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Service Learning and Association to Social Responsibility and the Process of Cultural Competence in Nursing Practice

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Walden University
2025

Abstract

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MSN, Walden University, 2011

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Cultural competence and social responsibility are essential qualities of baccalaureate-prepared nurses. Cultural competence and social responsibility can occur in nursing students following their service learning (SL) experience and remain to influence practice as a professional nurse. The purpose of this basic qualitative study using 18 individual interviews of nurses who participated in a SL experience during their nursing school program was to identify the nurses' perceptions of their experiences in an international SL program regarding social responsibility and cultural competence. Interview questions were guided by the process of photo language. Mezirow's transformative learning theory and Campinha-Bacote's process of cultural competence in the delivery of healthcare services model, were used to inform the study. The results of this study revealed three themes: (a) the process of cultural competency, (b) social responsibility, and (c) cultivating excellence in nursing practice. Future studies are needed to further examine other benefits of SL for all nursing students before they enter their formal professional nursing experience. Results of this study may promote positive social change as the benefits of SL experiences are used to promote SL. SL experiences can improve vulnerable communities' health and patient outcomes through nurses providing culturally competent care and social responsibility.

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Dedication

This dissertation is dedicated to past and current members of my family in the hope of a future that embraces cultural competence and social responsibility. Neither of my parents completed high school, yet they embraced and promoted social responsibility and the importance of life-long learning.

Acknowledgments

I wish to express my gratitude to the Guatemala residents and Nursing Heart employees. They have taught me about nursing, social responsibility, and the process of cultural competence. When I was with nursing students, I was told by a Guatemalan farmer that by being in his Guatemalan community, we brought hope. This is the greatest “thank you” I have ever received as a nurse.

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Chapter 1: Introduction to Study

Service learning (SL) is a pedagogical approach to nursing education that enriches learning (Humphrey & James, 2021; Marcilla-Toribo et al., 2022; Spencer, 2021; Yoong et al., 2022). Literature has documented many benefits of SL for nursing students as well as faculty, clinical partners, clients, and communities (Beebe et al., 2021). Nursing students meet course learning outcomes while community needs are met (Bowling et al., 2021; Markaki et al., 2021). Thus, SL contributes to positive outcomes in nursing education.

The American Association of Colleges of Nursing (AACN) established the quality standards for nursing education, which include physical and social sciences, nursing research, public and community health, nursing management, and humanities (AACN, 2021). In addition to the foundational course and clinical experience requirements, the AACN (2021) has also established expectations for critical thinking, cultural competency, leadership, and health promotion skills throughout the courses. The AACN (2021) recognized standards for nursing education that prepare nurses for the future. For instance, nurses care for various races/ethnicities and culturally diverse patients resulting from demographic changes in the U.S. population. The U.S. Census Bureau (2020) reported that by 2030, immigration might surpass natural population growth. Therefore, nurses need to be skilled in cultural competence to care for the growing racial/ethnic and culturally diverse populations.

In addition to cultural competence, social responsibility is a skill needed by caregivers of racial/ethnic and culturally diverse populations. Social responsibility is the

ability not to judge people but to embrace cultural differences to serve the vulnerable (Rosa, 2017). Social responsibility is essential in providing quality care to populations and individuals in communities while recognizing the social determinants of health that influence health status, quality of life, and health outcomes (Phillips et al., 2020; Office of Disease Prevention and Health Promotion, 2021; WHO, 2023). Similarly, Mezirow et al. (2000) described social responsibility as the ability to identify oneself while being concerned for the well-being of all life. Personal opinions, policies, and politicism have challenged moral obligations, diminishing social responsibility (Padela, 2017). Therefore, future nurses must develop social responsibility for quality, competent care provision. Nurses with social responsibility practice with the common good for all in mind and accept racial/ethnic and culturally diverse populations.

Through SL, nursing students are exposed to social responsibility and cultural awareness that can lead to cultural competency. SL is a structured learning experience that combines community service with specific learning objectives, preparation, and reflection (Seifer,1998). Due to the potential impact on healthcare, it would be helpful to explore from a nurse's perspective their description of service-learning experiences and the influence of social responsibility and cultural competency in their professional nursing practice. The social implications of this study include the promotion of SL and the identification of SDOH. There is a need to understand practicing nurses' perceptions about how a voluntary service-learning experience influenced the development of social responsibility and cultural competency.

This chapter is structured to identify the background of service learning and its relationship to the scope of nursing. The research problem and purpose will be presented as well as the theoretical framework for the study. The study's conceptual framework and nature will be reviewed, along with definitions of key concepts and assumptions, limitations, and significance of the study.

Background

Summary of Literature

Nurses are required to do more than ever before (ANA, 2023). Since the pandemic, nurses have been short-staffed, working with unprepared traveling nurses, sick patients, and challenging families. SL has been gaining attention in nursing education to increase the nursing impact on cultural outcomes (Lee et al., 2020). When nursing students perform mutually beneficial projects, such as SL, patient care is supported along with student outcomes (Spencer, 2021). Due to globalization, nursing students need opportunities to experience multicultural experiences (Lee et al., 2020). SL is a way that this can occur. SL improves empathy and reduces stigma toward vulnerable populations (Yoong et al., 2021). But for change to occur, community and student needs must be recognized (Yoong et al., 2021).

Nurses are taking care of multi-racial/cultural populations that speak multiple languages with specific cultural needs due to changes in the U.S. population (ANA, 2023). Nurses need skills that support cultural customs and beliefs to provide culturally competent care (Goodman et al., 2015). Cultural competency is identifying and caring for individuals based on their cultural needs/traditions (Alizadeh & Chavan, 2016). The

development of cultural competency should begin with a nursing student as the future promoter of health (Goodman et al., 2015). In addition to cultural competency, social responsibility is the identity of oneself while having concern for the well-being of all (Mezirow, 2000). According to WHO (2023), social determinants of health (SDH) are non-medical contexts that affect health outcomes (gender, education, work site, age). Social responsibility helps the individual identify SDH in communities.

SL is a pedagogical teaching tool that has developed cultural competency in nursing students (Spencer, 2021). Evidence shows that cultural competency is present in nursing students following SL experiences (Booth & Graves, 2018; Coyer et al., 2019; Marcilla-Torbio et al., 2022; Taylor et al., 2017). A SL experience can facilitate critical self-reflection regarding SDH, which facilitates social responsibility and affects the health of populations. SL and its integration into nursing programs can provide an opportunity to develop skills to improve the quality and safety of care of nursing students (Spencer, 2021). But more research is needed to identify the effect of SL on the nursing practice setting.

It is still being determined if cultural competency and social responsibility exist in the practicing nurse who experienced a SL activity. This study is needed to understand practicing nurses' perceptions about how a voluntary service-learning experience influenced the development of social responsibility and cultural competency. If practicing nurses did not develop these traits, additional activities could purposefully be added to SL experiences to promote these critical attributes. Furthermore, if no social responsibility or cultural competency development occurs in the practicing nurses, the service-learning

experience may not be valuable to the nursing student. If practicing nurses did develop social responsibility and cultural competency, then nursing programs should promote SL activities for student learning. Social responsibility and cultural competency promote the assessment of SDH and the provision of quality care through the ability to provide patient-centered care, improving patient outcomes (WHO, 2023). Consequently, by identifying actual community needs, the exploration of SDH occurs.

Gap in Knowledge

SL experiences promote patient advocacy (Stagg et al., 2020). But there is no evidence to support cultural competency and social responsibility in practicing nurses who participated in a SL experience as a nursing student. Therefore, this study will fill the gap in knowledge and practice by providing results that demonstrate SL experiences are a positive financial and time investment for the university, faculty, and students. The benefits and outcomes may be valuable to justify the worth of the experience.

Despite growing emphasis on cultural competence and social responsibility in nursing education, there remains a lack of longitudinal research examining how these values are applied to clinical practice after graduation. Most existing studies focus on student outcomes immediately following SL experiences, without exploring their long-term impact on professional behavior and patient care. This study addressed that gap by investigating how SL participation influenced the process of cultural competence and the lasting value of SL in shaping social responsibility and nursing excellence.

This study is needed because it is crucial to identify practicing nurses' perceptions about how a voluntary SL experience influenced the development of social responsibility

and cultural competency. SL experiences require time, talent, and financial commitments. Exploring the practicing nurses' perceptions resulting from a service-learning experience will aid in identifying service-learning value. Long-term studies are needed to identify if the educational effects of service learning are sustained and if the impact on nursing practice and personal development persists (Yoong et al., 2021). The perceptions of nurses who experienced a voluntary SL experience will be explored in this study.

Problem Statement

There is a need to understand practicing nurses' perceptions about how a voluntary international SL experience influenced the development of the process of cultural competency and social responsibility. SL contributes to positive outcomes in nursing students. SL experiences promote patient advocacy in student nurses and, hopefully, in practicing nurses (Stagg et al., 2020). The significance of this study is to determine if social responsibility and cultural competence remain with students who participated in a SL experience in their practice as baccalaureate-prepared nurses. Exploring nurses' perceptions and experience of social responsibility and cultural competence will identify if SL experiences are a valuable investment for parents, students, faculty, and universities.

The AACN (2021) establishes quality standards for nursing education. The AACN explains that the baccalaureate-prepared nursing program includes physical and social sciences, nursing research, public and community health, nursing management, and humanities. Through these courses and clinical experiences, the baccalaureate nursing

student is expected to have skills in critical thinking, cultural competency, leadership, and health promotion (AACN, 2021).

The social implication of this study is to understand practicing nurses' perceptions about how the voluntary SL experience influenced the development of cultural competency and social responsibility in their careers. If there are no perceptions of SL and its role in the practicing nurse, an assessment of the SL experience will be needed. Suppose there are perceptions of social responsibility and cultural competence; in that case, this information must be shared to promote SL experiences, which will help the nurse and the patients being cared for by the nurse and the populations served by the nursing students.

Purpose of the Study

This qualitative study was conducted to explore, from a nurse's perspective, their description of service-learning experiences that influenced the development of social responsibility and cultural competence in their professional nursing practice. SL is a pedagogical approach to nursing education (Taylor et al., 2017). Seifer (1998) described SL as an experience structured with learning outcomes in the community setting. Through SL experiences, nursing students can connect the service with their academic coursework. It is important to promote social responsibility in future nursing leaders (Jordan et al., 2020) to contribute to the well-being of patients (Parks-Deloz, 2000). The AACN (2021), which establishes nursing education quality standards, explains that cultural competency is an ongoing process that involves accepting and respecting cultural differences.

Phenomenon of Interest

The primary phenomenon of interest in this study is SL. SL is a structured learning experience that combines community service with specific learning objectives, preparation, and reflection (Seifer,1998). The pedagogical clinical learning experience benefits the participating nursing students and the clinical site. Identifying outcomes will help place value on the experience in addition to value in the clinical setting.

Research Question

Due to the demands of nursing practice, it is essential to identify if a nursing student's service-learning experience influenced practicing nurses. Cultural competency and social responsibility are both crucial traits for practicing nurses. Thus, the research question is "How do practicing nurses perceive their baccalaureate program international SL experiences influenced cultural competency and social responsibility in their professional practice?"

Theoretical and Conceptual Framework for the Study

Theoretical Foundation

Transformational Learning Theory

Transformational learning positively affects critical thinking, social responsibility, and change of reference (Mezirow et al., 2009). Jack Mezirow introduced transformative learning in 1978 in a study he performed sponsored by the U.S. Department of Education due to the identification that many adult women were returning to college. In this study, it was identified that women's worldviews changed along with their personal and cultural attitudes toward society following the changing situation of advancing education

(Mezirow & Associates, 2009). This changed worldview is the catalyst for transformational learning theory. Since the discovery and development of Mezirow's transformational learning theory (TLT), many researchers have added to the theory, yet the definition of transformative learning has remained the same.

Mezirow's TLT is an educational theory that promotes purposeful self-reflection to develop transformation by the individual (Mezirow, 2000). The transformative process is learning to act on self-purpose rather than those gained from society (Mezirow, 2000). Transformative learning is a positive experience that is beneficial to healthcare. SL can be a transformational experience resultant of participation in a service-learning experience. This transformational experience can change reference, critical thinking, and social responsibility (Mezirow, 2000). These outcomes are all positive outcomes that, consequently, improve the practice of nursing.

The Process of Cultural Competence in Delivery of Healthcare Services Model

Campinha-Bacote's process of cultural competence in the delivery of healthcare services model explains that culture is facilitated by social integration and communication between group members (Gradellini et al., 2021). Culture provides the individual with beliefs and values that define feelings of belonging and continuity (Gardellini et al., 2021). Cultural competence is necessary for quality cultural healthcare.

The process of cultural competence in the delivery of healthcare services model identifies cultural competence as a continuous process. Cultural awareness, knowledge, skills, encounter, and desire are the five concepts on which the continuous process of cultural competence is based (Gradellini et al., 2021). This model was selected because it

was developed for healthcare services, which includes practicing nurses. Cultural competence is a process, not an event. This theory relates to this study because cultural competency processes are experienced through participation in a SL experience.

Conceptual Framework

SL is the phenomenon that grounds this qualitative study. There are many different definitions of service learning. SL is a structured learning experience that combines community service with specific learning objectives, preparation, and reflection (Seifer,1998). SL is a pedagogical approach to nursing education (Taylor et al., 2017). Taylor et al. (2017) explained that even though the preparatory organization for SL can be challenging, the benefits include social responsibility and culturally sensitive nursing care. In baccalaureate nursing students, service learning has been linked to integrity, altruism, and social justice (Herrmann, 2020). Consequently, SL is the changing event that promotes social responsibility and the process of cultural competency.

The conceptual framework for this qualitative study organizes the concepts of SL and the positive and negative consequences of the resultant transformative learning. In this study, there is a changing event, which is the SL experience. SL allows nursing students to explore an unfamiliar community while gaining knowledge and insight from vulnerable populations. SL is performed in a vulnerable community to meet the population's needs. Due to the significant investment by students, faculty, and universities, quality outcomes must be measured to justify the SL experience.

