**TITLE: COMMUNITY-BASED SERVICE-LEARNING THROUGH REFLECTIVE PRACTICE.**

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## ABSTRACT

Domestic violence is a pervasive problem in South Africa. The School of Nursing at the University of Western Cape has responded to the challenge of training sensitive, knowledgeable and skilled health personnel by developing a Management of Gender-Based Violence Module. The purpose of this study is to describe the professional and personal development of nursing students who were placed at the Saartjie Baartman Centre for Abused Women and Children for the service-learning trial run of this Gender-Based Violence module in 2003. A qualitative, contextual, and descriptive design was therefore used to provide rich information from in-depth descriptions of students' perceptions and experiences with regard to the service-learning module. Purposive, convenient sampling was used because the key informants, 27 female students involved in the trial run of the module, were selected to "illuminate" the research question. Content analysis was done and to ensure credibility, data triangulation was done using focus group, project reports and the students' journals. Informed consent to use data from the previously mentioned sources was obtained from students.

The overall findings indicate that the service-learning programme allowed students to achieve the goals defined by the community, services and the university. Students came to understand the supportive roles that health professionals can play and recognised that the development of the attributes of caring, advocacy and civic engagement is essential to their professional development. Comments in their reflective journals revealed that students valued their service-learning experience, and believed that this experience would expand into future collaborative relationships within civil society. The recommendation

is that further in depth research be conducted given the promise shown by this educational approach.

## DECLARATION

I declare that C*ommunity-Based Service- Learning Through Reflective Practice* is my own work, that it has not been submitted for any degree or examination in any other university and that all the resources used or quoted have been indicated and acknowledge by means of complete references.

***Hester Julie*** ***November 2004***

**Signature ----------**

## ACKNOWLEDGEMENTS

I am firstly dedicating this work to my Lord and Saviour, Jesus Christ of Nazareth, who is my Source and secondly to my beloved family, Richard, Elrich, Alekhine, Simone, Ricardo and Anneline for their loving support.

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# CHAPTER 1

# INTRODUCTION AND BACKGROUND

## 1.1 INTRODUCTION

This chapter provides brief information about the background to the study. The problem statement contextualises the significance of the study, namely to train appropriately skilled health professionals to manage gender-based violence (GBV). The purpose of the study is to explore service-learning (SL) as an alternative pedagogy in training nursing students in the management of GBV, using the framework identified by Eyler and Giles (1999). The research question therefore focused on the professional and personal development of students that occurred during the service-learning experiences in this Management of Gender-Based Violence module, as reflected in the students' group project reports, reflective journals, exit student focus group and the researcher's field notes as participant observer (Julie, 2003). Since the aim of the Community Higher Education Services Partnership (CHESP) project at the University of the Western Cape (UWC) is to establish criteria for developing best practice in SL (Daniels & Adonis, 2004), the first objective was to determine whether students achieved the objectives identified in the course outlines. The second objective was to determine how the SL experience contributed to students' professional and personal development. The last objective was to identify factors, which either contributed to or impeded the achievement of the above objectives.

## 1.2 BACKGROUND INFORMATION

The management of gender-based violence is a contentious public health issue in South Africa. Domestic violence, one form of GBV, is described as a pervasive problem in South Africa that is underreported and inadequately diagnosed by nurses and other health professionals (Nudelman & Trias, 1999; Limandri & Tilden, 1996) although the impact of

domestic violence on the health of women has been well researched (Heise, Ellsberg & Gottemoellet, 1999:18).

The latest statistics released on femicide in South Africa claims that *her intimate partner… kills a woman every six hours* (Matthews, Abrahams, Martin, Vetten, Van der Merwe & Jewkes, 2004:1). These statistics highlight the extent of the problem and suggest that initiatives should be introduced to address this problem especially because –

> *Public health services are often the point of first and only contact for abused women. Health workers can identify abuse and intervene at an early stage, as abused women often interact with the health care system for routine or emergency care before turning to criminal justice or domestic violence services* (Kernic, Wolf & Holt, 2000: 416).

The health sector therefore has a critical role to play in addressing the needs of survivors of GBV. The Department of National Health, the Women's Health and Genetics Directorate and the Gender Focal Point responded to this challenge by co-hosting a workshop with the South African Gender-Based Violence and Health Initiative (SAGBVHI) in March 2001, to initiate a process of developing an appropriate response to GBV by the health sector. This workshop identified both in-service training and the integration of GBV into the curriculum of universities and colleges as priorities (Department of Health, 2001). Alternative teaching methodologies would be needed, because simply increasing education about the content area of GBV is necessary, but insufficient. According to Limandri and Tilden (1996:252), *"Ethical reasoning with case analyses …* is needed and … *probably the most useful and impressive method would be to provide clinical experience in such organizations as an abused women's shelter."*

In light of this, the School of Nursing (SoN) in the Faculty of Community Health Sciences at the UWC, developed and implemented a SL course for fourth-year undergraduate students and funded by CHESP, that involves continuous clinical placement for five months at the Saartjie Baartman Centre for Abused Women and Children (The Centre) in Athlone.

## 1.3 STATEMENT OF THE PROBLEM AND MOTIVATION FOR THE STUDY

Higher education institutions face enormous challenges in preparing graduates to function effectively as professionals in a rapid changing health care system and there has been a growing interest in SL. UWC, likewise, has been involved in the Joint Education Trust (JET) funded CHESP project since 2001, with the view of institutionalising SL (Daniels & Adonis, 2004:3). However, there is paucity in documented evidence on research in SL in South Africa in comparison to our overseas counterparts (Eyler & Giles, 1999; Jacoby, 1996).

Proponents of SL claim that exposure to SL projects generally allow students to cultivate critical thinking skills, social understanding and civic participation (Eyler & Giles, 1999; Jacoby, 1996). It is therefore imperative that the findings of this GBV module contribute to the growing research base on SL in the South African context because this report focuses on the experiences of a group of final year nursing students in the BCur. Programme at UWC involved in the trial run of this GBV project (Julie, 2003).

## 1.4 PURPOSE OF THE STUDY

Limandri and Tilden (1996: 247) state, *"D*etection *and treatment of family violence cannot be significantly improved until factors that deter health professionals from detecting and intervening are understood."* The purpose of this study is therefore to gain a deeper

understanding of the experiences of the students who were involved in the trial run of the GBV module, and to report on them in order to contribute to the growing knowledge base of research in SL. The research question focused on the professional and personal development of students that occurred during the service-learning experiences in this Management of GBV module as reflected in their group project reports, critical incident journals, exit focus group and the field notes of the researcher being the module convenor, as participant observer (Julie, 2003).

## 1.5 RESEARCH QUESTION

According to Weigert (1998:5), the prescribed curriculum, which flows out from and back into the objectives of the programme, determines the services provided by the students. These objectives are integrated into the programme by means of assignments that require some form of reflection on the students' service, based on these course objectives. In the light of the above, the pertinent question therefore is, *What professional and personal development occurred during such service-learning experiences in this GBV module?*

## 1.6 OBJECTIVES OF THE STUDY

Since the aim of the CHESP project at UWC is to establish criteria for developing best practice in SL, the stated objectives were:

1. to determine whether students achieved the objectives identified in the course outlines;
2. to determine how the service-learning experience contributed to students' professional and personal development; and
3. to identify factors, which either contributed to or impeded the achievement of the above objectives.

## 1.7 RATIONALE FOR AND SIGNIFICANCE OF THE STUDY

The primary focus of the curriculum process is to develop GBV modules that will meet both international and local standards, with a view to rolling out the GBV programme as a model for training health professionals in GBV. This study is therefore regarded as part of process evaluation in order to "illuminate" the use of SL, because the research findings from the CHESP project reports were compiled into the draft document, entitled *Quality Management of Community Engagement in Higher Education, A Good Practice Guide for Higher Education Institutions* by the Evaluation Research Agency which was submitted to the *HEQC,* (Joint Education Trust, 2004:1).

*As part of the monitoring and evaluation process.), CHESP module convenors are asked to submit Narrative Reports, which are written according to set guidelines. This report serves to highlight the key issues raised in these reports so that more can be learnt about implementing service-learning modules at South African Higher Education Institutions* (Mouton, Wildschut & Boshoff, 2004:1).

## 1.8 OPERATIONAL DEFINITIONS AND ABBREVIATIONS OF TERMS

For the purposes of this research, the following definitions apply:

**Critical thinking**

Critical thinking in a service-learning situation for nursing students is defined as *a reasoning process that involves reflecting on ideas, actions and decisions* (Sedlak, 1995).

**Curriculum**

Curriculum as praxis is a social process that develops through the dynamic interaction of action and reflection. That is, the curriculum is not simply a set of plans to be implemented, but rather is constituted through an active process in which planning, acting and evaluation is reciprocally related and integrated into the process (Grundy, 1989:115).

**Curriculum development process**

This process can be defined as the experiences, activities and interactions that occur amongst those involved with the curriculum as they try to construct, critique, reconstruct, interpret and make meaning of curriculum knowledge (Cornbleth, 1990:7).

**Gender-based violence**

Refers to any act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life (United Nations General Assembly, 1993).

**Gender-based violence framework**

This framework allows us to distinguish conceptually between sex, sexuality, and gender and their interplay in specific situations, conditions, constructions and roles. The distinction is crucial in accounting for specific forms, conditions, and impacts of gendered violence. By the same token, it is necessary for identifying, explaining and transformatively addressing specific risk situations, factors, and behaviours (Kistner, 2003:13).

**Mode 2 knowledge**

Muller (1996) is of the opinion that mode 2 knowledge is produced and disseminated in interdisciplinary problem-solving contexts, which are organisationally flexible, of specific

duration, increasingly informal, and bound together by communication networks and not bureaucratic ones.

**Perspective transformation**

Transforming students' perspectives is not about accumulating more knowledge but about providing a service-learning experience that enables students to examine what they know critically and to develop a profoundly different world view – one that calls for personal commitment and action (Eyler & Giles, 1999:100).

**Phenomenology**

Leedy (1997:161) defines phenomenology as *… a research method that attempts to understand participants' perspectives and views of social realities. Attention to experience and intention to describe experience are the central qualities of phenomenological research.*

**Service-learning**

Service-learning is defined as *… a credit-bearing educational experience in which students participate in an organised service activity that meets identified community needs. It also provides an opportunity for them to reflect on the service activity in such a way as to gain further understanding of the course content*, a broader appreciation of the discipline and an enhanced sense of civic responsibility (Bringle & Hatcher, 1995:112). Service-learning is hyphenated to indicate that equal weighting is given to both service and learning.

