Volunteer Service and Service Learning: Opportunities, Partnerships, and United Nations Millennium Development Goals

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Abstract

Purpose: This article explores approaches to service involvement and provides direction to nurse leaders and others who wish to begin or further develop global (local and international) service or service learning projects.

Approach: We review types of service involvement, analyze service-related data from a recent survey of nearly 500 chapters of the Honor Society of Nursing, Sigma Theta Tau International (STTI), make recommendations to guide collaborative partnerships and to model engagement in global and local service and service learning.

Findings: This article offers a literature review and describes results of a survey conducted by the STTI International Service Learning Task Force. Results describe the types of service currently conducted by STTI nursing members and chapters, including disaster response, service learning, and service-related responses relative to the Millennium Development Goals (MDGs). The needs of chapter members for information about international service are explored and recommendations for promoting global service and sustainability goals for STTI chapters are examined.

Conclusions: Before engaging in service, volunteers should consider the types of service engagement, as well as the design of projects to include collaboration, bidirectionality, sustainability, equitable partnerships, and inclusion of the United Nations Sustainable Development Goals.

Clinical Relevance: STTI supports the learning, knowledge, and professional development of nurses worldwide. International service and collaboration are key to the advancement of the nursing profession. Culturally relevant approaches to international service and service learning are essential to our global organization, as it aims to impact the health status of people globally.

The nursing profession in the 21st century is characterized by the development of collaborative partnerships with patients, providers, families, and communities to promote the health and well-being of all people. Nurses across the globe are actively engaged in voluntary service activities in local, national, and international arenas.

Sigma Theta Tau International (STTI) strongly encourages members to address the United Nations (UN) Millennial Development Goals (MDGs), now the Sustainable Development Goals (SDGs; UN, n.d.), with their service commitment. Community service, advocacy, and activism are a vital and important part of the social responsibility of the world's most trusted profession (Riner, 2011). Contemporary nursing is fully engaged in the social responsibility of caring in our global society. Tyer-Viola et al. (2009) view social responsibility as grounded in the American Nurses Association Code of Ethics and the International Council of Nurses Code of Ethics and steeped in social justice. As such, many schools of nursing incorporate service learning as a key component in their curricula. Increasingly, many institutions of higher education seek to develop international service opportunities for their students. However, many nurses still experience difficulty in identifying ways to engage in service activities in meaningful and sustainable ways, select organizations with whom to volunteer, and prepare for or complete service activities, especially in international contexts or in response to disasters.

This article is the result of 2 years of preparation, survey data collection, and analysis by nurse leaders with expertise in collaborative, sustainable service engagement who served on STTI's International Service Task Force (ISTF). These nurse leaders were selected by the STTI Board of Directors during the 2011–2013 Biennium. This paper (a) reviews common types of service activities, including disaster response and service learning; (b) discusses results from a survey of nearly 500 chapters of STTI that describe the types of service conducted by chapters and nursing members and their link to the MDGs, as well as the needs of chapter members for information about international service and MDGs; and (c) provides recommendations for service that promote global service and sustainability goals for nursing organizations and chapters. It is intended to provide direction to nurses, STTI chapter members, and others who wish to begin or further develop global (local and international) service or service learning projects.

History of Nursing Volunteerism, Social Responsibility, and Ethical Obligations

There are over 19.3 million nurses worldwide (World Health Organization [WHO], 2011), with a global density of 29.0 nurses and midwives per 10,000 population (WHO, 2013). However, according to the WHO (2010), greater than 70% of WHO member states report experiencing a shortage of nurses and midwives. There is a

steady increase in available opportunities and a growing demand for nurse volunteers both in their home country as well as across international borders. Nurses volunteer their service in local communities in a variety of short- and long-term roles and in response to local, regional, or international disaster events.

