

# Moving Toward Reconciliation: Community Engagement in Nursing Education

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## Abstract

The integration of community engagement learning experiences in nursing education promotes a commitment to social responsibility and service. A nursing department implemented learning experiences for undergraduate nursing students across five semesters in churches, schools, and community agencies. Focus group data and selected stories from undergraduate and graduate nursing students, nursing faculty, and community partners provided lessons for establishing effective academic-community partnerships. Lessons learned included: 1) time and academic expectations are constraints, 2) being in the community requires flexibility, 3) working side by side develops relationships, 4) the community teaches faculty and students, and 5) the learning curve needs to be recognized. The lessons learned provide guidelines for nursing faculty and community partners in creating and sustaining partnerships that contribute to educating nurses for practice in a diverse society.

## Introduction

A key recommendation for transforming nursing education for the future calls for preparing nurses to work with diverse populations in community settings. Educational essentials emphasize learning to advocate for social justice, including a commitment to improving the health of vulnerable populations and eliminating health disparities. (AACN, 2005; 2008; Groh, Stallwood, & Daniels, 2011; Institute of Medicine, 2011). Inequities that contribute to health disparities include socioeconomic status, educational opportunities, neighborhoods, stress, and access to quality health care (Robert Wood Johnson Foundation, 2011). These inequities contribute to an unfair burden of disease (Cockerham, 2007; Health Policy Briefs, 2011, [http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief\\_id=53](http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=53)).

Community Campus Partnerships for Health (CCPH) promotes the development of partnerships between academic institutions and communities to work toward solving major health, social, and economic challenges (CCPH, 2012). For nursing students, the goal is to facilitate their commitment to social responsibility and service, their desire to improve health care access to those that need it, and their ability to form partnerships with communities to improve the health of populations.

Nursing education integrates classroom learning with clinical experiences in health care settings. In community settings, nursing students have an opportunity to hear the stories about the life experiences of individuals and families and how these life experiences are connected with health and access to health care. There may be differences

in values and lifestyle approaches between community members, community organizations, nursing students, and nursing faculty that lead to discomfort, tension, or frustration. Learning experiences in community settings provide nursing students opportunities to adapt to and reconcile differences and live with ambiguity while working toward common goals. Experiential learning increases capacity to become more effective in providing nursing care to diverse populations and communities, ultimately contributing to reduced health disparities and improved population health.

## Purpose

This paper presents the stories of students, community partners, and faculty about the benefits and challenges encountered through community engagement learning. In addition, the lessons learned for forming effective academic-community partnerships are examined through the stories of partnership participants.

## Context

### *Reconciliation*

Reconciliation is a central aspect of nursing education, particularly related to preparing nurses to address health inequities and engage diverse communities in dialogue about potential solutions. Reconciliation with individuals, groups, or communities involves setting aside an attitude or action in order to bring about positive change and restore relationships (Boesack & DeYoung, 2012). Curricular strategies that promote relationship building between students and community members foster both knowledge and skill building

to work in partnership with diverse populations in an ethical and sensitive manner. In nursing, a focus on reconciliation is also consistent with the central nursing concept of caring. DeYoung (2007) stated relationship building is the hard work of reconciliation that offers something that cannot be found in social or economic justice alone. Implementing community engagement into the nursing curriculum serves to unite nursing educators, students, and community members in moving toward reconciliation and improved health outcomes.

### *Social Justice*

Social justice focuses on the balance of societal burdens and benefits and holds that members of society have rights and responsibilities to promote equity in the distribution of burdens and benefits (Boutain, 2008). A focus on social justice will prepare students to be social change agents and develop the skills for implementing actions that improve the health of vulnerable populations (Boutain, 2005; Fahrenwald, 2003). One strategy for creating learning opportunities in social justice is the use of innovative community settings where students encounter social injustices. Kirkham, Hofwegen, and Harwood (2005) analyzed nursing students' responses to encounters with poverty and inequities in clinical experiences in innovative community settings, including corrections, international, parish, rural, and aboriginal settings in Canada. Focus groups with 65 undergraduate students, clinical instructors, and nurse mentors yielded narratives of social justice. Through development of a greater awareness of poverty, inequities, and marginalization, students developed a commitment to social change.

