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The Minnesota Alliance for Nursing Education: A case study

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The Minnesota Alliance for Nursing Education:

A Case Study

by

Faith Leiviska Johnson

A Dissertation

Submitted to the Graduate Faculty of

St. Cloud State University

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Dissertation Committee:
Michael Mills, Chairperson
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Abstract

The purpose of this case study is to tell the story of the Minnesota Alliance for Nursing Education (MANE), a grassroots innovation in nursing education. Specifically, I interviewed 14 nurse educators who had experience on at least one of the four work teams. Using Yin's (2014) work as a guideline, I asked the participants why they committed to becoming involved in this collaborative curriculum and how they worked to create and implement the curriculum between community colleges and a university partner. I used Kezar and Lester's (2011) grassroots leadership model as a theoretical framework to guide my research. From this framework, I drew conclusions about the characteristics and motivation of the participants, as well as the strategies and tactics that were used to create and implement the curriculum simultaneously at all MANE partner schools.

The results of the interviews revealed a passionate group of educators who were committed to increasing the number of baccalaureate prepared nurses in Minnesota. In the planning stage, they developed strategies and agreed to tactics that were used to form the curriculum and the processes to deliver the curriculum. I also discovered the highs and the lows of being a part of the process. Participants were candid about these ups and downs: errors made and support and benefits received. Recommendations for higher education grassroots innovations, as well as multi-campus collaboration are made for those wishing to embark on such endeavors. Areas of future research are suggested.

Dedication

Pursuing my doctorate in education was a dream. That dream was supported and nurtured by my husband, Daniel, and my family and friends. Thank you for believing in me and encouraging me to reach the finish line. This dissertation, the end product, is dedicated to those who had faith that I could do it. Thank you.

Acknowledgements

I would like to thank my 14 colleagues who agreed to share their stories with me. Thank you for your insights, your frankness, and your time. I trust that I have accurately retold the story of MANE through your comments. I would also like to thank my dissertation committee: Dr. Michael Mills, for his on-going coaching along the journey and his endless hours of editing; Dr. Stephen McCullar, for his practical help in performing qualitative research; Dr. Erin Heath and Dr. Darcy Nelson, for their feedback and support through this whole process.

I would also like to thank the students who graduated in Spring 2017 from our MANE program. Your tenacity helped us to see the vision of MANE come to fruition: to increase the number of baccalaureate prepared nurses in the state of Minnesota. Kudos to you!

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Chapter I: Introduction to the Study

In 1999, the Institute of Medicine (IOM) released an alarming report on the state of healthcare in the United States (Kohn, Corrigan, & Donaldson, 2000). In this landmark document, the IOM announced that hospitalization was a leading cause of death, resulting in 44,000 to 98,000 deaths annually (Kohn et al., 2000). These deaths were primarily the result of human error. Shortly after the release of this document, an 18-month-old child died at Johns Hopkins Hospital as the direct result of mistakes made by her health care providers (Niedowski, 2003a). While certainly not the only tragic death, it came at a time when safety was coming to the forefront in every healthcare provider's thinking. Reeling from this revelation, healthcare began to search for ways to address this safety dilemma.

The first IOM report was followed by two others, both of which outlined plans for corrective action. *Crossing the Quality Chasm* (Committee on Quality Health Care in America, Institute of Medicine, 2001) outlined six aims for safety in healthcare systems. It also began the dialog about changes that needed to be made in the education of health care professionals. This was followed in 2003 by a report detailing five competencies that should be included in the education of every health care provider (Greiner & Knebel, 2003). Nursing education leaders issued support for the competencies outlined by the 2003 IOM report (American Association of Colleges of Nursing, 2006). With financial support from the Robert Wood Johnson Foundation, nursing leaders began work on the adoption of the competencies into nursing curricula. The result was a detailed quality program for nursing education, *Quality and Safety in the Education of Nurses* (QSEN), which a consortium of 15 colleges and universities piloted in 2007 (Cronenwett et. al., 2007).

Running parallel to the changes in health care, higher education was also in a period of change. At the beginning of the new millennium, the iron triangle of higher education- quality, affordability, and access- screamed to the forefront of national attention (Conner & Rabovsky, 2011) as college costs “increased nearly four times faster than median family incomes” (Reimherr, Harmon, Strawn, Choitz, & Center for Law and Social Policy, 2013, p. 1). Sobering reports from the National Center for Public Policy and Higher Education (NCPPE) stated that America was falling behind in areas of preparation for higher education, access to education, completion rates, affordability and learning outcomes, such as licensure examinations and graduate records (Hunt & Tierney, 2006). ‘Report cards’ were prepared and published, providing regional data to reveal how each state was performing or underperforming in areas of quality, affordability, access and completion (Swail, Jaeschke, Rasmussen, & Midwestern Higher Education Compact, 2009). While politicians talked and higher education administrators debated, the two biggest problems remained; affordability and completion (NCPPE, 2011). Steps had to be taken to change this picture.

Bridging the gap between health care and higher education, The Carnegie Foundation for the Advancement of Teaching funded a project called Preparation for the Professions Program. The goal of this program was to understand how professionals were educated. Nursing was one of the professions selected. The study that resulted was the first major study of nursing education in over forty years (Benner, Sutphen, Leonard, & Day, 2010). After a national survey of faculty and students and extensive field research, the researchers identified three dimensions of nursing education- cognitive ability, skill ability, and professional identity- that emerged as key areas for transformation. Called apprenticeships, the team’s research centered on these three

areas, identifying weaknesses and corrective recommendations. The results were heralded by all nursing education governing bodies as transformational; the book was a must read for those in nursing education.

Like a capstone to the first decade of the 21st century, the Institute of Medicine (IOM) (2011) released a report on the future of nursing and nursing education. There were four key messages of the report and each point spurred on major changes in nursing. Regarding nursing education, the key message was that “nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression” (IOM, 2011, p. 4). Key to this section of the report were the facts that care in the acute care setting was becoming more complex, making it necessary for nurses to exercise more clinical reasoning. Greater numbers of patients were being treated in the community, increasing the need for greater numbers of nurses to be able to function in the community; and more emphasis was being placed on health promotion, an area of nursing expertise (IOM, 2011). Because of the changes in the health care landscape, nurses needed to attain a baccalaureate degree or higher in order to meet the health care needs of the nation. However, the reality remained that the majority of professional nurses (RNs) began their academic careers in the community college. This was largely due to greater access and affordability (NCPPE, 2011) and the fact that entry level jobs in some sectors were available to those with an associate degree in nursing. Statistically, a small percentage of community college students transfer to universities to finish a baccalaureate degree (NCPPE, 2011; Swail et al., 2009). In Minnesota, for example, 39% of students who enroll in a community college will graduate. Of those students, 15% enroll in a four-year institution during year three (NCPPE, 2011). The need is apparent; the solution is

complex and “significant gains in productivity will likely not occur without bold, novel thinking and strategies” (Swail et al., 2009, p. 29). It is one of those bold, novel strategies that form the basis for this case study.

Statement of the Problem

As previously indicated, there has been a tsunami of change occurring in health care and, in particular, nursing education (Greiner & Knebel, 2003). In nursing education, pressure for change has come from regulation and legislation, accrediting bodies, professional organizations and interdisciplinary guidelines (Wakefield, 2008). In order “to meet the needs of 21st century health-care” (Greiner & Knebel, 2003, p. 3), the Institute of Medicine (IOM) recommended that steps be taken to increase the number of baccalaureate prepared nurses to 80% of those entering practice (IOM, 2011). The IOM report further recommended that nursing education should work to promote a seamless progression to assist students to achieve higher levels of education in order to achieve the 80% goal (IOM, 2011). The recommendation for the increase in baccalaureate prepared nurses is motivated by the increasing complexity of the health care system, the affordability and accessibility of care, and the need for more nurses to progress to advanced degrees in order to meet the growing health care needs in the United States (IOM, 2011; Aiken, Clarke, Cheung, Sloane, & Silber, 2003; Aiken, et al., 2011).

In response to the mandate for transformation in nursing education, a group of educators from seven community colleges and one university in Minnesota undertook a major grassroots change innovation. The Minnesota Alliance for Nursing Education (MANE) began in 2011, with a goal of increasing the number of baccalaureate prepared nurses in the state (MANE, 2016). After years of curriculum work, all eight MANE colleges began implementing the

planned curriculum in the fall of 2014. As a curriculum committee member, I have worked from the beginning with the curriculum planning team. I have also helped to lead the change on my campus. This has been an enormous undertaking that has transpired primarily through a volunteer effort of the faculty members committed to the vision of creating a seamless means for students to advance their education.

The MANE curriculum was developed by faculty members from eight colleges. Five key tenets were agreed upon from the onset. First, the curriculum was developed as a baccalaureate curriculum, built on *The Essentials of Baccalaureate Education* (American Association of Colleges of Nursing [AACN], 2008). Based on the Oregon model (Lewis, 2010), the second distinctive feature of the curriculum was that it was built around specific foci of care. For example, during semester three (first nursing courses are typically offered in semester three), the focus of care is on the well client across the lifespan. During semester four, the focus shifts to clients dealing with chronic alterations in health. Third, the curriculum was designed as a concept-based curriculum which means that the concepts provide “an infrastructure to the curriculum” (Giddens, Caputi & Rogers, 2015, p. 7) based on “an organizing idea or mental construct represented by common attributes” (Giddens et al., 2015, p. 4). Fourth, again following the example of the Oregon Consortium for Nursing Education (OCNE), the MANE curriculum was designed using a spiraled approach. Concepts introduced in the first semester were strategically reintroduced throughout the nursing semesters, increasing in complexity throughout the curriculum. Last, again influenced by Oregon, the clinical model included aspects of direct focused care, concept-based experiences, simulation experiences and skills.

When admitted to a MANE program, students are dually admitted in the community college and the university. Those students who begin in the community college obtain an associate degree in science after completing five semesters. At that time, they have the option to step out of the program. However, as the goal of MANE is to increase the number of baccalaureate nurses in the state of Minnesota, students are able to seamlessly progress to upper division courses. They may do so without obtaining professional licensure prior to advancement. Taken together, these components make MANE distinctive.

Each institution had to agree to adopt the shared curriculum. This agreement took place before the actual curriculum was developed. As the new program began, faculty members had to continually embrace substantial change. The curriculum change has included the formation of all new courses, including new lesson plans, activities, assignments and tests. It meant forming new course teams and becoming familiar with new faculty personalities. The new curriculum was based on a different set of competencies being taught through concepts rather than an older anatomical systems model (i.e., oxygenation and perfusion compared to respiratory and cardiovascular systems). The concept-based program created a need for different textbooks, different handbooks, different approaches and different foci or outcomes. Additionally, all MANE partner colleges experienced the phasing out of old programs while beginning the new. This meant that faculty could be teaching in two different curricula simultaneously.

Change is not always easy and during times of change, workplace stress increases, sometimes to untenable levels. During the change to MANE, there were unexpected issues that continued to surface as the program began, adding to the stress for all faculty members. One example of how the stress impacted faculty occurred when several seasoned educators from one

community college decided it was better to leave their teaching positions for other health care positions rather than weather the storm of change. Their departure was directly related to the increased stress in the change process. However, there were many other nurse educators who weathered the storms of the change process and proved to be resilient. To summarize, while all MANE nursing departments agreed to the proposed change, the actual implementation of the change proved to be more difficult and caused significant stress among nursing faculty members. It is that story that will be told in this case study.

Description and Scope of the Research

Using a case study methodology, this study will tell the story of MANE through the voice of the faculty members who have been involved in the creation and implementation of the new program. MANE is a grassroots innovation among nursing faculty in the state of Minnesota. To date, only one article has been published that describes how the shared curriculum and program were developed (Graziano, et. al., 2017), but this article failed to share the story of the faculty members who worked tirelessly to bring this change to fruition. That story deserves to be told, not only for the faculty involved, but for other faculty in higher education who are involved in grassroots change.

There are numerous organizational change theories available. However, what I found in looking at change theories is that most are not unique to higher education. Eckel and Kezar (2003) outlined a higher education change process, but their work assumes that the change is authorized or sponsored by institutional administrators.

Lester and Kezar (2012) identified that much change in higher education is actually the result of faculty and staff efforts. Their grassroots leadership change model is carried on by

those who are committed to the mission and vision of their institutions, but they realize that things need to improve. Kezar and Lester's work (2011) is based on the tempered radical model by Meyerson (2003).

My plan is to do a case study on MANE. Kezar and Lester (2011) also used the case study method for their research. While they used Stakes as a guide (Kezar, 2012), I will be using Yin's (2014) model for case study as a guide for the actual research. Yin states that a case study "investigates a contemporary phenomenon in its real-world context, especially when the boundaries between the phenomenon and context may not be clearly evident" (Yin, 2014, p. 2). Punch (2009), in summarizing Yin's earlier work, adds that "multiple sources of evidence are used" (p. 120). There are benefits to committing to the use of Yin's framework. First of all, I have found several definitions of a case study. For example, Merriam (1998) defined a case as the end product of study; Stake (Merriam, 1998) focuses on the end result. Polit and Hungler (1999) stated that a case study is an "in-depth investigation of a single entity or a small series of entities" (p. 250). The point is that different research methodology books have variations on what a case study is, what is being researched and how the researcher uses the data. By staying with one model, I hope to avoid this confusion.

Additionally, in committing to using this framework, I am hoping to add to the quality of my study (Tracy, 2013; Yin, 2014). Punch (2013) stated that "a common criticism of the case study concerns its generalizability" (p. 121) although there are situations when a case study should not be generalized. One of those is when the study is unique and interesting on its own. It is my belief that a case study of MANE will fit into this category. However, there may be findings that make this case study generalizable and therefore interesting to a broader audience.

For example, the impact of grassroots change on faculty is a topic that would apply to multiple disciplines. The resilience of those involved in change would be another example of transferable findings. Other findings will evolve as the data obtained is analyzed.

Research Question

Because this will be a narrative case study, the primary research questions will ask ‘why’ and ‘how’ (Yin, 2014). I want to look at MANE in greater detail, specifically asking first, why did faculty commit to work on this change innovation; second, how was the shared curriculum created collaboratively; and third, how was the shared curriculum implemented simultaneously at all partner schools in the fall of 2011.

Yin (2014) stated that developing the research question is difficult work. He suggests that this process is made easier if the researcher does a literature review first to be certain the topic has not been addressed in research previously. Following Yin’s advice, I have done a literature review to discover what was happening around the United States. The literature review revealed that there is a lack of research published on faculty driven changes in nursing education. This lack of research supports the need for the case study on MANE.

It is not only important to design the research questions, but it is also important to bind or limit the case (Yin, 2014). By using Kezar and Lester’s model of grassroots leadership (2011), I will set some limits to the questions I will set out to answer. However, as in all qualitative research, the data I obtain from the participants may lead me into other themes.

Purpose and Significance of the Study

The purpose of this case study is to examine the change process that took place to develop one bold, novel strategy for addressing the need for more baccalaureate prepared nurses

in the state of Minnesota, The Minnesota Alliance for Nursing Education (MANE). This research is important for several reasons. First of all, to date, little has been written about MANE and other shared curriculum models like those in Oregon, California, Hawaii, and North Carolina. At this writing, many other states are either in process or considering how to create pathways to increase the number of baccalaureate nurses. A recent edition of *Nursing Education Perspectives* (Fitzpatrick, 2017) presented 12 states engaged in nursing education innovation: MANE was one of the stories in this group. The case study of MANE is timely and will add to the body of knowledge in higher education by revealing the highs and lows of creating and implementing an inventive curriculum as well as things to avoid or encourage during the change process.

Second, Kezar and Lester (2011) stated that much of the change that occurs in higher education is driven by faculty, from the bottom up. Their grassroots leadership change model will serve as the theoretical framework for the study. Kezar and Lester's (2011) model looks at individual, group and organizational aspects impacted by grassroots change. Included in these categories will be the motivation and resiliency of the individual, the tactics and power struggles of the group, and the impact the organizational culture and structure has on the success of the action (Kezar & Lester, 2011). As Kezar (2009) noted, "change from the bottom up is fundamentally different from top-down initiatives – it takes longer, requires unique skills and strategies, encounters new challenges and involves more personal resiliency and commitment" (p. 306). However, there has been little research about the impact of grassroots change on faculty. The purpose of this study will be to look at the impact of a grassroots change innovation on the group of faculty involved in creating and/or adopting a new shared, transformative

curriculum. By examining a faculty driven change initiative, this research will add to the body of knowledge in higher education. Kezar (2009) stated that “given the unique qualities, grassroots leadership efforts need greater study” as “we know virtually nothing about it in higher education” (p. 306).

As this is a qualitative study, ideas that will be explored in this narrative case study will emerge as the data is analyzed (Speziale & Carpenter, 2003). The concept of grassroots change in higher education will be a primary concept. Also, because faculty members are the ones initiating the change, the impact of the change on faculty will be another consideration. Kezar and Lester’s (2011) grassroots leadership model identified challenges and obstacles to change. These are broken into three categories; individual, group and organizational challenges. These nine ideas will also be addressed in the literature review: motivation, identity, resiliency, tactics, strategy, power dynamics, leadership development, group formation, structures and culture (Kezar & Lester, 2011). This is the model that will begin the study but ultimately the themes will be driven by the elements of the case that emerge from the written data and the participant interviews.

Tracy (2013) set forth measures to test the quality and significance of a qualitative research project. Her first criterion points to the worth of the topic (Tracy, 2013). Studies that are worthy are relevant, timely, significant and interesting. Beginning in 2011, a case study sharing the story of the grassroots development of MANE is indeed timely. It is relevant because of the current directives to think outside of the box when solving the problems facing nursing education, and indeed all of higher education (Swail et al., 2009). Significance and

interest will be further determined over time, as MANE continues to meet its goal of “increasing baccalaureate prepared nurses in Minnesota” (MANE, 2016).

Assumptions of the Study

An assumption is something that is “accepted as being true on the basis of logic or reason, without proof or verification” (Polit & Hungler, 1999, p. 695). In the planning of this study, it is important to consider the assumptions that the research is based upon. A primary assumption is that in the study of this case, real conclusions can be drawn that will be applicable in other areas of higher education.

In this case, the researcher is not an independent observer, but is a nurse educator and a part of MANE. I assume that the results of the research will benefit from that connection. I assume that those I interview will respond honestly, unencumbered by fear of reprisal or consequences. Because nursing is an ethical profession, I assume that the participants give will supply honest and sincere answers. I also assume that I will have willing participants, who are eager to share their individual stories about the case with a colleague. Additionally, I assume that the participants agree with the assumption that the baccalaureate degree should be the entry level into the profession of nursing.

Finally, I assume that this subject is relevant to nursing education because of the context of health care, education and nursing education that exist. I assume that most change in academia is faculty or staff driven. Therefore, I assume that this research will be of interest to those in higher education in general and in nursing education specifically.

Delimitations/Positioning

By definition, a case study is bound by its context and specificity of time (Yin, 2014). I will be looking specifically at the vision, planning and implementation of the MANE collaborative curriculum. In addition to the curriculum, I will want to look at other aspects of development such as faculty development and administration of the program. As MANE began in 2014, there are now changes and improvements that have occurred. In order to look at how the change process occurred, I want to limit the case study to the grassroots change in development. By keeping a time frame, I am bounding the case.

I want to look at the key decisions and faculty responses that have formed MANE. I do not intend to look at every decision made as the minutia of that will not be helpful for the end result. I intend to use committee minutes to help identify benchmark decisions. I also intend to use the information from the participants to help identify pivotal turning points in the development of MANE. Using those two sources will help to create a clearer picture of how MANE developed.

I have been a part of this collaborative curriculum since the first statewide informational meeting was held in 2011. I have a deep understanding of the change that the MANE partnership is attempting to create, having served on the curriculum committee since its inception. I have been in attendance at most of the curriculum meetings, retreats and faculty trainings since MANE began. As an active member of the curriculum committee, I have invested time and energy into its success. Because of my years of work and commitment, I have a vested interest in the success of this innovation. As a nurse educator, I am a part of the culture of nursing faculty. Finally, as a member of the Minnesota State College and University system

(Minnesota State) and a faculty union member, I comprehend the nuances of this role. All of these things will be a benefit to me as the researcher and will help to provide access to my participants. My personal point of view is that MANE is one answer to the nursing shortage in Minnesota and the best option for my own students who wish to become professional nurses.

Because of my involvement with the group, I will be a complete participant (Tracy, 2013). As a complete participant, I know the group members and have an on-going working relationship with them. I have personally experienced the stress that each group member has experienced due to my work with the curriculum committee and my work with my college peers.

Punch (2013) gave several additional benefits to researching a group with which the researcher is familiar. First, the group will be convenient to study. Second, I will have access to the group and because of my relationship may find obtaining their consent is expedited. As previously stated, I will have insider information that can help form my questions. As I am currently experiencing the problem, my research will be relevant to the situation of all nurse educators who are experiencing the current change in content delivery.

However, there are also disadvantages of this role as well. Specifically, I will need to be able to step back from my own role in the group so that I can effectively analyze the data that is given to me (Tracy, 2013). I will need to be aware of my biases, especially in regard to the stress I have personally experienced (Tracy, 2013; Punch, 2013). Snelgrove (2014) stated that part of the pre-research work is to recognize and set aside pre-conceived knowledge and experience with the case being studied. Snelgrove (2014) recommended maintaining a separate diary of reflections to be kept before and after interviewing sessions. In that way the researcher can reflect on personal biases regularly so as not to confuse the data. Punch (2013) pointed out that a

researcher who is a part of the group may have a “vested interest” (p. 44) in the results of the research. He suggests that bringing forth the researcher’s relationship beforehand can help to avoid possible complications later; complications such as questions of reliability of data. Finally, a potential disadvantage could be researching or collecting data without the participants’ knowledge (Punch, 2013; Speziale & Carpenter, 2003). To avoid this, I will need to be forthright with my colleagues about what data I am collecting, why and when. As I continue to work with the participants, I will not want to jeopardize our working relationship in the future.

Summary

Change in nursing education has become an imperative in the new millennium. However, even the process of necessary change can increase stress. The purpose of this case study is to describe the reason why a group of nurse educators in Minnesota was willing to devote hours upon hours, months upon months, and years upon years, to bring about an innovative way to educate nurses and the change process they fostered. The following literature review develops more thoroughly the context in which the change takes place, the barriers to address, and several available models. Kezar and Lester’s (2011) grassroots leadership change model will be used as a framework to look at the data and Yin’s (2014) case study method will guide the research process.

Chapter II: Literature Review

In the new millennium, conversations began about ways nursing education could be transformed to meet the growing demands for the shrinking pool of professional nurses. These conversations were motivated by the Institute of Medicine (IOM) reports (IOM, 1999, 2001), which created the impetus for change. Factors that have proven challenging to the curriculum change include the alarming nursing faculty shortage (Finkelman & Kenner, 2009) and overwhelming content overload in nursing curriculum (Ironside, 2004) as well as the dwindling availability of clinical sites (McNelis, Fonacier, McDonald, & Ironside, 2011). New models for educating nurses, and in particular increasing the number of baccalaureate prepared nurses, have been initiated by many states. Innovative examples that will be presented in this literature review include the Oregon Consortium for Nursing Education (OCNE), the Hawaii Statewide Nursing Consortium (HSNC), the Regionally Increasing Baccalaureate Nurses (RIBN) model in North Carolina, and the California Collaborative Model for Nursing Education (CCMNE). Stake holders and participants in these conversations included members from the profession, industry, and regulatory or governing bodies. Each model will be examined, with similarities and differences contrasted. Finally, while there are factors demanding change in nursing education, Kezar and Lester (2011) posit that most change in higher education takes place at the faculty level. Therefore, Kezar and Lester's (2011) grassroots model will be presented as the theoretical model proposed for use in the research design.

The Context for Change in Nursing Education

Driven by the IOM report on the alarming safety concerns in the provision of health care (IOM, 1999), the health care industry has embarked on numerous changes throughout health care delivery and education. This includes nursing education:

The IOM reports are at the center of the current restructuring of healthcare systems and the movement toward interprofessional work, and they influence funding from research, education, and health policy agencies and professional organizations. They should therefore be at the core of all nursing education programs. (Finkelman & Kenner, 2009, p. xvii)

Subsequent initiatives based on the IOM reports, such as the Quality and Safety in Educating Nurses (QSEN) and the transformative work of the Carnegie Foundation for the Advancement of Teaching (Benner et al., 2010) have perpetuated change. Finally, the IOM's (2011) specific challenge to nursing has clearly outlined a goal for nursing education. From all of these sources, along with the Department of Education encouraging institutions to remove barriers to degree completion, a mandate to change the way nurses are educated has emerged. This literature review gives an historic snapshot of why MANE is appropriate for Minnesota at this time.

IOM Report 1999 To Err Is Human

In 1999, the Institute of Medicine (IOM) released a disturbing report stating that 48,000 to 98,000 deaths occur annually in health institutions due to human error (IOM, 1999). Instead of pointing blame at any one health care group such as physicians, nurses or pharmacists, the IOM examined the systems where these errors took place. Their conclusion was that there were clearly systems that were broken, and this had a trickle-down effect to those practitioners who

worked in health care. While much of the report focused on the system issues, it also pointed to areas in the professions where changes needed to be made (Kohn et al., 2000). Their recommendations in this initial report included the need for national patient safety goals to be set at the federal level as well as system safeguards that would protect the American population (IOM, 1999). In regard to health care professionals, along with initiating and abiding by patient safety goals, all educational institutions for health care professionals would include curriculum on patient safety (Kohn et al., 2000).

IOM Report 2001 Bridging the Quality Chasm

While the first report, *To Err is Human* (IOM, 1999), revealed the need for change in the health care system, the second IOM report in 2001 outlined specific areas where the system could improve. These six areas outlined care that would be safe, effective, patient-centered, timely, efficient and equitable (Committee on Quality Health Care in America (CQHCA), Institute of Medicine (IOM) 2001, p. 39-40). Not only did this report look at organizational changes in health care delivery, it also pointed to specific changes needed in the education of health care professionals. Training in “medicine and including all health care professionals” (CQHCA-IOM, 2001, p. 214) must change. One complete chapter focused on the restructuring of clinical education, where teaching the skills needed for the complex health care environment “will likely require changes in curriculum” (CQHCA-IOM, 2001, p. 209). In both the 1999 and 2001 reports, nursing education was charged to change to meet the multifaceted health care needs of the changing health care environment.

While the IOM reports were being studied at all levels, personal stories of tragedy in health care were emerging. Around the same time that the second report was published, a young

18-month old girl died at Johns Hopkins University Hospital from dehydration (Niedowski, 2003a). Josie King had been admitted to one of the leading hospitals in the world for treatment of first- and second-degree burns. She was healing well from her treatment and was scheduled for discharge. Unfortunately, because of human error in her treatment, she was not given the treatment her symptoms clearly showed she needed; fluids. Josie died on February 22, 2001 (Niedowski, 2003a). While this was only one instance where human error had ended in tragedy, the hospital's response turned it into a pivotal point in moving patient safety initiatives forward. Johns Hopkins University Hospital accepted responsibility for the error and worked together with the King family to make changes not only in their own facility but nationwide (Josie King Foundation, 2016; Niedowski, 2003b).

IOM Report 2003 Health Professions Education: A Bridge to Quality

“Education for the health professions is in need of a major overhaul” (Greiner & Knebel, 2003, p. 1). So began the IOM's 2003 report for the “reforming health professions education” (Greiner & Knebel, 2003, p. 13). The report recommended five competencies; provide patient-centered care, work in interdisciplinary teams, employ evidence-based practice, apply quality improvement, and utilize informatics (Greiner & Knebel, 2003, pp. 45-46). The importance of this report for nursing is that it directly led to analytical work by the American Association of Colleges of Nursing (AACN, 2006) and curriculum work known as Quality and Safety Education for Nurses (QSEN) sponsored by the Robert Wood Johnson Foundation (Finkelman & Kenner, 2009).

Quality and Safety Education for Nurses (QSEN)

In 2005, the Quality and Safety Education for Nurses (QSEN) initiative began (Cronenwett et. al. 2007; States News Service, July 27, 2011)). Funded by Robert Wood Johnson Foundation (RWJF) (States News Service, 2011), the goals of the initiative were to translate the IOM competencies into nursing and develop a framework for nursing curriculum (Cronenwett et. al., 2007). In addition to the five competencies outlined by the IOM 2003 report (Greiner & Knebel, 2003), the nursing team felt strongly that safety warranted its own category as a competency (Cronenwett et. al., 2007).

The work of the group was divided into four phases. Phase 1 included defining of the competencies and identifying knowledge, skills and attitudes (KSA) that would drive curriculum (Quality and Safety Education for Nurses [QSEN], 2005). The second phase involved the launch of the pilot study, in which 15 schools of nursing actively included the six competencies. They also committed to the submission of teaching activities that would support the competencies (Quality and Safety Education for Nurses, 2019). At Phase 3, the project was ready to begin instructing other programs. Regional workshops were held. Additionally, evaluation of the project began. Finally, a decision was made to begin expanding the KSA's for graduate level nursing education. Phase 4, initiated in 2012, was a formal support of the IOM's 2010 report, recommending that more nurses advance their degrees. This support came from the Tri-Council for Nursing (2010), so named because it represented three main arenas where nurses practice; clinical practice, administration, and education. The Tri-Council is made up of the American Nurses Association (ANA), the American Organization of Nurse Executives (AONE), American

Association of Colleges of Nurses (AACN), and the National League for Nursing (NLN) (Tri-Council for Nursing, 2010).

Written evaluation of the QSEN project began in phase three with an article on lessons that the team learned (Cronenwett, Sherwood, & Gelmon, 2009). The article explained how the 15 pilot schools were chosen. The process of melding the collaborative was explained and the steps taken during the project were outlined. Lessons learned included the benefits of the exchange of ideas and the increased collegiality of faculty members. This initial report did not indicate any problems in the formation of the collaborative teams, although it did indicate that an outside agent was brought in to help with the tough job of forming a collaborative team (Cronenwett et al., 2009).

A Delphi study was conducted by one of the pilot schools, The University of Colorado (Barton, Armstrong, Preheim, Gelmon, & Andrus, 2009). The study was broken down to three rounds and asked two questions: “Where in the curriculum should this knowledge element, skills element, or attitude element be introduced?” and “Where in the curriculum should this knowledge element, skills element, or attitude element be emphasized?” (Barton et al., 2009, p. 317). All of the 162 KSA’s were evaluated through the three rounds of questioning. Results of the data indicated that most supported an expanding focus of care as the program progressed. In other words, in early semesters of the program, the focus would be on the individual patient and the focus would grow to include communities and organizations later in the curriculum. Additionally, the results indicated that the competencies should be threaded or spiraled throughout the curriculum instead of a one-time discussion of any one competency. Finally, there was support for waiting until further along in the program before more complex care

situations were introduced. The researchers concluded that the information may help further expansion of QSEN into other programs (Barton et. al, 2009). Again, a weakness of this study was that no challenges to implementing the QSEN competencies into curriculum were discussed.

Educating Nurses: A Call for Radical Transformation

In 1997, The Carnegie Foundation for the Advancement of Teaching proposed national studies to be conducted on the professional preparation of doctors, lawyers, teachers, clergy and nurses (Benner et al., 2010). The nursing study was headed by Dr. Patricia Benner, Dr. Molly Sutphen, Dr. Victoria Leonard, and Dr. Lisa Day, working in collaboration with national nursing organizations to collect data: the American Association of Colleges of Nurses (AACN), the National League of Nursing (NLN), and the National Student Nurses' Association (NSNA) (Benner, 2015). As a precursor to the study, a smaller study was undertaken by the Carnegie Foundation and the National League for Nursing (NLN) on the national nursing shortage (NLN, 2007). This study pointed to the shortage of nurse educators and how that was contributing to the overall nursing shortage. This smaller study, along with the IOM reports and the QSEN initiative set the stage. The final report in the form of a book, *Educating Nurses: A Call for Radical Transformation* was published in 2010 (Benner et al., 2010).

To say that the report created buzz in nursing education would be an understatement. In an editorial in 2012, Benner identified the many new initiatives and revisions that were taking place throughout nursing education. For example, states like Minnesota were implementing the initiatives outlined in the Carnegie study, The University of Pennsylvania was taking steps to integrate nursing perspectives into prerequisite nursing science courses, and the Oregon

Consortium for Nursing Education (OCNE) was taking new and innovative approaches to clinical education (Benner, 2012).

Three key findings were presented (Benner et al., 2010). First, nursing programs were doing a good job in teaching professional identity and ethical formation. Second, clinical practice assignments continued to be a strong teaching tool. Third, there was not a strong enough science background for students going into nursing to meet today's complex patient-care needs. While good things were happening, there were some distinct gaps, primarily in integrating knowledge, skill and ethical comportment. Suggestions for improvement included more integration of theory and clinical experiences, stronger use of case studies and simulation, and restructuring clinical to focus on clinical reasoning and concepts and not only total patient care. Additionally, a move beyond critical thinking, where situations are deconstructed, to clinical reasoning, was highlighted. Clinical reasoning refers to "the ability to reason as a clinical situation changes, taking into account the context and concerns of the patient and family" (Benner et al., 2010, p. 85). Final recommendations included six major areas: entry and pathways, student populations and student experiences, teaching, practice entry and finally, national oversight of the progression. Pertinent to this study are the subcategory recommendations listed below:

- Increase the number of prerequisite courses in natural and social sciences and the humanities
- Develop local articulation programs for smooth and timely transition from associate degree to baccalaureate degree
- Broaden clinical experiences

- Preserve post clinical conferences and small patient care assignments
- Develop pedagogies that keep students on patient experiences
- Use a variety of means of assessing student learning
- Promote student research and inquiry
- Foster opportunities for faculty to grow in teaching skills, including reflection on practice, coaching and narrative pedagogies. (Benner et al., 2010, pp. 216-226)

IOM Report 2011 The Future of Nursing

Recognizing that “nursing represents the largest sector of the health professions, with more than three million registered nurses in the United States” (IOM, 2011, p. xi), the IOM gathered a team of professionals to ascertain the specifics that nursing could provide for patient safety and quality care. Four key points were established; two points focus on nursing education. From these recommendations, three essential transformations were posited: transforming practice, transforming education and transforming leadership. This detailed report, coming as an outgrowth of the original IOM report on safety in healthcare, has served as the impetus for major transformation in the way that nurses are being educated. One of the recommendations is the goal of 80% of all registered nurses entering the nursing profession should have a minimum of a baccalaureate degree (IOM, 2011, p. 173). The committee recognized that in the past, over 60% of all registered nurses entering the profession had an associate degree in nursing, while less than 40% had a baccalaureate degree (IOM, 2011). They recognized the many barriers to overcome in order to change these statistics, such as the nursing faculty shortage, overloaded curriculum, and the shortage of clinical sites. But they also cited new innovations in education, such as the OCNE model, where change was being made to overcome the barriers. This change in particular

was noteworthy because the community college still remained the primary entry point for most nurses into the nursing profession. The community college successfully addressed the iron triangle barriers of higher education: affordability, quality and student success. The committee concluded their remarks on the transformation of nursing education by stating that if the number of baccalaureate prepared nurses entering nursing was not increased, no other goals could be achieved (IOM, 2011, p. 212). According to the President of the Robert Wood Johnson Foundation, “we cannot wait to take action; failing to grow a better-educated nursing workforce risks disastrous results” (Lavizzo-Mourey, 2012, p. 3).

Some literature is beginning to emerge that is looking at progress from the 2011 recommendations. Pittman, Bass, Hargraves, Herrera, and Thompson (2015) conducted a study of nurse leaders to see what progress was being made with the IOM recommendations. For the purpose of this study, only the results of the baccalaureate degree for entry into practice will be commented on. Three hundred and thirty-six leaders responded from a variety of health care settings. The findings looked at a two-year period, 2011 to 2013. Data obtained revealed that there was an increase from 48% to 53% of entry level positions were filled by baccalaureate prepared nurses for this time period (Pittman et al., 2015). While the researchers pointed out that the increase may be skewed by the lower number of older nurses who are retiring and other economically driven forces, they concluded that positive change was occurring in the nursing workforce.

Challenges for Grassroots Change in Nursing Education

There are two major challenges that need to be addressed if nursing education is to be changed. These are faculty issues and curriculum issues, including overloaded content and clinical site availability (Tanner, 2010).

The Faculty Challenge

As change in higher education is frequently led by faculty (Kezar & Lester, 2011), it is important to look at the obstacles that faculty may have to overcome to fully engage in the change process. In this section, I will address five challenges that nursing faculty face. I will also suggest two end results of these challenges, making the work of change even more daunting.

Faculty shortage. In 2011, the American Association of Colleges of Nursing (AACN) released a report on the state of nursing (AACN, 2017). In this report, AACN stated that over 50,000 qualified applicants were turned away from nursing programs due to lack of clinical resources, funding, and lack of nursing faculty. Lack of nursing faculty is a major contributing factor to the nursing shortage in the United States. This deficit has many reasons which will be explored in this section.

One of the largest issues within nursing education is the lack of nursing faculty due to the aging of current nursing faculty and the inability to attract younger faculty members (Brendtro & Hegge, 2000; Kaufman, 2007a; Mariani & Patterson, 2015). Berlin and Sechrist (2002) stated that “the deficiency of faculty is contributing to the general nursing shortage inasmuch as the inability to recruit and maintain adequate numbers of qualified faculty is restricting the number of students admitted to nursing programs” (p. 50). The National League for Nursing (Kaufman, 2007a) reported that less than 20% of all nursing faculty, regardless of the institution type, were

under the age of 45. Berlin and Sechrist (2002) analyzed data from the American Association of Colleges of Nursing. Their analysis revealed that faculty over 50-years-old has increased from 50% in 1993 to over 70% in 2001, an increase of over 20% in less than 10 years. Not only do faculty demographics reveal aging faculty members, but the recruitment of younger faculty is not keeping up with the rate of retirement (Berlin & Sechrist, 2002; Brendtro & Hegge, 2000). Using data from the National League for Nursing from the academic year 2004-2005, Blauvelt and Spath (2008) summarized that 43.7% of all qualified applicants were denied entrance to nursing programs primarily due to the lack of qualified nursing faculty.

Retaining quality nurse educators is a key to the future of the nursing profession. One agency that monitors nursing education is Health Resources and Services Administration (HRSA). In a 2008 survey of nursing faculty, it was documented that over 60% of full-time nurse educators were over the age of 50 (Health Resources and Services Administration, 2010). The information points out that nursing education may be looking at a future tsunami of retiring faculty members. The survey supported the NLN/Carnegie study that showed that nurse educators work long hours for less pay than their peers. Almost 70% of nursing faculty stated that they worked 40 hours per week or more. These numbers may be skewed as the statistics included part time faculty, who would be scheduled for less than 40 hours in a week. Salary discrepancies showed that nurse educators earned less than nurses in patient care practice. In addition, adverse circumstances impacting nursing faculty members include workload, work environments, lack of mentoring, and stress. All of these hinder recruitment and retention of faculty members.

Faculty stress. Faculty stress is a real problem in the retention and satisfaction of nursing faculty. While certainly all higher education faculty members experience the stress of budgetary demands, administration duties, staff relationships, student advising, and teaching, nursing faculty must constantly balance these responsibilities with professional credentialing and program accreditation. The results of a literature review revealed that the accreditation process is seen as a stressful part of the nursing faculty role (Davis, Weed, & Forehand, 2015). Writing about the stress of nursing deans and associate deans, Kenner and Pressler (2014) identified four contributors to work stress: lack of control, time constraints, lack of clear direction, and workplace bullying. Sarmiento, Laschinger, and Iwasiw (2004) stated that the lack of empowerment in the nurse educator's role is a key factor to faculty burnout. This dearth of empowerment can arise from the lack of support from administration (Sarmiento et al., 2004) to unsupportive colleagues and bullying students (DalPezzo & Jett, 2010). According to researchers (DalPezzo & Jett, 2010; Sarmiento et al., 2004), the lack of empowerment leads to emotional exhaustion for nursing faculty. Chung and Kowalski (2012) suggested that the increased stress coupled with the decrease in job satisfaction contributes to a decrease in faculty retention.

Faculty workload. In 2007, the chief executive officer of the National League for Nursing responded to the Chronicle of Higher Education in an editorial exposing the current problem of nursing faculty dissatisfaction related to faculty workload (Malone, 2007). Results of surveys from TIAA-CREF and the Carnegie Foundation revealed that full-time faculty members worked 53 hours a week, compared to nursing faculty members who, during the same time period, worked an average of 56 hours per week. Both groups of faculty were reimbursed the

same even though their hours differed. This information was not new. In a study of 288 full-time nurse educators, researchers found that faculty workload continued to rise, while financial reimbursement was consistently lower than nurses working in industry (Brendtro & Hegge, 2000). This trend has made it difficult to recruit younger nurses into faculty positions. The American Association of Colleges of Nursing (AACN) reported that while a master's prepared nurse practitioner earns \$91,310 annually, a master's prepared nurse educator earns \$73,633 in the same time period (AACN, 2015). As the age of nursing faculty continues to rise, it is feared that the lack of nurse educators will become a greater hindrance to providing adequate healthcare to the nation (Brendtro & Hegge, 2000; Malone, 2007).

Not surprisingly, higher workloads have been linked to lower job satisfaction. A study of 226 nurse educators reported that their workload was higher than their non-nursing faculty in the same higher education institution (Bittner & O'Connor, 2012). The research concluded that workload was one of the two highest factors contributing to job satisfaction or in this case, the lack of job satisfaction. Results of the survey indicated that over 50% of those surveyed planned to leave education in the next five years.

In an attempt to address the shortage of new nurse educators, Seldomridge (2004) tested a faculty member shadowing program with senior nursing students in their final leadership course. The objective of the study was to help discover reasons for the lack of recruits in nursing education. The students were partnered with nursing faculty and all had indicated a desire to continue on to complete a master's degree in nursing. Reports from the students' journals revealed that students saw the faculty members' workload as challenging and overwhelming. Another theme that emerged from the study was the "disparity in salaries between the academy

and the practice world” (Seldomridge, 2004, p. 258). Students expressed concern about the increased workload for lower compensation. On an optimistic note, students expressed that the mentoring they received from their nurse educator impacted them positively about the role of the nurse educator.

Durham, Merritt, and Sorrell (2007) reported on the work of a task force charged with creating a new workload formula to be used at their public and private universities. Their literature review revealed that high workloads resulted in low job satisfaction. The researchers sought to improve job satisfaction by creating equitable workloads. They included additional activities that nursing faculty were engaged in, such as direct and indirect clinical supervision, clinical coordination, open campus lab time, and research. While the formula met with mixed reviews from faculty, the work did point out that nursing faculty workload was difficult to make equitable and was clearly linked to faculty job satisfaction.

Faculty work environment. In the literature, job satisfaction is frequently linked with a positive work environment. However, there is little empirical information as to what constitutes a positive work environment for the nurse educator (Cash, Daines, Doyle, & vonTettenborn, 2009). This may be due in part to the fact that the environment where nurse educators work varies from other academics. “In comparison to academic colleagues, educators in practice disciplines have unique workplaces where the complexity of their environment may include the academic and clinical settings, professional and legislative obligations, and involvement with clients/patients and students” (Cash et al., 2009, p. 318).

Nine areas have been identified by nurse educators as contributing to perceptions of positive work environments (National League for Nursing, 2006). Included in this list were

things such as salaries and benefits, institutional support and leadership, role preparation (mentoring) and professional development. In a qualitative study of 18 nurse educators, Kuehn (2010) used The National League for Nursing (2006) toolkit as a framework for her interviews. Some positive environmental factors included being valued, supported and connecting with others to create a healthy workplace. Sarmiento et al. (2004) used Rosebeth Moss Kanter's structural theory of power as a theoretical framework for their research on workplace empowerment. Kanter's theory suggests four factors that contribute to employee empowerment: access to information, opportunities, support, and resources. From the Sarmiento group's research, nurse educators reported they had many opportunities in their jobs, which contributed to job satisfaction (Sarmiento et al., 2004). On the flip side, they felt they had insufficient resources. In addition to high faculty workloads and lower financial reimbursement, other factors leading to dissatisfaction with the workplace include constant change and workplace politics (Brendtro & Hegge, 2000).