## Abbreviations

CHESP: Community Higher Education Services Partnership

GBV: Gender-Based Violence

SL: Service-Learning

SoN: School of Nursing

UWC: University of the Western Cape

The Centre: The Saartjie Baartman Centre for Abused Women and Children

# CHAPTER 2

# LITERATURE REVIEW

## 2.1 INTRODUCTION

As this study focused on gaining an understanding of the experiences of nursing students involved in the SL project in the Management of GBV, it has been informed by literature in the field of GBV, SL, experiential learning, and reflective learning. Lastly, the CHESP-funded GBV module in the School of Nursing at the University of the Western Cape is contextualised.

## 2.2 BACKGROUND

The researcher is of the opinion that accurate identification of GBV by health professionals is dependent on a sound knowledge base of issues relating to GBV. The researcher will attempt to give a brief overview of the terminology used in GBV because the interchangeable use of terminology could be a contributing factor for the non-engagement of health practitioners.

### 2.2.1GBV as public health issue and the national need to train professionals

GBV is a significant public health issue in both developed and developing countries and research is beginning to offer a global overview of the extent of violence against women (VAW). Worldwide, studies indicate that, on average, intimate male partners beat between 20-50% of women. In the USA, approximately a third of women patients in emergency departments' injuries are due to domestic violence (Watts & Zimmerman, 2002). South African prevalence studies indicate that between 19-28% of women have been physically abused, whilst 49% of female patients attending a Cape Town community health centre, had a history of domestic violence. A study of male municipal workers showed that 43% of the men reported that they have physically abused a partner in the last 10 years (Heise,

Germaine & Pitanguy, 1994a; Heise, Raikes, Watts & Zwi, 1994b). Statistics on femicide released in South Africa state that *her intimate partner in South Africa kills a woman every six hours…* (Matthews, Abrahams, Martin, Vetten, Van der Merwe & Jewkes, 2004:1).

Compounding the problem is the disturbing research findings that indicate that many health professionals fail to intervene in GBV in spite of strong suspicion of abuse and objective guidelines with regard to the identification of abuse (Campbell, Pliska, Taylor, & Sheradin, 1994; Williams, 1995).

### 2.2.2 Definition of GBV

The United Nations offered the first official definition of violence against women (VAW) in 1993 at the adoption of the Declaration on the Elimination of Violence against Women. According to Article 1 of this Declaration, VAW includes:

> *Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life (United Nations General Assembly, 1993).*

VAW is often referred to as "gender-based" violence because it evolves in part from women's subordinate status in society (Heise, Ellsberg & Gottemoellet, 1999:1) *Gender-based violence* is understood as violence directed against women as a manifestation of unequal power relations between men and women. It is also considered to be a pattern of coercive, learned behaviour that is used to maintain power and control in a relationship and constitutes a serious threat to the health and life of women (Hayward & Weber, 2003:5).

For purposes of this study the operational framework proposed by Kistner is adopted which states that the term GBV is not synonymous with VAW because –

> *The analyses of 'gender-based violence' recognize that violence directed against a person on the basis of his or her gendered identity is not directed at women and girls only. Some of the same mechanisms that entrap girls and women in subordinate roles keep men and boys entrapped in masculinist identifications that are being played out in abusive ways. Nevertheless, these mechanisms produce gender-differential effects* (Kistner, 2003:12)

### 2.2.3 Types of gender-based violence

Krug, Dahlberg, Mercy, Zwi and Lozano (2002:149-150) provide the following definitions:

**Intimate partner abuse**

This is one of the most common forms of VAW and refers to abuse by the intimate male partner. Although abuse also exists in same-sex relationships and women can also be violent, the vast majority of perpetrators are males. This type is often referred to as *domestic violence*.

**Physical violence**

This refers to the intentional use of force with the potential to cause harm, injury, disability and death. It may include but is not limited to pinching, slapping, hitting, scratching, punching, pushing, shoving, throwing, grabbing, biting, shaking, poking, hair pulling, burning, use of weapon, physical constraints as well as threats of physical violence.

**Sexualised violence**

This type of violence refers to rape, unwanted sexual harassment, sexual abuse of children and the disabled, forced marriages, denial of sexual and reproductive rights, e.g. forced abortion, forced prostitution, violent acts against the sexual integrity of women and

men. *Sexualised violence is one of the most humiliating forms of gender violence. It is often used as a weapon of war, and as a means of asserting domination, through the extreme degradation of the person or group* (Kistner, 2003:15)

**Emotional abuse**

Emotional abuse includes acts or omissions that damage the self-esteem or identity of a person, humiliation and degradation, controlling behaviour, forced isolation from family and friends, inducing fear through intimidation and gestures and threats of harm.

**Verbal abuse**

This type of abuse includes shouting, swearing at and rude degrading names.

**Economic abuse**

Economic abuse includes tactics that ensure that women are always financially dependent.

Most forms of violence are ongoing and millions of women are experiencing its consequences or living with these. Evidence of growing international concern over GBV is reflected in the Pan American Treaty Against Violence Against Women, the World Bank's report entitled *VAW, the Hidden Health Burden* and the Declaration by the United Nations General Assembly calling on all member states to "… *pursue by all appropriate means and without delay a policy of eliminating VAW"* (Heise et al., 1994:1172).

### 2.2.4 National need to train health professionals skilled in the management of GBV

The *White paper for the transformation of the health system in South Africa* (Department of National Health, 1997) identifies violence as a "priority problem" and the section on mental

health allocates three responsibilities to the National Department of National Health. These are:

- The development and promotion of specific programmes addressing child and women abuse.
- The management of victims of violence with the aim of improving counselling services.
- The management of survivors of attempted suicide, violence and rape.

Domestic violence is described as a pervasive problem in South Africa and the state's commitment to its eradication is evident in the recent formation of the Domestic Violence Act (No. 116 of 1998). Unfortunately, this Act does not incorporate a health-sector response although the impact of domestic violence on the health of women has been well researched (Heise et al., 1999:18). The statistics released by Matthews et al. (2004:1) highlight the magnitude of the problem and suggest that initiatives should be introduced to address the problem, however domestic violence is underreported and inadequately diagnosed by nurses and other health professionals (Nudelman & Trias, 1999).

The Department of National Health, the Women's Health and Genetics Directorate and the Gender Focal Point responded to this challenge by co-hosting a workshop with the South African Gender-Based Violence and Health Initiative (SAGBVHI) in March 2001, to initiate a process of developing an appropriate health sector response to GBV. This workshop identified both in-service training and the integration of GBV into the curriculum of universities and colleges as priorities. Subsequently, the Department of National Health also expressed the need to train sensitive, appropriately skilled and knowledgeable health professionals to deal with this pervasive problem.

Transformation in South Africa has impacted on the workplace resulting in a constant process of change, and professional training should therefore prepare students to work within this dynamic environment. It is essential for health professionals to develop the ability to improvise and utilise their initiative in real situations where resources are minimal. Students should also be able to facilitate change and exercise flexibility in their management of changing situations. Alternative teaching methodologies would therefore need to be introduced in order to address this at the higher education institution level. *Revolutionising clinical nursing education is no longer an option, it is an obligation … nurse educators must ask themselves what the new model of clinical education and clinical courses will look like* (Arries & Du Plessis, 2004:11).

## 2.3 SERVICE-LEARNING

SL is regarded as a … *programme, pedagogy and philosophy* (Jacoby, 1996:8-10).

As a *programme*, the focus of SL is on meeting human and community needs by achieving the intentional learning goals through reflection and critical analysis (Kendall cited in Jacoby, 1996:9).

As *pedagogy,* SL is regarded as a form of experiential education. Kolb's well-known experiential learning model (Kolb, 1984), defines learning as *… the process whereby knowledge is constructed through the transformation of experience that occurs in the cycle of concrete experience, reflective observation, abstract conceptualisation and active experimentation*. Using this pedagogy enables adult learners to develop critical and reflective abilities by *… developing their abilities to monitor and evaluate their own learning patterns and activities, and to respond to self-correcting and self-regulating goals* (Dumas, 1995:223 cited in Arries & Du Plessis, 2004:21).

SL as a *philosophy* refers to the reciprocal role between the *server* and the *served* in terms of receiving a service or educational experience and is usually reflected in the partnership agreement (Kendall cited in Jacoby, 1996:7).

## 2.4 SERVICE-LEARNING (SL) IN NURSING

Bringle and Hatcher (1995:112) define *service-learning* as *… a credit-bearing educational experience in which students participate in an organised service activity that meets identified community needs*. It also provides an opportunity for these authors to reflect on the service activity in such a way as to gain further understanding of the course content, a broader appreciation of the discipline and an enhanced sense of civic responsibility. For purposes of this study, the definition provided by CHESP, UWC, will be adopted which states that:

> *SL exposes students to the needs of the larger society, engages them in addressing those needs through community service, and connects what they learn in the classroom to real-world conditions. This facilitated by an equal partnership based on equity between the university, the service sector and the community. The goal of service-learning is to educate in such a manner that the knowledge that we generate is relevant, applicable and enabling in our current developing South African context* (Daniels & Adonis, 2004:2).

*Reflection* has been identified as a foundational principle of SL and is regarded *as* the glue that holds service and learning together to provide optimal educative experience (Eyler & Giles, 1996). *Reflective practice* is about acquiring the skills and attitude to inquire continually into own professional practice and into the context in which it is embedded. Wellington and Austin (1996) suggest five orientations to reflective practice, namely immediate, technical, deliberative, dialectic and transpersonal –

- the *immediate orientation* emphasises pleasant survival, which results in eclectic, shallow activities and recipes;
- the *technical orientation* focuses on the development and perfection of instructional methodologies that maximize efficient and effective delivery of prescribed educational goals;
- the *deliberative orientation* places emphasis on the discovery, assignment and assessment of personal meaning within the educational setting;
- the *dialectic orientation* advocated political liberation; and
- *transpersonal orientation* centres on universal personal liberation. (Wellington & Austin, 1996: 307-316).

These reflective SL experiences provide a connection between the students' studies and the real world in a way that would not otherwise be achieved. Service-learning combines community-based service with student learning and it is the opinion of the researcher that this pedagogy would assist in training health professionals who would display attributes of caring and civic engagement when dealing with issues of GBV. Service-learning thus provides nursing students with opportunities to develop both the core values of professional nursing and their competencies through modelling these professional values, while meeting community needs and contributing to the greater need of society in the process (Levy & Lehna, 2002).

The next section will try to locate the implementation of SL in UWC within the changing landscape in South African higher education institutions.

