A Difference of Degree:
Educational Restructuring and the Perspectives of Faculty
from Newfoundland Schools of Nursing

by

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A dissertation submitted in conformity with the requirements
for the degree of Doctor of Philosophy
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Ontario Institute for Studies in Education of the
University of Toronto

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Marilyn L. Thompson, Doctor of Philosophy, 2000  
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Abstract  
This study stemmed from a belief in the value of addressing the needs of employees experiencing complex organizational change and a curiosity about how those employees evaluate the effect of major change on them personally. It explored anticipation of a new work environment from the perspective of those most intimately affected—the employees. The concerns of the nursing faculty within one university and four diploma schools of nursing in Newfoundland were explored as they anticipated the introduction of a common curriculum of basic nursing education, resulting from the Canadian Nurses Association’s goal of ‘entry-to-practice’ by the year 2000, and a planned consolidation of three diploma schools of nursing. An exploratory research design, using standardized and researcher-designed questionnaires, was used to survey faculty perceptions ten months prior to the introduction of a collaborative bachelor of nursing program and two years before the closure of three diploma schools of nursing. All nursing faculty in permanent positions within the five Newfoundland schools of nursing were invited to participate. Data were analyzed using descriptive statistics, multiple regression, and analysis of variance. Using sociotechnical systems theory as a framework, several work climate dimensions and personal/professional, curricular, administrative, and cultural issues were explored to determine the salient concerns for this participant group. The findings suggest that, for these participants,
the proposed changes to basic nursing education in Newfoundland represented more than a difference of degree requirement. Several trends emerged from the results when the responses were examined for possible influences of demographics. It was quite evident from the results that participants were more concerned about the personal and interpersonal aspects of the change process than with curriculum-related factors. The participants agreed with the rationale for the change from a philosophical viewpoint and were optimistic that the changes would benefit future nursing students. They were more cynical, however, about the potential outcomes of these changes for them personally and professionally.
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I am indebted to the nurse educators who piloted the questionnaire and the faculty members of the Newfoundland schools of nursing who responded to the survey. Without their willingness to express their concerns and uncertainty during a time of intense anxiety this study would not have been possible. The achievement of the “Entry-to-Practice” vision by the nurse educators of Newfoundland and Labrador is to be celebrated.

I received immense help from nurse educators, researchers and change management specialists who kindly sent publications, suggested materials written by a variety of authors, and offered insights gained through their personal experience. Dr. Rudolph Moos (Stanford University, USA), Dr. Victor Callan (University of Queensland, Australia), and Dr. Diane Lewis (Queensland Institute of Technology, Australia) were particularly helpful.
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CHAPTER 1

Introduction

Constant, relentless change has defined the workplace of the 1990s and will be the hallmark as we enter the next century. Advancements in information processing and media technology have changed the way people think, communicate, and learn. Economic uncertainty, political unrest, and environmental pressures have shifted the balance of power. Our ecological system is showing signs of stress as it absorbs increasing amounts of waste from an exploding population. There has been a redefinition of the values and norms governing society, a heightened sensitivity to human rights, and a change in the priorities of how we spend our time and our lives.

Organizations across all industries are implementing radical change as they face new challenges driven by competition, market dynamics, technology, customer expectations, and workforce diversity. Many organizations are dealing with pressures from global and domestic competition, unstable economies, government regulation,
unions, and consumer groups. They struggle with the dilemma of maintaining stability in their organizations while, at the same time, introducing new technology, creating a culture of quality and customer service, streamlining operations, and improving their competitive advantage (Morris & Brandon, 1993, pp. 29-37).

Change can be stimulating, providing new opportunity for growth and innovation. Challenges seen as opportunities by some, however, can result in threat, disorientation, and upheaval for others. Change can result in chaotic work lives for the people who live with the reality of downsizing, mergers, restructuring, technology, and shifting corporate cultures. Change within organizations is not new; what has changed is its magnitude, the approach it requires, and the increasing seriousness of its implications (Conner, 1992; Naisbitt, 1996).

In attempting to put these organizational changes into perspective, employees question the impact of change upon them as individuals, as members of work teams, and as employees of an organization. Threatened with economic and job insecurity, people often resist change and their resulting work behaviours may sabotage the organization’s plan for restructuring (Brockner, Grover, Reed & DeWitt, 1992; Greenhalgh, 1983).

Individuals respond to organizational change at different intellectual and emotional levels. Each person develops an opinion about impending workplace changes and decides whether to support or resist them. The validity and rationale for the changes become secondary when people are asked to adjust to more disruption than they have the capacity to absorb. Restructuring plans will be successful only when the people who must implement and work through them are also committed to ensuring their success (Conner, 1992).

Ultimately, an organization’s effectiveness depends on the commitment,
motivation, skills and abilities of its employees. When people are surprised by unforeseeable events, they find it difficult to plan and manage resources. Understanding the dynamics of change from the perspective of those experiencing transition can allow organizations to better predict the outcome of their efforts.

**CHALLENGES WITHIN CANADA’S HEALTH CARE SYSTEM**

As with other sectors of our society, the Canadian health care system is not immune to increased pressure for change. There has been widespread recognition that governments cannot maintain the current institutional, illness-centered system of health care delivery. Within an uncertain economic climate, the challenge of delivering quality health care increases as Canada’s population ages and requires more long-term, advanced health care. More than ever before, there is social pressure on federal and provincial governments to be responsive to the felt needs of the populations they serve. Creative, knowledgeable, autonomous health professionals are required to face the challenges of the changing health status of Canadians and a complex, costly health care system (Bajnok, 1992; CNA, 1993b).

The need for nurses with university preparation has been emphasized by a shift in the values placed on health and health care services. Greater emphasis on health promotion, dissatisfaction with the current system, and economic considerations prompted the Canadian government to evaluate its health care system and to propose changes based on the projected health needs of its population (Bajnok, 1992).

To meet the health care challenges of the 21st century, a more independent role is envisioned for nurses, one demanding educational preparation at the baccalaureate level. Within the nursing profession, there is a growing consensus that nursing
education must reflect the more complex nature of clinical nursing judgements and interventions (Bajnok, 1992) and that a university education is necessary to foster increased scholarship, reflective inquiry, and moral and ethical awareness in the provision of nursing care (Bevis & Krulik, 1991). Nurses will continue to expand their role of caring for the individual, the family and the community in the prevention of illness and the maintenance, restoration and promotion of health (CNA, 1993b).

**REFORMS TO BASIC NURSING EDUCATION**

At the 1980 Biennial Convention of the Canadian Nurses Association (CNA), delegates debated a resolution to develop a statement on the minimum educational requirements to enter the profession. Momentum grew over the next two years and the decision to endorse the baccalaureate standard was carried unanimously by the CNA Board of Directors at its February 1982 meeting (Kerr, 1996a).

The CNA officially took a position on “entry to practice by the year 2000” and published *Entry to the practice of nursing: A background paper* (CNA, 1982), asking each of its provincial associations to support the view that a bachelors degree in nursing be required for entry into the practice of nursing. The “entry to practice” position would mean that those beginning nursing practice for the first time in the year

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1 Other countries have re-examined their entry requirement to the practice of nursing. Colombia, Iran, Mexico, Norway, Paraguay, Peru, the Phillipines, Spain, and the United States (Goldenberg, Gerhard, McFadden & Johnston, 1995), Australia (Marquis, Lillibridge & Madison, 1993), South Africa (Gwele, 1996), Iceland and Finland (ARNN, 1988), Israel (Bevis & Krulik, 1991), Slovenia (Pahor, 1997), and the United Kingdom (Kenrick, 1993) have all introduced national reforms to nursing education. Comparison to Canadian standards is difficult, however, given variations in curricula and standards of practice.

