TEXAS TECH UNIVERSITY
Libraries™

SERVICE LEARNING COLLABORATION: A FORMULA FOR RECIPROCITY

The Texas Tech community has made this publication openly available. [Please share](#) how this access benefits you. Your story matters to us.

Citation	Lowe, L. A., & Medina, V. L. (2010). Service Learning Collaborations: A Formula for Reciprocity. <i>Families in Society</i> , 91(2), 127–134. https://doi.org/10.1606/1044-3894.3970
Citable Link	http://hdl.handle.net/2346/73347
Terms of Use	CC-BY

Title page template design credit to [Harvard DASH](#).

Running head: SERVICE LEARNING IN A HOSPICE ENVIRONMENT

A Formula for Reciprocity:
Service Learning in a Hospice Environment

Laura A. Lowe, PhD, LCSW*

Assistant Professor of Social Work, Texas Tech University

Victoria Medina, BSW

Complex Discharge Planner; Covenant Behavioral Health System

*Corresponding author

Acknowledgement: The authors would like to thank VistaCare Hospice for their participation in this project and especially to Shannon Ramos for her essential support over the past two years.

Key Words: service learning, social work education, hospice, community engagement

Abstract

Service learning offers an opportunity for both educational institutions and community. In order to demonstrate the possibilities this pedagogy can offer, this article presents the evaluation of a service learning experience partnering students with a hospice agency. Using mixed methodology, impact on students, patients and staff are examined. Results indicate that, as a whole, students improved their attitudes toward the elderly and death/dying, and believed the experience caused personal and professional growth. Interviews with patients highlighted the importance of relationships and recognition, and staff identified benefits to students, patients, and agency. We conclude that service learning is best perceived in a light of reciprocity and that this method of engagement offers an opportunity for educators and practitioners alike. Finally, some tips are given for practitioners interested in developing such collaborations.

Service Learning Collaborations: A Formula for Reciprocity

Increasingly, institutions of higher education are looking for ways to enhance their relationships with their communities. An example of this recent push is demonstrated through the new elective classifications of community engagement developed by the Carnegie Foundation for the Advancement of Teaching. They define community engagement as “the collaboration between institutions of higher education and their larger communities... for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity” (Driscoll, 2008, p. 39). Service learning is one example of how institutions can reach out, and use of this method of teaching was in part responsible for Texas Tech University (TTU) being among the first 76 institutions to receive one of these new Carnegie designations in December 2006. TTU defines service learning as a

pedagogy that links academic study and civic engagement through thoughtfully organized service that meets the needs of the community. This service is structured by and integrated into the academic curriculum, which provides opportunities for students to learn and develop through critical reflection (www.tlhc.ttu.edu/servicelearning).

From an educational standpoint, service learning offers some advantages. Perhaps most clearly, it provides a hands-on method of engaging students with instructional materials. Further, service learning aims to develop a sense of civic responsibility by engaging students in community projects. Bringle and Hatcher (1996) suggest that using service learning not only teaches students about their area of specialty, but also prepares them for “life as responsible citizens” (p. 221). So, service learning is generally meant to enhance the curriculum for a particular course but also to move beyond in its impact on students. However, it offers an opportunity to the community, as well as the educational institution, that is not often seen in more traditional teaching methods. This is a particular advantage for the social work profession

which, like others, is always striving to bridge the gap between theory and practice, between educators and community practitioners, and between the university and “real life.”

While these advantages could be seen as demonstrating a particularly clear connection between service learning and social work, social work educators are not taking a lead in this developing pedagogy. Phillips (2007) suggests that while we might “expect social work to be a foundational discipline of the [Higher Education Civic Engagement] movement and at the forefront of service-learning methodological development”, “...the relationship between the three has been tenuous, at best” (p. 6). As an example of the opportunity service learning can offer, this article describes and provides evaluation data for one service learning project (SLP) in an undergraduate, beginning level social work course. The course links a local hospice with students, who spend a semester interviewing patients about their life history and making connections between course materials and their service experience. Here, we examine the impact of this project on students, hospice patients and staff.

Current State of Knowledge

While some authors have pointed out a “natural fit” between social work and service learning (King, 2003; Phillips, 2007), it is generally agreed that there is limited evidence that social work educators are using this method. It is certainly clear that few evaluation studies of this type of experience are available and most of this research has been limited to impact on students. Lemieux and Allen (2007) conducted a recent review of the available social work literature on the subject published since 1990 and identified only eight studies which met their criteria for service learning, which they identified as those of Bringle and Hatcher’s “widely accepted definition...” (p. 313). Five of these outcome studies examined the impact of macro level service learning experiences, while only three examined service learning experiences with direct client contact. Nevertheless, the impact of the service learning experiences on students in

these studies was overwhelmingly reported as positive. Additional evidence of service learning being used in social work education is offered by Nadel, Majewski, and Sullivan-Cosetti (2007). Their text offers different models of service learning across the social work curriculum; most of the reported evaluations were qualitative and all reported positive outcomes for students.