Nursing as a discipline has focused on service since the days of Florence Nightingale. Notably, the call to nurses for service has never been greater than in this contemporary era of globalization. One of the central challenges facing all health professions today is that clinical excellence is diminished if it is out of reach of most of the people who require access to it (O'Neil, 2006). "Excellence without equity," Paul Farmer wrote, "looms as the chief human rights dilemma of health care in the 21st Century" (Farmer, 2001, p. 210). More recently, Farmer, Kim, Kleinman, and Basilico (2013) argued for global health equity through a model that includes partnerships, collaboration with the public sector, priority needs for women and children, and consideration of basic social needs using a biosocial approach. They emphasized that a global approach includes addressing disparities within countries as well as across international borders; focusing on health equity; and considering the cultural, social, political, and economic factors that impact health. Though not a nursing model, it serves to remind the nursing profession of the importance of models to guide practice and the importance of collaborative partnerships.

Nursing models offer insight into elements of global nursing service. In an integrative review of the literature for global health diplomacy, Hunter et al. (2013) noted that ethical issues are critical in framing any nursing involvement in global health initiatives. Leffers and Mitchell (2011) in their report on the conceptual model for partnership and sustainability noted that engagement and partnership are essential to sustainability of international programs. Partnership processes of mutual goal setting, cultural bridging, collaboration, and capacity building are critical to the development and continuation of partnerships. Riner's Global Engagement for Nursing Education model outlines important characteristics for the design, provision, and evaluation of global experiential education for nursing students (Riner, 2011).

Global Nursing Service Types and Contexts

Nurses volunteer their service in a variety of global settings and contexts. International service includes

local, regional, national, and international aspects in nursing volunteerism. Service can occur in church buildings, clinics, and schools, and in programs for those who are homeless, victims of violence, or migrant farmworkers. Service can be offered on a short-term basis for a particular event, but also may be offered on a long-term basis over many years of involvement. Although numerous examples can be offered, one example of a long-term, sustainable service program is the Farmworker Family Health Program, which is an interprofessional, in-country cultural immersion service learning experience. Each summer in June, undergraduate and graduate students from the Emory University Nell Hodgson Woodruff School of Nursing, University of Georgia School of Pharmacy, Georgia State University Department of Physical Therapy, Clayton State University, and Darton College Departments of Dental Hygiene spend 2 weeks delivering vital health care services to farmworkers and their children in a farming community in southwest Georgia (Bail et al., 2012; Connor, Rainer, Simcox & Thomissee, 2007).

Disaster Response

Many nurses provide service with local or national emergency response teams for disaster relief. Therefore, it is vital that nurses receive the necessary training and that they connect with the national or federal emergency management authorities in their home countries before disasters occur. Training should be acquired from federally or nationally recognized sources, including the International Red Cross-Red Crescent or governmental agencies. Nurses can consult the International Council of Nurses (ICN, 2009) or the International Nursing Coalition for Mass Casualty Education (2015) for information about disaster preparedness and ethical considerations for disaster response. Nurses in the United States should connect with the U.S. National Disaster Medical System, a nationwide medical response system designed to (a) supplement state and local medical resources during disasters or major emergencies and (b) provide backup medical support to the military and Veterans Administration Medical Care systems during any overseas conflict. Interested U.S. nurses should contact the U.S. Medical Reserve Corps (MRC, www.medicalreservecorps.gov), which is a national network designed to engage volunteers to strengthen public health, emergency response, and community resiliency. Nurses trained in disaster response and emergency preparedness can contact the MRC, Red Cross, Red Crescent, or other disaster response organizations to determine how best to offer volunteer services consistent with the mission of the organizations. Globally, nurses are involved in disaster response in many ways, including roles in the Disaster Nursing Network, sponsored by the ICN, STTI's Disaster Nursing Community, WHO's Disaster and Nursing Collaborating Centers, in addition to other global response efforts.