During SL experiences, transformation can occur, which results in a profound shift in the student's thinking and can result in transformative learning (Parks-Daloz,

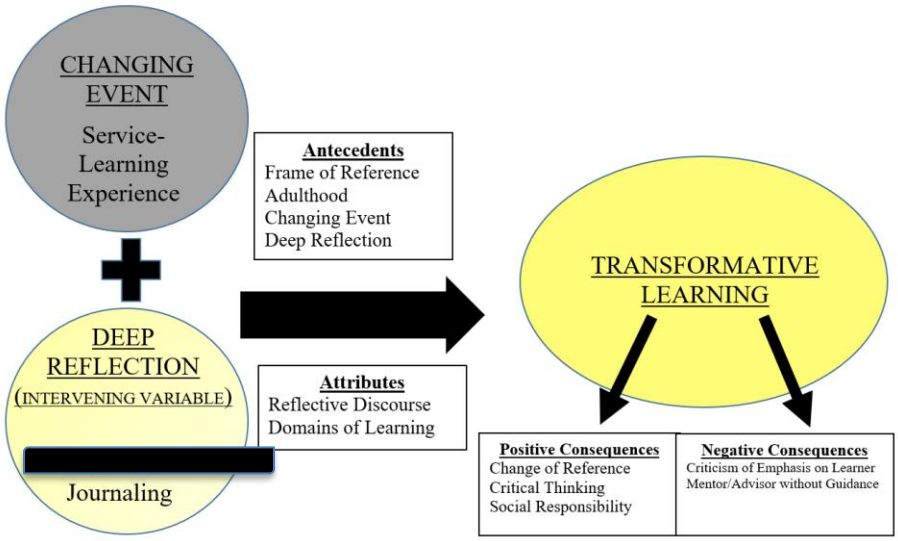
2000). Transformative learning can produce a sense of social responsibility that benefits future nurses and health outcomes (Mezirow, 2000). By identifying the perception of transformative learning in a service-learning experience, value can be placed on the experiences.

According to Figure 1, the transformational learning process begins with a changing event, which, in this study, is SL. SL is a structured learning experience that combines community service with specific learning objectives, preparation, and reflection (Seifer,1998). Some antecedents must occur for transformative learning to occur. These antecedents include having a frame of reference, being in adulthood, experiencing a changing event, and reflecting (Mezirow, 2000). During and after the SL experience, reflection occurs. Attributes that occur are reflective discourse during the reflection process and learning domains which contributes to the development of transformative learning (Mezirow and Associates, 2000).

Consequently, transformative learning occurs through informal processes that promote reflection and specific learning domains related to the cultural SL experience (Taylor et al., 2017). As a result of transformative learning, there are positive consequences of a change of reference, critical thinking, and social responsibility (Mezirow, 2000). Transformational learning has positive consequences that result in quality healthcare.

Figure 1

Service Learning and Transformational Learning Theory



Note. Figure 1 based on Mezirow's transformational learning theory (Mezirow & Associates, 1990).

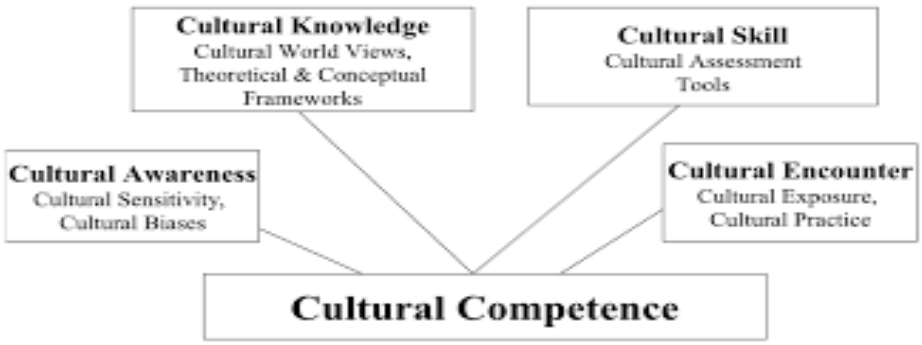
In addition to transformative learning, the SL experience exposes student nurses to diversity and the importance of cultural competency in delivering healthcare services. The Campinha-Bacote model of cultural competence in healthcare delivery describes cultural competency as a process. Through the cultural competency process, the healthcare provider attempts to achieve greater efficiency and the ability to work in a culturally diverse environment while caring for the client (Albougami et al., 2016). Furthermore, through cultural awareness, cultural knowledge, cultural skills, and cultural encounters, cultural competence is developed (Figure 2; Campinha-Bacote, 2002).

During the SL experience, the participant shares a cultural desire, described by Campinha-Bacote (2002) as a willingness to become educated, skilled, and aware of the

culture. This desire is the willingness to participate in a service-learning experience. Next, a cultural encounter is needed to engage directly in cross-cultural interactions, the SL experience. Cultural awareness is the process of consciously being aware of one's cultural background, which can help to detect biases toward other cultures (Campinha-Bacote, 2002). Cultural awareness can occur prior to the SL experience or following the experience with transformative learning. As explained previously, a change of reference, critical thinking, and social responsibility are the positive consequences of transformative learning (Mezirow, 2000). In addition, cultural knowledge occurs through obtaining education about a culture (Campinha-Bacote, 2002). This cultural knowledge occurs during the service-learning cultural experiences. Artistic skill is communicating with clients to address pertinent cultural assessment issues (Campinha-Bacote, 2002). Cultural skills are essential for positive cultural communication in nursing education and practice. The service-learning experience provides opportunities for cultural awareness, knowledge, and experience. Consequently, cultural competence can occur through this process if the participant develops cultural skills.

Figure 2

Campinha-Bacote Model of Cultural Competence in Healthcare Delivery



Nature of Study

This study used a basic qualitative design. Qualitative research fits with transformative learning in the pre-licensure baccalaureate nursing student. Conceptualizing transformative learning is difficult due to the abstract elements of the theory (Stone et al., 2017). For this reason, most of the research concerning transformative learning is qualitative instead of quantitative. Ravitch and Carl (2016) described qualitative research as observing, describing, and analyzing processes and relationships. Discovering the experiences of nurses who participated in an SL experience provides insight into the value of the experience. Qualitative research is conducted by viewing, understanding, and engaging with people concerning their own experiences Ravitch & Carl, 2016). Consequently, through viewing, understanding, and engaging, nurses' perceptions of social responsibility and cultural competency can be explored with qualitative research after they experience a service-learning program as a student nurse.

Collecting qualitative data concerning the SL experience helped explain and describe the practices of the nurse. Knowledge development is identified by reporting these real experiences during an SL experience. In this situation, the identification of the multiple truths from the participants in the SL experience will be discovered. Through qualitative research, these different experiences helped to uncover the actual venture and its relationship to transformative learning, social responsibility, and cultural competence.

Photovoice is a data collection method in which photos of experiences are reviewed (Ravitch & Carl, 2016). The participants describe the experiences and emotions

behind the picture to explain the experience. Through photovoice, identification of relationships and understanding of the service-learning experience occur. Bunch et al. (2018) performed a phenomenological study to develop a deep understanding of students' lived experiences participating in a short-term international experience. The researchers utilized photo language during focus group interviews. The participants selected a photo that expressed their feelings about the short-term global experience. The researchers in this study used photos from a SL experience and asked the participants to choose a picture that related to their experience. The researchers developed an understanding of the students' experiences through their explanation of the selected image.

The qualitative data were collected through individual interviews using photovoice and open-ended questions. The research participants were practicing nurses who experienced a SL experience. The questions related to Mezirow's transformative learning theory and Campinha-Bacote model of cultural competence in the healthcare delivery model. SL is a structured learning experience that combines community service with specific learning objectives, preparation, and reflection (Seifer,1998). The SL experience provides an opportunity for transformative learning, which may result in social responsibility and cultural awareness for the practicing nurse.

The methodology includes data collection from practicing nurses who participated in a service-learning experience as baccalaureate nursing students. A qualitative approach will be used using photovoice. Pictures from service-learning experiences will be shared with the research participants. The participant will select a photo that expresses their feelings about their SL experiences. The researcher will develop an understanding of the

feedback of the practicing nurse through their explanation of the selected photo. Key concepts in this study are service learning, transformative learning theory, reflection, social responsibility, cultural awareness, value, and social determinants of health.

Definition of Terms

The following terms were used to guide my study.

Benefits: Benefits of SL are appreciation for diversity, tolerance for difference, ability to listen critically, and empathy for others. Benefits of service-learning can impact civic behaviors for years to come (Wilkins, 2025).

Cultural awareness: Cultural awareness is the conscious awareness of one's cultural background, which helps to avoid biases toward other cultures (Campinha-Bacote, 2002).

Cultural competency: A process that results from five different components, according to Campinha-Bacote (2002). The process begins with cultural awareness, a self-reflection process in which personal cultural backgrounds are identified to overcome biases towards other cultures (Campinha-Bacote, 2002). The second step toward cultural competency, according to Campinha-Bacote, involves gaining cultural knowledge, which is seeking and gaining information and education about a culture. Cultural skill is also needed, which is communicating with clients to address pertinent cultural assessment issues. Cultural encounters are also needed to engage in cross-cultural interactions with clients. The fifth and final step toward cultural competency is cultural desire (Campinha-Bacote, 2002). Cultural desire is the driving force for becoming educated, skilled,

competent, and aware of culture and assumes a willingness to have transcultural interactions.

Cultural desire: Respecting differences and the will to learn about different cultures (Campinha-Bacote, 2002).

Cultural encounter: Inter-cultural immersion (Campinha-Bacote, 2002).

Cultural knowledge: Integrated beliefs and values about health (Campinha-Bacote, 2002).

Cultural skills: Identifying needs for care and adaptation (Campinha-Bacote, 2002).

Service-learning: There are many different but similar definitions of service learning. SL is a structured learning experience that combines community service with specific learning objectives, preparation, and reflection (Seifer,1998).

Social responsibility: Social responsibility is the outcome of transformative learning and is described by Mezirow and Associates (2000) as a commitment to the common good rather than private welfare.

Transformative learning: A learning process in which the learner acts on self-purpose rather than those gained from society (Mezirow, 2000). It results from a changing event with the reflection that positively affects critical thinking, change of reference, and social responsibility (Mezirow, 2000).

Social determinants of health (SDH): The WHO (2021) described SDH as the non-medical factors influencing health outcomes. The SL experience may have increased awareness concerning SDH and health inequities in foreign countries and America. The

WHO (2021) reported that social determinants are more important than health promotion tactics for the public's health. Identifying and addressing SDH can improve wellness in communities. The conditions of SDH are where people are born, live, work, play, and all factors that can affect health (Office of Disease Prevention and Health Promotion, 2021). Social responsibility is vital in providing quality care to populations and individuals in communities while recognizing the SDH.

Assumptions

Assumptions are items that researchers believe are true but have not been proven (Walker & Avant, 2011). One assumption made in this study was that nurses would be honest about their SL experience as nursing students. The practicing nurses interviewed participated in a SL experience, and it is assumed that the feedback received will be honest.

Another assumption was that a voluntary SL experience influenced the practice of nurses. It was assumed there has been some outcome of the SL experience and that there would be data to collect concerning the SL experience and the nurse's current practice. Exploring the practicing nurses' perceptions resulting from a SL experience will aid in identifying SL value. Researchers reported the need for studies to identify if educational effects are sustained in student practicing nurses (Stagg et al., 2020; Yoong et al., 2021).

Scope and Delimitations

The scope of the study defines its extent and parameters (Simon & Goes, 2013). There is a need to understand practicing nurses' perceptions about how a voluntary SL experience influenced the development of cultural competency and social responsibility.

SL experiences promote patient advocacy in student nurses and, hopefully, in practicing nurses (Stagg & McCarthy, 2020). The significance of this study is to determine if social responsibility and cultural competence developed in nurses who participated in a service-learning experience as baccalaureate nursing students.

Delimitations of the study define the choices and how this can influence the study (Simon & Goes, 2013). The population included in this study are practicing registered nurses who participated in a Guatemalan SL experience through the University of South Dakota as baccalaureate nursing students. One cultural competence model investigated but not used was Leininger's sunrise model. Transcultural models have been criticized due to their failure to acknowledge issues related to educational components, such as political processes (Albougami et al., 2016). Critics also identify that in transcultural models, cultural differences between groups are identified, but not cultural differences among individuals from the same culture (Albougami et al., 2016). Transcultural models are easy to use and have clear and straightforward cultural evaluation processes.

Transferability relates to the generalizability of qualitative research and the transferring of findings to other settings or groups (Polit & Beck, 2010). The results of this qualitative study can be utilized by nursing programs to identify SL experiences and their value in developing social responsibility and cultural competence.

Limitations

A potential barrier to collecting primary data is the access and recruitment of participants. A potential obstacle to collecting quality data is a productive interview setting. A potential challenge of the study is defining my role as a researcher since my

former role was as an educator of the participants. Due to previous relationships, I needed to be aware of personal bias. The evaluation of biases must be performed to inquire about approaches and presumptions concerning the research (Ravitch & Carl, 2016). Ethical awareness with quality research processes and collaborative relationships are all needed, according to Ravitch and Carl (2016), for quality qualitative research.

The pertinent value of transformative learning for the pre-licensure baccalaureate nursing student has been determined, and the identification of another intervening variable would improve the quality of SL experiences. The identification of the value of a SL experience can provide sustainability. Also, other pre-licensure baccalaureate nursing programs with SL experiences would be interested in this intervening variable to increase the value of their SL experiences.

Significance

SL experiences can promote social change in the participant and the community served. SL furthers cultural competence, teamwork, readiness, and application of theory into practice (Dombrowsky et al., 2019). Booth and Graves (2018) identified that SL should be used more often due to being an effective teaching strategy. SL prepares nursing students for the provision of culturally sensitive care (Booth & Graves, 2018). The relationship between the student and the community is a mutual relationship that changes the student and the community. This change, which can be considered a transformational change, produces a new attitude and community awareness and can produce more social change throughout the student's life (Mezirow, 2000). The impact of social change on the community can be a lasting intervention as well. The development

of social good because of transformational learning can be a life-long result that commits one to a community (Mezirow, 2000). The common good can pertain to local, regional, and national levels.

