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Art in nursing: A quilt journey

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The "art of nursing" was the culminating assignment for student group reflection and gained insight about their assigned vulnerable population as represented in a quilt block created. To learn about their assigned vulnerable population, the students begin with a windshield survey. The windshield survey results were recorded in a blog where the similarities and differences are discussed. The blog provides the basis for a group Wiki paper describing the challenges and opportunities of each of the vulnerable populations. Art can play a significant role in the modern caring sciences. It can touch thousands of people.

Community Health Nursing is a senior nursing course emphasizing vulnerable populations across the global spectrum. The focus is on nursing knowledge and skills in community health nursing and nursing research to promote health and prevent disease. It includes clinical experiences of at least 96 hours during the semester. It is an integrated service-learning course that provides a community-based learning experience. Service learning addresses the practice of citizenship and promotes an awareness of participation in public affairs through service to the six identified vulnerable populations. The agencies include public schools, county health departments, hospice, home health, and an organization serving children and young adults in crisis. The course objectives are these:

1. Discuss historical, cultural, economic, social, ethical, legal, and

- political factors pertinent to the delivery of health care in community settings.
2. Apply theory and research to the practice of population-based nursing.
 3. Integrate concepts from environmental health, epidemiology, and health education when providing health care in community settings.
 4. Implement technical skills and professional nursing roles when providing care for the community-based client.
 5. Incorporate psychological, physiological, social, spiritual, and cultural factors that impact health care within communities.
 6. Utilize a systematic approach in providing health care in diverse settings for the client, through the life span, experiencing acute and/or chronic illness.
 7. Integrate legal, ethical, and professional standards when providing care in community settings.
 8. Participate in community services designed to improve the health care of communities.

BACKGROUND

The use of the fine arts in nursing has been highlighted in anecdotal reports, although there is a paucity of literature within the last five years. According to Blomqvist, Pitäkä, & Routasale (2007), art plays a significant role in modern caring sciences. Art can be an interpreter of emotions, representor of meaning, and a unique elicitor of reactions to the subject matter. It can touch thousands of people when it represents a universally evocative topic. Knowledge in art helps us better understand others and ourselves. Studying the symbolic language of art develops creativity and ability to regard phenomena theoretically. It improves self-knowledge. Often the focus of the art in nursing published articles is the development of reflection in nursing students or patients. Baker, Thomas, & Turner (2004) spoke of creating a permanent memorial of dialysis patients through the art of quilting. McCaffrey & Good (2000) used expressive arts to assist nurses in a better understanding of their patients. Walsh and colleagues (2005) studied use of an arts' intervention on the stress level of nursing students finding students reported the exercises in art, drama, and writing helped them see individuals as unique and better understand what it means to be human. McCaffrey & Purnell (2007) further found students expressed surprise in the power of the expressive arts. Some of these students developed ways in which patients could participate in art while hospitalized, such as an art cart

or making music available for interventions to reduce pain, anxiety, or restlessness.

Nursing is a unique profession because of its synthesis of practice, multidimensional assessment and intervention, interpersonal communication, case management, and resource linking on the behalf of patients (Jackson, Clements, Averill, & Zimbro, 2009). Nursing practice has an overarching altruistic framework and is practice within a framework of caring. Florence Nightingale established the roots of modern nursing that embodies caring for vulnerable populations. Carper (1978) identified four fundamental patterns of knowing in nursing in her sentinel work. The patterns included empirics, esthetics, personal knowledge, and ethics. These patterns represented the complex phenomenon of knowing that nurses use when caring for their patients. According to Carper (1978), basic nursing knowledge proceeds through pattern recognition and development in the areas of a) empirics, b) ethics, c) personal knowing, and d) aesthetics. The most applicable area to this nursing course's series of group assignments is aesthetic knowing. Aesthetic knowing involves a deep appreciation of the meaning of the situation. Inner resources of the nurse or, in this case, nursing students draw on inner creative resources to transform experiences into reality something that would not otherwise be possible (Behm, Comrie, Crane, Johnson, Popkess, Verbais, Yancy, Keen, Davis, & Durbin, 2006). Using a variety of methods of inquiry develops formal expressions of knowledge. Patterns of knowing can also be demonstrated in non-scientific form as a representation of synthesized learning and performance. Developing knowledge patterns is critical to nursing practice. Knowledge acquisition, comprehension, and application, together with the skills of integration, analysis, and synthesis — essential for a well-prepared graduate nurse — are threaded through the patterns of knowing (Behm, et al., 2006). Aesthetic knowing involves a deep appreciation of the meaning of a situation and moves beyond the surface of the situation. The creation of a quilt block involved the students' perception of the nature of the clinical situation of each vulnerable population and represents this information in a visual art form. This evolving series of assignments shared the elements of nursing care situations in vulnerable populations to create a meaningful visual representation of the whole of learning experienced.