One area that is contributing to faculty dissatisfaction in the work environment is incivility (DalPezzo & Jett, 2010). "Academic incivility is defined as rude, discourteous speech or behavior that disrupts the teaching-learning environment and may range from misuse of cell phones and rude and sarcastic comments to threats or actual acts of physical harm" (Clark, 2008, p. 458). While incivility is not unique to nursing education, it has become a growing problem and a growing concern when uncivil behavior migrates from the classroom to the clinical setting (Clark, 2008; Robertson, 2012). Research by Bittner and O'Connor (2012) revealed that over 70% of nursing faculty was somewhat to very dissatisfied with the work environment and that student incivility was a contributing factor.

Lack of faculty mentoring. Faculty mentoring has the potential to help new nurse educators to be better prepared and want to stay the course. However, mentoring is not happening at the level needed because it adds more work to an already overloaded faculty. Because nurse educators typically come from clinical practice, they are unfamiliar with the culture and pedagogy of academia (Dunham-Taylor, Lynn, Moore, McDaniel, & Walker, 2008). Mentoring can help the novice faculty member understand the new role as a nurse educator.

To mentor means to guide, to teach, or to tutor another (Sawatzky & Enns, 2009). The act of mentoring suggests a relationship where one who is an expert helps a novice to develop into an expert (Blauvelt & Spath, 2008). Mentoring is “a form of planned socialization” (Dunham-Taylor et al., 2008, p. 339). Many mentoring programs are presented in the literature. Two universities in Tennessee collaborated to develop a mentoring program for new faculty (Dunham-Taylor et al., 2008). The structured program developed covered topics such as socialization, collaboration, operations orientation and expectations. The program advocates for faculty release time for mentoring. A school in Indiana uses Boyer’s Model of Scholarship to mentor the new faculty member on faculty roles (Blauvelt & Spath, 2008). A structured leadership development mentoring program developed by Mariani and Patterson (2015) is based on a collaborative project between the novice educator and the expert. In a position paper, the Minnesota Nurses Association (2013) outlined guidelines for establishing mentoring relationships for new nurses and nurse educators. While programs differ, what is evident is that mentoring is seen as a positive factor in the retention of new faculty members.

Mentoring has been a subject of nursing research. In a research project on mentoring, results demonstrated increased numbers of new clinical faculty through intentional mentoring

(Reid, Hinderer, Jarosinski, Mister, & Seldomridge, 2013). A mixed-method study of 29 faculty identified characteristics of a good mentor (Sawatzky & Enns, 2009). These characteristics included trustworthiness, caring, and being non-judgmental and approachable. Participants listed lack of time and lack of a supportive infrastructure as the two biggest barriers to mentoring. The study concluded that while mentoring helped to integrate new faculty into academia it also added to the seasoned faculty workload. This extra workload was frequently cited as a reason for the lack of mentoring.

In a survey of 959 nurse educators who supported the concept of mentoring, Chung and Kowalski (2012) found that only 40% had a work mentor. Of those who were in mentoring relationships, 75% found the relationship beneficial. Dunham-Taylor, et. al. (2008) suggested that in the face of “dwindling resources” (p. 337), mentoring can be a cost-effective way to orient novice educators into the faculty role. However, even with all the benefits of mentoring, 60% of those surveyed stated that they had not had a faculty mentor. The researchers posed the question “Why does not mentoring occur routinely in nursing academe” (Dunham-Taylor et al., 2008, p. 339)?

Effects on Faculty from These Challenges

I have presented five challenges that contemporary nursing faculty face. These challenges have ramifications. I am presenting two that may hinder faculty motivation to participate in a grassroots change innovation.

Lack of job satisfaction. Job satisfaction is a mixed bag. In order to teach nursing, regulations require that the faculty member be a registered nurse, and most institutions desire that the professional nurse has had several years of experience. Most faculty members did not

become a nurse with the goal to teach nursing. However, for many faculty members, they find that developing the skill of teaching gives them a new sense of job satisfaction. Brendtro and Hegge's (2000) study of 288 nurses with graduate degrees revealed that close to 80% of respondents were satisfied or very satisfied with their current employment. While only one-third of those responding were faculty members, there was no difference between faculty nurses and clinical practitioners. In a survey by Bittner and O'Connor (2012), 87% of respondents reported that they were satisfied or very satisfied with their job. This satisfaction revolved around positive student involvement and the love of teaching. Eighty-four percent felt they had great job security. However, in the same survey, faculty stated that they carried a heavier workload than their non-nursing colleagues and their salaries were less than their nursing colleagues who were working in clinical settings. A heavy workload does not always negate satisfaction. In an on-going evaluation of faculty involved in a major curriculum transformation, researchers discovered that while faculty agreed their workload had increased, so had their satisfaction in teaching (Oregon Consortium for Nursing Education, 2012).

These themes have surfaced in a number of reports. Chung and Kowalski (2012) stated that faculty members were dissatisfied with "the complexities of the faculty role, the salaries, and the workload" (p. 382). DalPezzo and Jett (2010) stated that faculty often felt dissatisfied with their role because of lack of support of administration and incivility from students. Both DalPezzo and Jett (2010) and Sarmiento et al. (2004) spoke of emotional exhaustion that faculty experienced related to the external stresses. Sarmiento et. al. explained that although faculty members had a lot of responsibility, they often were not empowered to make decisions that

would impact their work. This lack of empowerment frequently led to job dissatisfaction and burnout.

Lack of retention. In 2006, the National League of Nursing and the Carnegie Foundation partnered in a nine-school study on nursing education. One area of interest was in nursing faculty retention. A sample group of 8,498 nursing faculty members responded to the survey (Kaufman, 2007a). One of the findings of the study was that compared to studies of college faculty, the workload of nursing faculty exceeded the workload of all other faculty members (Kaufman, 2007a; Malone, 2007). In addition to teaching, service and research, faculty members were expected to engage in additional administrative duties, clinical and lab responsibilities and student advisement (Bittner & Bechtel, 2017). Also, 62% of faculty surveyed stated that they try to maintain a clinical practice, which meant they worked an average of seven hours each week outside of their academic role (Kaufman, 2007c). The large workload was one major contributing factor to dissatisfaction among nurse educators with their jobs. The study also reported that the workload did not diminish over time (Kaufmann, 2007c). From novice to experienced nurse educator, the average work week in 2005-2006 was 53.3 hours during the academic year and 25 hours per week during break periods (Kaufman, 2007c). Combine that with the fact that most nurse educators are earning 12% to 33% less than their master's prepared peers in clinical practice (Kaufman, 2007b). These factors have made it difficult to recruit and retain nurse educators.

The problem is even greater in recruiting and retaining part time faculty. Carlson (2015) surveyed 533 part-time nurse faculty members about their intentions to continue as nurse educators. The number one reason part-time faculty verbalized for leaving teaching was the

amount of time teaching consumed. Following only one percentage point behind, the educators stated the difference in pay between teaching and private sector employment was a big negative. Recruiting and retaining part time faculty is important to nursing programs as these are usually the experts in practice who can help with clinical, hands-on education of professional nurses.

Poor faculty retention leads to poor student learning outcomes and is costly to the institution (Muller, Dodd, & Fiala, 2014). Additionally, teacher retention has been linked to teacher resilience. In a study by Muller et al. (2014), the researchers surveyed 743 health educators. Using the Henderson and Milstein resilience wheel, questions focused on clear and concise boundaries; life-guiding skills; meaningful participation; nurture and support; positive connections; and purpose and expectations.

The Curriculum Challenge

External pressures from the health care environment and internal pressures within the regulatory bodies have come together to require substantial change in health professional education (Farris, Demb, Janke, Kelley, & Scott, 2009). A recent review of a multi-state curricular change in pharmacy curriculum revealed that this need for change was not unique to nursing (Farris et. al., 2009). Four major health care trends were identified as propelling this need for change; population growth, diversity in population, aging, and epidemiology, or the change from acute to chronic disease management (O'Neill, 2009). These trends impacted the need for care and hence the need to educate health care professionals differently.

In 2003, the National League for Nursing (NLN) issued a position statement calling for a “drastic reform and innovation in nursing education” (NLN, 2003, p. 1). Additionally, they stated that “current literature is replete with calls to educate nurses who can champion health

promotion and disease prevention, function effectively in ambiguous, unpredictable and complex environments, demonstrate critical thinking and flexibility, and execute a variety of roles throughout a lifetime career” (NLN, 2003, p. 3). In the call to transform nursing education, two major curriculum obstacles appeared that need to be overcome (Benner et al., 2010; IOM, 2011;). Those two were content overload of curriculum and clinical education.

Content overload. For decades, nursing education has functioned under two assumptions: (a) it is possible to learn all nursing content in nursing school, and (b) teachers need to cover all content (NLN, 2003). These expectations have led faculty to conclude that breadth was more important than depth (Ironside, 2004). Both of these assumptions are incorrect, especially in today’s health care environment. The new volume of health information alone makes this impossible. Following the release of the baccalaureate essentials for nursing education in 1998, Tanner wrote that the new core essentials looked like a 21-year plan for nursing education in the twenty-first century (Tanner, 1998). One struggle that faculty has had deals with knowing what content to leave out (Ironside, 2004). The common response to all the new information has been to add more and more content to a curriculum that is already overwhelmed (Ironside, 2004). In the following section, the reasons for content overload will be examined and one possible solution will be explained.

Content saturation. Giddens and Brady (2007) suggested five reasons for content saturation in nursing education: “increase in scientific innovation, changes in health care delivery, changes in pedagogy, content repetition and the academic-practice gap” (p. 66). Each reason will be looked at separately.

America is in the throes of an age of overwhelming information (Giddens & Brady, 2007). In 2005, Carroll, a noted trends expert, stated that medical knowledge and innovations would double every two years by 2010 (Carroll, 2005). New nursing knowledge is overwhelming (Hardin & Richardson, 2012) and is constantly being added to current information (IOM, 2011; Ironside, 2004). In quoting from the IOM (2003) report, Giddens and Brady (2007) wrote that “the IOM specifically cites overly crowded curricula as one of the many challenges to health education reform” (p. 65). In addition to knowledge, new procedures and techniques are being initiated. However, many of these may be advanced skills that are not necessary for a new graduate to know. In a study of 193 registered nurses, Giddens and Brady (2007) concluded that less than one-fourth of the assessment skills routinely taught in nursing programs were used by practicing nurses. While a limited study, it illustrates a point that much of nursing curriculum is covering breadth of content and contributing to content saturation.

Secondly, there is a change in health care delivery. Previously, much of health care was delivered in hospitals. However, in the twenty-first century, there is a shift of care from the traditional acute care setting to community-based settings (Tanner, 2010). There is also a shift from total patient care to care management (Tanner, 2010). One of the conclusions from the Carnegie Foundation report was that new nursing graduates were not prepared to work in the new health care environment (Benner et al., 2010). In their review of nursing schools, the IOM (2011) stated that the majority of nursing curriculum still focused on acute care settings whereas care in the United States has shifted to community-based care, with an emphasis on health promotion and disease prevention.

For years, nursing has been taught from a medical model, where diseases, signs and symptoms and interventions were covered for a plethora of conditions (Ironside, 2004; Tanner, 2010). Driven by the misconception that learning begins with content acquisition, faculty resort to study guides and worksheets, which reinforce memorization of material instead of clinical reasoning (Ironside, 2005). As mentioned earlier, the belief has been that if faculty members don't cover it, students won't learn it (Ironside, 2004). This practice is partly motivated by faculty who fear that if they don't cover the content their students will not be successful on the licensure examination (Tanner, 2010). NLN called for a change in teaching practices (NLN, 2003). The Carnegie report recommends that faculty adopt new pedagogies to meet the learning needs of the student who will be practicing in the new health care environment (Benner et al., 2010).

A fourth problem is the repetition of content. One practice commonly noted is when faculty go over content that was previously taught. For example, when presenting the concept of oxygenation, faculty members review the anatomy and physiology of the respiratory system instead of keeping students accountable for their own previous learning (Giddens, 2007). This practice contributes to the content saturation in courses. Because of the overcrowding of content, there is less class time for innovative pedagogy where students can actually construct knowledge personally (Dalley, Candela, & Benzel-Lindley, 2008).

Finally, a gap exists between what is taught and what is current practice. Health care advances are rapidly changing, making textbooks and lecture material rapidly out of date (Giddens & Brady, 2007). In trying to stay current, faculty add information about new innovations to already saturated content. To avoid this, faculty members would need to redo

lectures and in particular, remove outdated material. Not only is there constantly changing technology in innovations in practice, but there is ongoing radical transformation in education. This has created a situation where “the strengthening of academic-practice partnerships has become a necessity for success” (Sroczyński, Close, Gorski, Farmer, & Wortock, 2017, p. 242). These five areas contribute to content saturation. Recognizing the need for a transformation in educating nurses, “faculty in many nursing programs across the country are examining their curriculum and considering alternatives” (Giddens, Wright, & Gray, 2012, p. 511).

Concept-based curriculum. One way of moving away from content-saturated curriculum is a concept-based curriculum. Concepts are a collection of ideas that have similar features (Hardin & Richardson, 2012). “A concept allows the learner to group together material for better understanding . . . Concepts act as cerebral files” (Bristol & Rosati, 2013, p. 112). A concept-based curriculum then is a curriculum where concepts and not content is the focus (Giddens & Brady, 2007). Based on constructivist learning theory, where the learner constructs meaning and knowledge (Getha-Eby, Beery, Xu, & O’Brien, 2014), a concept-based curriculum leads to deep understanding. It is in deep understanding that the “learner actually transforms incoming information into a form that is understandable to her or him” (Getha-Eby et al., 2014, p. 495).

Noted expert in concept-based curriculum, Jean Giddens, worked with a team of educators in New Mexico to develop a statewide concept-based curriculum (Giddens et al., 2012). To select the concepts that would be central to the curriculum, the team surveyed ten nursing schools that were already using a concept-based curriculum. Results from the findings led to 54 key concepts that were divided into three major categories; attributes of the health care

recipient, health and illness concepts, and professional nursing concepts (Giddens et al., 2012). In a revision of this list, several concepts were further divided to total 58 concepts (Giddens, 2017).

Following the identification of concepts, faculty identified exemplars (Giddens et. al., 2008). Exemplars are simply examples (Bristol & Rosati, 2013). Nursing exemplars are “examples of how nursing-specific concepts manifest themselves in nursing practice” (Getha-Eby et al., 2014, p. 496). The New Mexico faculty used incidence and prevalence as a means to select exemplars (Giddens & Brady, 2007). Using both incidence and prevalence means exemplars will change over time, but the concepts would remain the same.

Conceptual teaching, or teaching for salience (Benner et al., 2009) requires a conscious effort on the part of faculty. Giddens (2016) reported that during times of curricular change, it is easy to hold on to old pedagogies. However, to truly implement a concept-based curriculum, faculty must commit to conceptual teaching methods. Faculty report various techniques they have tried while adopting concept-based teaching. These techniques include using a discrepant event (one where unexpected patterns emerge) and concept maps (Hardin & Richardson, 2012), using a concept analysis diagram (Higgins & Reid, 2017), embedding hyperlinks in electronic sources, assigning pre-class quizzes and employing asynchronous discussion forums (Bristol & Rosati, 2013). In other words, creative modalities for initiating a concept-based curriculum are beginning to be seen in the literature.

Some research on the impact of concept-based teaching and alternative pedagogies is also found in the literature. Ironside (2004, 2005) published data on the faculty responses to “trying something new” (Ironside, 2005, p. 443). Faculty substituted narrative pedagogy, or the telling

of stories and case studies, for lecture. While initial attempts did not always meet with success, faculty committed to using concepts and stories. One faculty member stated she began to see students ask more questions. One student stated she could use the situations to help her prepare for exams (Ironside, 2005). Overall, changing from emphasis on content energized both faculty and students and increased learning. Positive anecdotal reflections were reported from another faculty member whose college changed to a concept-based curriculum (Kantor, 2010). In this instance, outcomes “exceeded instructor expectations” (Kantor, 2010, p. 416) as students demonstrated deeper clinical reasoning and holistic care. Finally, a quantitative report looked at how a concept-based curriculum would improve student retention (Lewis, 2014). While only a small study over three years, student retention rates increased from 84.7% to 88.7% following the initiation of a concept-based curriculum.

While the change of any curriculum is strenuous work, there are advantages to moving to a concept-based curriculum which makes the change worthwhile. Because concepts are the focus, content becomes decentralized (Giddens et. al., 2008). Once concepts and exemplars are identified, this change can help to organize the course content (Giddens et al., 2012). A concept-based curriculum helps with the development of clinical judgment as concepts are presented in case studies or real-life situations (Giddens, et. al., 2008; Nielsen, 2016). In fact, a strong argument for the use of a concept-based curriculum “is the formation of conceptual linkages to other situations” (Giddens et al., 2012, p. 512). With numerous scientific advances in health care, the changes occurring in the health care industry and health care delivery, as well as the imperative to move away from a content saturated curriculum, the change to a concept-based curriculum learning makes sense.

Clinical education. Clinical education is defined as the “holistic experience attending to the intellectual, physical, and passion components of learning” (Rogers & Vinten, 2009, p. 2). It is a requirement in pre-licensure nursing education (National Council State Boards of Nursing [NCSBN], 2005). However, obtaining clinical sites has become more and more competitive (McNelis et al., 2011). This is one factor that has limited the number of students who can be admitted into a program, which contributes to the overall nursing shortage (Kline, Hodges, Schmidt, Wezeman & Coye, 2008). This is a complex problem involving not only the physical site availability but also the burden that students can create for staff workload in the clinical agency (McNelis et al., 2011). Additionally, hospital stays are becoming shorter and patients are receiving care in alternative sites, which makes faculty oversight and clinical assignment difficult (Kline et al., 2008).

In 2008, the National League for Nursing (NLN) commissioned a study to garner data on clinical education (McNelis & Ironside, 2009). A total of 2,386 faculty members from varied educational settings responded to the survey. Five key barriers to clinical education were identified, but overwhelmingly, the lack of quality clinical sites and the lack of faculty were to two top issues. This was followed by clinical group sizes that were too large to supervise, restrictions placed by clinical agencies, and the various challenges of using multiple clinical sites. One common strategy used to overcome the barriers was to use more observational experiences (Ard, Rogers, & Vinten, 2008). While some creative ideas are beginning to rise to the surface, lack of clinical sites remains a current challenge nursing faculty must address.

The Carnegie report recommended a stronger connection between theoretical learning and clinical, hands on practice (Benner et al., 2010). Additionally, the report suggested

expanding clinical opportunities by providing more variety of sites. This reflects the current trend for nursing care to occur more often outside of acute care settings (Klein & Hodges, 2006). In a summary of the NLN clinical education study, the authors put the onus of clinical education on faculty. “It is imperative that nurse educators reflect on the extent to which our current clinical education models do or do not prepare graduates for the modern health care environment. It is important also that new models for clinical education be considered” (Ard et al., 2008, p. 244).

From the preceding report, the need for change is imperative and yet the process of change brings many challenges to faculty and curriculum. Discussion has occurred in clinical practice and in academia. Potential solutions such as changing to concept-based curriculum and increasing simulation for clinical learning have been discussed and implemented. Another solution to the dilemma will be presented in the following section.

Present Shared Curriculum Models

In response to the dilemma in nursing education, and the obvious need for transformation, The Center to Champion Nursing in America formed with the goal of supporting nursing education (Cleary & Reinhard, 2017). Beginning with nursing leaders from 30 states, the coalition expanded to all states and currently includes 51 actions coalitions (Gorski, Gerardi, Giddens, Meter, & Peters-Lewis, 2015). In particular, nurse leaders wanted to redesign nursing education to meet the changing needs in health care (Sullivan, 2010; Tanner, 2010). From this “grassroots outreach” (Gorski et. al., 2015, p. 54) emerged four distinct models that “were identified as having the potential to help ensure that 80% of RNs have a BSN or more advanced degree by 2020” (Gorski et. al., 2015, p. 54). The first model was an RN to BSN degree

awarded at the community college. The second was a competency or outcomes-based model, where the community college and university agreed to common outcomes to insure smooth transition from one setting to the other. The third model was an accelerated associate degree to master's degree program, where the BSN was awarded while the student was in a master's program (Gorski et al., 2015).

The fourth model was a shared curriculum where students transitioned automatically from one institution to the next (Close, Gorski, Sroczynski, Farmer, & Wortock, 2015; Gorski et. al., 2015). There were variations within this model as to breadth of agreement (statewide or regional), sharing of resources such as simulation labs, and sharing of faculty (Gorski et. al, 2015). This was different from the RN to BSN programs which already were offered in abundance. Close et. al. (2015) identified seven distinctive components of the shared curriculum models:

- Standardized nursing prerequisites
- Eliminate superfluous prerequisites
- Coordinate general education requirements to avoid overlap
- Maintain institutional distinctiveness when possible
- Avoid unnecessary duplication of courses that may have similar content
- Utilize options for degree completion, such as advance placement courses, when possible
- Validate community courses for upper division level whenever possible

Several states developed shared curriculum models, which have become exemplars that other states are emulating: These include The Oregon Consortium for Nursing Education

(OCNE), The Hawaii Statewide Nursing Consortium (HSNC), The Regionally Increasing Baccalaureate Nurses (RIBN) model in North Carolina, and The California Collaborative Model for Nursing Education (CCMNE).

The Oregon Consortium for Nursing Education (OCNE)

In 2001, the Oregon Nursing Leadership Council (ONLC) published a report about the state nursing shortage based on information from the Northwest Health Foundation (Gaines & Spencer, 2013; Lewis, 2010; Tanner, Gubrud-Howe & Shores, 2008; Lewis, 2010; Gaines & Spencer, 2013). In this report, ONLC indicated that Oregon faced a serious nursing shortage in the decade ahead. Contributors to the shortage were the changing face of health care in Oregon (less care in acute care settings and more in community) and the changing face of Oregon's citizens (more diverse and aging population). Additionally, much of Oregon's population continued to be in rural regions of the state, where access to higher education remained a challenge (Gaines & Spencer, 2013). Combined with the looming faculty shortage, the group recognized that a major change needed to be made in nursing education (Gubrud-Howe et al., 2003). From this original report, the ONLC, comprised of members of industry, regulatory agencies, and education (Lewis, 2010; Potempa, 2002; Tanner et al., 2008) developed a strategic plan to address the nursing shortfall in the state (Tanner et al., 2008).

The Oregon Consortium for Nursing Education (OCNE) was formed in 2001 as a direct result of the ONLC strategic plan (OCNE, 2012). Charged with increasing the number of baccalaureate-prepared nurses who were equipped to meet the health care needs of Oregonians, OCNE created committees to address specific areas in the formation of the transformative program (Gubrud-Howe et al., 2003). The steering committee developed admission criteria, set

guidelines for dual admission to community colleges and the university, established common guidelines for faculty and resource sharing and planned for sustainable funding through grants and other means (Tanner et al., 2008). The curriculum committee was a group of faculty who developed a shared curriculum, using the IOM reports and the health care needs in Oregon to determine content. They met regularly with the state board of nursing to be certain they met all regulatory criteria. As curriculum developed, they sought feedback from their individual school's faculty members. Finally, they worked to develop core case studies that were available to all schools (Tanner et al., 2008). A faculty development committee was formed to address the training needs of faculty and preceptors. As this was a new curriculum model, faculty sought input on using a competency-based curriculum and simulation (Tanner et al., 2008). Finally, a committee was formed to redesign clinical education for optimal use of limited resources. This involved the development of simulations that would increase in complexity and be spiraled throughout the curriculum (Tanner et al., 2008). Students were admitted for the first time to the new program in fall of 2006, six years after ONLC made the decision to transform Oregon's nursing curriculum (Gaines & Spencer, 2013; OCNE, 2012).

In a conscious effort to prevent content saturation, the OCNE curriculum was competency based (Gubrud-Howe et. al., 2003) where concepts were spiraled through the nursing courses (OCNE, 2012; Ross, Noone, Luce, & Sideras, 2009). Developed by faculty from both community colleges and the university, the curriculum was the same for the first five quarters, including same course outlines, course titles and course numbers (Tanner, 2010). Not only was the curriculum plan shared, but case studies and learning activities were shared (Lewis, 2010). Another feature of the OCNE curriculum was that it was framed around foci of care,

specifically health promotion, chronic care management, acute care, and end of life care (OCNE, 2012, p. 37). The curriculum promoted the use of simulation and activity-based learning in the classroom (Gubrud-Howe et. al., 2003). Simulation was also used in a case-based format to address clinical education needs (Gubrud-Howe et. al., 2003). Because of clinical site shortages, OCNE developed a unique clinical model where the concept and foci of care determine the clinical learning and not the site (Lewis, 2010; Tanner et al., 2008). Most importantly, OCNE served as mentors and leaders for other states wanting to change curriculum, readily sharing from the lessons they learned (Tanner, 2010).

The new collaborative curriculum experienced highs and lows throughout the development and initiation process. Early in the process, the group committed to developing shared vision and goals (Tanner et al., 2008). The groups agreed to consensus, rather than majority rule. Regular communication was seen as a necessity. Frequent work meetings were held. One unique feature was the commitment to changing the deep culture of higher education of nurses in Oregon (Gaines & Spencer, 2013). One example of this was the creation of clay buttons that were given out at various times, for various reasons. For instance, a purple heart button was awarded for the pioneers and a spiral button was awarded as the spiral curriculum was developed (Gaines & Spencer, 2013). An outside consultant was engaged to help with the change process and time was given to team building and developing trust (Gaines & Spencer, 2013; Tanner et al., 2008).

Even with all of these attempts to bring about the change smoothly, difficulties arose. With the release of the preliminary plan, constituents polarized (Tanner et al., 2008). It took a period of eight months of good communication to bring all parties on board, which ended with

the signing of an agreement (Tanner et al., 2008). Even so, only half of the group became full partners in the “first wave” (OCNE, 2012, p. 2). Another expected difficulty with the change was the student feedback and outcomes with the original group (Ostrogorsky & Raber, 2014). First of all, less than one third of students in the associate degree programs progressed directly on to baccalaureate completion (OCNE, 2012). While disappointing, this did increase the number of baccalaureate prepared nurses in the state. A second difficulty was with student feedback. Students reported dissatisfaction with advising and help in maneuvering through the process of registering for classes. After review of the student surveys, OCNE teams made necessary changes to the program (Ostrogorsky & Raber, 2014).

As this was the first major attempt at a collaborative curriculum, OCNE received a lot of national attention. Also, because of the number of grants received, particularly from the Robert Wood Johnson Foundation, a detailed report was released (OCNE, 2012). This report addresses nine research questions and eight key lessons learned through the process of creating a transformative collaborative curriculum in the state of Oregon (OCNE, 2012). The impact of OCNE on nursing education has been profound (Lewis, 2010; OCNE, 2012). “Nationally, OCNE has inspired nursing faculty around the country to engage in education redesign in order to align nursing education more closely with emerging health care needs and health care system changes, and to increase educational capacity for baccalaureate education” (OCNE, 2012, p. 31).

Hawaii Statewide Nursing Consortium (HSNC)

Like Oregon, Hawaii recognized the need to increase the number of nurses (Magnussen, Niederhauser, Ono, Johnson, Vogler, & Ceria-Ulep, 2013). In both states, access to education had to overcome a geographical barrier; Oregon is primarily rural (OCNE, 2012) while Hawaii is

comprised of various islands (Magnussen et. al., 2013). These geographical features made access to higher education and particularly nursing education, difficult.

The three goals which motivated Hawaii's move to a shared curriculum were:

- Increase the number of nurses prepared to meet the changing needs of the health of Hawaiians
- Increase transferability of courses
- Increase overall access to nursing education (Magnussen, et. al. 2013)

After educational leaders from both the University of Hawaii and community colleges met with Dr. Christine Tanner from OCNE, the faculty began a statewide curriculum redesign in 2005. The four goals of the consortium were:

- Design the statewide shared curriculum
- Include innovative clinical pedagogy, including simulation (Niederhauser, Schoessler, Gubrud-Howe, Magnussen, & Codier, 2012)
- Double the number of nursing graduates in seven years.
- Create more efficient use of limited faculty throughout nursing education (Magnussen et. al., 2013)

As with Oregon, a work group was formed. This group, made up of program directors, faculty from both the university and the community colleges, and community representatives were committed to the creation of a concept-based, spiraled curriculum, where “destuffing the nursing curriculum became a mantra” (Magnussen et. al., 2013, p. 79). They managed content overload by meeting with partners from the health care industry to determine the top health care needs of Hawaiians (Magnussen et. al., 2013). Unlike Oregon, the Hawaiian Statewide Nursing

Consortium (HSNC) used lifespan as a framework instead of foci of care (Magnussen et. al., 2013).

HSNC wanted to create and maintain faculty support. Workshops were planned and video conferencing was maintained throughout the change period. One faculty member created a newsletter with shared stories to help keep faculty engaged and enthusiastic. HSNC also created a graduate course for credit for faculty members to learn more about newer teaching pedagogies (Magnussen et. al., 2013). While all of these measures helped to make HSNC successful, in an evaluative study of the HSNC project, faculty reported that they felt overwhelmed by the extra work of creating a new curriculum (Tse, Niederhauser, Steffen, Magnussen, Morrisette, Polokoff & Chock, 2014).

Regionally Increasing Baccalaureate Nurses - (RIBN) North Carolina

Like Oregon and Hawaii, North Carolina recognized the shortage of nurses (Hall, Causey, Johnson, & Hayes, 2012). While RN to BSN programs existed in the state, nursing education leaders saw that at least two thirds of associate degree nurses did not pursue additional education. For those who did pursue an undergraduate degree following licensure, the average time to degree was over seven years (Department of Health and Human Services, 2010 in Hall et al., 2012). Because most professional nurses in North Carolina attended the convenient community colleges, nursing leaders began to look at shared curriculum models. Rather than considering a statewide model like OCNE and HSNC, North Carolina decided to adopt a model of regional centers. The regionally increasing baccalaureate nurses (RIBN) model was developed (Hall et al., 2012). The curriculum plan of RIBN is a three-year associate degree with one additional year to completing a baccalaureate degree (Hall et al., 2012). In this plan,

students take a higher academic load during the first three years and then begin working during the fourth year while completing twelve upper division courses (Knowlton, 2017). Similar to the other two state-wide programs, RIBN developed dual entrance criteria so that applicants would be accepted at both a community college and a university. While this eliminates the need for reapplication, such as is needed in a traditional RN to BSN program, it did mean that students accepted to the community college had to meet higher admission standards. Distinctive curriculum features of the RIBN model was the emphasis on gerontology and public health. Additionally, students in the RIBN model must pass their NCLEX licensure exam prior to beginning classes for their senior year at the university (Hall et al., 2012). RIBN was initiated in 2010 with one community college and one university participating (Didow & Bridges, 2013). It is projected that by 2020, partnerships will exist throughout the state (Didow & Bridges, 2013).

In order to address the shortage of clinical opportunities in North Carolina, a regional simulation laboratory was established with financial assistance from Duke University (Metcalf, Hall, & Carpenter, 2007). This innovation helped to meet the needs of nursing students at Western Carolina University, the community colleges in the western part of the state and Mission Hospitals (Metcalf et al., 2007). All parties bear a part of the financial responsibility for the nurse who administers the program. Not only does the regional laboratory help to make clinical opportunities for hospital staff and students, but it blends students and staff at different phases of their professional development (Metcalf et al., 2007). This has helped with the burden that Mission Hospitals has of being the clinical site for over 800 students annually (Metcalf et al., 2007).

California Collaborative Model for Nursing Education (CCMNE)

In 2001, around the same time that the ONLC was researching the nursing shortage in Oregon, the California Institute for Nursing and Health Care (CINHC) began discussing California's "nursing workforce issues" (Jones & Close, 2015, p. 335). At that time, California had the least number of professional nurses per capita in the country and projections were on a downward trend (Jones & Close, 2015). In addition to the nursing shortage, California recognized that they needed more highly trained nurses in the workforce (Boller & Jones, 2010). Unlike the previously mentioned states, and no doubt because of the crisis shortage in the nursing workforce, CINHC created a larger consortium by engaging not only educators and those in health care industry, but also policy makers, state agencies and foundations that supplied much needed revenue up front (Jones & Close, 2015). While creating a curriculum redesign was goal three of the plan, two schools in Sacramento, Sacramento City College and Sacramento State University formed a partnership in 2002. This regional collaboration became a model for future partnerships. In 2005, the governor established a task force to oversee the change process (Boller & Jones, 2010). From the start, the California model had government support and therefore was a top-down model of change.

The California Collaborative Model for Nursing Education (CCMNE) was formed in 2008. The goal of the CCMNE is to be "the most effective means by which California could educate the numbers of BSN-prepared nurses needed" (Jones & Close, 2015, p. 336). As in other models, CCMNE schools worked for seamless progression for students from the associate degree colleges to the baccalaureate granting universities. This was accomplished by:

- "Streamlining the admissions process" (Jones & Close, 2015, p. 336)

- Streamlining the transfer process from one institution to another
- Removing duplicate nursing courses
- Shortening the time needed to complete a baccalaureate degree (Jones & Close, 2015)

Additionally, CCMNE developed means to share scarce faculty between the community colleges and the four-year institutions. The end result was a shared curriculum that has significantly increased the number of baccalaureate prepared nurses in the state of California, increasing the total number of registered nurses between 2003 and 2015 by 69% (Jones & Close, 2015, p. 336).

CCMNE agreed upon five core components. They included:

- Integrated curriculum, meaning agreed upon general education courses and nursing courses, thus avoiding unnecessary repetition of courses
- Shared faculty between the community colleges and the universities
- Dual admission, when associate degree students are concurrently enrolled in post-licensure BSN programs
- Baccalaureate achieved within one calendar year after the associate degree is completed
- Ensure permanence and sustainability of the collaborating institutions (Jones & Close, 2015)

It should be noted that instead of creating a statewide consortium, CINHC encouraged all one hundred and thirty-two nursing programs in the state to work to establish local collaborative sites. In 2008, 23 nursing programs formed a total of five collaborative groups (Close et al., 2015). These collaboratives received grants from state funds, as well as Kaiser Permanente Health Education Fund and Foundation (Jones & Close, 2015). By using the collaborative

model, each area remained flexible. “The flexible design allows for and encourages local and regionalized tailoring of the ADN- to- BSN curriculum path to better serve the diverse population and extensive geographic challenges of the state” (Close et. al., 2015, pg. 681).

Comparison of Four Models

Of the four systems highlighted in this literature review, there are ways that they are similar and ways that they are unique. The primary similarity is that all four systems sought to remove barriers for the associate degree earner to complete the baccalaureate degree. This is in direct support of the Institute of Medicine’s goal of 80% of entry level nurses having achieved the baccalaureate degree by 2020 (IOM, 2011). All four states have recognized that the two primary barriers to increasing the professional nurse workforce are lack of nursing faculty and lack of clinical sites. Both of these issues are addressed in various methods in the plans that were developed. Another similarity is that each system implemented dual enrollment and removed duplicate courses for students transferring from a community college to a four-year institution.

There are differences between these four systems as well. First is the scope or range of the curriculum model. Oregon is a statewide curriculum model; North Carolina is regional; California is multi-regional (Close et. al., 2015). A second difference is in the group that acted as the initiating change agent. In Oregon, a group of interested nurse leaders from health care industry contacted nurse educators to begin the collaboration (Gubrud-Howe et. al., 2003). In Hawaii and North Carolina, nursing faculty members were the motivating agents. CINHC in California was an independent non-profit group that was responding to the urgent need for nurses in the state. Another difference was that California engaged legislators in the process early.

Throughout the time that plans were being made, the state passed a bill that “required the two state public education systems- CCC and CSU- to streamline nursing education progression by the fall of 2012” (Jones & Close, 2015, p. 337). The difference in the change agents for each system helps to accentuate the differences in the way change was realized. For example, in California, where change was urgent, a top-down approach was used.

Summary of Present Shared Curriculum Models

At present, new models for advancing the baccalaureate degree in nursing are being initiated in many states. A recent edition of *Nursing Education Perspectives* (Fitzpatrick, 2017) reported on 12 states where efforts are being made to increase the number of baccalaureate prepared nurses, and thereby meeting the IOM’s recommendation by 2020 (IOM, 2011). OCNE continues to be a role model for this change (Gubrud, Spencer, & Wagner, 2017). States like Rhode Island, New Jersey, and Arizona to name a few, have a competency based, shared curriculum (Sroczyński et al., 2017). New Mexico and Minnesota also have a concept-based, shared curriculum model (Giddens, Keller, & Liesveld, 2015; Graziano et. al., 2017). Many states, like Minnesota, Texas, and Wyoming, have looked to OCNE’s model when developing their own model (Anderson, Wells, Mather, & Burman, 2017; Graziano et. al., 2017; Reid, Tart, Tietze, Joseph, & Easley, 2017;). “The OCNE model, which provides the theoretical underpinnings for MANE (Minnesota Alliance for Nursing Education), includes five elements of shared curriculum development: partnership, collaboration, curriculum transformation, pedagogy reform, and clinical education redesign” (Graziano et., al., 2017, p. E3). Like North Carolina and RIBN, Ohio has honored regional differences and established regional alliances (Sharpnack et. al., 2017). Alabama, similar to California, has had “major health care leaders and

organizations” (Ratcliffe et. al., 2017, p. 259). Change is coming in nursing education and much of it is being initiated by grassroots leaders.

Grassroots Change Models

When looking at change, it is helpful to consider the type of change, the context the change is occurring in, and the approach to change (Kezar, 2014). Additionally, the agency or capacity for a leader to act is important to consider (Kezar, 2014). Change initiatives are frequently originated by top-down agents or leaders. There is a plethora of literature available on change frameworks that are begun and managed by those in formal leadership positions. However, in the academy, change frequently is bottom-up, initiated by faculty members who are motivated to change in order to maintain the highest level of pedagogy or content (Kezar & Lester, 2011). In this model, common change frames do not apply. Kezar (2009) stated that this bottom-up change “is fundamentally different from top-down initiatives – it takes longer, requires unique skills and strategies, encounters new challenges and involves more personal resiliency and commitment because it often involves questioning institutional norms and power structures” (p. 306).

A better model of faculty-driven change is the grassroots model, or tempered radical model proposed by Meyerson and Scully (1995). As business scholars, Meyerson and Scully developed the tempered radical model from a social science and business perspective (Meyerson, 2003). Kezar and Lester (2011) adapted it for use in higher education. Because it is important to understand Meyerson and Scully’s tempered radical model before looking at Kezar and Lester’s adaptation, in this section, Meyerson and Scully’s model will be examined first, followed by a discussion of Kezar and Lester’s adaptation. Additionally, several case studies where Kezar and

Lester's model has been used to describe faculty driven change in higher education will be presented.

Tempered Radical (Meyerson and Scully)

Meyerson and Scully were the first to use the term tempered radicals; those employees who upheld the goals, mission, and policies of the organization, but wanted to see positive change happen (Meyerson & Scully, 1995). Tempered radicals generally have no formal authority to lead change, and yet they are passionate to see improvements take place within their organization (Meyerson, 2003). They are committed to the organization and committed to a cause that may oppose the culture of the organization. Meyerson (2003) defined a tempered radical as one who rocks the boat while wanting to stay in it.

The term tempered radical was chosen to explain the person who is an agent for change (radical) and yet 'tempered' because they seek moderation (Meyerson, 2003; Meyerson & Scully, 1995). Much like steel that becomes stronger when it is tempered, the "tempered radical is able to live with the tension of being heated up, or tempered, about an issue and cooled to composure so they can live within the organization" (Meyerson & Scully, 1995, p. 7).

"Tempered radicals are therefore constantly pulled in opposing directions, toward conformity and toward rebellion" (Meyerson, 2003, p. 6).

A key characteristic of the tempered radical is ambivalence. "The dual nature of the tempered radical's identity creates a state of enduring ambivalence" (Meyerson & Scully, 1995, p. 588). Ambivalence means equally strong on both sides (Meyerson & Scully, 1995). According to Meyerson (2003), psychologists had recognized that ambivalence was a psychological reaction to those who were continually pulled in two different directions.

Meyerson and Scully (1995) argued that ambivalence was a better word to describe the tempered radical than compromise because compromise sought middle ground and sought to lessen the tension. Ambivalence suggests that both sides remain equally strong in the individual. This better presents the tension that the tempered radical lives with.

There were both positive and negative aspects for the tempered radical who maintained an ambivalent position in the organization (Meyerson & Scully, 1995). Positively, ambivalence aided the tempered radical to be both an outsider and insider in the organization. As an insider, the tempered radical knew the system and had networks that could assist in bringing about change. It was helpful to know the organizational culture and language. As an outsider, the tempered radical kept perspective and kept touch with what was outside of the organization. The second positive benefit to ambivalence was that the radical not only critiqued the status quo of the organization, but equally critiqued any proposed change. This gave the tempered radical a unique perspective. Finally, because of the ability to critique both the status quo and the proposed change, the tempered radical could advocate for both.

Ambivalence also had negative aspects (Meyerson & Scully, 1995). The first was that the tempered radical was seen as hypocritical by peers. This was because the tempered radical, who had strong opinions supporting both sides of an issue, argued for or against all sides of an issue. Their peers did not understand or accept that the tempered radical voices strong, contradictory opinions. To peers, the actions of the tempered radical appeared hypocritical. This perceived hypocrisy gave credence to another negative element which was that the tempered radical experienced isolation from both sides. Additionally, isolation exerted pressure on the individual tempered radical to espouse “only the voice of tradition” (Meyerson & Scully, 1995,

p. 588). Because of the tempered radical's desire to remain an insider, they continued to adapt to the language and culture of the insiders, while holding strongly to views which were contradictory to the norm. Finally, the on-going tension of ambivalence led to many emotional burdens including guilt, self-doubt, stress, anxiety, and role conflict (Meyerson, 2003; Meyerson & Scully, 1995).

Several strategies helped the tempered radical to create change. The first was to generate small wins. Meyerson (2003) stated that small wins encouraged people because they were doable and increased self-confidence. They minimized anxiety and personal risk (Meyerson, 2003, p. 105). Meyerson and Scully (1995) recommended creating small wins for several practical reasons; they facilitated big change by creating smaller, manageable changes; they could act as pilot change projects that reveal unexpected problems and revealed the organizations readiness for change; they could create momentum and a reputation for success; and they enabled the tempered radical to move quickly on opportunities. The downside to small wins was that they could detract the tempered radical from priority issues.

Another strategy according to Meyerson and Scully (1995) was for the tempered radical to take "authentic action" (p. 596). As it sounds, this meant the tempered radical acted according to their beliefs and values, even if they differed from the culture or practice of the organization. A third strategy was to use the language of the organization to propel change forward (Meyerson & Scully, 1995). As an insider, the tempered radical understood the language of the organization which could help to support the agenda for the change. Using language strategically helped the tempered radical communicate effectively with both groups. For example, in a higher education setting, the tempered radical spoke to faculty of the necessary change as meeting the need for

evidence-based pedagogy, and when speaking to administration could present the need for change from the viewpoint of positive academic capital (Kezar & Lester, 2011). The last strategy that Meyerson and Scully (1995) recommended was for the tempered radical to maintain strong affiliations with members of both insider and outsider groups. This could help the tempered radical preserve freshness and maintain sources of information and connection with both groups.

From the combined work of Meyerson and Scully (1995), Meyerson (2003) continued research on tempered radicals. Her ethnography of over one hundred radicals aided her in the development of a five-point framework that addressed tactics, obstacles and resiliency of the tempered radical. Her framework was a continuum of how tempered radicals made a difference. The spectrum moved from individual action to organizing collective action and included resisting quietly and staying true to one's self; turning personal threats into opportunities; broadening the impact through negotiation; leveraging small wins; and organizing collective action (Kezar & Lester, 2011; Meyerson, 2003). According to Meyerson (2003), the five steps were incremental and built from the individual's personal commitment to group effort.

The tempered radical framework addressed things such as challenges and obstacles. The first obstacle Meyerson identified was that of ambivalence (Meyerson, 2003). The second challenge was a strong lure for co-optation. While organizations embraced change, most rewarded those who supported the organization's status quo. The tempered radical could fall prey to co-optation by using insider language or adopting professional group image in order to prove their organizational loyalty. They could comply with preassigned roles in the organization while waiting for a better time to move change forward. Meyerson (2003) stated these were all

“mechanisms that take people down a path of compromise and ultimately co-optation” (p. 153).

