, you know, they're legit, they're working on a project. And we talk about not wasting a lot of people's precious time" (Sandra). • As soon as the [nutrition teaching] schedule is out, then I have contact from [the nursing students] fifteen minutes later, "Oh, these, well, this can't do." So I had to contact all the teachers in certain grades

accountability as in the professional world • Informed Wanda when concerned about a project and trusted Wanda to "take the kinks out" • Worked around students' tendency to communicate less after projects implemented by getting needed information through the instructor	throughout the county to change a date for them when [the students] hadn't even followed up to do what they were asked in the first place. I'm sorry [she glanced down at the digital recorder]. (Theresa) • That has been a slight bit of a challenge of working the scheduling. But not anything like that's been a problem, you know, a challenge. And this semester - and I think it's more of a student specific challenge too, because some students will make the time to do things, and some students are just naturally overwhelmed with what's happening. And so I can understand that they're not my employees, and their priority is to the classroom and the requirements there, because what they're working for is not a paycheck with me, but what they're working for is a grade. (Martha) • I'm here to help the students see that they successfully complete this project, and all they have to do is call, email, and I tell them, "I may be out doing classes, but within forty-eight hours at the latest, you will have contact with me." (Theresa) • I'll just let her [Wanda] know I'm a little concerned

	about this project, and I know she's meeting with them regularly about their project, because she is helping them to brainstorm different things. (Sandra) • If there was a problem with a student or a fault, maybe a student wasn't prepared or should have been better prepared, she [Wanda] would be the person that I would go to. And, trust me, she would take the kinks out of whatever was there. She is very good. (Theresa) • I may have given them some information that I may need to supply to the State, such as pre- or post-tests or activity evaluations or things like that. Some get that back and some don't…. I may have to hunt them down to get whatever evaluation or data that I need from the activity. (Sandra) • Probably, though, the majority think it ends when they implement. They feel that they've fulfilled their duty when they implement that activity…. They've come out and they've done their project, they're done. They turn in their paperwork to their teacher…. They forget we need that information as well, the agencies who are working with them. (Sandra)

	• I've developed a way to get that [needed information] back through their teacher if it's something I really have to have that's required of my programs…. I've brought it up with every group I've had for a couple of years now, maybe longer, and that's still been the biggest challenge that I think I've had. (Sandra)
Committed Partners Keeping Students on Track for Success • Worked to ensure success for students because people were counting on students to have a quality project ready at an agreed-upon time • Perceived that failure reflected back on them (preceptors) and, in turn, potentially affected how the program or	• If I have to step in and say politely, "Hmmm, have we ever thought about this," for instance, to get the program on the track that I want it to be on.… [I] just trigger it in a very polite way and never want to make the State University students feel uncomfortable or that I'm trying to talk down to them, because I am not. I'm just there as a partner with them in keeping them on track. (Theresa) • I am in the classrooms all the time, so they are riding my coattails into the school system. And I absolutely feel a responsibility not just to those [nursing] students but to my students in the Crest County School System and to our partners of the school system. They welcome us with open arms…. If there's a failure with these State University students, that failure comes back on me. I have not done my

organization was accepted in the community • Expressed a deep sense of responsibility to university students as well as clients served • Sometimes surprises were good as in preceptor's satisfaction with final projects from student groups that were worrisome.	job, and I would be doing something to fray that relationship, which I never want to happen. So, yes, I feel that all the responsibility comes back to me, yes, ma'am. (Theresa) • I've been very surprised at some students that I was worried about. I'd be like, "Oh, I just don't know how this is going to turn out," and then I go and it may be one of my best student projects of the semester. (Sandra)
Community: "Where Students Begin to Learn About Ambiguity" • Developed secondary plans	• Wanda and I did talk about students need to have that experience in life too. Not everything in life is lined out and planned and prepared for you. In the world there are times where you're given this thing and you have to whittle it down to, okay, this is where I can plug in. (Martha)

