PEDIATRIC RESPITE CARE: 
A SERVICE-LEARNING EXPERIENCE FOR NURSING STUDENTS

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Introduction
Pediatric nursing poses a unique challenge to nursing education programs to provide appropriate learning experiences. Our rural nursing program has developed a service-learning experience that entails pediatric respite care as a solution to the multi-faceted problem of lack of clinical sites, lack of resources for families with children with special health care needs, and dearth of integration of disability care in nursing education.

Does a pediatric respite care program, such as the Claude Moore Precious Time (CMPT) program, serve as an effective means for nursing student personal and professional growth and development in the context of a child health clinical?

Methods
A one group pre-and posttest within-subject quasi-experimental design study was performed in 4-year baccalaureate nursing program in a university situated in a rural setting. A convenience sample (N=250) of pre-licensure, senior baccalaureate nursing students, who participated in the CMPT program, were surveyed. Data was collected in 3 semesters. IRB approval was obtained.

The Service-Learning Self-Evaluation Tool (SLSET) survey is a 27-item instrument consisting of a 5-item Likert scale (1- Strongly Disagree to 5- Strongly Agree) with a Cronbach’s alpha coefficient of 0.80 to 0.87 (Groh, Stallwood, & Daniels, 2011). Significance level was set at \( p < .05 \). The survey was distributed electronically via Qualtrics survey software.

Participants each provided at least 14 hours of respite care to families with children with special needs. In addition, participants went to acute and well child clinical sites during the same semester. A paired-samples \( t \)-test was performed to compare participants’ pre- and post-SLSET scores.

<table>
<thead>
<tr>
<th>Construct</th>
<th>n</th>
<th>Pre</th>
<th>Post</th>
<th>( t )-value</th>
<th>( p ) value</th>
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</thead>
<tbody>
<tr>
<td>Responsibility</td>
<td>19</td>
<td>4.37</td>
<td>4.58</td>
<td>-2.191</td>
<td>.042</td>
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<tr>
<td>Enrollment in Service-Learning courses</td>
<td>19</td>
<td>2.63</td>
<td>3.16</td>
<td>-4.472</td>
<td>.000</td>
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<tr>
<td>Empathy</td>
<td>19</td>
<td>4.32</td>
<td>4.58</td>
<td>-2.535</td>
<td>.021</td>
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<tr>
<td>Healing</td>
<td>19</td>
<td>4.11</td>
<td>4.53</td>
<td>-3.618</td>
<td>.002</td>
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<td>Commitment to growth of others</td>
<td>19</td>
<td>4.16</td>
<td>4.53</td>
<td>-2.348</td>
<td>.031</td>
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<td>Community building</td>
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<td>3.68</td>
<td>4.11</td>
<td>-3.024</td>
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</tbody>
</table>

Results
*A total of 52 pre-surveys were returned and a total of 38 post-surveys were returned. Analysis revealed 19 matched pre-post dyads. Of the 30 items, 6 items had a \( p \)-value of less than .05.

Discussion
There was positive significance between pre and post-test constructs. This points to a positive change in the participants view of Service-Learning and their performance abilities concerning empathy, healing, responsibility and support of others and the community.

Implications for Nursing Education
Further investigation into the impact CMPT participation on learning outcomes of BSN students. Study should be extended to gather more participants. Use of a pediatric respite care program can engage students with an underserved community while possibly meeting learning goals BSN students.

Conclusion
A pediatric respite care program may be an appropriate means of attaining certain learning outcomes for BSN students by building their confidence in working with diverse populations.

Reference

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