## 2.5 CONCEPTUALISATION OF THE GBV SERVICE-LEARNING COURSE

According to Reddy (2004:38), the Higher Education White Paper 3 (1997) emphasises the following goals:

> *… social responsibility and awareness amongst students of the role of higher education in social and economic development through community service programmes"; producing skilled graduates who are competent in critical, analytical and communication skills to deal with change, diversity and tolerance to opposing views …*

The Higher Education Act (Department of Education, 1997b) gave the responsibility of monitoring and evaluation to the Higher Education Quality Committee (HEQC), a permanent committee of the Council of Higher Education (CHE). The HEQC introduced institutional audits as a quality assurance mechanism and Criterion 18 stipulates that community engagement be managed in an efficient and effective manner –

> *... the scope of HEQC audits will cover the broad institutional arrangements for assuring the quality of teaching and learning, research and service-learning programmes* (Department of Education, 2002:8). *The HEQC is collaborating with … CHESP … on a project that aims to promote quality, share good practice and build capacity in the area of community engagement* (Department of Education, 2004:10).

The above legislation provided the rationale for the CHESP initiative funded by JET. About 12 higher education institutions (HEIs) took part in approximately 150 pilot SL academic programmes. The research findings from the project reports were compiled into the draft document, which was submitted to the HEQC, entitled *Quality Management of Community Engagement in Higher Education, A Good Practice Guide for Higher Education Institutions*

by the Evaluation Research Agency (Joint Education Trust, 2004:1). *As part of the monitoring and evaluation process (MERP), CHESP module conveners are asked to submit Narrative Reports, which are written according to set guidelines. This report serves to highlight the key issues raised in these reports so that more can be learnt about implementing service-learning modules at South African Higher Education Institutions* (Mouton et al., 2004:1).

UWC has joined the initiative in 2001 and received funding for ten exemplar programmes of which one is the GBV module.

> *We are now (2004) in the second implementation run where we are trying to establish the criteria for developing good practice in the development of service-learning courses ... the Department of Nursing, which is running a course, entitled the Management of Gender-Based Violence* (Daniels & Adonis, 2004:4).

Since the underlying philosophy of service-learning is the development of partnerships, a partnership was formed between a non-profit-making community-based organisation that provides comprehensive services to survivors of domestic violence and the SoN at UWC (Hayward & Weber, 2003:6). Nurses working in partnership with other key role players are in a position to intervene effectively within the health care system in managing cases of GBV, particularly if provided with the necessary skills and knowledge during their basic professional training. In light of this, the SoN, in the Faculty of Community Health Sciences, at the University of Western Cape developed and implemented a CHESP-funded service-learning course for fourth-year undergraduate students that involved continuous placement for five months in the Centre.

The primary focus of the curriculum process was to develop GBV modules that met both international and local standards, with a view to rolling out a GBV programme as a model for training health professionals and therefore the curricula were developed in consultation with key role players in the field of GBV internationally, nationally and locally (Julie, 2003).

The Centre, the community training site for the piloting of the service-learning module, was established in 1998 as the first one-stop service centre for abused women in the country. The external evaluation report of 2002 states:

> *The results of the evaluation reveal that the services provided by the Centre are of good quality, relevant to local needs and [have] had a positive impact on the reduction of violence, healing of victims, and empowerment (skills training and job creation) of its clients* (Els, 2002:7).

The evaluation report further states that *"a number of limited, but significant, gaps in service delivery currently exist" a*nd these are listed as*:*

- *medical services (such as those to be provided by a Professional Nurse)*
- *a focused HIV/AIDS programme*
- *dedicated counselling services for children* (Julie 2003).

The Report's recommendation with regard to the above is very direct:

> *Facilitate the integration of services fully via developing the partnership model and concretize the added value benefits to the clients of the Centre through clarifying and operationalizing a commonly-shared vision, implementing joint service programmes and entering into partnership agreements* (Els, 2002: 34)*.*

The above recommendation thus summarise the needs and the motivation of the Centre to partner with SON whilst the school again required a reputable site for clinical training for

the GBV that would meet the requirements of the CHESP service-learning model. The Centre and UWC formalised the partnership in May 2003 after a series of consultative meetings between the managerial structures of both institutions. The SoN was allocated two rooms in the Centre in order to assist with running an essential medical service at the Centre, ensuring that women and children have a “one-stop” service and eliminating the need for clients to access the community health centre. This perfectly matched the training needs of nursing at UWC, as the aims of the GBV modules are to:

- *develop skills/competencies in health professionals, in order to provide effective, comprehensive and quality care to survivors of Gender-Based Violence;*
- *function effectively, within a comprehensive health service, as a member of the multidisciplinary team that provides holistic preventative, promotive and curative management of the common conditions/illnesses presenting at a primary level of care;*
- *develop the personal and interpersonal skills of health professionals through collaborative efforts;*
- *develop critical thinking in health professionals; and*
- *develop civic engagement in health professionals* (Julie, 2002).

The service-learning component of the GBV module was thus developed to address the gaps identified by the 2002 External Review Report of the Centre, validated by the needs analysis done by the students during Term 3, 2003. The outcomes listed in the logic model of the Narrative Report were primarily informed by the 2002 review report, the needs identified by Manager of the Shelter, the Director and Project Manager of the Centre.

## 2.6 THE CONCEPTUAL FRAMEWORK

From the literature it became clear that the following framework would enrich the findings and discussion of the study in addition to the guidelines provided by CHESP (see Addendum B). Eyler and Giles (1999) identify five possible cognitive and affective factors that determine the success of service-learning programmes, namely:

**Personal and interpersonal development**: A service-learning experience that involves roles for students different from those encountered in the classroom lends itself to achieving certain of the broader goals of higher education, such as interpersonal competencies, personal development, an increased experience of and tolerance for diversity (Eyler & Giles, 1999:24).

**Perspective transformation**: Transforming students' perspectives is not about accumulating more knowledge but about providing a service-learning experience that enables students to examine what they know critically and to develop a profoundly different world view – one that calls for personal commitment and action (Eyler & Giles, 1999:100).

**Citizenship skills and values:** Finding solutions for the problems of a young democracy requires citizens who have developed positive attitudes about community involvement, the intellectual ability to think and plan, and the flexibility to live with uncertainty (Eyler & Giles, 1999:129).

## 2.8 CONCLUSION

This literature review tried to argue that SL is an appropriate pedagogy to use in the management of GBV. The argument in favour of this was based mainly on relevant literature in the field of GBV, SL and changes happening in HEIs. It concluded with a "thick description" of the clinical placement of students at the Saartjie Baartman Centre. *Thick description* is defined as a *"detailed account of the context and the subjects of the study"* (Crabtree & Miller, 1992:178). Lastly the cognitive and affective factors that determine the success of service-learning by Eyler and Giles, is presented as conceptual framework for the analysis.

# CHAPTER 3

# STUDY DESIGN AND METHODOLOGY

## 3.1 INTRODUCTION

This chapter gives an overview of the research methodology employed. The discussion starts with the justification for the research design and is followed by a description of the study population and the sampling used. The data collection methods, data analysis, ethical considerations and the delimitation of the study are than discussed.

## 3.2 STUDY DESIGN

The philosophical framework for this study is grounded within the interpretative research paradigm and therefore a descriptive exploratory contextual design was used. The research orientation can be described as embracing the existence of multiple socially-constructed realities, the interdependence of the knower and the known, how values mediate and shape what is understood, how multi-directional relationships can be discovered, and how explanations are tentative for one time and place only (Maykut & Morehouse, 1994:10-13).

The phenomenological design seemed the most appropriate to obtain the necessary information because the researcher tried to identify what was significant in the lives of the students in terms of personal and professional development based on the students' critical reflections about their service-learning experience with the view of making alterations to the GBV programme (Brink, 1996:119; Crabtree & Miller, 1992:24).

A qualitative, contextual, and descriptive design was therefore used to provide rich information from in-depth descriptions of students' perceptions and experiences with

regard to the service-learning module (Mouton, 1996:103). The design is exploratory because it tries to explore the richness and complexities imbedded as mentioned above. The study is also contextualised within the changing South African Higher Education landscape, and the descriptive significance is imbedded in the engagement with current academic debates around the use of SL as an appropriate pedagogy in training health professionals who are responsive to societal needs.

This phenomenological approach enabled the researcher to examine and explain problems and events from the perspectives of participants, namely their experiences, understandings and interpretation of events (Crabtree & Miller, 1992).

### 3.3 STUDY POPULATION AND SAMPLING

Qualitative studies typically focus in depth on relatively small samples selected purposefully because they are concerned with information richness and not representativeness (Patton, 1990). In this case, the study population was the fourth-year Baccalaureate Curationis students, registered in 2003 for the module *Management of Gender Based Violence* (Addendum A), within the School of Nursing at the Faculty of Community and Health Sciences at the University of the Western Cape.

Brink (1996:141) states that purposive sampling is based on the judgment of the researcher regarding participants who are especially knowledgeable about the question that is being investigated. Purposive sampling was used because the key informants, 27 female students involved in the trial run of the module, were selected to “illuminate" the research question (Brink, 1996). Male students were excluded because the policy of the Saartjie Baartman Centre does not allow males to work with survivors of abuse. Crabtree

and Miller (1992:75) define key informants as *"individuals who possess special knowledge, status, or communication skills, who are willing to share their knowledge".*

**CONCEPTUALISATION OF COMMUNITY-BASED SERVICE DELIVERY**

Interactive and experiential teaching strategies were used to teach the GBV modules. Prior to the students' placement in the Centre, they had a 5-day workshop on the Management of GBV and the students did weekly group presentations on GBV as a Public Health Issue. Because students were also taught modules on Research and Primary Care and Clinical Skills during the second semester, it enabled the researcher to integrate the content from different modules, place students continuously for five months, as well as pool the resources needed for clinical supervision (Julie, 2003:7). A strong trust relationship has developed between the researcher and students since she has been teaching them modules pertaining to Mental Health since their first year of study.

Service delivery was designed in two phases, the needs analysis phase and the intervention phase. Term 3 was allocated for the first phase whilst Term 4 was envisaged for intervention programmes. The first group, 13 female students, was placed at the Centre for 3 days per week with the primary objective of completing the situational analysis. The rationale being that our School of Nursing subscribes to evidence-based practice, and that all our proposed intervention programmes therefore need to be grounded in research. The second group, 14 female students, was placed for seven weeks in Term 4, whilst the whole group, including the four male students, were placed for the last two weeks in November to do the wrapping up of the project (Julie, 2003:6). Each term the students were allocated to three projects.