Due to globalization, immigration may surpass natural population growth by 2030 (U.S. Census Bureau, 2020). Due to an increase in multiple cultures in the United States, now, more than ever is the time to increase cultural competence in the clinical setting. Through SL, nursing students can be exposed to cultural experiences. There is a need to understand practicing nurses' perceptions about how a voluntary service-learning experience influenced the development of cultural competency and social responsibility.

Summary

SL has been identified as a pedagogical approach to nursing education that enriches learning. Literature has documented many benefits of service learning. Not only do nursing students benefit from SL but also faculty, clinical partners, clients, and communities (Beebe et al., 2021). SL promotes transformative learning, and there are positive consequences of a change of reference, critical thinking, and social responsibility. In addition to transformative learning, SL experience exposes student nurses to diversity and the importance of cultural competency in delivering healthcare services. Social responsibility and cultural competence are outcomes that can positively affect healthcare and are traits needed in practicing nurses.

There is a need to understand practicing nurses' perceptions about how a voluntary international SL experience influenced the development of cultural competency and social responsibility in their professional practice. To better understand SL, cultural

competency, and social responsibility, a literature review was conducted related to SL using specific search terms and critical variables.

Chapter 2: Literature Review

Culturally competent care and social responsibility are essential qualities for nurses. There is a need to understand practicing nurses' perceptions about how a voluntary SL experience influenced the development of cultural competency and social responsibility. Nurses care for a wide diversity of patients. Due to globalization, the number of culturally diverse patients consistently increases. SL opportunities with diverse communities provide an effective strategy for processing cultural competence development in nursing students (Cupelli, 2016). The AACN (2021), which established nursing education quality standards, recently updated the core competencies for baccalaureate-prepared nursing education. The AACN described the need to provide care within the four spheres of care, with care recipients from diverse backgrounds and cultures. Baccalaureate nursing students need to be able to communicate culturally proper responses and identify ethical principles to protect the health of diverse populations. SL experiences contribute to the development of knowledge and skills needed to provide care within the AACN spheres of care.

The purpose of this qualitative study was to explore, from a nurse's perspective, their description of SL experiences that influenced the development of social responsibility and cultural competence in their professional nursing practice. The significance of this study is to determine if social responsibility and cultural competence remain with students who participated in a SL experience in their practice as baccalaureate-prepared nurses. Exploring nurses' perceptions and experiences of social responsibility and cultural competency is more important than ever based on cultural

changes in the United States. By exploring nurses' perceptions and experiences of social responsibility and cultural competence, the value of SL experiences can be explored.

Chapter 2 will include how the literature search was conducted, the theoretical foundations of the study, including Mezirow's transformational learning theory (Mezirow, 2000) and Campinha-Bacote's process of cultural competence in delivery of healthcare services model (Campinha-Bacote, 2002). The chapter will evaluate the literature for topics relevant to SL, including cultural competence and social responsibility. A review of qualitative research issues, including photo language, will be performed. The analysis of the conducted research will provide the research plan.

Literature Search Process

When reviewing the literature, I searched databases using the keywords of *service-learning, social responsibility, cultural competence,* and *transformational learning.* Searches were conducted using CINAHL, Medline through OVID, SAGE Research Methods, ERIC, SOC INCEX, and PSYCH INFO. Searches were limited from 2017 to the present. I filtered by removing duplicates, absence of peer review, and research quality. The process resulted in 57 quality, peer-reviewed journal articles.

Theoretical Foundation

Nursing knowledge occurs by mixing nursing science and research (McEwen & Wills, 2019). It is believed that the use of theory offers structure and organization to nursing knowledge and provides structure to the collection of data (McEwen & Wills, 2019). The theories selected for the foundation of this study are Mezirow's

transformational learning theory and Campinha-Bacote model of cultural competence in healthcare delivery.

Transformational Learning Theory

Mezirow's TLT is an adult educational theory that promotes purposeful self-reflection to develop transformation by the individual (Mezirow, 2000). Mezirow (2000) explained that the transformative process is learning to act on one's purpose rather than influences gained from society. This transformational experience changes reference, critical thinking, and social responsibility (Mezirow, 2000). SL can be a transformational experience that results in positive outcomes for the students and the community.

Individual experience, critical reflection, and dialogue are three core elements needed for a transformational learning experience (Mezirow et al., 2009). Transformational learning positively affects vital thinking, social responsibility, and change of reference (Mezirow et al., 2009). The TLT offers organizations the process of transformational learning and explains the positive results of social responsibility, critical thinking, and changes in reference (Mezirow, 2000). In my qualitative study, TLT was used to relate the SL experience to the resultant social responsibility and the process of cultural competence.

Jack Mezirow introduced transformative learning in 1978 in a study he performed sponsored by the U.S. Department of Education due to the identification that many adult women were returning to college. Women who participated in this study changed their worldviews and their personal and cultural attitudes toward society following the changing situation of advancing education (Mezirow et al., 2009). Many researchers have

added to the theory since the discovery and development of Mezirow's TLT, yet the definition of transformative learning has remained the same. Mezirow's TLT is an educational theory that promotes purposeful self-reflection to develop transformation by the individual (Mezirow, 2000). Transformative learning is an experience that relates to the process of service learning and describes the positive outcomes of social responsibility and the process of cultural competence relative to nursing practice.

Mezirow and Associates (1990) described learning as making a new interpretation of an experience's meaning, producing an understanding and appreciation. Taylor et al. (2012) explained that transformative learning assumes that individuals interpret experiences based on how they see the world. Perceptions of experiences influence transformative learning. Based on the perceptions of SL experiences, nurses who participated in a SL experience have the opportunity for transformative learning. Mezirow and Associates (1990) go on to explain that reflection can make meaning to learn as well as validate meaning. Through this process, nurses who participated in a SL experience can validate the meaning of the exposure, producing positive outcomes of social responsibility and the process of cultural competence.

Transformative learning is an experience in which one's frame of reference. changed due to a circumstance. New beliefs and opinions promote action for the adult learner (Mezirow, 2000). Mezirow, Taylor et al. (2009) described that when goals are in place, and the learning process includes purposeful reflection, the learner can identify an awareness of power. This power is one in which the learner has self-confidence and awareness to make changes in their self-perspective, which includes social awareness and

responsibility. Parks-Daloz (2000) identified purposeful reflection as an intervening variable that produced outcomes relevant to transformative learning. The development of self-perspective, social awareness, and social responsibility can come from transformative learning, and these traits are essential for providing quality care by baccalaureate-prepared nurses.

In a mixed-method study, researchers used iPads in a simulation lab to make videos to validate nursing skills. Mezirow's TLT was used for the theoretical framework (Cernusca et al., 2018). The theory guided the research process and reflection of the participants to identify transformational learning. The iPad was a reflective tool in the study. Researchers collected qualitative data by asking open-ended questions on a survey that also collected quantitative data. The 58 participants were asked about their overall opinion of using an iPad. A total of 69% of the participants had a positive experience. This mixed-method study exemplifies how Mezirow's TLT can guide a research study.

Stone et al. (2017) also identified the need to explore specific learning methods for transformative learning in SL experiences. In this quantitative study, it was identified that structured interviews are needed to supplement the quantitative instrument to improve the validity (Stone et al., 2017). Celio et al. (2011) also identified that reflection was the primary practice used in most studies to promote transformative learning. Parks-Daloz (2000) explained that reflection is the intervening variable that promotes transformative learning. Self-reflection is an essential variable in promoting transformative learning. However, Celio et al. (2011) identified that even though SL programs positively affected students, an investigation was needed to identify what

promoted student changes. Celio et al. explained that additional studies were needed to identify variables that can promote student change in service-learning experiences. More research is needed to identify quality intervening variables besides journaling to promote transformative learning.

Mezirow's TLT relates to my present study as a SL experience is a changing event that promotes transformative learning. Transformative learning has positive outcomes of a change of reference, critical thinking, and social responsibility (Mezirow, 2000). These positive outcomes are relevant to traits needed by practicing nurses based on healthcare challenges and needs. In my study, structured interviews were used for the validity of the research to determine if transformative learning occurred.

Campinha-Bacote Model of Cultural Competence in Healthcare Delivery

The Process of Cultural Competence in the Delivery of Healthcare Services Model describes cultural competence as a continuous process through cultural awareness, knowledge, skills, encounter, and desire (Gradellini et al., 2021). Through the five concepts, a continuous process occurs in which cultural competence is developed. Through each step, culture provides the individual with beliefs and values that promote belonging to a community (Gradellini et al., 2021). Through cultural competence, the nurse can work in a culturally diverse environment and provide quality healthcare (Albougami et al., 2017). The Process of Cultural Competence in the Delivery of Healthcare Services Model was chosen for my study as the service-learning experience provides cultural exposure that contributes to the process of cultural competence for the practicing baccalaureate-prepared nurse.

Different cultural competence models for transcultural nursing were reviewed. In a discussion paper, Albougami et al. (2016) compared four cultural competence models in transcultural nursing. Campinha-Bacote's Model of Cultural Competence in Healthcare Delivery, Leininger's Sunrise Model, Giger and Davidhizar Transcultural Assessment Model, and Purnell's Model for Cultural Competence were all compared, and all were noted as being valuable for transcultural nursing (Albougami et al., 2017). Cultural competence models are essential for nursing practice to help nurses provide cultural care to diverse populations, especially with the current cultural population changes in the US.

Alizadeh and Chavan (2016) conducted a systematic review to identify the efficacy of cultural competence in the healthcare context. Eighteen publications used different cultural competence frameworks, and the overarching themes were challenges of healthcare providers in many countries due to increased cultural diversity (Alizadeh & Chavan, 2016). The review benefited me as a researcher in exploring cultural competence as a critical concept. More research is needed using frameworks to measure cultural competence (Alizadeh & Chavan, 2016). Campinha-Bacote's Process of Cultural Competence was identified by Alizadeh and Chavan (2016) as a model for healthcare and nursing.

I considered using Leininger's Sunrise Model as this model can be used when making cultural assessments (Albougami et al., 2016). The goal of Leininger's model is to promote culturally congruent nursing care to people of diverse cultures. I chose Campinha-Bacote's Process of Cultural Competence in the Delivery of Healthcare

Services model as cultural competence is viewed as a process (Campinha-Bacote, 2002). In my study, nurses who participated in service-learning experience as a student will be interviewed. Suppose cultural competency, the final step of Campinha-Bacote's Process of Cultural Competence, still needs to be met. In that case, the model will assist in identifying where in the process of cultural competence the research participant is.

Campinha-Bacote's Model of Cultural Competence in Healthcare Delivery was first developed in 1998 and revised in 2002 (Campinha-Bacote, 2002). Cultural competence is described by Campinha-Bacote (2002) as a process in which the nurse engages in five different constructs, which have an inter-relationship with each other. The first is cultural awareness. Cultural awareness is defined by Campinha-Bacote (2002) as an acknowledgment of the nurse's personal, cultural, and professional background. This individual experience helped the nurse to avoid biases toward other cultures. The second aspect is cultural skills. Cultural skill is obtaining information using culturally appropriate conduct and assessment (Campinha-Bacote, 2002). Cultural differences need to be noted for a thorough physical examination. The third aspect is cultural knowledge. Cultural knowledge is a process in which the nurse is open to cultural differences relating to patient attitudes concerning illness and health (Campinha-Bacote, 2002). The fourth aspect is cultural encounters. A patient encounter is between a nurse and members of a different culture (Campinha-Bacote, 2002). The final aspect is the cultural desire, which is the will and awareness of the need to be culturally aware. (Campinha-Bacote, 2002). Cultural competence is formulated through a process that includes cultural awareness, knowledge, skill, encounters, and desire.

Goodman et al. (2015) identified that nurses need training in language skills and cultural customs and beliefs to provide culturally diverse care. Nurses were uncomfortable tending care to Iraqi clients until knowledge about Iraqi culture and beliefs was gained (Goodman et al., 2015). By being aware of the customs and beliefs of the Iraqi population, the nurses felt a higher quality of care could be provided because of the increased cultural awareness (Goodman et al., 2015). This study demonstrated the importance of cultural awareness and its positive effect on quality care.

The nurses caring for the Iraqi clients identified language barriers as contributing to cultural challenges (Goodman et al., 2015). Nurses need language skills and awareness of cultural customs and beliefs to provide quality care to culturally diverse populations (Goodman et al., 2015). Challenges with culturally focused care can occur when language differences exist. Interpreters can help manage language differences, and it is recommended that nurses have training on using interpreters in order to provide culturally competent care to improve patient outcomes (Leseuk & Vanikkerem, 2022). Cultural awareness is a step toward cultural competency in Campinha-Bacote's Model of Cultural Competence in Healthcare Delivery (Campinha-Bacote, 2002). Cultural awareness can occur in a service-learning experience.

In a qualitative analysis performed with nursing students, it was identified that cultural awareness is essential, and it was suggested that nursing students be trained on what culturally competent nursing care is and how to provide it. (Selcuk & Yanikkerem, 2022). The nursing students who participated in this study also suggested having more courses concerning the care of culturally different patients to improve their

communication and awareness of SDH (Selcuk & Yanikkerem, 2022). Cultural competence is essential for nursing students to learn, which could be facilitated through a service-learning experience.

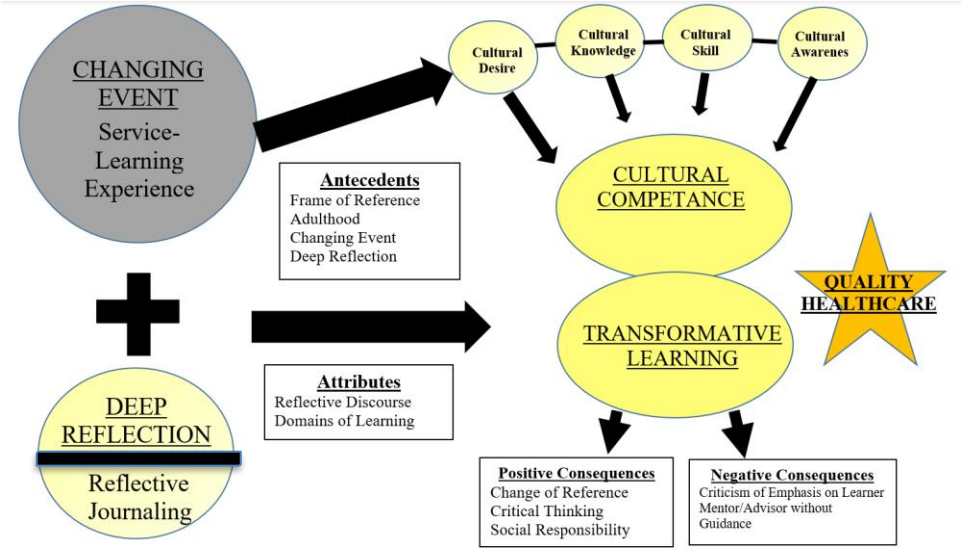
Hospitalizations are difficult and stressful, with unknowing situations for all. Parents who cannot speak English experience communication barriers in the care of their children, social determinants of health, and poor child health outcomes (Stephen et al., 2023). Culturally competent care is needed to promote parent participation and decision-making, with respectful, kind, compassionate, and attentive care to promote quality health outcomes in the pediatric client (Stephen et al., 2023). The ability of the nurse to provide culturally competent care improves the quality of care provided to hospitalized patients.