More specifically, we were unable to locate any literature evaluating a service learning experience in a hospice environment; however, there are examples of comparable efforts with older adults examining student and elder impact. The majority of this research indicates positive outcomes. Results from qualitative data indicate that students see a benefit to service learning and gain personal growth and learning enhancement from such experiences (Ames & Diepstra, 2007; Blieszner & Artale, 2001; Brown & Roodin, 2001; Dorfman, Murty, Ingram & Evans, 2002; Hamon & Way, 2001; Jarrott, 2001). Quantitative investigations have demonstrated gains in attitudes toward the elderly (Bringle & Kremer, 1993; Dorfman, Murty, Ingram & Evans, 2002) interacting/working with the elderly (Dorfman, Murty, Ingram & Evans, 2002; Jarrott, 2001) and self-efficacy in working with older adults (Ames & Diepstra, 2007). However, Ames and Diepstra (2007) found no significant changes in student attitudes toward the elderly, or their interest in working with or learning more about this population. Blieszner and Artale (2001) found no statistically significant changes on personal social values or civic attitudes of students, while a significant decline was indicated on the perception of the magnitude of effect in understanding course material. Researchers have also qualitatively examined impact on the elders and found that most respond positively (Bringle & Kremer, 1993; Dorfman, Murty, Ingram & Evans, 2002; Hamon & Way, 2001; Underwood & Dorfman, 2006).

Our Hospice Experience

Just prior to the start of the fall semester in 2006, the volunteer coordinator at a local hospice agency contacted our social work program about developing a partnership. More

particularly, she was interested in reproducing a project (Mahood & Romer, 2001) which involved high-school students interviewing patients about their life history and creating a product to celebrate their lives. While senior social work students in field had been placed with the agency in the past, the Field Director determined that this project idea was inappropriate for that level of students. Instead, she suggested that the Volunteer Coordinator contact the first author who taught some lower-level courses. Upon discussing her idea, the instructor thought this would best be conducted as a SLP in a course which examines human behavior across the lifespan. In addition to enhancing student learning through “hands-on” experience, she hoped that the SLP would increase students’ exposure to diverse life experience.

Service learning is differentiated from other pedagogies by the clear presence of three components. The first requires that the service be identified as a need by a community partner. As indicated above, our community partner identified the need and nature of the SLP. Regarding the service, hospice staff members provide training, which includes what to expect working with patients and issues of confidentiality, in two 50-minute class sessions. Students sign a release of liability for the university and complete a volunteer application for the agency, which includes a background check. Then groups of two or three students meet with a patient for about an hour approximately once a week over the course of the semester; these sessions are loosely structured but are primarily devoted to talking about life experiences in different phases of life. With differing levels of, but always some, input and cooperation from the patients, student groups create a product¹ that celebrates the life of the patient and is generally intended to be a memento for the family. Time spent with patients as well as creating the life history product varies widely

¹ Quite a bit of variation in the products has been seen since the inception of the project. The most commonly created products are scrap books, while other examples have included shadow boxes, life maps, video scrapbooks, story books, and art pieces.

between students, but 15 - 20 hours per student per semester is typical.

Secondly, to be accurately classified as service learning, the service should be clearly applicable to the academic material. Finally, opportunities for reflection on the experience should be provided to students. In this course, these requirements are fulfilled in the context of class. Several sessions during the semester offer students an opportunity to share feelings about the experience and stories they hear from patients, as well as apply lecture content. More formally, students write papers which require them to: 1) connect academic content with the life history information, 2) practice writing and APA skills, 3) reflect on their experience so far and 4) compare and contrast their own life experience with that of the patient. At the end of the semester, the products created for the patients are set up in a poster session format, and guests are invited to view the products and talk with the students about their patients and the service learning experience. Held during a regular class session, this experience gives students a final opportunity to reflect on the overall experience.

For the evaluation of the project, our general research question was: What is the impact of the SLP in a hospice setting? Testable hypotheses included: (1) Students' attitudes toward the elderly will improve following the SLP, and (2) Students' attitudes toward death and dying will improve following the SLP. Additionally, using a qualitative approach, we explored students', patients', and staff impressions of the partnership. This research was approved by Texas Tech University's Institutional Review Board. All research participants consented to the research and had the option not to participate without repercussion.

Student Perspective

Methods

Procedures. Student participants were undergraduates enrolled in the 'Human Behavior and the Social Environment – Lifespan' course during one regular semester of 2007. Students

completed pre and post-test written surveys, which included open-ended questions, some general and demographic items, and two attitudinal scales. To assess attitudes toward the elderly, we used a modified version of the Aging Semantic Differential scale (Polizzi, 2003). Our scale included 24 polar opposite adjective pairs (i.e. generous/selfish) and asked students to rate, on a 7 point scale, a person aged 70-85, in general. In our sample, this scale showed adequate reliability with an alpha of .67. To assess attitudes toward death and dying, we used a modified version of Bugen's (1980/1) Coping with Death scale. Our scale asked students to rate their level of agreement (7 point scale) on 27 items, such as 'I feel able to handle the death of others close to me'. In our sample, this showed good reliability with an alpha of .94.