Third, the tempered radical could experience damage to reputation by appearing to be a person who was disloyal or could only see one issue. Last, frustration plagued the tempered radical engaged in change. Over time, this on-going frustration could lead to burnout.

However, along with the challenges and obstacles, Meyerson (2003) claimed that an organizational culture or subculture that demonstrated acceptance and/or openness to change could validate and champion the efforts of the tempered radical. The “tempered radicals reflect important aspects of leadership that are absent in the more traditional portraits. It is leadership that tends to be less visible, less coordinated, and less vested with formal authority” (Meyerson, 2003, p. 171). As such, it was able to be more easily activated and opportunistic, seizing important occasions for needed organizational change. In summary, “Meyerson’s framework offers a way to conceptualize all the facets of grassroots leadership together and look at the interaction of these various component parts” (Kezar & Lester, 2011, p. 39).

Meyerson’s tempered radical model appears in research. For example, in a study on anti-harassment at Canadian universities, Westerman and Huey (2012) used the tempered radical model to explain how the respondents were working towards change within the university while still supporting the organization’s mission. In another study, Ngunjiri, Gramby-Sobukwe, & Williams-Gegner (2012) reported that throughout American history, black women clergy leaders have struggled with their call to ministry. Meyerson’s model was used to organize the stories of thirty-one contemporary clergy in their survival and thriving “against the stained-glass ceiling” (Ngunjiri et al., 2012, p. 104). These are two of many other examples of Meyerson’s model used in research.

Grassroots Leadership Model (Kezar and Lester)

Meyerson (2003) and Meyerson and Scully's (1995) work was developed from their work with business and professional organizations. Using this work as a foundation, Kezar and Lester (2011) believed that faculty grassroots change agents faced different and unique challenges in academia. They stated that Meyerson's frame helped to understand faculty and staff leaders, examined different approaches and tactics of grassroots leaders, identified obstacles and challenges, recognized the importance of resiliency, and emphasized motivation, group dynamics and collective identity (Kezar & Lester, 2011). However, it did not account for some of the nuances of higher education. "What we are lacking is a comprehensive understanding of the experiences, role, strategies, and practices of bottom-up or grassroots leaders in educational settings. We also know very little about how bottom-up and top-down efforts work in concert" (Kezar & Lester, 2011, p. 8). Evolving from Meyerson's (2003) conceptual framework), they identified three frames; individual, group and organization. Each frame had three components (see Figure 1). In their opinion, while administration (top-down) was frequently charged with initiating and managing change, it was efforts of faculty and staff (bottom-up) that drove most change on the campus (Kezar & Lester, 2009). They maintained that faculty "represent the core human resource of higher education, the stewards of campus decision making and leadership" (Kezar & Lester, 2009, p. 717). According to Astin (2012), Kezar and Lester's (2011) grassroots leadership model was the first "of its kind to look at how bottom-up leadership (leadership from faculty and staff) can operate and succeed within the academy" (p. 338).

Model explained. Similar to Meyerson’s frame, Kezar and Lester (2011) began with the individual who was not in a formal position of leadership but was passionate about change while remaining in the organization. Because of the internal conflict that this represented, the individual needed to find ways to support individual resiliency. This resiliency might come from internal factors such as maintaining personal vision, keeping a realistic perspective, maintaining balance, staying optimistic, practicing inner reflection and keeping a sense of humor. Resiliency was also supported by external sources such as collegial networking, off-site campus engagement, and family.

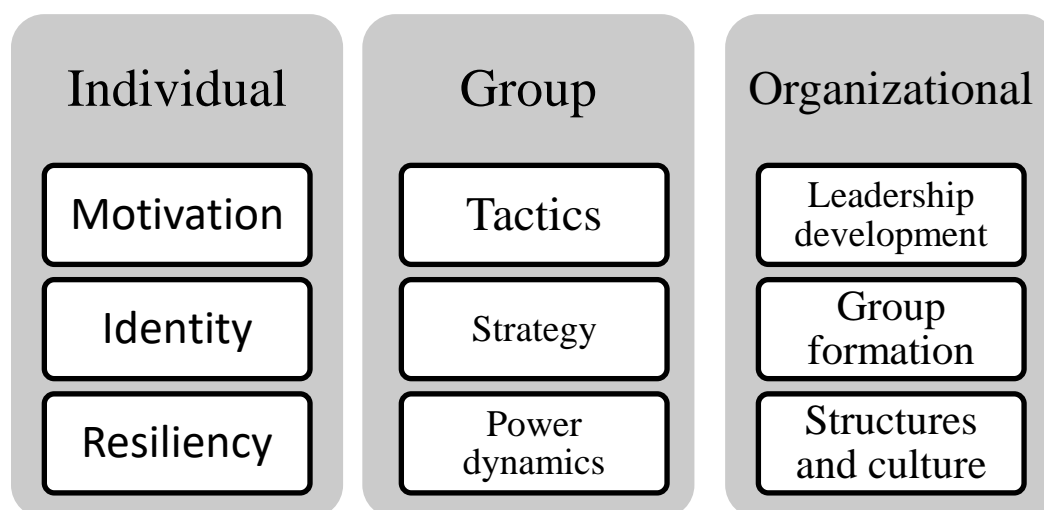


Figure 1. Grassroots Leadership Model (Kezar & Lester, 2011, p. 40)

In order for grassroots leaders to effectively lead change, they needed to work in groups. In Kezar and Lester’s model (2011, p. 106), the group frame identified three subcategories: strategy, tactics, and power dynamics. Kezar and Lester (2011) differentiated strategies from tactics by stating that “strategy is a set of principles that outline an overall approach while tactics are specific methods or techniques to achieve a specific objective or goal on the way to creating change” (p. 97). The strategy identified in higher education was to work within the academic

culture. That would include such strategies as identifying how the proposed change would support the institution's mission and vision, as well as appealing to the academic culture that embraces scholarship and evidence. Tactics which worked in higher education included raising conscientiousness in the classroom and in professional forums, building relationships with like-minded colleagues, hiring and mentoring sympathetic supporters, garnering resources through the use of data (evidence) and grant money, and gaining external support. Power dynamics in the academy could range from microoppressions to more overt oppression. Actions included silencing, avoiding, ignoring, to more overt forms such as working to have a grassroots leader fired. Tactics the grassroots leader could use included developing coalitions and networks, creating internal and external networks, making small wins, and "reframing ideas to make them less controversial to others" (Kezar & Lester, 2011, p. 171).

"Grassroots leadership literature tends to deemphasize organizational theories and concepts because such leadership is generally seen to reside outside institutional contexts" (Kezar & Lester, 2011, p. 330). However, for change to take place within an organization, bottom-up must eventually meet top-down leadership (Kezar & Lester, 2011). There were multiple obstacles, or challenges, that were encountered in the organizational level of the model. Kezar and Lester (2011) grouped these into the area of leadership development, group formation and structures, and culture. Particular to the intended study, however, were the organizational obstacles within the team. Kezar and Lester identified these are intergroup conflict, divergent vision, and group consciousness and solidarity (p. 135).

Model concepts. Figure 1 shows the nine concepts that Kezar and Lester (2011) identified as challenges or obstacles that grassroots leaders face in the process of change. As the

proposed study will use the model to analyze the data collected, it is necessary to describe each characteristic so they will be recognized in the data collected. The characteristics of motivation, identity and resilience identify reasons why a person becomes involved and stays involved in a grassroots change initiative. Strategies, tactics and power are characteristics found in the group involved in grassroots change. Finally, leadership development, group formation and structures and cultures look at the organizational aspect of grassroots change.

Motivation. Motivation is the intrinsic or extrinsic principle that causes a person to act. Motivation has frequently been explained using identifiers of expectancy, value and cost. For example, people feel motivated to be involved in something if they expect they will be successful, they see value in participating, and they believe personal cost will not be great. Deci and Ryan (2000) identified this as a self-determination theory, where the “innate psychological needs for competence, autonomy, and relatedness” were met (p. 227). Wells and Short (2010) used Deci and Ryan’s theory to examine the motivation of twenty-eight faculty members who voluntarily engaged in a summer research institute. While most faculty members in the group worked at institutions that supported their work in research, the bigger motivator was the intrinsic commitment to and interest in the research.

Two studies demonstrated the importance of motivation in top-down learning assessment initiatives. In a quantitative study of 118 faculty members, results demonstrated that they were more likely to have buy-in to the project when they perceived personal value (Sujitparapitaya, 2014). The personal value could be intrinsic (personal interest, personal gain on resume) or extrinsic (value to the department) in nature. A qualitative study by MacDonald, Williams, Lazowski, Horst, and Barron (2014) demonstrated that faculty involvement in a top-down

assessment initiative was greater when faculty expected it could be accomplished without much personal cost to themselves and that the data collected would be of value to their teaching. In this case, the researchers suggested administration could improve motivation by addressing these three factors.

According to Kezar and Lester (2011), individuals who became involved in grassroots movements were generally motivated by passion or self-interest. Zander (1990 in Kezar & Lester, 2011) stated that grassroots leaders are frequently committed to a cause. This commitment was a strong, intrinsic motivator.

Identity. According to Kezar and Lester (2011), identity “refers to the characteristics that make up the individual” and “make one identifiable as part of a group” (p. 41). In the study described in their book, Kezar and Lester looked to the self-described identity of each respondent to analyze how “their identity shaped their activities” (p. 71). In the concept of “grassroots leadership teams” (Lester & Kezar, 2011, p. 106), identity took on a corporate meaning of “individuals who are connected through norms, beliefs, rituals, and values” (p. 108), which spoke of the group culture.

Resiliency. The American Psychological Association (as cited in Allison-Napolitano, 2014) defined resilience as “the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means “bouncing back” from difficult experiences” (Allison-Napolitano, 2014, p. 11). This definition has been seen consistently in various forms throughout the literature on resilience. For example, Luthar, Cicchetti, and Becker (2000) defined resilience as a “dynamic process encompassing positive

adaptation within the context of significant adversity” (p. 543). Wolin (2003) defined resilience as strength in struggle. Muller et al. (2014) added that resilience was an “ability to withstand and overcome adverse experiences/situations rebounding to become more adept and self-confident when faced with future challenges” (p. 548).

Well-known writer and researcher on the subject of resilience, Ann Masten (2013), identified resilience as the ability of a person or system to “recover from significant disturbances” (p. 280) and to move forward. Masten’s work focused on the response of children and youth in a variety of adverse situations. Distinctive groups of children included homeless children (Masten, 2012), children who survived disaster (Masten & Osofsky, 2010), victims of global violence and other adversities (Masten, 2014), and children of military families (Masten, 2013). Although the emphasis of Masten’s work was on childhood growth and development, her extensive work can offer guidelines for anyone examining resilience for any age group.

Wagnild and Collins (2009) contributed to the definition of resilience by describing characteristics of the person who displayed resilience. These characteristics included traits such as “purpose, perseverance, equanimity, self-reliance, and existential aloneness” (p. 29). Their defining characteristics have been developed into an assessment tool used in identifying characteristics of resilience in adults. Wolin (2003) also used characteristics to help define resilience: insight, independence, relationships, initiative, creativity, humor, morality. Friborg, Martinussen, and Rosenvinge (2006) identified five components included in the concept of resilience; personal competence, social competence, family coherence, social support and personal structure. While many studies have been conducted on resilience, the term has not been universally defined by researchers.

Kezar and Lester (2011) identified characteristics of resiliency as intrinsic or extrinsic. Intrinsic factors included things such as maintaining personal vision, staying optimistic, maintaining balance, keeping a sense of humor, practicing inner reflection, and keeping a realistic perspective. Extrinsic factors included networking with other grassroots leaders, grassroots leadership development, engagement in the greater community, and supportive family members. Both internal characteristics and external support networks were needed to maintain resiliency. Kezar and Lester (2011) stated that “all the grassroots leaders in our study found networks, friends, family and places to regroup and find resiliency” (p. 95).

Strategy. The next three topics, strategy, tactics and power, looked specifically at the group level of change. Kezar and Lester (2011) defined strategy as an overarching principle to achieve a goal. They said that strategy was not as important in a grassroots change because strategy was often not planned but opportunistic (Kezar & Lester, 2011, p. 325). That was not to say that grassroots change did not have strategic plans. In fact, Kezar and Lester (2011) pointed out that the Industrial Areas Foundation (IAF) and its founder, Saul Alinsky, relied on strategies that kept the main goal in focus and formed power units. In regard to power, Kezar and Lester (2011) stated that strategy depended on leadership style. These styles included a confrontational style, a consensus building approach and a political style of campaigning or persuading (Kezar & Lester, 2011).

In the context of higher education, Kezar and Lester (2011) stated that education itself could be a strategy. They gave three reasons for their position. The first reason was because the grassroots leader could tie the innovation to the mission and goals of the educational institution. Second, tying the innovation to the educational mission prevented criticism and barriers. Third,

using education as a strategy helped to align with the pre-existing culture of the institution and its members. This created easier buy-in. For these three reasons, Kezar and Lester (2011) saw using the educational stratagem a good strategy in higher education.

Tactics. Tactics are the specific means and ways that the action is accomplished. Tactics are what help to organize people for action. Grassroots tactics differ from top-down tactics in that the tactics are shared by the group. For example, a traditional organizational tactic could be to form a vision that would be disseminated by a small group or leadership team. As a grassroots tactic, vision formation is done by the group in the network, and the group works to connect others to the vision. Another tactical difference is seen in communication styles. In a top-down model, communication is through formal means; newsletters, presentations, regular forums. Grassroots communication relies heavily on informal means, such as email and face to face conversations (Kezar & Lester, 2011). Additionally, the researchers found that grassroots groups used multiple forms of networking resources to stay connected. These included such things as social media, weblogs and wiki-documents (Kezar & Lester, 2009). These informal network measures were invaluable in group communication.

From their study, Kezar and Lester (2011) identified nine tactics commonly found in higher education grassroots endeavors. They are listed here:

- Organizing intellectual opportunities, such as forums, debates, on-going lecture series
- Creating professional development opportunities such as off-site in-services
- Leveraging curricula and classrooms as forums

- Working with and mentoring students. Here the authors noted that there is nothing “more compelling to administrators than having a major constituent group like students support an initiative” (Kezar & Lester, 2011, p. 111)
- Hiring and mentoring like-minded faculty
- Garnering resources and support, such as securing grants
- Using data to tell a story. In higher education, the use of research and evidence makes a compelling point for change.
- Joining in and using existing networks, such as local, state and national initiatives
- Partnering with key external stakeholders, such as alumni and key business people (Kezar & Lester, 2011, p. 106)

In a later work by Kezar (2014), these same nine tactics were categorized by underlying concepts which were used in bottom-up or top-down change initiatives. In this categorizing, four concepts emerged which were “mobilizing, aligning and energizing people for action; creating infrastructure for change; motivation garnering support, creating networks; and raising consciousness, mobilizing people” (p. 117).

Power dynamics. Kezar (2014) defined power as the “ability of a person to influence or exercise control over others” (p. 94). Over the past two decades, the paradigm in higher education has been experiencing change, moving from directive power to participative power (Kezar, Carducci, & Contreras-McGavin, 2006), moving to influence rather than authority. While power is seen through a variety of frames (Bolman & Deal, 2013), power is still viewed as bureaucratic and administrative, and therefore in contrast to grassroots initiatives (Kezar, 2014). Meyerson (2003) spoke of the tempered radical as one who resisted power, or authority. Kezar

and Lester (2011) suggested a spectrum from least overt to most overt; microaggressions, silencing, controlling, stalling tactics and oppression. They proposed seven techniques for “navigating power dynamics” (Kezar & Lester, 2011, p. 164). These included “flying under the radar, creating internal and external networks, developing coalitions and networks, building bridges, recognizing and naming power, making modest changes and reframing issues” (Kezar & Lester, 2011, p. 165).

Leadership development. The final three topics focus on the organization and therefore may point to more formal leadership models (Kezar & Lester, 2011). Because of this, it may be out of the scope of the individual grassroots leader. Administration and top-down leadership can help to encourage grassroots leadership development among faculty and staff. One reason that administration may want to be involved in this initiative is that, as Kezar and Carducci (2007) pointed out, the traditional understandings of leadership development as top-down and power-control was not meeting the needs of today’s organizations. They stated that “leadership is inherently a team process or a social movement” that needs “to broaden leadership development to include non-positional leaders at the grassroots level” (p. 15).

In a commentary on faculty involvement in campus leadership, Kezar, Lester, Carducci, Gallant and McGavin (2007) identified that the development of faculty leaders “is threatened by a number of trends” (p. 14), not the least of these was the rise in adjunct and part-time faculty. Kezar and Lester (2009) found that in addition to more part-time faculty, there were multiple issues challenging faculty leadership, such as the increased emphasis on research and publication. Administration could help develop faculty leadership by recognizing leadership as service to the organization (Kezar & Lester, 2009). They could also demonstrate support by

empowering grassroots leaders (Kezar & Carducci, 2007). From a bottom-up perspective, Kezar and Lester (2011) suggested that mentoring and coaching would be informal means to develop grassroots leadership within the organization. Mentoring could lead to deep socialization and could be seen as a strategy to grow leaders (Kezar, 2010; Kezar & Lester, 2009). As discussed previously in the literature review, mentoring has been recognized as a positive means of faculty development but rarely happens because it has added to faculty workload.

Group formation. Group formation in Kezar and Lester's (2011) model appeared as an organizational concept. In reality, it was a group process as well as an organizational process. In grassroots efforts, groups often began informally, but over time, moved to accepted group norms and structure (Kezar, 2014). Tuckman and Jensen's (2010) idea of group stages; forming, storming, norming and performing, has been widely used (Betts & Healy, 2015) and may be helpful in looking at how groups operate. In formation, group members get to know each other, and trust begins to develop. Trust is an essential component in group formation (Kezar & Lester, 2011; Tuckman & Jensen, 2010). Over time, as new members enter the group, orientation to group norms and shared values must be reviewed (Kezar, 2014). Following forming, the group enters the storming phase (Tuckman & Jensen, 2010). This emotionally charged phase can be a time of conflict (Tuckman & Jensen, 2010). In their review of multiple studies on group work, Tuckman and Jensen discovered that other researchers observed dissatisfaction among group members, increasing frustration, anger, hostility and conflicts. As the group worked through this phase, they entered a phase of norming, or as Braaten (1975, in Tuckman & Jensen, 2010) identified, "the mature work phase in which norms are resolved and interdependency and trust formation are apparent" (p. 46). This and the performing stage are when "group energy is

channeled into the task” and “solutions can appear” (Betts & Healy, 2015). Kezar (2014) stated that group formation was a necessary process to ensure that varying perspectives will be heard. Kezar and Lester (2011) identified the group formation as one of the most necessary but challenging parts of the grassroots change process.

Structures and culture. Peterson and Spencer (as cited in Kezar & Eckel, 2002) defined organizational culture as “the deeply embedded patterns of organizational behavior and the shared values, assumptions, beliefs, or ideologies that members have about their organization or its work” (p. 438). It was the context in which identity is formed, altered or adapted (Mills, Bettis, Miller, & Nolan, 2005). Kezar (2014) added that institutional culture may include history, values, symbols, language, artifacts, rituals and ceremonies (p. 99). Kezar (2014) stated that change was more successful if it was consistent with culture: Kotter (2007) stated that one reason change efforts fail was that they were not aligned with the organizational culture. He also stated that changing a culture takes time. Kezar (2009) added that “deep change typically takes 10 to 15 years” (p. 21). In a case study of six institutions, Kezar and Eckel (2002) found that culture played a significant role in the success or failure of a change initiative. Among the six institutions in their study, each did very different types of change and if the change aligned with the organizations culture, the change was more likely to be successful. They suggested that “leaders might be more successful in facilitating change if they understood the cultures in which they were working” (Kezar & Eckel, 2002, p. 457).

Obstacles and challenges. In addition to the grassroots leadership model, Kezar and Lester (2011) discussed the obstacles and challenges faced by grassroots leaders, using the model framework. They posited that while some of the challenges may be similar to those faced by all

leaders, such as divergent vision and high turnover; they also held that some challenges are specific to grassroots leaders. Group support is more keenly felt in grassroots endeavors; therefore, intergroup struggles pose more of a problem (Kezar & Lester, 2011, p. 289). Kezar and Lester (2011) developed a model to depict these challenges (see Figure 2). The model was presented in reverse order from the previous model because grassroots leaders face organizational barriers, that can lead to group struggles, which take an emotional toll on the individual (Kezar & Lester, 2011, pp. 121-123). Kezar and Lester (2011) stated that for those involved in grassroots movements, “the more prevalent challenges noted in the literature are the stigma and emotional toll required to constantly challenge the status quo” (Kezar & Lester, 2011, p. 122-123).

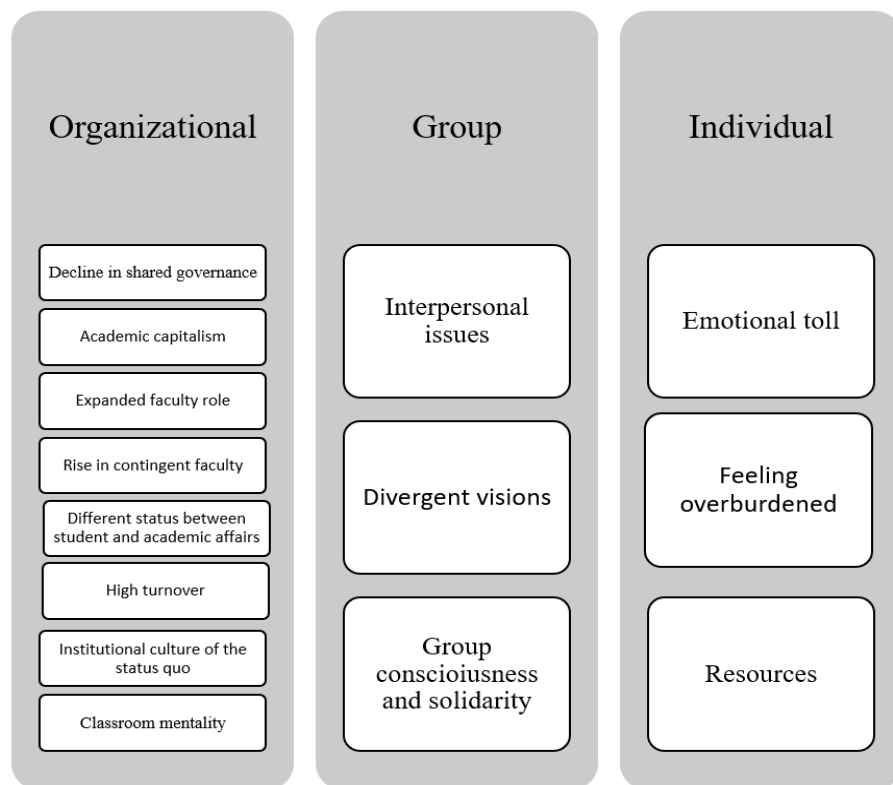


Figure 2. Challenges and Obstacles Faced by Grassroots Leaders (Kezar & Lester, 2011, p. 123)

Model used in research. The grassroots model has been used in higher education research. In a purposeful case study of 165 faculty and staff grassroots leaders, Kezar, Gallant, and Lester (2011) reinforced the previous work of Kezar and Lester (2009) by concluding that grassroots leaders recognized the need for change and wanted to see change take place but were not in formal positions to enable change. Using conceptual frameworks of grassroots leaders and tempered radicals, their research added to work of Bensimon and Neumann (1994) that stated that vision was more effectively developed in collaboration with others. It also supported Kezar and Lester's (2011) previous work that posited that grassroots vision and mission could be successfully shared through emails and other electronic networks. The case study established trustworthiness by describing the context of the participants, making certain that each site was visited by more than one researcher who spent significant time on each campus, interviewing leaders as well as those who worked with them, and having multiple researchers review the data gathered. The results of the study revealed nine tactics (listed previously) common to grassroots leaders that helped to successfully created change. The use of tactics varied according to the type of institution, but each tactic was reported from faculty and staff at several different settings.

Goldfien and Badway (2015) conducted a qualitative case study to examine how thirteen faculty leaders at four community colleges instituted a new STEM curriculum. All four institutions used the same curriculum. The researchers used Meyerson's tempered radical model (Meyerson & Scully, 1995) and Kezar and Lester's work to identify faculty leadership. The assumption of the researchers was that tempered radical faculty leadership "was a critical element in successful implementation" (Goldfien & Badway, 2015, p. 315).

The data obtained from the four colleges support various aspects of Kezar and Lester (2011) grassroots change model. Pathfinder Community College (PCC), where the initial program was developed, used tactics of leveraging small wins (Kezar & Lester, 2011, p. 35) and obtaining grant funding (Kezar & Lester, 2011, p. 106); recognized power dynamics by “creating internal and external networks” (Kezar & Lester, 2011, p. 165); and maintained individual resilience by networking with like-minded colleagues (Kezar & Lester, 2011, p. 201). Obstacles to the curriculum change were encountered as evidenced by Do-It-Yourself College (DIY). Typical of many grassroots changes, faculty members were initially enthusiastic, but support for the change faltered as faculty workload increased in other areas (Goldfien & Badway, 2015). Outsider College (OC) experienced even greater problems when an outside coordinator was hired. Because the outside coordinator did not understand the culture, hierarchy or structure at OC, the coordinator was unable to lead the grassroots change. This failure supports the basic premise of grassroots leadership that leaders work from within. Finally, Opportunistic College (OpC) experienced long range success as the leader developed strong partnerships with stakeholders and employed power dynamics by creating a strong shared vision and developing a cohesive team (Goldfien & Badway, 2015; Kezar & Lester, 2011). Similar to Kezar and Lester’s findings (2011), Goldfien and Badway (2015) concluded that the implementation of the curriculum was influenced by the culture and context of the institutions.

In a qualitative study, Perry (2014) interviewed three faculty leaders who all engaged in a similar change initiative. Although in each case, the faculty members had no formal position of authority, each did have the support of their deans and were recognized as the project leaders by their peers. Additionally, each received remuneration for their work. Kezar and Lester (2011)

identified three frames used by grassroots leaders; individual, group and organizational. Perry used this structure to present the results of the study.

From the individual frame, the leaders demonstrated characteristics of tempered radicals. Each faculty member was a part of the faculty group and each had an internal motivation to see change take place (Perry, 2014). In each case presented, the leaders shared sources of support, such as networking with like-minded faculty and creating small wins. These positive actions added to their resiliency (Perry, 2014).

In the group frame, the three leaders used strategies that were “educationally oriented and grounded in academic culture” (Kezar & Lester, 2011, p. 41). Each leader employed power dynamics by maintaining support of administration, creating a sense of urgency, and creating broad support networks (Perry, 2014).

One aspect of the organizational frame that appeared in all three cases was “market-like behaviors” (Kezar & Lester, 2011, p. 250). As resources and funding for higher education continue to decrease, this tactic can help to engage other departments and administration, strengthening the change effort. In Perry’s study (2014), each faculty leader engaged in this activity by showing how proposed changes would increase enrollment, increase college reputation by being linked to the Carnegie project, and improve local funding.

In recent research in higher education, Borregard (2016) interviewed Southcentral Kentucky Community and Technical College faculty involved in grassroots change initiatives. The purpose of her study was to examine “the perspectives of grassroots leaders who have engaged in bottom-up change efforts on a community college campus” (Borregard, 2016, p. 123). Her work focused on motivations, obstacles and the tactics used in change. While the

change projects were different, Borregard was able to identify similar characteristics from her grassroots leaders. She found that passion and a sense of personal responsibility were key motivators for the respondents. Similar to the work of Kezar and Lester (2011), the respondents used networking, mentoring, buy-in, professional development and data as tactics for their change projects. Finally, the respondents identified obstacles such as lack of administration support, lack of solidarity, and difficulty overcoming the status quo. As faculty and staff duties increased, the respondents stated that their zeal waned as they felt overburdened. On a positive note, Borregard indicated that each of the eight respondents discussed how personal resilience was a key in their success.

Finally of note is that in 1996 the Robert Wood Johnson Foundation awarded grants to twenty individual grassroots nursing workforce initiatives (McKay & Hewlett, 2009). A reflective report on lessons learned identifies ten key strategies that have worked on building two statewide nursing coalitions. While not directly linked to Kezar and Lester's model (2011), there are several strong similarities. For example, the tactic of networking with key stakeholders was important. It was also important to make and maintain good networks with political allies. Garnering financial resources was necessary for success. And finally, using a variety of means to communicate the issue with multiple people was essential. While not specifically mentioning either Kezar and Lester or Meyerson, those involved with grassroots changes in nursing workforce issues recognize similar tactics to the two models discussed in this paper.

Relevance of the Synthesis for the Research

The purpose of a literature review in qualitative research is multi-dimensional. It can help to discover what has already been written about the topic (Punch, 2013). It can flesh out a

theoretical framework (Tracy, 2013). It can help to formulate the research question (Yin, 2014). Tracy (2013) likened a literature review to a puzzle whereby the researcher could put together the pieces of what was already known and could expose the pieces of the puzzle that were still missing (p. 100).

In this literature review, I have given the history of the changing climate in health care and the need for change in nursing education. In particular, the landmark report by IOM (1999) made change imperative for the safety of health care recipients. This report has served as the catalyst for a host of changes in health care, not the least of these is nursing education. It is essential for the reader to understand the context in which the current change is occurring.

In addition to the IOM report, the Carnegie Foundation's report on nursing education was another catalyst for change (Benner et al., 2010). Recognizing that old methods of instruction will not adequately prepare the nurse of the future has had a significant impact on nursing education. Again, this is necessary for the reader to recognize.

While change in nursing education is essential, there are two major challenges that must be addressed. The first challenge is the lack of faculty. This challenge is complex. There is a nursing shortage that cannot be addressed without adequate faculty to teach. However, the shortage means that there are not enough nursing faculty members either. Recruiting and retaining qualified faculty members is complicated by financial reimbursement, workloads, and job stress. Lack of job orientation, support, and mentoring adds to the difficulty in retaining faculty members. The difficulties faced by nursing faculty lead to lack of job satisfaction and poor retention. The preceding literature review has attempted to paint a clear picture of the nursing faculty shortage that has been well documented in literature.

Additionally, I presented two areas that are making curricular change challenging. The first is content saturation. More and more content has been added to curriculum. Finding a way to manage curriculum has been explored in nursing literature. One method that I have presented is the use of a concept-based curriculum. A second problem that plagues nursing education is clinical education. This problem exists in part because of the higher acuity of inpatient clients and a lack of clinical sites that will accept nursing students. Nursing education literature abounds with different clinical modalities, such as simulation, and alternative clinical experiences, which is outside of the scope of this study. However, I will be looking at the OCNE model as one method that is being used for clinical education in MANE.

In the literature review, I have alluded to the changes to nursing education that are taking place throughout the country. At the writing of this review, only several models were available for exploration. I presented four shared curriculum models. Brief exposés were available from a variety of states, but aside from the Oregon model, little research was available on what was being done to increase the number of baccalaureate prepared nurses (Gubrud et al., 2017). As Tracy (2013) wrote, this is a missing piece in the puzzle (p. 100). The literature review supports the proposed case study, which seeks to understand why and how the Minnesota Alliance for Nursing Education came into existence and was implemented.

As previously stated, the literature is resplendent with change frameworks. However, when I looked at a faculty-initiated change, Kezar and Lester's (2011) grassroots model seems to be the best fit for this research. Their work has largely been focused in higher education among faculty and staff. The model I proposed by Kezar and Lester (2011) has three frames with three

components each. I presented each component separately with the idea that these components may appear in the research and may help with the interpretation of the data that is gathered.

Several studies in higher education were presented that have used Kezar and Lester's (2011) work, including a recent dissertation, similar to this proposed study in higher education, where faculty were involved in grassroots change (Borregard, 2016). Borregard's (2016) dissertation used case study methodology, as did the study by Goldfien and Badway (2015) and Perry (2014). Kezar and Lester (2011) used case studies as a research method in their work on grassroots leadership and change. While not a distinct section in the literature review, the studies I found revealed that each one used the case study method, which supports the use of that methodology for this dissertation.

In this literature review, I have explained the context of the study. I have uncovered areas that may be considered in the research as well as helped to select a framework for the study. Most importantly, I have exposed the lack of research available in a current phenomenon of shared curriculum models designed and implemented by faculty members in higher education.

Summary

The new millennium saw many changes in health care. Many of these changes began because of shortfalls in safe health care quality and the number of health care providers. Ultimately, the changes called for transformation in the way health care professionals were educated. In nursing education, several difficulties were becoming more severe. The shortage of nursing faculty continued to hinder the number of applicants entering professional programs. Once admitted, overloaded curriculum content as well as the shortage of clinical sites hindered student success. Innovative programs attempting to increase the number of baccalaureate

prepared nurses have sprung up around the country. Most have been initiated by administration and top-down leaders, but some have started as grassroots, faculty driven changes. As Kezar and Lester (2011) stated, much of the change in higher education begins with grassroots, faculty driven initiatives. They have written about grassroots change in higher education, but little other research is available on this topic at this time (Kezar & Lester, 2011). The scarcity of research on the topic of grassroots, faculty driven change and the lack of data on a collaborative nursing curriculum were elements motivating this study.

Chapter III: Method

A complex situation exists in the education of professional nurses. Because of the rapidly changing health care needs in the United States, the rising costs of health care, and the shortage of nurses and nursing faculty, nursing education has been seeking for ways to effectively teach professional nurses to meet these future needs. With financial and resource restrictions, institutions of higher education have pressured nursing, along with other disciplines, to find ways to streamline content and methods. From this quagmire of challenges, various answers are arising. In particular, several states have attempted to streamline pathways for students to complete a baccalaureate degree in nursing. In Minnesota, the Minnesota Alliance for Nursing Education (MANE) was created to help increase the number of baccalaureate prepared nurses practicing within the state. The formation and implementation of this unique answer to the state's nursing shortage is the focus of this research. Specifically, this research asks the questions: why MANE, and how did this happen?

Research Design

The plan the researcher uses to collect and analyze data is called the research design (Polit & Hungler, 1999). Selecting a research design is a rigorous process that can be time consuming (Baxter & Jack, 2008). However, this time is well spent in creating a quality final product (Booth, Colomb & Williams, 2008). The research design is one way that the researcher determines what kind of data will be gathered and how that data will be used. The research design elaborates variables, timing and location of data collection and structure of the final report (Polit & Hungler, 1999). In designing the research, the researcher must decide if comparisons will be made between groups, or if only one group will be considered in the study. Polit and

Hungler (1999) stated that a good research design includes the relevance of the research question, addresses biases, includes measures taken to insure precision of data and gives evidence that the results of the study are reliable and valid.

For this qualitative study, a case study design was used. Yin (2014) stated that “a case study is an empirical inquiry that investigates a contemporary phenomenon (the “case”) in depth and within the real-world context, especially when the boundaries between phenomenon and context may not be clearly evident” (p. 16). The goal of this inquiry was to give an accurate description of the case (Cronin, 2014) by seeking to answer “how” or “why” questions (Yin, 2014). It should be noted that Kezar and Lester (2011), whose work serves as the theoretical framework for this study, have used case study methodology in their research on grassroots change.

The use of case study as a research methodology has been criticized for its lack of rigor (Yin, 2014). For that reason, a good research design is necessary to demonstrate scholarliness of the research (Yin, 2014). Anthony and Jack (2009) pointed out that one of the first steps for the researcher is to clarify the meaning of ‘case study.’ They stated that particularly in nursing research, the phrase ‘case study’ has multiple meanings: it means a research method, the product of research, the process of research, and a teaching method. Cronin (2014) echoed this by stating that “a case study can constitute a design and research method. The terms ‘case study,’ ‘case study method,’ and ‘case method’ appear to be used interchangeably” (Cronin, 2014, p. 20). Miles and Huberman (1994) stated that the case study design should include a research question that flows from a conceptual framework. For this study, Yin’s(2014) model was used as a research design.

Yin (2014) stated there are several basic designs for a case study; a single-case study, a multiple-case study, a holistic unit, and embedded units. In this study, a single-case was explored and described. The literature revealed that other models for nursing education similar to MANE have emerged, but as this is a description of why and how MANE came into being, only this one case was described. As there are various facets of the development of MANE, the study looked at those embedded units in the single case. Therefore, a single-case study with embedded multiple units was the design adopted.

Yin (2014) suggested that the researcher select a strategy for developing the research plan. Of his four strategies, two fit this case study. The first was the use of a theoretical proposition as the skeleton for the design. In this situation, the work of Kezar and Lester (2011) was used to structure the study. Because this is a descriptive case study, Yin (2014) also suggested that the researcher frame the design around patterns that emerge from the data or description. Both of these strategies were employed in presenting the results of the research.

The theoretical foundation of the research flowed from an interpretive paradigm (Dasgupta, 2015; Tracy, 2013). Tracy (2013) defined the interpretive paradigm as “a way of seeing both reality and knowledge as constructed and reproduced through communication, interaction, and practice” (p. 62). Because MANE is a change initiated by faculty, it closely aligns with Meyerson’s tempered radical model (Meyerson, 2003) and Kezar and Lester’s (2011) grassroots model. These two models served as the theoretical underpinnings of the research. In particular, Kezar and Lester’s grassroots leadership model was used to organize the research questions.

Self-reflective journaling was employed to expose biases (Tracy, 2013). A written log was kept of the interviews. Notes were made following the interviews of my thoughts of the interview and the information gained from the participants. Jasper (2005) stated that “such writings make up much of the audit trail essential to research in general, and to qualitative methodologies in particular” (p. 247). Houghton, Casey, Shaw, and Murphy (2013) added that reflective journals can help support the validity of the work. As I was a part of the group being interviewed, this was a necessary step that helped to expose any bias in my reporting of the data.

Participants

In looking at why a group of faculty has worked to develop and initiate MANE and how this adoption transpired, it was essential to select respondents who experienced the phenomenon (Speziale & Carpenter, 2003) and were willing to share their experiences (Donalek, 2004). Faculty members who had first-hand experience with the curriculum change were best suited to participate in the study. Participants were selected from my personal knowledge of those who currently serve or had previously served on MANE committees. Committee members were chosen because they had a vested interest in the project and were also those who were teaching or administering MANE programs. Participants represented the five MANE committees: steering, curriculum, systems, faculty development, and research, evaluation, and assessment committees. The greatest number of participants was involved in curriculum as that was the largest committee.

I selected a homogenous group (Punch, 2013) of nurses who were faculty members and program directors, or deans involved in a grassroots change in a new curriculum, the MANE project. I selected specific participants to interview, using a criterion-based, purposeful sampling

technique (Johnson & Christensen, 2005; Tracy, 2013). For this study, 14 participants were interviewed. All participants were female and held active licenses in the state of Minnesota as registered nurses. Participants had years of experience as a registered nurse. The average years of experience for the group was 33 years, with the lowest number of years of experience being 22 and the maximum number of years of experience being 41. All participants had a master's degree in nursing. Of the group, 57% either held a doctoral degree or were in a doctoral program. The group members were experienced nurse educators. The lowest years of experience as an educator were five years while the greatest number of years of experience was 35. The average years of experience for the group were 20 years of experience in higher education.

Several criteria were used to select participants. First, participants were invited to take part in the study because of the college or university where they taught. Participants represented different MANE schools. The majority of participants were full time faculty members at six of the Minnesota State community colleges involved with the MANE project. According to Pascarella and Terenzini (2005), community colleges are often overlooked or underutilized in research. Therefore, researching community college faculty members added to the body of knowledge in higher education. Because the accrediting body of community college nursing programs requires a master's degree in nursing as an entry level degree, all faculty members interviewed have completed a graduate degree.

Another faculty group interviewed was faculty from the four-year university bestowing the baccalaureate degree. At the time of this research, there was only one university that was a part of MANE and as such, only a small group of participants was recruited from this group of faculty. To protect their anonymity, they have not been identified in any way in reporting the

results, although their perspective was somewhat different than that of community college faculty. There are several reasons for the differences. In the Minnesota State system, four-year universities have a different faculty union and as such have a different teaching load than the faculty at community colleges. Additionally, they have a different accrediting organization than the community colleges. Processes for accreditation between the Accreditation Commission for Education in Nursing (ACEN) and the Commission on Collegiate Nursing Education (CCNE) differ and have brought other variables into the MANE project. For one thing, while both accreditation processes are rigorous, community colleges are held to more prescriptive standards by ACEN. This was a frequent comment in the early days of organizing and designing MANE. It should be noted that to date, several community colleges and the university have undergone the accreditation process and all institutions were granted on-going accreditation with MANE. The differences between faculty at the community college and at the state university may lead to differing stories and perspectives in the research.

It should be noted that several members of MANE who were included in the research were in administration positions. Of the four members of this group, two had moved from faculty to administration over the course of the case study. Additionally, one faculty member had served as an interim director during the period of time. One individual in this group was hired as the program director. Her input into the story of MANE offers a distinct perspective. Perhaps more than faculty members, this small group felt the tension of grassroots leaders meeting the top down hierarchy. While I noted a difference in perspective of their stories, to protect anonymity, they will not be identified in any way in the results.

Second, participants were selected because of time they were involved in MANE committee work. Ten of the 14 members had been a part of MANE for at least four years; four of the participants had been involved in a committee for one to three years. It was noted in the interviews that the length of time involved in MANE gave these participants different perspectives. Four of the participants changed their roles in MANE committees. For example, one participant moved from involvement with MANE as an industry supporter to a faculty member. Two participants left MANE committees; one left education altogether. The diversity of involvement in MANE added to the varied responses in the interviews.

Third, members were chosen because of the committees on which they were affiliated. By using criterion-based, purposeful sampling (Johnson & Christensen, 2005; Tracy, 2013) I chose participants who represented the various MANE committees. Because several participants were involved in more than one committee, or had moved from one committee to another, I was able to accomplish this broader perspective with 14 interviews.

All participants were amenable to being interviewed by tape and all signed a research agreement prior to being interviewed. For a copy of this consent, please see Appendix A. As previously noted, in order to maintain anonymity for all participants, the higher education institution and the role the participant plays in MANE will not be disclosed. Additionally, all participants have been given pseudonyms. A table of pseudonyms is seen here (see Table 1).

Table 1

List of Pseudonyms Used for Participants

Pseudonyms
Amy
Amelia
Bella
Chloe
Charlotte
Crystal
Emily
Grace
Lily
Millie
Molly
Olivia
Sophie
Zoey

Instruments for Data Collection

Yin (2018) stated that “case study evidence can come from many sources” (p. 111). In this section, I will present the sources of data used in this research and the methods used to collect the data. I will also discuss how I conducted interviews and what I did with the information that was gained during the interview process.

Sources of Data

In case study design, multiple sources of data are gathered. Yin (2014) suggested six different sources of data that might be used or what he terms “evidence” (p. 105). These sources include documentation, such as minutes, emails, and newspaper articles; archival records (public

records); interviews, which can include lengthy meetings as would be seen in history taking and short interviews; direct observations; participant observation; and physical artifacts. Obtaining data from several sources aids in what Yin (2014) termed “converging lines of inquiry” (p. 120) or triangulation. In this study, because I was a member of the respondent group, it was important to use a variety of data sources to help identify personal biases. Also, this plan helped to increase the validity of the results (Cronin, 2014).

As the purpose of the study was to describe why and how MANE developed and was implemented, the sources of data for this study included documents, observations, archival records, and interviews. Documents included MANE documents that explain the program. These included such documents as the committee structure, the clinical education model, the transformative strategy, and the curriculum plan. The documents are available on the MANE website; some are public information, and some are restricted to faculty teaching in MANE programs. Pertinent documents are found in the appendices. Observatory field notes were written following interviews. They are summarized and included in Chapter IV. Archival records were used to verify dates and details of the process. These written documents helped to clarify time lines and key decisions that were a part of the MANE case story. Minutes were available on the MANE website or from notebooks kept by committee members. Permission from each program director or dean and from individuals on the curriculum committee was obtained prior to using meeting minutes as data. Finally, interviews were conducted. Interviews are “professional conversations” (Brinkmann & Kvale, 2015, p. 4) that seek to gather personal stories. “Interviews are often applied in case studies” (Brinkmann & Kvale, 2015, p. 143) and were a key part of this research.