### *Community Engagement*

Community engagement is the "application of institutional resources to address and solve challenges facing communities through collaboration with these communities" (CCPH, 2012). The Robert Wood Johnson Foundation (2012) identified community engagement as one of the multifaceted and targeted solutions featured in disparities projects. Community engagement provides "the seeds we need to plant for change." The Carnegie Foundation (2012) developed a community engagement elective classification system to recognize the community engagement initiatives of institutions of higher learning. The Foundation identified reciprocal partnerships as a key criterion for the community engagement classification.

CCPH promotes the development of

authentic partnerships. Three essential components for an authentic community partnership include: 1) the partnership must be relationship-focused, open, honest, respectful, and committed to mutual learning and sharing the credit for accomplishments; 2) outcomes must be meaningful to the community; and 3) transformation should occur at multiple levels, including personal (through self-reflection) and institutional levels, community capacity building, generation of new knowledge, and social justice (CCPH, 2012).

Research on community engagement reveals that students with positive community engagement experiences have a heightened sense of civic responsibility, challenge stereotypes, become more culturally aware, and appreciate similarities and differences across cultures (Hunt & Swiggum, 2007; Mueller & Norton, 2005). Community engagement experiences also develop students' leadership, critical thinking, professional decision making, social skills, and social awareness. For students, learning outcomes are enhanced through a pedagogy that includes: 1) active learning, 2) frequent non-threatening feedback from all collaborators, c) collaboration, d) a mentor to facilitate transfer of theory to practice and navigate complex situations that may develop, and 5) practical applications that are in the real world but have a safety net for mistakes (Bringle & Steinberg, 2010). Schussler, Wilder, and Byrd (2012) explored nursing student development of cultural humility in student reflective journaling through four semesters in a community clinical experience. The researchers identified two concepts in the reflective journals that contributed to development of cultural humility. Students linked poverty to health disparities when they discovered how a lack of resources contributes to power imbalances. In addition, students learned they needed to integrate cultural factors when planning health promotion teaching.

### **Development of the Community Engagement Curriculum**

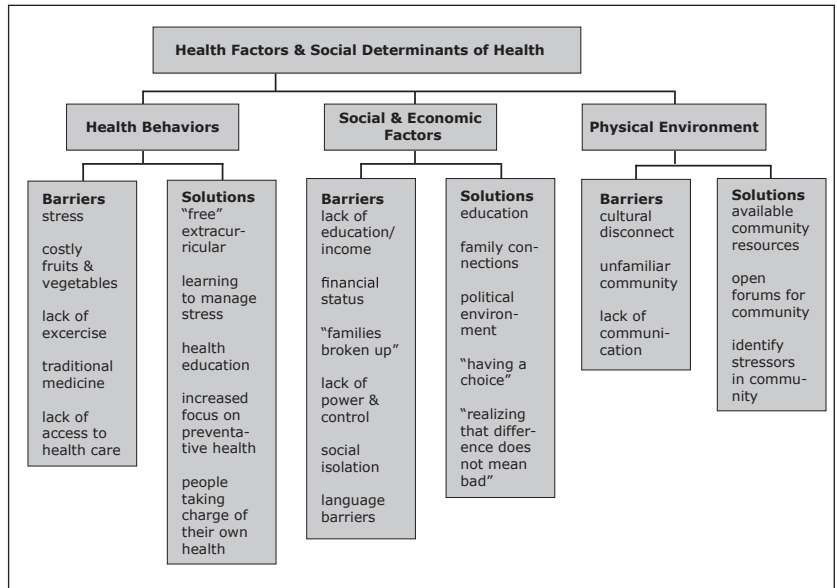
Bethel University is a small private liberal arts college in a suburban location with proximity to a major metropolitan area. The nursing program implemented a revised nursing curriculum in 2010 that featured community engagement curricular activities. Faculty aimed to prepare nurses who will: 1) contribute to reducing health disparities, 2) develop cultural sensitivity and competence, and 3) develop commitment to serving diverse and vulnerable populations. These goals are consistent with

the Bethel University values of reconciliation and peacemaking.

To prepare for the community engagement learning experiences, nursing faculty and graduate students conducted focus groups with potential community partners to explore community views on how nursing students could be involved in their organizations. Analysis of data from 11 focus groups with churches, schools, non-profit agencies, and a long-term care facility revealed relevant curricular themes of what was needed to support the community engagement curriculum.