Data Analysis

The quantitative data were compiled and analyzed using SPSS 16.0. The level of significance used to interpret the results of the paired-sample t-tests was .05. Cohen's *d* was used to estimate effect size; the guide of 0.2 for a small effect, 0.5 a medium effect, and 0.8 for a large effect was used to interpret the effect size results (Cohen, 1992). Regarding analysis of the qualitative survey items, the two researchers independently examined the responses to each question and noted initial impressions of main ideas. Then we reviewed these impressions together and decided upon the emerging themes.

Sample. Twenty students were research participants; both the pre and post tests were completed by seventeen while three completed only the post test. The students were from 19 to 33 years of age ($M=22.1$, $SD=4.2$), with a median age was 25. Most were social work majors (88%) and white (65%), while 29% were Hispanic/ Latino and 6% African-American/Black.

Results

To test the quantitative research hypotheses, we used paired sample t-tests. Students' attitudes toward the elderly improved (lower scores indicate more positive attitudes) from pre

($M=84.0$, $SD=12.4$) to post-test ($M=75.4$, $SD=7.7$). The change was statistically significant [$t(16) = 3.22$, $p=.005$]. The effect size was fairly large ($d=0.78$), indicating the post-test scores were 0.78 of a standard deviation lower than the pre-test scores. Attitudes toward death and dying also demonstrated statistically significant change [$t(16) = -3.11$, $p=.007$], with students' scores increasing (showing improvement) from pre ($M=29.0$, $SD=28.7$) to post-test ($M=140.9$, $SD=20.4$). This effect was also fairly large ($d=-0.75$).

Pre-SLP. We asked students open-ended questions about their impressions of the SLP and their attitudes toward death and dying (see Appendix). Before the SLP, the majority (65%) made some statement suggesting that death is a natural part of life and/or that it is inevitable. Other themes regarding death included religion/afterlife and emotions, as well as personal experience with, avoidance of, and preparation for death. A particularly articulate student said

Death is natural; however it is another part of living. Something we can't avoid, there is no reason to fear it, only reason to fear one's own inability to cope with the loss. Death makes me sad, but it also gives me a reason to make sure that my priorities in life are properly calculated, so I can live without regrets.

Most students anticipated a positive experience with the SLP. They hoped to learn something about death and dying - "*Insights into what it's like to know that you are facing the end of your life*"- and about the elderly - "*To better relate to the elderly and their actions and emotions.*" Numerous students hoped that the experience would result in a mutual impact, meaning that they expected to gain something themselves, as well as have an impact on the patient through their work with them. One student stated, "*It will allow me to get a completely different perspective on life and allow me to meet someone new and hopefully impact that person, as well as be impacted.*"

Post-SLP. Following the SLP, students' responses indicated that most thought they had

gained knowledge and experienced growth. For example, this student commented on personal growth, *“This experience kind of helped me get a better understanding of myself”*, while other students noted professional gains: *“I was able to relate the book work with actual hands on experience, similar to a lab in a science class”* and *“this experience, especially with the papers helped me to connect the concepts learned in class to real situations.”* About 50% of the students thought their feelings about death and dying had not changed, while the rest of the class suggested that they learned to value the elderly, to live life to the fullest, and to feel more comfortable discussing the topic. One student commented *“I am learning how to discuss death and dying as an open subject. I am no longer uncomfortable speaking about it to others.”*

Almost all the students thought the project was a worthwhile educational endeavor and said they would recommend a service learning course to other students. What they liked the least about the SLP focused mainly on logistical issues such as scheduling, class requirements, and time commitments. For example, one student noted *“...writing papers, final project, notes on the patient, visiting the patient. I enjoyed all these things, but there was a huge time commitment.”*

Patients Perspective

Methods

Procedures. To assess patients' impressions, the research team conducted semi-structured, face-to-face interviews (see Appendix) with patients (and sometimes spouses) in their own homes following completion of the SLP.

Data Analysis. The interview data were examined using thematic analysis (Braun & Clarke, 2006) by the first author. The audio recordings were transcribed, checked for accuracy, and read before generating and labeling the data with initial codes. Data were collated to group extracts with similar codes, and the grouped data were then examined for overarching themes. Initial themes were identified and then refined to better reflect the data.

Sample. Interviews were conducted with 4 of 7 hospice patients who participated in the project during the reviewed semester. The other patients were not interviewed due to decline in health status. Three of the four interviewed patients could be considered elderly, while one patient would be considered middle aged. Two of the four patients were female and all were white. The two male patients co-resided with spouses, while the two females lived alone. Three of the patients lived in their own homes, while one resided in an assisted-living facility.