A vulnerable population is a group of individuals at greater risk for adverse health outcomes, health disparities, increased morbidity, and premature mortality as well as decreased quality of life (Aday, 2001). Flaskerud and Winslow (1998) developed one of the first conceptual models for vulnerable populations' research. The model has a population-based focus placing responsibility for the collective health status of its citizens with the community. Vulnerable populations are social groups who experience limited resources and consequent high relative risk for morbidity and premature mortality. The root cause is typically socioeconomic status and lack of access to resources or capital (Flaskerud & Winslow, 1998).

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THE “ART OF NURSING” JOURNEY

The “art of nursing journey” was the vision of the former program director of the Bachelor’s in Nursing program at a Midwestern university. The current course instructor, Carol Daniel, created assignments with a final project where student groups collaborated to create quilt blocks. These were sewn together to form a quilt, which is now on display in the Department of Nursing.

At the beginning of the course, students were assigned to various diverse community sites throughout the Midwestern city and surrounding communities to perform their 96 hours of service learning. These 13 groups of three to six students provided nursing care in the following settings: home health/hospice, shelters, free medical clinic, schools, health departments, and drop-in centers for homeless youth and adults.

ASSIGNMENT ONE

The first assignment for the student groups was an assessment survey of the neighborhoods where vulnerable populations lived. A blog was set up on the course management system to document the information. Each student completed a windshield survey and reported the information on the group blog site. Students blogged about their findings and adventures in discovery, which included the commonalities and differences in their findings. The student groups then moved to a group discussion about the common strengths and weaknesses seen in their vulnerable population and the ability of the population to meet its needs. They discussed issues found at each site and came to consensus about their vulnerable population. Each group chose a leader to summarize the findings into statements related to services offered in the community, strengths and weaknesses noted in the population, and identified health concerns. The blog was worth 25 points.

ASSIGNMENT TWO

This assignment was a Wiki paper. This web-based, interactive, collaborative opportunity allowed student groups to share ideas and receive feedback from other groups in the creation of a professional paper. This paper was undertaken in groups of students working with similar populations within their clinical service-learning sites. They identified 13 different vulnerable populations, including homeless teens, domestic abuse females, homeless adults, adults and teens recovering from addiction, and so on. The theme of the Wiki was “Meeting Healthcare Needs of the Vulnerable Population.” The groups of students addressed issues of health care accessibility, health literacy, and health promotion in their vulnerability groupings. A grading rubric was used to evaluate each Wiki paper, which included identification of at least two health care needs of the vulnerable population, access to healthcare, health literacy, nursing strategies,

and teaching/learning strategies appropriate to the population. The Wiki included reliable sources of information and pertinent evidence-based literature. Each student’s contributions were distinguished by color-coding to ensure participation by all members of the group. Points for grammar and the correct use of the American Psychological Association style were also awarded. This assignment was worth 100 points.

ASSIGNMENT THREE

The third assignment was the creation of the quilt block. Two sample blocks were created depicting the vulnerable populations from medical mission trips. The symbolism in the blocks was explained to the class through a PowerPoint display of the blocks as well as the actual blocks in class for the students to view, touch, and examine. The visual art represented the vulnerable population as well as the challenges and opportunities in their own neighborhood.

The student groups were asked to use their creativity to plan and develop a quilt block. Each group was provided a fourteen-inch fabric square and other necessary materials. Each quilt block was to represent in art form what they learned through the neighborhood windshield survey, the blog, and the Wiki paper. Although there was no instruction on the subject of colors and textures, students were asked to consider why they chose certain colors, textures, and shapes for the design. The art design could be abstract or realistic. Students made appointments to come to the “quilt room” to draw a design, choose fabric that represented what they had learned, and finally cut and fuse the design to the fabric square. The block was worth 25 points and reflected teamwork, communication, and cooperation completing the block as well as an explanation of the colors, textures, and shapes used as symbols.

ASSIGNMENT FOUR

After the completion of all the blocks, each group presented their quilt block to the class with an explanation of what the art, colors, and shapes represented and explained how the art represented their vulnerable population. Most blocks included what nursing and other services were available. The presentation of the blocks was 25 points. Along with the presentation, the groups each wrote a reflective narrative describing the quilt block and including a photograph of the completed block. This narrative was limited to 2000 words. All of the assignments were to be a team effort, and each individual had to provide notations of their personal contributions to the project as part of the grading criteria.