The resulting themes included adequate orientation for students, clear expectations, working out scheduling and logistics, matching student interest with the organization, addressing the challenges of interaction with populations in the community, and brainstorming about project ideas (Wattman, Schaffer, Juarez, Rogstad, Bredow, & Traylor, 2009). The nursing department sponsored a series of reconciliation lunches during one semester that were led by a trained facilitator for all nursing faculty. The following semester, faculty and community partners participated in “Lunch and Learn Sessions” that featured discussion about selections from the Unnatural Causes DVD series on health disparities (<http://www.unnaturalcauses.org/>). A quasi-intergroup dialogue format was used to elicit community participants’ reflections on community health concerns and challenges and potential solutions. Democratic intergroup dialogue is one strategy that can help groups move toward reconciliation; this approach recognizes and respects all parties, creates a setting that reinforces the notion that change is possible, and transforms relationships toward positive social change. From such changes, public decision making is influenced, and new, previously unknown results can be produced (Schoem, 2003; Zubizaretta, 2002). Characteristics of intergroup dialogue include fostering an environment that enables participants to speak and listen in the present while understanding the contributions of the past and the unfolding of the future (Dessel, Rogge, & Garlington, 2006).

**Figure 1.** Barriers and Solutions and Response to Health Disparities



Through intergroup dialogue, the community participants identified “walls” (barriers) and “doors” (solutions) associated with the community’s self-identified health inequities. The identified barriers and solutions for challenges encountered were then categorized as health and behavior, social and economic, and physical factors in their environment (see Figure 1).

Community engagement learning experiences were implemented in the Spring Semester of 2011 in 21 community engagement sites, with a faculty liaison assigned to each site and the appointment of a community engagement coordinator in the Nursing Department. Initially 2–5 sophomore students were assigned to each site. With full implementation of the curriculum, students at each site range from 6–15. (See Table 1 for a more complete description of the community engagement curriculum.) Additional features of the community engagement program include Student Community Engagement Council meetings (twice a semester) and Community Partner meetings (once a semester). Student Community Engagement Council members represent all students and contribute to the planning process for community engagement curricular implementation.

### Method

Methods included focus groups with sophomore nursing students (a program evaluation component), and recorded or written stories from Student Community Engagement Council members, graduate students, nursing faculty, and

community partners. A graduate nursing student conducted two focus groups with sophomore nursing students in a University classroom following their first semester in their community engagement setting to evaluate student learning experiences in the sophomore year. No faculty members were present during the focus groups. Faculty instrumental in initiating community engagement experiences generated the focus group questions based on suggestions from the *Community Engagement Through Service Learning Manual* (Case Western Reserve University, 2001) and goals for student learning experiences. Focus group questions addressed positive and frustrating experiences; learning about self, nursing, community agency, and community; needs of the community; and contributions made to the community. One student was randomly selected from each community engagement site from a total of 90 students assigned across 21 community engagement sites. The study was approved by the Bethel University Institutional Review Board and all participants signed a consent form. Two focus groups were audio-taped and transcribed. A content analysis strategy was used to identify focus group themes. The graduate student who conducted the focus groups organized content themes, which were reviewed, revised, and validated by the first author.

Additionally, others involved in community engagement (a convenience sample) were asked to provide stories about their experiences. They were contacted by phone, in-person, or email and invited to participate in sharing their experiences with community engagement. Written consent was obtained for using their stories. Student Community Engagement Council members, graduate students who had an internship experience with the community engagement undergraduate program, nursing faculty who were liaisons to community engagement sites, and community partners provided stories in a written or oral format (audio taped). The stories represent the experiences of nursing students, nursing faculty, and community partners following one to two semesters of community engagement experiences.

## Results

Two focus groups were conducted; one group had eight students and the second included nine students. A content analysis of student comments revealed six themes: 1) experiencing difference, 2) framing learning experiences, 3) learning from the community, 4) acquiring professional skills, 5)

experiencing ambiguity, and 6) creating effective community engagement partnerships.

**Experiencing difference.** Students noted there were differences in the communities, environment, and life experiences in comparison to their own life experiences. A student reflected on wondering how youth in an African American church viewed white students:

I was a little nervous going into my site actually because it's an all-African-American church and I could just tell people were looking at me like what are you doing here so I can be a little negative and say that but I was just a little nervous at first because what do they think of us coming to their youth group, us four white students coming from [the University]. They probably have a lot of assumptions in their head going on just like we do—its natural for people when they first come into an environment. It's been good to just be able to throw those stereotypes aside and just realize we all serve the same God and he loves us all equally.