**Group One** was given the brief to establish a client database to use as baseline for the intervention programmes through the following objectives:

- *to identify the types of gender based violence experienced by the abused women;*
- *to identify the social- demographic profile of the abused women;*
- *to describe the health consequences (physical and mental) of women and their children; and*
- *to identify the services rendered to the women while they were at the shelter (*Julie, 2003:6).

**Group Two:** *"The initial aim of the group was to investigate the needs of the women and their children at the Shelter and to make recommendations, and institute referrals, so that those needs could be met"* (Julie, 2003:7).

**Group Three:** The primary objectives were:

- *to establish a primary health clinic;*
- *health education for clients; and*
- *first aid service for clients (Julie, 2003:7).*

The students were encouraged to set their own learning objectives for the week and to devise a work plan. If objectives were not attained, exploration and intervention for achieving those objectives would be done. The students were also expected to record the outcomes of these objectives as these allowed students to monitor their progress and ensure continuity of the project (see Addendum E). The reflective journals mapped the students' development because they could express their experiences in the group project journals and/or the individual critical incident journals openly and without fear of intimidation. The journals also provided information to the researcher regarding the

emotional effects of the clinical experiences on the students' mental health (see Addendum F)

### 3.4 DATA COLLECTION

The researcher used multiple sources of information in pursuing methodological triangulation to corroborate and substantiate the findings (Merriam, 1998:96). The research question focused on the professional and personal development of students that occurred during the service-learning experiences in this Management of Gender-Based Violence module, and data sources that reflect the students' voices in the research process were therefore used. These were captured in the students' group project reports, the reflective journals, the student focus group and the field notes of the researcher as active participant observer (Addendum B)

The reflective practice was captured in the students' *critical incident journals*, a technique defined as *"a more structured approach to writing about experience, which can be used to reflect upon, monitor, and evaluate community service"* (Stanton, 2001:1). The data sources referred to above, is captured in *2003 GBV Narrative Research* submitted to CHESP for comparative analysis including all primary data sources listed in the addenda list (Julie, 2003).

The following excerpts from the Narrative Report (Julie, 2003:9-10) demonstrate how reflection has been used in this study.

- The *group project reports* contained the following information: the learning objectives, the work plan, intervention strategies for achieving those objectives and reflections as to why objectives were not attained. The students were also expected to record the outcomes of these objectives as these allowed them to monitor their

progress while also ensuring continuity of the project. (See weekly sessions in Addendum E, F). These group reports were submitted weekly to the researcher.

- The *individual reflective journals* were also submitted weekly to the researcher but students were given the surety that data from this source would not be included in the research report without their permission. Less than half of the groups gave consent. This created a safe space where students could express their experiences honestly and without feelings of intimidation. It allowed the researcher to monitor the effects of the clinical experiences on the students' mental health.

- P*articipant observation* is an effective technique to gather qualitative data, as Leedy (1997:161) states that researchers' "*deep personal interest in their topics*" is characteristic of this approach. The researcher's deep personal interest stemmed from her involvement as the designer of the GBV, as CHESP SL course convener, and lecturer seeking feedback from the trial run of the GBV curriculum. The researcher kept field notes using the CHESP Faculty Focus Group framework during the once-a-week clinical accompaniment sessions at the site, the weekly hourly plenary reflective sessions on campus, and the weekly analysis of the group project reports and the reflective journals. This technique was crucial in terms of giving feedback and monitoring the morale and progress of to the students (Julie, 2003).

The researcher has tried to minimise observer bias by disclosing the researcher's deep involvement in the different facets of GBV .

### 3.4.1 Focus group

Three fourth-year students, purposively selected and who were trained by the researcher as research assistants, conducted the focus group during November 2003 at the Saartjie Baartman Centre using the standardised CHESP student focus group protocol (see Addendum C). Utilising the students as facilitators was essential to the success of this data collection method because it allowed students the freedom to respond in an unrestricted manner. One student facilitated the group, whilst the other two operated the tape-recorder and made notes. The 27 female students participated in the focus group discussion until saturation was reached within approximately 90 minutes.

The topic for discussion was decided upon in advance but the sequence and wording of the questions were flexible. The focus group discussion was introduced by this open-ended research question:

> *We want to learn more about how you felt about your service-learning experience at the Saartjie Baartman Centre and will ask you a few questions that will focus on aspects of the experience and its affect on you as a student.*

Probing supported this question and clarifying questions like:

- *Did you find that this course was different to other courses that do not have a service-learning component? Explain your viewpoint.*
- *What kinds of activities were you involved in during the course (especially in relation to working with the community and service provider)? Is this what you expected?*
- *What did you learn from this experience about the community in which you worked? (Addendum C).*

The researcher tried to identify the factors that have impeded or enhanced the curriculum development process as well as the strategies employed by students to overcome identified impediments.

## 3.5 DATA ANALYSIS

Data analysis is the process of bringing order, structure and meaning to the mass of collected data. This is done by organising the data, generating categories, themes and patterns, testing the emergent hypotheses against the data, searching for alternative explanations and writing the report (Marshall & Rossman, 1989:114).

The data were analysed in accordance with the conceptual framework provided by CHESP (Mouton, Wildschut & Boshoff, 2004:1). and the framework by Eyler and Giles (1999) which identifies five possible cognitive and affective factors that determine the success of service-learning programmes, namely personal and interpersonal development, understanding and application of subject matter, critical thinking, perspective transformation, citizenship skills and values. See Addendum G.

> *As part of the monitoring and evaluation process, CHESP module conveners are asked to submit Narrative Reports, which are written according to set guidelines. This report serves to highlight the key issues raised in these reports so that more can be learnt about implementing service-learning modules at South African Higher Education Institutions* (Mouton, Wildschut & Boshoff, 2004:1).

The Educational Research Agency acted as independent coder because they used the primary data from the CHESP Narrative Reports to do a comparative analysis (Mouton, Wildschut & Boshoff, 2004:1).

The researcher used the following steps:

The Educational Research Agency acted as independent coder because they used the primary data to analyse and rate the Narrative Report.

*Sixteen reports were received in December 2003, loaded into Atlas/ti (a software programme designed for qualitative data analysis), and coded deductively using a code list generated through two prior implementations of CHESP modules* (Mouton, Wildschut & Boshoff, 2004:1).

The researcher used the following steps:

- The focus group was audio taped and the recordings transcribed verbatim as soon as possible by the research assistants.
- In vivo codes were developed by using words and phrases of the informants in the research report (Strauss & Corbin, 1990).
- Themes and patterns were developed by focusing on “meaning units”– that is, the smallest segment of text that was meaningful by itself (Leedy, 1997:162) as opposed to developing categories during the exploding (preliminary analysis) of the data.
- Categories were developed by grouping together concepts that seem related to the same phenomena and giving it a conceptual name (Strauss & Corbin, 1990).
- Content analysis was done in order to identify any additional patterns not evident from the initial analysis and to identify possible redefinitions of domains and operational principles.

## 3.6 VALIDITY AND RELIABILITY

The purpose of research is to produce valid and reliable knowledge in an ethical manner (Merriam, 1998:198). In the section below, the steps taken to ensure the validity and reliability of this study will be explained.

### 3.6.1 Internal validity

Validity of this type is concerned with the authenticity of the study (Miles & Huberman, 1994:278). Merriam (1998:204) proposes six strategies to enhance internal validity: triangulation, member checks, long-term observation, peer examination, participatory or collaborative modes of research, and researcher biases. Within this study, the following strategies have been used:

*Triangulation* refers to the use of multiple data collection methods from divergent data sources. The researcher used active participant observation field notes, reflective journals, group reports and the student focus group to confirm the emergent findings. (Merriam, 1998:204), A literature review was undertaken to clarify the different concepts prior to and during the analysis phase of the study, ensuring triangulation of primary and secondary sources.

*Member checks* from the Director and the Manager of the Centre, and the three students researchers who were all signatories to the Narrative Report and the ERA acted as independent coders ensured the credibility and plausibility of the findings (Addendum G).

*Researcher bias* was disclosed by stating the researcher's interest and her theoretical orientation right at the beginning of the research.

*Participatory research*. Three students were purposively selected and trained from the SL

cohort to conduct the focus group using the CHESP Student Focus Group Protocol. See Addendum C

### 3.6.2 External validity

This type of validity can only be achieved if the study is internally valid by employing the strategies of thick descriptions, multi-site designs and modal comparisons. Merriam (1998:206) argues that the term *reliability*, meaning, *"the extent to which research findings can be replicated"* (Merriam, 1998:206) appears to be a misfit when applied to qualitative research. She suggests the use of the term *dependability* or *consistency*. In other words, there should be agreement that the results are consistent with the data collected.

For this study, the following strategies proposed by Merriam, namely the *investigator's position*, an *audit trail* and *triangulation* have been used. The researcher tried to provide *thick descriptions* of information in this study (Merriam, 1998:211) to facilitate process of assessing the potential for transferability and appropriateness for readers. An audit trail is provided as the research design and method are described in detail. *Thick description* is defined as *"a detailed account of the context and the subjects of the study"* (Crabtree, 1992:178). In particular, it helps to enhance the external validity of the study, which refers to the extent to which the results of one study can be applied to other situations. In this study, it is reflected in the detailed background information about the conceptualisation of the GBV module provided.

## 3.7 ETHICAL CONSIDERATIONS

Students were briefed about the philosophy of service-learning and informed that the reflective journals, the project reports and the focus group would be used for research purposes, and only those who had consented submitted their journals for inclusion in the

study. The students were given a choice to participate in the focus group and were ensured that anonymity and confidentiality would be maintained throughout the reporting process. Personal identifiable information was substituted by a coding system (see Julie 2003 for anecdotal referencing). The researcher thus took into account the participants' right to self-determination, their right to full disclosure and their right not to be harmed in any way. Permission to conduct the research was sought and obtained from the Ethical Committee of the Faculty of Health Sciences, UWC.

### 3.8 DELIMITATION OF THE STUDY

This study focused only on the professional and personal development of students related to the implementation of the service-learning programme and did not try to address all the components of process evaluation. Thus, only data pertaining to the above was extracted from the Narrative Report submitted for the comparative analysis by the Educational Research Agency (ERA).

# CHAPTER 4

# FINDINGS AND DISCUSSION

## 4.1 INTRODUCTION

It seemed that the students' engagements in the various activities led to the integration of their theoretical knowledge through active participation in a practical setting. This was apparent in the themes that emerged during the focus group discussions and in their reflective journals. The themes that were identified were the development of professional skills and competencies; the integration of theory and practice; collaborative efforts and partnership; and critical learning experience through reflection and civic engagement.

