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Constructing the foundations for compassionate care: How service-learning affects nursing students' attitudes towards the poor

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ABSTRACT

When nurses possess negative attitudes toward people with low socio-economic status it can negatively influence patient care. This study examines whether providing care in a service-learning environment positively affects nursing students' world views and empathy toward the poor. Using a pre-post design, the Attitudes about Poverty and Poor People Scale and the Just World Scale were administered to both a control group and nursing students engaged in a clinical rotation at a low-income housing facility or homeless shelter in spring and fall 2010. Findings show the service learning treatment modestly enhanced empathy and students' views on justice, while not improving superficial perceptions of the poor.

Nurses working in community and public health settings have opportunities to develop programs that address health disparities. The World Health Organization Commission on Social Determinants of Health (2008) concluded that the social conditions in which people are born, live, and work, are the most significant determinants of health. There is little dispute regarding the relationship between poverty and health: people who are poor have less access to health care and receive a lower quality of care. Preventive health services are less available to poorer populations, while high risk health behaviors such as smoking are more prevalent (Centers for Disease Control and Prevention, 2011.)

Health care providers in any setting must understand the social determinants of health and the impact of poverty on health and access to care. Negative health provider attitudes can have a deleterious influence on the quality of care and create barriers to care for people who are marginalized (Zrinyi and Balogh, 2004). Perceived discrimination is associated with underutilization of health care (Burgess et al., 2008).

Several authors have explored nursing students' attitudes toward individuals experiencing poverty and their understanding of the effects of poverty. There is consensus that 1) it is important for students to understand poverty and its relationship to health; 2) students need more than classroom knowledge of poverty; and 3) it is difficult to empirically measure changes in student attitudes following clinical experiences with people who are poor (Cohen and Gregory, 2009; Delashmutt, 2007; Delashmutt and Rankin, 2005; Kovarna, 2006).

There is evidence that formal experience with a marginalized population can positively influence student attitudes and alter stereotypes (Teal et al., 2012). A lessening of stigma and prejudice of nursing students toward people with mental illness has been demonstrated through clinical experiences with people who are mentally ill (Happell et al., 2008; Ketola and Stein, 2013).

Clinical settings in the community provide an ideal environment for students to examine the effects of poverty on health. Community health nursing education is targeted at addressing pressing public concerns in local communities, which often means providing care for at-risk groups. Service-learning is a method of providing these clinical experiences while meeting the needs of the community. During service-learning, students work in communities, often those with issues of poverty and homelessness, in order to meet important course learning outcomes. Examples of outcomes that might be met through service learning are 1) care delivery for clients from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds 2) analysis of the health status of populations and related determinants of health and illness and 3) identification of factors contributing to health promotion, health policies, disease prevention and the use of health services/

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resources. In addition to meeting learning outcomes, students provide authentic and much needed nursing care to individuals and communities.

Service-learning not only provides the environment for reciprocal learning/teaching among students, faculty, clients, and agency staff: it increases the likelihood that students will examine issues of social, financial and ethical aspects of health care and, as a result, examine their own roles in social change (Seifer, 1998).

Service-learning has been reported to affect nursing students' attitudes in a variety of ways (Hunt, 2007; Kruger et al., 2010; Lashley, 2007). Service-learning in nursing education provides experiential opportunities for nursing students to gain practical skills, help those in their own communities (Lashley, 2007), engage in self-reflection, and identify the need for social change (Gillis and MacLellan, 2010). Amerson (2010), based on use of the Transcultural Self-Efficacy Tool reported that students ($N = 69$) perceived an increase in cultural competency following service-learning experiences. Nursing students in a maternal-infant course that included a service-learning project with the Head Start preschool program in the USA reported students' increased commitment to service, awareness of problems faced by their patients, and comfort with diversity (Bentley& Ellison, 2005).

Despite the small number of promising qualitative and quantitative reports summarized above, a recent systematic review in nursing education (Stallwood and Groh, 2011) identified a lack of empirical evidence to support the strategy of service-learning. They recommended that future research include clear identification of the projected or desired effects of the experience along with the use of standardized instruments for measuring outcomes across projects.