Results

Relationships. The most commonly found theme throughout the interviews was the relationships formed between the patients and students. Patients noted their enjoyment of the students' visits, the personal information they shared, and the little gifts they brought. The visits appeared most important. A woman, when asked what the project was like, said *"Oh, it was totally enjoyable. I think they were very hesitant at first, but it didn't take very many visits at all to get us going, working and laughing with each other, and enjoying the company and getting the questions answered..."* When asked what she liked about the project, another woman stated *"First of all, having students come every week. People are the main thing... They wanted to make me enjoy my experience which I did... It was just fun... They shared lots of nice stories too with me that I enjoyed."* An older man, interviewed with his wife, stated *"Well, just for them to come out. I'm here all the time, you know. I'm kind of bound... but I just love to talk to people..."* His wife, commenting on her husband's need to talk about his life goes on *"I think the last two years, he's learned to talk more. Because, I don't know, I think talking to each other makes the loneliness go away more..."* This exemplifies the agency's purpose for initiating the project.

During each of the interviews with patients, the researchers learned about the personal information that students had shared during the project, including anything from where the students were from to goings-on in their personal lives. In addition, all of the patients noted the

little gifts that students brought for them. For example, an older man told us, “*The first day they came they brought me a card they had made. It had their names on it. We kept that card the whole time here, you know.*” A female patient described how she and her students had a potluck dinner to celebrate her birthday. Noting their knowledge of the students and these little tokens that the students had given seemed important for the patients to relate to us; both appeared to demonstrate the significant and positive relationships that existed between them.

Recognition. Another important theme that stood out we are calling recognition. The patients had stories to share and these appeared important either in themselves or in relationship to their understanding of life. For example, one older man had served in combat and noted that “*I did go through an ordeal... I forget everything... but I still remember that... I went through heck.*” Stories about his combat experiences seemed significant in themselves and telling them to others, especially young people, seemed to be important to this patient. It was his perception, as well as his wife’s, that many young people have little or no understanding of the experiences of service men and women, particularly in combat. Another older gentleman described, in detail, the accomplishments he had made during his work as a farmer, returning frequently to particular methods and technologies he used. He said “*What I did, people don’t do it that way now.*” This comment seems important and related to other patients’ comments about how their life experiences were often different from the students. Sometimes, patients commented on how their stories surprised the students, such as an older man who told the students he had eleven siblings or a couple who related that, as members of the Church of Christ, they did not attend dances during high school. They appeared to enjoy sharing these experiences and the students’ surprise, as well as hearing from students what it is like to be young today.

Other stories seemed to be told in order to demonstrate or highlight attitudes or knowledge about life. Tolerance reoccurred in three of the four interviews. One gentleman

related a story to us about his rehabilitation after major surgery. He told us how he had inadvertently offended the staff member he was working with and after being forcefully admonished, he had thought not to return. *“But anyway I started back, you know, I went and I really got to like that woman and she liked me too, real well.”* An older woman spoke more plainly about tolerance, saying that her family *“never cared about race or religion and everything. As long as you have religion, they’re all good... I don’t worry about the color of the skin or their nationality or which church....”* Another woman said that she hoped that the students learned that it *“doesn’t matter the age difference... the gap isn’t as wide as it seems”* when it comes to having relationships with other people. Other important advice about life included learning from mistakes, making choices and being persistent. An older man said *“The advice is always be steady with what you do. What you start, finish it, you know. Each project, do it right,”* and then went on to share a story about his children demonstrating this quality.

One patient discussed the telling of stories in an additional way unnoted by the other patients in the interviews. A particularly introspective person, she commented

Well, I think it lets you look back and say oh well, gee -- that’s just one little section. You kind of forget, hard to get past, because you are living, you’re forced to live that kind of future in a little ball... and most everybody has...a past - good or bad, pleasant or unpleasant.... Looking at those pictures again and you’re ‘oh gee, I forgot about that’. That was something that you did and that brought something else back of a friend or something...

This perspective offers a different way of looking at recognition, a more personal way. This patient was suggesting that the students’ interviews helped her recognize aspects of her own life that she had forgotten or overlooked. This idea, while not represented in the interviews with other patients, has been noted anecdotally by students, the hospice volunteer coordinator and the

instructor as well. For example, as noted by this woman, we often suggest that students look at pictures with patients in order to bring up memories or life stages that seem difficult to retrieve.

Project. Patients were asked about the products that had been created by the students. While it was clear that the life history products were not the most important part of the project for the patients, they all appeared to like what had been created. One patient stated “*It was even more beautiful and more meaningful than I expected it to be...*”, another “*I was amazed... I was totally surprised.*” However, one patient and spouse reported that while they liked the product, it had left out something important. This patient was very focused on occupation and the students had not represented this material well. Nevertheless, all the patients stated that they would recommend the project to other patients who were interested.

Staff Perspective

Methods

Procedures. Staff impressions were assessed through a written survey with mainly open-ended, but fairly structured questions (see Appendix). All staff members with patient contact were invited to participate in the survey, regardless of job responsibilities or contact with students. It should be noted however, that some of the staff’s familiarity with the project arose from additional semesters (the project has been conducted each fall and spring semester since fall 2006). The surveys were provided to staff following completion of the SLP for the semester being evaluated and no personally identifying data were collected.