## 4.2 STUDENTS' SERVICE-LEARNING EXPERIENCES

### 4.2.1 The development of professional skills and competencies

Transformation in South Africa has affected the workplace, resulting in a constant process of change, and professional training should prepare students to work within this dynamic environment. It is essential for students to develop the ability to improvise and utilise their initiative in real situations where logistics are minimal. "*I was feeling excited because for the first time in my training I'm going to be in charge of something. There would be no sister instructing me to do this and that."*

*"We were always talking about improvising, but when there is equipment like in the hospital, it is not as difficult."* Students should also be able to facilitate change and exercise flexibility in their management of changing situations. *"I experienced how it is to be thrown in the deep end; you have to swim your way out."*

The nursing students found the learning experience and the process of learning valuable, even if the planned outcomes did not always occur. They perceived the need for flexibility

in their approach, amidst unstructured scheduling and logistics. *"Despite the unstructuredness of the course, we feel our aims were adequately achieved."*

There was also the added factor of this being the trial run of the course, which required additional flexibility and innovation to ensure success. This factor created unexpected opportunities for learning that developed throughout the process of implementation. *"My concern was how we are going to be able to start providing services when our clinic has no equipment needed in order for the facility to function. But we were able to save a choking child by applying the skills we have acquired throughout the training.*

The process was, therefore, as important as the expected outcomes. There was a connection between what they learned through the service-learning experience and what they had learnt theoretically in the classroom setting, especially with regard to the reality of the challenges involved in health service delivery. *"It really was an eye-opener for me to be placed at X because being a student in a clinic or hospital setting, you always wait [to hear] what the Sister is saying … but here … I realised you must be responsible…"*

It is clear from the students' experiences that communication was a vital skill needed during their placement. "*We should enhance our communication skills because in our group, we did a lot of phoning around and a lot of interviews and things."* This is supported by Sternas, O 'Hare, Lehman and Milligan (1999); Long, Larsen, Hussey and Travis (2001) as well as Sedlack, O'Doheny, Panthoffer and Anaya (2003), who argue that service-learning experiences benefit students by enhancing their knowledge and communication skills, strengthening their critical thinking abilities and problem-solving skills in a group, developing civic responsibility, and fostering an attitude of caring.

*"One of my good outstanding experiences, the fact that at the beginning of the day we will come here, we will brainstorm, each group will have its frustrations and sometimes the arguments and after that we have some chat about things we didn't know about each other, just talking and laughing. That for me was good because um, since I have been in this class I haven't had a moment like that when people talk about their hopes for the future, so it gave me the time to learn more about people I have been around."*

Students who participate in service-learning have opportunities to apply classroom knowledge to communities and, in so doing, are enabled to build patient-education and advocacy skills and to acquire the community competencies needed to practice in a changing health-care environment (Sternas et al., 1999:67). It could be asserted that students learn, develop and benefit from relevant skills through active participation in organised service experiences. *"The placement was a step for the future. I've learned to be responsible because the lecturer was not always here; she came just to give advice."*

The challenging real-life situations students were exposed to, thus provided opportunities to learn, but they also made the achievement of all the outcomes more difficult. Students were expected to reflect on the service-learning experience itself because, as one student remarked, "*All group members had to compile a personal journal of their feelings and experiences during their placement*" and to examine reasons why it might have been difficult to achieve the outcomes. One student stated, "*Discussions with X with regards to our objectives, changes were made and clarity around learning objectives was achieved at the end of the meeting".* They also learned to take responsibility for their failures and successes. Failures were used as teachable moments to learn and make adjustments to curricula.

### 4.2.2 The integration of theory and practice

The success of service-learning can be defined in terms of how effective the transformative learning experiences have been for students during their clinical placement. This process is highly dependent on how well the service-learning internship is planned and organised in terms of management, supervision, assessment and reflection, and how it feeds back into the curriculum.

Nursing educators should therefore develop opportunities for students that address community-driven initiatives and should furthermore integrate real world experiences into nursing curricula (Hayward & Weber, 2003:9).

> *"During this week we had our first incident. A woman fainted at the entrance of the clinic and the nurses were called to help. She seemed to be having a seizure. We provided a safe environment and first aid to the woman. We monitored her vital signs and when she [w]as lucid, we referred and accompanied her to the nearest community health centre. I realised that whenever there will be a medical problem, people will naturally turn to us. This made me a bit nervous, as I did not feel we were adequately equipped to handle all situations, as we barely had a first aid kit. I was a bit reassured by my colleagues that we could handle this as we had handled the previous situation okay, we would be fine."*

The above anecdote emphasises linking the service-learning experience with nursing theory, as students were required to reflect on the experience in a written journal. If educators wish to cultivate or maintain an interest in community-based nursing there

should be ample and early opportunities to experience this form of practice (Nehls & Vandermause, 2004:83).

### 4.2.3 Collaborative efforts and partnership

The development of sustainable partnerships between the academic institution, the services sector and the community is enhanced by collaboration. When engaging in professional training, academics and academic institutions are expected to be ethically accountable. This implies that training which involves working in the community and providing a service needs to be sustainable when the students leave the community placement. To ensure sustainability, it is essential to enter into equitable partnerships with the community and the service providers, and to build capacity so that the service initiated by the students can be maintained once they withdraw. In order to promote civic responsibility, nursing is moving away from the acute-care setting to service-learning in communities (Hayward & Weber, 2003:6). Collaboration with community-based service providers and colleagues is thus essential in preparing students for nursing practice. *"I learned how to work with different attitudes and people who are afraid of being delegated to and sharing responsibilities and things".*

While working in a service-learning situation, students realised the opportunity for teamwork and this discouraged conflict and competition among individuals and partners. *"… It really opened my eyes to see that we can help each other and for me a real highlight is the fact that together we conquered all the things and now in the end you can actually just laugh at the things you were so angry about and when we felt like giving up and I think now we can say that it was worth the effort."* Insight often comes when students reflect on their community experience; they recognise the paradox between the easy answers that

come with superficial knowledge and the confusion that results from a deeper knowledge and experience.

This paradox comes as a revelation that either enhances their service or acts as a barrier that discourages them, depending on the extent of their intellectual development. "*Another topic of frustration was our lecturer's inability to give us clear guidelines. It was frustrating to start something and then to change it midway because it was not according to standard. At times, I felt that this placement is a waste of precious time and effort."*

*"I felt she is talking like that because she is never with us when we are doing our workshops,"* whilst others experienced "light-bulb moments in this regard. *"During our feedback sessions with Ms. X, we realised how inexperienced we are at the actual interview. A beautiful learning experience."*

Critical thinking that allows students to identify, frame, resolve and readdress social issues is dependent on both their knowledge and their level of cognitive development (Eyler & Giles, 1999:100).

> "*Finally everything was arranged and we could proceed with the interviews. We then realized why Ms. X put us through such a rigorous process to get there. Our level of comprehension is very different from the clients' and certain questions could evoke an emotional response that we could not adequately deal with. As researchers, we were still very inexperienced and needed a lot of guidance. We did not realize the consequences of administering the research tool at the time we started setting it up"*

Professional preparation programmes in the health sciences cannot be relevant or effective unless the higher education institutions are responsive to the changing conditions of the communities around them and are able to collaborate with them (Gelmon, Holland, Siefer, Shinnamon & Connors, 1998:98). This experience of service-learning promoted skills in negotiation as the students had to negotiate times for programmes and meetings. They acquired some skills in collaborating and came to appreciate that it requires time to meet, talk, plan and engage in decision-making. They gained knowledge about the different dimensions of the professional discipline of nursing and a deeper appreciation of the roles and responsibilities involved in being a health professional.

### 4.2.4 Critical learning experience through reflection

By creating space for students to reflect on broader community involvement, they gain a sense of how their actions can matter and then tend to respond to that challenge. The frustration that students may experience in the real-life context develops their skills and abilities. As they serve the community, this learning process is additionally facilitated by the challenge and support that well-structured reflection provides (Eyler & Giles, 1999:101).

> *"Two steps forward and three back. This week I was sick for two days and when I got back, the news hit me. We thought we were going to begin with our questionnaire, but ethics dictate that we need to have a questionnaire that all the clients understand. It feels like we are walking blindfolded and bumping into walls all the time. The best part of the week though was our feedback session with Ms. X, when we explained our feelings of de-motivation, and I felt better afterward, as I understood the reasons for the seesaw we felt we were on. Research is in its own way challenging but the groundwork can get boring at times."*

Critical thinking in a service-learning situation for nursing students is a reasoning process that involves reflecting on ideas, actions and decisions (Sedlak, O'Doheny, Panthoffer & Anaya, 2003:100). Paul (1993 in Sedlak et al., 2003:100) identifies three dimensions of critical thinking, namely –

- *elements of reasoning*, e.g. identifying problems, identifying assumptions, developing multiple points of view and recognising consequences of actions;
- *abilities of reasoning*, e.g. raising questions, clarifying issues, generating solutions and evaluating actions; and
- *traits of reasoning*, e.g. affective attitudes including fair-mindedness, humility, courage, confidence and integrity.

The responses from the students highlighted that the service-learning setting compelled them to assess the situation and its demands, and then to apply their learning and skills to meet these demands, which meant the students engaged in independent thinking. *"When I had to assess the pregnant lady who fell from the stairs, I had to assess and refer and I had to design a kick chart for her to see if the foetus was still OK."*

Students shared accountability with the service centre as well as with the community for the goals and success of the project and this responsibility, knowledge and experience promoted trust and respect. The students' service-learning experience contributed to their professional development as they learnt to appreciate the transformative value of their knowledge and skills. *"My outstanding experience was in this room, where I had to do a board meeting and at the end of the day it boosted my self-confidence so much."*

### 4.2.5 Civic engagement

Civic engagement changes the values of students and provides hope for a better future through collaboration. Civic engagement is initiated by being exposed to service-learning in the community and because of changes in values, active participation in democratic citizenship, informing the public about problems to be addressed and working toward

solving problems becomes part of students professional activities. Institutions of higher learning have much to gain from community engagement through service-learning, including the intellectual challenge of applying scholarship to the pressing issues of the day and the accompanying prospect of new interdisciplinary insights. Furco (1996:11) asserts that community service is the engagement of students in activities that focus on the service being provided as well as the benefits these activities have for the recipients. The students in turn benefit by learning more about how their service makes a difference in the lives of the recipients and this can motivate them to become involved.