Brinkmann and Kvale (2015) stated that interview questions “should be brief and simple” (p. 160). Additionally, questions should be open-ended, giving the participants more room to express their own feelings (Speziale & Carpenter, 2003). An initial pilot study was conducted, using one faculty member who met the criteria from the sample group. The purpose of this interview was to test the questions. By using a member of the sample group, I could use her responses in my data.

Yin (2014) stated that interviews are “one of the most important sources of case study evidence” (p. 110) and that interviews should “resemble guided conversation” (p. 110). For this case study, participants were asked to tell their stories with the use of an interview guide (Tracy, 2013). The interview guide was used so that each participant was asked similar questions; however, an unstructured approach was employed by using open-ended questions (Speziale & Carpenter, 2003). For a copy of the interview guide, please see Appendix B. With the use of a guide, I was able to focus on the information that was sought but also insure that the participants had the freedom to share their own experiences. The use of a guide was helpful as I was a novice qualitative researcher (Brinkmann & Kvale, 2015). I had to remember that the interview guide was a tool and that the interview itself was dynamic (Brinkmann & Kvale, 2015) as the information emerged. I found that as I became more comfortable with the interview process, and as I began to see trends emerging, I relied more on unstructured, open-ended questions and less on the interview guide.

The participants were asked to identify the scope of their involvement with MANE. Their role in MANE committees was tracked for possible analysis, but it was determined that disclosing this information could identify the participants. Other questions were based on the

concepts of grassroots leadership suggested from the research of Kezar and Lester (2011). The questions focused on the participants' motivation, identity and resiliency; the group's strategy, tactics and power dynamics; and the organizational structures and group formation.

The literature on qualitative research varies on the amount of inquiry the researcher should do prior to data collection. Tracy (2013) stated that the literature review gives framework to the research. Polit and Hungler (1999) and Speziale and Carpenter (2003) explained that experts differ on the placement of literature in qualitative research. According to them, some experts believe an extensive literature review can skew the researcher's thinking and interviews. Brinkmann and Kvale (2015) posit that the literature review helps to develop themes that the researcher will want to clarify through the interview. Yin (2014) concurred and added that "investigators review previous research to develop sharper and more insightful questions about the topic" (p. 14-15). Others stated that a literature review is needed prior to interviewing, but further research may follow data collection as more information comes to light. I conducted a literature review prior to interviewing faculty. I used the information to help formulate questions. I also added to the literature review following the interviews in order to clarify and enlighten areas that came up from the dialogues.

Data Collection

Yin (2014) outlined four principles for collecting case study evidence; use multiple sources of evidence as was explained earlier, create a database, maintain a chain of evidence, and be careful with the use of electronic sources, such as chat rooms and blogs. For this case study, I used several sources of data. I created a database from interviews with the use of ATLAS.ti© and I maintained a chain of evidence by organizing interviews and documents in an electronic

file. While my original research proposal was approved for the use of electronic messages (email), I did not use any electronic sources as it was difficult to know how to obtain consent from all parties who may have used these emails or chats. I did not find it necessary to use historic email documents.

Three forms of data were collected for this study. Since early meetings of MANE, minutes of decisions were kept. These minutes were available to me for review. I spent time reading through the minutes, noting when key decisions were made. On a few occasions, I contacted one of the participants to clarify some of the minutes. Additional information that was useful included archived documents. These documents were on the MANE website, to which I obtained access after obtaining permission from the program director. Some of these documents appear in the appendices to this case study.

However, the real story would have been missed without the interviews with the nurse educators who were involved with MANE. As presented earlier, participants were sought because of their involvement with MANE. The exact number of participants sought is difficult to predict in a qualitative study as the number of interviews is based on content saturation. According to Speziale and Carpenter (2003), the researcher interviews enough participants until “repetition and confirmation of previously collected data” (p. 25) is obtained. My research plan was approved for up to 15 interviews. I conducted 14 interviews. In that amount, I believe content saturation was met before I finished all interviews; however, I completed all appointments so that I would have the variety of participants I desired.

When distance separates the researcher from the participant, electronic means, such as Facetime and webcam can be used to conduct the interview. This format has the advantage of

capturing participants who may otherwise decline participation because of distance (Tracy, 2013). As 12 of the participants lived at least two hours from me, I suggested this as an option to participants. However, we were able to set up mutually convenient times for face-to-face interviews. By doing so, I think I obtained not only the words of the participants, but also the non-verbal communications.

The location of the interview is important to the research design (Tracy, 2013) and I kept that principle in mind when I established appointments. I considered time and location that was convenient to the participant. Additionally, I planned for privacy so the participant could speak comfortably and uninhibited to the researcher. I was organized with each interview, beginning with a description of my case study, obtaining written consent, and generally making certain the individual was comfortable. After the first interview, I did not take notes during the interview and only used the interview guide for key words to encourage the participants to tell their story with involvement in MANE. I found that this made the interview relaxed and the respondents were able to share their stories but also give me the data I needed to analyze (Punch, 2013; Tracy, 2013).

At the beginning of the session, I explained that the interview would be digitally recorded. After the interview, I jotted some notes on the body language of the respondent, the location, and aspects that could not be recorded but could have had an influence on the interview session (Tracy, 2013). Following each interview, I transcribed the recordings. I found that by transcribing the interviews myself, I was able to put some notes into the transcription about non-verbal nuances that might be included in the report (Tracy, 2013). I used Dragon© to help with the transcription of the recorded data. Yin (2014) advised the researcher keep a “chain of

evidence” (p. 127) to “increase the reliability of the information” (p. 127). The recordings were saved on the recording device in a secure location. They will remain there for three years; at which time all data will be disposed of. Portable Document Format (PDF) copies of the transcriptions were uploaded into my secure computer, where they were analyzed using a computer-assisted qualitative data analysis software (CAQDAS) program, ATLAS.ti©. Per IRB guidelines, this data will be disposed of in three years. I sent several emails to participants to clarify or augment data from the interviews.

Analysis

The case is the unit of analysis in a case study (Baxter & Jack, 2008). In analyzing the case, the researcher will examine, categorize, tabulate, test or otherwise manipulate data to come up with conclusions (Yin, 2014). Yin (2018) recommended having an analytic strategy to help with the process of analysis. “One strategy is to follow the theoretical propositions that led to your case study” (Yin, 2018, p. 168). I had determined prior to conducting interviews to base my questions around Kezar and Lester’s (2011) grassroots leadership model. Therefore, it seemed like a logical place to begin analysis.

Once a strategy has been determined, Yin (2014) suggested five analytic techniques; pattern matching, explanation building, time-series analysis, logic models and cross-case synthesis. From Yin’s list, I found pattern matching and a time-series analysis to be the most helpful. According to Sinkovics (2018), “pattern matching involves the comparison of a predicted theoretical pattern with an observed empirical pattern” (p. 468). This method fit well with my analysis as I had purposefully asked interview questions around Kezar and Lester’s (2011) theoretical framework. The chronologic time-series analysis was also a good fit for my

analysis. A characteristic of this model is that “certain time periods in a case study may be marked by classes of events that differ substantially from those of other time periods” (Yin, 2014, p. 154). I bound my case study using chronological time. Additionally, I found that including the history of MANE helped to describe the case. Finally, because multiple data sources were used, I looked for and found a convergence of evidence emerge (Yin, 2014). Analysis was further achieved through analysis of the interviews and coding.

Interview Analysis

Analysis begins with each interview. In fact, Brinkmann and Kvale (2015) viewed “the interviewing and analysis as intertwined phases of knowledge construction” (p. 58). I began to analyze the interviews in the process of interviewing. As I listened to participants’ stories, additional questions were asked to help amplify and clarify what the participant was sharing. The in-depth comprehension and synthesis took place following the interview. As stated earlier, I transcribed each interview. During that time, I was able to begin to see patterns of themes. Further, I was able to analyze the interviews after the coding process began, using my reflective notes to help with the analysis process (Jasper, 2005).

I conducted interviews with 14 willing participants. Two participants chose to be interviewed together; all other interviews were conducted individually. I set interview times that were convenient for each participant. I conducted four interviews after a day of MANE meetings. The sites we selected for the interviews were varied but all sites maintained confidentiality. I conducted six interviews in the participants’ office area. I conducted the remaining interviews in a variety of places; three interviews in hotel rooms, three interviews at

private residences, one interview in a public library conference room, and one interview in a park setting.

Some of the participants were educators I had worked closely with in the MANE project and for those interviews, I felt comfortable and relaxed. There was a lot of give and take in our time together. From those interviews, I was able to draw out a thick description of the participant's experience. For example, participants used a variety of non-verbal means of communicating, such as sighing, pausing, laughing, and facial expressions. From these behaviors, I was able to add deeper meaning to comments that were made. In my transcriptions, I have noted where non-verbal communication was employed.

Several participants were not as well known to me. However, they were also open and frank with their comments. I conducted those interviews after I had had more experience as an interviewer so that I could be relaxed in the interview time. They also added rich comments about how MANE was initiated in their institution as well as their personal stories of involvement.

In each interview, the participants made comments where they specified they wanted to be certain their anonymity would be maintained. This was generally focused on information specific to their institution or conflicts that occurred during the process of designing and initiating MANE. In analysis, I noted that many of these comments were important to the case study. However, to respect the anonymity of the participant, those comments will not be identified in any way in the chapter. As a researcher, I felt pleased that the participants felt comfortable with me and with the process and were willing to share this information with me.

Overall, interviews went well. Initially, I found I needed my interview guide to help frame the questions, but I soon realized that I got as much information and even more if I simply asked the participant to tell me their story. I had several participants thank me for the interview afterwards. All participants are waiting to read the summaries that evolved in the research.

Coding

Coding followed the transcription of interviews. Polit and Hungler (1999) stated that without a system of organizing data, some information will be lost. Coding is one way to organize and index the data (Polit & Hungler, 1999). Yin (2014) referred to this process as playing with the data (p. 135). Miles and Huberman (1994) viewed coding as a necessary step in data management. It can be an initial step in looking at the data and discovering themes, patterns, and meaning.

Tracy (2013) recommended “primary-cycle coding” (p. 189) and stated that this coding can involve several readings of each transcript in order to identify key words and ideas. I found that coding began as I transcribed the interviews. The second reading occurred when I reread the transcriptions and edited punctuation in the transcription. During these two exposures to the transcriptions, I jotted notes of common themes. Tracy (2013) called these notations a systematic code or codebook. I took the notations and used them as key words in the CAQDAS program. Using ATLAS.ti ©, I was able to code individual transcriptions and then combine those codes for all transcriptions. I created documents of coded segments and then manipulated the segments into logical order of the data, using my themes as the framework. Some data fit into multiple sections. The CAQDAS made it easy to track these pieces of data. In two sections, I found it easier to manually cut and paste parts of paper transcriptions.

Data and Study Quality

A concern of case study research is that it may not be rigorous (Yin, 2014). Another concern is that the research may not be generalizable or applicable to other situations or cases (Yin, 2014). These concerns stem from the fact that qualitative research rigor is difficult to measure by standard quantitative measures. According to Lincoln and Guba (1986), the measures of reliability, validity, and objectivity do not apply to qualitative research. They state that qualitative research needs to look to the criteria of trustworthiness and authenticity.

In order for research to be trustworthy, it should be three things: credible, transferable, and dependable (Lincoln & Guba, 1986). Among the techniques the researcher can employ to support trustworthiness or rigor are triangulation and member checks (Lincoln & Guba, 1986). Yin (2014) added that the researcher should maintain a chain of evidence. Creswell and Miller (2000) organized these validation techniques into three lenses: the lens of the researcher, which is triangulation; the lens of the participants, which is member checking; and the lens of the reviewers, which is the audit trail. Of these methods, I primarily used the lens of the researcher, with less reliance on the lens of the participants and a reviewer.

Data Quality

A variety of methods exist to support the quality of the data gathered in qualitative research. One of those is triangulation. Triangulation is the “cross-checking of data by use of different sources, methods, and at times, different investigators” (Lincoln & Guba, 1986, p. 76). Creswell and Miller (2000) stated it is a “validity procedure” (p. 126) used in qualitative research to discover common themes from different data sources. As the data is brought together, the researcher should see “converging lines of inquiry” (Yin, 2014, p. 120) that “strengthen the

construct validity” (p. 121) of the case study. In this case study, data was obtained from meeting minutes, face-to-face interviews, and other written documents. In this way, triangulation was used to enhance the quality of the data.

Journaling is another technique whereby the researcher can help to sort through subjective thoughts (Speziale & Carpenter, 2003), aiding the lens of the researcher (Creswell & Miller, 2000). Creswell and Miller (2000) stated it is necessary for the researcher to “report on personal beliefs, values, and biases that may shape their inquiry” (p. 127). While this personal reporting should be a part of the research, the researcher needs to find a method of recording these reflections. Journaling is one way to do this. Yin (2014) suggested that field notes may be used to record personal observations and thoughts, although they are used as a part of the actual database. Part of the study plan for this research was to keep field notes. Yin (2014) stated that the challenge with these written documents is keeping them organized so that the researcher can refer back to them. I made field notes following interviews and while transcribing the interviews. The electronic notes made during transcription were directly linked to responses by participants and were more helpful to me. The field notes of the interviews were useful only in summarizing the settings of the interviews and more overview statements.

A second method of supporting data quality, using the lens of the participant, is member checking. Member checking is “an opportunity for members (participants) to check (approve) particular aspects of the interpretation of the data” (Carlson, 2010, p. 1105). Lincoln and Guba (1986) stated this should be a continuous activity whereby the researcher seeks reactions from the participants as data is being compiled. Creswell and Miller (2000) stated that the process can be informal, such as seeking verbal feedback, or it can be more formal as in assembling focus

groups to review the themes the researcher is identifying. Whether formal or informal, there can be difficulties with the use of member checking. Carlson (2010) shared that asking participants to review transcriptions of their interview may solicit negative responses. These responses may have nothing to do with the themes or data, but rather with the verbatim transcription of the interview. Birt, Scott, Cavers, Campbell, and Walter (2016) pointed out that sharing of verbatim transcriptions with participants may be an ethical consideration. Their argument is that while much is done to protect participants' data, sharing verbatim transcriptions negates that effort. They advocate synthesizing the data and sharing that with the participants. Carlson (2010) also found that sharing portions of interviews was more effective. In this study, I did not share the verbatim transcriptions with members. Instead, I shared themes that developed with some participants. I also sought specific clarification from some members when I was unclear of the data.

Finally, maintaining a chain of evidence is an important part of the research design. Creswell and Miller (2000) called this an audit trail and maintain that it adds to the credibility of the research. They suggest that the audit trail should be a log of all research activities. Citing work from Lincoln and Guba, they stated that an audit trail is like a financial audit, where records are kept in case of a need to verify the data (Creswell & Miller, 2000). Yin (2014) wrote of maintaining a chain of evidence and uses the analogy of a criminal investigation. He suggested that records or logs should be kept meticulously in the event a reader would question the conclusion of the researcher. A plan for maintaining these kinds of records should be developed prior to the beginning of data collection. For this study, a log of events was kept electronically on a computer hard drive and a flash drive, listed on each interview. A cross

reference of dates and times was recorded on an iPhone calendar. Field notes and transcriptions were kept electronically. These are filed by participant initials, with dates on the electronic record. Additionally, the interviews are saved on an electronic recorder. Per the IRB approval, this information is maintained on devices that are password protected and will be deleted in three years. Some paper transcriptions were organized by themes. Following the use of this data in the recording of findings, the paper copies were destroyed and only the electronic copies are maintained. These steps helped to maintain the chain of evidence, which added to the trustworthiness of the research.

Study Quality

In quantitative research, measurements of validity and reliability are used to analyze the research. These measures are not used in qualitative research (Lincoln & Guba, 1986) which often leads to criticism of qualitative research (Yin, 2014). Creswell and Miller (2000) stated that “there is a general consensus, however, that qualitative inquirers need to demonstrate that their studies are credible” (p. 124). Lincoln and Guba (1986) stated that the starting place for credibility is fairness; specifically knowing the researcher been fair with the data. While this must also be asked of the researcher in the data gathering, it is important to analyze the study for an impartial representation of research. Miles and Huberman (1994) stated that instead of looking for statistical markers like validity and reliability, it is more helpful to look at the “understanding that may emerge from a qualitative study” (p. 278). They suggested the use of terms such as credibility, authenticity, and transferability (Miles & Huberman, 1994).

Credibility, or authenticity, of the study considers how fair the researcher was with the data (Lincoln & Guba, 1986). “Fairness may be defined as a balanced view that presents all

constructions and the values that undergird them” (Lincoln & Guba, 1986, p. 78). Methods addressed in the previous section on data quality can aid in fairness; audit trails, member checking, and reflective journaling. Being aware of the researcher’s biases and point of view and authentically sharing that in the data helps to maintain fairness (Miles & Huberman, 1994). Credibility can be sought by questioning the study. Miles and Huberman (1994) suggested a variety of questions, which include:

1. Did triangulation among complementary methods and data sources produce generally converging conclusions?
2. Are areas of uncertainty identified?
3. Was negative evidence sought for? Found? What happened then? (Miles & Huberman, 1994, p. 279)

I sought to be credible in my research by using a variety of sources to be certain that the data was congruent. While I did not find any negative evidence, I did expose conflict that was discussed by participants during the interviews. The participants asked that their comments be “off the record” but as they exposed another facet of the story of MANE, I made certain that members could not be identified from their comments. I did not act as a referee when these topics were discussed, but reported them as the participants shared, using as many direct quotes as were appropriate.

Another means of establishing credibility is with the use of thick description (Creswell & Miller, 2000). Carlson (2010) stated that thick, rich description is “very detailed descriptions of settings, participants, data collection, and analysis procedures” (p. 1104). Creswell and Miller (2000) added that thick, rich descriptions help the reader to feel they have experienced what the

researcher has experienced. Lincoln and Guba (1986) added that this method adds to the transferability of the research. Although frequently used in qualitative research, Yin (2014) stated that it may not be useful in case study research. He does not furnish rationale for this statement except to say that case study research is not customary qualitative research and may be more of a mixed method approach. Because Yin (2014) is the framework for this case study research, his thoughts on thick description are included. However, I did include a modest amount of thick description in my field notes about the participants. I tried to avoid description in the recording of verbatim responses, but there were several times when description added to the words spoken.

Transferability is another means of analyzing the quality of a qualitative study. Transferability involves the degree to which the results from the case can fit or apply to other similar cases (Miles & Huberman, 1994). While it is not always feasible to transfer a single case study, there should be elements of the study that are generalizable. In the proposed case study, I had the assumption that faculty involved in development of any grassroots change project would experience similar things. This was supported by the literature, particularly looking at case studies by Kezar and Lester (see Chapter II). Additionally, as other states are working on collaborative nursing programs, I have made the assumption that there will be elements of this study that will be transferable. I made this assumption because MANE drew on the previous work of OCNE in the creation and implementation of MANE. Here again, Miles and Huberman (1986) suggested questions to aid in the analysis of the study quality. A few of these questions are:

1. Are the findings congruent with, connected to, or confirmatory of prior theory?

2. Does the report suggest settings where the findings could be tested further?
3. Have similar findings been discovered in other studies? (Miles & Huberman, 1994, p. 279).

These questions were used in analyzing the conclusions and generalizations I made about this case study. So, while MANE is a unique case and will not be applicable to all other grassroots innovations, there are similarities that can be generalized for other situations.

Summary of Data Summary and Quality

Yin (2014) stated that “properly doing case study research” means “conducting the research rigorously” (p. 2) and to do this, the researcher should establish “explicit procedures” (p. 3) when collecting data. The threats to the rigor of qualitative research pose potential difficulties (Lincoln & Guba, 1986). To avoid the threats and protect the quality of the research, the design should include plans to support the trustworthiness and authenticity of the research (Lincoln & Guba, 1986). The research plan for this study sought to follow the procedures and analysis outlined here.

Human Subject Approval - Institutional Review Board (IRB)

Obtaining informed consent is one of the tasks of the researcher. This consent means that the participants are fully informed about the research project and their role in it. Polit and Hungler (1999) gave 14 criteria to include in consent. These include the reason for the study and the participant’s role in the study. Participants should understand any costs, risks or benefits. They should be assured of the confidentiality of their answers. Participants need to know their participation is voluntary and they can withdraw if they so choose. Finally, participants need to know how to contact the researcher. In this case study, I followed the guidelines of St. Cloud

State University's Institution Review Board and obtained consent from that board. For a copy of approval from the IRB, please see Appendix C. This consent was obtained prior to conducting any interviews and participants were informed of this. Additionally, participants were informed how their anonymity would be protected and their interviews would be secure. All participants signed a consent form after being informed of confidentiality and consents are securely maintained for the following three years, when all data will be destroyed.

Because I was using meeting minutes, I also obtained permission from individuals serving on the MANE steering committee and the MANE curriculum committee to use those minutes. Permission was solicited via email and granted by each member on the committee at the time of the start of the research. Those emails are retained in a secure computer site. They are not included in the research as they would identify participants' names.

Procedures and Timeline

Prior to the meeting with my research committee, I worked with my advisor to solidify my research question. Following the meeting with the committee, I made the suggested changes to my proposal. At that time, I followed the guidelines in the St. Cloud State University handbook for seeking institutional review board (IRB) approval. After obtaining IRB approval, I began to recruit participants.

As mentioned previously, open-ended questions were used in a pilot interview with a member of the curriculum committee. As this was my first interview, I stuck closely with the interview guide. I found with practice that I did not need to stick closely with the guide and in fact, I had better results when I followed the train of the interview. Simultaneously to the interviewing process, I read minutes to help create a timeline as to how MANE was initiated. I

solicited interviews with the participants listed previously. These interviews took place during the summer of 2018. Summer was a better time to conduct interviews as the participants were not engaged in the work of the academic year. Of note is that, at the time of the interviews, all faculty members had participated in at least two semesters of the new program. To answer my questions, they had to reflect on change that had taken place several years earlier.

Interview times were set up for at least one hour. This gave the participants time to answer in an unrushed surrounding, but it also let them know that I did not intend to take large amounts of their time. Several interviews went at longer than one hour, but not longer than one hour and thirty minutes. I was able to complete all interviews during the summer of 2018, while simultaneously reviewed minutes and MANE documents so that I could begin seeing trends by the end of the summer. I completed organizing the data and drawing conclusions on my data during the fall of 2018.

Summary

The purpose of this case study is to describe why MANE was developed and how it was implemented in several colleges and a university simultaneously. Through interviews, historical records and documentation I sought to describe the case in the real-life context in which it was occurring (Yin, 2014). The design presented in this chapter supplied rationale for my plan as well as outlining my research design. I have sought to conduct a scholarly, qualitative case study that met the eight qualitative quality markers set forth by Tracy (2013); the research was worthy, rigorous, sincere, credible, can make a significant contribution to higher education, will resonate with the readers, met ethical criteria and accomplished the purpose I set forth in the beginning.

Chapter IV: Results

In response to the Institute of Medicine's (2010) recommendation to increase the number of baccalaureate prepared nurses by 2020, the overload of nursing content, and the health care needs of the population (Greiner & Knebel, 2003), a group of nurse educators created the Minnesota Alliance of Nursing (MANE). I conducted this case study research to discover answers to the following questions:

1. Why did faculty commit to work on this change innovation?
2. How was the shared curriculum created collaboratively?
3. How was the shared curriculum implemented simultaneously at all partner schools?

In order to answer these questions, I conducted 14 interviews with nurse educators who have participated in various MANE committees. Those committees include steering, curriculum, systems, faculty development, and research and evaluation. I gathered demographic information on the participants at the beginning of each interview. I presented those demographics in chapter three, as well as a list of pseudonyms used in presenting the responses (see Table 1). In addition to the interviews, I reviewed meeting minutes and MANE documents to clarify dates, data, and details that participants made reference to during the interviews.

As I organized the data from the interviews and minutes around Kezar and Lester's (2011) grassroots leadership model, the chapter will begin with a brief summary of this model. Next, I will present data to answer my three research questions. The chapter will conclude with a summary of the data.

Theoretical Framework: Kezar and Lester's Grassroots Leadership Model

Kezar and Lester's (2011) grassroots leadership model was specifically designed to focus on grassroots initiatives taking place in higher education. In their model, the individual characteristics of those who become involved in grassroots initiatives were identified by looking at motivation, traits, and resilience. Because grassroots initiatives involve groups of people, the model looked at strategies, tactics, and group formation. Finally, the model recognized that grassroots initiatives eventually meet with established hierarchy. In that meeting, there can be clashes of power and/or expressions of support. In addition, they posit that in any change process, there are obstacles and challenges that will appear at an individual level, a group level, and at an organizational level. Their model helps to give a theoretical framework to the data collected from the participant interviews and the meeting minutes that were reviewed in this research. A more thorough description of the model was previously presented in chapter two.

Question 1: Why Did Faculty Commit to Work on this Change Innovation?

The first question I wanted to explore examined the reason behind faculty members' involvement in MANE. Specifically, I wanted to know why nursing faculty would commit large amounts of time to creating an innovative curriculum that would enhance the process of completing a baccalaureate degree for nursing students in the state of Minnesota. To answer this question, I looked at the motivation of those involved, what were the characteristics of the individuals, and what role did resilience play in helping faculty members to stay engaged during the many years of work.

Motivation

Motivation is the intrinsic or extrinsic principle that causes a person to act. In Kezar and Lester's (2011) grassroots leadership model, motivation is identified as "the reason or cause for involvement" (p. 41). They posited that those individuals who become involved in grassroots innovations are generally motivated by passion or self-interest. Motivation addresses the "why" question of this case study: why did faculty commit to work on this change innovation? Participants identified extrinsic and intrinsic motivating factors that helped them to commit to the work of MANE.

Extrinsic motivation. Extrinsic motivation to become involved with MANE stemmed from the changes occurring in nursing education. Extrinsic motivating factors identified by the participants included the challenge from the Institute of Medicine (2010) reported on the future of nursing, the availability of clinical sites and clinical partners, competition with other colleges, and the needs of the industry.

Institute of Medicine report. A principle extrinsic motivating factor for involvement with MANE was the Institute of Medicine report on the future of nursing (2010). This report was identified by name by eight of the 14 participants and implied by an additional three others. In these comments, participants stated that meeting the IOM's challenge to increase the number of baccalaureate prepared nurses in Minnesota was one reason they became involved in MANE. Millie summed this up by saying that the IOM report was really a "call to action for nurse educators. The question we were all asking was what should we do to meet this call to action."

Not only did the IOM report motivate individuals to see the value of their participation in MANE, it also served to help nursing faculty as a whole to agree to engagement with the

alliance. Zoey stated that on her campus faculty members “knew we needed to get students to the baccalaureate level. That was a real draw for us [to join MANE].” Amy added that on her campus faculty saw the curriculum as “best evidence-based practice, best use of innovative teaching and supporting the mandate of the IOM report.”

Molly identified that the IOM report not only motivated faculty members to become involved with MANE, but it also was an extrinsic motivator for practice partners to support the innovation. “One of the reasons that the nurse executives (in a large health organization) agreed to be a principle partner in MANE was because of their desire to begin to change the face of the number of BSN graduates that were hired in their network.”

This report also served as a motivator for collaboration. Working in another nursing leadership organization in Minnesota, Charlotte stated that “knowing about the IOM report, I was excited to see nursing working together versus staying in our little pots and guarding what we do.”

Clinical opportunities. Providing adequate clinical opportunities is a growing national concern in nursing education (McNelis et al., 2011). This was a second extrinsic motivating factor identified by the participants in this research. Particularly in the metropolitan area, hospitals were showing preference for providing clinical placement and experiences to students in baccalaureate programs. Charlotte shared that:

A lot of what drove people was survival. Banding together and doing these things, especially being a baccalaureate curriculum would ensure ongoing viability of program as agencies were hiring only BSNs. Agencies not offering acute care clinical sites to associate degree programs was huge.

Several faculty members stated that their college recognized the dwindling clinical opportunities for students. Bella stated that “we were losing our clinical sites to all these BSN programs but by doing MANE, we would keep our clinical sites.” Grace stated that the issue of clinical opportunities was what convinced the faculty at her college to join MANE. “We were told we wouldn’t get clinical sites if we didn’t go with MANE. A lot of faculty felt we had no option.” Chloe stated they had already lost clinical sites to baccalaureate programs. Millie said that at her institution:

We were starting to have a lot of problems with clinical sites. They were feeling like if they weren’t going to hire our students, they saw limited value in having our students come to clinical. So, for us, the big motivation was the clinical sites, making sure we had the right sites.

At her institution, Emily said they felt the push from clinical sites that wanted baccalaureate students and not associate degree students at their agencies. She stated:

I remember we had our clinical partners for a breakfast and prepped them for what we were going to do: that MANE was a baccalaureate program. It really helped our partnerships because that’s what they wanted.

Competition with other colleges. In addition to competing for scarce clinical sites, faculty felt motivated to stay competitive with other programs. Olivia said that “people were motivated for different reasons. Some people wanted to protect what they had.” Amy added that at her campus, faculty realized that they could create a concept-based curriculum on their own or join with the larger group and all work together. Millie stated that this was the thought among her colleagues on her campus:

We believed if we joined on the ground level we would have some say in the curriculum whereas if we stood back to see what would happen, and then wanted to join in later, we wouldn't be able to be there and help form it.

Chloe stated that her fellow faculty members voted to support MANE because they believed MANE was what they needed to do to stay viable.

Employment for students. Another extrinsic motivator was to help students to secure future jobs. Securing a job is a program student outcome at the associate degree level. At the time MANE began, the trend in acute care settings was to hire baccalaureate prepared professional nurses or those recent associate degree graduates who were in baccalaureate programs. Millie shared “we just saw that in the Metro area, hospitals were only hiring BSNs.” Zoey added, “I kept thinking the writing is on the wall and we need to get (our students) BSN prepared and we need to streamline the process for these students.”

Summary of extrinsic motivation. Participants identified four extrinsic motivating factors; the IOM (2010) recommendation to increase the number of baccalaureate prepared nurses was universally identified by the participants. Other extrinsic motivating factors the participants acknowledged were the drive to maintain limited clinical sites and clinical partnerships, the determination to remain competitive with other nursing programs, and the desire to help meet the demands of industry to have baccalaureate prepared nurses.

Intrinsic motivation. While there were strong extrinsic factors that motivated people to become involved with MANE, there were also intrinsic factors that motivated group members. The two main themes that came from the interviews were personal satisfaction and positive professional outcomes.

Personal satisfaction and professional growth. Intrinsic motivation for members to become involved and stay involved could be summed up in one word – fun. Ten of the 14 interviews specifically stated that the participants had fun working collaboratively on the innovation. Lily stated one reason she became involved with the group was because she knew it would be fun. She further explained that she knew working with a group of passionate educators would stretch her as an educator. This sentiment was shared by other participants. Amelia added that she had fun working with a group in which she “really respected them (others in the group), their hard work and the fact that they were really a smart, highly motivated group of educators.”

Grace spoke about her on-going involvement with MANE:

Well, I felt very engaged with the process. I didn't want to miss anything because things were evolving so quickly and I just felt that I owed that to our faculty and to the nursing program to be that representative and to have a voice in the decisions that were made, but I also thoroughly enjoyed going to meetings. And being part of the decisions and being a part of the future of the curriculum is what was really fun. This is a statewide initiative. It was getting national attention. I felt fortunate to be a part of MANE.

Speaking of the early days of working with MANE, Olivia used the word synergy. She said:

It was so energizing and yet I would leave those meetings so depleted because of group dynamics. I was just exhausted. But it was so energizing to be involved. It was really fun to know we were doing something so new. Working together, we had synergy.

Chloe shared that her greatest joy in being involved in MANE was the fun there was in collaboration with her colleagues. When other college faculty members would ask her about the long hours she was putting into developing MANE she said:

Everybody was forward thinking. Everybody was looking to see how we could make MANE the best it could be. That was huge! Did you always agree with everybody? No. But it was a fun group where we really felt like we were accomplishing something. And I think when you feel like you are having an impact; it doesn't seem to matter as much when you're spending long hours doing the work.

Others voiced this idea of intrinsic motivation to be a part of the work of the alliance by saying they knew it would be stretching, but that they would grow as an individual and as an educator. Specifically, Sophie knew she would be fulfilled, and "I would learn something, and it would be a chance for educators to come together and talk in a really unique forum." Crystal said, "I liked the networking with everybody and learning about everybody else's program." Bella added that she loved the brainstorming. "It was a continual learning process, just being a part of it. It was so much fun to hear what people were saying and doing on their campus." Summing it up, Amy said, "and when you go to another statewide meeting and you see someone from MANE, you see your friends."

Professional outcomes. Another intrinsic motivator was faculty altruistic desire to provide the best educational opportunity for their students and improve the health of Minnesota. This supports the MANE vision statement which reads that "through increased access to baccalaureate nursing education, MANE will prepare professional nurses to promote health and meet the evolving and complex healthcare needs of an increasingly diverse population in

Minnesota” (MANE, 2016). Emily said she became involved in the curriculum committee because she wanted “to develop something that really gave the path to nurses to begin to achieve their potential. I feel like I have the opportunity to impact the nursing profession and health care overall.” Bella enthusiastically agreed by saying that “I wanted to make sure that our students had this opportunity.” Amelia became involved in MANE for the good of the students. “They needed access to a baccalaureate education.” Grace said that one of the reasons she was willing to commit so much time and effort to MANE was “to see the students accomplishing their goals and to see them succeeding in the nursing profession.” Millie summed up this point by saying she was excited to be involved in something so innovative that could benefit the students and the health of the whole state. To her, that made this venture worth all her effort.

Summary of intrinsic motivation. The participants in MANE were not only motivated by external trends in nursing education, but they were motivated by factors of personal and professional growth. Many saw this as an opportunity to grow professionally. Many spoke of the personal pleasure they experienced working with other passionate educators. While not stated directly, there was a sense from their comments that participants knew they would experience professional growth beyond what they would experience working with colleagues on their individual campuses. And they wanted to be a part of an innovation in nursing education that would benefit the health care in Minnesota.

Identity

Kezar and Lester (2011) stated that identity points to the individual characteristics of those involved in grassroots innovations. It can also be the traits that help to define the group. In teams, Lester and Kezar (2011) stated that identity helps to define group culture as well as

characterize “individuals who are connected through norms, beliefs, rituals, and values” (p. 108). In this section, I will present themes that became evident in the interviews as well as activities that the participants were engaged in that prepared them for the work of MANE.

Traits. Individuals bring certain characteristics to a group. Those characteristics can help to define the group (Kezar & Lester, 2011). The specific individual traits of the group are identified in Chapter III. However, there were several traits that evolved from the interviews that helped to define or identify the group. One trait that was noted in comments by most participants was that the individuals involved had a commitment to doing this work. Grace said, “I think you have to have the right individual involved though when there’s such a significant change, like MANE.” Charlotte said, “that’s one of the things I highly value about MANE is that the faculty made that kind of commitment to it and felt that it was the right thing [in nursing education] to do.” Lily shared those feelings by saying “I actually enjoyed working with a group of people who are dedicated to nursing education and want to share their ideas.” Millie said she appreciated working with “a group of nursing professionals deeply invested in nursing education in Minnesota, wanting to make an impact on the quality of care that our state offers to our residents.”

Passionate was another trait that was used to identify the group members. This passion was seen in participation in meetings, collaborating via email on special projects, staying connected, and working without reimbursement. Other words that were seen sprinkled throughout the interviews to identify the members of MANE committees included really smart, deep experiences, thinkers, forward thinking, strong, caring, resilient, and showing respect for each other as educators.

Previous activities. In addition to person qualities and traits, Kezar and Lester (2011) stated that an individual's "unique background and experience might inform their concept and approach to grassroots leadership" (p. 41). Before anyone began to meet or talk about a collaborative curriculum called MANE, some activities were taking place which formed the identity of the individual participants. Those could be grouped into four areas; current literature, small collaborative efforts, curriculum work, and changing to concept-based curriculum.

Previous reading. As stated in the literature review, current literature from the year 2000 and onward was pointing to a need for new ways to teach nursing. As Lily said, "I think the nursing literature was moving us in this direction for quite some time before we ever did MANE." Olivia said "we (nursing faculty) had all those articles we were reading. Some on content reduction, some on changes in clinical." Literature was creating a realization about the needs in the overall healthcare field and determining a role for nursing within those changes.

Previous small collaborative efforts. Faculty from three schools indicated that they had previously been involved in collaborative efforts with other institutions. Zoey said that fellow faculty members at her community college were already strongly committed to having students go on for a baccalaureate degree. They had previously had informal relationships with other four-year institutions where many of their students went. Millie shared that faculty members at her school strongly supported a baccalaureate preparation with community college access. Like Zoey's campus, Millie's community college campus had a four-year institution where many students attended. Chloe stated they had faculty who taught collaboratively with a four-year institution in their accelerated program although none of those efforts really worked well. Sophie stated that she had previously taught at two institutions simultaneously in a shared

program. When her director gave the invitation to join MANE, she knew she wanted to get involved with the innovation because she wanted to help the process of advancing degrees between the community college and the baccalaureate university. In each of these stories, a community college worked with a four-year institution but nothing lasting developed from these initiatives. The participants who shared these stories had histories of failed attempts. Their history helped them to see the value of working collaboratively to increase the number of students moving forward to complete their baccalaureate degree. It also motivated them to become engaged in the planning and implementation of a larger collaborative effort.

Previous curriculum work. Another way that faculty members were prepared to work on MANE was through previous curriculum revision work. While it may be possible that all faculty interviewed had worked on curriculum projects, several participants shared that their work with previous projects had helped them to feel motivated to work with MANE. Amelia said that she had worked on curriculum revision committees previously and had always loved the work. She said this influenced her decision to work with MANE. Amy related that she had previously been in a leadership position in a curriculum project shared between two colleges and she enjoyed working in that larger group setting. Grace shared how her college had recently undergone a curriculum revision and she had been the chairperson for that committee. “I had been very involved in writing the new curriculum that we were going to be rolling out, so it was not difficult to go on to work with MANE.”

Previous experience with concept-based curriculum. While some faculty and some schools still struggle with teaching and evaluating in a concept-based curriculum, four of the institutions involved had moved in the direction of concept-based curriculum prior to the advent

of MANE. For Lily, it was not a total change to concept-based curriculum but “we did a lot of concepts embedded in the curriculum, but it was still content driven.” Grace stated that her college had recently had a curriculum revision and gone from content-based to concept-based. Crystal said her college had changed to concept-based so that change in MANE was not an issue.

Summary of identity. In addition to the individual characteristics of the group members identified in Chapter III, I have exposed several traits that identify the participants. These two traits were nurse educators who were dedicated and passionate. Additionally, participants had previous experiences that helped to form their identity. These experiences included exposure to current literature and trends in nursing education, previous curricular work and collaborative work, and experience with concept-based curriculum. These traits and experiences helped to influence the participants to work with MANE.

Resilience

Resilience is defined as a “positive adjustment in the face of adversity” (Haase, 2009, p. 326). Kezar and Lester (2010) stated that resilience may come from internal factors, such as maintaining vision, balance, optimism, and humor. It can also come from external factors such as networking, family, and other outside activities. Kezar (2014) stated that networks with other like-minded individuals can provide moral support. This idea of support was seen in comments about external factors contributing to resilience. With this in mind, I asked participants how they managed to stay the course and take part in the development of MANE while continuing with their full-time teaching commitments. While most found positive means to remain engaged, there were also committee members as well as general faculty members who left MANE for a variety of reasons. That will be discussed later in the chapter.

Intrinsic factors. When looking at intrinsic factors for resilience, they are similar to intrinsic motivating factors which have been discussed earlier. When asked what kept faculty members engaged, Bella answered “I just loved being a part of it.” Her answers throughout the interview showed an innate optimism for her profession and her life. Also, as seen in comments of intrinsic motivating factors, multiple responses included the word “fun.” Participants found fun in being a part of this new endeavor. Of the frequent and long meetings, Chloe commented:

I would go to meetings and know it was literally going to be a six-hour long meetings with lots of information, long meetings, but still a lot of fun. Still enjoyable. So that’s been a huge support for me personally.

Extrinsic factors. In the responses from the participants, I found that many commented on the significance of the external support they felt from other group members involved in MANE. Each MANE school had several committee members on the five various committees: one member each on four committees and two voting members on the curriculum committee. Ideally, these were different people so that each school could have a contingency of six faculty members involved in various aspects of planning MANE. These other faculty members provided a source of support that aided in faculty resilience. Sophie said, “I always felt supported and I was glad there were two of us on the curriculum committee so that I was not the solo representative.” When asked how she got through some of the challenges without falling apart, Grace said, “I think everyone had their own way. For me, it was driving home with my colleague because we would then get in the car and just kind of debrief on how the day went.” Zoey added to that by saying “I would pick up my colleague and we would drive together. We

could hash things out. Was it helpful? Always! Just to talk about things. Just to talk about what's going on on your own campuses. Always!"

Being able to have other colleagues to reach out to helped MANE members to stay involved. There were several comments made that supported this thought. For example, Millie shared about the support members gave one another:

I think what kept me going was the relationships. It was just people who care deeply about nursing and a group that makes it all that it can be. We can commiserate. You can get "the call." I heard from some people say, call me! I think, yes I'll do that right away because they need me. And I know I'm going to give you that call someday too.

Lily spoke about having another faculty member from her campus to commiserate with:

Being able to dialogue outside of the day to day dialogue on your own campus; it helped with presenting information when we went back to our own campuses because some of that conversation had already occurred in the committee. It helped to have someone who understood more how the curriculum was supposed to be while some are struggling on your own campus. I always felt there was someone I could talk with on the committee.

Amelia said she called a MANE colleague and "she and I talked a lot, I mean A LOT, like weekly in that first go through."

Relationship was a theme that was spoken about by many participants. Relationships were developed on the various work committees. When asked what she saw as a factor to help the group progress, Bella said, "I think our caring or even the friendships, the relationships that we had with each other. You could have an argument, with both of your voices out there, but it

was okay because of the relationship.” Some participants addressed how the relationships sustained them. Of these relationships, Charlotte said:

Sometimes we would go out for dinner, or we always shared a lunch together and it was very collegial. There was a lot of sharing about families and experiences and what was going on in our lives. We celebrated, we cried with each other as the years went on.

Amelia gave insight into how the relationships were created; “we did things together outside of our meetings. We had painting parties, we made essential oils, and we had dinner together at various places.” Grace summarized by saying:

I really valued those relationships. As a faculty at a school that belonged to a larger system (Minnesota State) I think those relationships were just invaluable to the future of the nursing profession and especially in higher education. I so enjoyed that. I enjoyed the networking. I had so much respect for the other faculty because of their experiences that they brought. To learn about other programs and how they designed and implemented change. That was invaluable.

Summary of intrinsic and extrinsic factors for resilience. The participants voiced different means that helped them to stay the course during the enormous work of creating and implementing MANE. They found support intrinsically in their own optimism and excitement in the project. But more participants found support through the networking and relationships they developed with their college colleagues and the collaborative partners. This resilience helped them face the obstacles and challenges they faced as individuals, as a group, and as the MANE organization.

Obstacles and Challenges

The work of MANE was seen positively by those who engaged in the process. But that does not mean that it did not come without challenges. More will be said about this later in the chapter, but personally, members encountered struggles. Some of these struggles were work related, like balancing teaching commitments and MANE planning meetings. Other challenges were personal struggles such as planning for childcare or scheduling family vacations around meeting times. While each participant engaged in the work voluntarily, several participants shared that they were new to their position or new to nursing education. As an experienced educator, Bella jumped into the process later in the group formation. She said “I didn’t really know anything about MANE. All I knew was it was a new curriculum.” When asked what helped her to survive, she said “after my first meeting, I read all the minutes and I searched and read stuff.” So, while new to the group and facing her own obstacles to become oriented to MANE, Bella demonstrated a similar trait of being a dedicated nurse educator. Emily stated that because she was new to nursing education and new to MANE, “I think it took me a good year to figure things out.” For her as well, dedication to becoming familiar with MANE helped to her meet the challenge.

Summary of Question 1

In summary, the nursing faculty members who engaged in MANE were motivated by current trends in healthcare and personal satisfaction in contributing positively to the nursing profession. This was a group of highly motivated professionals who wanted to get involved in something innovative in education. Working in groups with similarly minded professionals was

one of ways that members found personal support to face obstacles and continue with the arduous work of developing MANE.