because "not everything's a textbook" • Community partners were skilled at making things happen in the community • Interpersonal skills of flexibility and communication promoted success in the less-structured community setting • Community-based experience taught students how to deal with uncertainty, a skill transferable to other nurse-client situations	• Sometimes it's trial and error. [The students] are going to make mistakes and have to apologize for those. They lose their tempers sometimes. All kinds of things happen out in the community that we probably don't let happen in the hospital. (Wanda) • I've learned to prepare students a little better for changes, especially if we're doing projects in school systems and things like that…. You may have a textbook protocol for something, but not everything's textbook. So you've got to be able to be okay with deviating from [the plan] some when it's necessary and continue with what you're goal is. (Sandra) • I've found that students that I work with from late twenties, and I've even had students in their sixties, are fabulous to work with. I would work with them on a continuous basis if possible. Some of my younger college students that flow through, I have more difficulty with them. I'm sorry, I do. They're the ones that tend to be the most inflexible and think … the world revolves around them. (Theresa) • I think that's really an important lesson for students to learn, is that, we can pretend that nursing has right

	and wrong answers, but, for the most part, we don't. You know, we really don't know if we put oxygen on this patient are they automatically going to get better. Maybe. We do that because that's the protocol, but some patients won't get better. And they don't learn that ambiguity until they're out of school, because they're not in a hospital long enough. You know, if they were there every day for twelve hours they'd get that sense. But they're off here and off there and - and so, the community is a place, to me, where they can begin to learn about ambiguity. (Wanda)

Appendix N

Do Not Wet a Lead Pencil

(*Crest County Newspaper** - April 9, 1897)

The practice of wetting a lead pencil on the tongue before using it is an unclean habit, to say the least, and perhaps also a dangerous one, says the Medical Review. Recently, a young woman of fine bearing and elegantly dressed stepped into the counting room of one of the local papers of a large city to insert an advertisement. Having no pencil of her own, she picked up a pencil which was tied with a string to a pad used for writing. At once she moistened the lead with her tongue and began to write. An elderly woman who was standing by reminded her that the pencil had just been used by an old man, raggedy and dirty, greasy and filthy, who had also contracted the same habit of wetting the pencil on his tongue every time he wrote a word. The disgusted young woman flung the pencil away and scolded the young man behind the counter until he sharpened a brand new pencil for her use and benefit. The habit is a foolish one. Instead of making the pencil write more freely and easily, it hardens it and makes it blurred and irregular. Newspaper men who use lead pencils a great deal never dampen the lead in the mouth or with a sponge. Besides being injurious to the lead, it is a dangerous habit, inasmuch as disease has been known to be conveyed in that way into the system.

– *Scientific American*

*Pseudonym

Appendix O

The Community's Involvement: How the Community Benefited

Participant Quotes

Valued Resources: "Extra Hands … Fresh Ideas"

- Crest County is so rural, and we are so poor, and we lack so many resources, that people are just glad to have whatever they offer. I mean, we had pre-med students, we had pre-nursing students, and we had community health students. So they were bringing a service to us that everybody was glad to have something free, I guess you could say. (Christopher)
- To have that additional influx of brainpower and body power is helpful because not only are we a minimally resourced organization, but we are a minimally resourced county….It has been a great help to have the additional workers, for lack of a better word. (Martha)

Welcomed Knowledge: "Most of our Education Comes Through Students"

- We're trying to start talking to people about organic foods…. They're beginning to think about what they eat and how that impacts their health. I don't see that happening if it hadn't been for the education up here, and most of our education comes through the students in one way or another. (Kelly)
- [The students] have helped us educate our public of their medical needs…. Actually, this [relationship] predates me. I think it's about a ten-year, almost a ten-year, relationship between State University and [State] Nutrition and Consumer Education Program. Yes, there have been many more programs

and opportunities for the citizens of Crest County to receive education, health education from these students. And they've also been very instrumental in helping, for the adult population, questionnaires, needs assessments. There have been many needs assessments that these students, I mean, have - it's been totally these students that have put together the assessments for us. (Theresa)

Empowered Community: "Simply More People Power"

- We've been able over the years to collaborate with different agencies and try to promote things. It's called the Diabetes Coalition. We try to educate [school-age] students about healthy lifestyles, healthy eating habits with a focus on diabetics. And that's been something that has been a real initiative for us. Different designees from different groups in the county come together about ever quarter just to kind of brainstorm and to try to find ways to educate and promote a healthier diet and healthier lifestyle for students and for those who are diabetics as well. (Rhonda)
- I can say [the health sciences course at the high school] has really come a long way and, plus, getting [the students] out in the community. Now that [my advisors and others in the community] have heard about my students and heard about HOSA, which stands for Health Occupations Students of America, and the fact I've had such a positive effect in the community, they have highly recommend it to other people in the community. (Tiffany)