International Service and Volunteer Service Involving Travel

Nurses also travel to other countries and significantly contribute to global health efforts by volunteering in international humanitarian settings in activities frequently referred to as "missions," "health brigades" (Leffers & Plotnick, 2011), or "service trips." It is important to note that not all "mission" trips are associated with a religious group or have a religious cause. Rather, mission often refers to "short-term trips that healthcare professionals embark on to meet the needs of people worldwide" (Leffers & Plotnick, 2011, p. 8). Many nurses also participate in longer service trips that may range in length anywhere from several weeks to several months or years as part of organizations that emphasize international service. Examples of organizations include the Peace Corps, Medicins Sans Frontieres (Doctors Without Borders), Health Volunteers Overseas, Volunteer Service Organization, and many others. *Volunteering at Home and Abroad: The Essential Guide for Nurses* (Leffers & Plotnick, 2011) provides many examples, models, and guidelines for nurse volunteerism.

Nursing service across international borders can take the form of direct patient care, consultation with nurses and healthcare professionals, or educational collaboration. Many forms of service provide nurses with opportunities to serve in well-established partnered and ethically responsible programs. Poverty, lack of access to care, or differences in power or cultural understanding can create ethical challenges in some service opportunities that nurses must consider. Critics have claimed that short-term overseas volunteer work in low-income countries by clinicians from high-income countries can be self-serving, raise unmet expectations, burden local health facilities, and be culturally irrelevant (Suchdev, Ahrens, Click, Macklin, Evangelista, & Graham, 2007). Further, these trips may provide temporary fixes that fail to address the root causes of problems and fail to follow current standards of public health delivery (Suchdev et al., 2007). In contrast, many nurses provide service through long-term, well-established partnerships that benefit the host country partners as well as nurse volunteers and organizations (Upvall & Leffers, 2014). Sustainable service partnerships can be facilitated through service learning and achieve bidirectional goals.

Service Learning

Service learning is a strategy to ensure that nursing service meets the needs of those in low-resource settings. Service learning is defined as "an educational methodology which combines community service with explicit academic learning objectives, preparation for community work, and deliberate reflection" (Purdue Center of Instructional Excellence, n.d., p. 1). Service learning must have benefits to primarily the community recipients as well as students/professionals from other settings, with learning opportunities that are integrated into the academic curriculum and allow students to be active participants in the planning and implementation of the service project. Shared goals from the community should be viewed as critical to any service learning project. This pedagogy moves beyond merely providing service to a recipient; thus, it requires reciprocity and bidirectionality between the community and students (Riner, 2011).

The benefits of engaging students in service learning include (a) improved skills in health education; (b) increased awareness of community needs and empathy; (c) improved abilities to work with diverse clients; (d) decreased stereotyping attitudes about disadvantaged populations; (e) increased civic awareness and responsibility; (f) personal and professional growth for cultural competency and critical thinking about real-life situations in unfamiliar environments; (g) greater flexibility, creativity, and innovation that later influenced both their personal and professional lives; and (h) increased self-efficacy related to cultural competency and a commitment to international service when students become registered nurses (Amerson, 2014; Edmonds, 2012; Levine, 2009; Murray, 2013).

Not only do students benefit from service learning; community recipients must also benefit from service learning. Reising, Allen, and Hall (2006) found that hypertension screening and counseling sessions conducted by the Indiana University School of Nursing resulted in community members taking actions to address hypertension goals, decrease their hypertension levels, and decrease their risks for future hypertensive episodes. The participants of a *promotora* (community health worker) program reported that the educational sessions provided by nursing students benefited people in their community (Amerson, 2013). As suggested by Amerson (2013), the establishment of relationships and long-term participation by community members in collaboration on service learning projects provides evidence that community recipients value the service of nursing students. Recent literature addresses the contributions of the partnerships in academic–community partnerships (Sanchez, Carrillo,

& Wallerstein, 2011), but review of this extant body of literature is beyond the scope of this article.

International Nursing Excellence in Scholarship, Leadership, and Service

The Honor Society of Nursing, STTI is a global nursing organization whose mission is to advance world health and foster nursing excellence in scholarship, leadership, and service. STTI's active members number more than 135,000 residing in more than 90 countries, with more than 500 STTI chapters in six global regions: Africa, Asia, Europe, Latin and South America and the Caribbean, and North America and Oceania (**Figure 1**). More recently, the Middle Eastern Region has been developed as a unique region within STTI.