**Framing learning experiences.** Students reflected on how they understood the purpose and outcomes of CE, including learning public health approaches, learning to love people in the community, and being able to integrate their faith. One student specifically discussed reconciliation:

I think a big focus of [the University] is reconciliation and I feel like community engagement helps us to reconcile ourselves with the community and find ways of dealing with different social disparities but to also learn from them and become better people ourselves from the experience and also to help the community as well.

**Learning from the community.** As students spent time in their community settings, they began to realize the potential of their learning from the people they were serving. A student reflected on the first realization of the purpose of the experience:

... it's like this is a group of people, it is like a family or church buddy, it is like just knowing them, there is so much for me to learn, and I don't know how much we are there to help them as much as just to know them. Right now we did a blood pressure

screening but it's not like they needed us to do that. It's like learning from them--being who they are is a lot to offer us. So I think right now it's just for me to know them, their lives, their communities, and their families.

**Acquiring professional skills.** A number of student comments addressed how skills practiced in community engagement would contribute to their competence in nursing, specifically focusing on communication, teamwork, and problem solving. A student reflected about the skill of problem solving:

I think another really vital one [skill] that we learned is problem solving. .... You just have to learn how to improvise and go with it and figure out what you are doing, different situations that you may come across at the sites you may have to problem solve. It's really critical as a nurse to be able to have that skill.

Several students commented about the teamwork experience in their community engagement setting and the realization that different viewpoints exist within the nursing profession. For example: "I think it's like a lesson that we would learn for the rest of our lives..." "We need to get outside of our little bubble and realize that there are going to be a lot of nurses that don't have the same vision of nursing." .... "I need to realize that maybe not everyone thinks like me or wants to become a nurse for the same reason as me but ultimately we are all on the same team of providing the best care we can for the patient."

**Experiencing ambiguity.** Many students commented about the challenges of working in a community setting in which the roles and tasks of nursing students are less clearly defined. They reported experiencing ambiguity in role expectations, the community partner's lack of knowledge about community engagement, unclear communication channels, and difficulty scheduling their community engagement experience. Students discussed the ambiguity of working with the faculty liaison and community partner to determine their purpose and activities in the community setting. They expressed that expectations were not clear and in some cases neither the faculty liaison nor community partner was able to provide them with clear guidance.

**Creating effective community engagement partnerships.** In focus groups, students contributed suggestions about the faculty liaison role, orientation format, and matching the community engagement sites to coordinate with student schedules. They discussed the variability in interactions with the faculty liaison. A student expressed appreciation for the faculty liaison:

My faculty member in charge of our site really took an extra step to get to know our group members because after the first time we went to the site, she took us out to lunch; we just sat down and got to know her a little better. It was really awesome because it wasn't like an initiative to do better but really made me see her goals for us and even as a person getting to know her better makes me want to help out more because I feel like she will back us up.

In contrast, another student expressed that students should have greater responsibility:

We don't even have a liaison and it's better because there is no one to communicate through and it's gone really smoothly. I feel like it's been really helpful to have it that way, more responsibility on the students rather than faculty.

Other students commented about wanting more consistency between the faculty liaisons. A student expressed that many of their questions were left unanswered (ambiguity). What they wanted from the faculty liaison was to "get the ball rolling right away" and help them to feel more comfortable by making the initial contact with the community partner.

### **Stories from Students on the Community Engagement Council**

A student shared an experience in learning about a residence that served women recovering from addiction and abuse:

Another neat aspect that we saw was a huge kitchen where women can learn to cook healthy meals for themselves and their families. Most of the women grew up in homes where abuse was so prevalent there was no teaching, so for them to learn these skills is crucial to their success. The thing I loved most is that they don't

just teach people how to simply get over their addiction; they teach them how to heal from the inside out, which is what ultimately brings healing. I look forward to another three semesters there and can't wait to go visit again!

Another student talked about the difficulty of meeting with the faculty liaison, encountering uncertainty about how students should interact with the organization, the challenge of finding time with the academic schedule, and the hope for continued opportunity for involvement in the organization.