Conceptual Framework

A service-learning experience with reflection can facilitate transformative learning according to the Transformative Learning Theory (Mezirow & Associates, 1990). During the service-learning experience, baccalaureate nursing students can demonstrate cultural desire, knowledge, skill, and awareness, resulting in cultural competence (Gradellini et al., 2021). In Figure 3, there is a conceptual framework that visually shares the impact of service learning and the development of cultural competence and transformative learning. Both of these concepts have a positive impact on quality healthcare.

Figure 3

Service Learning, Transformational Learning Theory, Process of Cultural Competence in Delivery of Health Care Services Models



Note. Figure 3 is based upon Mezirow's Transformational Learning Theory and Campinha-Bacote's Process of Cultural Competence in Delivery of Health Care Services model (Mezirow & Associates, 1990) *(*Campinha-Bacote, 2002).

Literature Review Related to Key Variables and Concepts

The AACN (2021) established the quality standards for nursing education and expectations for cultural competency. Nursing programs are responsible for ensuring clinical experiences foster interprofessional team practice and provide care to recipients from diverse backgrounds and cultures (American Association of Colleges of Nursing, 2021). Service-learning is an example of a pedagogical approach to nursing education that enriches learning and can promote diverse cultural experiences. (Marcilla-Toribo et al., 2022) AACN and NLN concepts have been identified as applicable in the

development and testing of service learning. (Taylor & Leffers, 2016). The AACN (2021) explained that cultural competency is an ongoing process that involves accepting and respecting cultural differences. This supports the importance of this study and gives insight into the identification of concepts for evaluation of the study.

Service Learning

There are many different definitions of service learning. Service learning is a structured learning experience that combines community service with specific learning objectives, preparation, and reflection (Seifer,1998). Qualitative feedback on teamwork, increased awareness, improved learning opportunities, importance, ambivalence, and impact on life are significant service-learning themes. (Shannon, 2016). Exposure to service-learning experiences improves professional responsibility. (Shannon, 2016) Through service-learning experiences, nursing students can connect the service with their academic coursework.

Nursing education literature has documented many benefits of service learning. According to Beebe et al. (2021), not only do nursing students benefit from service learning, but also faculty, clinical partners, clients, and communities. Nursing students meet course learning outcomes while community needs are met. Service-learning contributes to positive outcomes in nursing students. Service-learning is a pedagogical approach to nursing education (Taylor et al., 2017). Taylor et al. (2017) explained that even though the preparatory organization for service learning can be challenging, the benefits include social responsibility and culturally sensitive nursing care. Stagg et al. (2020) explain that service-learning experiences promote patient advocacy in student

nurses and, hopefully, in practicing nurses. Hermann (2020) explained how service-learning experiences affect professional values in baccalaureate nursing students. Hermann (2020) identified that literature supports the impression that community interventions employing service-learning principles have the potential to enhance nursing student professionalism and identification with professional values. This journal article related to my study as it provides evidence that supports service-learning as a valuable tool in nursing education.

Shannon (2016) suggested the need to follow students who experienced a service-learning experience post-graduation to determine the degree of volunteerism, which would help evaluate the influence of social responsibility towards the community. Service-learning experiences promote patient advocacy in students and practicing nurses (Stagg et al., 2020). Stagg et al. (2020) added "hopefully" to practicing nurses, as there is no evidence to support that service-learning experiences promote positive outcomes in practicing nurses. Service-learning experiences are a significant financial and time investment for the university, faculty, and students. The benefits and outcomes must be declared valuable. The results of my study will demonstrate the value of a service-learning experience in cultural competency and social responsibility, which may promote positive social change among practicing nurses and improve quality healthcare.

Service-learning has been linked to integrity, altruism, and social justice in baccalaureate nursing students (Hermann, 2020). Celio, Durlak, and Dymnicki (2011) performed a meta-analysis of the impact of service learning on students. It was identified that service learning is a popular teaching method, and significant gains occurred for

students in five areas: attitudes toward self, attitudes toward school and learning, civic engagement, social skills, and academic performance (Celio et al., 2011). An integrative review was performed by Taylor and Leffers (2016) to identify all qualitative research studies related to service-learning assessment in nursing education from 1997 to 2014. The integrative review author analyzed the results of nine peer-reviewed qualitative articles, which contained information on outcomes, assessment, nursing education, and service-learning. The author identified that quantitative integrative reviews had been performed, and there was a need for qualitative review. The author evaluated 121 qualitative articles that met the inclusion criteria and selected nine thematic analysis articles. Eight categories were created: professional competency development, integration of knowledge for the professional nursing role, greater understanding of community strengths and needs, collaboration and teamwork, transformation and personal growth, civic engagement, emotions and adjustment, and culture awareness and competency (Taylor & Leffers, 2016). Open-ended questions, interviews, student journals, and online group discussions were used to create the content analyzed for themes. The themes were placed in a Thematic Analysis of Service-Learning Assessment in Nursing Education table (Taylor & Leffers, 2016). This data organization process will be helpful for my qualitative study. This study is an example of the qualitative processes I will be using in my study.

Cultural Competence

Cultural competence is the ability to work with the client's cultural context effectively and is a developmental process that evolves over an extended period

(Campinha-Bacote, 1998). Lin, H. L. et al. (2021) shared the importance of cultural competence in nursing and the need for implementation throughout the nursing career. Nurses with experience caring for patients with diverse cultures scored the highest in cultural competence. This study relates to my research by confirming the importance of cultural competence throughout nurses' careers. It also supports the importance of an international service-learning experience for future and current nurses.

Cultural competence in nursing is an ongoing process throughout a career (Lin et al., 2012). Cultural competence is defined by Lin et al. (2021) as "the continuous improvement of awareness, knowledge, and sensitivity regarding cultural contexts and appropriate medical and interaction skills." The nurse needs Cultural competence for patient-centered care (Osmancevic et al., 2021). Due to migration and globalization, cultural diversity continues to increase (Oikarainen et al., 2019).

Nurses provide most of the healthcare team's care to patients, according to Osmancevic et al. (2021). Therefore, nurses must be culturally competent. However, the nursing workforce, at the local and national levels, is challenged by limited cultural diversities (Phillips & Malone, 2014). Oikarainen et al. (2019) explained that nurses urgently need cultural competence due to healthcare settings and challenges. Cultural competence can help nurses gain patient trust and satisfaction, improving patient outcomes (Lin et al., 2021).

Social Determinants of Health

Social determinants of health (SDH) contribute to health disparities and inequities in areas worldwide. Examples of SDH are economic stability, education quality and

access, healthcare quality and access, neighborhood and environment, and social and community context (Office of Disease Prevention and Health Promotion, 2023). The ability to understand and identify SDH in individual patients and populations can influence health outcomes. Through cultural awareness and competency, nurses will be aware of SDH and barriers to healthcare and can overcome health disparities.

Social Responsibility

Social responsibility is the ability not to judge people but to embrace cultural differences to serve the vulnerable (Rosa, 2017). Social responsibility is the ability to identify oneself while having concern for the well-being of all life (Mezirow, 2000). There is a relationship between social responsibility and SDH. Social responsibility is focused on the common good as opposed to individual welfare. (Mezirow, 2000) Jazi et al. (2020) described social responsibility as required for quality nursing care and patient satisfaction. Shannon (2016) used the term community engagement to describe social responsibility. This community engagement relates to the recognition of SDH. Shannon (2016) explained that service-learning increased participation in activities that heightened awareness of community needs and responsibility. Social responsibility is essential, especially for healthcare providers, to provide quality healthcare.

Hadian et al. (2020) focused on designing and psychically evaluating nursing social responsibility tools. Dedication to others, improved social conditions, holistic vision, and favorable relationships were social responsibility themes using social responsibility tools. Qualitative feedback on teamwork, increased awareness, improved learning opportunities, importance, ambivalence, and impact on life are significant

service-learning themes. (Hadian et al., 2020). These social responsibility themes are essential for the practice of nursing. The AACN (2021) explains that communication, compassionate care, inclusion, ethics, and social determinants of health are core competencies within The AACN Essentials (2021).

Social responsibility is based upon the core concepts of AACN. These concepts are directly related to positive healthcare outcomes. Social responsibility and how transcultural nursing impacts positive social responsibility are essential for quality healthcare (Rosa, 2017). Furthermore, Parks-Deloz (2000) defined social responsibility as the sense of self that contributes to the well-being of all. This reference is essential to my study as I will explore the experiences of nurses who completed a transcultural nursing experience as a nursing student. It will be essential to explore if social responsibility is a theme of the participating nurses.

Social responsibility and applying it to nursing programs for clinical and academic success can be implemented through international opportunities. (Tyer-Viola et al., 2009) Service-learning experiences are a way to approach social responsibility in a global setting. Social responsibility affected global health through the service-learning experience. (Tyler-Viola et al., 2009) Social responsibility is a valuable outcome of service-learning experiences that influence quality healthcare.

Quality Healthcare

The United States continues to become more culturally diverse. The overall racial and ethnic diversity has increased since 2010, according to the US Census Bureau (2022). Cultural competency in healthcare is essential and relates directly to patient safety.

(AHRQ, 2019). Diagnostics errors, missed screenings, unexpected responses to medication, healthcare-associated infections, adverse birth outcomes, inappropriate care transitions, and inadequate patient follow-up visits can occur due to failure to address culture. (AHRQ, 2019). Cultural competence can help nurses gain patient trust and satisfaction, improving patient outcomes (Lin et al., 2021). Demographic shifts have increased the need for cultural competence to provide quality healthcare to all. As is shown in Figure 3, the primary outcome of my model is quality healthcare.

Photo Language

Photos have been used in research as visual data (Tseliou & Benozzo, 2022). Photos have been used in research studies in different ways and can represent data results and supplement interview data (Tseliou & Benozzo, 2022). I will be using photo language to supplement interview questions.

Photo language provides a variety of images to solicit an emotional response from research participants and identify a deeper meaning of the subject being discussed (Cooney & Burton, 1986). Participants viewed photographs to choose one that represented their feelings about the experience. (Bunch et al., 2018). In a qualitative research study, Bunch et al. (2018) interviewed participants of an international experience through focus groups and photo language. The participants in the study exhibited significant gains in cultural awareness identified through focus groups and photo language.

I will use photo language to facilitate conversation in the service-learning experience. I will use five colored photos from a service-learning experience. Pictures

from experience will be shared via Zoom or in-person to facilitate conversation during the individual interviews. The feedback from the interviews will be analyzed to develop themes.

Many qualitative studies have implemented photo voice, which differs from photo language. Photovoice is when participants of a qualitative study generate the photographs, which are the data analyzed by the researcher. (Ravitch & Carl, 2016). I will use photo language in my study, and photos from a service-learning experience will be shared.

Summary and Conclusions

Through the process of reviewing the literature, the need for cultural competence in nursing practice was noted multiple times. It was also noted that social responsibility is essential for quality healthcare. Using Mezirow's Transformational Learning Theory, social responsibility occurs following a changing event such as a service-learning experience (Taylor et al., 2017). Using Campinha-Bacote's Process of Cultural Competence in the Delivery of Health Care Services model, cultural competence is a process with significant quality healthcare outcomes (Gavin-Knecht et al., 2019).

Overall, service-learning is an accepted pedagogical learning strategy that promotes change in nursing students. Service-learning experiences in student nurses promote cultural competence and, hopefully, in practicing nurses (Stagg & McCarthy, 2020). The significance of this study is to determine if social responsibility and cultural competence remain with students who participated in a service-learning experience in their practice as baccalaureate-prepared nurses. Exploring nurses' perceptions and

experience of social responsibility and cultural competence will identify if service-learning experiences are a valuable investment for parents, students, faculty, and universities.

Chapter 3 will provide a more detailed description of the type of methodology that was used to answer the research question. A discussion of the methodology will detail how the study was carried out and provide the components of the method. Conducting qualitative interviews and using photo language will help to bring awareness to nurses' current practice.

Chapter 3: Research Method

The purpose of this basic qualitative study was to explore, from a nurse's perspective, their description of SL experiences that influenced the development of social responsibility and cultural competence in their professional nursing practice. The approach of this study helped provide an understanding of the nurse's perspective of social responsibility and the process of cultural competence (Ravitch & Carl, 2016). The participants in this study are practicing nurses who participated in an international service-learning experience. In this chapter, I identify the pertinent elements of, and rationale for, the research design. In addition, I restate the research question, describe the role of the researcher, explain the methodology of the study, and address issues of trustworthiness. Additionally, participants and data analysis plans are discussed.

Research Design and Rationale

The research question that supported this study was, "What are the perceptions of nurses that experienced an international SL program regarding social responsibility and cultural competence?" The central concept of this study was SL, defined as a structured learning experience that combines community service with specific learning objectives, preparation, and reflection (Seifer,1998). In addition, this study explored nurses' perceptions of social responsibility and the process of cultural competence. Social responsibility is defined as the ability to identify oneself while having concern for the well-being of all life (Mezirow et al., 2000). Cultural competence is defined as the ability to work with the client's cultural context effectively and is a developmental process that evolves over an extended period (Campinha-Bacote, 1998). Understanding nurses'

perceptions of an international SL program may identify the development of social responsibility and cultural competence, which can improve healthcare quality (Jazi, et al., 2019; Lin et al., 2021). By conducting qualitative interviews and using photo language with nurses, I will understand if social responsibility and cultural competence are practiced.