STTI's special consultative status granted by the UN provides the strongest nursing presence at the UN, and the organization works to help their nurse members understand the aims of the MDGs, and the goals subsequent to 2015, the SDGs (c.f. Sigma Theta Tau International, 2014). In 2012, there was agreement by UN member states that it was critical to launch a process to develop a set of SDGs that would build on the MDGs and integrate with the post-2015 development agenda (UN, 2015). STTI has strongly encouraged members to serve locally, nationally, and globally and to address the UN MDGs with their service commitment.

Millennium Development Goals and Sustainable Development Goals

The eight UN MDGs have served as the roadmap to guide the development of global nations from 2000 through 2015. As the deadline for achieving the goals approached, the Secretary General of the UN declared that the MDGs "have been the most successful global anti-poverty push in history" (UN, 2013). However, according to the WHO, critical health workforce shortages, inadequate skill mix, and uneven geographical distribution of the health workforce posed major barriers to achieving the health-related MDGs (WHO, 2014).

Nurses are pivotal in nation and capacity building. As nurses worldwide seek to offer roles critical to the MDGs, SDGs, and post-2015 era, the selection and planning of service activities must be reflective of meeting these goals both locally and internationally. Moving forward, the choice of service activities must be targeted, relevant, and achievable—as well as aligned with the SDGs. Identification of potential partners, stakeholders, and collaborators, and the choice of the level of service involvement, are critical to the process of selecting activities geared towards meeting these set goals.

Figure 1. Sigma Theta Tau International's global regions.

The following section describes findings from an STTI service-related nursing survey. These survey results are followed by the ISTF recommendations for service engagement.

A Baseline of Service Activities Within Chapters of STTI: The 2012–2013 International Service Taskforce Survey

As part of the work of the STTI ISTF, each STTI chapter was asked to complete a 76-item 2012 Annual Chapter Report Survey. Data from responses to 13 service-related questions on the 2012 STTI Annual Chapter Report were used and analyzed. A total of 488 chapters completed the 2012 Annual Chapter Report. Quantitative data and open-ended questions from the survey were reviewed by taskforce members. Quantitative data were analyzed via IBM SPSS version 20 statistical software package (SPSS Inc., Chicago, IL, USA). Descriptive statistics were used, including frequencies, means, and standard deviations, to describe the sample and responses. Cross-tabulations were also calculated to examine results by region and globally.

Service-Related Results

More than half (61%, $n = 300$) of all STTI chapters reported that they participated in volunteer community service. Chapter service activities were primarily conducted in the local areas of chapters (57.2%, $n = 279$), but 18.9% ($n = 92$) were conducted internationally, and 12.9 % of chapters ($n = 63$) conducted activities in national or regional areas. Many chapters engaged in volunteer service activities annually (30.3%, $n = 148$), or monthly, bimonthly, or quarterly (22.9%, $n = 112$). A few chapters (7.7%, $n = 38$) provided service activities less often than annually or that were a one-time event. Only 22.5% ($n = 110$) of chapters provided activities where nurses were able to provide health care, which primarily included direct patient care (50.0% [or 11.3% of total], $n = 55$) or consultation (23.6% [or 5.3% of total], $n = 21$). However, despite answering "no" (70.5%, $n = 344$) to the question regarding if the chapter's members provided health care during volunteer service activities, several of these chapters ($n = 23$) concurrently reported that their members provided or engaged in health education, health screening, first aid care, health fair activities, health histories, physical exams, or vaccinations during community service. Many chapters engaged in service activities in partnership with either schools of nursing (11.5%, $n = 56$), nongovernmental organizations (7.8%, $n = 38$), a clinic or hospital (3.1%, $n = 15$), or with another STTI chapter (0.2%, $n = 1$).