2 The CNA could not mandate such a move since, ultimately, changes to the entry requirements within any province are subject to approval by the provincial regulatory body, not the CNA.
2000 would need a bachelors degree in nursing. Those already practising would not be required to complete a degree to maintain licensure (CNA, 1986).

The CNA’s proposal that a bachelors degree now become the minimum educational requirement for entry into the practice of nursing was in no way intended to imply that the care provided by the diploma-prepared nurse was inadequate or unsafe. Rather, it reflected a belief that changes in the health needs of Canadians and the growing complexity of the health care system required fundamental changes to the nature and scope of nursing education (Hills, Lindsey, Chisamore, Bassett-Smith, Abbott & Fournier-Chalmers, 1994).

To fully appreciate the impact of the CNA’s decision, it is necessary to look at events in history which culminated in that decision. Nursing education was not available in Canada until 1874 with the opening of the first hospital diploma school, the St. Catherine’s Training School in Ontario (Kerr, 1996c). Early nursing programs were based on the apprenticeship training model in which the nursing skills obtained were primarily those needed for employment in hospitals with students providing a source of low cost nursing service (Bajnok, 1992). University education for nurses began in 1919 with the establishment of a department of nursing at the University of British Columbia (Kerr, 1996b).

By the late 1920s, there was concern over conditions in schools of nursing and hospitals. In 1927, a joint committee of the Canadian Medical Association and the CNA was organized to study the many problems characterizing nursing education in Canada. This Committee appointed Dr. George Weir, of the Department of Education at the University of British Columbia, to address these matters (Kerr, 1996c). His *Survey of Nursing Education in Canada* documented the problems and drew attention to the changes needed to improve standards of education and service. The Report
stressed the belief that the authority and responsibility for schools of nursing should be vested within the general education system. In his report, Weir (1932) advocated that, “The development of training schools for nurses primarily as educational institutions functioning as an integral part of the general education system of the province and financed in the same principle as are normal schools should be made an immediate objective” (p. 116).

A succession of reports published over the next 50 years called for fundamental changes in the delivery of basic nursing education (see Bajnok, 1992 and Kerr, 1996c for a historical overview), in particular that these programs should be transferred from hospitals to post-secondary institutions. There was a concern that the system in place at the time placed nursing education in a secondary role to nursing service and that, by moving nursing programs to the university or college, the learning experiences of students would be shaped by educational objectives rather than the service needs of the respective hospitals (Larsen & Baumgart, 1992). By the 1980s, most hospital-based nursing schools in Canada had closed and nursing students received their education through community college and university programs (Bajnok, 1992).

Following more than a half century of debate, many basic controversies and issues in the educational preparation of nurses remain unresolved. Governments, educational institutions, and nursing associations continue to debate the value of a nursing degree as the entry requirement to the practice of nursing. At the time of this study, in Canada, students were completing basic nursing programs through community colleges, hospitals, and universities.

There has been increased movement away from diploma programs toward university-based education as the nursing profession strives to meet the goal of baccalaureate entry to practice by the year 2000. University, community college,
and/or hospital schools of nursing have collaborated to develop new programs to more quickly achieve that goal. These collaborative efforts are leading the schools of nursing to reexamine policies and practices related to general governance, curriculum development, scope of programs offered, and jurisdictional issues related to faculty and students. While “collaborative” approaches to the restructuring of basic nursing education have been ongoing within provinces, the actual processes employed have varied.

**BASIC NURSING EDUCATION IN NEWFOUNDLAND**

Nursing education has enjoyed a rich tradition in Newfoundland. From their early beginnings, the schools of nursing have contributed to the growth of the nursing profession within the province. When this study began, basic nursing education was being provided by five separate schools of nursing: Memorial University of Newfoundland; the Grace General Hospital (owned and operated by The Salvation Army); St. Clare’s Mercy Hospital (owned and operated by the Sisters of Mercy); the General Hospital (operated by the provincial government); and Western Memorial Hospital (operated by the provincial government).

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3It is beyond the scope of this review to discuss the restructuring initiatives within each provincial jurisdiction. In fact, events are happening in some provinces at such a pace that any summaries described here would quickly become outdated. More recent information is available through the respective provincial professional nursing associations. As well, there is a body of literature which describes some of the details of collaborative efforts within the various provinces (see discussions in ARNN, 1992; Bajnok, 1992; Berry, 1994; Bishop, 1995; Dewis & Grenier, 1993; Grenier & Dewis, 1995; Goldenberg et al., 1995; Kerr, 1996a).

4The General Hospital opened the first school of nursing in Newfoundland in 1903, followed by The Salvation Army Grace Hospital (later The Salvation Army Grace General Hospital) School of Nursing in 1924, St. Clare’s Mercy Hospital School of Nursing in 1939, Memorial University of Newfoundland School of Nursing in 1966 (the Master of Nursing program was introduced in 1972), and Western Memorial Hospital School of Nursing in 1969 (ARNN, 1986).
While four of the schools of nursing were located in St. John’s, Western Memorial Hospital School of Nursing was located approximately 700 km to the west in the City of Corner Brook. The three St. John’s diploma schools of nursing offered similar 3-year diploma programs, while Western Memorial Hospital School of Nursing offered a 2.5-year diploma program. Memorial University of Newfoundland School of Nursing, located in the province’s only university, offered both basic and Post-RN Bachelor of Nursing degrees and a Master of Nursing degree.

Concurrent with the national debate during the 1960s and 1970s over the educational preparation of nurses, the Newfoundland professional nursing association—Association of Registered Nurses of Newfoundland (ARNN)—was taking a critical look at the province’s nursing education system. There was a growing recognition of the need for a broader-based education (ARNN, 1986). Several reports recommended measures directed toward improving the basic nursing education curricula and standards for schools of nursing (Ward, 1965), investigating the feasibility of placing nursing education in the general education system (Steed, 1966), and developing goals and priorities for the transfer of nursing education to a post-secondary institution (Arpin, 1973).

In a review of resolutions adopted at ARNN Annual Meetings from 1968 to 1979, it is evident that the ARNN membership recognized that the changing and increasingly complex nature of nursing practice required a broad knowledge base that could best be offered in a university and endeavoured to open access to the degree program by registered nurses. This culminated with the adoption of Resolution 12 at the 1979 ARNN Annual Meeting that measures be put in place which would result in the baccalaureate degree becoming the minimum entry requirement to nursing practice:
Whereas there have been strong indicators established at the 1979 Annual Meeting of the Association of Registered Nurses of Newfoundland that there is a great need for nurses to receive a liberal education as a sound base in providing a standard of nursing care that is comprehensive in scope.

Be it resolved that the Association of Registered Nurses of Newfoundland consider a long-term goal to place basic nursing education at the baccalaureate level after a thorough study of all the implications. (ARNN, 1986: pp. 5-6)

To this end, the ARNN voted to support the “Entry-to-Practice” motion at the 1982 CNA Biennial Meeting and struck a committee, Baccalaureate 2000, to direct the transition of nursing education from the hospital-based diploma schools into the university setting and explore alternate approaches to the delivery of basic nursing education. The report of that committee, with its recommendations for the transition of basic nursing education to a baccalaureate program, was adopted by the ARNN membership at its 1984 Annual Meeting (ARNN, 1986). In April 1986, the ARNN convened a Task Force on Entry to Practice to develop and recommend a comprehensive provincial plan to achieve ‘BN for Entry to Practice.’5 The ARNN Council believed that:

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5Each province has the constitutional authority to define the roles of health care workers in that province. For nursing in Newfoundland, for example, this statutory authority is granted under the Newfoundland Registered Nurses Act. Through this Act (Chapter 268, RSN 1970), the Association of Registered Nurses of Newfoundland (ARNN) is given statutory responsibility to approve schools of nursing, the standards by which graduates are assessed, and licensure requirements (ARNN, 1991). While the ARNN could only recommend changes to educational requirements, as the regulatory body for both practitioners and schools of nursing, its participation through the process was essential.
... it is the university which provides both the resources and environment for the exploration and synthesis of knowledge, and the fostering of creativity and a spirit of inquiry, rather than conformity, so that its graduates are prepared for a world of change. (ARNN, 1986, p. 31)

After formal discussions with the government\(^6\), the schools of nursing, and the provincial professional association, in September 1988 ARNN Council accepted the Report of The Task Force on Entry to Practice which recommended that a complete collaborative model be adopted. In this model, there would be:

... a planned reorganization of all current education programs to develop a new generic model which capitalizes on (a) the strengths of both the diploma and baccalaureate programs and (b) the human, physical, and educational resources currently in use.