Role of the Researcher

I chose basic qualitative research as the research type. Qualitative research consists of viewing, listening, and understanding people who have experienced the phenomena of study (Ravitch & Carl, 2016). As the researcher, my role was to collect data and safeguard the participants and the data collected. The research addresses cultural competency and social responsibility in nurses who participated in an international service-learning experience as a student.

I chose basic qualitative research because I explored the experiences of service learning through interviews with participants and photolanguage. The feedback from the interviews was analyzed to develop themes. Finally, I determined whether there is a relationship between social responsibility and cultural competence based on these findings. Basic qualitative research with the use of interviews and photo language was used to seek answers to the research question and identify the themes of nurses who participated in a SL program.

I had a previous relationship with practicing nurses as a nursing instructor. I have had no contact or communication with any participants since their graduation from the nursing program. The most recent contact was in 2019, the last SL experience. Even

though I had a previous relationship with the research participants, I asked questions about their current nursing practice and how the SL experience possibly attributed to social responsibility and the process of cultural competency. While I have no current presence or involvement with participants in my study, a potential bias may occur if former students continue to view me as someone to whom they should provide positive answers. Another potential bias could come from my belief that social responsibility and the process of cultural competency are essential for all nurse-client relationships for quality care to be provided.

The relationship between the researcher and the research participants continues throughout the research process. Communication with research participants is essential for validation. Validation strategies were implemented throughout the research to ensure the interview's interpretation matches what the participant truly meant (Ravitch & Carl, 2016). Member checking was conducted by sharing the transcription and themes identified with the participant to determine whether the participant feels they are accurate (Creswell & Creswell, 2018).

Methodology

Participant Selection Logic

The participants were currently practicing nurses who participated in a SL experience as a student. A Facebook research invitation was created and posted on my Facebook page. The post was shared by others. Participants were notified via a Facebook posting that requested interest in the research study. The participants who responded and agreed to participate were emailed a consent form. The participants replied, "I consent"

to confirm their participation. Times for individual interviews via Zoom were scheduled. Audio interviews were conducted via Zoom and recorded. Interviews per Zoom were performed using a confidential access code in a personal space. The participants were informed, and consent for authorization to record the discussion was completed.

The inclusion criteria are that each participant be a current, practicing registered nurse who graduated from the University of South Dakota and participated in a SL experience in Guatemala as a nursing student. This information was verified with the nurse verbally prior to the interview. The goal of qualitative research is to purposefully select participants that will best help the researcher understand the research question (Creswell & Creswell, 2018). The number of participants for this study was determined when saturation was attained. Each participant was deidentified with a sequential number and the date to link them to the corresponding interview and coding.

Instrumentation

The qualitative analysis was accomplished through personal interviews, face-to-face via Zoom using audio using audio only, transcribed and organized for review and re-reviewal to create initial codes (Saldana, 2016). The pre-determined questions were asked by each participant to support consistency throughout the interviews. The pre-determined questions were designed to support the research question by gathering data about the nurses' descriptions of service-learning experiences that influenced the development of social responsibility and cultural competence.

I used photolanguage to solicit emotional responses from the participants. Photo language utilizes photos to facilitate emotional responses from participants (Bunch et al.,

2018). Participants in this study were shown five photos from a SL experience. The photos will be numbered and on a PowerPoint slide and shared via Zoom. An example of the PowerPoint slide with photos is provided in Appendix D. The participants were instructed to choose one photo representing their feelings about their SL experience and asked to share these feelings.

An interview guide was used to guide the semistructured interviews. The interview guide was established and reviewed by the research committee for the validity of the questions. I asked nine questions. The first two questions align with social responsibility. The following two questions align with the process of cultural competency. Questions 5 and 6 used photo language related to social responsibility and the process of cultural competency. Questions 7 and 8 asked if the SL experience changed the nurse's practice and if the experience influenced social responsibility and the process of cultural competency in their practice. A notepad was kept available for note-taking follow-up and clarification questions. The recording feature of Zoom was utilized to record each interview and then moved to an encrypted universal serial bus (USB) storage device.

Qualitative research produces data that must be organized so themes and codes can be developed so the information is helpful to the reader. I used the Temi transcription service to transcribe the audio of the Zoom session. Temi is an advanced speech recognition software that will transcribe the audio of the Zoom session. The cost is $.25/minute, and the transcription service takes approximately 5 minutes. I used Temi on my personal computer to transcribe the recorded Zoom session. I checked the

transcription with the recorded Zoom session for accuracy. I sent a thank you email with the $10 Starbucks gift card and the transcription to the participant, asking the participant to review the transcription for accuracy. Validation strategies are implemented throughout the research to ensure the interview's interpretation matches what the participant truly meant (Ravitch & Carl, 2016).

Procedures for Recruitment, Participation, and Data Collection

Qualitative interviews and photo language were used to understand practicing nurses' perceptions about how a voluntary SL experience influenced the development of the process of cultural competency and social responsibility. The data were collected through individual interviews, face-to-face via Zoom. I, as the researcher, was the interviewer. The data collected were transcribed, prepped, and organized for review to create initial codes (Saldana, 2016). Zoom was used to audio record the interviews, and audio recording was transcribed using Temi.

The interviews continued to the point of saturation, which was determined by recurring themes (Creswell & Creswell, 2018). The participants are voluntary and could remove themselves from the study at any time. Prior to the interviews, the participants were sent an email with the necessary information for the study. Included in the email was the consent form, instructions for scheduling and conducting the interviews, and possible dates and times for availability. Once a date and time were confirmed, an email was sent with a Zoom link and a date and time reminder.

Data Analysis Plan

The data analysis plan is a process specific to the study that makes sense of the collected data (Creswell & Creswell, 2018). I analyzed the transcripts and compare them to the Zoom recording for accuracy. ATLAS.ti is a Qualitative Data Analysis (QDA) software program that identifies relationships between codes and concepts. (ATLAS.ti, 2023). The program uses artificial intelligence (AI) to analyze the data and produce inductive codes with scientific rigor (ATLAS.ti, 2023). The single-user license is $23/month. This is the software program that I used to identify codes from the interview processes.

Issues of Trustworthiness

For trustworthiness to be present in qualitative research, research findings must emerge from the data, and a rigorous research method ensures that the data is accurate and trustworthy (Shenton, 2004). I will address credibility, transferability, confirmability, and dependability in the following sections.

Credibility

Credibility as to how the research findings compare to reality (Shento, 2004). The researcher must consider all the factors that come into play during the research process and make inferences based on the patterns (Ravitch & Carl, 2016). In my research, to ensure credibility, I followed the research method. I used individual interviews and photo language during the interview process. By using different research methods, the range of resource information increases (Shenton, 2004). Through journaling, reviewing

interviews, and my notes, a reflective process occurs, which helped me to keep an open mind as a researcher (Shenton, 2004).

Transferability

Transferability applies the research to a broader population (Shenton, 2004). In qualitative research, the goal is not to identify factual statements that can be generalized but to apply the information to broader topics while maintaining the specific value (Ravitch & Carl, 2016). I completed documentation of the interview process with coding and thematic development using an evidence-based process. Transferability was attempted based on the research results. Recommendations were made to readers, researchers, stakeholders, and participants on ways to transfer research results into their practice (Ravitch & Carl, 2016). The information from the study provided content for comparisons to be made.

Dependability

Dependability is the ability to replicate the study and obtain similar results using the same population (Shenton, 2004). Dependability results from rigorous research methods and a thorough explanation of the research process for replication (Ravitch & Carl, 2016). A qualitative study was used to explore, from a nurse's perspective, their description of SL experiences that influenced the development of social responsibility and the process of cultural competence. For this study, interviews, photo language, transcriptions, and notes were compared to ensure trustworthiness. Dependability was completed based on the explanation of the research process with the ability for replication.

Confirmability

Confirmability is the objectivity of the research process (Shenton, 2004). I am passionate about SL and developing quality traits in nurses. Confirmability is accomplished by reducing investigator bias (Shenton, 2004). I am aware of my passions and need to be aware of biases. Journaling helped me to identify and overcome biases, along with providing a trail of evidence for support of an unbiased research project.

Ethical Procedures

Before data collection begins, this research study was approved by the Walden University Institutional Review Board (IRB) to ensure that the participants are protected from harm (approval no.07-12-24-0188533). A signed consent form that explains confidentiality, the voluntary aspects of the study, background, procedure, nature of the study, risks, and benefits were provided to each participant. Additionally, the specific steps to collect data, how and for how long the information were stored, as well as how it will be disposed of, confidentiality agreements, potential risks and how they were minimized and managed, the informed consents, and all cooperative documentation were submitted to the Walden University IRB (Walden University Office of Research and Doctoral Services, 2023).

An ethical concern I have is my former relationship with the research participants. I am currently not in a powerful relationship with any of the research candidates, but I am their former nursing instructor who participated in the SL experience with some of them. I know this former relationship and paid attention to not imposing outside assumptions (Ravitch & Carl, 2016). It is vital to show fidelity to participants and their experiences in

qualitative research while adhering to the methods and research design (Ravitch & Carl, 2016). Following the research methods and analysis plans helped to overcome the potential bias based on my former relationships with the research participants.

Summary

Through qualitative research, stories of life events are discovered. Qualitative research is understanding and developing relationships with people to understand their experiences (Ravitch & Carl, 2016). The mission of Walden University is to transform students into scholars and promote social change (Walden University, 2023). The research process has transformed me as a researcher to be more aware of my personal beliefs and biases and to overcome these biases to see the accurate picture. I am now questioning the world around me to identify what I do is based upon evidence and not my personal beliefs. My research will improve nursing practice by identifying nurses who have experienced an international SL program, perceptions regarding social responsibility, and cultural competence. Social responsibility and cultural competence are essential for quality care and positive patient outcomes. By bringing attention to SL and outcomes that influence the quality of patient care, nursing programs can improve. SL attention will also improve the quality and increase the number of international service-learning experiences, improving health globally.

Chapter 4 will identify the research setting and demographics, the data collection process with analysis, and evidence of trustworthiness will be provided along with the research results. The qualitative research data will identify nurses' perceptions of social responsibility and the process of cultural competency after a service-learning program.

Chapter 4: Results

In this basic qualitative study, I explored, from a nurse's perspective, their description of SL experiences that influenced the development of social responsibility and cultural competence in their professional nursing practice. Each participant's response provided insights that answered the research question: What are nurses' perceptions of social responsibility and cultural competency after they experience an international SL program? I offered each participant the opportunity to review and clarify the information they provided by emailing them copies of the interview transcripts. This chapter includes the interview setting, participant demographics, and the results of the study.

Setting

The participants of this qualitative research study were recruited via flyers on social media. Additionally, I planned to use snowball sampling to identify other potential research participants; however, saturation was reached without the use of the snowball sampling. I did not contact any previous students who went on previous service-learning experiences with me as their instructor. Participants were required to be practicing nurses who participated in an international SL experience as a baccalaureate nursing student. The participants were recruited via a flyer on social media. The burden on the participant in this research study was that the participant shared information about their experience and volunteered 45 minutes of their time. The definitions of social responsibility and the process of cultural competence were given orally to the participant at the beginning of the interview.

After receiving emails from the participants stating, “I consent” to the interview, as per the instructions in the consent from, I contacted the participants via email and scheduled an audio interview via Zoom. I emailed the participant the Zoom link with the date and time agreed upon by the participant and the researcher. I was flexible with scheduling since the participants were practicing as nurses. I audio recorded the interviews.

Two data quality issues occurred during the interview process. Following the interview of Participant # 006023, recording was stopped, and the Research Participant #006023 asked the researcher to participate in an ongoing online relationship. The interview was concluded. The research participant received the stipend for participation and this interview was not used based on the motives of the research participant.

Another research participant, Participant # 019726 provided answers to interview questions that were not comprehendible. This research participant received the stipend for participation and their interview was not used due to inability to transcribe and decipher responses. The resultant number of participants was 18.

Demographics

Flyers via social media were used to recruit research participants. Following the participants reply of “I consent,” I scheduled audio interviews at a time that worked best for the participant. Ten candidates were interviewed individually via Zoom using the interview script. Following the 10 interviews, similarities in answers were not perceived by the researcher and another 10 consensual research participants were interviewed. Following the 20 interviews, similarities in answers were identified, confirming that

saturation had occurred. For reasons discussed earlier, 18 research participants' interviews were used in the analysis. The participants were practicing baccalaureate prepared nurses who had completed an international SL experience as a student, while in a baccalaureate nursing program.

Data Collection

The 18 participants in this study were practicing nurses who had participated in an international SL experience as baccalaureate nursing students. An interview guide was used for each interview. The audio interviews were recorded and transcribed via Zoom and emailed to the research participant in a secure, encrypted Word document. All participants received a copy of their individual transcript as encrypted Word documents and were password protected. The interviews were completed from 07/23/2024-07/26/2024. The length of the interviews ranged from 9 minutes, 34 seconds to 24 minutes, 44 seconds (see Table 1). All participants were instructed to return the transcription with any changes via email. All the research participants replied that the transcript was correct.

Table 1

Interview by Length of Time by Participant

Participant	Interview length in minutes
0010723	10:50
0020723	23:46
0030723	09:46
0040723	10:22
0050723	12:16
0060723	11:14
0070723	09:34
0080723	10:28
0090724	17:34
0100724	16:42
0110724	20:32

0120724	17:40
0130724	18:46
0140724	17:32
0150724	19:26
0160726	24:44
0170726	10:14
0180726	11:32

Data Analysis

In this research study, I explored from a nurse's perspective their description of SL experiences that influenced the development of social responsibility and the process of cultural competency. I used the process of Saldana (2016) to go from codes to categories to themes to analyze the qualitative data obtained from transcribed interviews. I used NVivo software to organize the identified patterns, which promoted the coding process. I reviewed my handwritten notes from the interviews and combined them with the codes to identify the concepts. Saturation was identified with common themes and patterns of data. I initially planned to interview research participants; however, I found that saturation had not occurred as the answers to questions varied and common themes were not recognizable. Therefore, 10 more research participants were interviewed, and saturation was obtained based on the ability to recognize the common patterns among the responses.