The blocks were then assembled into a quilt. The final quilt consisted of 13 student blocks and two embroidered blocks. The embroidered blocks recognized the creator of the dream and the class as creators of the quilt.

DISCUSSION OF THE JOURNEY RESULTS

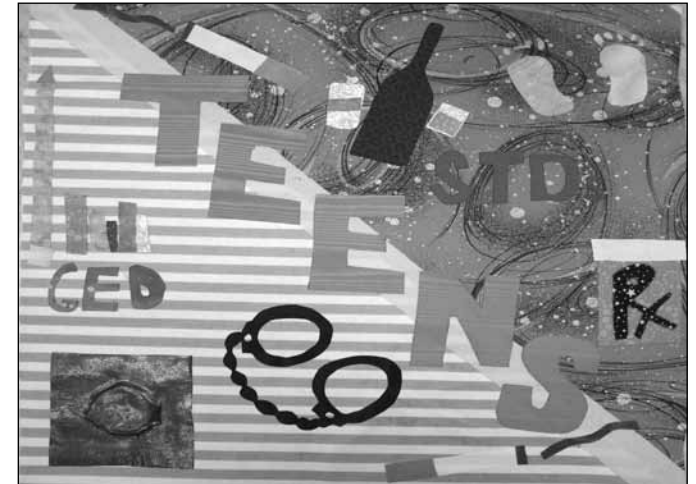
Although this article cannot showcase all 13 blocks, three are presented as exemplars of the thought and creativity of the students. The first block is titled “Caring for Populations through a Women’s Shelter.” The students’ description of their representation of the women’s shelter is as follows:



This quilt block represents the women and children at the women’s shelter for domestic abuse. Many of the women at the shelter are suffering from depression, low self-esteem, post-traumatic stress disorder, anxiety, substance abuse, and hypertension. The cage represents the women being trapped in an abusive home. The open door shows there is a way out. The red represents the anger and blood that can be shed during the abuse. The red also represents that abuse can be misrepresented as love. The bird in the cage has a broken wing to represent not only the physical effects of the abuse but also the crippling emotional effects of the abuse. The emotional and physical effects of the abuse can make it difficult to gain the strength to leave. The purple on the outside of the cage is the color for survivors of domestic abuse. The bird on the inside of the cage is black and white showing a lack of self-esteem, depression, and a loss sense of self. The bird on the outside is colorful showing that she has rediscovered who she is, regained self-esteem, and independence. The sky is the limit for her now. The women are able to move forward with the help of the women’s shelter. The shelter provides classes, resources, a support system, and a safe place for the women to rediscover

who they are and become independent. These women are not just victims; they are survivors.

The second quilt block is titled “Caring for Troubled Teen Populations.”



The student-composed description is:

Our population is caring for troubled teens. We were at two community sites. One was an outreach center and the other a youth academy. The outreach center is a drop in site for homeless youths ages 13-21. There they are provided many services. For example, staff can offer help with housing, food, clothing, hygiene necessities, counseling, general education degree (GED) classes, and many other classes. The youth academy is a program for males, ages 13-17, who are involved with the juvenile court system for a law violation. They are provided with individual, group, and family therapy along with education and many activities.

First of all, our quilt block is divided into two sections, stripes and a chaotic pattern. The stripes represent the youth academy. Their day is very structured. The teens have a daily schedule of classes, therapy, and activity. The outreach center’s typical day is very chaotic. The youth have no set schedule and can use the center’s services as needed.

The other objects placed on the quilt block represent some of the major problems that the teens face. Smoking is a huge problem with the youth at both facilities. Many of the teens have problems with alcohol and drug usage. Another struggle with teens is ignoring the practices of safe sex. This leads to problems of pregnancy and sexually transmitted diseases

(STDs). Many teens at the outreach center have children or are currently pregnant. They offer parenting classes, baby clothing, formula, and other baby supplies. No kids are allowed at the youth academy; however, many of the boys do have children. Troubled teens are at a higher risk for contracting a STD because of their riskier lifestyle, when they practice unsafe sex or participate in intravenous (IV) drug usage. Another problem the teens face is with the law. All the boys at the youth academy are there because of some sort of law violation. Many of the teens at the outreach center have had trouble with the law due to loitering in the square, underage drinking, drug usage, and stealing. The troubled teens have struggles in school either that have dripped out of school and wish to receive their GED. The youth academy also provides educational classes for the teens in the program appropriate to their grade level.