... nurse educators from both diploma and university programs [will] jointly develop the new program so that learning is directed toward one set of objectives based on the philosophy and goals inherent in a baccalaureate education. (ARNN, 1988, p. 23)

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\(^6\)Basic nursing education in Newfoundland is financed by two provincial government departments. Nursing education programs offered within hospitals (and subsequently any schools of nursing established/restructured after the change, but located outside of the university) are funded by the Department of Health through global hospital budgets, while programs offered by Memorial University School of Nursing are funded by the Department of Education through its budget to Memorial University of Newfoundland. Therefore, any change to nursing education that would result in a transfer of existing programs between facilities and/or the establishment of a new program to be delivered at all sites would require the cooperation of both of these provincial government departments.
The Council then struck a BN2000 Implementation Committee to oversee the implementation of the Report’s recommendations. As part of this entry-to-practice initiative, the Advisory Committee on Basic Nursing Education (BEAC)\(^7\) was given the mandate for Recommendation 4 of the Task Force Report. The Committee recommended, “... that a complete collaborative model be pursued in the development of a future basic nursing education system and that there be flexibility in achieving the process” (ARNN, 1992, p. 29).

In January 1990, a Liaison Committee on Future Nursing Education\(^8\) was convened to provide a forum for communication and discussion on matters related to the future direction of nursing education in Newfoundland. The BEAC recommended approval of a Strategic Plan for Future Nursing Education to the Liaison Committee which then requested endorsement of the Plan’s recommendations by the provincial Department of Health and Department of Education. When this endorsement was achieved, the schools of nursing proceeded to develop a collaborative basic nursing curriculum (ARNN, 1992).

**The Collaborative Process**

“Collaboration” has become the touchstone of the 1990s as a strategy for structured change in human services, education, government, and community agencies. Although definitions of collaboration vary, there appears to be a consistent

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\(^7\)The BEAC was composed of the five Directors of the province’s schools of nursing and the ARNN Nursing Education Consultant (ARNN, 1988, p.1).

\(^8\)The Liaison Committee on Future Nursing Education had representation from the key stakeholders in nursing education: Department of Education, Department of Health, Executive Directors from the institutions with schools of nursing, Vice-President (Academic) of Memorial University of Newfoundland, the Newfoundland Hospital and Nursing Home Association, and the ARNN (ARNN, 1992, p.12).
substantive meaning associated with the concept. In its simplest interpretation, collaboration means "working together." The term as it is currently used in health care refers to a common effort toward shared problem-solving, goal setting, and decision making within a structure of collegiality (Henneman, Lee & Cohen, 1995).

Collaboration is considerably more complex than simply working in proximity to one another or delivering the same program. It allows existing resources (financial, human, physical plant, clinical) to be combined and used for a mutual goal. Collaborating agencies make a formal, sustained commitment to accomplishing a shared, clearly defined mission and build a synergistic alliance that maximizes the contributions of each participant (Henneman, Lee & Cohen, 1995).

Successful collaborations require a great deal of effort to begin and continuous attention to sustain\(^9\). Such changes can be intimidating or threatening and barriers—such as competition and turf issues, and differing organizational norms—must be overcome in order for these partnerships to work (Henneman, Lee & Cohen, 1995).

Within the Newfoundland nursing context, a consortium model for the implementation of the collaborative nursing education program was proposed. A consortium is a formal partnership wherein two or more institutions agree to establish a new mechanism to undertake, on their behalf, programs and projects of mutual interest. The ARNN and the schools of nursing believed that this type of partnership, by its very nature, would foster collaborative approaches and result in more effective

\(^9\)Henneman, Lee & Cohen (1995) present a very good discussion of collaboration and offer three cases to illustrate the attributes of a model collaborative process, a case contrary to the principles of collaboration, and a case which demonstrates borderline collaborative efforts. Each case utilizes the same scenario of a telephone conversation between a nurse and a physician to demonstrate the differences between the model, contrary and borderline cases. While not directly related to collaboration on educational programs, the cases and accompanying discussion provide a useful summary for defining attributes of collaborative processes.
and efficient service delivery than either institution could provide independently (ARNN, 1994b).

This consortium represents an agreement among the schools of nursing about academic standards (in accordance with the standards and requirements of the ARNN), administrative arrangements, and resource commitments (ARNN, 1994b). According to The Final Report on Collaborative Curriculum Development and Proposal for Implementation, the consortium partnership includes these guiding principles (ARNN, 1994b, p. 31):

- Each school participates as a full and equal partner in a single consortium.
- To maintain stability of the nursing program, a period of notice is required should any partner decide to withdraw from the collaborative program.
- All consortium partners will agree on academic matters (for example, admission standards and curriculum changes), and administrative arrangements (for example, record keeping and affiliation agreements).
- All partners will identify and negotiate the human, physical and financial resources to be shared/contributed.
- All partners will collaborate with their respective collective bargaining units on human resource issues\(^\text{10}\).

\(^{10}\)The university nursing faculty are represented by the Memorial University of Newfoundland Faculty Association (MUNFA) which negotiates a collective agreement with Memorial University on behalf of all faculty. The faculty of all other schools of nursing are represented by the Newfoundland & Labrador Nurses' Union (NLNU) which negotiates a collective agreement with the provincial government on behalf of many classifications of nurses in the public service.
Applications to nursing programs will follow the admission and registration processes of Memorial University, and a joint admission committee will select the successful candidates.

Each school will contribute to delivery of the program however, upon graduation, all degrees will be conferred by Memorial University.

All partners will be represented on joint curriculum development committees.

Under this consortium model, the faculty of each school of nursing would have the opportunity to participate in curriculum planning and the delivery of a single model of basic nursing education for the province. Nurse educators from five different curricula and organizational philosophies would jointly develop a single curriculum with a common educational philosophical foundation (ARNN, 1992).

According to Association documents (ARNN, 1988, 1992), the Task Force on Entry to Practice recognized at the beginning that faculty involvement and commitment was vital to the process. A joint Curriculum Development Committee\textsuperscript{11} was formed to begin the process of drafting the new curriculum. Faculty members from each school of nursing were given opportunities to review the proposed curriculum and suggest further modifications. It was proposed that, while the curriculum would be developed collaboratively, the faculty at each site would be responsible for the delivery and evaluation of the specific course content within broad, common course outlines. Other activities were proposed with the intent of fostering teamwork, building confidence

\textsuperscript{11}Membership of the Curriculum Development Committee included two education representatives from Memorial University’s School of Nursing; one education representative from each of the diploma schools of nursing; three nurses, one each representing community, acute, and long-term care settings; and a chair elected by the committee (ARNN, 1992, p. 8).
and trust, and promoting mutual help and support. These included establishing a special interest group for nurse educators, collaborative teaching activities, use of faculty expertise on joint projects, cross-teaching assignments, and joint faculty committees.