I identified similarities among transcribed documents, leading to the emergence of initial codes. These codes formed the basis for the development of categories leading to the development of overarching themes that addressed the research questions. The themes that emerged from the data provided insights into the nurses' perspectives concerning their description of SL experiences that influenced the development of social

responsibility, the process of cultural competence, and cultivating excellence in nursing practice.

Evidence of Trustworthiness

Multiple steps were taken to ensure trustworthiness in this qualitative study. The study proposal was submitted to Walden University IRB and approved. My role as the researcher was to follow the IRB and the processes approved by the IRB board.

Credibility

The amount of data collected allowed me, as the researcher, to make inferences based on the patterns to establish credibility accurately (Ravitch & Carl, 2016). I interviewed 18 nurses who had experienced an international service-learning experience while a baccalaureate nursing student. The 18 nurses were given the opportunity to review the transcript of their interview and provide feedback. Recruitment of these nurses was on a voluntary basis using social media flyer with the study's information. No specific nurses were singularly targeted for participation in the data collection. Different research methods were used—interviews and photo language—, which prompted a wide range of information resources. I also journaled after each interview and used a reflective process to keep an open mind as a researcher.

I had proposed using TEI as an advanced speech recognition software for transcription. However, I discovered Zoom had a transcription service that was completed at the end of the audio interview. The audio recording did not have to be transmitted to another program and the audio script was nearly perfectly comparable to

the audio recording. There was no extra charge for the transcription and the transcription was secure.

I proposed using ATLAS.ti for the qualitative data analysis. Instead, NVIVO was used, as a peer had used this product with success. A single-user license was purchased and this software program helped to organize the data for the development of codes for me to use to develop themes.

Transferability

Transferability refers to the ability of the study results to be applied to similar scenarios. Transferability was achieved by documentation of the interview process, descriptions of the conversations, memos during the coding process, and thematic construction. The 18 participants created a diversity of situations and varied contexts from which the data were selected. The interview guide, which was developed and used for each interview was created using resources from nursing and other specialty areas. This allows for the comparison between nursing students and practice and other health science programs. Finally, detailed data descriptions were noted in the footnotes and the reflective journal.

Dependability

I was able to demonstrate the dependability of the study by conducting virtual audio interviews and using photo language to promote conversation and stimulation of memories. The multiple coding performed allowed for a comprehensive understanding of the service-learning experience (Ravitch & Carl, 2016). The research question looks at nurses' perceptions, making the qualitative interview and photo language an appropriate

fit for the research initiative. I journaled during the interview process and multiple coding cycles. The interview transcriptions and notes have allowed me to demonstrate the dependability of the research.

Confirmability

Using multiple coding cycles and reviewing interview notes helped me to be unbiased in the data analysis process. I am passionate about SL, and I was extra-vigilant to stay abreast of possible bias. The use of NVIVO for the first round of coding ensured that the participants' answers were used to develop the language and terminology of the research results.

Results

Eighteen participants were interviewed and asked eight questions that aligned with the research question, "What are nurses' perceptions that experienced an international SL program regarding social responsibility and the process of cultural competence?" In the first part of the Results section, I present examples of the participants' responses, codes, and themes. After synthesizing the data of each of the 18 interview questions, I will present the analytic results of my research question. I used Saldano's (2016) process to identify codes, categories, and themes, based on the data collected from the audio interviews.

Social Responsibility Questions

Interview Question #1: "What is your Definition of Social Responsibility?"

The research participants were given Mezirow's (2000) definition of social responsibility, "The ability to identify one's own self while having concerns for the well-

being of life," as an example to answer the social responsibility questions. The most popular word used to describe social responsibility was "obligation." Nine of the participants used "obligation" in their description of social responsibility. The second most popular word used to describe social responsibility was "duty." Four of the participants used the actual word "duty" in their description of social responsibility. Other participants used patterns of words that correlated to duty: responsibility, ethical standard, and owing to society.

During the interviews, participants described social responsibility as a sacrifice, advocating for patients' rights, and the promotion of health. Participant 160726 stated, "Social responsibility includes ethical behaviors, consideration of environmental impact, and community involvement. Any efforts to improve social welfare." Participant 150724 related social responsibility to their nursing practice as, "Staying informed and educated. Staying current with healthcare issues, research, and best practices to provide evidence-based care for best care of the public." My findings suggest that practicing nurses relate social responsibility to quality health care and services to the community that promote health. Participants reiterated that social responsibility is a duty of nurses and related the duty to ethical behavior of nurses.

Interview Question #2: "Please Share Some Examples of How You Implement Social Responsibility into Your Nursing Practice."

I will explore nurses' perspectives of social responsibility in nursing practice by asking them to share specific examples of how they implement social responsibility in their nursing practice. The research participants presented examples of social

responsibility as being kind, relationship building, environmental awareness, education, and health promotion in their nursing practice. The most popular example, given was "advocate". Four research participants used "advocate" and related advocacy to the patients "rights and needs". Participant 070723 explained, "I work with people from diverse cultural backgrounds. I don't discriminate. I attend to all inequalities. I don't bias. I have a sense of responsibility to everyone who comes to me." Participant 100724 described social responsibility in their nursing practice as, "Integrating principles like patient advocacy, collaborating, and working in harmony within a team." Participant 060723 stated that they, "Adapt care plans based upon cultural beliefs."

During the interviews, participants shared specific care initiatives that promoted quality care and positive health outcomes. Some of the participants related caring for different cultures as an example of social responsibility. Another point that was mentioned by three participants was to include the family when caring for a patient.

My findings suggest that nurses' perceptions about social responsibility involve different care tactics of collaboration, communication, and patient-centered care. Caring for different cultures was associated with social responsibility as well as health promotion and quality care.

Interview Question #3: "Which Photo Number Demonstrates Social Responsibility to You and Why?"

I used photo language for the final question to explore nurses' perspectives of social responsibility. Photos have been used in research studies in different ways and can represent data results and supplement interview data (Tseliou & Benozzo, 2022). I used

photo language to promote more conversation about the nurses' perspectives of social responsibility. The photos were from an international service-learning experience and showed nursing students and clients being served. The research participants selected one of five photos to demonstrate what social responsibility meant to them and explain why.

The most popular photo, selected by nine of the 18 participants was Photo #3. Photo #3 is of nursing students assessing children in a school. The research participants stated that they selected the photo because it showed acts of caring, service, teamwork and responsibility for the community. Participant 110724 selected Photo #3 because, "Assisting in healthcare and interacting and communicating with a child. Making sure the child is in good health." Participant 090724 selected Photo #3 because, "It shows how people are being taken care of in the community and the social determinants of health and an advocate for health and wellbeing of vulnerable populations."

The second most popular photo, selected by seven of the 18 participants, is of student nurses performing foot care to community members. The research participants selected Photo #1 because the photo shows service, teamwork, and responsibility to the elderly and community. Participant 070723 selected Photo #1 to demonstrate social responsibility because, "Two different races are open to each other."

The use of Photolanguage in Question #3 did provide more information that confirmed the nurses' perspectives of social responsibility obtained from Research Question #1 and #2. My findings imply the nurses' perspectives of social responsibility are caring, collaboration, respect, and cultural awareness. Photolanguage promoted more conversation about social responsibility and supported the findings of Questions #1 and

#2 to identify nurses' perceptions of social responsibility examples of social responsibility in the nurses' practice.

Process of Cultural Competence Questions

Interview Question #4: "What is Your Definition of the Process of Cultural Competence?"

The research participants were given Campinha-Bacote's (2002) definition of the process of cultural competence: "A continuous process that includes cultural awareness, knowledge, skills, encounter and desire" as an example to answer the process of cultural competence questions. The most popular word used to describe the process of cultural competence was to "understand". Nine of the participants used "understand" in their description of the process of cultural competence. "Understand" was used by the participants to comprehend personal and their patients' cultural backgrounds. The second most popular word used to describe the process of cultural competence was "ability". Five of the participants used the word, "ability" to describe the ability to provide culturally sensitive care, and the ability to understand others' cultural traditions and beliefs. "Respect" was also used by three participants to respect cultural differences and backgrounds of patients. Participant #170726 defined the process of cultural competence as follows:

> Respecting the cultural beliefs, heritage, and traditions of diverse people irrespective of what I believe. My ability as a healthcare provider to understand their beliefs and traditions and adhere to it without infiltrating or making them feel negative in any way.

During the interviews the participants identified a need to interact with people from different cultures and appreciate cultural diversity for the process of cultural competence to occur. My findings proposed cultural awareness, cultural knowledge, cultural skills and cultural encounters as the participants' definition of the process of cultural competence. The participants were given Campinha Bacote's (2002) definition of the process of cultural competence; they used examples that were the Campinha Bacote's definition of the process of cultural competence.

Interview Question #5: "Please Share Some Examples of How You Implement the Process of Cultural Competence into Your Nursing Practice."

I explored nurses' perspectives of the process of cultural competence in nursing practice by asking practicing nurses to share specific examples of how they implement social responsibility in their nursing practice. The participants gave examples of administrating quality care and relationship building. There was reference to understanding and adapting cares based upon cultural preferences. The number one example used was communication. Participant 120724 stated, "Before working with a patient, I assess the cultural background to make sure I know how to render my services. I seek feedback from the patients to improve." Other participants shared cultural assessment as an important part of the process of cultural competence. Participant 110724 explained that they needed to "interact with different people to lead to improved communication, and also getting to know them more." The responses to this question aligned with cultural awareness, knowledge, skills, and desire, which is Campinha-Bacote's (2002) definition of the Process of Cultural Competence.

Interview Question #6: "Which Photo Number Demonstrates the Process of Cultural Competence to You and Why?"

Photo language was used for this question. The research participants selected one of five photos to demonstrate what social responsibility meant to them. As explained previously, I used photo language to supplement responses to the research questions and promote conversation. The most popular photo selected was Photo #1. This photo was selected by 8 of the 18 research participants and is of nursing students performing foot care for patients. The participants identified equitable care being given to different cultures and communication between different cultures as reasons for selection. Participant 160726 explained, "Nurses go to different places to learn more about different individuals and how to take care of them. Nurses also have to know about their culture and what they need to use to care for other cultures."

The second most popular photos were Photos #2, #3, and #5. Each photo was selected by three of the 18 participants. The photos are of food preparation, school screenings, and carrying of water. The research participants shared that they could see respectful care and learning about each other's cultures. Participant 130724 stated that they saw, "Cultural difference and understanding and engaging with the person from a different culture and learning their cultural practice." Participant 110724 saw, "Interacting and communicating with a person from a different part of the world."

The use of Photolanguage in Question #6 did provide more information that confirmed the nurses' perspectives of My findings imply the nurses' perspectives of social responsibility are caring, collaboration, respect, and cultural awareness.

Photolanguage promoted more conversation about social responsibility and supported the findings of Questions #1 and #2 to identify nurses' perceptions of social responsibility examples of social responsibility in the nurses' practice.

Influence of Service-Learning on Practicing Nurses

Interview Question #7: "Did Participating in a Service-Learning Experience Influence Your Practice as a Nurse and If So, How?"

This question was asked to identify if the service-learning experience had any value in their practice as a nurse and how their nursing practice was influenced. This question is an important question. The participants have stated their knowledge about the definition of social responsibility and how they implement social responsibility into their practice. The participants have identified their definition of the process of cultural competence and how they demonstrate it in their nursing practice. The responses to this question will correlate the international service-learning experience and the influence it had on their nursing practice.

All the responses to this question were positive enhancements to the participants' practice of nursing. The participants developed personal growth and learned more about themselves and others from a different culture. The participants' knowledge concerning different cultures increased. Participant 80723 stated that the experience, "Made me gain more idea of sensitive things. acting with more integrity, transparency, and fairness in all interaction. contributing to the well-being of community through volunteerism and partnership." Participant 100724 stated, "The travelling helped me learn about different cultures and brought out a spirit of humility and working as a team to provide care."

Participant 120724 replied, “Yes. Improving effective communication and teamwork. I also developed critical thinking and problem-solving techniques.” Participant 0070723 stated the international service-learning experience, “It made me start acting with more integrity, transparency, and fairness in all interactions.”

My findings from this research question were impactful for the nursing practice. Common perceptions were communication, inclusion, community, and cultural awareness. Some participants added humility and self-awareness along with an increase in critical thinking and resilience. These findings are components of the process of cultural competence and social responsibility. Excellence in nursing practice was an outcome of the service-learning experience described by Participant 0060723, “I developed resilience and confidence, and my critical thinking improved”. With current challenges in the healthcare field, resilience is a valuable tool for nurses in cultivating excellence in their nursing practice.

Final Comments

Interview Question #8: “Is There Anything Else You Would Like to Share with me About Social Responsibility, the Process of Cultural Competence, and Service-Learning?”

I asked the final question to summarize the experience and make sure nothing was missed or overlooked. The participants reiterate the enhancement of the process of cultural competence by describing interactions, communication, and awareness. The participants recommended the use of medical interpreters to improve communication. Five of the eighteen participants highly promoted that all nursing schools participate in

international service-learning experiences due to the benefits of the experience. Nine of the participants expressed gratitude to their nursing programs for the opportunity of an international service-learning experience.

The participants also recognized benefits for students who participated in an international service-learning experience and for the communities served. Participants 0090724 and 0140724 identified that they had personally developed empathy through understanding patients' diverse backgrounds. Participant 0130724 emphasized the importance of community engagement for health promotion in nursing practice and how the international service-learning experience had exposed them to this, and they saw benefits for nursing students and the community.

Themes

Themes emerged from the data analysis, codes, categories that were derived from audio interview questions. During the interview of research participants, I took notes to provide credibility to the research process and identify any questions that were unanswered. Through the analysis process, I identified three main themes: community service, Process of Cultural Competence, and cultivating excellence in nursing practice. Each theme is representative of the perceptions of nurses who experienced a service-learning program regarding social responsibility and the process of cultural competence. Themes emerged from the data analysis, codes, categories that was derived from audio interview questions.