Crest County Newspaper: Headlines and Excerpts

Community Capacity Development Activities

- "County's Red Cross Unit Is De-Chartered" (1994, August 17) [Newspaper]. "Lack of funds and volunteer support caused Crest County to fail to meet some of these standards [includes list of five standards]…. While services to the community in the form of disaster assistance and services to the armed forces and their families were ably rendered by the current chapter officers some of the other requirements were not met which concluded in the de-chartering of the chapter."
- "Working Towards Recertification While Putting On Programs" (1995, July 5) [Newspaper]. "The Crest County Chapter of the American Red Cross has been revived. Since last October, volunteers and members of the Red Cross Board have been working diligently to regain the chapter charter. New community education programs have been put in place and blood drives were recently held…. Swimming classes are being taught this summer by Red Cross certified instructors and local sixth graders are now certified in CPR an first aid…. 'We're hoping to be able to certify all sixth graders this coming school year,' says Wanda Jones, Chapter Manager…. The Red Cross is also preparing a Disaster Plan… 'We have agreements for shelters throughout the county,' says Jones…. Jones says all volunteers will be fully prepared by Red Cross Disaster Instructors…. There are also plans to offer Red Cross baby-sitting classes." A picture caption states, "Wanda Jones passes on the leadership pin to [Name]," who was installed as the new board chairman. Other appointments included Wanda Jones as Chapter Manager.

- "Cancer Project Group Forming" (1995, July 5) [Newspaper]. "[Name of Regional Initiative on Cancer] is part of a regional project funded by the National Cancer Institute. The purpose of the project is for community coalitions to explore effective ways to prevent and control breast and cervical cancer in their localities. A group of interested persons [list includes Wanda Jones] … have been meeting in Crest County since November 1994. The group reviewed basic information on breast and cervical cancer, talked about factors that may cause cancer in the community and discussed ideas to promote a 'Healthy Homeplace.' A Community Inventory … has been completed by 200 people in Crest County. The group is exploring possible projects, and leaning towards doing a project which involves providing both screening for and education about breast an d cervical cancer. Many more interested persons from the community are needed to plan and carry out the best possible project.… The group welcomes anyone from the community."
- "Learning What It Takes To Be A Baby-Sitter" (n. d.) [Newspaper]. The "first official baby-sitting course every offered to the community" was held in the State University Foundation Academic Building. The certified American Red Cross instructor came from University City. "Foundation students from State University made the arrangements for the baby-sitting course as part of a class project."
- "United Way Forms Here" (n. d.) [Newspaper]. "Local citizens have joined together to form a group that plans to bring a United Way chapter to Crest County…. [Name], president of the newly formed board said two local people [including Wanda Jones] both expressed an interest in the need for United Way in the community. 'We thought

that if United Way had been here we might have been able to hold on to our Red Cross Charter.'"

- "Pregnancy Prevention Coalition Forms Here" (n. d.) [Newspaper]. "In recognizing the enormity of the problem, Teen Adolescent Pregnancy Prevention (TAPP) Coalition has been formed … to enable those in the community interested in working on this issue to determine the appropriate direction to take to combat the problem of adolescent pregnancy in Crest County. The coalition is open to anyone interested."
- "Cancer Support Group Forms In County" (1997, June 18) [Newspaper]. "As an outgrowth of the Crest County counseling Center's joint sponsorship with State University's Extended Hours Clinic "I Can Cope" cancer education program, the counseling center is starting a cancer support group."
- "Naming Health Priorities in Crest County" (1999, March 17) [Newspaper]. "The State Department of Health restructured the county health council in 1997 for the purpose of a community diagnosis process. Recently the Crest County Health Council conducted a community survey, reviewed various data sets, and evaluated resources in the community to identify areas of concern that affects the health of Crest County citizens." The order of priority is 1) teen pregnancy/sexually transmitted diseases, 2) drug/alcohol abuse, 3) smoking and poor eating habits, 4) dental care, especially for [State Medicaid] and indigent patients, 5) heart disease, 6) child abuse/neglect, 7) cancer, particularly lung cancer, and 8) driving under the influence.
- "Crest County Health Department Has Full-Time Health Educator" (1999, December 1) [Newspaper]. "For the first time in its history, the Crest County Health Department

has a full-time Health Educator…. Previously, [two other] counties and Crest County shared a health educator…. If you are planning a health fair, need someone to present a health-related program, or need someone to talk to your class, please contact [name] … She will be happy to work with you on a variety of projects."