Service-learning provides a unique opportunity for students to internalise their knowledge and to recognise the value it has for the community and society. *"… It actually motivated me to go home where I came from and empower women who have been abused and tell them that it is okay to stand on your own and … and stop whatever is happening to you because I've learned a lot from here."*

Students become aware of the power of their own professional knowledge and abilities, which motivates them to engage in the processes of change and development. This is an empowering experience for a young graduate and can contribute to the formation of their ethical basis and commitment to their profession (Daniels & Adonis, 2003), as the following comments illustrate: *"Once in a lifetime you receive the opportunity to be part of something great. Something so big that it makes you feel small, insignificant and scared. Yet you know that the success of it depends on your contribution (how small it seems), as well as the contribution of others. You also realise that, due to its greatness and magnitude, a power higher than yourself is involved."*

Service-learning thus exposes students to the needs of the larger society, engages them

in addressing those needs through community service, and connects practical experience to their theoretical knowledge.

# CHAPTER 5

# RECOMMENDATIONS AND CONCLUSION

## 5.1 RECOMMENDATIONS

The challenges of transformation necessitate innovative modes of learning, and service-learning experiences provide the intellectual, experiential and attitudinal challenges required to keep learning appropriate and relevant. The following recommendations, drawn from the experience of the students, provided feedback into curriculum planning and implementation of the programme:

1. Planning in terms of outcomes, time- frames and available resources should be realistic in order to ensure effective implementation of the programme.
2. Commitment and support from colleagues of the school of nursing is needed.
3. The signing of memoranda of agreements, as a means of clarifying the roles and responsibilities of the different partners, can prevent the confusion that occurred at some stages during this implementation.
4. Students should be carefully selected based on their interest in gender-based violence, self-motivation and the ability to work independently.
5. The delivery of medical care is dependent on the equipping of a medical care facility and the availability of a qualified primary health care practitioner for supervision.

Service-learning as a teaching methodology is successful in linking theory and practice and for developing professional skills and could be employed to meet the challenge of

providing adequately trained health professionals.

## 5.2 CONCLUSION

The gender-based violence programme allowed students, through their service-learning experience, to achieve goals defined by the community, services and the University of the Western Cape in accordance with national policy. The programme also benefited the disenfranchised and marginalised community of survivors of domestic violence. Students came to understand the supportive roles that health professionals can play and came to recognise that the development of the attributes of caring, advocacy and civic engagement are essential to their professional development. Comments in the reflective journals revealed that students valued their service-learning experience, and believed that this experience would expand into future collaborative relationships within civil society. The feedback on the service-learning experiences provided by the students, faculty and service provider has subsequently been utilised to revise the service-learning curriculum and to implement improved interventions to address challenges.

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**APPENDIX A MODULE DESCRIPTOR**

| | |
|---|---|
| Module Name | Management of Gender-Based Violence |
| Home Department | Nursing |
| Module Code | 821122 |
| Credit Value | 10 |
| Duration | Semester |
| Module Type | University/Faculty |
| Level | 8 |
| Main Outcomes | At the end of the module students will be able to:<br>▪ Demonstrate skills/ competency as health professionals to provide effective, comprehensive, high quality care to victims of gender-based violence.<br>▪ Demonstrate gender sensitive and compassionate, professional health care using effective communication and counseling skills. |
| Main Content | ▪ Assessment and emergency care of gender-based violence survivors<br>▪ Constitutional and legal measures combating gender-based violence.<br>▪ Crisis intervention and the management of Post Traumatic Stress Disorder in assault survivors.<br>▪ Medico and forensic management of sexual assault.<br>▪ Dealing with vicarious trauma. |
| Pre-requisites | Gender-Based Violence as a Public Health Issue. |
| Co-requisites | Nil |
| Prohibited Combinations | Nil |
| Breakdown of Learning Time | Contact with lecturer / tutor: 14 hours<br>Assignments & tasks: 30 hours<br>Self-study: 28 hours<br>Practical: 38 hours<br>Total learning time: 100 hours |
| Methods of Student Assessment | Continuous assessment: 100%<br><br>▪ SL Group Project Portfolio 60%<br>Reflective Journal 20%<br>▪ Poster Presentation 20% |

**ADDENDUM B: ETHICS CLEARANCE FORM**

# UNIVERSITY *of the* WESTERN CAPE

**DEPARTMENT OF RESEARCH DEVELOPMENT**

**SR1**

**UWC RESEARCH PROJECT REGISTRATION AND ETHICS CLEARANCE**

**APPLICATION FORM**

This application will be considered by UWC Faculty Board Research and Ethics Committees, then by the UWC Senate Research Committee, which may also consult outsiders on ethics questions, or consult the UWC ethics subcommittees, before registration of the project and clearance of the ethics. No project should proceed before project registration and ethical clearance has been granted.

| **A. PARTICULARS OF INDIVIDUAL APPLICANT** | | | | |
|---|---|---|---|---|
| NAME: Hester Julie | | | TITLE: Mrs | |
| DEPARTMENT: Nursing | | | FACULTY: CHS | |
| FIELD OF STUDY: GENDER-BASED VIOLENCE | | | | |
| ARE YOU: | | | | |
| A member of UWC academic staff? | Yes | X☐ | No | ☐ |
| A member of UWC support staff? | Yes | ☐ | No | ☐ |
| A registered UWC student? | Yes | X☐ | No | ☐ |
| From outside UWC, wishing to research at or with UWC? | Yes | ☐ | No | ☐ |

## B. PARTICULARS OF PROJECT

PROJECT NUMBER: TO BE ALLOCATED BY SENATE RESEARCH COMMITTEE:

EXPECTED COMPLETION DATE: 2004

PROJECT TITLE:

Service- Learning In Nursing: Integrating Student Learning And Community-Based Service Experience Through Reflective Practice

THREE KEY WORDS DESCRIBING PROJECT:
Service-learning, gender-based violence, undergraduate nursing

PURPOSE OF THE PROJECT:

M-DEGREE: MCUR D-DEGREE:

POST GRADUATE RESEARCH:

## C. PARTICULARS REGARDING PARTICULAR RESEARCHERS

| | FAMILY NAME: | INITIALS: | TITLE: |
|---|---|---|---|
| PRINCIPAL RESEARCHER: | JULIE | H | MRS |

OTHER RESEARCH PROJECT LEADERS:

OTHER CO-RESEARCHERS: HAYMES

THESIS: STUDENT RESEARCHER:

THESIS: SUPERVISOR: Prof E Kortenbout

## C. GENERAL INFORMATION

| |
|---|
| STUDY LEAVE TO BE TAKEN DURING PROECT (days): |
| IS IT INTENDED THAT THE OUTCOME WILL BE SUBMITTED FOR PEER REVIEWED PUBLICATION?<br>YES x☐ NO ☐ |
| COMMENTS: DEPARTMENTAL CHAIRPERSON: |
| SIGNATURE OF THESIS STUDENT RESEARCHER – WHERE APPROPRIATE:<br><br>DATE<br><br>SIGNATURE OF THESIS SUPERVISOR – WHERE APPROPRIATE:<br><br>DATE<br><br>SIGNATURE OF PRINCIPAL RESEARCHER – WHERE APROPRIATE:<br><br>DATE:<br><br>SIGNATURE OF DEPARTMENTAL CHAIRPERSON:<br><br>DATE: |
| NOTE: THESE SIGNATURES IMPLY AN UNDERTAKING *BY THE RESEARCHERS*, TO CONDUCT THE RESEARCH ETHICALLY, AND AN UNDERTAKING BY THE THESIS SUPERVISOR (WHERE APPROPRIATE), AND THE DEPARTMENTAL CHAIRPERSON, TO MAINTAIN A RESPONSIBLE OVERSIGHT OVER THE ETHICAL CONDUCT OF THE RESEARCH. |

## E. DESCRIPTION OF PROJECT AND RESEARCH ETHICS STATEMENT

Please type below, or attach a typed document, usually between 500 and 5000 words, setting out the purpose and process of the research. Please include a clear research ethics statement. The onus is on the applicant to persuade UWC that the research will be conducted ethically. This will normally require evidence of an up to date research ethics literature search in the particular discipline; evidence of what the world standard ethical practice is, in the particular discipline; an explanation of how the proposed research is to be conducted ethically; a detailed justification of any proposed departure from world standard ethical practice; and a clear undertaking to conduct the research ethically. It may be useful also to agree to conduct the research in line with the published ethical rules of a national or international disciplinary association. UWC reserves the right to stop or suspend any research undertaken by its staff or students, or by outsiders on its property or in association with it, if the research appears to be unethical.

The management of Gender-Based Violence (GBV) is a contentious public health issue in South Africa. GBV is understood as violence directed against women as is considered to be a pattern of coercive, learned behavior that is used to maintain power and control and constitutes a serious threat to the health and life of women. (Hayward & Weber, 2003:5; Heise, Elssberg & Gottemoellet, 1999:18).

Domestic violence is an endemic problem that is under-reported and the current statistic available in the South African context is that "a woman is killed by her intimate partner in South Africa every six hours" (Matthews, Abrahams, Martin, Vetten, Van Der Merwe & Jewkes.

The School of Nursing at the University of Western Cape has responded to the challenge of training sensitive, knowledgeable and skilled health personnel by developing a Management of Gender-Based Violence (GBV) module. The purpose of this study is to describe the professional and personal development of 24 final year undergraduate nursing students who participated in the service-learning pilot run at the Saarjie Baartman Centre for Abused Women and Children (the Centre) during 2003. A qualitative methodology will be employed and the students' reflective journals, project reports and focus group discussions will be analysed using content analysis. Informed consent to use data from the previous mentioned sources was obtained from students at the commencement of the service-learning placement, before the focus group and prior to using personal journal entries. The results will be used to inform the service-learning curriculum process.

**Ethical considerations**:

Students were briefed about the philosophy of service-learning and informed that the reflective journals, the project reports and the focus group would be used for research purposes and only those who consented submitted their journals for inclusion in the study. The students were given a choice to participate in the focus group and were ensured that anonymity and confidentiality would be maintained throughout the process. Personal identifiable information was substituted by a coding system. The researcher thus took into account the rights of the participants to self determination, to full disclosure and not to be harmed.

.

## ADDENDUM C: CHESP STUDENT FOCUS GROUP PROTOCOL

(Please record the number of students present and which modules they attended)

### Introduction

(This can be used as a guide to introduce the focus group discussion).

Our goal for this focus group is to have an open and interactive discussion. Focus groups are a guided conversation in which everyone participates. We want to learn more about how you felt about your community-based learning experience and will ask you a few questions that will focus on aspects of the experience and its affect on you as a learner. As facilitator, I will be asking questions to guide the discussion, but will not be participating or offering my own comments or reactions.