Theme 1: Social Responsibility

During the interviews, the participants were asked what their definition of social responsibility was and how they implemented social responsibility in their nursing practice. The next question used Photolanguage to promote more conversations about social responsibility and their description. During the interviews, many participants shared that they had an ethical obligation with promotion of health education. Another participant added, evidence-based care was their example of the implementation of social responsibility in their practice. Community was the most popular word stated by the participants when describing social responsibility. Participant 0020723 explained, "My definition of social responsibility is based on the premise of understanding oneself, understanding your culture, understanding others and working in turn with them to ensure that these belief systems tally with that of others".

Others mentioned that social responsibility was an obligation not only of nurses. Participant 0030723 stated, "My own definition of social responsibility is the obligations of individuals and organizations and businesses to act in a way that benefits society and the environment beyond their legal requirements". Participant 0170725 identified the complexity of social responsibility.

> I think social responsibility has to do with basic responsibility that I owe myself as well as society. It ranges from a whole lot of perceptions. From social policies, justice, human rights, equality, fairness to all, having compassion, especially in practice, to everyone and treating everyone, irrespective of where they come from equally. So that's how I understand social responsibility.

Participant 0130724 related social responsibility to competence. “Self-ability. What’s your competence of doing to society, sacrificial duties, so you are beneficial to the society.

Theme 2: Process of Cultural Competence

The theme of the Process of Cultural Competence was identified based upon codes that specifically addressed cultural awareness, knowledge, differences, opportunities, and encounters. These codes fit into the Campinha-Bacote’s (2002) definition of the Process of Cultural Competence. Campinha-Bacote explained that cultural competence is a process and not a one and done experience.

Many participants identified the process of cultural competence as a responsibility. Participant 0020723 explained the importance of cultural competence, “Cultural competence is a vital skill for delivering quality nursing care across culturally diverse groups”. The most popular word used by the participants to define cultural competence was responsibility. The second most popular word used by the participants to define cultural competence was knowledge. The participants referred to knowledge about different cultures, and knowledge of skills to deliver care to diverse populations. Participant 00200723 explained,

> My definition of the process of cultural competence is that cultural competence describes the ability to effectively interact with people belonging to different cultures. Cultural competence is also a vital skill for delivering quality nursing care across culturally diverse groups.

Participant 0040723 explained, “Even if they don’t speak the same language but trying to understand them and try to read their feelings. Know how to react and what to do around them, how to care for them and relate with them in the best possible way”. This sensitivity to cultural differences is an example of cultural awareness.

Participants also talked about appreciating different cultures and the willingness to learn about different cultures. One participant wanted more service-learning programs based upon the cultural knowledge obtained during their service-learning experience. Another participant suggested the use of a medical interpreter for future encounters to improve communication.

Based upon the data, Campinha-Bacote’s Process of Cultural Competence in the delivery of Healthcare Services model (2002), cultural awareness, cultural knowledge, cultural skill, and cultural encounters were recognized. The process of cultural awareness was identified through different participants. Participant 0040723 identified a need to understand and react to different cultures which is an example of cultural awareness. Multiple participants used the word, “knowledge” in reference to different cultures and the skills needed to administer diverse care. Cultural skill was identified by recommendations for interpreters to improve communication. Cultural encounters occurred throughout the SL experience and many participants shared how the experience will promote future cultural encounters in the clinical setting.

Theme 3: Cultivating Excellence in Nursing Practice

Quality healthcare came from the codes of welcoming, caring, advocacy, patient-centered care, integrity, confidence, and resilience in practice. The research participants

shared how the delivery of quality care is a responsibility of the nurse and is a part of caring by the nurse. The research participants also identified that awareness was also a part of their ability to provide quality care. Participants also shared the importance of health promotion in their care for communities along with disease prevention and advocacy to provide quality care.

A theme of cultivating excellence in nursing practice resulted from Participant 0130724 who stated, “I developed resilience and confidence”. Additionally, other participants shared how their exposure to an international SL experience helped them gain adaptability based upon the limited medical environments. Participant 0150724 recognized a change in practice due to international SL experience due to, “More integrity, transparency, and fairness in all interactions”.

The research participants shared how the delivery of quality care is a responsibility of the nurse and is a part of caring by the nurse. The research participants also identified that awareness was also a part of their ability to provide quality care. Participants understood the importance of health promotion in their care for communities along with disease prevention and advocacy to provide quality care.

Summary

In this study, I aimed to explore nurses’ perceptions that experienced an international service-learning program concerning social responsibility and the process of cultural competence. The research question guiding my study was as follows: What are nurses’ perceptions that experienced and international service-learning program regarding social responsibility and the process of cultural competence. In this chapter, I discussed

data analysis, issues of trustworthiness, and results. I conducted 18 audio interviews using Zoom. I used photolanguage to add conversation and gain more information. Data analysis resulted in the creation of three themes. The three themes are social responsibility, the process of cultural competence, and cultivating excellence in nursing practice. Based on the results of the interviews, the practice of nurses who participated in a SL experience as a nursing student, was positively impacted.

In the first theme, social responsibility, participants identified a change in their behavior following the international service-learning experience. Inclusion and equity were identified based upon social justice awareness. Fairness and respect were also other categories identified from the code of inclusion. Others identified the development of critical thinking in their practice as a nurse. These two concepts are antecedents and positive consequences of transformative learning according to Mezirow (1990).

In the second theme, the process of cultural competence, participants implemented cultural awareness, knowledge, skill and encounters to support the development of cultural competence as described by Campinha-Bacote (2002). Cultural education, recognizing biases, competency training, assessment with community outreach were codes identified to support the four categories for the process of cultural competence according to Campinha-Bacote (2002).

In the third theme, participants identified cultivating excellence in nursing practice based upon the experiences of the international service-learning experience. The participants gained adaptability, confidence, and personal growth following the international SL experience. The participants also identified an improvement of

communication and teamwork along with a development of humility which all cultivate excellence in nursing practice.

In Chapter 5, I will further discuss the interpretation of the study findings, study limitations, implications, and recommendations related to future research. I will also describe the impact this study has on positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this basic qualitative study was to explore, from a nurse's perspective, their description of SL experiences that influenced the development of social responsibility and cultural competence in their professional nursing practice. It is known that SL experiences promote positive outcomes in nursing students, such as patient advocacy, empathy, and support of quality patient care (Lee et al., 2020; Spencer, 2021; Yoong et al., 2021). It is unknown, however, if social responsibility and cultural competence remain with students who participated in a SL experience as a baccalaureate prepared practicing nurse.

There is a need to understand practicing nurses' perceptions about how a voluntary international SL experience influenced the development of the process of cultural competency and social responsibility. For this study, I recruited 18 participants. I conducted audio interviews using Zoom. The interviews were audio recorded and transcribed for analysis. From this data analysis, three themes with multiple subthemes were discovered. The three themes were social responsibility, the process of cultural competence, and cultivating excellence in nursing practice. The themes inferred that social responsibility and the process of cultural competency is seen in practicing nurses who participated in a SL experience as a nursing student. The subthemes demonstrated that excellence in nursing practice developed through personal growth, reflection, humility, and improved communication skills that resulted in relationship building. The key findings of this study were that nurses' perceptions that experienced an international

SL program as a nursing student were social responsibility, the process of cultural competence, and cultivating excellence in nursing practice.

Interpretation of the Findings

The themes of social responsibility, the process of cultural competence, and cultivating excellence in nursing practice were relative to the review of the literature at the beginning of the study. All 18 participants of this study agreed on the themes based upon the data findings, codes, and categories.

Comparison to Literature

Social Responsibility

Social responsibility was described by Mezirow (2000) as the ability to identify one's own self while having concerns for the well-being of all life. All the interview questions had responses from the research participants that demonstrated social responsibility. My findings demonstrated in the categories of enhancing patient experiences, fairness and respect, transformation and self-awareness, and inclusion and equity all relate to social responsibility and the positive outcomes.

Celio et al. (2011) argued that SL experiences instilled a sense of civic duty and ethical obligation in students, especially when tied to SL experience. Yet the review identified that the transfer of these values into professional practice was unknown. Professional nursing bodies such as the ANA (2021) embedded social responsibility into their Code of Ethics encouraging nurses to advocate for health equity. The practicing nurses interviewed in my study identified their responsibility to health education through

community outreach indicating that professional standards reinforced what the SL experience had initiated.

In my study, I presented how a changing event such as a SL experience could result in transformative learning, which promotes a change of reference, critical thinking, and social responsibility. In Chapter 2, I explained that according to Mezirow's TLT, an international SL experience was a changing event that with the antecedents of adulthood, changing a domain of learning, such as nursing, transformative learning would occur. The positive results of transformative learning were identified as critical thinking, a change of reference and social responsibility (Mezirow, 2000). From the results of my study, participants experienced "awareness of social justice issues," "promoting inclusion," and a "connection with patients and their community" consistent with the findings of Mezirow and Associates (2002), who explained that self-perception, social awareness, and social responsibility can be developed from transformative learning. SL participants experienced a change in perspective, an increased awareness and attributes of social responsibility, which reflects on the development of social responsibility as also confirmed by the findings of Mezirow (2000).

Existing SL literature primarily focused on the immediate benefits for students during or shortly after their SL experiences. Scholars (Beebe et al., 2021; Hermann, 2020; Stagg et al., 2020; Taylor et al., 2017) have emphasized SL's role in enhancing professional values among nursing students. These studies define the pedagogical value of SL, however, most of this research is limited to short-term outcomes and does not extend into the professional lives of nurses after graduation.

My research addressed these limitations by shifting the focus to practicing nurses who participated in SL as students. Unlike previous studies, such as Stagg et al. (2020), who cautiously suggest SL may promote patient advocacy in professional practice, my study provided evidence to evaluate whether SL experiences truly foster social responsibility, the process of cultural competence, and the cultivation of excellence in nursing practice. Furthermore, while Taylor and Leffers (2016) and Celio et al. (2012) offer thematic and meta-analysis insights into SL's impact on students, my research builds on these foundations by similar qualitative methods to assess real-world professional behavior. In doing so, my study not only validates SL as a transformative educational tool, but also justifies its financial and time investment for universities, faculty, and students by demonstrating its value in healthcare practice.

Process of Cultural Competence

The review by Lin et al. (2021) emphasized that SL fostered cultural awareness and sensitivity in nursing students, particularly when they engaged with vulnerable populations. However, it noted that long-term retention of cultural competence post-graduation remained underexplored. In contrast, practicing nurses often developed cultural competence through continued education. Studies such as Campinha-Bacote (2011) demonstrated that cultural competence was a process rather than a fixed outcome-suggesting that while SL sparked initial growth, sustained competence required an ongoing process.

Campinha-Bacote (2002) and Lin et al. (2021) both emphasized that cultural competence is a developmental process. My study adds depth to this research by showing

that SL experiences can foster the development of the process of cultural competence in practicing nurses. The SL experience reinforced the theoretical models and also identified a pathway to the process of cultural competence.

My research aligned closely with existing literature that defined the process of cultural competence. Campinha-Bacote (2002) explained it as the ability to work effectively within a client's cultural context, while Lin et al. (2021) expanded the definition to include the continuous improvement of the process. These perspectives were identified in my research study, which demonstrated that SL experiences can foster this development in practicing nurses.

Lin et al. (2021) emphasized the importance of implementing cultural competence throughout a nurse's career, noting that nurses with experience caring for diverse populations tend to score the highest in cultural competence. The research participants reflected this trend, describing SL experiences as "pivotal moments", "deepened awareness of cultural differences", and "learning of different cultural beliefs and care requirements". The research participants' replies reflected an understanding of the process of cultural competence and illustrated how theoretical models are reflective in real-world practice. This research study confirmed the importance of the process of cultural competence across a nurse's career and identified SL as a powerful tool for nursing educational programs and nursing practice.

Cultivating Excellence in Nursing Practice

As the United States becomes increasingly diverse (U.S. Census Bureau, 2022), the demand for culturally competent health care is urgent. Cultural competence is directly

tied to patient safety and excellence in nursing practice (AHRQ, 2019). Lin et al. (2021) emphasized that culturally competent nurses foster trust and client satisfaction, which are necessary for quality healthcare. These findings align with my research, which illustrated that the cultivation of excellence in nursing practice is linked with the development of cultural competence and social responsibility. As demonstrated in Figure 3, quality healthcare is the primary outcome of my model and cultural competence served as a foundation in achieving that excellence. Through SL experiences, nurses can cultivate excellence in nursing practice, needed to meet the needs of diverse populations.

Resilience was notably absent from most SL studies in my literature review. AACN (2021) touched on emotional growth through reflective journaling; resilience as a clinical trait was not directly addressed. The participants in my research study identified the development of resilience through working in remote communities with limited resources. Resilience has been recognized as essential for nurses in high stress situations. While I did not explore resilience in my literature review, resilience is defined as "the ability to cope successfully despite adverse circumstances" (Henshall et al., 2020). This finding not only fills a gap in the existing literature but also reinforces the critical role in shaping excellence in nursing. By promoting resilience through SL experiences, nurses are better equipped to cultivate excellence in nursing practice.

While the literature review identified the formative potential of SL in shaping cultural awareness and community awareness (Hermann, 2020; Osmancevic et al., 2021; Stagg et al., 2020), it stopped short of confirming whether these traits were identifiable in the professional nursing practice. My research findings suggested that the process of

cultural competence, social responsibility, and excellence in nursing practice were reinforced through SL.

Theoretical Frameworks

In my study I used two theoretical frameworks to explain the process of SL and the association to social responsibility and the process of cultural competence.

Transformational Learning Theory

Mezirow's (2000) TLT is based on a changing event such as an international service-learning event. Through reflection and domains of learning, transformative learning occurs (Mezirow, 2000). With transformative learning, a change of reference, critical thinking, and social responsibility can occur. Participants described an ethical commitment to equity and community health. The statements of "Promoting inclusion" and "Awareness of social justice issues" are reflective of social responsibility, which is an outcome of transformational learning (Mezirow, 2000). Based on the responses of research participants, international SL experiences can promote social responsibility and critical thinking with a change of reference in the practicing nurse.