Student Community Engagement Council members also shared reflections of a lunch with health coordinators and staff from an organization, which is a collaboration of African American churches to build community and promote healthy living and values. Masters and undergraduate nursing students developed resource notebooks in response to a request from the health coordinators for a health education tool. An undergraduate student noted the challenge of integrating different groups at a partnership luncheon:

It was cool to see the people who were there.... We were talking afterward how it was very segregated. [The University] was all in one area and everyone else from the community was in their own ...it was just the nature of the thing, but it was kind of sad because we're doing this to get more cultured and we all just kind of segregated together.

The same student also reflected about community strengths. She commented, "for me personally, I learned how there are a lot of people who really do care about the community."

Another student reflected on the meaning of hope for communities that experienced health disparities:

It was the pastor I believe really put a sense of hope back in me. Because unfortunately we're talking about health disparities and we are seeing the economy and we're seeing firsthand what's happening so those who are even less fortunate are even becoming more, less fortunate. He just talked about hope. We are doing something and even though it's something small, hopefully that trickle effect will be larger and we

are stronger together than we are apart. I walked away feeling really hopeful where I had been feeling not so hopeful and a little desperate in that situation.

A student whose group had been unable to establish a connection with their assigned church expressed feeling encouraged by hearing about activities and interactions at the lunch. The student commented,

Seeing people at the luncheon and that they are so excited to have people come into their church was really hopeful and we were able to see by all the students coming into the community, the big effect it has on the community, and what we can learn from the community as well.

The lunch event served a similar purpose for another student whose group who had not been able to connect with the church health coordinator. The student reflected,

It was nice to hear all the other coordinators and hear them say "We're so excited to have students working with us." ... All of them seem really passionate about what they were doing. They were very concerned about their communities. That was refreshing.... Going to that luncheon was really cool. Even though we are not at that site anymore I have a good idea of what the other groups are experiencing.

### **Stories from Graduate Students**

Graduate students assisted with community engagement activities in a variety of ways. They provided classroom content, assisted with coordination of activities, and contributed to evaluation of the community engagement curriculum. Graduate students reflected on connecting with the community and the benefits of working in partnerships. A graduate student wrote,

Our teaching opportunity for the students came with having them present and explain the resource binder [Reaching for Healthier Tomorrow] and its uses to their individual community site leader. For me and my [teaching] partner, it was breaking the ice by engaging the leaders in a health quiz and giving a live cooking demonstration using one of the healthy recipes from the created

resource binder. For the leaders, it was having the opportunity to get to know us and have materials that they could use for their community. This learning experience reinforced, to me, that opportunities for learning, growth, and partnership can take many forms.

Another graduate student reflected on opportunities for “exponential growth and opportunity for strengthening interpersonal and leadership skills during times of project success and failure.” Graduate students balanced the uncertainty of the community settings, coached undergraduate students to gain learning from both successes and challenges, and focused on their own leadership growth.

The graduate student who conducted focus groups with sophomore students following their first semester, made the following observations:

Many students went into this course with the assumption that they will be teaching the community and making an impact on the lives of community members. At the end of the first semester since the implementation of (community engagement), it was quite astonishing to most students the amount of learning and growth that has taken place regarding various cultural values and beliefs... . Community engagement also allows nursing students the majority of whom are white to come in contact with people that they have little or no interaction with in the past. Through meaningful partnerships, nursing students are able to throw stereotypes aside and treat community members with as much respect as they deserve.

### **Stories from Faculty Members**

Faculty members also experienced challenges with scheduling community engagement experiences. One of the faculty liaisons adapted to this challenge by finding an alternative community engagement site that was familiar to them. Another faculty member discussed the learning that results from uncertainty:

Learning to be flexible and willing to feel “uncertain of what to do” or “out of their element” are the peripheral, yet equally important learning aspects of this

experience. It takes courage to go into another culture and introduce oneself, offering involvement with health initiatives already started, and a willingness to do whatever one can yet feeling inadequate for the task at hand.

The faculty member noted that leadership learning experiences were “rocky” because of busy schedules that became a barrier to following through on communication. However, there were also opportunities for growth in leadership, indicated in the following comment:

The student leadership that emerged through the experience has been quite remarkable and also a learning experience. One young man displayed a passion for this experience and by default took over leadership of the group. He emailed meeting times and topics and led the “in-person” meeting of the group, with a written agenda. He also connected with the site on several occasions, connecting emotionally as well, emailing over the summer to ask if they were okay after tornadoes [hit the area].