This article reports on a study of nursing students' perceptions of and empathy towards individuals living in poverty as well as views on justice following service-learning assignments that involved providing care for such individuals, as compared to other community health assignments. The participants included two successive cohorts of students in a community health clinical course, including a subset of students who provided care for adults in a homeless shelter and low-income housing facility during 2010.

In an urban U.S. baccalaureate nursing program, senior level community health nursing students are placed in clinical sites including schools, occupational health, outpatient clinics and health departments throughout a large metropolitan area; each student works under the supervision of a nurse on site. In response to observed community needs, faculty developed an ongoing service-learning project with residents of an urban homeless shelter and an apartment complex housing low-income elderly and/or disabled persons. Each semester, 20 students from the total community health cohort of 60 participate in this project. Students in the service-learning group have described the impact of working at these sites anecdotally in their weekly reflective journals: many reported that the experience was rewarding and eye opening, and validated their decision to become a nurse. Student journal feedback was consistently positive, so faculty endeavored to determine the overall impact of service-learning on student attitudes towards the poor.

Methods

Participants

With approval of the institutional review board of a research university, 170 senior nursing students enrolled in the community/public health course were invited to participate in the study during 2010. Those 40 students administratively assigned to the service-learning cohorts (as part of the same randomization process used for assigning all of the students in the course) provided care at two locations in a large southwestern U.S. metropolitan area and constituted the treatment group for this study. The same administrative assignment of nursing students generated a control group of 130 students who were individually placed with nurses in schools or other community settings that did not specifically serve low-income individuals.

As can be seen in Table 1, the students in the study were fairly typical for a baccalaureate nursing program in the U.S.: young and female. Although students had no choice of clinical rotation, it is of note that the students randomly assigned to service-learning were younger and more likely to be female than were the students in the control group.

Setting

The service-learning—or treatment—experience occurred in two locations a homeless shelter and a low-income independent housing setting. The determination of poverty is based on established thresholds in each country, and all of the residents in the shelter and the independent housing setting were below the poverty threshold for the United States: $10,458 for an individual 65 and older and $11,139 for those younger than 65 (U.S. Census Bureau, 2010). The average monthly income of the residents in the housing program is about $700, which often does not cover their medication and basic necessities. The homeless shelter provides services to diverse population of over 400 single men and women. Many shelter residents are seeking employment, while others are receiving or applying for benefits based on physical or psychiatric disabilities. In addition to emergency shelter, residents are provided food, clothing, and supportive services to assist in finding employment and permanent housing. While employment services are available to residents, few have job skills or education that will result in an ability to secure independent housing in the local labor and housing market.

The second location, a hotel converted to a low-income housing complex, serves 300 elderly and disabled residents including many who had previously resided in the shelter. Residents in this independent housing facility who are disabled receive funding from the federal government and are required to pay the facility one third of their income. The balance of their rent is subsidized by a different governmental program.

The settings and activities used for the service-learning experience were specific to the context of poverty. Early in the experience, students recognized that limited income greatly influenced an individual's ability to engage in health promoting behaviors and manage illness. Residents in both the shelter and the apartments reported their main sources of nutrition were congregate meal sites and food boxes. The congregate meals and the donated food from the food bank tend to be high in fat, carbohydrates and sodium. Residents with diabetes, hypertension, or renal disease were able to identify their own dietary restrictions but felt they had no choice in what they could eat: they could eat what was provided or not eat.

Table 1
Student demographics by cohort.

	All students	Service-Learning	Control students
Male	15 (13.5%)	2 (7.1%)	11 (17.2%)
Female	96 (86.5%)	26 (92.9%)	53 (82.8%)
19–23	77 (69.3%)	24 (85.7%)	40 (62.4%)
24–30	20 (18%)	2 (7.2%)	15 (23.6%)
31–40	7 (6.3%)	1 (3.6)	5 (7.9%)
41–59	7 (6.3%)	1 (3.6)	4 (6.3%)

Note. Some students did not indicate provide all demographic information, resulting in unequal totals.