Question 2: How was MANE Created Collaboratively?

The second research question focused on how the curriculum was created collaboratively. In order to answer that question, it's helpful to review the history of MANE from fall 2011 until spring 2017. This will be accomplished through the participants' recollections and meeting minutes. Because I have been involved in MANE, I am able to fill in some of the story as well. Additionally, in this section, I will report on the development of the transformative strategy, the intra-agency agreement, the formation and development of groups, the unique features of the curriculum, and the development of faculty. Finally, I will present some of the challenges and the benefits that the participants shared about the process of creating MANE.

History

In this section, I have drawn from stories from several participants and meeting minutes and given an overview of decisions made. The history section is not all-inclusive and further details to answer the question of how MANE was created follow the historic overview. There was much foundational work that was done in the process phase, which is evident in the text and in the number of appendices. It should be noted that when asked about what participants remembered about the formation of MANE, much of the following information was not mentioned until I prompted the participants since the interviews took place in 2018 and MANE began in 2011. After minimal prompting, participants shared what they felt were important decisions made. In particular, several participants who had been involved since the inception of MANE added to the data here. To guard their anonymity, I have decided to identify quotations

with pseudonyms sparingly. I have supplemented their comments with meeting minutes and MANE documents. I also clarified information in second, brief interviews. Finally, I have included tables to indicate what I believe to be key activities during the time periods. It should be noted that the steering committee met monthly during the planning period; curriculum committee met at least every other month, with two summer work retreats. Other committees met less frequently on an 'as needed' basis. I have divided this section into three historical time periods; 2010 to 2013, 2013-2014, and 2014-2017. The significance of these periods will be addressed in each segment.

History: 2010-2013. The years of 2010 to 2013 mark the beginning of MANE and end with the hiring of a program director. Before MANE began, the idea for a collaborative curriculum between the community college and the university began in the minds of ten Minnesota nurse educators. Aided by a grant from Health Force Minnesota (Graziano et. al., 2017), these nurse educators attended a conference in Oregon to learn more about the Oregon Consortium for Nursing Education (OCNE). Following the national example of the Tri-Council for Nursing (2010), the group consisted of members from education, industry and regulation; specifically, public universities and community colleges affiliated with Minnesota State, a private university, Health Force Minnesota, and the Minnesota Board of Nursing. Following the 2010 trip to Oregon, several participants withdrew from the process, but six members continued to meet regularly to explore options for Minnesota nursing education. This group was known as the Collaborative Curriculum Planning Group (CCPG).

The CCPG made some key decisions during this time that were foundational to MANE. A strategic decision was to create the mission, which was to increase the number of

baccalaureate nurses in the state of Minnesota, thereby insuring the best health care for the citizens of the state. This decision was based on the Institution of Medicine 2010 report on the future of nursing. Another decision was to find a way to work with systems in higher education to streamline the transition from the community college to the university, thereby removing barriers to the attainment of a baccalaureate degree for associate degree graduates. The group decided that the new curriculum would be concept-based, in an attempt to decrease content overload which was a problem in each institution. While trying to find common ground on which to base the curriculum, a member of the CCPG suggested that the curriculum be based on the AACN essentials of baccalaureate education (AACN, 2008). She suggested that competence statements could be built on the baccalaureate essentials, leveled and spiraled throughout the curriculum, making a seamless curriculum from semester three through semester eight of the new nursing program. Regarding this decision to base the curriculum on the baccalaureate essentials, Amy said:

We realized that we didn't have to do all the work. It was already done for us so let's lean back on the work of really experienced nurse educators who spent a ton of time developing the essentials. We can say our graduate will be a baccalaureate prepared nurse because we are basing the curriculum on the essentials.

The CCPG group made other key decisions. For example, they decided that each semester would have a focus of care; for example, semester three would focus on well people and health promotion. These foci were based on current trends in health care and practice. In addition, the group agreed that clinical education would be revamped to better reflect where

nurses were practicing. They agreed to use the OCNE clinical model (Gubrud & Schoessler, 2009).

The CCPG group hoped that many other community colleges and universities in Minnesota would want to be a part of a collaborative curriculum. Charlotte remembered that the dean from one university partner gave regular updates on the work of CCPG and later on, MANE, to the Minnesota Association of Colleges of Nursing (MACON). In the fall of 2011, a public forum was held at a centrally located university and all contacts from MACON were invited to attend to discuss and explore the possibilities of a collaborative curriculum. Charlotte, Olivia, Sophie and I remember this meeting although Charlotte and Sophie were not present. Charlotte stated that there was a lot of interest in this innovation, but many universities had a wait and see attitude to the proposal. Additionally, a recent change by the Minnesota Board of Nursing requiring all nursing programs to be nationally accredited created increased workload for some schools. Of this time in nursing education in Minnesota, Charlotte said:

Some programs were just going into the accreditation process and you don't change or start something brand new at that time...If it's successful, how would it work. And then maybe we'll think of joining later on. I don't think anyone was not supportive at that time, but it just was not the right time.

In the meeting minutes from the fall of 2011, I learned that there were several university partners, two large health care organizations, and at least seven community colleges who expressed interest in knowing more about MANE. Faculty members from these schools began to meet in smaller, self-appointed committees to begin the work of creating MANE (see Group formation for more information). At this time in MANE's history, there was no one leader. As

Lily pointed out, “there really was not a leader; the committees were driven by the members.”

Several people did step forward to organize meetings, but there was no appointed leader.

During the first nine months of meetings and planning, work groups built upon the decisions made by the CCPG: decisions to be a concept-based curriculum, based on the baccalaureate essentials, using the OCNE clinical model for clinical delivery. According to one participant and the meeting minutes, members of the steering committee developed the transformative strategy. It stemmed from the work of Dr. Christine Tanner and OCNE. It became the overarching strategy for future MANE development. From this strategy, all other work of MANE flowed. The transformative strategy explained that MANE was created between education and practice partners to see an increase in the number of baccalaureate prepared nurses in Minnesota. It included the guiding principles of inclusiveness, beneficence, collegiality, courage, healthy conflict, and shared leadership. See Appendix D for a copy of the transformative strategy.

In addition to the transformative statement, a statement of core values was developed. According to the core value statement, MANE values innovation, collaboration, integrity, mutual respect, diversity, and a responsiveness to local and global health needs. For a complete copy of the core value statement, please see Appendix E. These two statements helped the groups to establish agreed upon ways for working together. Other strategies for working together will be discussed later in the chapter.

Several participants recalled working on the philosophy statement and mission statement before other work was done. Speaking about those early decisions, Chloe said:

We came up with the mission statement first and foremost. Then we came up with the vision; what are we here for? That was the big question that needed to be answered. And everybody had differing opinions about these statements.

According to Olivia, the transformative strategy helped to center the groups. While it certainly does not reflect all of the work done in this time period, the curriculum design summary captures the essentials of much that was accomplished during the first months of MANE meetings. Please see Appendix F for a copy of the curriculum design summary. Participants remembered the healthy dialogs that ensued while working on various aspects of this summary. By April, 2012, several universities and community colleges remained interested, but they had not yet committed to engaging in the work of creating MANE.

As time passed and the work became more arduous, the steering committee and the curriculum committee members realized the need for financing. There had been no budget for expenditures such as meals, transportation, or copying. Additionally, group members had done all work on a volunteer basis. This was becoming a hardship for some members. In addition to paying the members a stipend for the work done, there was a realization that enlisting an outside consultant would be beneficial. That would require funding. To offset these costs, the steering committee obtained a sizable grant from Health Force Minnesota.

As I reviewed steering committee minutes, some key activities I identified included obtaining additional financial support from several outside sources and interfacing with administration and general education faculty. A representative from the Minnesota Board of Nursing (MBON) was reviewing the plans of MANE to make certain that everything was in accordance with the MBON guidelines. A representative from a large practice organization was

helping with training for all practice partners. The systems committee began to meet with faculty union representatives and legal counsel. To assist with getting the word out and recruitment of students, the steering committee sought help in designing a MANE logo and website. Steering committee members agreed upon the student admission process. This included that students would be dually admitted to the university and community college with one process. The group also agreed upon student requirements for admission and set common deadlines for application. They began to meet with individual college advising departments to talk about MANE and how to advise students about MANE. They set spring 2013 as the target date to begin student recruitment.

The minutes I read from the curriculum committee during this same time period revealed the large amount of work this committee was involved in. The primary work was to complete a curriculum plan in harmony with the steering committee and develop all course outlines. During the summer of 2012, the curriculum committee scheduled two, three-day work retreats. By the end of the summer, the curriculum committee members were responsible to have a curriculum plan for the baccalaureate degree, along with an associate degree benchmark. This included identifying those general education courses that would be a part of the plan so that by fall of 2012 all schools' nursing faculty could begin the process of meeting with their academic councils to obtain approval through their governing bodies. The committee also finalized details of each nursing course, including number of credits per course, common course outlines, and topical outlines. See Table 2 for details of the work being done at this time.

Table 2

Timeline of Some Activities, Summer 2012 to Fall 2012, Taken from Meeting Minutes

Timeline	Activity	Accountable Group
Summer 2012	Develop four-year curriculum plan	Curriculum committee
	Define curriculum and verify credits for AD benchmark (with systems), including common course numbers for all partner schools	Curriculum committee
	Address advanced standing for LPN students	Curriculum committee
	Develop Courses and Course outlines, objectives for all courses	Curriculum committee
	Identify general education courses and credits	Systems committee
	Begin inter-agency agreement- Charter	Systems committee
	Marketing and communication throughout state	Systems committee
	Communicate with student affairs	Systems committee
	Plan fall conference	Faculty development committee
	Plan OCNE webinar	Faculty development committee
	Begin communication with accrediting agencies- all campuses	Steering committee
Oversee all activity	Steering committee	
Fall 2012	Begin process of gaining campus approval from academic councils- all campuses	Curriculum committee or faculty development members

The goal of this aggressive work was to have a complete plan by May 2013 to present to national accreditation bodies, along with substantive change reports. Please see Appendix G for a copy of the curriculum plan and Appendix H for a crosswalk of program outcomes and national standards.

During this initial phase of developing MANE, each college nursing department was kept informed of what was being talked about at the committee levels. First and foremost, nursing departments were asked to commit to be a part of MANE. This led to rigorous discussions on each campus. As Amy recalled:

Our dean brought it up. She told us this was an opportunity, but it's up to you if you want to participate in this. I was for it from the beginning just from the perspective that everybody would be involved in this innovative teaching.

Grace recalled:

We had been in the middle of writing a new curriculum when we were pretty much told by our dean that we needed to go with MANE, or we would not get clinical sites if we didn't go with MANE. I was never opposed to MANE personally, but it was a timing thing. We were just finishing a new curriculum.

Amelia said:

When I first heard about MANE I truly, honestly believed it was a good thing for our students. I believed our students needed that access to baccalaureate education. I thought they needed that baccalaureate education to advance in their practice. I was supportive because I thought it was for the good of our students.

Ultimately, the nursing faculty members from each partner school voted, in principle, to be a part of MANE.

Summary of history 2010-2013. MANE began as the collaborative vision of a group of Minnesota nurses. In the period of time between 2010 and 2013, much of the foundational work of MANE was initiated. A public forum was held in the fall of 2011 where all nursing programs

in the state were invited to learn more about the vision of the CCPG. From that forum, one university and seven community colleges agreed to begin the work of turning the vision into a reality. Volunteers from community colleges and universities joined one of four committees; systems, curriculum, faculty development, and research. The steering committee was comprised of program deans and directors. From fall 2011 until spring 2013, the transformative strategy, the vision and mission statements, and curriculum plan were created through collaborative work. Group formation was occurring at this time and will be discussed in more detail later. During this time, the need for a program director and financing became apparent. The next historical section focuses on these next steps, as well as the on-going work in curriculum and faculty development.

History: 2013-2014. This second section of the history of MANE begins with the hiring of a program director and ends with the first offering of the MANE nursing courses in fall semester, 2014. Participants stated that hiring of the MANE program director was a pivotal point in MANE's history. This person oversaw the work of MANE until the summer of 2018 when she retired. Multiple participants commented on the benefit in having a program director. Sophie said that gaining the resources to hire the program director was a very positive thing for the ongoing work of MANE. Molly said that in her opinion, the director held the group together. Amelia, Crystal and Emily all voiced their respect for the program director's leadership and ability to move the process forward. Millie said that the program director was such a crucial position. "I don't know if we would have been successful without her. She came at a crucial time. We needed a central leader." Crystal said, "she has been the glue that has kept everything going." The steering committee minutes reveal that the director became the face of MANE, not

only in Minnesota, but in a national context: specifically, at conferences in Texas and California, as well as consulting with groups from Wyoming and Montana.

The specific course documents, such as course descriptions and topical outlines, had to be complete by the end of summer of 2012. This was to enable curriculum committee members to take documents back to their respective colleges or universities for discussion and votes of approval. While this process began in fall of 2012, it was completed during this time period.

Regarding the creation of the curriculum, the first step in the process was to take the curriculum plan, the course outlines, the grade sheets, and the topical outlines back to their own nursing faculty for approval. The curriculum plan was the first hurdle. Curriculum committee members had to explain the rationale for five semesters, where the first two semesters were for general education courses. For some colleges, the curriculum plan decreased the number of semesters in the nursing curriculum by one semester while for others it increased the number of semesters. All faculty members were concerned about teaching loads and NCLEX pass rates because of these changes.

Because of the tedious work of wordsmithing that had been undertaken as these documents were written and revised, curriculum committee members were able to answer questions raised by their own faculty peers. Each college faculty group had to okay all the core documents. Lily gave details on how this happened at her college:

The courses were introduced in our department meeting and then there was a time that was allotted for discussion and then we either postponed a vote or voted. We didn't want to vote before a total discussion was done. Sometimes the votes were postponed because we needed to think about more things. There were plenty of conversations that were

happening among faculty at this time. I actually heard some comments like ‘I think that’s wrong, so I’m just not going to do it.’ I don’t think they continued, but they did occur at first.

In addition to working with fellow faculty members, curriculum committee members had to meet with faculty from other disciplines to explain the curriculum plan. Some of the initial planning had been done by the steering committee members, but curriculum committee members were also involved in these meetings. Lily shared about meeting with the science department at her college:

We had to look for ways to reduce credits. Our chemistry course had prerequisites in math, and we couldn’t have the extra credits in the program plan. So, we looked for ways that the math could be built-in to the chemistry course. We now have a chemistry course that was developed to ensure that the students not only learn chemistry but also work with some of the calculations. That seems to work.

When asked about meetings with the science and English department faculty on her campus, Crystal said they went very well. “We had meetings with science just to bounce ideas back and forth, and the English department wanted to know what they could do better in their classes [to meet the needs of the students].” When I asked if these meetings had occurred before the advent of MANE, Crystal said no, they were because of the new curriculum plan. Emily shared that on her campus the first interactive meetings with the science department on her campus happened because of the advent of MANE. Lily shared that on her campus, regular meetings between disciplines had been happening prior to the advent of MANE. While these examples demonstrated positive interactions, not all meetings between disciplines were as collegial. On

her campus, Olivia stated that one other department was not open to changing a course to meet the established MANE curriculum plan. That meant that students on that campus had to have an exception to their plan in order to meet criteria for graduation. Overall, members of MANE had opportunity to work collaboratively with colleagues on their own campuses in the development of the MANE curriculum plan.

Following approval by each discipline, the curriculum committee member had to take the course outlines to their own Academic Affairs and Standards Council (AASC) for approval. Times for these meetings varied between campuses. Campuses also varied on what needed to be approved by AASC. For example, several colleges needed to include a topical outline on the course outline; some needed a statement of purpose for the course; and some needed only the course description and course objectives. Because of these variations among campuses, and the support needed on each campus, it was imperative to have completed course and topical outlines done by fall of 2012. This gave curriculum committee members the necessary time during the 2013-14 academic year to obtain AASC approvals.

One document which was finalized with the assistance of the program director was the MANE tree. This document was particularly useful in explaining MANE to advisory board members, clinical partners, faculty members, and potential students. In this picture, the essentials of MANE were depicted as a quick overview. For a copy of the MANE tree, please see Appendix I.

While much of the curriculum had been outlined previously, there were many other documents to complete such as the student handbook, the faculty handbook, and admissions criteria. Here again, wordsmithing took hours of time by curriculum committee members

working together and in small groups. Many other actions were taken during this time period that included the details of initiating a new program, such as agreement on uniforms, agreement on grading schemes, agreement on grading rubrics, and agreement on passing standards. And as more work was produced by curriculum committee members, there was more push back from faculty members that needed to be addressed. As Lily noted:

If faculty felt strongly about the issue, I felt I had to bring it back to the MANE committee to discuss it. What I found was that some of my faculty members' concerns were also happening on other campuses, so it was not new. And we could talk about it and I could bring answers back to my campus.

Table 3

Timeline of Some Activities from Spring 2013 to Fall 2017, Taken from Meeting Minutes.

Timeline	Activity	Accountable group
Spring 2013	Program director hired	Steering committee
	Funding secured from Minnesota State for summer work. Begin work to secure grant from Robert Wood Johnson/AARP	Steering committee
	On-going development of website	Director
Summer 2013	Development of MANE logo	Director
	Faculty summer institute	Faculty development committee
	Clinical partner summit	Director
	ACEN Substantive change	Steering committee
	Semester 5 and 8 benchmarks	Curriculum committee
	Final curriculum plan, grade sheets, test blueprints, clinical assessment tools	Curriculum committee
	Application dates set	Steering committee
Fall 2013	Faculty institute	Faculty development committee
	Meet with advisors re: dual admission	Director
	RWJF grant received	Director oversees
	Structure for collecting data	Research (REA) committee
Spring 2014	Charter event among MnSCU presidents	Director and steering
	Third clinical symposium	Director
	All documents complete and ready for a fall start	Director, steering committee, curriculum committee

There were two other large accomplishments in the development of MANE that occurred in this time period. They will be discussed in more detail later. They include codifying the interagency agreement, signed by first adapter schools' presidents, and receiving a sizable national grant from the Robert Woods Johnson Foundation, which will be discussed in more detail later. See Table 3 for a recap of some of the activity occurring from April 2014 until September 2017.

Summary of history 2013-2014. The time period between spring 2013 and fall 2014 began with the hiring of a program director and ended with the beginning of the first cohorts enrolling into the nursing courses. This was a time of completing all course documents, working through college systems for course and program approval, and disseminating information to all faculty members, clinical partners, and future students. More information on curriculum development will be discussed later. Because the need for financial resources had been keenly felt, application for the substantial national Robert Woods Johnson Foundation grant was made. Several faculty development sessions were held during this time, which will be reported on in more detail later. The ending of this time period is marked by the fall 2014 semester start of the nursing courses in MANE.

History: 2014-2017. The final historic recap begins at the implementation of MANE in all first adapter schools and ends with the first graduating class to complete all eight semesters and earn their baccalaureate degree. While MANE was implemented at this time, the participants and the meeting minutes indicate that there was still much development taking place during this period. That is why I have chosen to include the history in this section.

The first issue was the development and rolling out of the lower division courses. For the university, this was the first time they had offered a complete BSN program and not just an RN-BSN completion program. That meant that for the first time, university faculty members had to teach courses at the lower division level. For all MANE schools, it meant all new courses. While the curriculum plan had many details, there were many course details that needed to be planned. Amelia shared that she was on the phone with other MANE faculty members from other schools at least weekly. Amy and Lily remember the bi-weekly phone meetings held between faculty members on other campuses. One thing I noted in these conversations was that there was indication of conversations happening with faculty members from the university and community colleges. Those conversations first appeared as work was being done on upper division courses. However, the university was also teaching lower division courses.

Another major issue that was noted in the meeting minutes was the development of upper division courses and the work to secure upper division faculty. During this time, several upper division curriculum committee members had planned sabbatical leaves. One participant commented that, while it was understandable that the faculty members took sabbaticals, having several university faculty gone at this crucial time was detrimental to the process. There was also the on-going issue of transitioning from lower division (community college) to upper division (university) courses. As MANE rolled out in fall of 2014, conversation began about working with the two faculty unions to allow community college faculty to teach as community faculty (adjunct faculty) at the university in the three semesters of upper division courses. The university reached out and sought faculty members. Some community college faculty members stepped forward to play this role, but as most faculty members were overwhelmed with the new

courses they were engaged in, the university still had significant staffing need shortages. These process issues had not been foreseen and they led to some periods of rough waters.

As the first cohort's fifth semester was completed in fall of 2015, 45% of students indicated they planned to go directly into upper division courses. In reality, 33.7% of students moved forward into semester six. The steering committee explored reasons for this. Millie explained that "a change had occurred in the health care environment. With a growing need for professional nurses, hospitals that had said they were not going to hire students without a baccalaureate degree did!" Olivia shared that "an assumption the MANE group had made was that students would continue on through all eight semesters without testing." Chloe remarked on the lower than projected number of students progressing in MANE:

At the time we initiated MANE, we thought students probably wouldn't test until they finished their BSN. That never occurred. Things changed, politically, financially, economically, between 2010 and 2015. We went through the infancy phase with a lot of things happening. Hospitals were not able to change hiring practices so students could walk out of the associate program and get a job.

These changes forced the MANE committees to regroup, while the new curriculum was still rolling out. Regarding the need for changes, Olivia said "it's just that you have to work on the barriers that keep people from moving forward." Molly concluded "it's an amazing thing the original curriculum committee did. We can't ever forget what has been accomplished while we are in the weeds trying to improve upon it."

In looking at minutes from this time, it is clear that more hierarchy was being developed to secure sustainability. One of those decisions was to create bylaws for the curriculum

committee. In the bylaws, leadership roles were identified. Up to this point, there had not been official leadership. Two leaders were voted on; one from the community colleges and one from the university. Participants spoke favorably of the advent of official leaders in the groups.

Crystal said:

They (the new leaders) gave everybody an opportunity to speak their mind and share ideas but they are also good at summarizing what's been said and redirecting us and staying on task, which I really appreciate. Because we could go off track very easily. That's frustrating in a big group of very involved people with a lot of opinions and a lot of experience.

Emily added:

Sometimes before, I didn't want to come to meetings. It seems it could take an hour or longer just to approve the agenda, and then maybe we'd read minutes. It seems now that things are very well organized and having leaders keeps us on track and keeps things running along. I feel like our time is respected and appreciated.

Lily added:

I think that early on in the process, we needed to be able to go over previous work. It could be frustrating sometimes, but it was such a new thing we were developing. Subcommittees were working and they came back to the larger group with reaction documents. It was never the feeling that your work was the end, but a reaction document we could all have input into. We still operate that way, but don't need the same kind of time. It's good to be finishing on time.

Other items revealed in the meeting minutes included the development of a cost center, discussions with several other interested institutions, and on-going curriculum work. Table four give a summary of some activities that took place in the time period between fall 2014 to spring 2017.

Table 4

Timeline of Some Activities, Fall 2014 to Spring 2017, Taken from Meeting Minutes

Timeline	Activity	Accountable group
Fall 2014	Begin discussion on dual enrollment	Steering committee
	Website complete	Director
	Seeking a second MnSCU grant	Director
	Continue to consult legal re: copyright and trademark process	Director
	Planning for teaching in sem 6 with community college faculty	Steering committee
	Campus visits for recruitment into sem 6	Director
	Conversation with another university	Steering committee
Spring 2015	Development of courses	Curriculum committee
	Planning for semesters 6-8	Curriculum committee
	Issues of transfer to university	Steering committee
Fall 2015	On-going discussions about clinical, handbooks, details of the program	Steering committee
	HLC visit at Metro	Metro faculty
	RIGR course added at Metro	Curriculum committee to review
Spring 2016	Begin sem 6	All campuses
	Clinical coordinator	
	MANE center	Director and steering committee
	Seeking endorsement from Holistic Nurses Association	Metro faculty
Summer 2016	Part-time option	Steering and curriculum committee
Fall 2016	Publication of MANE – NEP	Director and Steering committee
	CC bylaws established	Curriculum committee
Winter 2017	Continue to look at how to strengthen MANE	Steering, director, curriculum

Summary of history 2014-2017. The period of 2014 to 2017 marks the implementation of the MANE nursing curriculum. It is included in this section on the development of MANE because there was still much that was being developed and tweaked during this time. Some of the key items were course development in all semesters three through eight, development of structure to help sustain MANE, development of the cost center to help finance MANE, and the response to students' comments about going on with MANE.

Summary of history. In this section of the paper, I have tried to capture events that took place from the initiation of MANE in 2011 through the first graduating class in May of 2017. Because a group preceded the founding of MANE that made several key decisions, a history of their work has also been included. The history is divided between the early foundation of MANE, through the hiring of a program director, to the initiating of MANE courses and the graduation of the first cohort. This is by no means an exhaustive history, but a recap of decisions that were crucial to the creation of MANE. Regarding the history of MANE to this case study, Molly said:

The history of MANE is important as it helps everyone to understand not only how but also why decisions were originally made. It can also help the leaders of MANE to know which decisions can be changed as MANE moves ahead into the future.

In the following section, I will look in more detail at strategies used that formed MANE.

Strategies and Tactics

Kezar (2014) stated that “change happens at multiple levels (e.g. individual, group, organizational, and sectoral)” (p. 50). Because MANE was making a substantial change to the way nurses would be educated in alliance schools, strategies and tactics were used to help

“facilitate human interaction, create conversations, collaboration, and communication” (Kezar, 2014, p. 67). In this section, I am going to report on the strategies and tactics that the participants shared. I have also reviewed meeting minutes and will include tactics that were revealed from that inspection. These strategies and tactics occurred simultaneously and included the formation of a transformative strategy, writing of an inter-agency agreement, group formation, and faculty and curriculum development.

Transformative strategy. Eckel and Kezar (2003) stated that institutions can “benefit from the ideas, comments, suggestions, and challenges from interested outsiders” (p. 70). The original CCPG had been inspired after visiting OCNE. Therefore, it was a natural move to reach out to Oregon again for assistance. With help from an early grant, MANE was able to secure advisory help from Dr. Chris Tanner. Of reaching out to Dr. Tanner, Olivia said:

Chris Tanner helped us with writing the transformative strategy (see appendix D). How do we go forward with something so different? How did OCNE do it? So, we borrowed a lot of these ideas and then we made them ours. The transformative strategies helped us to form our structure.

Dr. Tanner participated in several conference calls with the steering committee members as well as a face to face meeting with the curriculum committee. Of that meeting, Amelia said, “I’m a big fan of Chris Tanner. I mean, from someone who has a mind for education, I think she gets nursing and she gets education. She still lives in the real world about how you educate students. It was great to have her come.” Sophie agreed:

That was actually pretty exciting. I thought it was a very valuable thing to do because we had scrutinized the OCNE materials. So, to see someone that was the champion from Oregon made it hopeful for me that we could do this here.

In addition to consulting with Dr. Chris Tanner, members of all committees were encouraged to read articles on innovations in nursing education. For a list of specific articles, see Appendix K. In particular, the Benner et al. (2010) book, *Educating Nurses* (2010), was strongly suggested as reading. Dr. Linda Caputi had been a recent speaker at a statewide health educator's conference. Amy remembered this early time of group development by saying, "reading and hearing Benner and Caputi; they gave us permission to think outside the box!" The creation of a transformative strategy, based on current trends in health care and nursing education, coupled with the expectation that those involved in MANE would engage in scholarship, was a strategy that helped "facilitate human interaction, create conversations, collaboration, and communication" (Kezar, 2014, p. 67).

Inter-agency agreement. An agreement between the first adapter schools had to be written and signed before MANE could be initiated. This agreement was worked on in the system and steering committees, with input from the Minnesota State system office and legal counsel. Only one participant spoke of this agreement, but meeting minutes demonstrated that this was a time-consuming effort to iron out all the legal and financial aspects of schools committing to this alliance. In fact, first minutes available from early in 2012 indicate that this work was well underway at that time.

As Chloe stated:

Probably the other big issue that had to be solved was the memorandum of understanding between the colleges and the university that had to be signed at the presidential level. It's not an articulation agreement. This document had to be signed at the presidential level that they committed to MANE. Committed to going forward. We really couldn't step out and start everybody at their program until there was administration agreement at the top level. We had the "blessing" so to say of the system office to go ahead and look at this because they were always looking for more collaborative agreements, but we had to have something legal and binding. And so that was the other big, big project that had to occur before we started this.

At the president's meeting in February 2014, the presidents of the first adapter MANE schools signed this agreement, giving the green light for MANE to be implemented in their schools. Fall semester 2014 had been selected as the implementation date.

Group formation and process. According to Kezar and Lester (2010), group formation is about people coming together for a common purpose (p. 42). They also state that much of the work of grassroots innovations happens in groups but that groups can also produce challenges and obstacles (Kezar & Lester, 2010, p. 333). MANE was created through group process, coordinated originally by the steering committee and later by the program coordinator. In this section, I will share the participants' thoughts on the formation of the groups and the groups' processes.

Group formation. Groups are often formed by selecting people for various functions. However, MANE relied on volunteers to select a group they wished to work in. Molly commented on the unique formation of the group:

So, here's what I see- there is a really interesting distribution of folks and because they volunteered, it's not like formulating a group and thinking about your style or styles. If you had that opportunity, then you would make choices according to strengths. This is not that kind of group, yet it's interesting that there are a lot of complementary and supporting styles. Some people connect as historians, some are process driver, some know where every document and decision is recorded. We have folks on the group who are able to raise challenging questions without harming other people's perspectives. We have our discussion managers who can stop the group from sort of spinning.

Charlotte said:

I'm a firm believer in that it takes multiple personalities, the way people function in groups, how they process things, their ability to reflect and then bring things forward into groups in order to make it a really truly productive process. So even the more disparate your group is in terms of personalities, sometimes the better it functions. You get more discussion. You get more, 'well what do we think about this?' versus people who are more alike and think the same, we don't tend to be as creative in some ways. I think in that sense it's been really exciting and fun to see how those personalities have shaped themselves.

Four committees were formed initially to work on various aspects of MANE. These committees included the steering committee, comprised of deans or directors of MANE schools, the systems committee, the faculty development committee, and the curriculum committee (see Figure 3).

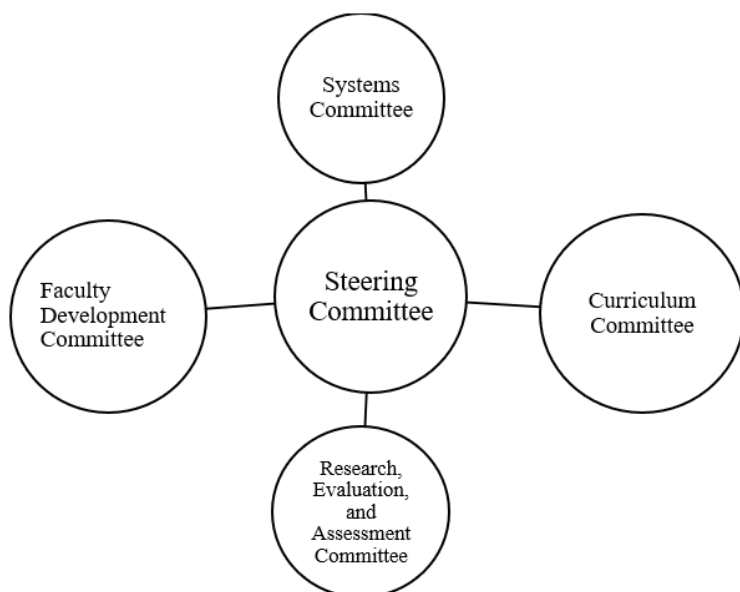


Figure 3. MANE Committee Structure

A plan to develop a research, evaluation, and assessment committee was set for a future time. For a detailed description of membership and roles of these committees, see appendix J. While the group looked to OCNE for help, Amelia had this to say about the early days of formation:

There was not anybody out there to say, show me how to do this. It's not like you can build a surgery center and you can go out and look at six or so of them to get ideas. No, it's just like we had to figure it out on our own.

Amy summarized group formation by saying “we had a lot of great brains at the table and we used the resources that were available to us.”

Group process. The initial and on-going development and maintenance of MANE has been a group process. After initial groups were formed, they evolved. In this section, comments about some of the group dynamics will be presented.

Group meetings were held regularly. The steering committee often met monthly throughout the year. After the implementation of MANE, the curriculum committee met twice a semester and for four to six days during the summer. For these two groups, most meetings were held face to face. When asked about the face to face meetings as compared to phone conference calls, Chloe said that face to face was better. In phone meetings, “people weren’t vested. Their time and attention was divided.” Amelia said that while it was a commitment to be off campus for a day, the face to face meetings allowed for relationship building. A strategy that worked well was to set meeting dates well in advance so everybody could look at their calendars and make the dates work. While it didn’t always work for everyone to be present, team members saw these meetings as a priority.

While there were many meetings, both face to face and via phone, there had to be a means for the group to communicate in addition to those times. Email communication was used frequently. In addition, for several years, MANE committee members used Dropbox©. Finding documents in Dropbox© became difficult. Following the advent of the program director, the group moved to a web-based repository for documents. While it was still problematic, it became a better means of storing documents. The storage of documents and communicating remains a challenge in group processing.

With all of the decisions that needed to be made collaboratively, as previously stated, the groups agreed to a code of conduct. Additionally, groups developed ways of working. Molly offered some insights on group dynamics:

Processing was a big deal to this group. They wanted to think out loud and get everybody's perspective. That's a big deal before moving to a conclusion. I think that's a really good thing. It's a part of the group culture.

Lily remembered that "when something was developed, you shouldn't own it. It was a reaction document, so that we could build from there and not necessarily have the end product. I think that was a really good way to handle the process."

Olivia said practices had to be embraced that would move the process forward, because there were many details that could have stalled or derailed the process. "Think of all the barriers. Think about the barriers we removed." She recalled the group adopting "the whole concept of the parking lot. We can't talk about this right now because we have to deal with this first and solve this." So, the group would write items into a parking lot to discuss at a more appropriate time so as not to sidetrack forward progress. Another thing that became part of the culture was the expression "it's good enough for now." Amy made reference to that:

I really enjoyed all the consensus process. Where it's not going to be perfect but even just at one point we said, "it's good enough for now." I think that really served us well because there were many times that we could have gone round and round and round and somebody would say, is it good enough for now? And yeah, it is. Let's just move on and go from here. We can come back as we continue to revise. I think those were small things that really helped the process to move forward.

Molly added another insight to the way the group functioned:

What was interesting to me was the strong point of view that everyone had, and the group wanted everyone to have a voice in the decisions. If there was a motion for approval,

was there representation from every college? I think that was a good thing, although the negative side was if someone was not representing a college we could be stymied.

Fortunately, that didn't happen often.

One practice that occurred with frequency in early curriculum meetings was to review where the group had come at the beginning of each meeting. Minutes were reviewed and corrections made at that time. This practice was done to make certain that new participants were current on the progress of MANE but could sometimes take half of the meeting time. Additionally, firm agendas were not established. Rather, the group was directed by communication from the steering committee about things that needed to be done. Before joining the curriculum committee, Bella had heard from a colleague that nothing was done at the meetings. Lily remarked on this rehashing of previous meetings:

I remember thinking; do we really have to do this? Do we need to spend another day on this? But after it was all done, I could see that there was a benefit, even though at the time I felt like one more day was wasted. But it was a benefit to the group. I think it was necessary because it would have been too prescriptive and there would have been push back if things had been too orchestrated. I don't think we would be where we are today if we had things too prescriptive.

Olivia's reminiscence of this process was that "we were a think tank. We really were. We were creating something so innovative."

The group process was not perfect. There were times when agendas were derailed. Amy remembered one meeting when a member began to rehash a previous decision. "She insisted on having this conversation about something that was long settled and we took up a whole half

meeting on something previously decided.” One participant stated she ultimately withdrew from her MANE committee because she felt like she was not heard. In reflecting on the group process, Sophie said:

After a meeting I would look at our group process. I was aware of our struggles, but we got better as we worked together with each other. And I don't think it has even really been acknowledged or even noticed but there was a point in our group development where we could really work together.

Summary of group formation and process. The process of forming work groups was by self-assignment from a group of volunteers. Those volunteers needed to set up structures and guidelines for completing the work. Originally, several work committees were established that were coordinated by the steering committee. Participants remarked on several tactics that were used to move things along, such as the parking lot. The need for agreement on tactics and strategies was necessary in order to engage in curriculum development.

Curriculum development. In addition to the process of transfer, a curriculum needed to be developed that could be agreed upon between the community colleges and the universities. This curriculum development meant that representatives from all interested parties needed to work together to identify core elements while respecting academic freedom of faculty and regional differences. The arduous work of curriculum development was the task of the curriculum committee.

Tactics of curriculum development. As mentioned previously, the CCPG had made the decision to have a concept-based curriculum that would be spiraled through six semesters of nursing that had unique foci of care. Additionally, the OCNE clinical model would be used as a

model for clinical delivers in MANE. While the work of other committees progressed, curriculum was being developed by faculty and for faculty, fleshing out the decisions previously made. Faculty self-selected which committee they would be interested in joining. For those who joined the curriculum committee, it was because of a passion for curriculum. Amy had already been involved in a collaborative curriculum initiative previously and was excited to join the curriculum committee. Amelia said, “I love curriculum. I’m passionate about curriculum development.” Grace also indicated her passion for curriculum development. Sophie shared “for me, the integration of an associate’s curriculum and a baccalaureate program has kind of been a theme throughout my teaching career.” Many other participants had previously been involved in curriculum development so joining the curriculum committee was a natural fit.

Starting with a blank canvas, Chloe said “we had to determine how we would split up the curriculum. The curriculum committee worked on that and created the five semesters for the associate degree. Curriculum was a huge endeavor.” Additionally, the curriculum committee developed the focus of the last three semesters which would end with a baccalaureate degree.

Creating the alignment template, based on the baccalaureate essentials, was a document that guided courses and assignments. Amelia remarked on the work of leveling the competencies: “The competencies! Leveling those competencies was grueling but was so necessary. That was a huge foundation to iron and hammer out.” From the alignment template and curriculum plan common course outlines, topical outlines, and grade sheets were designed. Zoey remarked, speaking of these core elements:

We knew that faculty had academic freedom. So, knowing that different situations, different settings . . . I think that’s been a big challenge for the curriculum committee.

When making decisions, how can we be global but yet be specific so that we have a similar curriculum?

Academic freedom was a topic that came up frequently in curriculum committee discussions. In particular, participants wanted to support faculty's choice for text books, schedules, class activities. They wanted to stay away from anything that would make MANE look like a "canned curriculum." From this caution, curriculum committee members developed a list of core or essential MANE curriculum and a list of those areas where faculty could have academic freedom. For the list of core and non-core curriculum components, see Appendix L.

As the baccalaureate essentials were going to be the program outcomes, they needed to be leveled throughout the six semesters. Of leveling and spiraling the curriculum Bella said:

I think one of the key decisions of the curriculum was to spiral the curriculum and spiral leveling. Instead of starting things at different times, we looked at the level of the concept, and then we would go back again, increasing in the breadth and depth and scaffolding.

Speaking in support of spiraling the curriculum, Millie said, "we planned to use spiraled curriculum, built on student's past knowledge." Zoey shared how all of these decisions impacted the whole "because they obviously impacted assessments. Topical outlines and assignment templates mapped out things. I think that was a key decision to help direct the work when we got to the course level."

In addition to spiraling the baccalaureate essentials throughout the six semesters, early developers had decided to use concept-based curriculum. This decision was supported by the curriculum committee and shaped their work. In regard to using concept-based curriculum, Amy

stated that she knew this meant “everybody would be doing the best evidence-based curriculum, using innovative teaching strategies.” While concept-based curriculum was agreed upon, deciding which concepts would be included led to greater discussion. Amelia remembered how that discussion was finally solved. “We finally looked at the list by Giddens (2017) and agreed to begin there. We voted on that. We could agree to start there.”

Another curriculum change was the adoption of the OCNE clinical model. Speaking of the MANE clinical model, Olivia stated:

OCNE really owns the clinical model and the foci of care. But we learned that they only brought it to the fifth quarter. They only brought it to that point. They were on a quarter system and we were on semesters. So, we really took it to the next level.

Unique features of the OCNE clinical model were adapted to each semester and each semester would have a focus of patient care. Clinical sites would be sought where patients fitting that focus of care were found. For example, semester four looked at chronicity and end of life care. Patients with chronic disease could be found in home care, long term care, and in clinic settings, so clinical partners were sought in those areas. This shift was a big change for faculty and practice partners. Amy said “using the OCNE clinical model- those five clinical foci. Redefining what it meant to do clinical and clarifying what clinical meant in those different ways. I think that was huge!” Molly remarked “we had to talk to our clinical partners about what clinical would look like and how it would be different. And we needed to prep our nurse managers on the units and the staff that would be precepting.” The overview clinical model is found in Appendix M.

The committee wanted common ways to evaluate learning. While nothing was said about this, it does appear in curriculum committee minutes. Common evaluation methods include the development of rubrics for written, oral, and discussion assignments. A common clinical evaluation tool was designed. Test blueprints and a common grading plan were agreed upon. A passing grade of 78% was agreed upon for all courses. High stakes dosage calculation tests were agreed upon for all six semesters.

One program evaluation method was adopted by a vote in the curriculum committee. In this agreement, each school decided to use one nursing certification exam preparation program, Assessment Technologies Institute (ATI). Before this time, colleges had used different programs. Amelia said that “the integration of ATI was a big (emphasis placed on the word big) decision. Charlotte stated:

Going with ATI; there were some positives and some negatives to that kind of thing. But I think those kind of decisions, even though small in and of themselves, they were big decisions to say we are in alliance. We are going to do this together. We are going to stick to common processes where it’s appropriate.

Several schools were familiar with using ATI. For those faculty members, they incorporated ATI into courses as they had done previously. Bella stated she made a table for faculty on her campus as to where ATI content could be embedded. Crystal stated her colleagues used a previous point system to encourage students to use practice tests prior to content mastery exams. Lily stated her colleagues used ATI practice tests to help prepare students for unit tests. In other words, for some campuses, this decision was positive. However, not every campus was familiar with ATI and introducing this new program was not without push

back from faculty members. Amy said her campus had used another exam preparation program so changing to ATI “was tough. In fact, it was bitter medicine” for faculty members.

In seeking agreement of the curriculum plan, the curriculum committee also had to decide what would be essential pre-requisites. Limited by 120 credits, the first year was devoted to general education courses. In the following six semesters, one general education course was included in each semester. After agreeing to this, the participants had to decide which courses were essential to a MANE graduate. General education courses needed to be accepted for a transfer from the associate program to the baccalaureate program. Much of the initial work here was suggested by steering committee to the curriculum committee. At that point, the curriculum committee came to a consensus on the final program plan. The eight-semester curriculum plan is found in Appendix G.

In addition to deciding on a curriculum plan, the curriculum committee had to decide what not to include. One decision that was made early on and set the tone for other decisions was whether to make the nursing assistant course a prerequisite to entering the MANE program. For all of the community colleges, this had been a prerequisite for entering the nursing program. The item was included on the agenda of a meeting and the discussion was largely in support of keeping this as a prerequisite. Sophie recalled this discussion:

We had a fairly major discussion. I remember it was a difficult discussion as a committee. All but one institution wanted to keep this as a prerequisite. And then one member said, ‘show me the evidence.’ She wanted to know what evidence we had that being a nursing assistant would make our students better nurses. That changed the whole direction of the group.

The group unanimously decided to drop nursing assistant as a prerequisite from the nursing program. That pivotal comment helped the curriculum committee to make future decision, in the light of evidence instead of tradition or previous practice.

Summary of tactics of curriculum development. One of the tasks that had to be completed prior to the implementation of MANE was the curriculum design. Building on the decisions of the CCPG, the curriculum committee constructed a concept-based curriculum that was spiraled throughout all six semesters of nursing courses. Course descriptions with course objectives were written and aligned with leveled baccalaureate essentials. As previously stated, all of these documents had to be taken back to individual campuses for faculty approval. Courses were then taken through the AASC process. While curriculum was being developed, plans were underway for faculty development.

Faculty development. Another group that was greatly impacted by the MANE curriculum was the faculty members from all MANE schools. They were a part of a vote held on each campus to agree to be a part of MANE. Faculty representatives were on the faculty development committee and curriculum committee. Those representatives had the responsibility of communicating with their faculty about committee decisions. Zoey commented that this was a big challenge for her, to take comments and concerns from her faculty and share those with the MANE committee while clearly conveying decisions from the committee back to her faculty peers.