Chapter service activities were instrumental in addressing all of the MDGs. Over one fifth of the chapters reported volunteer service activities to address MDG 1: Eradication of extreme hunger and poverty (21.1%, $n = 103$ chapters) through activities such as providing food or supplies for homeless or underserved populations. More

than 10% of chapters also reported service activities that addressed MDG 8: Global partnership for development (13.3%, $n = 65$), MDG 4: Reduction in child mortality (12.7%, $n = 62$), MDG 3: Promotion of gender equality (12.5%, $n = 61$), and MDG 5: Improvement in maternal health (10.5%, $n = 51$). Chapters also reported volunteer service activities that helped to address MDG 6: Combat HIV/AIDS, malaria and other diseases (8.4%, $n = 41$) through HIV screening and education and MDG 7: Ensure environmental sustainability (7.7%, $n = 38$) through water purification, donation to organizations (water.org), or through other activities. Some chapters (6.1%, $n = 30$) helped to address MDG 2: Promote universal primary education by activities such as promoting children's literacy, providing simple health education of elementary children, and donating back-to-school backpacks.

Despite documentation of numerous chapter service activities that addressed the MDGs, there were also many chapters that reported seeking additional assistance to better understand the MDGs and to develop service activities that addressed specific MDGs (**Figure 2**). More than 10% of chapters expressed interest in additional information on MDGs related to hunger and poverty, child mortality, global partnership for development, gender equality, maternal health, and environmental sustainability.

Many chapters also expressed interest in learning more about volunteer service-related activities for experienced nurses, including group service trips (28.2%, $n = 234$), particularly "out of home country experiences" (21.9%, $n = 182$), disaster response (27.0%, $n = 224$), and student service learning through exchange programs (22.9%, $n = 190$). Combining service with nursing student learning was identified as another important component of nursing practice.

Task Force Recommendations for Volunteer Service

Key Elements Necessary for Appropriate Service and Service Learning

The current global health equity paradigm reflects a reimagining of global health ethics to be bidirectional, and reciprocal, with equality embedded within culturally relevant, sustainable, collaborative partnerships. Significant investment of time, energy, and resources over multiple years is required to establish productive relationships, centered within mutual respect, which may result in improved health care and a strong commitment to bidirectional, reciprocal student and professional nursing commitments to global health. Without elements of

mutual respect and trust to build partnerships, cultural humility to foster relationships, a commitment to a shared vision for service partnerships and collaboration, service programs are likely to fail, or worse, to perpetuate models of unequal power and cultural imposition. All service should lead to sustainable outcomes.

Ethics and Volunteer Service

In *Reimagining Global Health*, Farmer et al. (2013) suggest that to achieve global health care equity, partnerships and collaboration must be the foundation of service in resource-limited areas, and that social justice is the only framework on which these partnerships can be built. The ethics of international service are a key element in global partnerships. Crigger (2008) emphasizes that all voices must be heard, that inclusion of all partners is essential, and that ethics underpins all aspects of care. Further, nurse volunteers must consider reflexivity to consider one's own as well as partners' perspectives and keeping human rights concerns at the forefront of all service endeavors. For example, it is critically important to avoid US—and North American—centric approaches when engaging in global service partnerships. Culturally sensitive approaches must be embraced to achieve successful milestones in international service. Grounding all volunteer service in the ethical foundations of nursing and social justice fosters respectful partnerships, successful programs, and global health equity (Crigger & Holcomb, 2007).

Types of Service Involvement

Ethical participation in service, globally or locally, requires a discernment process regarding the choice of types of service involvement. Short-term projects, social education, social action, and social justice require different commitments of time, skill sets, and capacities. We begin the discussion with the simplest form of service involvement and move to the higher order level of social justice that represents the most effective and responsible level of service.

Short-term projects are designed to assist in meeting the immediate or short-term needs of individuals, families, or groups of people. Project activities may include assisting in disaster relief, gathering and distributing supplies during emergencies and scarcity of resources, providing health screenings, and providing a specific time-limited service as a part of a long-term project. Collaboration with local partners is critical to ensure cultural relevance and need.