Data Analysis. Data from the staff surveys were examined for recurring ideas, within the preconceived categories of purpose, benefits, and overall impressions. Then responses within the question sets were examined and marked with initial codes. The responses were then grouped with similar codes and examined for recurring patterns.

Sample. Sixteen staff members returned surveys. Of these sixteen, 10 reported that they

had been a designated team member for a participating patient. Fifteen of the staff members had seen an end product. Seven of the staff members held medical positions (nurses, etc.), three provided spiritual care, and four were social workers. Professional work experience in hospice ranged from 3 months to 4 years, with a mean of 20 months (SD=13.7).

Results

Purpose. Six staff members said the purpose of the SLP was related to students and ten to patients (four mentioned both). Staff members reported that the project had the purpose of bolstering student knowledge and experience. For example, a nurse reported that the purpose was *“For students to use the knowledge they have learned about patients and their lives and apply it to their human development course”*, while another staff member thought that the SLP offered students a chance to *“learn more about end of life.”* Other staff members thought the purpose of the project was related to patients, including assisting in a life review, recording personal history, and celebrating life. For example, one nurse reported that the purpose was *“To commemorate and celebrate the lives of hospice patients. To provide life review and help patients to share their life history in a therapeutic and meaningful way...”*

Benefits. Staff members were asked about what benefits of the SLP, if any, they saw to patients, to the hospice agency, and to students. Several of the respondents identified that the patients *“look forward to the... students’ visit each week”* and that *“having someone listen to their life experiences and sharing them with others”* is important. A spiritual care provider noted that *“The patients feel so good that their story is valued by others.”* Three staff members noted that the project helps patients focus on life, rather than their illness or approaching death. An interrelated idea was expressed by a social worker:

This project also serves to enhance patient dignity. In a medical setting, patients are often viewed as their diagnosis rather than a person with a life history. Also, medical

personnel often do not have the time to spend with patients getting to know them on a personal level. I think it is therapeutic for them to have this outlet.

This idea was brought out again in how the SLP benefits the agency. A nurse commented that the project “*Reminds us to focus on the patient as a whole rather than on just health or the decline of the patient. They are valuable, productive, human beings who have had meaningful lives.*” The most commonly reported benefit to the agency was improving the quality of life for patients. A social worker stated “*Anytime [the agency] is able to offer a service to patients that will improve their quality of life and enhance their emotional well-being, that is a benefit to us.*” The staff saw the project as an opportunity to have “*additional needs met*” that they would not normally be able to provide. One staff member commented “*It would be something I would like to do with patients. It takes a considerable amount of time and we do not have that time.*” As a result, several staff members noted that they were able to learn more about the patients that participate. One nurse suggested that “*I have been able to use her excitement of this project to get to know her better and find ways more acceptable to her to discuss her disease progression and help her deal with these issues.*” A spiritual care provider expressed a similar idea that the project can help staff members to provide more advanced services: “*It is a great building point for the [agency] staff to help with patient self-esteem and importance.*”

Regarding benefits to students, staff most often reported that the SLP helped students learn about hospice/death/dying and about diversity. A spiritual care provider suggested that the project “*helps the students observe the dying process and learn how to be around the terminally ill. They will be better prepared in the future to work with the terminally ill.*” Seven staff members made statements regarding students’ exposure to diversity, particularly related to the elderly. A nurse noted that it “*helps them to see the elderly in a different way as a whole person who was once young and who had a lot of wisdom and life experience to share.*” Another nurse

made a similar comment, *“It helps to show the student just because someone is ‘old’, they still have a story to tell, and a lot of wisdom to share and give.”*

Overall Impressions. When asked about their impression of the end products, the staff most often reported positive thoughts; they said the products were “great”, “creative and impressive”, and “My expectation of it was less than what I saw.” However, other staff pointed out that some of the products have been lacking. This seems best summed up by a social worker who stated “End products varied – some very detailed and impressive, others were basic. It appears related to the time the students invested into the relationship with the patients.”

When asked about their overall impression of the students, staff reported being pleased. A spiritual care provider stated that the students “have been diligent and hard working and have endeared themselves to our patients.” Another said “My patients loved the students. That gives me the best impression.” One staff member noted that “some are more involved than others.” Regarding their overall impression of the project, the staff again was very positive. A nurse stated “My patient really enjoyed both the contact from the students and the opportunity to be ‘important’ and share memories and life experiences.” Another staff member reported that his/her experience with the project consisted of “Visiting with a patients’ wife after the life history project. The patient is now deceased and the wife cherishes the book that was made.”