Faculty development days were planned, with the first held in November 2012. These days focused on explaining the MANE curriculum and various aspects of changes that would occur in pedagogy, such as concept-based curriculum. The faculty development committee took

input from faculty members to plan seminars that met the questions and concerns of faculty members. This was done in order to help all faculty members feel more comfortable with their new teaching assignments. Lily mentioned that “faculty development had great ideas on all kinds of information.” Sophie stated that then, as now, “we need to promote the sharing of ideas. We all have some things that we could share.” The original faculty development days were well attended. However, as MANE rolled out, attendance at sessions was mixed. Poor attendance was not always based on support of the programs. Lily and Molly suggested that timing was sometimes an issue for meeting attendance. But Lily also pointed out that those “who were there wanted to learn and wanted to grow and to build on what’s being done. Those who were resistant [to change]; they weren’t there.”

Summary of strategy and tactics. Kezar and Lester (2011) stated that “strategy and tactics were on the forefront of minds and pivotal to creating change from the bottom up” (p. 97). One of the first actions undertaken by those involved in MANE was to create a transformative strategy that served as an underpinning for the rest of the innovation (see Appendix D). This strategy included principles that served to guide the work of MANE, such as collegiality, shared leadership, and healthy conflict. In addition, leaders worked to create an interagency agreement that enabled MANE to be adopted by seven colleges and one university simultaneously, which procured top level buy-in and solidified elements like the financial arrangements between the institutions involved. Group formation was random, and yet members self-selected areas of interest. Throughout the process of group formation, curriculum development and faculty development, there was much to celebrate, but there was also conflict to face. As participants

learned how to work effectively as groups, they became better prepared for the challenges ahead, while celebrating the benefits they experienced.

Challenges

Kezar and Lester (2011) stated that there are obstacles and challenges to be faced in the process of any grassroots initiative. Participants shared their thoughts on decisions or actions taken during the planning phase that, in their opinion, were detrimental to the mission of MANE.

Response to other interested schools. When MANE was organizing, there were a group of other universities and community college interested in further information about the alliance. These institutions were both public and private universities and colleges. As Chloe recalled, “There was a lot of discussion initially about who was going to be an initial adapter. The decision was made that the institution must be accredited. That was a decision that we regretted a lot.” Olivia added “we didn’t keep a school involved because they weren’t accredited and that’s something we didn’t do right.” Millie clarified this by stating:

One of the errors we made is that we should have had schools join us that were not accredited. Because we could have helped them get accredited and then we would have had more membership. I think that was a major error.

The reason for this exclusion was because at the time MANE was initiated; all nursing programs in the state of Minnesota needed to have national accreditation in order to have Minnesota Board of Nursing endorsement. MANE schools knew they needed to submit a substantive change report with nursing accrediting bodies as the program began. Participants suggested that their own apprehensions about successful completion of the substantive report to national accreditation may have skewed their decision to exclude those interested schools that were yet to

be accredited. In the end, the substantive change reports were supported by the national accrediting board and since the adaption of MANE; four MANE schools have successfully gone through a routine accreditation process. All four schools received the maximum number of years awarded for accreditation. Looking back on the decision to exclude unaccredited institutions from partnership with MANE, participants felt they could have been helpful to those colleges in becoming accredited and being MANE partners. Several participants stated it was a missed opportunity.

Another error reported had to do with ending discussions with other universities that were interested in the possibility of joining MANE. At the time MANE began, only one university was an alliance member. As Millie said, "I think a single university member isn't good for our model." Olivia expressed regret that another university was cut off from discussion stating, "They should have been allowed to stay. It really created that exclusive feeling. We just cut off communication." According to the meeting minutes, there were three Minnesota State institutions that were interested in knowing more about MANE and were engaged in seeking more information during 2012. Of the decision to end dialog with those schools, Charlotte said:

One decision that was made which in retrospect might have been a tactical decision error was that we didn't engage those schools in discussion enough about what MANE was about and 'would you like to stay at the table longer?' We were trying to get that admission criteria up and running and it was just that we didn't have time to talk about anything else new at the time. But when we did have time later, well, that train had left in a sense.

While there has been some effort to reengage schools that expressed interest in MANE previously, at the close of this case study, no new institutions have joined. However, plans are in place to expand to other schools in the future as the situation arises.

Melding of lower and upper division. The original intent of MANE was to increase the number of baccalaureate prepared nurses in Minnesota. The plan was to create a seamless curriculum from lower division through upper division nursing courses, based on the baccalaureate essentials. While the curriculum was created through the eight semesters, course teams were given freedom to flesh out the course. Grace verbalized that early on “my biggest concern was in curriculum creep and losing sight of the outcomes when people were doing so many different things with the outcomes.” While participants from community colleges spoke of working collaboratively with their colleagues in other community colleges, university participants said this had been a difficulty in the university system. One participant stated “we learned to work more effectively together in semesters three, four, and five. I think we have a little blip and didn’t do as well in six, seven and eight.” Another participant said, “we’re hitting a rub moving into upper division courses; how do we make these last three semester courses fit into the curriculum we have created, remembering the unique students we have created [in the first three semesters].”

One reason for this disconnect may have occurred in the fleshing out of courses in semester three, four, and five. When asked about course team meetings that occurred, participants could not remember if university faculty members attended any of those regular phone meetings. When delving into this, participants agreed that they did not remember inviting

university faculty members to participate in these meetings. One participant from the university stated:

I also remember that the promised faculty numbers and staff support were not in place at the university when we started MANE so I would bet our participation in phone meetings might have been minimal. Thus, you have little recollection of it.

Another participant stated, "I think the university's inconsistent faculty appointments to MANE committees contributed to the disconnect."

Another reason for this disconnect was in the way each type of organization did its work. In the community college, faculty members frequently developed courses they would teach, while at the university level, faculty load included course development. This meant that several upper division MANE courses were developed by university faculty members who were not familiar with the MANE curriculum vision and would not be teaching the course they had worked on. One participant stated:

You have to understand MANE. Not deeply, but to be able to look across the curriculum and look at the concepts and look at the work done by the curriculum committee. I think what's been the most disruptive is those taking old curriculum and just wanting to put it into the new framework.

This created a disconnection during the first offerings of semester six courses.

However, one university participant shared of the collaboration that occurred when a group of community college faculty members worked with a group of university faculty developing a course in semester seven. "We got together and it was a big aha for me. We accidentally threaded better than we thought and we leveled better than we thought." When

asked about this occurring in other courses between lower and upper division, this participant went on to say “can you imagine that conversation! It would be absolutely amazing and I think we suffer” when we don’t have those interactions. Another participant said, “we’re hitting a rub moving into upper division courses; living the life of how do we make these last three semester courses fit with the lives of the students that we created.”

Several possible solutions were presented by the participants. One of those was to encourage more community college faculty to teach in upper division courses. Molly said:

A barrier in the system is the fact that there are people in the community colleges that would love to teach in upper division and would be awesome at it. The perspectives they would bring would be awesome. I think we’re hurt by not having a process that allows people who want to teach do this.

Other participants agreed that this would strengthen the spiraling of curriculum from lower to upper division. The university currently employs a number of part time faculty, known as community faculty. Millie suggested that “the use of so many community faculty members limits the use of community college faculty.” While no one suggested any ways to make this happen, Millie said this would be a place where the Minnesota State system office could be helpful in working around the two different union contracts.

Another solution suggested was to provide consistency in the offering of upper division courses. Because of the union contract, community faculty hired by the university can teach a limited number of credits per year. This may mean that a different community faculty is needed for each semester. This thwarts continuity. Millie pointed out that this practice leads to a “lack of consistency of upper division courses being offered to our students: a lack of consistent

instructors on our campus. The connection is weak.” Additionally, a disconnect exists between the community college site and the upper division faculty coming to that campus to teach. Providing consistent faculty would help to remedy this problem for both the upper division faculty and the community college staff. Sophie summed up this problem by stating that “I believe that the lack of communication across faculty about innovative things folks are doing in this curriculum, even now, is one of our greatest needs and shortfalls.”

Summary of challenges. Participants were candid on their opinions of errors that occurred during the planning phase of MANE. One of those errors were the response to interested schools that were not yet ready to commit to fully engaging in MANE or colleges that were not yet accredited. At the time the decision was made, it seemed the best choice. Faced with the arduous work of planning the collaborative curriculum, members of the steering committee could not support the additional work of helping other colleges to engage in MANE and go through initial national nursing accreditation. Additionally, a start date needed to be established, which cut off those universities still on the fence about joining MANE.

The second error was in melding the community college and university courses. While the intent was to have a seamless progression from community college to the university, courses were developed in a separate fashion. Participants remember the collaboration that occurred between community college faculty members in fleshing out lower division courses but were unclear in their recollection of university faculty members being included in those discussions. That is not to say it didn't happen, but it may not have occurred with the consistency that this interfacing occurred between community college faculty members. In retrospect, participants

identified those two decisions as errors made in the early stages of MANE. Discussion continues to the present time as to how those errors can be rectified.

Benefits

When participants were asked what they believed was their greatest joy in being a part of the planning of MANE, the response offered by the overwhelming majority of participants was the ability to work collaboratively with other college faculty. While recognizing that the work had been conflictual at times, all participants spoke positively about the collaborative process and the outcome. Sophie stated that she knew she “would be fulfilled and would learn something and it would be a chance for educators to come together and talk and really have a unique forum.” Amelia enjoyed the stimulation of seeing things from different perspectives. That thought was shared by others in their comments. For example, Zoey said it was “awesome to work collaboratively. Because of the differing ideas, the networking, the ability to collaborate. .. It’s good to hear the other world outside of your own institution walls. I feel very blessed to have had this opportunity.” Lily said she liked working collaboratively “because you pull in the best ideas. For me that’s the benefit of a group like MANE. Pulling in the best ideas.” Bella said almost the same thing; “Look at how everyone brings things forward and it’s going to be better.” Millie concluded “I think overall, I feel very positive about our collaboration. It has brought us farther than we might have come on our own.”

When asked why she thought we were able to accomplish the work of MANE, Molly said:

I think because of the unbelievable level of commitment from these faculty to move

forward. Second, I think it was also the fact that you had such a gigantic array of perspectives and third the unbelievable amounts of expertise from the faculty. It took commitment. The hours it took. The level of we're going to keep going because you could have given up at any point in there. There were probably plenty of points where you could have quit; where you could have said this is too hard. We could be sitting in a meeting and ask, why are we even doing this? We can't even get a consensus on this one point. How are we going to do this? There must have been plenty of points where people were ready to throw up their hands and say we can't do this. But people kept going and said, no, we won't quit. However, I would also tell you that the amount of work once we're in a rhythm that can get done in an eight-hour period of time is also amazing to me. And that's synergy."

Summary of Question 2

In this section, I answered the second research question, which looked at the process of how MANE was developed. I included a summary of the history obtained through personal stories and meeting minutes. I reported on how the transformative strategy was formed with help from Dr. Chris Tanner. I reported on the work involved in the development of the interagency agreement. I presented stories on the creation of groups, policies, core curriculum and the means to help all faculty members to be prepared to implement MANE. I concluded the section by reporting on the challenges and the benefits that participants shared. In the next section, I will describe how MANE was implemented and the challenges that emerged with the implementation.

Question 3: How MANE was Implemented Simultaneously

The third research question asked how the curriculum was implemented at all alliance schools simultaneously. In this section I will present information on the implementation of MANE and describe challenges that erupted as the curriculum was implemented. It should be noted that challenges occurred during creation and implementation. Some challenges occurred during both phases. For the sake of presenting information, I have grouped the challenges in this section, but they may have initially been evidenced in the development phase of MANE. I will end this section with the support that MANE received as it was implemented and the ultimate benefit to students.

Collaborative Implementation

The target date to begin MANE nursing courses was fall semester 2014. Before this time, Chloe remembers issues that the groups had to figure out:

How we were going to roll it out. Once we got the curriculum and the agreement, we had to come up with a starting date and how we would meet this. That involved practice partners and the Minnesota Board of Nursing. We tried to get as much information as we possibly could from lots of different directions.

At this point, one university and seven community colleges were a part of the first adapters, and all were members of Minnesota State. Prior to fall 2014, students were taking their general education courses in the arts and sciences. In addition to starting semester three of the nursing courses, with the focus of care on health promotion and disease prevention, all programs were phasing out their old curriculum. Millie said, "I think the hard part was that people got on board group by group and so you had people teaching in the old curriculum and people teaching in the

new curriculum.” Crystal added that she “was teaching in the old curriculum and the new program. This was a lot of stress for me.” Chloe agreed:

The stress was enormous. We were laying out MANE as we were teaching in the other program. Enormous amounts of stress. Enormous amounts of work that needed to be done to get the program up and running. It was unbelievably stressful for faculty.

As a reminder, prior to the fall semester of 2014, nursing students had been enrolled in prerequisite courses for two semesters. Faculty had been busy fleshing out new courses while teaching previous curriculum for one last time. Students from the old program had been advised that they would have to be successful in their courses, or they would no longer have courses available to them. Advising staff had to be working with students in the old program as well as the new program. For everyone, the transition period as MANE was implemented was a stressful time.

At the local college level, some errors arose with the implementation of MANE. The steering committee minutes indicated that it was the intention for each college to have a semester champion to help with the implementation. However, that did not happen at each institution. Zoey stated that when MANE commenced, there was no faculty champion who could lead semester three. Zoey stated that while she, as a curriculum committee member, tried to give guidance, she was not involved in discussions for semester three development. Additionally, faculty members from her campus did not get involved in the phone meetings that were being held between other campuses. This was a disadvantage at their school. To avoid this problem, several participants reported that they moved from one semester to another as implementation began. Crystal and Emily stated this moving between semesters added to their stress in the

implementation phase. Chloe stated that while she was involved in fleshing out a particular course, changes in the faculty at her college meant she was reassigned and did not teach the course she had been developing. “I never taught that course. I had to give it over to someone else to teach. That person was very capable, but it was still very hard for me.” Chloe, Crystal, and Emily’s stories do not seem unique, but they did add to the faculty angst during implementation.

Sophie stated that an error at her institution was that several full-time faculty members were granted a sabbatical at the crucial implementation time. “These three veteran faculty members were the most invested in MANE. That was not conducive to keeping things calm and on keel. We really struggled to get enough faculty knowing what MANE was doing.”

Another unexpected issue that evolved as MANE was implemented was in the number of students who progressed from lower division to upper division. As mentioned previously, about one-third of the students progressed to the last three semesters at the university. Olivia said:

Until we had cohorts go through, we didn’t know some things. For example, our initial vision was that no one was going to take the licensure exam. Most students would want to go right on to complete their baccalaureate degree. But that’s not what happened.

Students took their licensure exam and got jobs and exited MANE. We had to quickly change or that would’ve killed MANE. We had to be responsive. We couldn’t wait for three cycles of data or we would have been dead in the water.

As mentioned in the history of MANE, as semesters six through eight were being first offered, curriculum changes were going into effect to remove barriers for students to help them move on in MANE. The biggest barrier expressed by students was the lack of part time option.

Therefore, as semester seven began, the plan to offer some courses in the summer months was initiated. Additionally, a part time option was quickly developed by the curriculum committee. Initially, this did not help enrollment trends. But it did impact scheduling and the use of community college faculty. Several participants discussed the problems this created for faculty on their campuses. Chloe said:

We had some faculty who wanted to teach in semesters six through eight and they were ready to teach, but the lack of students canceled the cohort. So, then we had to combine our students with another cohort. It happens, but it left a bad taste in people's mouths when they had planned on teaching.

Millie spoke of a similar issue on her campus, when courses were cancelled because of low enrollment. Students from her campus ended up on another campus, which was different from the original plan. "That didn't give continuity for the student on our campus." Millie did offer a solution, which was to have a campus coordinator.

Summary of Collaborative Implementation

MANE was set to begin fall semester 2014. Much work had been done prior to the implementation of MANE, but as the curriculum began, the real work began for individual faculty members. Millie stated that while the curriculum committee had done huge amounts of work, individual faculty still had the work of fleshing out the daily lessons. There were also some issues that developed in particular as students completed the associate degree from the community college. Changes to the curriculum plan had to take place as the original plan was still being offered for the first time. I have mentioned a few challenges in this section. In the

following section, I will go into more detail on challenges that surfaced during the implementation of MANE.

Challenges

During the collaborative implementation of MANE, positive and negative issues arose. Some of those issues had been foreseen and steps had been taken to address them. But many challenges came as a surprise as the curriculum was implemented. Olivia summed this time up well:

We didn't realize until it unfolded, quite honestly when we kicked it off and we were unfolding the curriculum, we thought we had addressed the challenges. We got it! But we didn't know what we didn't know! We didn't know some stuff until it evolved.

In this section, I will be looking at some of the challenges that MANE faced, as represented by participant comments. In particular, I will address the curricular challenges of teaching a concept-based curriculum; adopting a new clinical model; and subsequent faculty turnover. I will also present the challenge of trust and respect between campuses, and conflict that occurred. As grassroots innovation eventually needs to interface with administration, I will present some of the challenges that occurred because of this. I will end this section by looking at some of the benefits that took place with implementation, as well as the ultimate benefit to students of MANE.

Challenge with curriculum. Implementing the new curriculum was a challenge. Several participants addressed the stress of this. Amy said “you have to be open to change and you can't make people change. You can try to help them, but some people are going to be more open.” Zoey stated “change is hard. Change sucks for a lot of us, especially if it's something you are

used to doing and you have to change your ways and change your way of thinking.” This was particularly true of changing to concept-based pedagogy. Amelia said, “how are we going to change to concept-based curriculum? Slowly, and yeah, maybe some people won’t get it, because I find myself sometimes struggling.” Amy added that the change to concept-based teaching on her campus was “hard for some, because some hold their pet content so close. Teaching concept-based is radically different. I’m not certain if some people still get it.” Zoey agreed with this. “For me as an educator, I think it’s still figuring out concept-based curriculum and how to do it justice.” Sophie said that one of the faculty members on her campus who was most against MANE was because she was against concept-based education. “But since she has been teaching concept-based curriculum, she loves it.”

For one school, which had already made the change to concept-based pedagogy, the struggle was not with teaching conceptually. A participant from that institution said, “For us, we were already doing concept-based curriculum, but we had to change our exemplars to align with MANE. We had some pushback on that.” That pushback was most felt in faculty discipline meetings where peers voiced their complaints about changing to new exemplars.

It was not just the change to concept-based curriculum that was a challenge. The new curriculum plan was built around foci of care. For example, the first semester of nursing was focused on health promotion and disease prevention. Students looked at healthy people. Nursing assessment was taught on what were normal assessments. Because a maternal newborn experience is healthy and normal, maternal newborn care was now in the first semester where it had traditionally been in a later semester. As Emily pointed out:

That was a big discussion! Some felt it belonged in semester three, but some faculty disagreed. In fact, it was supposed to have been taught in semester three, but it didn't get changed the first time through. Those things were a big challenge for us at the beginning. Different faculty perceptions about what was supposed to be in the semesters was a challenge in implementing MANE.

Emily continued by saying:

Another challenge was going from semester to semester, having that communication from team to team about what faculty did in the previous semester. It felt like you were teaching the same material over again, but you weren't. We (the faculty) were still working on a really good way to know what the other person was doing.

In addition to these challenges came the change in how special population care would be addressed. Some schools had previously had faculty who taught only the care of the maternal patient or the pediatric patient. In a concept-based curriculum, the concepts go across all populations. Chloe said that "probably the biggest problem at our institution was with the faculty who taught special populations, like mom/baby, psych mental health, and peds. Those people saw their semester disbanded. Those were the individuals that struggled the most." Lily added that the "biggest change or the shift that was the most difficult was for the faculty who taught in specialty areas like OB. They had a really hard time [making the transition]."

Faculty did step forward to collaborate with their peers. For those faculty members, they held many phone meetings with their peers on other campuses. On the campus level, faculty collaboration flourished. Bella shared how one faculty member on her campus assisted the rest of the group at her college:

She stepped up, with no pay, to help with aligning the concepts throughout all semesters. And everybody benefitted from the work she did. All faculty members knew what aspect of the concept they were going to teach. This alignment table helped our students and our faculty.

Bella also shared of a simulation expert at her college who redid all simulations to reflect the concepts they included. While this benefitted the one school, this information was not disseminated throughout MANE. As Sophie was quoted earlier, finding a good way of sharing good ideas remains a struggle between MANE schools.

Summary of challenges with curriculum. All participant schools agreed to adopt the MANE curriculum and all faculty members knew that fall 2014 would be the start date. The agreement was reached by a democratic vote. Although all faculty members did not support the adoption of MANE, the majority on each campus did support this alliance. Because each school had voted to support MANE, faculty members ultimately sought ways to modify their pedagogy to the concept-based curriculum and the exemplars set out by the MANE curriculum committee. Faculty development days were held to help faculty prepare for the new curriculum. However, there were still challenges that took place when the curriculum actually rolled out. In particular, the curriculum challenges centered on the alignment of content around the foci of care and teaching a concept-based curriculum. Curriculum was not the only challenge that faculty faced during the implementation phase.

Challenges with clinical. Changing the clinical model of education was another hurdle that faculty had to overcome. By way of clarification, the previous clinical delivery model was primarily so many days in a clinical agency, with some simulation interspersed. In the new

model, five areas of clinical practice were included in the clinical course. Faculty members were encouraged to think of innovative ways to focus clinical on the foci of care, rather than the agency. Lists of possible clinical sites were provided by the MANE curriculum committee. A description of the MANE clinical model is found in Appendix M. In semester four, then, the foci of care is on chronic illnesses. Chronic illness is managed in outpatient clinics, in homes, in home care, in schools, and in a variety of settings outside of a hospital. In fact, hospitals would not be the best place to address chronically ill patients, as the focus in a hospital is on the acute exacerbation of an illness. This was a monumental change in imagining clinical experiences. Of the first semester, Crystal said, “I would say that semester three just felt so weak. They (the students) just didn’t know anything and it felt like you were holding their hand, but you were working with patients.” Emily added:

I felt I was not getting them as far as I needed to in all the different things and applying the concepts as well as the students I had had before in the old program. So clinical was hard for me personally.

In talking about the challenges of implementing a new clinical model, Amelia stated:

Keeping your focus on the foci of care. That was a challenge! It didn’t just mean content, but it meant establishing a lot of new relationships in different clinical areas. It worked but it was just finding who your point people are and how to get students there. It was pretty intense.

Emily added “we are still struggling with clinical, trying to have experiences that are appropriate for our model. And if we do get a good clinical site, then we might not get [be assigned to] that course again.”

While some of the work of arranging for new clinical sites was done before the initiation of MANE, the work was on-going, especially for semester four through eight. New clinical sites meant new orientation for faculty members and new clinical contracts for each college. In addition, the university needed to obtain contracts for courses that would be held in semester six through eight. That meant that some clinical agencies were signing contracts for a community college and the university for MANE students. This added to the initial confusion for practice partners. It also was confusing for nurses who worked with MANE students. They had to be continually oriented to the different foci of care for different semesters. Finally, at the time of the first run-through of semester eight, contracts had not been obtained for the number of placements needed for individual students. As the clinical course began, clinical agreements were still being finalized. This meant that students were delayed in beginning their clinical assignments. For faculty, this was another stress to their work load.

Summary of challenges with clinical. Faculty members had heard of the need for changes in clinical education. Benner et al. (2010) and the work of the Carnegie Foundation on clinical education had been a topic of discussion for many years. The new clinical model had been a topic in faculty development sessions. Faculty members had agreed to this new delivery model. However, when it came to actually initiating the change in MANE clinical delivery, there was conflict and stress for faculty. Not only did these changes lead to stress but they also led to faculty turnover.

Challenge of turnover. MANE started in 2011. In the six years that spanned this case study, faculty and program directors changed. This was noted in the attendance records of meeting minutes. Names were deleted and names were added. When I asked about this I

learned that a variety of reasons accounted for these changes: People retired; people moved; people took sabbaticals; people resigned from committees because of other commitments. These changes in vested committee members were a challenge that participants identified as a struggle.

In particular, members from the steering and curriculum committee spoke out on the challenge of having changing personnel. When asked about challenges MANE had to deal with, Lily identified the turnover in leadership:

You're reforming a group as people come. As we have new people join, that will be a growing pain. Having new people is positive but how much are we going to have to go over again to explain how we got to where we are?

Chloe said that every time there was a change in personnel "it was really a process of orienting that person to everything we were doing. If they came from outside of a MANE school, which some did, it was such a steep learning curve." She went on to say:

"I think the biggest struggle with MANE has been consistency, always. In any big endeavor, it's consistency. The biggest struggle has been losing people, losing them off steering, losing them off curriculum, losing them off faculty development. Not having faculty vested in coming to faculty (meetings) was probably one of my biggest frustrations in all of MANE."

Zoey expressed a similar frustration about inconsistency in members by stating, "Sometimes when a school keeps sending different faculty, that's a challenge. We have to continue to re-explain. It feels like a lack of investment from that school."

It was not just the turnover in MANE committee members that was a challenge. There was a turnover in faculty members as well, mostly seen in retirements. One of the reasons for

the retirements was that faculty members did not want to make major changes in their teaching at the end of their careers. Chloe stated:

At our institution, we were at a time in the longevity of our staff where we had an enormous number of retirements. Many of these faculty members made the decision to retire because they did not want to have to redo everything they had been teaching during their last years at the college. So, they opted to retire just before MANE started. We lost seven faculty members. Great faculty. But they didn't want to make the change.

Amelia also spoke of another tenured faculty member who retired after one semester in MANE because she was not interested in making all of the changes at the end of her teaching career.

Turnover was not unique to MANE committee and faculty members. The change in personnel of college leadership also impacted implementation of MANE. Eckel and Kezar (2003) stated that leadership turnover is one of the challenges that makes any change initiative difficult. Charlotte addressed this change:

In the MANE partner schools, all but two presidents have changed on our campuses. Most of the VPs are different. Most of the academic deans are different. And now they're all saying why in the world are you MANE? Why do you need this? Why did you do this? So, it's like re-educating administration constantly. And they're not always as understanding of why this is important.

Lily agreed that one of the biggest challenges her faculty members faced when MANE was created and implemented was with the turnover in leadership at the college and in the department. "That change in leadership created more challenges than anything else." Zoey

stated that because of the turnover in college leadership “faculty really dragged their feet on joining MANE. Faculty members just felt unsure [because of the leadership changes].”

There was a challenge in losing leadership and faculty members but there was also the challenge for new people who joined MANE committees after positions were vacated. Zoey remembered back to her first days involved with MANE and said it was overwhelming:

I remember joining and all the words and trying to figure out all the pieces and all the different documents; and the group was set. The group had been through a lot of your different group formation stages. Not that people were not welcoming, it was just challenging.

Bella joined the curriculum committee after another colleague left for a sabbatical. She said she felt like it took her a year to catch up with the group and everything that was being done. During her first meeting, there was a heated discussion on a topic. She realized that the group had reached the formation stage where “you trusted each other enough to argue. So, someone who came in new probably would have wondered if you always argued, but you had relationships so you could argue. But for a newcomer it was like, Whoa!” Because she remembered what it had been like to step into the work for a colleague, when she applied for a sabbatical, she wrote her continued commitment to MANE committees into the plan. She stated that “I just thought there should be consistency and consistent input.”

Crystal, a newer member to MANE committees said that when she started, there was no one there to show her the ropes. Emily echoed that thought saying, “it was starting by fire.” They both shared how they would sit by someone else who was experienced and ask those

people lots of questions throughout the work meetings. Like Bella, they felt it took a year to really feel comfortable so they could be a contributing team member.

Bella, Crystal, and Emily had some suggestions for how new people could be brought in to the various work groups. All three suggested ways of mentoring new faculty members. Crystal suggested having faculty from the same school mentor a new committee member. She also suggested that schools should stagger new people joining committees so that there would be someone on the committee who was experienced. Bella suggested bringing another faculty member to the committee meetings, even if they were a silent observer. Over the past six years, there has been a change in personnel on the various committees. This pattern will not change in the future as faculty look to retirements and relocation. Because the lived experience of seasoned faculty joining MANE work committees has been overwhelming, ways to successfully bring new people up to speed is a future challenge that will need to be addressed.

Summary of challenges with turnover. While turnover is a normal part of any work place, it added a challenge to the implementation of MANE. Change in nursing deans and directors meant a continual change to the steering committee. Change in faculty members left other faculty in the midst of a change initiative with the stress of change and potential overloaded assignments. And for those people who became involved in MANE work committees, they had the additional stress of trying to get up to speed with a group that was already past the forming and storming phases.

Challenge of trust and respect. While not unique to the implementation phase, the on-going issue of trust and respect became more apparent as time progressed. Many participants commented on these two themes. Interviews were conducted at least six years after teams had

been working together. From previous information, work groups have been able to overcome feelings of distrust or caution because MANE has been created and implemented. The comments made were in answer to how participants felt initially about working with members from other institutions, especially between the university faculty and community college faculty members. Because of the sensitive nature of the topic I will be making comments in a more general nature, leaving the pseudonyms off to help secure the anonymity of the participants.

MANE was a collaborative effort between a university and a group of community colleges. Initial meetings found participants guarded about how the other group of educators would perceive them. One participant from a community college said:

I remember at first feeling nervous, wondering if a ‘university’ versus a ‘two-year institution’ feeling would develop. I think the university members were surprised at how passionate we were, and we had a lot of good things to bring to the table. I think it was quickly established that we were all on the same field here.

One participant said, “I just felt like other group members were waiting for us to fail.” Another participant commented “I think some lack of trust between the university and the community colleges was because there had been some failed endeavors in the past.” When I pursued this topic with participants from the community college and the university, both sides agreed that more could have been done to strengthen the good working relationships between the university faculty and the community college faculty. One participant summed it up well by saying:

I know there is a difference between associate degree education and university education, but all of us had a baccalaureate in nursing and a master’s degree in nursing. We all had

done that nursing education journey. And so, if somebody seemed really stuck in the associate degree land or the baccalaureate degree land, you know what, we've all gone beyond that to help our group progress.

Some comments were made about the way that the upper division courses commenced.

One participant stated:

I felt like I had a really good partnership with the community colleges but not with the university. Particularly not with the last three semesters. There were some things that university faculty members were bringing to the table that were not MANE. I didn't agree with how they were going about curriculum development. It was like they just wanted to make MANE an RN to BSN program.

As courses in semester six, seven, and eight were fleshed out primarily with university faculty, the schism between community college faculty and university faculty continued. This was a missed opportunity for the two faculty groups to work collaboratively.

Another example noted in the meeting minutes had to do with the first MANE graduation. Steering committee members discussed that all MANE faculty members would have a voice in the first nursing pinning graduation ceremony of MANE students. However, that was not realized, and while all students were invited, only the university faculty members participated in the pinning ceremony. Lapses such as this did not help to bring the two groups together. One participant stated she was disappointed in the lack of collaboration that came from the university participants and another participant stated that she would have liked to see more engagement between the university and the community colleges. However, she stated that the onus to fix this problem was on the university representatives.

Over time, some efforts have been made to blend the two groups, as has been previously noted. Additionally, a more recent faculty development session held on the university campus attempted to disseminate material from both university and community college faculty. One participant spoke out in support of the university that was a part of the initial adapters by saying, “they put themselves out on a limb and said we will partner with you.” Some other interventions are currently taking place, but they are outside of the timeline of this case study.

Several participants did speak out that a better level of trust has developed. The need for more solidarity was identified. In speaking about relationship with faculty from other institutions, Amy stated “I wish we had the time for the collaboration and the conversation about what we’re all doing on our campuses.” This sentiment was voiced by several other participants. Sophie stated that finding ways to share ideas between all participant schools remains one of the on-going challenges in MANE.

One way that a more trusting relationship continues to be formed is the use of community college faculty teaching courses in the upper division. Molly said that she is glad that she is able to teach both upper and lower division courses at community college sites. She thinks this helps her to be more engaged with faculty from both groups. Millie said she would like to see this opportunity grow. Both of these participants said the greatest barrier for securing more community college faculty to teach upper division MANE courses is the restraints caused by the two different faculty unions.

In a positive vein, many participants said they deeply respected other members of the work teams. Amelia stated several times that she enjoyed working with such truly smart people. Some participants indicated that over time, a real trust for others from the different institutions

developed. However, since representatives of the institutions would change fairly often, the trust needed to be rebuilt each time a new member came into the group. It can be concluded that this will remain a future challenge for MANE.

Participants stated the issue of trust and respect was not only experienced in their committee work but also back on their campus, as they were the MANE representative to their peers who were implementing the change in the classroom. One participant said it was a struggle to get faculty members to understand and accept decisions that were made at MANE curriculum meetings. They did not trust that MANE was making the best decisions for their college. She said:

The challenge for me was back on campus with getting faculty members on board. They would have made decisions that were different than the decision of the MANE group and I would have to say, 'that decision was already made. It's not coming from me, but from the MANE group.' Some of the group would be frustrated and say that MANE would be a failure. It was just that negative mentality that was the greatest stress for me. Being the go between and maintaining that positive approach when my faculty peers didn't trust the work of the MANE group.

Another participant said she would frequently hear faculty say in rather a sardonic way, 'O, that's just another MANE decision.' She further explained:

It was hard to have faculty members understand why certain decisions were made. They didn't know what had gone on at the MANE curriculum meeting. And I couldn't possibly explain everything. So, I heard a lot of 'why do this?' and 'why did you make that decision?' It was an on-going challenge, to have faculty trust our decisions.

A third participant said it was good to have two team members going back to the faculty at her college. She shared of her situation:

There was one faculty member who was incredibly opinionated and had a strong personality. It was harder for me to be that go-between messenger for the faculty and the MANE curriculum team. What helped me was a lot of conversation with that faculty member, understanding their perspective. But I also knew the vision of MANE and could communicate that.

One reason for some of the mistrust may have been related to the original development of MANE. One participant remembered:

I think initially when we were in our development, we were going to MANE curriculum meetings and we were keeping everything to ourselves. We had agreed not to share details with faculty members on our home campuses until we had things more set. This caused a lot of angst on my campus. Faculty wanted to know. They wanted to get going. I understand it had to be that way because the curriculum was in such flux. But it caused a lot of stress here.

Comments and stories like this illustrated that issues of respect and trust were not only between the university and community college faculty group but could also exist among college peers.

Summary of trust and respect. The development of trust between members of the work groups of MANE has been a challenge. This development of trust may have been thwarted by old initiatives that were unsuccessful or new plans that didn't occur. For whatever the reason, the development of a better, more understanding working relationship between members of MANE is an on-going challenge. Kezar and Lester (2011) identified this as the dilemma of

working in collaborative settings and suggest that “building dialogue, relationships, and trust is critical for addressing many of the group obstacles” (p. 122).

Challenge of conflict. Kezar and Lester (2010) defined power as “a person’s ability to control the environment around him or herself, including the behavior of other people” (p. 41). Sometimes this exercise of power or control leads to conflict. Bolman and Deal (2013) stated that “change invariably generates conflict” (p. 384). They further stated that “conflict is natural. People manage quarrels best through processes of negotiation and bargaining, in which they hammer out settlements and agreements” (p. 384). Molly echoed these thoughts when she stated, “conflict is a normal part of a group.”

There were conflicts in the development of MANE. Grace agreed there were conflicts but added, “not all conflict is bad. Sometimes it would challenge us to look at something differently, from a different perspective.” Molly linked conflict to the collaborative nature of MANE, stating that:

Even if people are in disagreement, which we are often, that’s a good thing. And I think that’s part of the culture that in my mind allows for respectful disagreement with the goal being that we have to get to a decision. One of the things I’ve learned in this group is that they are amenable to processing and it takes time to process.

Olivia added a qualifier to this statement: “You need variety. You always need a devil’s advocate; unless they become a barrier [to the process].” Millie said that when conflict arose, sometimes it just indicated that the group should pause and listen to the person who brought up the issue, but she stated that didn’t always happen. Charlotte said that throughout the process of

developing MANE, “sometimes it’s not been easy. Some personalities are not easy. Sometimes it’s not been pleasant in all honesty but that’s part of the group process.”

Of the conflicts that arose, Chloe said:

Were there conflicts during the meetings? Absolutely. Because I don’t think you can bring seven community colleges and a university together without conflict. There were conflicts. There were differing opinions. You don’t get high level nurses together for a discussion about developing a program without people having differing opinions. But it was never not collegial.

However, while conflict at the committee meeting level did not seem to derail the process, conflict at the institution level had repercussions. Several participants said that at their institutions, faculty left teaching rather than become involved in the work of implementing MANE. Zoey said:

We had faculty members who were opposed. Our NCLEX passing rates were good. They didn’t know why we should change. We took a vote and the majority won, but those who were not in favor of MANE just dragged their feet. We had people (faculty) leave. And we had people who said I don’t really like this and I’m just filling my time.

We had others who said, I don’t want to do this. It was a struggle.

Another participant said a faculty member left the week before the semester started because she did not want to change her courses. Some conflict appeared to have personal impacts. One participant told about a situation in which another faculty member confronted her in a staff meeting as she presented information from the curriculum committee on concept-based teaching:

I knew it was not a personal thing when she backlashed, but it was very upsetting. It was in front of the whole discipline. It would have been different if she had yelled at me while we were by ourselves. But she yelled at me in front of a big group. It was very upsetting. How did I get through it? Well, I cried. I don't know if that really helped. And the support of everybody. Other faculty members couldn't believe it had happened. But change does that to people. I think the hard part was that it really changed the dynamics of how our relationship was afterwards.

Another participant, when asked how being a part of this initiative impacted her stated that it added significantly to her workplace stress. It absolutely shifted the culture of her work environment. The stress and conflict that arose left her exhausted, with no work/life balance. In the end, she left not only the MANE project, but higher education.

Summary of conflict. Conflict can arise with change (Bolman & Deal, 2013) and MANE was a grassroots innovative change. Some of the conflict that arose in the development and implementation of MANE was seen as a normal part of a change process and was welcomed. Kezar (2001) stated that other conflict can arise as “groups defend the resources and power they have” (p. 95). This appears to have contributed to conflict shared by other participants. The end of those stories led to damaged relationships and one participant leaving her career in education.

Challenge of meeting top-down systems (convergence). Eventually grassroots initiatives will encounter authority and power, represented by top-down systems. Kezar and Lester (2011) stated that it is important for grassroots leaders to consider dialogue with those in power positions, engaging those who may be open and supportive of the change. And while they posit that faculty-led grassroots initiatives “are less likely to feel the impact of oppression and

overt power dynamics” (p. 150) because of their own power on each campus, there is still a time when these initiatives will encounter power dynamics. This generally occurs when bottom-up (grassroots) initiatives meet top-down (administration) leadership. It is in this context, when the MANE innovation met top-down leadership (each campus administration and the Minnesota State system) that the participants made comments about lack of endorsement. Because of the nature of this subject and the fact that participants continue to work within these systems, I will not be identifying comments in order to protect anonymity. One final area to consider is the support bestowed to MANE by powerful outside organizations that are supporting MANE. Their support empowered MANE to commence and progress and garner legitimacy both with institutional administrators and with faculty at the institutions.

College and university administration. Several participants talked about the challenge with working in their own college hierarchy. One participant said that decisions made in the early days were easy, even though there was so much to do, because those decisions could be made without engaging administration. Another participant said that it was very difficult to move the agenda forward on college campuses when they had to work around college hierarchy. Support for MANE from local college and university administration tended to fluctuate. As one participant said, “support ran hot and cold.” Another participant said that on her campus, while the president and vice president said they supported the collaborative effort of MANE, there was no support financially or with release time. At some colleges, participants felt their president was very supportive of nursing and therefore MANE. But again, those participants said that support did not translate to financial support. While this was certainly not an aggressive power struggle, college administration did not use their power to materially support or endorse the work

of MANE. From participant comments, this lack of endorsement was disappointing to faculty members involved in MANE.

System power. The Minnesota State system was contacted at the onset of MANE and the MANE systems committee worked with Minnesota State system agents to secure interagency agreements. One participant said of this time that “the system office (Minnesota State University system) was very much involved and the contracts person came and helped to write the agreement between all the colleges and the university.” Additionally, the system office has a frequent place in early steering committee meetings and there is evidence that the legal counsel for Minnesota State has been consulted at various junctures. However, most of the participants didn’t feel there was enough support from the system office. One participant said, “I don’t think we were ever highly successful in engaging the system office, despite what I would say were repeated efforts.” Another participant expressed her disappointment in what she felt was the lack of system support:

Looking back and reflecting on the support and guidance we had from Minnesota State, I feel like we could have had more. What we were doing from a larger system, we never really heard from upper leadership within our system. That would have been helpful.

While steering committee meeting minutes from 2013 reveal that the systems committee had a lot of interface with the Minnesota State system office, this involvement did not trickle down to all members. Overall, participants voiced disappointment with the lack of system support.

This was particularly disappointing to participants because, at the time MANE was being created, the chancellor of the Minnesota State system had an initiative called “Charting the

Future” which sought to direct efforts for collaboration at all Minnesota State schools. One participant compared MANE to the Charting the Future initiative:

I felt like it (MANE) never translated to engagement with the system office. For Charting the Future, the Chancellor’s plan, I felt like MANE ticked every box. We were like the poster child of the initiative. One member of our group cross walked MANE, developed a chart that showed how MANE supported Charting the Future. She did a ton of work, but it never really got the interest of the system office.

[This is not to be confused with the public input sessions for Charting the Future, which were also called crosswalk sessions.]

When asked why this participant thought MANE did not garner interest from the system office, she said, “I don’t know, because even throughout the country, for education to have collaborated with regulation and industry, MANE has been acknowledged...I don’t know why it never captured the interest of the system office. But I don’t think the opportunity is gone [to gain that interest and/or attention].”

Another participant served as a member of a Charting the Future nursing education statewide task force. She stated that the general consensus of other members of that group was to become part of MANE:

Let’s all just move to MANE. But we (MANE) couldn’t quickly do that in the time the administration wanted us to. And it just was not feasible with all the different dynamics and the different regions. Plus, we ran into a wall with general education.

Finally, in looking at some of the barriers that MANE encountered, one participant said “those early barriers were so easy to address compared to the barriers we have now, in moving

forward. And it's not our local college so much as it is a system thing." Another participant said:

We have this barrier related to our Minnesota State standards and other things that are influencing our ability to teach across programs. How can we create opportunity to share in teams in that process even? What can we do? What can Minnesota State do [that could remove the barriers].

For clarification, barriers between institutions include things such as general education requirements, the Minnesota State transfer goals, and the varied philosophies of each nursing program.

One way that the Minnesota State system office appears to have been a barrier to MANE is in the expansion of MANE to non-Minnesota State system institutions. Steering committee meeting minutes from June 2013 indicate that two private universities were interested in joining MANE, but the topic was placed in the parking lot. This issue appears again in June 2014 with another private institution and the beginning talks with the Minnesota State system on articulation agreements. Throughout future meeting minutes during the time of this case study, conversations appear over several universities that were interested in joining MANE but there appeared to be difficulty in securing the articulation agreements. When asking one participant about this interest from these other universities, she stated the process always got bogged down in the Minnesota System office. In addition, she stated that there were also issues about the nursing philosophy statements with the private institutions, but her opinion was that those could have been worked out.

Faculty unions. Two groups that had some influence on MANE were the two bargaining units that all two-year and four-year college faculty belong to: Minnesota State College Faculty (MSCF) for the two-year faculty and Inter Faculty Organization (IFO) for the four-year faculty. The purpose of both agencies is to advocate or represent the interests of higher education faculty within the Minnesota State system. Systems committee members had contact with union leadership throughout the development process. According to steering committee minutes, the union system director was invited to attend the steering committee meeting. A meeting was proposed for August of 2012, but there is no record of that meeting having taken place. Minutes from October 2012 state that the MANE systems committee continued to work with union leaders.

None of the participants identified the unions as a challenge or barrier to the establishment of MANE. Some mention was made in minutes that the union leadership was concerned that MANE was a 'canned curriculum' and that academic freedom would be infringed upon. Personally, I recall that during a meeting I had with my campus leadership regarding MANE courses, a union leader was in attendance. He remained through my presentation to AASC. Afterwards, he spoke with me briefly to say he was pleased that MANE was not attempting to mandate curriculum to faculty but was an overall curriculum plan. Care for faculty academic freedom was commented upon regularly in curriculum meetings, as noted in meeting minutes. As the curriculum was faculty driven, faculty members made certain that all decisions protected the academic freedom of faculty on all campuses. The influence that MSCF and IFO had on the development of MANE was to insure positive interests of faculty members. This appears to have happened.