Social education service requires providers to become educated about a specific health issue, and then to
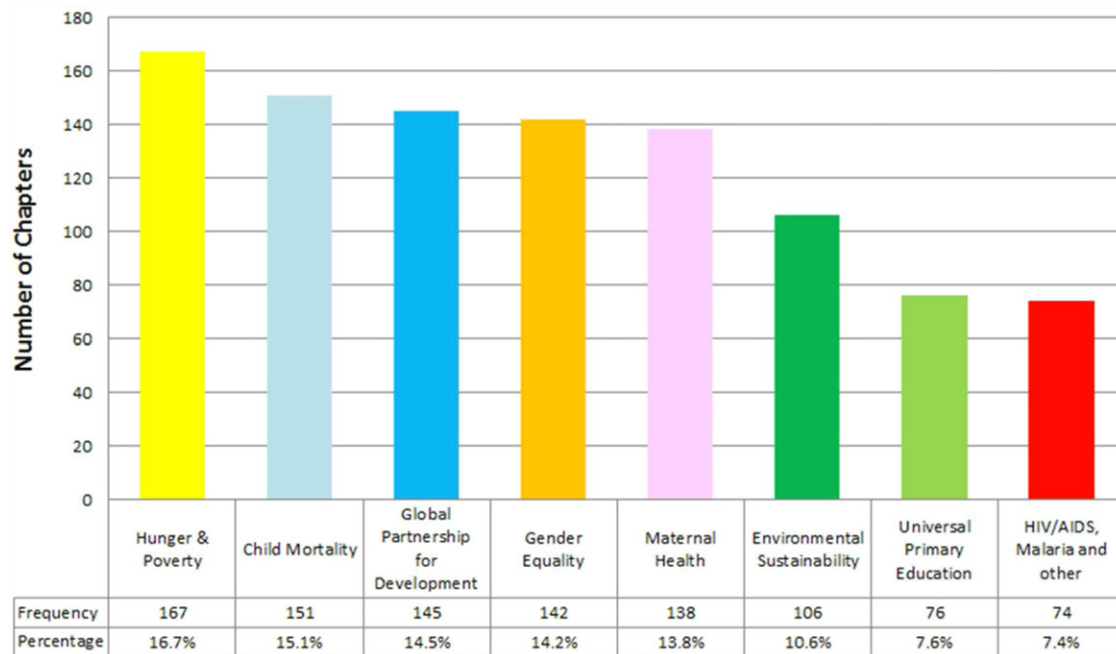
Figure 2. With which Millennium Development Goals would your chapter most like assistance in service project development from Sigma Theta Tau International?

collaborate in providing sustainable, culturally appropriate education to individuals, families, or population groups to stimulate the change in beliefs, behaviors, practices, and customs that is necessary to improve the health outcomes of a target population. Activities might include community workshops, topic-specific awareness events such as Alzheimer walks, HIV education or outreach, education about safe water, or in-service seminars or workshops for healthcare providers, such as hunger assessment tools for elders living alone. Recent examples include professionally trained nurse-midwives providing clinical training for traditional indigenous midwives in Guatemala (Foster, Anderson, Houston, & Doe-Simkins, 2004) or teaching promotoras (community workers) about hygiene and the use of oral rehydration practices (Amerson, 2013).

Social action service requires becoming knowledgeable about specific healthcare issues and advocating for culturally relevant or culturally determined change, and taking collaborative, sustainable action through community, legislative, or political action. One example is the training of volunteers from a local hospital in the Dominican Republic to become doulas to provide women with emotional support during labor and delivery. The U.S. nursing partnership contributed to the stewardship and financing of the doula training and achieving optimal health outcomes (Foster & Heath, 2007).