- "[Name] Elementary first school in state to take part in wellness program" (2009, December 2) [Newspaper]. "[Name] Elementary was the very first school in [State] to participate and complete a new program known as [State] Shapes Up eWellness Program. The eight-week program has focused on physical activity, portion control, fruits and vegetables, food variety and moderation, facts about sugar and fat, along with information on calcium an dits effects on bones…. "Sandra", Public Health Educator from Crest County Health Department, has worked closely with "Theresa" during the course of the [Name] Elementary Shapes Up eWellness Program. Theresa works with the University of [State] Extension Program and worked diligently to get the Shapes Up eWellness Program initiative up and running at [Name] Elementary."

Community Service Activities

- "RAM Outreach Was A Godsend To Many" (n. d.) [Newspaper]. "RAM held its 184th field expedition in Crestville last week at Crest County Airport…. Because of so many plant closings and the subsequent high unemployment rate, Crest County qualifies for RAM's services…. While there were many people on the planning committee who worked hard to accomplish the project organization, [Name], Regional Prevention Coordinator with [State] Department of Health, was the person who seemed to be everywhere at the same time… [Name] said, 'The people involved

in this project have been fabulous. When we needed them, they came out of the wood-work with whatever we needed. All we had to do was ask, and they did it.' … Numerous medical organization from Crestville and surrounding towns furnished services for the clinic…. State University's College of Nursing provided volunteers to help with taking blood pressure and temperature readings…. Area churches furnished food and drinks for waiting patients … [Church] gave a Gospel Sing for the volunteers and on Saturday the [Band] played bluegrass."

- **"**Women Health Fair – Wellness, The Best Gift" (1995, October 19) [Pamphlet]. Sponsors listed as State University School of Nursing Crestville Extended Hours Health Center, Crest County Hospital, University of [State] Agricultural Extension Service, [Name of Manufacturing Corp.], Crest County Senior Center, College of Nursing Community Partnerships – Foundation Initiative in Health Professions Education – Division of Health Sciences, [Regional Name] Leadership Initiative on Center – Supported by the National Cancer Institute, and The Regional Cancer Center – A Service of University City Medical Center. "Topics to be Covered: Pap Smear Screen, Breast Self Examination, Osteoporosis, Eating Disorders, Nutrition Education. Learning Center of the health fair will be conducted in the Crest County Hospital Lobby. Pap smear testing will be performed in the examination rooms."
- "Pap Smears Only One Part of Successful Health Fair" (1995, October 25) [Newspaper]. Photograph of young woman next to table with posters of female reproductive system and stacks of brochures. Caption: "Senior Nursing Foundation student [Name] at one of the health displays at the Women's Health Fair last week."

Article excerpts "Senior Nursing Foundation student [same name as in picture] who helped organize the advertising and scheduling for reduced fee Pap smears being offered that day deemed the event a success…. 'We have 42 Pap smears scheduled today,' [name of student] said. 'We are very pleased with that…. Pap smears, as well as mammographies which the hospital is offering until the end of the year at a reduced rate, are lifesavers. We've been doing a lot of education out in the community about this. We went to the high school … homemakers groups. We told them that as women they have a health need…. We hope that the women who came here today will tell their friends, their mothers, their daughters.'"