Faculty members were surveyed by questionnaire and through focus groups to elicit their opinions concerning the collaborative process and were given an opportunity to identify important issues/concerns related to curriculum and practice changes, career planning, and faculty development (ARNN, 1994a, 1994b). The final report of the Curriculum Development Committee affirmed that, “All those affected by the process will be dealt with fairly, justly and with equity” (ARNN, 1994b, p. 36).

In the early 1990s, several other notable events occurred within the provincial health care system which would ultimately affect nursing education and its transition to a baccalaureate curriculum. These included a substantial reorganization of the health care system into regional boards (thus changing the reporting relationships of the diploma schools of nursing) and the proposed closure of several health care institutions (one in which there was a diploma school of nursing).

In addition, a consolidation planned for the three diploma schools of nursing located in St. John’s resulted in the phasing out (over a 3-year period), and ultimate closure, of those schools and the opening of a single school of nursing, the Centre for Nursing Studies. While faculty at all of the schools of nursing were anticipating variable degrees of change to the curriculum, reporting and working relationships, educational requirements, and teaching assignments, the faculty at the diploma schools of nursing in St. John’s in particular were affected by the impending closure of their schools. These faculty would compete, through a selection process, for the available faculty positions at the new Centre for Nursing Studies.
The restructuring of these schools would reflect a difference in the degree of change each school was facing and the implications of those changes for the faculty. It was planned that, after the collaborative program was introduced in September 1996 and the diploma schools of nursing closed in June 1998, basic nursing education would be provided in this way:

- Memorial University of Newfoundland School of Nursing (MUN) would offer the Bachelor of Nursing (Collaborative) Program from its existing location at Memorial University and continue offering a Bachelor of Nursing (Post-RN) for returning registered nurses;

- The new Centre for Nursing Studies would offer the Bachelor of Nursing (Collaborative) Program from its temporary location in St. John's. A move to a permanent location occurred during the summer of 1999.

- Western Regional School of Nursing (WRS) would offer the Bachelor of Nursing (Collaborative) Program from its existing location in Corner Brook, in close working relationship with Sir Wilfred Grenfell College (MUN's west coast campus).

In September 1996, a new 4-year Bachelor of Nursing (Collaborative) Program was introduced at three locations: the Memorial University of Newfoundland School of Nursing (St. John's); the Centre for Nursing Studies (operated by the Health Care Corporation of St. John's); and Western Regional School of Nursing (operated by the

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12 Referring to the delivery of the Bachelor of Nursing (Collaborative) Program only, since each school of nursing offers a variety of programs.
Western Health Care Corporation, Corner Brook). The St. John’s diploma schools of nursing were officially closed after their respective final graduations in June 1998.

**Rationale for the Study**

While the reorganization of basic nursing education in Newfoundland may have been precipitated by the Canadian Nurses Association’s (CNA) position that a bachelors degree should become the entry requirement into the practice of nursing, the nursing profession in Newfoundland had already been at the forefront of promoting educational reform. The ARNN approved a motion in 1979, three years before the national proposal, to begin the process of moving basic nursing education to the university (ARNN, 1986).

The transition to a collaborative program and a restructuring of the schools of nursing can be expected to have a profound impact on the nursing faculty within Newfoundland schools of nursing. Faculty members not only face changes at a personal level, with all of the resulting emotions and reactions, they have also been experiencing radical changes at organizational and professional levels. They must adapt to changes in their own required academic qualifications (which in itself involves major personal, professional and financial implications), the introduction of a new curriculum, revised roles and reporting relationships, an uncertain work culture, the anticipation of a new physical work environment, and the multidimensional nature of organizational change. Strong reactions from the nursing faculty can be expected considering the magnitude of changes thrust upon nursing education in a relatively brief period of time.

Developing a collaborative nursing program to achieve the entry-to-practice
objective is a very complex process, and relatively new. As such, there is limited
literature available investigating nursing faculty members’ response to this initiative in
the Canadian context. Berry (1994) provides one of the few studies of faculty
perceptions, reporting the findings of measures of job satisfaction of nurse educators
in a collaborative nursing program in Manitoba. Baines (1992), Grenier and Dewis
(1995), and Hills et al. (1994) provide a more anecdotal history of collaborative efforts
in British Columbia, as does Goldenberg, Gerhard, McFadden, and Johnston (1995) of
the Joint Nursing Articulation Project in Ontario and Anderson, Day, Gibson, Profetto-
McGrath, Shantz and Young (1993) of developments in Alberta.

Even though restructuring plans within each province are unique, this study may
provide insight into faculty concerns, help to anticipate problems, and assist in
providing solutions thus easing the transition as basic nursing education is restructured
within other provinces.

This study explored organizational change from the perspective of a specific
employee group—nursing faculty within five schools of nursing—as they anticipated
both major restructuring in the delivery of basic nursing education and substantial
workplace change. Understanding the concerns and issues meaningful to faculty
members is important given the complexity and number of changes and potential
outcomes for each of the various participant groups.

There are many aspects of the restructuring of basic nursing education which
could have been explored, such as an evaluation of the process used to determine the
common core curriculum, the curriculum itself and its balance of nursing courses with
liberal studies, and the response of various stakeholders to these changes. However,
the focus of this study was an exploration of the perceived effect of the changes
within nursing education solely from the perspective of the nursing faculty. As such, it
is beyond the scope of this study and literature review to address the many other aspects of “change” within organizations generally or even those happening within nursing education in Newfoundland.

There is no attempt to evaluate the actual process for implementing the restructuring initiative, either from the actions of the provincial association or from any of the schools of nursing and their administrators. This study looks at response to change from the perceptions of the nursing faculty only. A person’s perception of, and reaction to, any change gives the process a subjective meaning which can be quite different from its objective reality. There is no attempt to identify any discrepancy between the two.

There was also a personal rationale for undertaking this study. The author was present at the CNA’s biennial convention in 1982 where the “Entry-to-Practice” motion was proposed and approved by the membership. As a faculty member of a diploma school of nursing, I spent the next four years participating in discussions of how that requirement would be achieved and observing the phased introduction of university courses into the diploma program. As a participant/observer of that process, having past affiliations with three of the schools of nursing, and having current responsibility for facilitating organizational change within a university, my interest was piqued as to how such complex change would be accomplished and faculty members’ perceptions of efforts made to facilitate the transition for them.

**TIME FRAME FOR DATA COLLECTION**

This study sought to explore nursing faculty members’ workplace expectations and concerns as they anticipated the restructuring of basic nursing education, increase
an understanding of the dynamics of change for faculty within Newfoundland schools of nursing, and contribute to the knowledge of organizational culture and educational change. The participants were nursing faculty of one university and four diploma schools of nursing in Newfoundland.

The five schools of nursing and the ARNN began collaborating on the development of a core collaborative curriculum in the early 1980s to achieve the goal of 'entry-to-practice' by the year 2000 (See Table 1 for a time line of critical events leading to the collaborative curriculum and restructuring of the schools of nursing). In the early 1990s, the provincial government announced the creation of regional health care boards and a plan to close several health care institutions. This, along with the planned closure of the three St. John's diploma schools of nursing, extended the discussion between the partners from core curriculum development to an articulation of a consolidation process and a determination of the qualifications that would be required for faculty teaching in the new program.

As part of the selection process for a new Centre for Nursing Studies, all existing administrators and faculty were invited to compete for available positions. The data collection for this study was conducted from September 1995 to February 1996. The faculty requirements had been announced and the director of the Centre for Nursing Studies had been selected; however, no other positions had been filled. As such, the participants in this study knew the phasing-out plan for the diploma schools of nursing but did not know whether they would be successful in securing teaching positions.