The purpose of the focus group is to hear everyone's ideas and impressions. Generally, in a focus group, hearing what others say may stimulate your own thinking and reflection on your experience. You do not need to repeat what others have said, but rather offer your own unique view or expand, clarify, or elaborate on what others have said. If you hear comments or ideas with which you disagree, do not hesitate to describe your perspective or contradictory view. A focus group, however, is not meant to resolve those differences or to press for consensus. The idea is to hear everyone's thoughts, not to reach agreement. There are no right or wrong answers. The purpose is to capture a wide array of comments, opinions, ideas, and suggestions.

This discussion will be tape-recorded. Your lecturer will not hear the recording. Only the person transcribing the tape will hear it. The summary reports or transcripts will not identify speakers so what you say will be kept confidential. To ensure a quality transcription, it will be helpful if you speak one person at a time, and try to speak clearly and with more volume than usual so your comments are captured on tape.

### Questions

1. What do you understand “service learning” to be?
2. Did you find that this course was different to other courses that do not have a service-learning component? Explain your viewpoint.
3. What kinds of activities were you involved in during the course (especially in relation to working with the community and service provider)? Is this what you expected?
4. What did you learn from this experience about the community in which you worked?
5. a) Did the course work prepare you sufficiently for the service experience?
   b) Did the service increase the meaningfulness of the course?
   c) Did classroom discussions, required readings, and assignments connect the community service to the course content?
   d) Was there a good balance of course time and community activity?
   e) Were the opportunities for reflection in the course useful? How?
6. What were the main benefits of the course? -Probe to you/ the community/ the service provider?
7. What did you observe about working in a partnership outside the boundaries of the university?
8. What improvements do you think have to be made to the course for its next implementation?

*Thank participants.*

Signature

## ADDENDUM D: CHESP STUDENT QUESTIONNAIRE[1]

Dear Student

This survey forms part of a nationwide research project, which investigates the effect of community-based service learning on the different participants (students, community members, university lecturers, service partners).

You are being asked to complete this questionnaire because you are enrolled in a course, which has a community and service-learning component. We are very interested to find out what your expectations are of this course.

---

**UNIVERSITY:** ……

**TITLE OF COURSE:** ……

**STUDENT NUMBER:.**

---

## DEMOGRAPHICS

First, we would like to know some information about you.
(Please circle the correct response).

1. Gender

| | |
|---|---|
| Female | 1 |
| Male | 2 |

2. Race

| | |
|---|---|
| Asian | 1 |
| Black | 2 |
| Coloured | 3 |
| White | 4 |

3. What is your age? …… (years)

4. Which year of study are you currently in?

| | |
|---|---|
| First-year | 1 |
| Second year | 2 |
| Third year | 3 |
| Fourth year/ Honours | 4 |
| Masters | 5 |

5. Name of service agency or service provider you will work this with during the course (where appropriate):
……

[1] Sources: Gelmon et al (2001) *Assessing service-learning and civic engagement*. Campus Compact; Reeb, R.N. et al (1998) The Community service self-efficacy scale: Evidence of reliability, construct validity and pragmatic utility. *Michigan Journal of Community Service Learning*.

## YOUR UNDERSTANDING OF SERVICE LEARNING

6. Please provide your understanding of service-learning by completing the sentence below

. I understand "service-learning" to be

……
……
……

## YOUR EXPECTATIONS OF THE COURSE

7. We would like to be informed about your expectations of the course you are enrolled in. *Please indicate your level of agreement with each of the statements below.*

| | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
|---|---|---|---|---|---|
| I think this course will be different from other courses which do not have a service learning component | | | | | |
| I think that I will learn from the community in which I work | 1 | 2 | 3 | 4 | 5 |
| I think that the community will benefit from the work I do | 1 | 2 | 3 | 4 | 5 |
| I think that the service provider will benefit from the work I do | | | | | |
| I think that the assessment methods for this course will be the same methods as for other courses | 1 | 2 | 3 | 4 | 5 |
| I think that this service- learning course will take more of my time than other courses | 1 | 2 | 3 | 4 | 5 |
| I think that the service-learning course will cost me more money than other courses | 1 | 2 | 3 | 4 | 5 |
| I think that the service learning course will require much more work than other courses | 1 | 2 | 3 | 4 | 5 |

8. Finally, please add any other comments (feelings, concerns, opinions; difficulties you foresee) you have about the course you are about to attend.

……..
……..
……..

*Thank you for your insights regarding community-based learning!*

**ADDENDUM E: GROUP PROJECT REPORT**

University of the Western Cape

**Department of Nursing**

# Hand Over Report: Group Two (Term Three)

**<u>Group Two:</u>**

**B H**

**M C**

**V C**

**W L**

**Content:** **Page**



**Introduction:**

The following 'mini' report is a synopsis of the work covered by Group Two in Term Three over a period of five weeks at the Saartjie Baartman Center for Abused Women and Children. The initial aim of the group was to investigate the needs of the women and their children at the Shelter and to make recommendations, and institute referrals, so that those needs could be met. Due to the fact that only nine out of the fifteen women were interviewed, the focus of the data analysis changed from a needs assessment to the consequences of intimate partner violence. We documented our progress by means of report. Each week was set out in sessions and each session was divided into three days. Each session had a particular aim, objective, outcome and feedback section. If the aims for that week could not be reached it was justified in the feedback section. Additional work was also covered. Our feelings and emotions were captured in a separate journal, which was an excellent idea, as we could vent our frustration in a constructive manner.

**Progress Of Research:**

The process was a long and often frustrating one. In the first week we had decided that we would interview the women to find out their, and their children's needs. The children's needs would be further assessed by direct observation as well. We tried setting up our own questionnaire or research instrument and found later that it would invalidate our research, as it had not been tested scientifically. After a week of futile searching online, we made contact with a researcher from the World Health Organisation and obtained the questionnaire from her. (*contact details at the end of the report*).

It took us another week to modify the questionnaire to suit our purposes and translate the English version into Afrikaans, as most of the women were apparently Afrikaans-speaking. Four weeks had passed and we were still struggling with ethical details around administering the questionnaire. Also in the fourth week, Ms. J emailed WHO and got the Afrikaans version of the questionnaire from them. The Afrikaans was an earlier version of the English research tool and we had to modify Afrikaans so that the same questions were covered in both questionnaires. This may sound simple but going through each question, but going through each question and comparing it with another questionnaire and then doing the translation is a long process. Another hurdle we had to cross was actually administering the tool to each other to gain practice in it, and to familiarize ourselves with the interviewing process.

While this tedious process was going on we were also trying to set up appointments with the ladies whom we finally succeeded with in our sixth week. At this point we still had to get our questionnaires printed, the final copies of the questionnaire approved by Ms J and get our physical environment arranged for the interviews to take place.

Finally everything was arranged and we could proceed with the interviews. We then realized why Ms. J put us through such a rigorous process to get there. Our level of comprehension is very different from the clients and certain questions could evoke and emotional response, that we could not adequately deal with. As researchers we were still very inexperienced and needed a lot of guidance. We did not realize the consequences of administering the research tool at the time we started setting it up.

**Recommendations:**

Our recommendations to the next group include:

- Adding more questions about the type of violence or abuse the women were subjected to. It is not only the victims of intimate partner violence that are housed at the Centre.
- Making the questionnaire more needs assessment based, and after finding out exactly what is it that the women need, organizing workshops and other activities to address those needs.
- It was evident that many of the women needed 'focus group' discussions on their feelings about their abuse, but it is not clear whether we have the skills to direct a group that can be so potentially emotionally explosive.
- Assess the needs of the children, to find out whether they have any behavioral and or other developmental problems that need to be addressed.

**Contact Details:**

It would be helpful to the next group to know to contact if they have a problem:

*World Health Organisation:*

*H. J: epidemiologist*

**Involved in WHO Multi Country Study on Women's Health and Domestic Violence**

*Email: jansenh@who.int*

*Saartjie Baartman Center*

*R: social worker that runs discussion groups with the women*

*R: Manager of Shelter*

*S: Director of Shelter*

**ADDENDUM F: GROUP REFLECTIVE JOURNAL**

SESSION 1: 29 July 2003- 31 July 2003

H B
I arrived before eight pm, and the center was deserted. I felt like I was in the wrong place. I then called some colleagues and made sure. I really had no expectations of the working area or clients, as community work requires one to be extremely flexible. L oriented me as to which groups there were, and I slotted in. the rest of the day was spent organizing and planning a structure for our group and getting our heads around the topic. Thus far no major problems have occurred. Our group works well together, and group dynamics are excellent. I have a tendency to dominate, and warned the group members about this. Thus far I'm full of hope and know we will produce an excellent paper at the end of these six weeks.

L W
The highlight of this session was that our group was able to develop a structured plan of the time that we are going to be at Saartjie Baartman. Planning for the next 6 weeks made everything less overwhelming. Overall I am satisfied with what the group has accomplished in this week, and feel excited about the weeks ahead.

N V
The fact that I was in the first group to initiate the provision of health care services at Saartjie Baartman made me very excited. In my first day at the center as a group we had to plan as to how we are going to work from the period we arrived until the end of our stay. My concern was how we are going to be able to start providing services when our clinic has no equipment needed in order for the facility to function. But a miracle did happen when we were able to save a choking child by applying the skills that we've acquired throughout the training. I personally feel that the placement at Saartjie Baartman will help me grow professionally and as a person.

C M
The day I entered the Saartjie Baartman building I was feeling apprehensive not knowing what to expect from the staff or the clients. I went in with my own ideas, attitude and came out with a whole new way of thinking. My main concern was that would the people accept me as a person or as a nurse. Will I be able to practice my skills that I learned at university and be able to learn by the clients? The thing that calmed me down is that I am not alone. With the help of my colleagues we'll be able to be the best we can be.

SESSION 2: 4 August 2003 – 6 August 2003

N V
On Monday the 4/08 we had a case of a lady who had convulsions on the parking area in front of the shelter. We had to intervene and do necessary referrals. This have made to be more concerned and worried by the fact that both the shelter workers and residents have very high expectations upon us, but at the moment our clinic have no resources. Coming to what we've planned as a group for this week, we've drafted the questionnaire and consent form and tried to get the existing tools from the net to make our instrument more valid. I must say it is not easy to gather the information, but we are trying our best and I am optimistic that we will succeed.