Discussion

Results indicated that the service learning experience had a positive impact on the participants. There was a quantifiable improvement in student attitudes towards the elderly and death and dying. These changes appeared to be confirmed by the qualitative data; the students suggested that the experience caused them to value the elderly and be more open about discussing death. This offers evidence in support of Lemieux and Allen (2007), who suggest that service learning can prepare students to work with diverse groups, as well as Bringle and

Hatcher's (1996) assertions that service learning can help students gain career-oriented knowledge and an increased understanding of the responsibility for human well-being. It also meets these authors' professed need to introduce these kinds of experiences earlier in students' education, as this course is usually taken in the first or second semester of our social work program. In addition, the students' responses indicated that the experience facilitated personal and professional growth, offering support for King (2003) who suggests students' sense of professional efficacy can be built through service learning.

The patient data also appear to indicate a positive impact and several connections with the data from students. The patients enjoyed the interaction with students. Some of the students had hoped for a mutual impact; the emerging theme of the importance of the relationships with students suggests that this expectation was fulfilled. The patients valued the time, as well as the giving of small gifts and sharing of personal information which the students gave during their service hours. One student indicated that she hoped that the patients might help students "*understand something in life*" and in the interviews the patients shared some of the life lessons they had told to students. A patient noted that she hoped the students had gained an appreciation for relationships with people of all ages, that it "*doesn't matter the age difference*"; both the quantitative and qualitative data from the students appear to suggest that they made such gains.

Results from the staff surveys suggested that the SLP benefitted the agency, patients, and students. Several staff members saw the purpose of the project as helping patients review their lives, and they noted the importance of the patients sharing their stories with others; this also emerged from the patient data through the theme of recognition. Staff clearly saw the mutual impact that some of the students hoped for prior to the experience. Staff thought the project benefitted the students who learned something about diversity issues, such as the elderly, death/dying, and tolerance; the student and patient data appear to confirm their impressions. Staff

also suggested that patients benefitted, receiving companionship and recognition, which was hoped for by students and confirmed by patients. Finally, staff added to the idea of mutual impact by suggesting that the project benefitted agency employees who learned new information about patients, were reminded of the foundation of their work (people) and, in some cases, were able to base more clinical intervention on student work.

Looking at the data as a whole and the connections between the three perspectives on the project (student, patients, and staff), an overarching theme of *reciprocity* emerges. Reciprocity involves action and influence that proceeds in multiple directions; it implies interdependence, a concept central to the value system of the social work profession. In fact, the idea of reciprocity is important from the pedagogical (service learning), professional (social work), and organizational (university) perspectives. The students were provided with an opportunity for learning, this opportunity being afforded by both the educational institution and the hospice agency. Students were influenced by the patients with exposure to a new perspective on life. The patients shared with the students a critical juncture in their lives – the end. We can see that the students received from their relationships with the patients.

Students also gave in the service experience. They provided patients with companionship and recognition by listening to their life histories and creating products celebrating their lives. The time they devoted to patients was at a critical time during which many people are engaging in a life review. In addition, the data suggested that students also contributed to the agency, reminding staff that patients are more than their illnesses, providing a foundation for more clinical work provided by staff, and simply by completing volunteer hours - federal rules require a “minimum investment of volunteer time into the service of the hospice program” (Mahoney, 1998, p.142) for reimbursement under Medicare/Medicaid. Students gave something to the agency as well, providing the person hours for connecting the university to the community.

The reciprocal relationship can also be seen between the agency and the university. The agency provided an opportunity for students to augment their learning. The university provided the agency with access to a special kind of volunteer which allowed them to expand or enhance the services they provide in the community. More personally, reciprocity can be seen in the relationship between the instructor and the volunteer coordinator at the hospice agency, each helped the other to conduct her duties. The volunteer coordinator initiated the project and provided/facilitated ongoing training and support to the students and instructor. The instructor assisted the volunteer coordinator by helping in the recruitment of new volunteers (sometimes with long-term commitments) and assisting in documentation and support.

Limitations

The small sample size and the lack of a true control or a comparison group are definitely limitations in this research. Our power of analysis and our ability to generalize is limited by the small number of participants. As only one smallish section of this course is taught each semester, a control group was not possible. Without a control group, we cannot rule out that students' attitudes may have been impacted by the course material or their work in other courses, rather than this service learning experience. Only four patients were able to be interviewed and they did not share much information about the students that might be considered negative, bringing up the issue of social desirability. The small sample size and social desirability could also have been an issue with the staff. While all staff members were invited, it may have been those who had a more positive perception of the project who filled out the survey. However, staff did appear more willing to share less than glowing reports of student work.

Challenges

Incorporating a service learning experience into a content course can be challenging. Arranging the details of the service, integrating the experience with academic content and

supporting students requires significant investment on the part of instructors. Service learning can be challenging for the agency as well. Students can be inconsistent, limited in their level of skills, and agency and instructor expectations can be different. The instructor for this course considers herself to be extremely lucky in the support of the Volunteer Coordinator. She has handled the majority of the logistics by conducting training with the students, matching the students with patients, introducing the students to the patients, and providing ongoing support. Interestingly enough, the Volunteer Coordinator expresses similar feelings. The instructor collects documentation for the agency, as well as provides weekly support for and keeps on top of the students regarding the project. Together, the instructor and Volunteer Coordinator keep in regular contact throughout the semester, working out details and issues that crop up.