Social justice service activities involve taking action, collaboratively, to address root causes of health issues through provision of long-term tools and strategies. There are several organizations whose mission is to address issues of social justice, including, but not limited to, the Carter Center, Heifer International, and Habitat for Humanity®. Another example is teaching community health workers in the Dominican Republic to become certified in research ethics to assist them in becoming members of the research team aimed at contributing to research projects related to quality of maternity care (Foster et al., 2012).

Research and community-based projects steeped in social justice have great value for service learning. It is important for nurses to understand the type and goals of the project they are undertaking. Short-term projects are the easiest to design and implement with local partners; however, achieving bidirectional goals is critical. Projects that involve social education, social action, or working for social justice require long-term partnerships and commitment to specific sites and long-term goals. Projects that promote social action and social justice, however, may have more long-term impact and are more likely to achieve sustainability goals, including SDGs. Critics have argued that some short-term projects are more likely to serve the needs of volunteers, rather than the long-term interests of the community. All projects that are well

designed may be well served in achieving bidirectional goals and successful evaluation by the collaborative partners.

To provide ethically sound, culturally appropriate and sustainable volunteer service, the choice of partnership organizations must be a significant priority for nurses engaging in any form of service as individuals or as a group, locally, nationally, or internationally on behalf of the nursing profession. While nurses often volunteer as individuals or as part of small volunteer organizations, volunteer service with a well-established organization can be most beneficial to both the volunteer nurse and to the host partners. It is important to consider one's own interests, abilities, motives, passion, and details about potential organizations to achieve bidirectional goals. If a nurse considers service in response to emergencies and disasters, it is imperative that disaster preparedness training is included, such as registration with one's local Medical Reserve Corps. Nurses should choose to partner with like-minded organizations that share a similar mission, vision, and set of values. The organization should develop collaborative service partnerships and outreach to populations in local and international settings, promoting health worldwide, and explicitly address the achievement of specific SDGs.

Every experience of service involvement or engagement requires adequate preparation, inculcation of professional values, and an understanding of the critical goals of service. All nurses need to be realistic about their skills, stamina, and cultural adaptability. Knowledge of the project parameters and partner involvement, pre and post education, briefing, debriefing, and processing guidelines are all critical to the success of the experience. Perhaps most critical is the achievement of bidirectional goals and successful evaluation of these project goals.

Specific Service Recommendations

Therefore, in response to our review of types of service involvement and survey of STTI chapters, we recommend the following:

1. Nurses should choose a volunteer organization whose mission addresses relevance to health, and articulates the professional role of nursing.
2. Nursing service activities should address one or more of the SDGs.
3. Relationship formation and partnership building must be bidirectional and reciprocal.
4. Nurses must work in collaboration with host partners, identifying the host partners' key goals.

5. Volunteer nurses must ensure that the organization adheres to the host country's requirements for nursing licensure.
6. Volunteer nurses should use reflexivity to consider their own perspective and that of the host partners.
7. Volunteer nurses must practice cultural humility to provide culturally relevant service.
8. Volunteer service should be ongoing and sustainable through direct care or collaborative efforts to promote health.
9. Service activities should not only benefit local communities, but also have intent to serve the broader population.

Every experience of service involvement or engagement requires adequate preparation. All nurses need to be realistic about their skills, stamina, and cultural adaptability. Knowledge of the project parameters and partner involvement, pre and post education, briefing, debriefing, and processing guidelines are all critical to the success of the experience.

Conclusions

In response to the charge from the STTI Board of Directors, the ISTF reviewed types of service involvement, identified STTI chapter volunteer service activities, and made recommendations for volunteer service involvement. As nursing organizations and STTI chapters increasingly involve global participation, thoughtful and deliberate planning and ongoing evaluation must be a critical, requisite element to the involvement of individuals, chapter members, and students and faculty in service engagement. Volunteers should pay attention to the types of service explored in the service involvement model, as well as the design of projects to include collaboration, bidirectionality, sustainability, equitable partnerships, and inclusion of the UN SDGs.

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Clinical Resources

- International Council of Nurses: http://www.icn.ch/
- Medical Reserve Corps: https://www.medicalreservecorps.gov

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