Another faculty member described a learning experience in the community engagement setting that promoted student learning about the diversity of the facility. Nursing students tabulated all the different languages spoken in a long-term care facility. The faculty member worked with students to create a “wordle” ([www.wordle.net/](http://www.wordle.net/)) document of languages, which resulted in a colored illustration of “word clouds from text.” The faculty member explained that the resulting illustration “emphasized the diversity of the facility. The administrators at the facility were happy to have some meaningful art to hang in the halls of the facility. The students became acquainted with the facility and the facility benefited from the product of the class exercise.”

### **Stories from Community Partners**

A health coordinator from one of the churches expressed satisfaction with student participation in a church flu shot clinic. She said, “The three nursing students volunteered to take blood pressures. More people, young and old, came down to get their blood pressure checked and also got a flu shot.”

The community partner that worked directly with all health coordinators at the churches spoke about both student involvement and satisfaction

with the resource notebook that focused on healthy living:

Some of the successes are the great preparation and community interaction prior to the students actually entering the community of faith. The coordinators, pastor, and congregation at the churches were welcoming and made the students feel a part [of the church congregation] although they may have been somewhat apprehensive at first especially if, for the first time they were the minority. The students have attended the worship services and stayed for the entire service (more than an hour) and have connected to the other young adults in the congregation and the younger children admire them. They continue to communicate with the coordinator after the semester ends in preparation for the next semester. The resource book that was created and provided for the churches is brilliant and a priceless tool in the hands of those overseeing the health ministry in their churches. I personally found the Low-Calorie Meals gift book for participating in the health quiz a must in my kitchen and can use it as a teaching tool for nutrition classes.

The director of the program also spoke about the challenges encountered in working with different calendars and volunteers as well as managing changes that occur in funding and resources:

One of the challenges with the churches is fitting the health ministry into the church calendar. The churches with an established and strong health ministry can quickly integrate nursing students into health ministry while in the other churches it is a greater challenge and may leave the students a little frustrated. However, we are expecting some changes especially since the positive reports have promoted others to request nursing students for their church. In many churches those working in the health ministry are volunteers making it extremely difficult for consistent follow through...I believe this is an exceptional concept to incorporate/integrate community engagement in underserved communities for the nursing students' education and commend you for the commitment to see it through.

## Discussion

### *Strengths and Limitations*

The strength of this project is the inclusion of stories from all partnership participant categories, which gives a more complete picture of community engagement learning experiences. Since sophomore students were randomized into focus groups, their stories are likely to be more representative of student views. However, Student Community Engagement Council members, nursing faculty, and community partner participants were recruited based on their availability, which means the stories likely do not capture the full range of views about community engagement experiences.

### Lessons Learned

Lessons learned stem from the voices of students, community partners, and faculty about their community engagement experience and the authors' experiences with overseeing the implementation of the community engagement curriculum.

**Time and academic expectations are constraints.** All stakeholders seem to value the goals of community engagement—reducing health disparities, developing cultural sensitivity and competence, and developing a commitment to vulnerable populations. However, the reality of finding time to devote to these goals in the midst of a content-driven curriculum and the busy schedules of students, community partners, and faculty is a major challenge. “All the academic stuff,” as one student said, eclipses the time needed to invest in community engagement. It is important for all stakeholders to keep the goals of community engagement in the forefront. Faculty and students are learning to “let go” or adapt expected assignments and tasks, given the uncertainty and changing community environment. The key lesson learned is that change is a process and a good portion of the learning happens during the process, sometimes more than the learning that results from the end product or outcome.

**Being in the community requires flexibility.** Although nursing faculty endorse and even embrace the idea of reconciliation, the hard long-term community relationship building that is foundational to reconciliation (DeYoung, 2007) is a major challenge in several ways to nursing faculty. Barriers to the development of long-term relationships between nursing faculty and the community include: changes in faculty course assignments, changes in community agency staff, and time constraints faculty experience in juggling multiple roles. Time



management and complex schedule challenges in community engagement are consistent with barriers to effective academic-community partnerships identified in the literature (Rosing, Reed, Ferrari, & Bothne, 2010; Simpson 2012). In addition, the norm for nursing faculty is to develop the course plan prior to each semester, and then follow the syllabus until the course is finished. From an academic perspective, nursing faculty and nursing students have learned to cope and “survive” by living by their “to do lists.” This organized approach is consistent with an academic and hospital environments, but can create tension in collaboration in community settings. In community settings, the “to do list” may change several times within a semester timeframe.