- Photograph caption: "A recent Women's Health Fair, sponsored by several local health/wellness organizations, served more than 40 women" (1997, November 5) [Newspaper]. Photograph with short description in the caption: "They received reduced-rate mammography and pap smears, information about menopause, general health and women's special nutritional needs. We feel like we reached a lot of people who needed it, says [Name, University of [State] Extension Services Agent]…. Seventy-five to eighty percent of the women seen said they hadn't had a pap smear (which is recommended each year) in more than three years." Three women in photo, one a young woman wearing a lab coat, were not identified. One visible poster is labeled "University of [State] Agricultural Extension Service – [State] Nutrition & Consumer Education Program."
- "[Name of Manufacture] Health Fair On The Way To Wellness" (1998, November 11) [Newspaper]. "The event, which was held at the plant, introduced employees to

the basics of staying healthy. On hand to answer questions, take blood pressures, or demonstrate stress reduction methods were [list including State University professor in school of public and allied health (coordinator), Dr. Sam Jackson, a 'BSRN,' and Foundation nursing students from State University]…. [Name, BSRN] said the employees were not the only ones who benefited from the Health Fair. 'It gives the Foundation students a wonderful opportunity. All of these students are second year undergraduate students. By being here today they have a chance to learn through hands on experience.' [Name, BSRN] said the students planned the entire Health Fair…. [Name, BSRN] said she felt students would learn a valuable lesson from the Health Fair. 'By actually going out into the community these students learn something that cannot be taught from a book. They learn what working in a rural community is all about, and are driven by the needs of the people and to plan according to those needs.' [Name, BSRN] said she was very grateful to companies like [Name of Manufacturer] for their support of the Foundation Program. 'It's wonderful how Crest County has always supported the Foundation Program. We wouldn't be able to do it without the community people.'" Picture of booth ("#4 Cancer Detection") with pamphlets and posters is labeled: "Employees review samples and literature at [Manufacturer] Health Fair."

Leadership

- "Wanda Jones Is Selected For [Foundation] National Leadership Program" (1997, November 25) [Newspaper]. "Wanda Jones of Crestville, [State], is one of 38 individuals selected by the Foundation for Group XVI of its [Foundation] National

Leadership Program (FNLP). The program began in 1980 to help the nation expand its pool of capable leaders. It is structured to increase individuals' skills and insights into areas outside their chosen disciplines, which will allow them to more creatively and effectively address society's challenges. Jones, an associate professor at State University, Crest County Academic Health Center in Crestville, [State], teaches in a multidisciplinary rural health program for undergraduate and graduate students. She develops clinical opportunities for student experience and community health improvement. She has served on several community boards, including the American Red Cross, State University/Crest County Academic Advisory Board, Family Resource Center, and Crest County Health Council. Jones also has authored four book chapters and 24 professional articles…. The 1997 FNLP members were selected from a field of 747 applicants…. 'FNLP brings together a diverse group of motivated citizens in a three-year leadership development program,' said [Name], president and CEO of the [Foundation]. 'The program encourages the formation of creative, flexible decision makers prepared to take on the leadership challenges of the next century.'"

Vita

Polly McClanahan McArthur grew up in San Antonio, Texas and graduated from Alamo Heights High School in 1971. That year, she entered Vanderbilt University and selected nursing as her major study. As an undergraduate student, she discovered her passion for community health nursing and spent two summers in Appalachia as part of an interdisciplinary team of students providing health screening services and working with communities to bring primary care services to rural areas. She graduated summa cum laude in 1975 with a Bachelor's of Science in Nursing and a Primex Certificate, and she became one of the first certified family nurse practitioners in Tennessee. She returned to an Appalachian coal-mining community in southwest Virginia as a National Health Service Corps nurse practitioner and worked in a primary care clinic she helped to organize as a student. After returning to Tennessee in 1978, she worked in public health where she provided maternal and child health services in Blount and Monroe County. Teaching community classes in prepared childbirth and child safety was a natural fit with her fundamental interest in helping people take control of their health. Her experience as an educator inspired her to pursue a graduate degree that would enable her to practice and do research in the field of nursing education. She graduated from the University of Tennessee, Knoxville (UTK) in 2007 with a Master's of Science in Nursing and a concentration in adult health and then continued in the PhD program with a special interest in the field of nursing education. While studying at UTK, she served as a graduate teaching assistant and clinical instructor in the nursing undergraduate

community health course. She was inducted into the Sigma Theta Tau International Honor Society of Nursing in 1975 and the Honor Society of Phi Kappa Phi in 2007.