Many times the patients of home health care and hospice are not thought of as vulnerable populations. Aday (2001) identifies the chronically ill and disabled as a vulnerable population in the United States. The student description of this quilt block, titled "Caring for Populations through Home Health and Hospice," emphasizes that these populations are often very vulnerable. The students wrote the following about the design of this block:



Home health care and hospice is a vulnerable population that encompasses a wide variety of patients with various diseases processes, health literacy, and health care needs. Skilled nursing care is provided to hospice patients to promote and maintain quality of life for the terminally ill. Patients with

home health care receive nursing care to treat an illness or injury to promote independence and to regain quality of life.

Home health and hospice agencies around the area care for patients across multiple counties spanning homes in rural to city populations. The quilt block depicts the contrast from the homes in rural and farm communities to homes in the city and suburbs. The homes in the rural areas are spread apart, surrounded by trees and open spaces, and are often far away from access to health care. The homes in the city are close together and range from older homes, worn down homes, to brand new homes as represented by the types and textures of the fabric. Health issues related to the population include diabetes foot care, safety in the home, and fall preventions.

The hand and dove represent both the home health and hospice services. The hand represents the nurse who cares for the home health and hospice patients. The nurse implements interventions to treat an illness, provides education, and helps patients to regain independence and quality of life. A hospice nurse cares for and provides comfort to the terminally ill. The dove symbolizes the patient. For home health the goal is the patients can regain their quality of life and be free to live a healthy life. For the hospice patients it shows the fleeting of the spirit and body from this life. Hope is the last component of the quilt block. This encompasses what home health and nurses promote and provide for all of their patients and families.

The journey's destination, this quilt, represents communities in action. The students took time to think creatively about what they had witnessed and felt, and then working as a team, expressed to others what they learned and felt in an artistic way. Just as the vulnerability groups were diverse, the art created was diverse and reflected a wide range of responses to the communities the students encountered in the community health nursing class.

CONCLUSION

The faculty was impressed with the students' ability to represent their vulnerable population in art. The students were enthusiastic and gained insight into their populations through the process of creating art. The students were not required to have any actual "quilting skills." They developed the concept and created a drawing for their quilt block. Using the drawing, they chose fabric from the selection provided. Using double-sided fusible web, they drew the shapes onto the web, ironed the fusible web onto the fabric, and cut out the shapes. Once all the shapes were created, they again fused the fabric to the base quilt block. The quilter stitched the shapes to the block, stitched the blocks together in a quilt, and finished the quilt.



Lessons learned included the fact that all of the students were able to participate. Using groups ensured greater success with the project. In some cases, one student came up with the design and others did the actual block creation, but in other cases they did it jointly. Design instruction will be included in future quilt projects. For example, the base block fabric needs to be lightweight as the students totally covered it with other fabric. The fusible web made the block heavy. The students often used very small pieces of fabric, which were very difficult to stitch around because of the sizes. Another design instruction to include

is the use of highly contrasting colors so the design does not get lost in similar colors. Also, the students need to think about the distance at which most quilts are viewed and make sure there is enough contrast in color to emphasize the design.

The depth of the student understanding of the issues of vulnerable populations in the community was apparent in the blocks and the descriptions of the color, shape, and texture of the art. Many of the blocks showed empathy with the populations that might not have been gained without the art project. The community agencies were very interested in the project. The preceptors, as well as the directors of the agencies, were very impressed with the students' work within their agencies and with the artistic representation of their purpose and the depth of understanding represented in each quilt block. This project will continue in this course.

The 2012 quilt will be donated to the community agency of the class's choice. Both students and the agencies will benefit from the creativity of the student project.

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Crossfire in the Kitchen: Race and Class Role Tensions in Service-Learning

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This study approaches service-learning through a critical dramatic perspective. Erving Goffman's concept of human interactions as staged performances combines with the structuration of race- and class-based power hierarchies to provide a theoretical framework for examining the interaction patterns between African-American college student volunteers and African-American clients at a faith-based community meal center. Employing an ethnographic method, the paper explores how intersectional identities foreground class differences in ways that fragment shared ethnicities. Observation of how volunteers and clients at the site react to each other's backstage activities (moments when actors depart from roles scripted as appropriate within the service-learning context) reveals how class-based tensions reveal systemic power imbalances that can influence the conduct and impact of service-learning.

Service-learning projects designed to promote racial equality and level class differences may ultimately (albeit unintentionally) lend support to embedded injustice and intolerance. As Butin (2010) puts the matter, "The very institutions that service-learning advocates are trying to storm, in other words, may drown them" (p.37). This essay investigates the power dynamics of a service-learning project that seemingly failed to fulfill its potential. By re-enacting roles, plots, and scenes that