#### **Working side by side develops relationships.**

If community partners, nursing students, and nursing faculty can move beyond the constraints of time and the norms of their different settings, they have the opportunity to experience joy and satisfaction as they work together. The work of reconciliation means the authentic or “real” person shows up and shares knowledge, skills, and ideas to work toward a common goal. Creating time to share food and open conversation is crucial to relationship building—working side by side as CE experiences are implemented. In a qualitative study about cultural safety in nursing and nursing education (Doutrich, Arcus, Dekker, Spark, & Pollock-Robinson, 2012), the researchers identified one of the major themes as “learning to walk alongside.” This involves a partnership model in which all voices are important and included in decision-making.

#### **The community teaches students and faculty.**

Although both students and faculty expressed frustration with the uncertainty of their community connections and for some the connections did not happen, the uncertainty also can lead to increased problem solving by students. Nursing faculty members that take on the role of a “coach” (in contrast to the traditional faculty role of “director”) are more likely to emphasize the learning that comes from being in the community. Both students and faculty may need to continue moving out of their “comfort zone” in wanting detailed plans for completing specific activities and tasks.

One example showcased in the student stories illustrated the phenomenon of segregation. In this situation, the student learned about the meaning of segregation through sitting in different groups at an event in the community. The same learning would be much less likely to occur in the classroom setting. From this learning experience, the student

developed the motivation to do things differently in future experiences in the community.

#### **The learning curve needs to be recognized.**

The stories represent community engagement experiences midstream in curricular implementation. Since change is a constant given the differences in roles and settings, community engagement partnerships and learning strategies are dynamic and will change through the implementation process. This experience is consistent with how our real world works. Thus we need to recognize that we will learn also from times when the experience does not go as expected. As we work to develop meaningful relationships, we need to recognize that it takes time, we all bring different skills and expertise that are important to the collaboration process, and we need to forgive one another when our understanding or capacity is limited. We have hope in the capacity to learn ways of moving toward reconciliation.

#### **Conclusion: Moving Toward Reconciliation**

Reconciliation is an ongoing and continuing process and is certainly characterized by “bumps in the road,” collisions of tensions, and stops and starts. Community partners welcomed nursing faculty and students into their organizations, creating strong partnerships and the development of a broad array of strategies and resources that contribute to healthier communities. Nursing faculty and students along with the community partners joined together, were courageous in starting the journey, and desired to contribute to the development of future nurses.

#### **References**

American Association of Colleges of Nursing. (2008). The essentials of baccalaureate education for professional nursing practice. Retrieved from <http://www.aacn.nche.edu/education/pdf/baccessentials08.pdf>

American Association of Colleges of Nursing. (2005). Nursing education’s agenda for the 21st century. Retrieved from <http://www.aacn.nche.edu/Publications/positions/nrsGEDag.htm>

Boesack, A.A. & DeYoung, CP. *Radical reconciliation: Beyond political pietism and Christian quietism*. Maryknoll, NY: Orbis Books.

Boutain, D.M. (2005). Social justice as a framework for professional nursing. *Journal of Nursing Education*, 44(9), 404–408.

Boutain, D.M. (2008). Social justice as a framework for undergraduate community health clinical experiences in the United States. *International Journal of Nursing Education Scholarship*, 5(1). Retrieved