During the data collection phase of this study, the diploma school faculty knew that they would require a masters degree as one of the prerequisites of teaching in the new curriculum. The diploma faculty members would either teach in the new collaborative program, if they qualified academically, or find alternate employment in a
system with already limited alternatives. It was known that:

- **for MUN**: the university faculty would adopt the collaborative curriculum. The curriculum change itself would pose little danger of job loss, however it would require collaborative working relationships between faculty at the various sites.

- **for the SJS**: the diploma schools of nursing in St. John’s would close and all faculty would compete for positions in a new Centre for Nursing Studies and/or MUN School of Nursing.

- **for WRS**: the faculty at Western Regional School of Nursing would offer the collaborative program from its existing location in Corner Brook.

The restructuring plan was finalized in 1994 and the curriculum was approved by Memorial University at the February 1995 meeting of Senate. Students were accepted into the new Bachelor of Nursing (Collaborative) Program in September 1996 offered at three sites—the Centre for Nursing Studies (St. John’s), Memorial University (St. John’s), and Western Regional School of Nursing (Corner Brook).

This time frame is meaningful for an overall understanding of some of the results described in Chapter 4: Data Findings and Analysis. Participation, population size, and response rates can all be affected when people are experiencing a high level of anxiety in response to workplace change and transition (Lewis, 1994).
Table 1

Time Line of Critical Events Leading to Bachelor of Nursing (Collaborative) Program in Newfoundland

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<td>'Entry-to-practice'; planning begins</td>
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<td>Collaborative model adopted &amp; planned</td>
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<td>SON develops transition process and core curriculum</td>
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<td>Centre for Nursing Studies opens; new curriculum offered</td>
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<td>Phasing-out and closure (June 98) of diploma schools</td>
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Change is occurring with unparalleled speed within our modern industrial society. Many organizations are experiencing radical transformation of their mission, structure, and culture in response to industry conditions. Business leaders gather information, explore options, and implement change initiatives for the good of the overall organization. Morris and Brandon (1993) describe the situation faced by many organizations in this way, "Changes in the business world since 1970 seem dramatic, comparable in scope and magnitude to the industrial revolution or the beginning of the computer age" (p. 29).

This literature review begins with a brief overview of literature related to organizational change in general and is followed by a more detailed discussion of the transition through organizational change, particularly as it relates to people’s response to change and transition. Primary sources of information from database searches
involved the Educational Resources Information Centre (ERIC – education), the Cumulative Index to Nursing and Allied Health (CINAHL – nursing), Canadian Business & Current Affairs (CBCA – business), and Dissertation Abstracts International (DAI – related theses and dissertations), up to and including March 1999 publications.

Many organizational behaviour theorists have formulated models to examine the relationship between employees and change within their work environment. This review will examine sociotechnical systems theory, particularly as it has been applied by Rudolf Moos, and its contribution to our understanding of the effects of workplace change on people.

The business literature is replete with theories of organizational change and the dynamics of change on the organization, its processes, and its people. These theories have been proposed to predict how people will respond to change, given a set of circumstances. For example, theories have attempted to predict how people will respond to change based on: perceptions of the fairness, justice and equity with which people are treated by the organization and its managers (Cohen & Greenberg, 1982; Greenberg, 1987\(^ {13} \)); decision-making processes (Lind & Tyler, 1988; Thibaut & Walker, 1975) and the degree to which opportunities are given for input (Folger, 1977); and the treatment received from (Tyler & Bies, 1990), and amount of information provided by (Bies & Moag, 1986; Bies & Shapiro, 1987), administrators and supervisors.

Many of these theories are based on studies conducted with individuals after a change process has occurred within their workplace and, as such, depend on retrospective information. There are considerably fewer resources available discussing

\(^{13}\text{Cohen & Greenberg (1982) and Greenberg (1987) provide a comprehensive discussion of the original equity theory and its many derivatives.} \)
the experiences of employees as they progress through a major organizational restructuring. In particular, there has been relatively little empirical research on the impact of substantial organizational change on the expectations, productivity, and morale of the workforce as they are experiencing transition and change (Callan, 1993), particularly within nursing education institutions (R.H. Moos, personal communication, 1996).

Several organizational consultants have focussed on the changing global economic environment (for example Naisbitt’s 1996 discussion of the effects of Asian trends on North American industries), methods of redesigning and reengineering the organization (Hammer & Champy, 1993), the future world of work (Morris & Brandon, 1993), and accounts of the human response to organizational change (see Barger & Kirby, 1995; Bridges, 1986, 1991; Conner, 1992). These writers draw from personal experiences of working with organizations and people going through organizational change to support the view that the human element is a strong influence upon the success of organizational change efforts. While organizational policies and practices can and do change quickly, people do not—even though they may be under strong pressure to do so.

The available literature supports the view that employee concerns are an essential factor in the success of a change initiative. Employees are typically concerned about how and why changes are happening; how working relationships, reporting structures, status, and administrative policies will be affected; and what their future might be in the “new” organization (Peterson & Fisher, 1991). Therefore, attention must be given to understanding transition and change from the perspective of those experiencing it.
Transition Through Organizational Change

Tyhurst (1957) has been credited with introducing the dictionary definition of ‘transition’ into the mental health literature. He traced the term from the Latin verb ‘transire’ and defined transition as “a passage or change from one place or state or act or set of circumstances to another” (p. 150). The concept was not referred to again until 1971 when Murray Parkes, a British bereavement expert, described its utility in understanding the process of adjustment following the death of a significant other. According to Parkes (1971), transitions are processes of change that are lasting in their effects, force a redefinition of the world and one’s place in it, and necessitate the development of new coping skills.

As people move through life, they continually experience change and transition which results in new relationships, behaviours, attitudes, and ways of seeing the world. Schlossberg (1981) presented a framework which describes the complexity of understanding the capacity of human beings to cope with change in their lives. In her view, the transition process must be studied from the perspective of both individual characteristics and external occurrences.

Schlossberg (1981) drew on the works of theorists who have focussed on individual characteristics (Neugarten, 1979), life stage (Erikson, 1950), life course (Parkes, 1971), age (Levinson, 1978), and transition (Lowenthal & Chiriboga, 1975) to present a model in which transitions of all kinds could be analyzed, and possible interventions formulated. Her model postulates that three sets of factors influence how well a person will adapt to change and transition:

- the perception of the particular transition—including its possible effect on roles (gain or lose), the nature of its onset (gradual or sudden), its
source (internal or external) and the degree to which it is perceived as positive, predictable, and permanent;

○ the characteristics of the environment—such as the existence of supports and resources both internal and external to the individual, institutional support, the aesthetic quality of the physical setting, and the presence of other available options; and

○ the characteristics of the individual experiencing the transition—such as age, gender, general health, value orientation, previous coping strategies, and feelings of optimism and competence.

These factors interact and contribute to a person’s success in adapting to change and transition.

Schlossberg’s (1981) model, then, would suggest that individuals differ in their ability to adapt to change. For example, job loss may stimulate one person to develop new interests and pursue new activities but cause another to feel listless, bored, and worthless. Moreover, the same person may react differently to different types of changes or even to the same type of change at different times in life. Schlossberg asks,

Since people react and adapt so differently to transition and since the same person can react and adapt so differently at different points in life, how can we understand and help adults as they face the inevitable but nonpredictable transitions of life? (p. 3).

From his experience as a change consultant, William Bridges (1986, 1991) proposed one model for understanding the process of change and transition for the
individual in any situation, including the response to change within a workplace. His model suggests that people react to change by going through three phases of transition: a letting go, or ending, of what is past and familiar; going through a neutral zone, an uncertain time between the known and the anticipated; and making a new beginning in a new environment.

Bridges (1991) proposed that change happens when something old ends and something new begins, or when something that used to happen in one way starts happening in another. Transitions are the periods between the past and future when the individual becomes aware that something is ending and something else is beginning. Bridges asserts that people resist transition for a variety of reasons, including their difficulty in letting go of who they are, what is familiar, and their identity in the old framework; the stress of coping with the ambiguities and uncertainty of the neutral zone; and inability of accepting the challenge of the unknown in order to begin again.