More specifically to our SLP, conducting a life history project with hospice patients offers advantages as well as some difficulties. Most hospice patients are older, with a wealth of life experience to share, making the project similar to other life history projects. However, it does offer an additional benefit of exposing students more immediately to end of life issues. Further, the project may be more meaningful for the hospice patients than for other elders. Such a life review is considered an important developmental task at the end of life (Jenko, Gonzalez & Seymour, 2007), as was noted by the hospice staff members' survey responses. On the other hand, hospice patients are ill and their health may decompensate over the course of the semester, which can cause predicaments that may not be seen as often with other elder projects. In addition, students have the extra task of dealing with the illness and impending death of someone they have come to know and in many cases care about deeply. Nevertheless, the advantages do appear to outweigh the difficulties, at least from our perspective.

Conclusions and Implications

Despite the challenges of arranging this type of collaboration and some weaknesses to

this research design, this evaluation does contribute to the growing body of evidence about service learning. This service learning experience in a hospice environment appeared to benefit all involved: the students, the patients, the agency, the instructor and the university. However, service learning experiences in other environments are likely to offer similar advantages. While certainly not the only way to engage with students or the community, we would agree with Phillips (2007) and Lemieux and Allen (2007) and suggest that this pedagogy offers remarkable opportunities and that more educators should consider its inclusion in the curriculum.

Perhaps more importantly, as social work educators do not appear to be taking the lead, practitioners/agencies may consider initiating a service learning experience in order to expand or enhance the services they provide and to expose students to their particular field of practice or population. Interested practitioners might contact their local social work educators with an idea about a possible collaboration. No doubt, there are numerous ideas that social work practitioners might generate. Some institutions of higher education have offices to facilitate this type of arrangement. At Texas Tech University, the Service Learning office facilitates the process by linking needy agencies with interested faculty and supports both through the experience. A social service agency might be interested in students providing a direct service similar to the one in this project; however, there are many other options as well. Students from across our campus participate in service-learning – just a few examples include business students solving marketing problems (McDonald & Mercer, 2005), art students helping local at-risk youth build tricked-out bicycles (Akins-Tillet & Machk, 2009), and sports studies students developing and running fitness programs for elementary school children (Meaney et al., 2008).

To fulfill their mission, most institutions of higher education should be a resource. A true opportunity for reciprocity, service learning offers one example of how local agencies and universities/colleges can collaborate in order to better serve the people of their communities.

References

- Akins-Tillet, F. & Machk, B. (2009, March). *SOA outreach: The low-rider/dream bike project*. Presentation at the 1st annual Texas Tech University System Community Engagement Conference, Lubbock, TX.
- Ames, N. & Diepstra, S.A. (2007). Human behavior and the social environment: An oral history service-learning project. In M. Nadel, V. Majewski & M. Sullivan-Cosetti's (Eds.) *Social Work and Service Learning: Partnerships for Social Justice*, (pp. 107-120). New York: Rowman & Littlefield.
- Blieszner, R. & Artale, L.M. (2001). Benefits of intergenerational service learning to human services majors. *Educational Gerontology*, 27(1), 71-87.
doi:10.1080/036012701750069058
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa
- Bingle, R. G., & Hatcher, J. A. (March/April 1996). Implementing service learning in higher education. *Journal of Higher Education*, 67(2), 221-235. doi:10.2307/2943981
- Bingle, R.G., & Kremer, J.F. (1993). An evaluation of an intergenerational service-learning project for undergraduates. *Educational Gerontology*, 19, 407-416.
doi:10.1080/0360127930190504
- Brown, L. H. & Roodin, P.A. (2001) Service-learning in gerontology: An out-of-classroom experience. *Educational Gerontology*, 27(1), 89-103. doi:10.1080/036012701750069067
- Bugen, L.A. (1980-1). Coping: Effects of death education. *Omega*, 11(2), 287-299.
doi:10.2190/JQPA-QFHW-VQ7A-MCAK
- Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112(1), 155-159. doi:10.1037/0033-2909.112.1.155