Summary of challenges of meeting top-down systems (convergence). Grassroots innovation will eventually meet with top-down leadership or power structures. Kezar and Lester (2011) stated that “the outcome of such an effort is often neither successful nor particularly effective for either party” (p. 228). Participants made comments about the mixed support they received from local administration and the perceived lack of support they felt from the Minnesota State system office. The system office did support the founding of MANE and worked to create the interagency agreement which was necessary for MANE to begin. Additionally, MANE members sought legal counsel from the system office and received advice. Working with the system office to expand MANE to other universities appears to have been a barrier of bureaucracy rather than a specific stalling tactic (Kezar & Lester, 2011).

Challenge of future expansion. The expansion of MANE was a challenge mentioned by many participants. Expansion included increasing the numbers of students moving forward to upper division courses and increasing the number of schools participating in MANE. Several participants spoke of the need to include another university in the alliance. Lily said that having another university involved with MANE was one of the biggest needs facing MANE. Millie said “I think a barrier in our structure is having only one university. I don’t know that we have enough voice from upper division.” While the need was identified, participants offered no solutions. As mentioned previously, several universities have shown an interest in joining MANE but expanding the alliance has not moved forward during the time of this case study.

Several participants highlighted the need to expand the number of students moving on from the community college to the university to complete their baccalaureate degree. This is the very core of why MANE was developed in the first place (see Appendices D and F). Participants

thought more collaboration between upper and lower division student services would be helpful. Millie suggested that there could be some faculty champions at the community college level who could really help students on each community college campus move on to the MANE affiliated university. Another participant suggested that the university could let community college directors and/or deans know who was registering from their campus. Related to this idea, one participant said, “I would like to know who is moving on and what days the university courses would meet on our campus so that I could welcome the students and support them.” Another participant said that the biggest challenge she saw was that her students were being recruited by other RN to BSN programs. “And they are being aggressively sought by other RN to BSN schools. We see other schools marketing to our students. MANE doesn’t have the budget for that, but other universities do. How do you fight that?” One participant added, “of course other programs want our [community college] graduates! They have been taught a baccalaureate curriculum from day one. They are a different student.” Although outside the realm of this case study, it should be noted that a grant was secured in 2018 to focus on removing the barriers to students moving forward within MANE.

Summary of challenges. It is inevitable that grassroots innovations will meet top-down leadership. Kezar and Lester (2011) identified this interface as “convergence” (p. 228) and stated that successful convergence is necessary to create a broader and more lasting change. From the interviews and meeting minutes, it is obvious that communication between MANE and leadership took place and the presidents all signed the interagency agreement. While participants expressed disappointment over lack of endorsement from the Minnesota State system, the system did support the initiative. As one participant noted, the opportunity to create better convergence

is not over, however any further efforts of convergence are outside of the boundaries of this case study.

Support and Benefits

In this section, I will identify the support MANE derived from f powerful outside groups from industry and regulation, support from general education faculty, and financial support from grants and stipends. I will conclude by ending with benefit to students as expressed by participants.

Support. Kezar and Lester (2011) stated that it is critical to have coalitions and networks of allies. For MANE, there were several groups that offered support during the development and implementation of the program. Securing support from other faculty and disciplines was important for the nursing faculty involved in MANE. Finally, support to MANE was in acquiring outside financial resources.

Support of outside groups. There were several outside agencies that were strong supporters for MANE as it was being developed and implemented. Originally, two major health care networks in Minnesota were on the design teams for MANE. Their participation offered strong support for schools to consider joining MANE. In the case of one network, it originally had a staff member who worked on the faculty development committee. As noted in meeting minutes, in 2012, this agency expressed some concern that only one university had committed to join MANE. In particular, they were concerned that the university they frequently partnered with was not a part of MANE. In the following year, they had a change in administration and at that time withdrew their staff support.

With the other health care system based in Minneapolis, it continued to support MANE. As MANE was being developed, it had decided to only take students from baccalaureate programs. It included the community college students from MANE because the curriculum was based on the baccalaureate essentials. This was a motivating factor for some colleges to join MANE. The health care network offered meeting space, free of charge, for many of the MANE meetings. It also designated a faculty development expert from its staff to act as a liaison to the MANE committees. Molly shared some insights on how this support impacted the success of MANE:

The nurse executives agreed to be principle partners with MANE because of their desire to begin to change the face of the number of BSN graduates that they were hiring. They had a very strong commitment to supporting the IOM recommendations. That was one of the reasons they signed on and actually more than that. They designated an individual from learning and development that was an active part of the process, because they knew it would take time to develop and implement.

Realizing that this was not a revenue generating initiative for the health care network, Molly continued to explain the agency's support:

There were really two reasons leadership was supportive. First, they knew that if they wanted more BSN's in the workplace, then they needed to be willing to partner deeply with an academic partner. That was a really big commitment. The second reason was really interesting to me and that was the whole conversation of concept-based. The nurse executives were not educators. They were not deeply ingrained in concept-based. But they were spending a lot of time talking about new graduates and their ability to clinically

reason and make decisions in bigger pictures and broader terms. I think that was a big selling point.

For MANE, this partnership was a strong show of support, not only in the clinical sites available for students, but in the use of the expertise of a nurse executive and the physical space donated for the group.

Another source of support was from nursing regulation. Using the Tri-Council of Nursing model of including education, industry, and regulation in the early days of design, MANE had invited the MBON to be a part of meetings. Though not a voting member, a representative from the MBON attended various meetings as an advisor. The role of this representative was to answer regulatory questions that frequently arose. The support was evidenced in an advisory capacity only. The MBON representative was careful to abstain from all votes, as is documented in meeting minutes. Additionally, as MANE reached the stage of development when implementation was occurring, this member withdrew from subsequent meetings. However, the support from the MBON was a benefit to move MANE forward in the participating schools.

Support from general education. A change in the nursing curriculum meant a change in some of the general education courses that were prerequisites. This change meant collaborating with general education faculty members at the member institution. Millie reported that at her college there was one champion of MANE who met regularly with general education faculty to communicate any changes. Overall she said there was a good feeling of collegiality and support from the general education faculty. Crystal shared that during the development of MANE, nursing faculty and science faculty began meeting regularly to discuss the needs of the nursing

students. Since the implementation of MANE, Crystal stated the nursing faculty and science faculty continue to meet at least one time each semester in order to bounce ideas back and forth. She attributed this increase in collegiality directly to the work done to establish the new curriculum. Lily reported that at her institution, general education faculty adjusted prerequisites to some science courses to support the credit load proposed by MANE. In particular, the chemistry faculty adjusted prerequisites so that nursing students could continue to take chemistry but would not have hidden math prerequisite credits added to their curriculum. Likewise, Grace shared that at her institution science courses updated their prerequisites to help maintain the 75 credit load in the MANE curriculum.

Each college needed to go through appropriate channels to make curricular changes. Although each MANE school is currently affiliated with the Minnesota State system, each institution has autonomy in program and course design and prerequisites for courses. This was a challenge that needed to be faced by each nursing group. The participants in the research shared various stories. For the most part, general education faculty worked together with nursing faculty to make the necessary changes. However, this was not always the case. One participant shared how her nursing program had to go back to the MANE steering committee to amend its curriculum plan because one college discipline would not alter its transfer curriculum core goal area to align with MANE.

Financial support. As with many grassroots initiatives, finances to sustain the initiative become an issue at some point. As has been pointed out previously, MANE began as a voluntary initiative. Lily stated, “I don’t remember getting paid at first. I never really thought about getting paid. It just was not important. It was an important project and that’s the way I saw it.”

Grace shared that while she received some release time, it was not much, and it was not a motivating factor for her. That was probably the view of all the people who volunteered to serve on MANE committees. As Millie said, “I think people felt like they were being asked to do a lot of work without compensation.” As work spilled over into long retreat days and summer work, some committee members faced childcare issues and realized that they were losing money by working on the initiative. Charlotte summarized the issue of financial support by saying:

I think it’s okay to start doing something voluntarily but after a while it can become a burden and it’s okay to say now it’s really a job. It’s really a part of my ongoing job. It’s not something that I do for a short period of time because it’s service. It has become something different. When it becomes something different, in my opinion, it should be compensated.

The steering committee began to look for ways to financially support MANE. Not only were there expenses with meeting spaces and general operations, but also the need for a program director spurred the steering committee to apply for grants to fund this position. One participant stated, “we applied for the grant, and we got it. And that allowed us to sustain our work and to move forward. Really until we developed a cost center our work was from grant to grant to grant to grant.” The initial Health Force Minnesota grant helped to fund consultation by Dr. Christine Tanner from OCNE and the work by the curriculum committee done in the summer months after the second year. A second national grant from the Robert Wood Johnson Foundation was not only a huge financial support but as Charlotte shared “it was huge for us because it really validated what we were doing and put us in the national eye. MANE was recognized as something very unique and different.”

Eckel and Kezar (2003) stated that providing financial support is one-way administration can support a change initiative. Regarding financial support at the local institution level, some participants stated that their dean or president was supportive of nursing and in those cases, faculty stipends or release time was offered as fiscal support to the participants for the work they were doing. However, in some cases, there did not appear to be the same support for the nursing discipline and in those situations, no financial support was given. In one situation, a participant reported that her dean said, “You are updating your curriculum, which is something you should be doing. That’s part of your job as faculty.” Needless to say, faculty involved in MANE received no financial support at that institution.

As MANE was implemented, each MANE school was a part of the Minnesota State system, and as such, faculty members belonged to one of two unions. However, reimbursement for work was inconsistent. Some schools allowed for release time, some for credit equivalent, some received Perkins’ grant money, some supported in-kind reimbursement, and some offered no financial support. One story shared was about stipends given to faculty working during the summer on new courses, with the promise to pay a similar amount for subsequent faculty work. However, due to a change in administration, that promise was not kept until faculty approached their union representatives. One participant stated she was disappointed overall with the Minnesota State system support that provided for all the work faculty members did:

The president and provost and the administration, even the Chancellor point to MANE as an example of colleges working together. So, the positive is being acknowledged. But there’s been a lot of blood, sweat, and tears and not much financial reimbursement or recognition.

Overall, financial support was inconsistent between campuses.

Summary of support. MANE received support from both industry and regulation during the development and implementing of MANE. In particular, one large health care delivery organization in Minnesota has remained a practice partner with MANE. In addition, the Minnesota Board of Nursing was available on a consulting basis for MANE. This trifecta is similar to the Tri-Council for Nursing, in which education, regulation, and industry work together for positive outcomes for students. In addition to receiving outside support, MANE was supported by fellow faculty members in other general education disciplines. Finally, MANE received financial support from several grants. This money helped in the development and implementation of MANE. However, it is not an on-going source of financial support. Outside of the boundary of this case study, it should be noted that MANE has established a cost center and has developed a financial means for sustainability.

Benefit to students. MANE set out to increase the number of baccalaureate prepared nurses in Minnesota. While it's too early to make a final judgment, the initial conclusions are that students are progressing from the associate degree to the baccalaureate degree through the alliance. Another goal was to graduate students from MANE who were better prepared to face the health needs of Minnesota citizens. It is not the point of this case study to demonstrate this, but rather to record the stories of those who have been involved in the process. Of the graduates, Amy said:

I do see a difference in the way students think now compared to how they had thought before. In just the way they look at their role as a leader and even just recognizing stuff like quality improvement. They see their role as a leader and an advocate, not just at the

bedside, but in our larger role within society. I see our students clicking at a higher level.

Our curriculum core is really solid.

Millie said:

We may feel like we are still in the development phase and with so many improvements, most days all we see is what we have left to do. But I also keep remembering that we are successfully placing students into practice post program and that our practice partners are benefitting from these students that come because they are different than other new graduates. They bring something different to the table.

Amelia concluded:

My biggest joy? Just that we did it! We survived basically. And when I saw our first graduates presenting their senior projects, I thought, WOW! This is a different student. This is not the same student, and they are going to make a difference in our health care. It's so good to see the end result and say, we did it!

Summary of benefit to students. Overwhelmingly, the greatest joy the participants received from being a part of MANE was to see students who not only received their baccalaureate degree but were also prepared to meet the changing health care needs of Minnesota. As each participant was asked what gave them the greatest joy, all 14 participants said the benefit of working with other educators on this innovative initiative or the ability for students to have seamless access to baccalaureate education, or both.

Summary of Support and Benefits

In this section, I answered the question of how MANE was implemented. It was a very stressful time for all faculty members in the alliance schools. Some faculty members were

initiating the new curriculum while others were phasing out the old programs and some faculty members were involved in both processes simultaneously. While MANE committee members believed they had considered most contingencies, challenges appeared as the new curriculum was being rolled out. According to the participants, support from administration and the systems office was minimal. Through all the stress and challenges, students entered the program and successfully completed the new baccalaureate program. Participant response to the question of what was their greatest joy was that of student success.

Synthesis

In this qualitative case study, I asked participants to tell their stories about their work in MANE, a faculty driven, grassroots innovation in nursing higher education. Participants voluntarily shared their thoughts and feelings about being a part of this work. Using Kezar and Lester's (2011) model, I framed questions to ask about personal reasons for becoming involved in the creation and implementation of MANE, the group process, and the challenges that the participants experienced.

My first research question focused on why nurse educators became involved with the development and implementation of MANE. I found that most participants were very clear that their participation was based on their commitment to meeting the challenge of the Institute of Medicine (2010) to positively impact the nursing profession by increasing the number of baccalaureate nurses in the state of Minnesota. The other principle motivator was the personal commitment to quality nursing education. Because of these two motivators, the participants engaged in years of arduous collaborative work to create and implement MANE in nursing schools in Minnesota.

My second and third research questions examined the collaborative development and implementation of MANE. Kezar and Lester's (2011) model was again helpful in clustering the responses. Their model identifies topics such as group formation, strategies, and the convergence of top down hierarchy and grassroots leaders. The participants shared their stories of group formation and collaborative dynamics. They reported strategies that were adopted to help with the development of MANE. Conflicts and personal dynamics were shared by participants, as well as the issues that arose during the implementation phase. The participants reported on areas they viewed as successful as well as areas they perceived as challenges to address. These challenges were divided into ongoing challenges and future areas critical to the success of MANE. In conclusion, in reporting on the story of those involved with the development and implementation of MANE, Kezar and Lester's (2011) model served as a good framework and will help to draw conclusions that will be beneficial for other higher education grassroots initiatives.

Summary

In Chapter IV, I have described the participants who agreed to share their stories of why and how MANE was developed and implemented. Themes that emerged from the interviews conducted were that the participants became involved with MANE because they saw the benefit to themselves and to their students. They found support among other group members to continue with the process of developing and implementing the curriculum. Stories revealed some of the challenges that emerged as the curriculum was implemented, including conflict and turnover. Participants shared their personal stories of the stress they experienced throughout the process of developing and implementing MANE.

Overall, I found the participants were committed to increasing the number of baccalaureate nurses in Minnesota. The participants are a representative group of a much larger number of nurse educators who volunteered their time and expertise to create and implement an innovative way to educate nursing students and encourage them to persevere to a baccalaureate degree. Their stories add to the body of research in higher education as many faculty members from all disciplines engage in finding innovative strategies to remove barriers for student progression through to the baccalaureate degree. The strategies, the struggles, and the successes are not unique to nursing as they are seen in grassroots innovations when bottom up movements meet top down hierarchies. In the next chapter, I will discuss the findings, the limitations of this study, the implications for practice, and the need for further research.

Chapter V: Discussion

The purpose of this case study was to tell the story of the Minnesota Alliance for Nursing Education (MANE), a grassroots innovation in nursing education in the state of Minnesota. In Chapter I, I presented the rationale for the initiative, explaining current trends in health care and nursing education that have necessitated change. In Chapter II, I presented literature to support this rationale, as well as explaining a grassroots change model suggested for higher education initiatives. In Chapter III, I explained the methodology I used for gathering my data for this qualitative study. Chapter IV presented the data, using the Grassroots Leadership Model, developed by Kezar and Lester (2011) to help frame the responses. In Chapter V, I will present my conclusions of this aggregated data. I will also explain the limitations of the study and implications for theory, practice, and future research.

Conclusions

In a brief analysis, using the word cloud and word list feature of ATLAS.ti. ©, it was obvious that the word “think” was the word used most often in each interview. The inference here is that those being interviewed were giving their opinions or thoughts on the matter. While this is a simple analysis, it demonstrates that the participants’ thoughts were being expressed in the interviews. In a qualitative study, this is an important result.

Question 1: Why Did You Commit to Work on this Change Innovation?

I began my research by asking the participants why they undertook the development of MANE. Their answers revealed their motivation to be involved in this work and the factors that helped them to stay involved as time dragged on. In the majority of my interviews, the participants listed the Institute of Medicine’s (IOM) challenge to increase the number of

baccalaureate prepared nurses as part of their motivation to be involved in MANE. Participants also listed a desire to improve the nursing profession as a primary reason for being involved in developing MANE. Some participants stated that their campus needed to be involved in MANE because the health care organizations in their area were insisting on baccalaureate education for future employees. Additionally, a few participants stated that they were losing clinical partners who would only take students from baccalaureate programs. I would conclude that all 14 participants were motivated to offer the best education for their students in an effort to improve the nursing profession.

The second conclusion I can draw about the participants is that they were all registered nurses with a wide variety of experience in clinical practice and education. All participants had a minimum of a master's degree in nursing and were committed to education. During the interviews, I frequently heard participants describe themselves or other members of the MANE team as passionate. There was a deep commitment to creating this innovative curriculum. Additionally, participants were committed to relationships that were developed during the work. They felt a strong sense of teamwork and believed that their ongoing participation contributed to the success of the team. Each participant had some previous experience that prepared them to work with MANE, whether it was work on curriculum design, collaborative work across campuses, or familiarity with concept-based curricula. These past experiences helped the participants I interviewed to become involved in the MANE project.

Finally, I looked at how the participants continued with the years of MANE work, when they were also carrying heavy teaching loads. Participants found intrinsic and extrinsic ways to be resilient. Intrinsic ways included the individual enrichment from the challenge of the work

and the benefit of professional engagement. Extrinsically, they experienced resilience from the relationships formed in the work groups and the networking with other committed nursing professionals. In particular, relationships were a theme that was evident in many of the interviews. These benefits go beyond pay and promote satisfaction with the work. In summary, I conclude that the professional nurse educators were motivated to become involved with MANE because of their commitment to nursing and to education. They saw this initiative as valuable and something that would advance the profession of nursing in Minnesota.

Question 2: How was the Shared Curriculum Created Collaboratively?

My second research question looked at how the curriculum was created collaboratively. In this section, I will answer that question by summarizing strategies and tactics used to create MANE as well as challenges and benefits that evolved from the research. First, however, in order to answer how MANE was created, I wrote a brief chronological history of actions and events that took place in the time span of my case study. Eckel and Kezar (2003) stated that in any change process, members need reference points that can serve as the “building blocks of sensemaking” (p. 56). The history serves this purpose and is important to the case study because it highlights key decisions and answers the question of how MANE was developed. I attempted to bring forth all participants comments about the history of MANE creation. I also chose what I believed exemplified key decisions from the meeting minutes. It would have been impossible to list all the decisions made found in the meeting minutes for several reasons. First, the information would have been excessive. Second, some information spoke to issues of specific institutions, thereby negating anonymity. I have attempted to maintain the integrity of the

process and guard anonymity by including only those key decisions that spoke to how MANE was developed.

Strategies and tactics. One decision that was made early on was to seek assistance from Dr. Chris Tanner from OCNE. This outside help was an important tactic in creating the transformative strategy, which helped to guide the development of MANE. Of this tactic, I universally heard from group members how OCNE influenced MANE. Several participants were impressed that Dr. Tanner would physically meet with members of MANE in consultation. Many spoke of the innovative OCNE clinical model that was used in the development of MANE. Influenced by Dr. Tanner's involvement, members developed a transformative strategy that helped to guide all other strategies and tactics (see Appendix D). The transformative strategy included principles such as inclusiveness, beneficence, and collegiality, all of which helped to guide the way the groups functioned collaboratively. It is safe for me to conclude that the influence of OCNE was instrumental in the formation of MANE.

The formation of MANE included a lot of group work. I found that groups were formed with volunteers from each MANE school. These members decided on ways that they would conduct the work and shared similar stories with me during the interviews. Several participants shared that movement was maintained when they could agree "it's good enough for now" or to "put it in the parking lot" for topics that seemed to veer off from the conversation at hand. This seemed to help move the work forward. The groups decided that decisions would be made through consensus and that progress would halt until consensus was reached. Sometimes heated discussions took place, as members voiced their points of view. Not all decisions were unanimous, however, each member would agree to verbalize their concerns and then stand aside

in order to move the process along. This created a dilemma for several members when they had to agree to a decision that may have been contrary to positions that their own college faculty members held. However, the group members' commitment to the mission and vision of MANE helped them to move the process ahead. I would conclude that commitment to a vision and/or mission is important motivation in any grassroots initiative.

Challenges. Participants shared about some of the challenges they experienced in the development of MANE. As MANE began, there were other colleges and universities that expressed interest in partnering with MANE. The members of MANE limited the entrance of new members because they could not see how they could grow and still keep up with all the work of development. A deadline was set, and criteria were established that virtually shut the door on some of these institutions. After hearing from various participants, I would conclude that the decision was right for the time, but that there was regret that it did close the door to many interested parties. It is my opinion that the interviewees wished they could change this decision.

Additionally, participants identified problems that existed in the merging of associate degree faculty with university faculty members in the development of upper division courses. At the time of development, several university members were on sabbatical. This created a shortage in the university perspective in the development of courses. Moreover, there did not appear to be the collaboration between the university and the community college campuses that existed in the lower division courses.

Summary of Question 2. In answer to my second research question, I would conclude that the group of faculty members involved in the grassroots initiative known as MANE invested

time and expertise to develop a curriculum that was innovative and expedient to the higher education learning needs of nursing students. The participants shared stories that demonstrated the enormous effort, planning, and commitment it took for campuses to cross boundaries and attempt to share a curriculum plan. The participants developed strategies and used a variety of tactics that helped the group process address the multiple areas of program plan, curriculum design, faculty development, and agreements that made the program possible. I also heard stories of strong collegial relationships and the participants' enjoyment of working on this collaborative curriculum. While there were errors I heard of in the development stage, there was also an optimistic outlook for the overall program that was developed. From this optimism and the participants' comments, I can conclude that the group does not view the errors as outweighing the benefits, but that these are errors that should be addressed in the future.

Question 3: How Was the Curriculum Implemented in all Alliance Schools Simultaneously?

One answer to my third question was that in order for MANE to be implemented in all alliance institutions, an interagency agreement was created by members of MANE and signed by presidents of all member institutions. In addition to this agreement, I found there were many challenges that arose during the implementation phase of MANE. These challenges were centered on the curriculum and clinical model, and interpersonal relationships. Besides challenges, I also found that a swell of support was growing for MANE.

Curriculum. When the curriculum for MANE was implemented, colleges were still phasing out their old nursing programs. That added to the overall stress of the first few semesters. With the new curriculum, there were two challenges that participants spoke of frequently. These areas included the implementation of concept-based curriculum and the

implementation of the OCNE clinical model. Both of these ideas were new to most faculty members. While they had been exposed to them theoretically, most schools had not implemented either in their previous curriculum. The changes in the curriculum appeared to present a large learning curve to most faculty members from all MANE institutions.

The other major change in using the new clinical model was that faculty members initially had a huge hurdle to climb in securing new clinical agencies where students could have a variety of experience in the foci of care for the specific semester. This was not only a challenge for faculty, but also for clinical partners. Finally, as the upper division courses rolled out, clinical agreements were not finalized before semesters began. This increased the stress on faculty and students alike.

As participants looked back on those early semesters, they could recall many of the curriculum challenges that occurred as the new program began. It seemed however that as semesters repeated, some of those challenges melted away as faculty became more familiar with what was expected of them. I can conclude that there was a lot of stress for faculty members as each semester of MANE was taught for the first time. While faculty agreed in theory to the new curriculum, putting it into practice presented challenges.

Interpersonal relationships. In this section, I found some of my biggest surprises. I was aware of the turnover of faculty members on the various campuses, but I didn't know how significant it was until I interviewed my colleagues. I also learned how the turnover in campus administrators added to the stress during the initiation phase.

Another surprise to me was in the aspect of trust and respect. I found it very interesting that most participants commented on a lack of trust between the university faculty members and

the associate degree faculty members. While stating that they didn't feel the other faculty members trusted them, all participants said they deeply respected their colleagues in other institutions. I pressed this issue to discover that there was a strong respect among community college faculty members for their university colleagues and the university faculty for their community college colleagues. I found this to be significant.

Conflict was another aspect of interpersonal relationships. Conflict was expected and participants who spoke of conflict seemed philosophical about it. However, when conflict erupted on the college campuses, it seemed more personal. Several participants shared painful personal stories about conflict on their campus.

Convergence. Kezar and Lester (2011) stated "there is a time when most bottom-up (grassroots) innovations must meet top-down (organizational leadership) and they term this meshing as convergence" (p. 228). For this case study, convergence took place on individual campuses and with the Minnesota State University system. Most participants spoke of the lack of support they perceived from the Minnesota State system office. While it was obvious from the steering committee minutes that the work done to create the interagency agreement required system office support of MANE, that support was not perceived by those involved in the creation and implementation of MANE program plans and curriculum. Because I received multiple comments about the lack of support from the Minnesota State system office, I was surprised to see how many meetings were reported behind the scenes in the creation of the inter-agency agreement. Kezar (2014) spoke of the need for endorsement as innovative change initiatives grow. It is my conclusion that when participants spoke of support, endorsement was what they meant.

Support. Participants spoke of support received and benefits that occurred from the implementation of MANE. During the development and implementation phase, MANE was supported by a large clinical partner and the Minnesota Board of Nursing. Additionally, community colleges involved in MANE received support from their accrediting body, the Accreditation Commission for Education in Nursing (ACEN). Another source of validation was in the receipt of a large monetary grant from the Robert Wood Johnson Foundation. The final benefit I commented on from the implementation of MANE was student outcome. Students have taken advantage of the dual admission to both the community college and the university and have gone on to complete their baccalaureate degree in nursing.

Summary of Question 3. In answer to my third question, I would conclude that in the implementation of MANE, challenges were encountered and met through the ongoing efforts of the faculty involved. There were challenges in the adoption of the concept-based curriculum plan and the OCNE clinical model. It took a strong collaborative effort to meet the numerous challenges on the many fronts as they occurred, including the individual campuses and the variety of clinical partners involved. Issues of respect, trust, and conflict erupted during the creation and implementation of MANE. Participants perceived the lack of endorsement from the top-down leadership as lack of support. However, even with numerous challenges, faculty dedication to the mission and vision of MANE sustained them through these hurdles and propelled them into the future.

Discussion

Collaborative work between campuses is a current trend in higher education (Kezar, 2016). In the previous section, I addressed my three research questions. In this section, I will

elaborate on how the research I have conducted adds to the body of knowledge in higher education as a group of nursing faculty members worked collaboratively to create and implement an innovative nursing curriculum across multiple campuses. As I used Kezar and Lester's (2011) grassroots leadership model as a theoretical frame for my study, I will use this framework to present my discussion, with the focus on individual motivation, group strategies and tactics, and challenges.

Motivation

Kezar and Lester's (2011) grassroots leadership model began with the individual's identify, motivation, and resilience. My first research question looked at why individuals in the faculty group were motivated to become involved in the formation of MANE. I found that faculty shared a similar motivation for being involved in MANE, most citing the Institute of Medicine's report (IOM, 2010) calling for the increase in the number of baccalaureate prepared nurses. As demonstrated in the literature review, there is strong support for change in nursing education. Billings, Allen, Armstrong, and Green (2012) stated that there is a need to prepare students for the "swiftly changing health delivery network" (p. 294). In 2017, the *Nursing Education Perspectives* Journal dedicated a complete journal to introducing innovations taking place in nursing education throughout the country, including MANE. I found that the participants in my study shared this commitment to creating a change in nursing education. It was a strong extrinsic motivator.

Additionally, I discovered that individuals shared similar intrinsic motivation as to why they became involved in MANE. Members shared a personal commitment to and passion for nursing education. Many members had experience in collaborative endeavors previously, which

motivated them to engage in the work of MANE. I also learned that the participants found that networking and creating relationships with other educators fostered the resilience they needed to continue with the work (Kezar, 2014; Kezar & Lester, 2011; Kezar, 2014). Kezar (2014) stated that “deliberation and discussion among professional commonly emerged as a quality that led to more authentic change” (p. 182). My research supported this.

Strategy and Tactics

Eckel and Kezar (2003) stated that “the process of transformation is marked by numerous strategies occurring concurrently” (p. 110). Kezar and Lester (2011) added that in the academic setting, strategies are based on “being educationally oriented” (p. 98) and employ tactics to “fit the educational context” (p. 98). Additionally, they elucidated that a “strategy is a set of principles that outline an overall approach while tactics are specific methods...to achieve a specific objective or goal on the way to creating change” (Kezar & Lester, 2011, p. 97). In this section, I want to comment on strategies and tactics that were used in the creation of MANE.

As mentioned earlier, one decision that was made early by the members of MANE was to seek assistance from Dr. Chris Tanner from OCNE. Using consultants during a change process is something found in other change initiatives (Brady et al., 2008; Eckel & Kezar, 2003; Anderson, et al., 2017; Tse et al., 2014). With the help of Dr. Tanner, the MANE members developed the transformative strategy. This strategy helped “to develop a common meaning from the ambiguity associated with change” (Eckel & Kezar, 2003, p. 53). The transformative strategy was a form of sensemaking (Eckel & Kezar, 2003). Following the writing of the transformative strategy, the participants wrote a philosophy, mission, and vision statement.

While these strategies are seen more often in top-down initiatives than grassroots innovations (Kezar, 2014), I found that these documents helped to ground the group (Kezar & Lester, 2011).

In order to accomplish the vision of MANE, an interagency agreement between all partner institutions was developed. Members of the systems and steering committees of MANE worked with members of the Minnesota State University system and legal counsel to develop the agreement, which was signed by the college presidents. This tactic was time consuming and labor intensive for all involved. The development of this agreement was an example of convergence of the grassroots innovation and the top-down organizational structure (Kezar & Lester, 2011). Hearne, Henkin, and Dee (2011) used work of Kezar and Lester in their research on STEM curriculum changes in one institution. Their work highlighted the difficulties encountered when grassroots initiatives met with university hierarchy. They found that faculty teams “devoted extensive time” (p. 47) and were more innovative when they could lead their change process. However, while “grassroots innovations can generate significant improvements in teaching practices, they cannot be sustained without institutional support” (p. 55). Kezar and Lester (2011) stated that “convergence was necessary for a grassroots innovation to broaden and deepen its impact” (p. 228). In other words, grassroots faculty driven innovation eventually needs to interface with the institution. In the case of MANE, the interagency agreement added a concrete element to the nurse educators’ vision of developing MANE.

While Kezar and Lester’s (2011) research on grassroots leadership began with an individual, MANE was always a group endeavor. From the original direction from members of the Collaborative Curriculum Planning Group (CCPG), MANE work groups formed and determined how they would operate. For example, one tactic participants shared was the plan to

have regular meetings, usually face to face. Regular meetings add to sensemaking as members create new understanding “through talk, discourse, and conversation” (Eckel & Kezar, 2003, p. 55). Kezar (2016) stated that face to face meetings are preferable for initial meetings, although virtual meetings can be beneficial later in the process. She further stated that this face to face interaction helps to build trust within the group (Kezar, 2016). In the comments from participants, I frequently heard about meetings and the work done there. While meetings added time commitments to the full-time teaching loads of the members, the participants overall thought having regular face to face meetings were a valuable tactic. Another tactic was to reach decisions through consensus. This tactic is also supported in the literature and is generally the preferred way for women to lead (Kezar & Wheaton, 2017). It is the decision-making process that was espoused by OCNE (Tanner et al., 2008).

From their research, Eckel and Kezar (2003) stated that a tactic seen in educational change endeavors was faculty development sessions. These sessions were usually held outside of work time and frequently engaged outside speakers. I found that MANE employed this tactic of faculty development during the creation of MANE. One MANE committee was dedicated to planning these sessions. They took suggestions from faculty members for topics to include in the faculty development sessions. Eckel and Kezar (2003) identified that successful faculty development sessions frequently were a blend of formal presentations by experts and faculty connecting with others from various campuses. This was a tactic I found the faculty development committee used. While faculty development was an important piece of the creation of MANE, attendance was variable because meetings were held on weekends and in the summer.

Another tactic used for faculty development was that group members circulated a recommended reading list, including articles on Oregon's curriculum. In a report from OCNE (2012), the consortium included lessons learned to help "faculty from other states and regions implement OCNE-like educational systems" (p. 11). Eckel and Kezar (2003) reported that in their research "of the transforming institutions, leaders widely distributed key readings" (p. 120).

Kezar and Lester (2011) stated that by maintaining higher education's mission, that of student success, the proposed change would be able to overcome most obstacles and would meet with approval of most staff. The proposed concept-based curriculum change was agreed upon by faculty because it addressed the dilemma of curriculum content overload (Giddens & Brady, 2007). Adoption of OCNE's clinical model was also supported because it addressed the growing need for changes in clinical education (McNelis & Ironside, 2009). These were major decisions that faculty agreed to in principle to improve student success. Implementation of these two strategies produced some challenges which will be addressed in the next section.

In summary, the second arm of Kezar and Lester's (2011) grassroots leadership model looks at the strategies and tactics used to produce change. The data I received from the participants' interviews and the meeting minutes supports key elements of their model. This data answers my second question of how MANE was created collaboratively.

Implementation Challenges

There were many challenges that evolved as MANE was implemented. Kezar and Lester (2011) identified these as challenges or obstacles and stated that they happen at the organizational, group, and individual level. From the interviews, I learned of challenges that occurred with implementation of the curriculum and the clinical model, challenges with faculty

turnover, challenges of an interpersonal nature, challenges of convergence with college and system leadership, and future challenges to face.

I heard stories of the challenges faculty encountered with the change to a concept-based curriculum. Elliott (2017) reported that “many nursing programs across the nation have transitioned from traditional content-saturated curricula to the use of concept-based curricula” (p. 12). Participants shared that while faculty members voted to adopt the concept-based curriculum, what was decided in theory was harder to realize in practice. The same was true of the OCNE clinical model. Participants commented on the obstacles they had to face in securing new clinical sites to accommodate the foci of care in each semester.

Kezar (2014) stated that “change initiatives cause such fear, confusion, frustration, and vulnerability for many stakeholders” (p. 208). During times of change “groups defend the resources and power they already have, creating conflict” (Kezar, 2001, p. 95). I heard of high levels of stress that occurred during the implementation of MANE. Participants commented on lack of trust amongst team members and from faculty peers on their own campuses. Some shared stories of personal conflict they experienced at their workplace. Kezar and Lester (2011) said microaggression was not uncommon as groups faced change. They also identified that change takes an emotional toll on individuals (Kezar & Lester, 2011, p. 122). I found this to be true in the implementation of MANE.

Respect and trust were issues that emerged in the interviews. Participants shared that they highly respected their colleagues on the MANE teams, but they didn’t always perceive that respect or trust was reciprocated. Kezar and Lester (2011) stated that “interpersonal issues within the groups can lead to unsuccessful initiatives, a splintering of the groups, or dismantling

of the groups altogether” (p. 135). Eckel and Kezar (2003) added that “without trust, few transformative efforts would succeed” (p. 87). However, from the comments I received, I would conclude that this feeling was an indicator for the need of more intentional networking and teambuilding and not from deep conflict. Kezar and Wheaton’s (2017) work suggested that for successful collaboration, emphasis needs to be placed on “fostering healthy relationships, encouraging networking and partnerships, and actively creating alliances” (p. 21). I posit that because MANE members held a deep respect for their colleagues and were able to complete an enormous amount of good work collaboratively, that what may be needed in the future is to create these stronger relationships and networks.

Eventually a grassroots initiative must interface with the top-down leadership of any agency. Kezar and Lester (2011) pointed out that for a deeper, broader, more sustained change, this convergence must occur. However, they stated that in their research two-thirds of the groups had poor or failed attempts to converge with top-down administration (Kezar & Lester, 2011). In the case of MANE, the conclusion is not final. Some participants shared that they felt support from their individual campus administration. More comments were made by participants in regard to the lack of support they felt from the system office, specifically Minnesota State, although meeting minutes from 2012 seemed to contradict this feeling. From the minutes, the system committee was heavily engaged with Minnesota State in the legalities of working on a dual admission process and inter-agency agreement. This involvement and support did not appear to spill over into other areas of MANE development. A future challenge of MANE will be to continue to work with higher education administration.

One of the tactics that Kezar and Lester (2011) suggested for grassroots initiatives was to garner “outside financial support for the ideas that can impress the importance of the initiative on top-down leaders” (p. 233). I found that this tactic was used by MANE in securing a substantial national grant. Participants shared how receiving the grant helped them to feel validated on a larger scale in the work they were doing. In addition, support from a large health care organization and a national accrediting organization endorsed the work of MANE.

To summarize this section, the MANE curriculum was implemented simultaneously at all partner institutions during the fall semester of 2014. Similar to the research of Kezar and Lester (2011), I found that the implementation of MANE met obstacles or challenges. Some of the challenges were addressed, such as the challenge of changing the clinical model and securing financial support. Some other challenges, such as creating stronger working relationships and converging with administration, will need to be met as MANE moves into the future.

Summary of Discussion

I completed a qualitative research case study on a grassroots innovation in higher education, specifically the collaborative development and implementation of MANE. This innovation was completed by nursing educators from multiple campuses, agreeing to work together to form a curriculum that would increase the number of baccalaureate prepared nurses. I chose to use Kezar and Lester’s (2011) grassroots leadership model as a framework for my research. I found that my research supported their conclusions; that individuals who become involved in grassroots change have intrinsic and extrinsic motivation for the change; that as groups form, they create strategies and use tactics to accomplish the work; that obstacles or challenges happen; and that grassroots initiatives need to converge with the organization in order

to create sustainable change. I close my discussion with the first quote from Kezar and Lester's (2011) book: "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever does- Margaret Mead" (p. ix).

Limitations

In this section, I will present limitations of the case study. I chose to limit my sample to those nurse educators who I knew had a deeper understanding of MANE. I did this because I wanted to tell the story of MANE; why we collaborated to develop MANE and how we accomplished this initiative. By setting boundaries to my case study, my study has some limits. I will present those in the subcategories of the sample, the point of view, the boundaries set, and the outcome of MANE.

Sample

The sample group for this case study was a convenience sample. I knew each participant at least slightly and had interfaced with each person in some way prior to the research. While I selected participants from a variety of campuses and committee work experience, I could have added more diversity to my sample group. For example, in my sample I could have:

- Included more diversity from the various work groups, particularly the system committee.
- Included faculty members who were not on various work groups but were instrumental in the development and teaching of MANE courses.
- Included faculty members who left the work groups after a short period of time.
- Included faculty members who were disgruntled when they left MANE committees.

While I conducted interviews until there was saturation of data, I may have benefitted from including more participants who represented other subgroups. In particular, interviewing at least one faculty member who left a MANE workgroup because he/she was disgruntled with the group process may have revealed more about the dynamics on the work teams. Interviewing a faculty member who left after a short time on a MANE committee may have done more to explain the stress faculty members experienced from the added workload.

Point of View

In addition to including more diversity in the sample demographics, I limited my point of view to the nurse educators' story of MANE. I further limited my interviews to those who were involved in work committees of MANE. My research may have benefitted from exploring the point of view of other groups involved in MANE. For example, my research may have benefitted or had differing results if I had included the point of view of:

- Administrators of the institutions involved in MANE, particularly academic deans, provosts, or presidents, depending on the size of the institution. As these administrators supported MANE, it could have added to the study if they had shared their understanding of MANE and the impact it had on their individual school.
- Staff members, including staff from advising, student counseling, and administrative assistants involved in nursing programs. These individuals were instrumental in helping students to enter MANE schools, as well as understand their future options in the program.

- Financial aid officers and anyone involved in institutional financing. As the students transfer from one institution to another, these participants all play a part in student success.
- Clinical partners, who have had to make changes in the way clinical was offered in their agencies. These partners were offered training in how MANE would be different than other programs. Their input to the study could have offered part of the story of MANE.
- Students. The student perspective of the program, especially from the first graduating class in spring 2017, would have added to the story of MANE.

Because I limited my case study to the point of view of the faculty involved in the development of MANE, I may have missed the point of view of others who were instrumental in the MANE experience.

Set Boundaries

By definition, a case study has set limits or boundaries (Yin, 2018). For this case study, I set the boundary of time and event. The event was MANE. I began the case study with the beginning of MANE, in 2011 to the spring of 2017, when the first cohort of students graduated, having completed all six semesters of nursing consecutively. However, as I conducted interviews and have been involved in MANE, weaknesses were exposed, and some changes were addressed quickly to alter the original curriculum design. This has been especially true in the summer of 2017 and beyond. By the summer of 2018, a grant-funded task force was established to evaluate the program and recommend changes, including the changing of a required course. This activity is outside the boundaries of this research. As they include changes that were

implemented immediately, as well as point to future changes to make, they add to the story of MANE. However, the timing of these changes puts them outside of the set boundaries of the case.

Outcomes

There are two outcomes that are not included in this case study; the number of baccalaureate graduates and the quality of those graduates. Because I only looked through the first graduating cohort, I can only report on the number of baccalaureate graduates at that point. At the end of this case study, 35% of all MANE students from the participating colleges completed their baccalaureate degree. To know if MANE did increase the number of baccalaureate prepared nurses in the state, a longitudinal study would need to be undertaken. A more important statistic to consider would be to look at the number of graduates after three or five years. Additionally, it would be helpful to consider the associate degree students who completed their baccalaureate degree through another program other than MANE.

MANE, like the Oregon Consortium for Nursing Education (OCNE), holds that graduates from the program are better prepared to meet the changing health care needs of the patients nurses serve. In a report summarizing the first ten years of their program, OCNE was able to demonstrate the quality of their graduates (Gubrud et al., 2017). While anecdotally the participants I interviewed stated the MANE graduates demonstrated stronger clinical reasoning than previous students, the time limit of the study and the nature of the study limits this outcome from being substantiated.

These are the areas of limitation in this study. While there are certain limitations to the study, there are conclusions that can be drawn from the data, as well as implications for future research and practice.

Implications for Theory

I chose to use Kezar and Lester's (2011) Grassroots Leadership Model of challenges and obstacles. My rationale for choosing this model was because it focused on changes led by faculty and staff in higher education. In particular, I liked this model because it focused on the individual challenges as well as the group challenges experienced during a grassroots change initiative. Like Kezar and Lester (2011), I chose to do a case study to research a change innovation in higher education. Unlike the researchers, my case study was on a group of faculty across multiple campuses involved in the change, while their examples focused on individuals from separate institutions who initiated a change. One other research study I found used portions of Kezar and Lester's work in its presentation of multiple change initiatives occurring in higher education (Borregard, 2016). Again, however, this research was with individual change innovations within a similar university system.

My case study does not contradict Kezar and Lester's (2011) model but builds on it by applying it to a group of faculty. I did find that individuals within the group shared an identity, felt motivated by similar factors, and experienced factors leading to resilience. As a group, the members established strategies and tactics to help in the development and implementation of change innovation. They faced challenges with implementation of the curriculum as well as challenges when converging with campus and system leadership. They also experienced conflict within the group as well as within their home campus faculty members.

Where the model did not serve my purposes well was in the organizational branch of their model. It is in this column of the model where group formation, leadership development and organizational structures and culture is highlighted. For MANE, group formation and processes were part of the tactics that developed to help with the creation of MANE. Leadership development per se was not a part of MANE. However, faculty development was a tactic used to help train faculty across campuses about facets of the new curriculum. Additionally, the model did not address the “challenges for convergence” (Kezar & Lester, 2011, p. 234) that arose as “top-down meets bottom-up” (Kezar & Lester, 2011, p. 227). While the model helped in framing the work of the MANE group, it did not help when looking at the bigger context that the change took place within. However, as mentioned previously, these misalignments between my research and the grassroots leadership model may exist because I have taken a model designed for individual leaders and applied it to a group initiative across multiple campuses. However, in broad strokes, this research adds validity to the grassroots leadership model.