- from: <http://www.bepress.com/ijnes/Vol5/iss1/art35>
- Bringle, R. G. & Steinberg, K. (2010). Educating for informed community involvement. *American Journal of Community Psychology*, 46, 428–441.
- Carnegie Foundation for the Advancement of Teaching. (2012). Classification description: Community engagement elective classification. Retrieved from: [http://classifications.carnegiefoundation.org/descriptions/community\\_engagement.php](http://classifications.carnegiefoundation.org/descriptions/community_engagement.php)
- Case Western Reserve University. (2001). Community engagement through service learning manual. Retrieved from [http://depts.washington.edu/ccph/pdf\\_files/CETSLmanual4.pdf](http://depts.washington.edu/ccph/pdf_files/CETSLmanual4.pdf)
- Cockerham, W.C. (2007). Social causes of health and disease. Cambridge, UK: Polity Press.
- Community Campus Partnerships of Health (2012). Community Campus Partnerships of Health: Transforming communities and higher education. Retrieved from <http://depts.washington.edu/ccph/scholarship.html>
- Dessel, A., Rogge, M., & Garlington, S. (2006). Using intergroup dialogue to promote social justice and change. *Social Work*, 51, 303–315.
- DeYoung, C. (2007). Living faith: How faith inspires social justice. Minneapolis, MN: Fortress Press.
- Doutrich, D., Arcus, Kerri, Dekker, L., Spuck, J., & Pollock-Robinson, C. (2012). Cultural safety in New Zealand and the United States. *Journal of Transcultural Nursing*, 23(2), 143–150. DOI: 10.1177/10433659611433873
- Fahrenwald, N.L. (2003). Teaching social justice. *Nurse Educator*, 28(5), 222–226.
- Groh, C.J., Stallwood, L.G., & Daniels, J.M. (2011). Service-learning in nursing education: Its impact on leadership and social justice. *Nursing Education Perspectives*, 23(6), 400–405.
- Health Policy Briefs (October 6, 2011). Achieving equity in health. Retrieved from: [http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief\\_id=53](http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=53).
- Hunt, R.J., & Swiggum, P. (2007). Being in another world: Transcultural student experiences using service learning with families who are homeless. *Journal of Transcultural Nursing*, 18(2), 167–174. doi:10.1177/10433659606298614
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, D.C.: The National Academies Press.
- Kirkham, S.R., Hofwegen, L.V., Harwood, C.H. (2005). Narratives of social justice: Learning in innovative clinical settings. *International Journal of Nursing Education Scholarship*, 2(1). Retrieved from: <http://www.bepress.com/ijnes>
- Mueller, C., & Norton, B. (2005). Service learning: Developing values and social responsibility. In Billings, D.M., & Halstead, J.A. (Ed.), *Teaching in nursing: A guide for faculty* (2nd ed., pp. 213–227). St. Louis, MO: Elsevier Saunders.
- Robert Wood Johnson, Foundation. (2012). Finding answers solving disparities. Retrieved from <http://www.rwjf.org/en/library/research/2011/12/finding-answers-solving-disparities.html>.
- Robert Wood Johnson Foundation. (2011). What shapes health? Issue Brief #2: Exploring the social determinants of health. Robert Wood Johnson Foundation. Retrieved from <http://www.rwjf.org/en/library/research/2011/03/what-shapes-health-related-behaviors---.html><<http://www.rwjf.org/content/rwjf/en/research-publications/find-rwjf-research/2011/06/what-shapes-health.html>>.
- Rosing, H., Reed, S., Ferrari, J.R., & Bothne, N.J. (2010). Understanding student complaints in the service learning pedagogy. *American Journal of Community Psychology*, 46(3-4), 472–481.
- Schoem, D. (2003). Intergroup dialogue for a just and diverse democracy. *Sociological Inquiry*, 73(2), 212–227.
- Schuessler, J.B., Wilder, B., & Byrd, L.W. (2012). Reflective journaling and development of cultural humility in students. *Nursing Education Perspectives*, 33(2), 96–99.
- Simpson, V.L. (2012). Making it meaningful: Teaching public health nursing through academic-community partnerships in a baccalaureate curriculum. *Nursing Education Perspectives*, 33(4), 260–263.
- Wattman, J.E., Schaffer, M.A., Juarez, M.J., Rogstad, L.L., Bredow, T., & Traylor, S.E. (2009). Community partner perceptions about community engagement experiences for nursing students. *Journal of Community Engagement Experiences for Nursing Students*, 1(1). <http://discovery.indstate.edu/ojs/index.php/joce/issue/current>.
- Zubizaretta, R. (2002). *Dynamic facilitation: An exploration of deliberative democracy, organizational development and educational theory as tools for social change*. Unpublished master's thesis. Sonoma State University. Retrieved June 4, 2004, from [WTA'Av.sonoma.edu/iisers/s/](http://WTA'Av.sonoma.edu/iisers/s/).

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