The research participants shared changes in thought processes and critical thinking skills following international SL experiences. The research participants also shared information that led to the codes of knowledge increase, confidence, resilience, change in orientation, personal growth and understanding of global health. These codes relate to the development of social responsibility and critical thinking, which are both positive outcomes of Mezirow's TLT (Mezirow, 2000)

The Process of Cultural Competence

Campinha-Bacote's (2002) model of cultural competence in healthcare delivery identified cultural awareness, knowledge, skill, and encounter as processes to achieve the process of cultural competence. The research participants shared qualitative feedback that was coded as cultural education and recognizing biases. As stated in Chapter 2, Campinha-Bacote identified cultural sensitivity and biases as a part of cultural awareness. Campinha Bacote stated that an acknowledgement of personal, cultural and professional backgrounds is needed for awareness of cultural biases.

The research participants identified the need for competency training programs for educational development concerning the process of cultural competency. As identified in Chapter 2, Goodman et al. (2015) identified that nurses needed training in language skills and cultural customs and beliefs to provide culturally diverse care. The competency training would improve cultural knowledge, needed for the process of cultural competence. Cultural knowledge is openness to cultural differences in relationship to patient attitudes of illness and health. Competency training and an understanding of the SDH emerged as codes supporting cultural knowledge, which is essential for the process of cultural competence (Campinha-Bacote, 2002). In Chapter 2, SDH was described highlighting how increased understanding and awareness of SDH can lead to improved healthcare outcomes. Research participants identified an increased understanding of SDH following the service-learning experience. These insights identify the benefits of SL to the implementation of quality healthcare.

Additionally, in Chapter 2, cultural skill was identified as the process to obtain information using culturally appropriate conduct and assessment (Campinha-Bacote, 2002). The code of assessing cultural backgrounds was identified. This code supports the development of cultural skill in the SL participants. Further, cultural encounters were explained based on cultural exposure and cultural practice. The code patient-centered care was derived from data that stated, "Connection with patients and their community." Another participant stated, "Assessing cultural backgrounds" was developed through the SL experience. The international SL experience is a way in which nursing students develop encounters and relationships with culturally diverse populations.

In Chapter 2, the challenges of quality healthcare were discussed based on an increasingly diverse patient population. Cultural competence was identified as a key factor in improving patient satisfaction and health outcomes (Lin et al., 2021). Additionally, a deeper understanding of SDH and developing the process of cultural competence has shown to improve healthcare delivery by enabling nurses to recognize and address external influences, such as socioeconomic status, education, and environment, which influence patient well-being. This broader awareness equips nurses to provide quality healthcare, especially to vulnerable populations.

Limitations of the Study

A key barrier to data collection in my study was accessing participants who met the specific criteria for the study. To overcome this, I utilized social media for recruitment, which was effective in accessing the sample I needed for the study. This

strategy enabled me to successfully recruit all 18 participants for the basic qualitative study.

Another barrier I identified in Chapter 1 was collecting quality data in a productive interview setting. By using Zoom audio, the interviews were recorded and transcribed. The transcriptions were securely emailed to the participants for review, and no changes were needed to any of the transcriptions. The Zoom setting was a productive interview setting.

This study faced certain limitations, one of which was the potential for researcher bias. Initially, I thought I would be interviewing previous students, however, due to Institutional Review Board (IRB) requirements, I was unable to include any previous individuals I had taught. Consequently, no prior relationship existed between me and the participants. Nonetheless, my role as a faculty member in international service-learning experiences may have introduced bias, based upon my firsthand observations of quality outcomes among nursing students after international service-learning experiences.

To alleviate personal bias, I incorporated reflective journaling throughout the research process as recommended by Ravitch and Carl (2016), which supports the evaluation and awareness of researcher assumptions. I maintained detailed notes during interviews to promote transparency and reflexivity. These personal experiences, while potentially influencing my perspective, align with the study's findings that highlight growth in social responsibility, the process of cultural competence, and cultivating excellence in nursing practice among nursing students, who have since entered professional practice.

Another limitation of this study was the use of audio-only recordings during interviews. While audio captured verbal responses accurately, it did not allow for the observation and reporting of nonverbal cues such as body language, which can offer deeper insights into reactions and emotions. By adding photo language, I was able to promote in depth dialogue and helped participants expand on and clarify their responses, enhancing the reliability of the interview findings.

Recommendations

This study created an understanding of service-learning experiences that influenced the development of social responsibility, the process of cultural competence, and cultivating excellence in nursing practice. Participants noted a variety of positive outcomes from international SL experiences that contributed to social responsibility, the process of cultural competence, and cultivating excellence in their nursing practice.

Given this information, future researchers should consider exploring how SL experiences contribute to long-term professional development in nursing, particularly in shaping cultural competence, social responsibility, and cultivating excellence in nursing practice. Future researchers can study longitudinal impact studies to examine how SL experiences influence nursing practice over time. Cohorts from student years into professional roles could be evaluated for sustained effects on the process of cultural competence, social responsibility, and cultivating excellence in nursing practice. Comparative research can be performed to compare international vs. local/national SL programs to assess similarities and differences in outcomes. Geographical, cultural and socioeconomic contexts can be explored and their influence on SL effectiveness.

Measurable indicators of social responsibility can be developed and evaluate their correlation with SL experiences. An investigation of how SL affects students in other healthcare fields can be explored to determine how collaboration affects outcomes. Photolanguage can be explored for use in other studies to increase data. These research directions have the potential to elevate the role of SL in building a more socially responsible and culturally competent healthcare workforce.

My findings from this study identified the value of international SL as a powerful tool for the development of social responsibility, the process of cultural competence, and excellence in nursing practice, not only among nursing students, but also within their professional practice. Existing literature supports a wide range of positive outcomes that international service-learning is a valuable tool to facilitate social responsibility, the process of cultural competence, and excellence in nursing practice, not only in nursing students but in their professional practice as well. Service-learning has been identified as a pedagogical approach to nursing education that enriches learning (Beebe et al., 2021; Booth & Graves, 2018; Dombrowsky et al., 2019). Not only do nursing students benefit from service learning, but also faculty, clinical partners, clients, and communities (Beebe et al., 2021).

Numerous positive outcomes have been identified among nursing students who participated in an international SL experience. However, further research is recommended to strengthen the evidence base, specifically using quantitative or mixed methods approaches that can generate statistical insights into the impact of SL programs. In addition, qualitative studies should continue to explore the lived experiences of

participants, uncovering additional benefits of international SL. These same frameworks could be applied to local and national SL settings, enabling meaningful comparisons across geographic areas. A comparative analysis of international versus domestic SL experiences may reveal advantages tied to each. Furthermore, incorporating photo language into future qualitative research could enrich participant responses and foster deeper conversations concerning the value of SL.

Positive Social Change

My research demonstrates the potential impact for positive social change because with the development of social responsibility, the individual develops a sense of transformation and gives back to the community. Additionally, with the process of cultural competency, the individual gains cultural knowledge and experiences to communicate and accept people from different cultures. Finally, cultivating excellence in nursing practice is needed now more than ever in the challenging healthcare field.

These characteristics in nurses provide equitable care for all. Inclusive environments are created in which nurses assess and respect cultural traditions, languages and values. Through social responsibility, nurses can promote change through volunteering and becoming a part of and giving back to their communities. Finally, cultivating excellence in nursing practice promotes resilient nurses who are adaptable, compassionate, and can communicate and collaborate with team members effectively for quality healthcare. The impact nurses who experienced a SL experience as a nursing student, can have long-term positive social changes on communities and healthcare.

Methodological and Theoretical Implications

The themes identified from the research data, codes and categories relate directly to the methodological and theoretical frameworks used in this qualitative study. The themes of community service, caring, and the process of cultural competence are relative to Mezirow's Transformational Learning Theory and Campinha-Bacote's Process of Cultural Competence Theory. These theories supported this qualitative study and provided a structure to construct this research study around.

Recommendations for Practice

I recommend that nursing practices implement cultural competency training for all employees. Since not all nurses can engage in service-learning experiences during their education, such training is essential in promoting the process of cultural competence. The research participants reported that this training helped them to demonstrate the process of cultural competence in their practice as a nurse. Furthermore, nursing programs should initiate or continue international SL opportunities, as this study revealed their positive impact on social responsibility, the process of cultural competence, and cultivating excellence in nursing practice. These experiences not only strengthen the quality of nursing care and critical thinking skills but also improve outcomes for vulnerable populations. In addition, future qualitative and quantitative research is needed to further examine the impact of Sl on graduate nurses' abilities to provide quality, culturally sensitive care and to promote social engagement.

Conclusion

The significance of this qualitative research study was to determine if social responsibility and cultural competence remained with students who participated in an international service-learning experience as a nursing student. The study identified practicing nurses that completed an international service-learning experience as a nursing student, shared the common themes of social responsibility, the process of cultural competence, and cultivating excellence in nursing practice were gained during the international SL experience. These themes hold significant implications for nursing faculty and students, as they contribute to the delivery of quality nursing education. Also, the themes identified promote the quality of nursing care and patient outcomes, especially because of the changes in society due to an increase in culturally diverse communities. International SL experiences should be actively promoted within nursing programs and healthcare communities to reinforce social responsibility, foster the process of cultural competence, and cultivate excellence in nursing practice. These experiences also play a vital role in improving outcomes for students, practitioners, and the diverse communities they serve.

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Appendix A: Recruitment Flyer

ARE YOU A PRACTICING RN WHO PARTICIPATED IN AN INTERNATIONAL SERVICE-LEARNING EXPERIENCE AS A NURSING STUDENT?

- I am a Walden University student conducting a qualitative research study for my dissertation. I am exploring, from a nurse's perspective, their description of service-learning experiences that influenced the development of social responsibility and cultural competence in their professional nursing practice.
- **HOW IT WORKS:**
- Complete a 45-minute one-on-one audio interview via Zoom.
- **RISKS/BURDENS:**
- The participants will share information about their service-learning experiences
- **Compensation:**
- $25 Amazon gift card to compensate the participant for their time investment.

Contact:

helene.hegge@waldenu.edu

Appendix B: Participant Email Invitation

Hello (participant name), I hope this note finds you well. I am Helene Hegge, a doctoral student at Walden University. As part of my dissertation, I am conducting a study with practicing nurses who participated in a service-learning experience as a nursing student. While you were enrolled at the University of South Dakota, you completed a service-learning experience in Guatemala. The purpose of this study is to explore from a nurse's perspective, their description of service-learning experiences that influenced the development of social responsibility and the process of cultural competence in their professional nursing practice. The findings may support service-learning experiences and the impact on nursing practice.

If you choose to participate in the study, you will be asked to attend one 45-to-60-minute Zoom interview that will include open ended questions and viewing of Guatemala service-learning photos. The interview will be recorded and your decision to participate indicates that you give permission for this. As a small token of appreciation, you will be given a $20.00 Amazon gift card. If you are willing to participate in the interview, please read the attached Consent Form and save it in your files. Any questions about the consent form may be sent to me by responding to this email. When you are ready to provide your consent, please respond to this email with "I consent". We will then work together to schedule a Zoom interview at a time that is convenient for you. I greatly appreciate your willingness to consider this request and am eager to hear from you.

Sincerely, Helene Hegge

Appendix C: Interview Guide

Interview Script

Researcher: Hello [insert participant's name] I appreciate you agreeing to this interview. The purpose of my study is to explore, from a nurse's perspective, their description of service-learning experiences that influenced the development of social responsibility and cultural competence in their professional nursing practice.

You have received my previous email regarding consent and have consented to this interview. As a reminder, I will be recording our conversation using the Zoom platform, audio recording function, as well as the transcription function of _____ platform. At the end of the interview, I will review the interview to be sure there were not any technical difficulties. In the event we are disconnected, you can call back or log on to our Zoom meeting using the link and meeting identification information included in the email. At the end of this interview, I will transcribe our conversation, using _____to create a verbatim transcript that I can use for data analysis. I will email you a copy of the transcript, for you to review. You are welcome to provide additional insight or clarify any part of the transcribed conversation.

Researcher: Do you have any questions prior to beginning the interview?

"What is your definition of social responsibility?"

Share Mezirow (2000) definition of social responsibility with participant if needed: Social responsibility is the ability to identify one's own self while having concern for the well-being of all life (Mezirow, 2000).

"Please share some examples of how you implement social responsibility into your practice."

"What is your definition of the process of cultural competence?"

Share Campinha-Bacote (2002) definition of the process of cultural competence if needed: The process of cultural competence is a continuous process that includes cultural awareness, knowledge, skills, encounter, and desire (Campinha-Bacote, 2002).

"Please review the 5 photos on the screen. Which photo number demonstrates social responsibility to you and why?"

"Please share some examples of how you implement cultural competence into your practice?"

"Please review the 5 photos on the screen. Which photo number demonstrates the process of cultural competence to you and why?"

"Did participating in a service-learning experience change your practice as a nurse?"

"If your nursing practice was changed by participating in a service-learning experience, how did it affect social responsibility and the process of cultural competency?"

Sharing the definition of the process of cultural competency is needed: Cultural competence is the ability to work with the client's cultural context effectively and is a developmental process that evolves over an extended period (Campinha-Bacote, 1998).

"Is there anything else you would like to share with me about social responsibility, cultural competence, and service-learning?"

"The interview is complete, and I will stop recording. Your participation in this study is helpful for future service-learning students and vulnerable clients receiving care from service-learning participants. Your responses will be kept confidential, and no information that could reveal your identity will be used in this study. Please notify me: Helene Hegge at XXX-XXX-XXXX if you have any concerns or wish to discuss any issues concerning the interview. In approximately one week, I will email you a copy of the transcript of your interview. You will be asked to review the transcript for accuracy and will be allowed to make changes or deletions to your interview. Thank you so much for your participation. I will email you a $25 Amazon gift card now.

Goodbye.

Appendix D: Interview Photos

Appendix E: Coding and Categorizing Table

Themes	**The Process of Cultural Competence**	**Social Responsibility**	**Resilience**
Sub-Themes	Cultural Awareness Cultural Knowledge Cultural Skills Cultural Encounter	Social justice,	and Collaboration, Personal growth and reflection
Codes	Cultural education, Recognizing biases, Competency training, Understanding cultural differences, Assessing cultural backgrounds, Patient-centered care	Inclusion Awareness of social justice	Communication across cultures, Humility Confidence
Categories	Awareness of cultures and beliefs, Awareness of personal worldview, Educational development, Deep knowledge of cultures, Patient assessment, culturally responsive practice	Fairness and respect Equity Transformation and self-awareness	Effective Interaction, Public participation Enhancing patient experience Confidence and resilience