Implications for Practice

First, my research tells the story of MANE and the nurse educators who were involved in this change initiative. As mentioned throughout this research, nursing education is undergoing changes. In 2017, *Nursing Education Perspectives* (Fitzpatrick, 2017) dedicated a complete journal to the topic of innovations occurring throughout the United States to increase the number of baccalaureate prepared nurses. Many state initiatives and collaborative curriculums were presented. This work was “case based” in nature but demonstrated the interest in developing pathways for nursing students to complete their baccalaureate degree expediently. The case study I have presented tells the story of the creation and implementation of a collaborative

curriculum that was led by nurse educators. It highlights the process. I have included documents that can help other faculty who would embark on the same journey. By sharing the story from a faculty perspective, I have also discussed the commitment required from faculty members. In a recent address to the National Academy of Medicine (formerly known as the Institute of Medicine), Meyer (2019) pointed out that this is a unique time in nursing. Collaborative innovation, such as MANE, can be helpful to any other group of nursing colleges that may start this journey.

Second, in the retelling of MANE's story, it is my hope that the strategies used will help other groups that are considering multi-campus collaboration. These strategies, while focused on nursing, could be adapted to other disciplines in higher education. One strategy was to invest the time in preparation. MANE was in the planning stage from 2011 until 2014 before initiating the curriculum. Another tactic was to set a realistic start date. No one will ever have every detail completed prior to beginning. Establishing a start date moves the process forward. Securing financial resources is helpful in creating sustainability for such a work. Hiring a project manager to coordinate all the pieces becomes crucial to the success of the project. Kezar (2016) stated that "while multi-campus projects are being encouraged by national higher education organizations, little research exists on the subject" (p. 50). The retelling of MANE presents findings that could be applicable to any discipline.

Regarding faculty support, investing in faculty development and support is necessary. MANE offered faculty development to help all faculty members with the process of transitioning to MANE to help equip all faculty members. From comments made by the participants, this was an area where more effort could have been invested. The faculty development planning team

worked hard to offer topics of interest, but attendance was not strong. An obstacle may have been finding a convenient time for more faculty to participate in these sessions. The area of faculty development is not unique to MANE. The University of New Mexico (Brady et al., 2008) hired outside consultants to direct faculty development for a single university change initiative. OCNE (Gubrud et al., 2017; OCNE, 2012) also devoted time and effort to faculty development, including outside resources. The point here is that faculty development needs to be a part of the overall plan of a major curriculum redesign.

The creation and implementation of MANE increased the workload of all involved. While this case study has focused on nursing education, the implications for practice would include any collaborative endeavor. With the increase of workload, there is often not reimbursement or reduction of the faculty members' current teaching workload. In a report on a STEM curriculum redesign, researchers stated that the increase in workload did not add to the tenure or promotion criteria for the faculty involved (Hearne et al., 2011). Additionally, faculty teams "devoted extensive time" (Hearne et al., 2011, p. 47) to the project. Any redesign "requires substantial effort on the part of faculty; a change in curriculum, pedagogy, and work groups across campuses increases workload exponentially" (OCNE, 2012, p. 25). This increase in workload should be considered before commencing with a collaborative change initiative.

Implications for Research

This case study contributes to the body of knowledge in higher education in a variety of areas, which were discussed previously. It also serves as a catalyst for future research. Some areas for future research evolved from my review of the literature and the findings I made. Some areas for future research surface from the nature of what MANE is, a faculty-driven,

collaborative, multi-institutional project in higher education. In this section, I will look at these two areas in more detail.

Future Research from the Findings

During the interviews and my analysis of the data, topics requiring future research surfaced. One area would be to learn more about the work of collaboration between institutions, particularly between the two-year institutions and the four-year institution. MANE has sought to simplify the transfer process for students, but obstacles still exist. Another area for more research would be on convergence between administration and grassroots initiatives. In their research, Kezar and Lester (2011) found that this was an area of limited success and great challenges. A research question that could be further plumbed from MANE would be how MANE reached out to engage administration. In performing my literature review, I not only looked at the Kezar and Lester (2011) model, but also reviewed Eckel and Lester's (2003) Mobile Model for Transformational Change. While I did not choose to use this model, the data gained from my research could be reanalyzed using this model. In so doing, additional findings could be drawn. Finally, more research is needed on best practice for faculty development, best teaching modalities, and future clinical design. This case study has contributed information to these topics, but more research is needed.

Future Research in Collaboration

While the work of MANE is focused on nursing education in Minnesota, the broader focus is a case study on a grassroots, faculty driven, and collaborative curriculum innovation. Kezar and Lester (2009) wrote of the importance in doing more research on grassroots leadership in academia because "we know the least about this form of leadership" (p. 716). In my literature

review, I found one study that used the Kezar and Lester (2009) grassroots leadership as a framework in higher education change (Borregard, 2016). In using this model to help organize the responses from the interviews, I have added to the value of this model. However, more research needs to be done using the model.

Another area for future research would be on collaborative work in higher education. Kezar (2016) pointed out that “even though there are calls for multi-campus projects, there is surprisingly little information on the results of organizing work this way” (p. 50). Kezar (2016) further stated that the difficulties can outweigh the benefits if the collaborative effort was poorly designed. Kezar (2016) stated that issues include communication, trust, time constraints, and institutional cultures. These were issues that surfaced during my interviews. Any one of these four issues could be the topic of future research, particularly in light of the fact that more collaborative initiatives are being encouraged in higher education.

MANE was primarily initiated and led by women. From my research, I learned that the members of MANE valued the relationships that developed during the process. Kezar and Wheaton (2017) stated that women are more likely to lead in a relationship-based, collaborative fashion. This case study contributes to this conclusion but would open the door for future research in female led initiatives in higher education.

Summary

The case study presented here is the story of a grassroots endeavor of nurse educators in Minnesota to create and implement a collaborative curriculum intended to increase the number of baccalaureate nurses practicing in the state. Listening to their stories, I found that the participants I interviewed were a group of passionate, highly motivated professionals who

wanted not only to meet the IOM's criteria of increasing the number of baccalaureate prepared nurses, but also to better equip nurses to meet the challenging health care needs of Minnesotans. Committed to a common vision and mission, the participants remained involved in the initiative through the years of planning and implementation.

The work groups formed and developed strategies, modeling initial work from the OCNE model. While much of the curriculum and faculty development work could be done within the work groups, eventually the grassroots group needed to interface with the top-down system office to develop an inter-agency agreement. This process took an extended period of time.

Throughout the creation and implementation of the curriculum, conflicts developed, and challenges arose. Some of the conflict developed as peers at the local institutions were asked to adopt new, concept-based pedagogy and new clinical models of delivery. Some issues were easily solved, while other conflict became more personal in nature. Challenges and obstacles occurred as the grassroots innovation converged with administrative structures within academia. Conflict, trust, and respect for each other were ideas shared by the participants.

In looking over the events that led to MANE, participants shared concerns about errors they felt were made along the way. Perhaps one of the biggest errors was made in closing the door too quickly on colleges and universities that were originally interested in MANE but were not ready to make a full commitment so early in the discussion. While this served the purpose of getting MANE launched in a timely fashion, it may have created some lasting fall-out for future expansion.

It is too early to know the full benefit of MANE. Students are going on to complete their baccalaureate degree and in that regard, MANE is increasing the number of baccalaureate nurses

in Minnesota. The numbers are not as great as first hoped for or expected, but interventions to make completing MANE more appealing to students have been underway. This will be an area for future research.

As a grassroots initiative in higher education, there are multiple lessons to be learned from this case study. First, planning is vital for a program of this size. Second, preparing faculty or staff that will be involved in implementing the final product is also vital, and time and resources need to be allocated for this. Third, as the initiative moves to the implementation phase, time and effort needs to be made to strengthen support from the larger system, in this case, each school administration and the Minnesota State system of institutions. Fourth, establish financial support early on. A change innovation such as MANE will require funding. Fifth, as a grassroots initiative, create strategies and vision and mission, but retain the flexibility that comes with being a grassroots change process.

By definition, a case study is “a contemporary phenomenon in [a] real-world context” (Yin, 2014, p. 2). MANE is a real collaborative curriculum that began as an answer to the need to increase the number of baccalaureate prepared nurses in the state of Minnesota. While the case study was bound by the starting date and the completion of the first graduating class, the story is not finished. Even as the participants shared, plans are underway to improve and increase the impact of MANE. It is my hope that reviewing the story will help those involved in plans as they move into the future as well as informing nurse educators from other regions in their endeavors to strengthen nursing education.

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Appendices

Appendix A Research Participant Consent to Participate

The Minnesota Alliance for Nursing Education: A Case Study
Faith L. Johnson, Researcher
St. Cloud State University

Purpose of the Study

The purpose of this study is to tell the story of how and why faculty from various colleges in Minnesota worked collaboratively to create and implement a shared nursing curriculum. This qualitative case study research is in partial fulfillment of the requirements for the researcher's doctoral degree. The research instrument is one or two 60 to 120-minute audio recorded interviews and accompanying field notes.

Confidentiality

I understand that my confidentiality will be upheld by the researcher, who will take several measures to insure this. These measures include that audio recordings of the interview/s, transcripts of same, and interviewer's field notes will be kept in a secure location in the researcher's residence. Access will only be provided to the researcher's advisor and the St. Cloud State University Institutional Review Board (IRB) upon request. The participant will have the opportunity to review and suggest revisions to the transcript. In the final study report, each study participant will be identified only through a pseudonym known only to the researcher.

Three years after the awarding of the researcher's degree, the audio recording, transcripts, field notes, and other study related materials will be destroyed.

Voluntary Nature of Participation

I understand that I am voluntarily choosing to participate in this research study. I understand I can withdraw my participation without penalty or prejudice at any time prior to the completion of the study by notifying the researcher in writing. I understand that there are no potential risks I could experience during this study beyond the normal discomfort of discussion a topic that may be considered personal. I understand I can refuse to answer a question or ask to go "off the record" with a response.

Opportunity to Review

I understand that I will be given one week to review and suggest revisions to the transcription of any interview I participate in during the data collection of this study.

Information, Questions or Concerns

If I have any questions about this research project, I can contact the researcher, Faith Johnson, at (320) 262-9784 or faith.johnson53@gmail.com. I may also contact her advisor, Dr. Michael Mills at mrmills@stcloudstate.edu.

I have had the opportunity to read this consent to participate, ask questions about the research, and I am prepared to participate in this study.

Participant's Signature

Date

Participant's Printed Name

Appendix B Interview Guide

1. How long have you worked in higher education? How much of that time has been spent teaching?
2. Do you teach/work full time or part time?
3. What courses do you teach? Do you teach exclusively MANE nursing courses?
4. Why did you get involved with the MANE curriculum committee/steering committee/faculty development committee?
5. How was the decision made at your institution to adopt MANE?
6. Tell me what it was like on your campus (in your department) when you decided to adopt MANE. *How did the department respond? How did the institution respond? What were the difficulties that had to be overcome?*
7. What it was like on your campus as you began to implement the MANE curriculum? *Were there struggles? How were they handled/overcome? Are there on-going issues?*
8. Tell me about your involvement with the curriculum committee/faculty development committee/steering committee. *Are you able to attend meetings? Do you prefer the face to face meetings vs. the phone meetings? What works better? What subcommittees have you been involved with?*
9. How has it been for you to work with faculty from other institutions? *How do you think the group has worked? Is that opinion shared by your peers who are not on any MANE committee?*
10. Let's talk a little more about the collaboration between campuses. Tell me how you anticipated the work to go? *Explore this. Has it been better/worse than you anticipated? What has been the strength of this? What has been the weakness?*
11. What do you see as future challenges for MANE?
12. What has been your greatest joy in the development of MANE?
13. What has been the hardest part of being a part of this initiative?

Appendix C Institutional Review Board Consent

I have had the opportunity to read this consent to participate, ask questions about the research, and I am prepared to participate in this study.

Participant's Signature

Date

Participant's Printed Name

St. Cloud State University
Institutional Review Board
Approval date: 4-25-2018
Expiration date: 4-24-2019

Appendix D Transformative Strategy



Minnesota Alliance for Nursing Education

Transformative Strategy

In response to the evidence and with a commitment to excellence and innovation, an alliance has been created, the Minnesota Alliance for Nursing Education (MANE), among interested educational programs and practice partners to expand the capacity for baccalaureate prepared nurses in Minnesota. The alliance collaboratively designed a competency based integrated curriculum culminating in a bachelor's degree. The following guiding principles are adopted by MANE, as a transformative strategy, from the Oregon Consortium for Nursing Education (OCNE) (for detailed information, visit the OCNE website at http://www.ocne.org/guiding_principles.html).

1. Inclusiveness
 - Founding principle
 - Creates climate for rich feedback
 - Honor all contributions; avoid selfish and self serving behavior
 - Search out, seek, solicit and listen
 - Value different perspectives and incorporate new ideas
 - Receptive to doubting process; respond to criticism knowing that anger/discomfort are part of transformation
2. Beneficence
 - Goal is to serve the greatest good for the greatest number
 - Benefits of open sharing of resources/best practices
3. Collegiality
 - Mutual respect
 - Openness to problem solving and in dealing with conflict/disagreement
 - Trust and compassion
 - Integrity—being accountable; working through issues, problem solving, honesty, truthfulness, honoring diverse opinions
 - Playfulness and humor create a productive environment
4. Courage/Perseverance
 - Be proactive for the profession
 - Shared commitment for nursing as a profession and for nursing education
 - Creating a legacy; taking pride in the opportunity to contribute
 - Listen to those who question the work; seek understanding; incorporate change as needed
 - Shared vision must be dynamic to support/maintain the collective courage needed to face future challenges
5. Healthy Conflict
 - Necessary to maintain shared commitment to common visions and goals
 - Conflict cannot be ignored; to do so diminishes the whole group
 - Work to agreeable outcomes by managing conflict during debate

- Challenge yourself to deal with conflict in a direct and timely manner; move on without residual negative reactions
6. Shared Leadership for Transformation
- Starts with the development of a vision
 - Find opportunities to share our vision with others
 - Transformational leadership creates and sustains trust; committed to personal and organizational integrity as a critical value
 - Have tolerance for ambiguity
 - Rotating responsibilities that reflect each person using their personal areas of expertise
 - Embrace sharing the leadership role; recognize each others leadership
 - Be visible and courageous
 - Success comes through deep and sustained commitment

Elements that Characterize the Alliance (adopted from OCNE):

- The guiding principle that each individual school retains full responsibility and accountability for the nursing program,
- A collaborative process for consensus about a shared curriculum, and agreements that are needed to support the shared curriculum,
- A shared competency-based integrated curriculum culminating in a bachelor's degree. When students achieve the competencies for the RN Scope of Practice, they may earn an associate degree in nursing, meeting the education requirements to sit for the NCLEX-RN licensure examination. Coursework and clinical experiences for the full four-year program will be available through any campus of the ALLIANCE using distance delivery from baccalaureate programs, joint faculty appointments, and other means to offer upper division coursework.
- Improved utilization of clinical facilities and faculty expertise in Minnesota, through collaborative planning of clinical experiences, joint faculty appointments and shared expertise in instructional design.
- A new clinical education model that will align learning experiences and instructional strategies with the established competencies,
- Simulation laboratories to each partner school and a network arrangement for shared simulation expertise and materials,
- Shared agreements for student support services that facilitate students' financial aid, co-admission, dual enrollment and ADA accommodation.
- Shared agreements for academic standards including admission criteria, progress and graduation standards.

Appendix E Core Value Statement



MANE Core Values Statement

MANE is dedicated to achieving our mission and vision in a manner consistent with our values of:

- Innovation and the Pursuit of Excellence
- Collaboration and Partnership
- Integrity and Accountability
- Mutual Respect and Collegiality
- Diversity and Inclusiveness
- Responsiveness to Local and Global Healthcare Needs

Appendix F Curriculum Design Summary

Overall Consensus
<i>Competency Based</i> curriculum framed by the <i>Baccalaureate Essentials</i> . Levelled for AS AD Benchmark.
Concepts <i>Spiraled</i> throughout curriculum.
<i>Integrative review</i> and <i>active engagement</i> are key components of learning
Content reduction, faculty commit to engaging students in new ways.
Faculty development – Critical for Success. This is <i>transformative</i> .
Per MBN rule, must plan for LPN to transition into curriculum and receive advanced standing credits.
Students at Metropolitan State University will experience same curriculum without the AS AD Benchmark
Students will be able to exit after AS AD benchmark and re-enter up to 3 years at time of exit
Mission Statement
<i>The mission of the Minnesota Alliance for Nursing Education (MANE) is to increase baccalaureate prepared nurses through collaborative, transformative educational strategies.</i>
Vision Statement
<i>Through increased access to baccalaureate nursing education MANE will prepare professional nurses to promote health and meet the evolving and complex healthcare needs of an increasingly diverse population in Minnesota.</i>
Values Statement
<p><i>MANE is dedicated to achieving our mission and vision in a manner consistent with our values of:</i></p> <ul style="list-style-type: none"> • <i>Innovation and the Pursuit of Excellence</i> • <i>Collaboration and Partnership</i> • <i>Integrity and Accountability</i> • <i>Mutual Respect and Collegiality</i> • <i>Diversity and Inclusiveness</i> • <i>Responsiveness to local and Global Healthcare Needs</i>
Philosophy Statement
<p>We believe the purpose of nursing education is to prepare professional nurses to practice successfully in today's complex health care environment, respond to future health care needs, and lead in the broader health care system. A commitment to excellence in professional nursing practice, based on a set of collaborative core nursing values and innovation, is reflected in the use of integrative review in a spiraled, competency-based curriculum. We believe in a transformative curriculum that moves away from independent silos of education to a collaborative effort between universities, community colleges, and practice with the goal of increasing numbers of baccalaureate prepared nurses in Minnesota. This collaborative curriculum fosters a seamless transition from associate to baccalaureate nursing education. We believe baccalaureate nursing education enhances a comprehensive understanding of healthcare policy, research, systems leadership, and community health nursing.</p> <p>MANE nursing graduates are educated to use the best available evidence in making sound clinical judgments during provision of safe, high quality, holistic nursing care across the lifespan and the health continuum. We believe with the use of informational technology, a nurse is prepared to provide health care in a variety of environments. We believe nurses act as transformational leaders and vital members of an interdisciplinary team. A strong focus on health promotion supports nursing graduates to best serve diverse individuals, families, and communities locally, nationally, and globally.</p> <p>We believe adult learners must be actively engaged in the learning process. We value lifelong learning, reflective nursing practice, and insights gained through self-analysis and self-care. Faculty members</p>

teaching in the MANE curriculum model professionalism, scholarship, inclusiveness, beneficence, and collegiality. This transformative approach to nursing education encourages deep understanding of key nursing concepts while addressing the changing healthcare environment.

Curricular-Concepts (Threaded Throughout Curriculum)
(Definitions in Glossary of Terms Document)

Professional development and identity

Collaborative practice

Safety

Holism

Informatics

Evidenced-Based Practice & Quality Improvement

Diversity and Culture

Macro-Concepts
(Definitions in Glossary of Terms Document)

Foci of Care

- health promotion
- chronic care
- acute care
- end-of-life/palliative care

Lifespan/growth and development

Physiological Integrity

- Mobility
- Tissue Integrity
- Oxygenation and Perfusion
- Metabolism
- Neuro-cognition
- Regulatory
- Comfort/pain

Professional Integrity

- Clinical decision making
- Ethics and legalities
- Leadership
- Advocacy
- Communication

Psychosocial Integrity

- Family dynamics
- Social support
- Grief and loss

<ul style="list-style-type: none"> • Spirituality
MANE Competence Statements
A competent nurse develops insight through reflection, self-analysis, self-care and lifelong learning.
A competent nurse demonstrates leadership as part of a health care team.
A competent nurse effectively uses leadership principles, strategies and tools
A competent nurse locates, evaluates, and uses the best available evidence.
A competent nurse utilizes information technology systems including decision support systems to gather evidence to guide practice.
A competent nurse practices within, utilizes and contributes to the broader health care system.
A competent nurse practices relationship centered care.
A competent nurse communicates effectively.
A competent nurse's personal and professional actions are based on a set of shared core nursing values.
A competent nurse makes sound clinical judgments.
Baccalaureate Program Student Learning Outcomes: The outcomes of this BS degree of learning will be a graduate who is able to:
1. Integrate reflection, self-analysis, self-care, and lifelong learning into nursing practice.
2. Demonstrate leadership skills to enhance quality nursing care and improve health outcomes.
3. Evaluate best available evidence utilizing informatics to guide decision making.
4. Collaborate with inter-professional teams to provide services within the broader health care system.
5. Adapt communication strategies to effectively respond to complex situations.
6. Promote ethical practice and research within the nursing discipline and organizational and political environments.
7. Practice holistic, evidence-based nursing care including diverse and underserved individuals, families, communities, and populations.
Associate Degree Student Learning Outcomes: The outcomes of the AS degree of learning will be a graduate who is able to:
1. Demonstrate reflection, self-analysis, self-care, and lifelong learning into nursing practice.
2. Apply leadership skills to enhance quality nursing care and improve health outcomes.
3. Utilize best available evidence and informatics to guide decision making.
4. Collaborate with inter-professional teams to provide holistic nursing care.
5. Adapt communication strategies to effectively respond to a variety of health care situations.
6. Incorporate ethical practice and research within the nursing discipline and organizational environments.
7. Practice holistic, evidence-based nursing care including diverse and underserved individuals, families, and communities.

Guiding Standards

Program Student Learning Outcomes are framed around the

- ***Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008)***
 1. Liberal Education for Baccalaureate Generalist Nursing Practice
 2. Basic Organization and Systems Leadership for Quality care and Patient Safety
 3. Scholarship for Evidence-Based Practice
 4. Information management and Application of Patient Care Technology
 5. Healthcare Policy, Finance and Regulatory Environments
 6. Inter-professional Communication and Collaboration for Improving Patient Health outcomes
 7. Clinical prevention and Population Health
 8. Professionalism and Professional Values
 9. Baccalaureate Generalist Nursing Practice

- **Quality and Safety Education for Nurses (QSEN)**
 1. Patient-Centered Care: “Recognized the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values and needs.”
 2. Teamwork and Collaboration: “Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect and shared decision – making to achieve quality patient care.”
 3. Evidence-Based Practice: “Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.”
 4. Quality Improvement: “Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems.”
 5. Safety: “Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.”
 6. Informatics: “Use information and technology to communicate, manage knowledge, mitigate error and support decision making.”

- **American Holistic Nurses Association (AHNA)**
 1. Core Value #1: Holistic Philosophy and Education- emphasizes that holistic nursing is based on a philosophical framework embracing holism and a commitment to education, reflection, and knowledge.

2. Core Value #2: Holistic Ethics, Theories, and Research- emphasizes that professional nursing is grounded in theory, informed by research and bound by ethical principles to guide practice that is competent, thoughtful, and principled.
3. Core Value #3: Holistic Nurse Self-Care- is based on the belief that nurses must engage in self-care to promote health and personal awareness so that the nurse may serve others as an instrument of healing.
4. Core Value #4: Holistic Communication, Therapeutic Environment and Cultural Competence- emphasizes the requirement for nurses to engage with clients to promote mutually-determined goals for health and healing.
5. Core Value #5: Holistic Caring Process- emphasizes an evolution of the nursing process to embrace assessment and therapeutic care addressing client patterns, problems, and needs in an atmosphere of caring

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Appendix G Curriculum Plan, Spring 2017

Year	Fall Semester	Credits	Total	Spring Semester	Credits	Total
1	Writing I General Education (Science) General Psychology MnTC Goal Area – <i>Elective</i>	4 4 4 3	15	Anatomy/Physiology I Microbiology Developmental Psychology COMM– Interpersonal or Intercultural	4 4 4 3	15
2	NURS 270/2700 Foundations of Nursing – Health Promotion (4 theory/2 lab/3 clinical) NURS 275/2750 Nutrition and the Role of the Professional Nurse Anatomy/Physiology II	9 N 2 N 4	11 N 4	NURS 282/2820 Pharmacology and the Role of the Professional Nurse NURS 285/2850 Applied Pathophysiology for Nursing I NURS 280/2800 Chronic & Palliative Care (3 theory/3 clinical/1 lab) General Education- <i>Sociology/Anthropology</i>	3 N 2 N 7 N 3	12N 3
3	NURS 361/2900 Acute & Complex Care (3 theory/3 clinical/1 lab) NURS 362/2920 Applied Pathophysiology for Nursing II NURS 364/2950 Nursing Leadership I (2 theory/1 clinical) General Education – <i>Ethics</i> BENCHMARK – eligible for NCLEX-RN/ licensure	7 N 2 N 3 N 3	12N 3	NURS 406 Nursing Care of the Family (3 theory/1 clinical) NURS 416 Epidemiology for Nursing General Education – <i>Statistics</i> General Education – <i>Writing in your Major</i>	4 N 3 N 4 4	7N 8
4	NURS 459 Population-Based Care (5 theory/2 clinical) NURS 464 Nursing Leadership II (4 theory) NURS 446 Nursing Informatics MnTC Goal area – <i>elective UD LS</i>	7 N 4 N 2 N 3	13N 3	NURS 490 Integrative Seminar & Practicum (4 theory/3 clinical) NURS 485 Global Health Perspectives for Nursing MnTC Goal area – <i>elective UD LS</i>	7 N 3 N 4	10N 4
			Credits in AD Degree: 35 nursing; 40 pre-requisites/general education = 75 total Credits after licensure eligibility: 30 nursing; 15 upper division general education (a minimum of 10 credits must be upper division/300 or 400 level coursework) Total Program Credits: 65 nursing; 55 pre-requisites/general education = 120 total 16 clinical credits currently, national average is 13-14 credits. Reference: http://www.mntransfer.org/students/plan/s_mntc.php			

Pre-requisite and Co-requisite Coursework

Co-requisite courses are highlighted in purple or red.

All nursing courses in each semester must be successfully completed to progress to the next semester.

General education courses can be taken earlier but not later than the identified semester.

Appendix H

Program Student Learning Outcomes with Professional Standards



March 1, 2014

The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes

STUDENT LEARNING OUTCOMES AND PROFESSIONAL STANDARDS AND GUIDELINES					
Curricular Concepts	8 Semester PSLOs	5 Semester PSLOs	AACN Essentials (selected competencies from Essentials)	QSEN	American Holistic Nurses Association
<ul style="list-style-type: none"> • Professional development and identity • Holism 	Integrate reflection, self-analysis, self-care, and lifelong learning into nursing practice.	Demonstrate reflection, self-analysis, self-care, and lifelong learning into nursing practice	#1 Liberal Education for Baccalaureate Generalist Nursing Practice #8 Professionalism and Professional Values #9 Baccalaureate Generalist Nursing Practice	Teamwork and Collaboration	Core Value #1 – holistic philosophies, theories, and ethics Core Value #5 – holistic nurse self-care
<ul style="list-style-type: none"> • Safety • Collaborative Practice • Evidence Based Practice & Quality 	Demonstrate leadership skills to enhance quality nursing care and improve health outcomes.	Apply leadership skills to enhance quality nursing care and improve health outcomes	#1 Liberal Education for Baccalaureate Generalist Nursing Practice #2 Basic Organization and Systems Leadership for Quality care and Patient Safety # 6 Inter-professional Communication and Collaboration for Improving Patient Health outcomes	Safety Quality Improvement Teamwork and collaboration	Core Value #1 – holistic philosophies, theories, and ethics Core Value #3 – holistic communication, therapeutic environment, and cultural diversity
<ul style="list-style-type: none"> • Informatics • Evidence Based Practice & Quality 	Evaluate best available evidence utilizing informatics to guide decision making.	Utilize best available evidence and informatics to guide decision making	#1 Liberal Education for Baccalaureate Generalist Nursing Practice #2 Basic Organization and Systems Leadership for Quality care and Patient Safety #3 Scholarship for Evidence-Based Practice	Informatics Evidence based practice	Core Value #4 – holistic education and research

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 Revised March 2014;
 Reviewed June 2015; May 2016



March 1, 2014

The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes

			#4 Information management and Application of Patient Care Technology #7 Clinical prevention and Population Health		
<ul style="list-style-type: none"> Collaborative practice 	Collaborate with inter-professional teams to provide services within the broader health care system.	Collaborate with inter-professional teams to provide holistic nursing care.	#1 Liberal Education for Baccalaureate Generalist Nursing Practice #6 Inter-professional Communication and Collaboration for Improving Patient Health outcomes #7 Clinical prevention and Population Health #9 Baccalaureate Generalist Nursing Practice	Teamwork and Collaboration Quality Improvement	Core Value #3 – holistic communication, therapeutic environment, and cultural diversity. Holistic nurses recognize that each person's environment includes everything that surrounds the individual both internal and external as well as patterns not yet understood.
<ul style="list-style-type: none"> Safety Diversity & Culture Collaborative Practice Informatics 	Adapt communication strategies to effectively respond to complex situations.	Adapt communication strategies to effectively respond to a variety of health care situations.	#1 Liberal Education for Baccalaureate Generalist Nursing Practice #4 Information management and Application of Patient Care Technology #6 Inter-professional Communication and Collaboration for Improving Patient Health outcomes	Patient centered care Safety	Core Value #2 – holistic caring process
<ul style="list-style-type: none"> Evidenced-Based Practice & Quality Improvement 	Promote ethical practice and research within the nursing discipline and organizational and political environments.	Incorporate ethical practice and research within the nursing discipline and	#2 Basic Organization and Systems Leadership for Quality care and Patient Safety	Evidence based practice	Core Value #4 – holistic education and research

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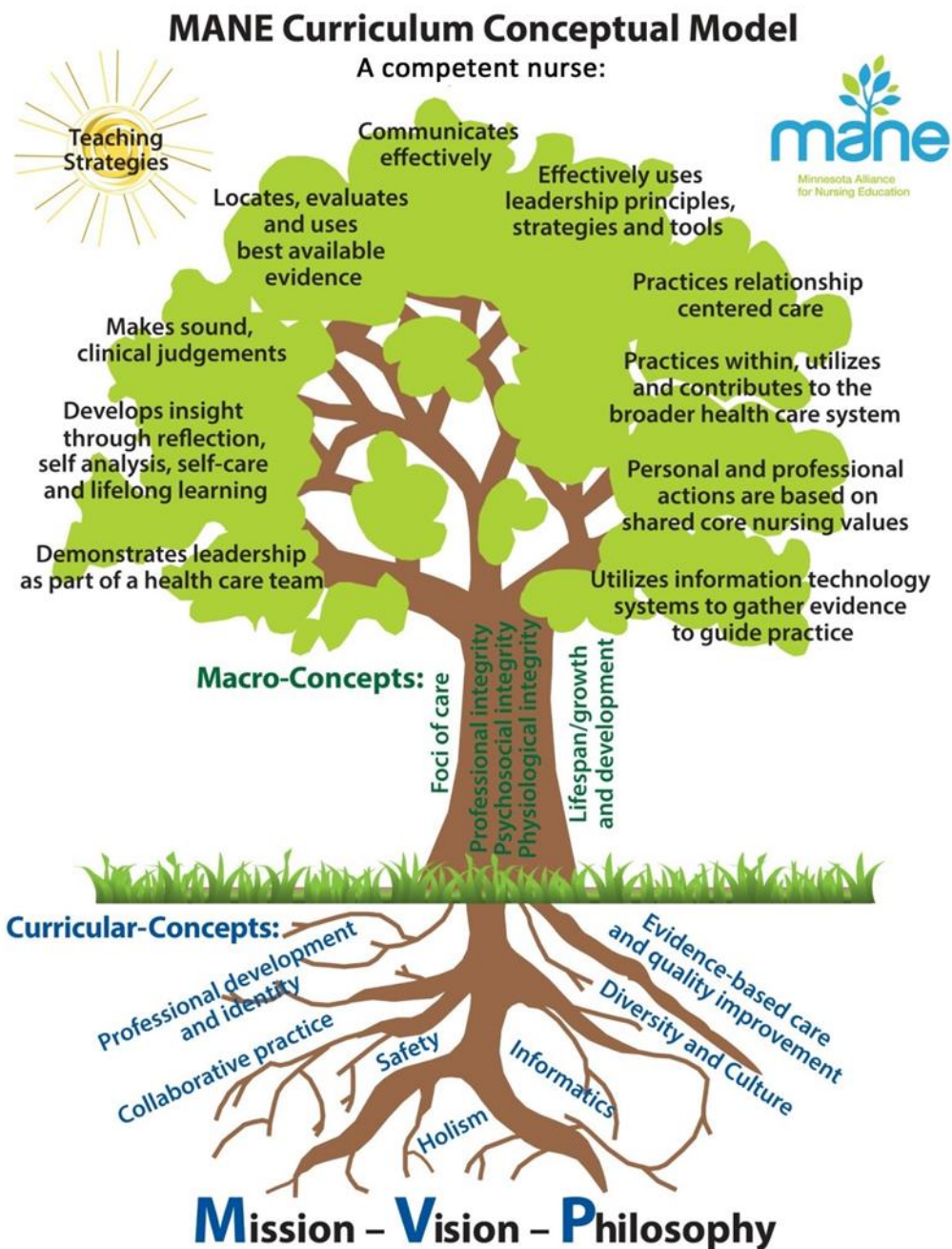


March 1, 2014

The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes

		organizational environments.	#5 Healthcare Policy, Finance and Regulatory Environments #8 Professionalism and Professional Values	Quality Improvement	
<ul style="list-style-type: none"> Diversity and Culture Holism 	Practice holistic, evidence-based nursing care including diverse and underserved individuals, families, communities, and populations	Practice holistic, evidence-based nursing care including diverse and underserved individuals, families, and communities.	#7 Clinical prevention and Population Health #9 Baccalaureate Generalist Nursing Practice	Patient centered care Evidence based practice	Core Value #2 – holistic caring process

Appendix I MANE Tree and Conceptual Model





Conceptual Model of the MANE Tree

10 Competence Statements *Canopy or leaves of tree*

1. A competent nurse develops insight through reflection, self-analysis, self-care and lifelong learning.
2. A competent nurse demonstrates leadership as part of a health care team.
3. A competent nurse effectively uses leadership principles, strategies and tools
4. A competent nurse locates, evaluates, and uses the best available evidence.
5. A competent nurse utilizes information technology systems including decision support systems to gather evidence.
6. A competent nurse practices within, utilizes and contributes to the broader health care system.
7. A competent nurse practices relationship centered care.
8. A competent nurse communicates effectively.
9. A competent nurse's personal and professional actions are based on a set of shared core nursing values.
10. A competent nurse makes sound clinical judgments.

Constructs *Branches of tree* (**Construct = to make or form by combining or arranging parts or elements**) (Merriam Webster)

- Professional Development and Identity
- Collaborative Practice
- Safety
- Holism
- Informatics
- Diversity and Culture
- Evidence-Based Care and Quality Improvements

Macro Concept (Foci of Care) Trunk of Tree					
Health Promotion	Chronic and Palliative Care	Acute and Complex Care	Family Care	Population-Based Care	Global Care
Micro Concepts Base of the Trunk of Tree					
Professional Integrity	Physiological Integrity	Psychosocial Integrity	Lifespan Growth & Development		
Curricular Concepts Roots of Tree					
Attributes and Roles of a Nurse Subsets: <ul style="list-style-type: none"> • Professionalism • Clinical Decision-Making & Judgement • Ethics • Leadership • Self-care • Life-long learning • Social Justice Care Competencies Subsets: <ul style="list-style-type: none"> • Holistic Nursing Process • Therapeutic & Professional Communication • Collaboration • Quality & Safety • Technology & Informatics • Teaching & Learning Health Care Delivery Subsets: <ul style="list-style-type: none"> • Care Coordination • Evidence-based Practice • Health Care Infrastructure 	Physiological Homeostasis & Regulation Subsets: <ul style="list-style-type: none"> • Fluid & Electrolyte Balance • Acid-Base Balance • Thermoregulation • Cellular Regulation • Intracranial Regulation • Metabolism • Elimination • Sexuality & Reproduction • Oxygenation • Perfusion Protection and Movement Subsets: <ul style="list-style-type: none"> • Immunity • Inflammation • Infection • Tissue Integrity • Sensory Perception • Comfort • Mobility • Rest 	Psychosocial Homeostasis & Regulation Subsets: <ul style="list-style-type: none"> • Family Dynamics • Spirituality • Motivation • Adherence • Cognitive Function Behavioral Resiliency Subsets: <ul style="list-style-type: none"> • Coping / Stress / Adaptation • Grief & Loss • Vulnerability 	Determinants of Health Subsets: <ul style="list-style-type: none"> • Functional Ability • Genetics • Nutrition • Environment • Culture • Individual Behaviors • Social & Economic Factors 		

Appendix J Committee Structure and Function

MANE Committee Structure and Function

Committee	Membership	Role and Function
Steering Committee	<ul style="list-style-type: none"> • MANE Project Director/Committee Chair • Directors of each member college/university nursing program • Practice Partner Representatives 	<ul style="list-style-type: none"> • Oversees all MANE initiatives • Serves as the final approval body for MANE processes • Determines MANE collaborative policies and procedures
Systems Committee	<ul style="list-style-type: none"> • MANE Project Director/Committee Chair • Minnesota State Colleges and Universities (MnSCU) systems office leadership • Deans of Academic Affairs or Schools of Nursing for each member college/university 	<ul style="list-style-type: none"> • Addresses the needs of MANE to support processes and smooth function between member institutions at a systems level. • Forwards completed projects/agreements/processes to the Steering Committee for approval and implementation
Research, Evaluation and Assessment Committee	<ul style="list-style-type: none"> • Co-Chairs comprised of a community college and university member of the Steering Committee • Institutional Research individual from one of the member institutions • Faculty from each member institution as ad hoc members • Students as ad hoc members 	<ul style="list-style-type: none"> • Develop an aggregate MANE program evaluation plan to meet accreditation standards by ACEN, CCNE and the Minnesota Board of Nursing • Develop processes for collection of aggregate data for dissemination to each member program • Ensure that student data are protected if utilized for publication purposes • Assist with development, dissemination and analysis of MANE course, program, graduate, alumni and employer surveys
Curriculum Committee	<ul style="list-style-type: none"> • Mane Project Director • Co-chairs comprised of a community college faculty member, a university faculty 	<ul style="list-style-type: none"> • Collaboratively develops the MANE Program Plan, Conceptual Framework, and Course Outlines.

	<p>member (a practice member may also serve as a third chair)</p> <ul style="list-style-type: none"> • Minimum of two additional faculty from each member college/university • Minnesota Board of Nursing Representative 	<ul style="list-style-type: none"> • Ensures alignment of Program Student Learning Outcomes with national standards. • Benchmarks outcomes with performance standards. • Forwards completed curriculum to the Steering Committee for final approval. • Develop and implements the curriculum evaluation plan and forwards analysis to appropriate committees as needed • Initiates and approves any revisions to the curriculum plan
Faculty Development Committee	<ul style="list-style-type: none"> • Mane Project Director • Chair from a member community college or university • One to two additional faculty from each member college/university 	<ul style="list-style-type: none"> • Supports MANE faculty in implementation of the MANE Program Plan through educational offerings and Institutes • Collaborates with the Curriculum Committee to plan education offerings related to faculty development • Forwards faculty development plans to the Steering Committee for final approval. • Develops and facilitates faculty surveys regarding teaching in a concept-based curriculum.

Appendix K Reference List of Transformative Articles

Resources – Collaborative Curriculum Planning Group

Insanity: doing the same thing over and over again and expecting different results.
Albert Einstein

Spiral Curriculum

The OCNE curriculum is a competency-based, spiral curriculum. Ten competencies provide primary direction to the curriculum; these describe what a nurse needs to know and be able to do in any setting. The term spiral curriculum refers to the intentional revisiting of major topics throughout the curriculum, increasing levels of difficulty expected of the students, and with new learning related to previous learning.

There are five major components that guide the organization of the curriculum, the selection of learning activities and assessments and the determination of what topics are spiraled throughout the curriculum. These are:

1. The OCNE Competencies, benchmarks and dimensions within each, and
2. Course outcomes.
3. Focus of Care and cross-cutting areas of practice.
4. Concepts derived from middle-range theories within the foci of care.
5. Health and Illness Context Population

From : <http://www.ocne.org/curriculum.html>

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Appendix L Core and Non-Core Components

MANE Core Curricular Components and Non-Core Curricular Components Maintenance of Curriculum Integrity and Alignment

Non-Core Curricular Elements that may vary from program to program/instructor to instructor
How content is delivered
Content ordering within a course
Actual writing assignments
Textbooks
Delivery modality
Service learning as a course component
Rubrics for online discussion, oral presentation, and reflection journal.

MANE Core Curricular Elements that are the same at all MANE programs MANE elements are approved through the MANE Curriculum Committee and per Interagency Agreement
PSLOs, competence statements, competencies, leveled competencies
Common Course Outline
Topical Outline Grid
Grade Sheets
Clinical Model/distribution of clinical learning experiences percentage
Semester Alignment Template
Grading Scale to assign a grade and minimum to pass
Experiential Learning Evaluation Instruments for each semester leveled and aligned with competencies and PSLOs
Test blueprints for each course
Dosage calculation tests (math and clinical reasoning) administered in designated courses and leveled, must be passed at level of 90% per ? There are 3 attempts.
One scholarly written assignment per semester using the approved rubric for scholarly writing
Faculty Course Evaluation
Core progression and retention policies as stated in approved handbook
Standardized Assessments
Standardized testing not more than 9% of the total course grade
Guiding documents, e.g. philosophy, mission, conceptual model, curriculum summary, glossary, curriculum plan
Each course component (theory and experiential learning) must be passed in order to pass the course as determined on the grade sheet

Appendix M

MANE Clinical Educational Model



Minnesota Alliance for Nursing Education

Curriculum Design: Clinical Learning Model

The five clinical learning activities 1) concept-based experience, 2) case-based experience, 3) intervention-skill based experience, 4) focused direct patient care experience, and 5) integrative experience, align learning experiences and instructional strategies with the Ten MANE Competence Statements, the seven (7) Program Student Learning Outcomes (PSLO's) and with the Benchmark Competencies of the MANE Curriculum Plan.



- Clinical learning experiences reinforce and model concept-based education
- Each of the 5 learning activities occurs each semester adapting to the knowledge level of the student
- As students progress within the curriculum, they draw from their concept base of knowledge and apply to specific patient, family, community or population needs
- Graduates will be critical thinkers, capable of drawing from their knowledge to perform safely and competently within new, unknown or specific situations

The five clinical learning activities are:

Concept-based Experience is designed to support student learning of pattern recognition. Through multiple encounters with clients experiencing the same problem, students learn pattern recognition associated with a specific concept, illness, disease or health problem.

Case-based Experience presents students with authentic clinical problems they will likely encounter in practice and provides opportunities for students to learn to think like a nurse through client case exemplars. It encompasses seminar discussion of faculty designed or computer-based cases, as well as a variety of simulations including use of high, mid and low fidelity environments using human patient simulators, standardized patients and role-playing.

Intervention Skill-based Experience builds proficiency in the “know-how” and “know-why” of nursing practice. These experiences include psychomotor skills, as well as communication, teaching, advocacy, coaching, and interpersonal skills among others.

Direct Focused Client Care Experience enables the student to gain progressive experience in the actual delivery of nursing care and to build and understand the role of developing relationships with patients. The assigned focus for a care experience allows the student to apply a growing knowledge and skill base to client care. Students learn to establish and nurture the nurse/client relationship and integrate the ethics of caring for clients.

Integrative Experience provides opportunity for the student to apply all elements of prior learning into an authentic clinical practice situation. The purpose is also to begin the transition into practice. Rather than the student being assigned to a particular client, the student is assigned to work with a registered nurse and provides client care with, and under the direction of, the registered nurse. The student practices integration of knowledge, clinical judgment and competencies while providing client care and studies the role of the registered nurse as it is expressed in a particular organizational environment.

Definitions used with permission from the Oregon Consortium for Nursing Education (OCNE).

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