H B
On Saturday 02/08/2003 I spent five hours on the internet at campus searching for adequate assessment tool, but my search turned up blank. I used the goggle and altavista search

engines as well as the South African Health Research Council and the WHO website. After feedback to the group on Monday 04/08, we decided to use Maslow's Hierarchy of Needs to formulate our own questionnaire. On Tuesday 05/08 we received feedback from our facilitator that our assessment tool has not been validated so it is not scientifically sound. After all our research, this was a bit of a setback and meant that that we would have to start all over with our research. Tuesday afternoon was spent at campus, and we obtained a lead on the WHO website. We are currently awaiting the reply to our e-mail, to ask permission to use the research tool of the Multy Country Study on Gender Based Violence. Right now it seems as though we have too little time to turn out a product that is an example of academic excellence. Wednesday 06/08 was spent on campus doing research on the Internet, but unfortunately our results were saved incorrectly and this means we have to search from the beginning. My focus at the moment is obtaining a validated needs assessment tool that can be used with the women at our placement. I feel like I am hitting my head against a brick wall, but I know that this is part and parcel of research. At the moment I am still motivated to do my best, and work with my group to produce a quality needs assessment, that will benefit both us and our partners, the women.

C M
On Monday when I entered the Saartjie Baartman Center I got a surprise of my life. I saw a woman lying on the floor. At first I thought she was dead but when I came nearer, her limbs were moving vigorously. So I ran towards her, she was getting a epileptic seizure. I supported her by putting my bag under her head so that she couldn't hurt herself, and called for help. The whole bunch of nurses stormed towards the scene to offer help, whereby I was very relieved. The woman was taken to our chambers. She was referred to Heideveld day hospital. The rest of the week we were only doing research on the computers, although we did not make a lot of progress on the computers. We also introduced us to the women in the shelter.

L W
This week took a dive when the assessment tool that our group designed was not approved (with valid reasons). We searched the Internet and came across one questionnaire. We tried to save it, but this was unsuccessful. At least we managed to formulate a consent form from Mrs N. M to modify her consent form and use it for our purposes. She gave permission. I am grateful for that because I do not think that I could handle walking into a brick wall again.

SESSION 3: 11 August 2003 – 13 August 2003

L W
Once in a lifetime you receive the opportunity to be part of something great, something so big that it makes you feel small, insignificant and scared. Yet you know that the success of it depends on your contribution (how small it seems), as well as the contribution of others. You also realize that, due to its greatness and magnitude, a power higher than yourself is involved.

N V
This week I have learnt that things don't always go according to the plan and that one needs to be patient in order to achieve the goal the reason why I say this is because our initial plan was to meet the women and hand over the questionnaires, but due to circumstances we couldn't. besides this I am positive to do this research and with cooperation with my group peers I believe that we will produce a positive outcome at the end of our stay at Saartjie Baartman.

H B

Things are moving!!! We are getting funding for our project from abroad, our requirement list is set out. We have to get quotes through. We have the questionnaire for our project and today (14/08) class was structured around a research proposal. This was fantastic! I'm so motivated to continue with this project into next year, or even after that I am gratefull to the higher power for guiding us and providing us with the strength to go on, and giving us a light when we need it most. Its test week next week though and I don't know how this is going to affect our work. For now, I still subscribe to the saying, "Listen carefully, because opportunity sometimes knocks softly…"

C M
As I entered another week in Saartjie Baartman I was feeling a little apprehensive because I did nit know if our objective of the week was going to be met due to unforeseen circumstances. As it turned out we did not meet the women to give our questionnaire. We helped group 3 to paint the research room which gave me a feeling of hope and that we do something practically and I enjoyed it a lot to be part of a group doing something positive.

SESSION 4: 18 August 2003 – 20August 2003

L W
This week went fairly well. We spent 2/3 of the week browsing through files in Mrs. J's office. We were lucky to have found 11 articles that can be used for our literature review. I must acknowledge the fact that I have been stressed out because of the test that we have to write on 21/8/2003. Concentrating on those articles in the files drained me so much that I did not have the energy to still study at night. Hopefully we can start with our questionnaire and interviews in session 4.

N V
This week we spent two days on campus searching for articles that we can use in our research. We managed to get a couple of articles and tried to summarize some of them. Browsing through the articles looking for the relevant information to our topic has been tiring especially when someone still have to go study for the test the same night. We also worked through the questionnaire that we got from the Internet and selected questions that we felt are relevant to our to our research topic. We're still looking forward to meeting the clients and have interviews with them.

C M
This week was a really good one for me because I felt that we made some progress. We spent time at the campus whereby we finished our questionnaire and research for article for the literature review. I feel that we are competent and equipped to go and interview the clients.

H B
Progress! Questionnaire was decided on, and modified, and we spent time online collecting articles for our literature review. Starting on this was a bit problematic, as we needed a bit more guidance. There's very little time left. I'm feeling demotivated a little bit, as it seems as though we're swimming in the same spot all the time, and even though its necessary a little bit more time would be perfect.

Test! Maybe this was the reason I'm feeling a bit detached from the project, as most of my concentration lies there anyway. Looking forward to the challenges of next week…

SESSION 5: 25 August 2003 – 27 August 2003

N V
This week we had to contact R regarding time – table to interview the women and she promised to give that do us on the 26 August. We received the time – table on the 26 August and worked on the days to meet the women and I was excited thinking that finally we are going to meet the women so that we can reach our goal. But with research things are not as easy as I thought because now I've learnt that we actually are supposed to have other versions of the questionnaire in order to accommodate non- English speaking clients. I must say that it is so much draining to be expected to do something new that was not part of our initial plan, because I feel that it is an obstacle to the group progress. Besides that I am still looking forward to produce effective result into our study.

H B
Two steps forward, and three back. This week I was sick for two days and when I got back, the news hit me. We thought we were going to begin with our questionnaire, but ethics (sigh!) dictate that we need to have a questionnaire that all the clients understand. It feels like we are walking blindfolded and bumping into walls all the time. The best part of the week though, was our feedback session with Ms. J, when we explained our feelings of de-motivation, and I felt better afterward, as I understood the reasons for the see-saw we felt we were on. Research is in its own way challenging but the groundwork can get boring at times. My recommendations to myself for the week, grit your teeth, and stick it out!

C M
The moment I think we achieve something only to realize that we still where we started. At the moment I feel lost and confused. We did finish the questionnaire and ask the women in charge of the women in the shelter for a timetable to get a time to interview them. But the week progress we realize that 90% of the women were Afrikaans speaking and out questionnaire is in English so the whole thing must be translated and go through Ms J.

It's a really slowly frustrating process!!

L W
This week went fairly well. I was anxious about our interviews because we only have two weeks before our time at Saartjie Baartman is finished

SESSION 6: 01 September 2003 – 03 September 2003
L W
We were finally able to conduct our interview sessions with the clients. It was a learningful experience for me. I also realized that there are certain aspects of your upbringing that you can never back away from, no matter how much you adopt a professional attitude.

H B
Done with our interviews, it was fascinating to see others way of understanding and responding to questions, especially women clients of this caliber. The undercurrents of emotions are strong. During our feedback sessions with Ms. J, we realized how inexperienced we are at the actual interview. A beautiful learning experience.

N V
Finally interviews were done and that has brought a relief to my anxiety about whether we will manage to reach our goal. I was a bit disappointed by the fact that some of the respondents could not participate but I've learnt that one should expect things like that in research.

**ADDENDUM G: CHESP DATA ANALYSIS**

# A report on the CHESP module reports and generic questionnaires

Submitted to CHESP by

**Evaluation Research Agency**

25 January 2004

## Introduction

This report comprises two distinct sections. In Section A we present the results of our analysis of the CHESP Service-learning modules that were completed in the second semester of 2003. This includes first and second semester modules as well as a few year modules. The analysis was done against the framework of the Guidelines for narrative reports. This means that the main sections of our analysis follows the main headings of that Guideline document.

In Section B of the report we present the summarised data from the four generic questionnaires. These questionnaires are administered by researchers and academics on the participating campuses in CHESP. The role of ERA is to edit and clean the captured data and present summary tables according to each of the four main questionnaire types: students, faculty, service provider and community. It is important to point out that our brief is merely to present the summarised analyses. The data is available for further analysis.

In conclusion, it is also important to emphasize that this is not an evaluation report, but specifically a descriptive report of two sets of data generated by participants in CHESP 2003.

Johann Mouton

Lauren Wildschut

Nelius Boshoff

## 1. INTRODUCTION

As part of the monitoring and evaluation process (MERP), CHESP module convenors are asked to submit Narrative Reports, which are written according to set guidelines. This report serves to highlight the key issues raised in these reports so that more can be learnt about implementing service-learning modules at South African Higher Education Institutions (HEIs).

Sixteen reports were received[2] in December 2003 and loaded into Atlas/ti (a software programme designed for qualitative data analysis) and coded deductively using a code list generated through two prior implementations of CHESP modules. The full coding list can be seen in Appendix 2.

It is important to note that some of the reports still do not follow the guidelines set by the CHESP evaluators. This unfortunately works counter to one of the key objectives of the CHESP initiative i.e. to research service learning modules and to use the data generated through this process to inform higher education policy and practice at a programmatic, institutional and national level. However, there is a marked improvement in the quality of some of the reports and even though only a few reports were received, very useful information was gained from these reports.

## 2. CONCEPTUALISATION AND DEVELOPMENT

It is important to note that only two of the reports submitted are those of pilot modules – the rest are all standard runs. Some of the issues raised in these standard run reports have been raised in earlier ERA reports. However, some useful additional issues were raised by both pilot and standard module convenors.

The sixteen reports mainly[3] reported on the following factors when referring to the conceptualisation and development of the CHESP modules:

- Factors influencing the development of CHESP modules;
- Changes to the conceptualisation of modules;
- Choice of service-learning site; and
- Promoting and prohibiting factors.

These three key areas are discussed in more detail below.

### Concluding comments on conceptualisation

Although there were few reports, a reasonable amount of useful data was generated these concerning the conceptualisation of service-learning modules. The reports from UNITRA Human Rights, UWC Gender, WITS ABET and UFS VRP210 were particularly valuable in this regard.

*The first group was placed at the Centre for 3 days per week with the primary objective of completing the situational analysis. The rationale being that our department subscribes to evidence based practice, and therefore all our proposed intervention programmes need to be based on research. P161: UWC Gender 2_03 (249:252)*

Only four reports discussed course objectives (perhaps as this was not requested in the guidelines). However, as in earlier CHESP module implementations, responses indicate a tendency for service-learning modules to be responsive to national, regional and local socio-economic priorities and needs.

[2] See Appendix 1 for list of modules that submitted their Narrative Reports. This list also indicates the label generated by Atlas/ti which is used throughout this report.
[3] See Appendix 3 for Codes-Primary Documents table for frequency of quotations on this issue.