Change is usually external and situational, whereas the process of transition is an internal psychological process that enables one to come to terms with the process and outcome of the change. Change may be sudden and localized to a particular point in time, whereas transition is the gradual process of reorientation to the changed situation. In fact, Bridges (1991) asserts that:

It isn’t the changes that do you in, it’s the transitions. Change is not the same as transition. Change is situational: the new site, the new boss, the new team roles, the new policy. Transition is the psychological process people go through to come to terms with the new situation. Change is external, transition is internal. (p. 3)
After more than 20 years working with people in transition, Bridges says that, "unless transition occurs, change will not work" (1991, p. 4). The process is often painful and confusing but, before people can move on, they must come to terms with the impact of the changes and resolve them. If they are unable to let go of the past, excess emotional baggage will be carried with them into any new venture. Once the new environment is accepted, the challenge of beginnings start and the individual is able to move forward with a new purpose and vision.

Schumacher and Meleis (1994) reviewed many theories of transition and the consequences of transition for individuals. Their review suggests that six conditions must be considered when determining how well a person will move through transition to a successful outcome:

- **planning** – the degree to which change leaders identify the individual’s goals, problems, issues and needs at all phases of the transition process and communicate a timeline that shows each stage of the change initiative.

- **meaning** – the person’s subjective appraisal of the likely effect of an anticipated change on him or her personally.

- **expectations** – the person’s expectations, whether realistic or imagined, will be influenced by past experiences with change and any expectations he or she might have regarding changes to workload and responsibilities.

- **knowledge and skills** – the skills necessary for a sense of personal and professional effectiveness to adapt to, and cope with, transition to a new environment.
○ **environmental factors** – the support and resources available to the individual, such as from family, friends, coworkers, and supervisors.

○ **emotional and physical well-being** – the emotional aspects of transition, such as anxiety, insecurity, ambivalence, and role conflict.

The actual work environment can play a major factor in an organization’s overall effectiveness and its employees’ ability to adapt to changes in the workplace. Change of the magnitude occurring in today’s work environment can be frightening for those most directly affected, especially when restructuring affects their careers, performance, self-esteem, and personal identity (Ashford, 1988; Brockner, Davy & Carter, 1985; Nicholson & West, 1988). Employees know something is about to happen, but they may not have been directly involved in the decision-making processes, have partial information, and/or have limited options. They may experience high levels of stress as jobs, roles, and areas of responsibility are reorganized (Barger & Kirby, 1995; Callan, 1993; Callan & Terry, 1994). Collaboration, team work, effective communication and support from key persons contribute to an environment in which transitions can be managed effectively.

**RESPONSES TO ORGANIZATIONAL CHANGE AND TRANSITION**

Results of studies investigating change within organizations have been the subject of much debate by organizational theorists. Several themes emerge from the organizational change literature which suggests that people may respond with a variety of emotions whenever a considerable amount of change is imposed. While the following responses have been identified as expected during any organizational change, employees’ responses to workplace change may be mediated by any protection
provided under collective agreements or seniority systems, a belief that a comparable job can be found elsewhere, the degree to which economic need to work is a consideration, and the extent to which the job is important or meaningful (Greenhalgh & Rosenblatt, 1984). From a review of health, education, business, and management literature, the author has categorized the most common responses to organizational change into these themes:

**Questioned organizational commitment:** Loyalty to the organization and/or the people in it has been a primary component of what makes an organization work well. Loyalty induces employees to work late to complete projects and stay with an organization through difficult times. Imposed change, particularly when the result is job loss, causes the person to question his or her loyalty to the organization and whether that loyalty is being rewarded (Barger & Kirby, 1995). The person may disengage from the organization as changes in relationships, status, and roles are enforced (Bridges, 1986) and/or they may question any future opportunities with the organization (Knight, 1998).

**Uncertainty and anxiety:** Employees often feel anxious and uncertain during any major change at work (Ashford, 1988), especially when the changes could affect the nature of the work, career paths, co-worker interactions, and reporting relationships (Greenhalgh & Rosenblatt, 1984). Future prospects within the organization, such as continued employment, compensation and benefit implications, promotional opportunities, and change in status may be of concern (Greenhalgh & Rosenblatt, 1984). Employees may be skeptical about management predictions of organizational improvement and the rationale given for the changes (Knight, 1998). As a result of this uncertainty, employees typically avoid taking risks and making decisions at a time when organizations most need a creative, motivated workforce (Brockner et al., 1992).
Job insecurity and sense of incompetency: Job insecurity results when a person feels a threat to the job and/or to valued features of that job. For example, there may be a real threat of job loss when an announcement is made of impending layoffs. However, job insecurity may also result when, although the job itself is secure through seniority provisions, the person anticipates losing something valued about the job. If an employee feels that contact with co-workers, status, flexibility, promotional opportunities, and/or recognition for specific expertise is threatened, job insecurity will still be experienced even though the job itself is not in jeopardy (Greenhalgh, 1983).

Schein (1980) suggested that a psychological contract develops between employees and employers in which it becomes apparent what each expects of the other. Until recently, that implicit contract was a simple one—an acceptable level of work in exchange for job security. Through socialization and training, employees develop the skills and competency necessary to successfully fulfill their end of that contract and they, in turn, gain a sense of competency, predictability, and control. Organizational restructuring challenges that premise and employees may find that they can no longer feel totally secure in a position simply because they are performing well (Brockner et al., 1992; Greenhalgh & Rosenblatt, 1984).

Feelings of grief and loss: In coping with workplace change, employees often experience grief, since all change represents a loss of the past and the familiar (Bridges, 1991). Employees experiencing a major change at work can anticipate disruptions in their relationships with co-workers, managers, friends, and colleagues as new roles, responsibilities, and performance expectations are defined (Ashford, 1988; Knight, 1998). The kind of work that was enjoyed and feelings of expertise, ownership and comfort change as employees deal with new work expectations. There may be a sense of loss of familiar territory and people, especially if the change involves
a physical relocation to new office surroundings (Bridges, 1986; Knight, 1998).

Kotter and Schlesinger (1979) state that even changes that appear to be positive or rational involve loss and uncertainty. People may resist change because they fear losing something valuable, misunderstand the change and its implications, believe that the proposed change is not sensible for the organization, or have a low tolerance for change. Major strategic change generates ambiguity about potential terminations, transfers, and the need to work with a new (and maybe unknown) supervisor (Ashford, 1988). The hardest part of change is most often not technical, but attitudinal—letting go, recognizing what has ended and then moving on. The failure to anticipate the personal reactions to workplace change is the largest single problem encountered by organizations in transition (Bridges, 1991).

**Lack of identity with the new culture:** The culture of an organization, like that of society, is a blueprint for seeing the world in a particular way. Corporate culture has a powerful effect on the outcome of any major change effort. It provides a frame of reference that helps distinguish one group of people from another and establishes a unique set of formal and informal ground rules for how we think, how we behave, and what we assume to be true. It reflects interrelationships of shared beliefs, behaviours, and assumptions that are acquired over time by members of an organization (Moos & Billings, 1991). Unless a smooth transition is achieved, employees may not relate to each other with a “team” identity and may continue to relate more to previous structures, roles and relationships than to the new work setting (Knight, 1998).

A “transitions” perspective offers a useful way of conceptualizing human response to change. These models take into account characteristics of both the events that produce change and the individuals involved. Regardless of how well an
organization communicates the rationale for change and implements its restructuring, change itself can be a traumatic experience for those concerned. Despite an organization’s efforts to include employees in change decisions, clearly define long-term goals, develop comprehensive transition plans, and provide support to those involved, transitions themselves seldom go smoothly.