- Dorfman, L.T., Murty, S., Ingram, J.G. & Evans, R.J. (2002). Incorporating intergenerational service-learning into an introductory gerontology course. *Journal of Gerontological Social Work*, 39(1), 219-240. doi:10.1300/J083v39n01_18
- Driscoll, A. (January/February 2008). Carnegie's community engagement classification: Intentions and insights. *Change: The Magazine of Higher Learning*. Retrieved from: <http://www.changemag.org> on July 25, 2008. doi:10.3200/CHNG.40.1.38-41
- Fisher, R. Fabricant, M. & Simmons, L. (2004). Understanding contemporary university-community connections: Context, practice and challenges. In T.M. Soska & A.K.J. Butterfield (Eds.), *University-Community Partnerships* (Universities in Civic Engagement, Vol. 12). (pp.13-34). Binghamton, NY: Haworth Press.
- Hamon, R.R. & Way, C.E. (2001). Integrating intergenerational service-learning into the family science curriculum. *Journal of Teaching in Marriage and Family*, 1(3), 65-83. doi:10.1300/J226v01n03_05
- Jarrott, S.E. (2001). Service-learning at dementia care programs: A social history project. *Journal of Teaching in Marriage and Family*, 1(4), 1-12. doi:10.1300/J226v01n04_01
- Jenko, M., Gonzalez, L., & Seymour, M.J. (2007). Life review with the terminally ill. *Journal of Hospice and Palliative Nursing*, 9(3), 159-167. doi:10.1097/01.NJH.0000269995.98377.4d
- King, M. (2003). Social work education and service learning. *Journal of Baccalaureate Social Work*, 8(2), 37-48.
- Lemieux, C. M. & Allen, P.D. (2007). Service learning in social work education: The state of knowledge, pedagogical practicalities, and practice conundrums. *Journal of Social Work Education*, 43(2), 309-325.
- Mahood, S. & Romer, A.L. (2001). The hospice teen volunteer program at The Hospice of Florida

- Suncoast. *Journal of Palliative Medicine*, 4(1), 117-128.
doi:10.1089/109662101300052185
- Mahoney, J.J. (1998). The Medicare hospice benefit – 15 years of success. *Journal of Palliative Medicine*, 1(2), 139-146.
- McDonald, R. E., & Mercer, M. (2005, Summer) *Service learning: An application in an MBA business-to-business marketing course*. Proceedings from American Marketing Association Summer Educators Conference, San Francisco, CA. Retrieved 06-25-09 at <http://www.tltc.ttu.edu/servicelearning/scholarship.asp>
- Meaney, K.S., Kopf, K., Bohler, H.R., Hernandez, L., & Scott, L.S. (2008). Service-learning and pre-service educators' cultural competence for teaching: An exploratory study. *Journal of Experiential Education*, 31(8), 189-208.
- Nadel, M., Majewski, V. & Sullivan-Cosetti, M. (2007). *Social Work and Service Learning: Partnerships for Social Justice*. New York: Rowman & Littlefield.
- Phillips, A. (2007). Service learning and social work education: A natural but tenuous connection. In M. Nadel, V. Majewski, & M. Sullivan-Cosetti's (Eds.) *Social Work and Service Learning: Partnerships for Social Justice*, (pp. 3-19). New York: Rowman & Littlefield.
- Polizzi, K.G. (2003). Assessing attitudes toward the elderly: Polizzi's refined version of the Aging Semantic Differential. *Educational Gerontology*, 29(3), 197-216. doi:10.1080/713844306
- Underwood, H.L. & Dorfman, L.T. (2006). A view from the other side: Elders' reactions to intergenerational service-learning. *Journal of Intergenerational Relationships*, 4(2), 43-60.
doi:10.1300/J194v04n02_04

Appendix:

Student Surveys

Pre-SLP. 1. How would you describe your general feelings about death and dying? 2. What do you think working with a hospice patient in the life history project will be like? 3. What do you hope to learn from the experience?

Post-SLP. 1. What did you like the most about the service learning experience? 2. What did you like the least about the service learning experience? 3. In your opinion, what were the instructor's purposes for involving students in this service learning experience? 4. Would you recommend to another student that they enroll in a course with a service learning experience? Why or why not? 5. Would you recommend to another student that they enroll in this course? Why or why not? 6. In your opinion, was this service learning experience a worthwhile educational project? Please explain. 7. In your opinion, do you believe that participating in this service learning experience enhanced your understanding of the course material? Please explain. 8. How would you describe your general feelings about death and dying? 9. Do you think that these general feelings about this topic changed as a result of your experience working with a hospice patient in this service learning experience? Please explain.

Patient Interview Schedule

1. Tell me about your experience working with the volunteer students on your life history project. [*Possible probes:* reason for participation, project likes/dislikes, feelings about work with students, student demeanor] 2. Tell me about the end product that the volunteer students produced. [*Possible probes:* type, expectation, satisfaction, changes, family reaction] 3. Do you think that the whole life history project was worthwhile? [*Possible probes:* worth time & effort, recommend to another patient? student learning? learned from students?] 4. What would be your

recommendations about the while life history project in the future? [*Possible probes:* recommended changes, advice to students, advice to patients] 5. Is there anything else that you think might be important for us to know about your experience with the life history project?

Staff Survey

1. Based on what you know about the endeavor between the agency and the social work students, what is the purpose of the life history project? 2. What has been your experience with the life history project? 3. What was your impression of the product(s)? (Did you like it? Did the students do a good job? Was it what you would expect?) 4. What, if any, benefits do you see to patients that participate in the life history project? 5. What, if any, benefits do you see to agency and staff? 6. What, if any, benefits do you see to students? 7. Do you see any other potential problems that might arise from this project? 8. What has been your impression of the TTU students? 9. What would you change about the life history project given the opportunity? 10. Are you aware of any problems for patients, staff, or students that have arisen from the service learning project? If yes, please elaborate.