**THE EXPERIENCE OF TRANSITION FOR NURSING FACULTY**

‘Change’ involves a transition or adjustment from the familiar to something different. As such, people often feel uncomfortable or resistant during transition since change, whether desired or not, evokes a personal response characterized by uncertainty and ambivalence as something valued is lost (Ashford, 1988).

There are many recent examples of studies of change and transition within nursing, including transition from: the role of student to professional nurse for both diploma (Jairath, Costello, Wallace & Rudy, 1991) and baccalaureate (Alex & MacFarlane, 1992) students; clinical practitioner to institutional administrator (Gardner & Gander, 1992); teacher-centered to learner-centered approaches within nursing education (Vaughn, 1990); hospital nursing to home care (Ceslowitz & Loreti, 1991); and the medical model to the use of nursing theory as a basis for planning patient care (Clifford, 1989). In each case, the required change involved challenging a fundamental and traditional view of what nursing is and who nurses are.

In a review of nursing literature published since 1986, Schumacher and Meleis (1994) found that nurses consider many diverse situations as transitions. The authors broadly categorized transition as: developmental, including parenthood and retirement; situational, such as role change within a profession and coping with the unanticipated
events; health-illness, including recovery from a critical illness; and organizational, such as the reorganization of facilities and the introduction of new programs. There is much written on each of the different aspects of these categories of transitions (see Schumacher and Meleis, 1994 for a review of the central theses of various authors). Given the scope of this study, organizational transitions would appear most relevant. However, there is a recognition that any organizational change can have developmental, situational, and health-illness implications.

Given the worldwide movement toward degree-level entry to nursing practice, there have been a number of recent studies looking at the effect of these changes on the faculty involved, particularly from the United Kingdom (UK). Central to the UK restructuring was the amalgamation of small schools of nursing to form large colleges of nursing and midwifery and the subsequent integration of these colleges into the university sector.

Davis (1991) discussed the effect of an educational reorganization within the British National Health Service in the 1980s which resulted in a merger of two large teaching hospitals and, subsequently, the development of a new college curriculum. Using a questionnaire and simple factor analysis of the responses, faculty concerns were identified as: ambivalence about the change; differing perceptions of power and control; communication needs; concern over the rate and scope of the changes; a sense of lack of direction; and physical, social and psychological issues. Davis cautioned that, regardless of any opportunities for input actually provided, a person's perception about that opportunity was of profound importance if the desired changes are to occur. He proposed that, if the faculty perceive that they have not been given an adequate opportunity to provide input into decisions that affect them, they will resist change.
Stew (1996), in a qualitative study of change in nursing education, explored the personal perceptions and reactions of faculty in a college of nursing and midwifery during the UK restructuring. The faculty in this study experienced a variety of organizational, professional, and personal concerns. He found that the extent to which teaching staff from the diploma programs could identify with the new amalgamated degree program was mixed. Many continued to identify more with their previous district school of nursing and its local culture than with the new work setting. Personal identification with colleagues, courses, physical surroundings, and ways of working produced a sense of territoriality. Faculty found it difficult to identify with a statement of values and beliefs over which, they felt, they had not been consulted. Along with a lack of personal commitment to the concept of the college was a sense of uncertainty over how individuals “fitted in.”

Kenrick (1993), using motivation theory as a basis for discussion, addressed faculty concerns that emerged during the UK restructuring of nursing education. She proposed that, in a reorganization of this magnitude, problems associated with motivation of staff both within the higher education institutions and the nursing colleges can be anticipated. Faculty may be particularly concerned about the safeguarding of quality and standards of the nursing curricula, overall program management and delivery, and the effect of amalgamation on the existing teaching and administrative staff. In many instances, feelings of insecurity and dissatisfaction from both teachers and managers of nursing education could be expected.

Knight (1998) reported findings of a study exploring the experiences of twelve lecturers in a department of nursing preparing for curriculum and organizational reforms. The study highlights the responses of faculty during a 2-year transitional period as these changes were implemented. The major emerging themes from the
interviews focused on lack of group identity and feelings of disequilibrium. The respondents could not identify with the new work environment and felt a sense of alienation and loss. While the lecturers verbalized that they agreed with the concept of restructuring, many felt unhappy and threatened by the organizational changes.

Bevis and Krulik (1991) looked at changes to the provision of nursing education from the perspective of faculty development, particularly for those moving from teaching in a diploma program to teaching in a degree program. They reported on a national project in Israel in which diploma schools were restructured for baccalaureate teaching. Since this change resulted in a role change for the teaching staff, the authors asserted that the key to a successful shift from diploma to baccalaureate education is carefully planned faculty development. In the authors’ view, this planning needs to occur over a time period sufficient to maximize the maturing of ideas, testing of new methods and strategies, reorganization of approaches, and development of teacher-student interactions.

Berry (1994) surveyed faculty at the University of Manitoba and the Winnipeg Health Sciences Centre schools of nursing to determine their job satisfaction three years after a collaborative model had been introduced. Generally, faculty members perceived that their job satisfaction had increased; however there were issues of concern for both groups. The university faculty cited scheduling and workload, equity in decision-making, representation on committees, and curriculum development as their major concerns. The diploma school faculty, on the other hand, said that job security was their major concern, followed by changing educational qualifications, participation in research, and recognition of the value of clinical expertise. Overall, both groups felt they had received support during the change and had been kept well informed but would have preferred more direct participation in the process.
While not related to changes within nursing education, Lewis (1994) offers some insight into how faculty members respond to a restructuring of programs from a college to a university environment. The college studied was initially set up to train engineers, scientists, and business executives. In the mid-1980s, the Australian government began upgrading its tertiary educational institutions to university status. This meant that existing faculty within these programs, whose primary responsibility was classroom teaching, would be required to attain a graduate degree and conduct research in order to qualify for promotion. During those changes, the staff exhibited less cooperation with other groups as they competed for scarce resources, less loyalty to the institution, and a belief that their industrial experience was being undervalued. While on the outside they appeared to accept the decisions and perform well, they actually felt anxious, isolated, disillusioned, and insecure about the changes and a proposed new environment. As Lewis stated:

... people's behaviour may not be an expression of their feelings, beliefs and values at all, but may be a contingency measure they adopt to cope with situations as they arise. Sometimes people find themselves in situations where they are obliged—or forced—to behave in a manner not congruent with some of their values because they do not want to lose their job, their status, or their privileges. (p. 51)

These studies suggest that important concerns in any reorganization are the perceptions, beliefs, and attitudes of the employees most directly affected. As was identified by Bevis and Krulik (1991), Davis (1991), Kenrick (1993), Berry (1994), and Stew (1996), the processes of teaching and learning within nursing programs undergo extensive transition as old programs are discontinued and a new curriculum is
established. Nursing faculty, during any change, may question the impact of that change on them personally and on their professional responsibilities, for the nursing education curriculum and students, on administrative practices, and on the culture of the organization.

**PERSONAL/PROFESSIONAL ISSUES**

A restructuring within any school of nursing may cause faculty members to question the impact of the changes on them as educators, as nurses, and as individuals. The introduction of a new curriculum and the consolidation of schools of nursing may pose a threat to the faculty members’ feelings of security. The faculty may be unclear about their future prospects within the new program, such as continued employment, promotional opportunities, and change of status. Their responses may be influenced by their personal assessment of the situation, coping mechanisms, and any measures in place to ease the transition (Flarey, 1991; Stew, 1996).

As employers, universities and hospitals traditionally have had differing expectations of its faculty. University faculty are often required to teach in both undergraduate and graduate programs and to participate in scholarly activity through professional and community involvement, research, and writing (Dewis & Grenier, 1993). Diploma nursing programs, on the other hand, have traditionally focussed on classroom and clinical instruction, placing scholarly activity in a secondary role. This may result in university student contact hours being fewer than those allocated within diploma nursing programs. More time may be spent in the diploma schools on course development and implementation of innovative teaching strategies than on activities
such as research and publication (Baines, 1992; Grenier & Dewis, 1995).

Faculty within a university may be accustomed to functioning in a more autonomous and independent fashion, in an environment where self-direction and diversity are encouraged. The achievement of tenure and promotion results, at least in part, from strong individual effort and competition rather than team accomplishments. Conversely, diploma school faculty may be accustomed to a considerably more structured system, externally determined schedules, and team teaching (Dewis & Grenier, 1993). In a discussion of the educational collaborative effort in British Columbia, Grenier and Dewis (1995) determined that university faculty were concerned about their own increased workload and questioned the readiness of the diploma faculty to teach in an academic program aimed at fostering critical thinking and independent learning.

The new work environment will result in a different work milieu for one, or both, of these groups. Personal responses can range from optimistic acceptance to pessimistic rejection. Some faculty may see the change as a loss of role and responsibility, while others will view it as an opportunity for personal and career development. Reorganization of teaching teams, teaching assignments, and shifts in clinical roles may generate mixed reactions from the teaching staff in the diploma programs (Stew, 1996).

Compounding the anxiety related to changing workplace expectations may be a concern regarding the different academic requirements for faculty between university and diploma programs. For example, universities generally require a minimum of a masters degree of its teaching staff (with a doctoral degree preferred), while the diploma schools require their faculty to have obtained a bachelors degree (masters degree preferred). The diploma school faculty may feel that, until they obtain a msa
masters degree, they may not hold the academic qualifications to teach in a new
degree program, thus creating a measure of job insecurity (Baines, 1992; Berry, 1994;
Grenier & Dewis, 1995; Whittaker, Dickinson, Humphreys, & Ramsammy, 1994).

Marquis, Lillibrige and Madison (1993) stated that a lot of pressure was placed
on nurse educators to achieve a graduate degree as Australia restructured its basic
nursing education programs, particularly since nurse educators with advanced degrees
were being actively recruited from other countries. The authors stated, “The result of
sudden entry into academe, the heavy curriculum workload, and the need to complete
advanced degrees led to an exhausted faculty” (pp. 137-138).

**CURRICULAR ISSUES**

Changes within health care are challenging nursing faculty to revise existing
curricula to produce a graduate who can function effectively in an expanded role
(Bajnok, 1992). Curriculum revision, however, may evoke a variety of responses from
faculty, from uneasiness to active resistance, as each person examines his or her
contributions in the old program and possible fit within the new curriculum.

Kupperschmidt and Burns (1997) propose that these reactions are the result of
the personal meaning the existing nursing curriculum has for each faculty member.
The authors state that nursing curricula are a reflection of the total program faculty,
including shared values, knowledge, skills, and clinical expertise. Curriculum revisions,
then, may result in a need to redefine the values held by teaching staff in relation to
health, nursing and society, the relationship between teacher and learner, the process
of transmitting knowledge, and the practice of nursing.
Curriculum changes may be resisted as faculty go through the transition of loss of identity and attachment with the old program, cope with the uncertainty as the curriculum is revised, and find their place in the new framework (Knight, 1998; Stew, 1996). Kupperschmidt and Burns (1997) felt that this resistance may be reduced through the formation of a curriculum transition management team which has responsibility for utilizing planned change models, monitoring the transition, communicating with faculty, involving faculty in curriculum development activities, and providing leadership for effective transition.

Knight (1998) stressed the importance of including faculty in making decisions. Participation in decision-making can result in increased commitment and a higher likelihood of success. All respondents in his study commented on their lack of involvement in the change process and their belief that more participation would have promoted greater awareness and ownership of the new curriculum.

Clinical teaching is a critical component of nursing education and the majority of nursing faculty have both clinical and classroom teaching responsibilities. Clinical teaching is demanding work, requiring the faculty member to assume a level of responsibility and accountability not comparable with that required of faculty teaching in classroom or laboratory courses (Schuster, Fitzgerald, McCarthy, & McDougal, 1997). Therefore, workload is a particular concern within schools of nursing since the faculty typically have more student contact hours than other disciplines. As the number of hours spent on clinical courses increases, the amount of available time for other academic activities decreases.

Faculty within the schools of nursing may be concerned about changes in teaching demands, establishment of new teaching teams, consistency of curriculum content, and possible effects on the quality of clinical nursing experience. There may
be a clear division of opinion over the direction that nursing education should take in
the future and whether the changes actually enhance the education of students (Berry,
1994; Dewis & Grenier, 1993).

**ADMINISTRATIVE ISSUES**

Concerns related to the overall administration of the school of nursing and the
management of faculty can be apparent during a reorganization. As the literature on
change indicates, organizational change raises profound anxieties for the personnel
directly affected (Ashford, 1998; Beckhard & Harris, 1987; Bridges, 1991; Callan &
Terry, 1994; Lewis, 1994). The sense of knowing what is happening or “being in the
know” is reassuring to most individuals during a period of major change. The size and
complexity of the participating institutions, existing bureaucratic committee structures,
and differing management styles may all affect how well change is accepted by staff
(Stew, 1996).

Kupperschmidt and Burns (1997) stated that the leadership role in curriculum
revision and transition processes is crucial. In addition to demonstrating a commitment
to the curriculum change, administrators can employ a number of strategies to
facilitate a successful transition for faculty:

- Strategies include clarity of expectations, being visible and supportive,
  assuring full and immediate disclosure of pertinent information, and
  facilitating a participative process. (p. 95)

  Clarity and consistency of expectations for revision
  responsibilities, workload, and scholarly activities at all phases of the
  process are essential. (p. 96)
Dewis and Grenier (1993) reviewed the collaborative experience between the University of British Columbia and Vancouver General Hospital and identified three strategies for easing the process: open communication; faculty development; and a positive climate. Open discussion and joint team meetings increased awareness of collaboration and promoted an understanding of roles and responsibilities. An orientation program, workshops, and faculty performance evaluation was established to increase the skill, knowledge and personal contributions of faculty to the program. The authors asserted that faculty within each institution gained from the collaboration, particularly through shared human, financial and physical resources and opportunities for innovative endeavours.

The benefits accrued from this process is supported by Whittaker et al. (1994) in a report evaluating the communication strategies employed during the incorporation of a college of health care studies into a university. Senior managers at the college and the university employed a variety of methods to communicate to staff as the changes were in progress, including distribution of print material, staff meetings, one-on-one meetings, presentations, and the formation of a consultative Incorporation Advisory Group to address staff concerns. At the same time, mechanisms were established for evaluating the effectiveness of the communication and the implementation of strategies to address cultural differences between the institutions. From results of a questionnaire survey of faculty, the authors found that implementing a variety of communication strategies was perceived by faculty as effective and enhanced a positive transition during the restructuring.
CULTURAL ISSUES

Individuals working within an organization develop feelings that are positive or negative about that organization. ‘Culture’ reflects the personality of the work setting and is a reflection of a unique set of attributes that influence how the organization operates, including its beliefs, values, norms, and ground rules (Grigsby, 1991). Organizational culture is distinct from organizational ‘climate’, which is a measure of the morale or happiness of staff at any particular time.

Work culture is an important consideration because of its possible influence on the attitudes and behaviours of the people in an organization, as well as the performance and viability of the organization itself. Specifically, it can have an impact on an individual’s morale and well-being, job performance, and receptiveness to innovation and change (Moos, 1989). For example, schools of nursing which promote participation in decision-making are more likely to be perceived favourably by faculty than those in which decisions are made in a top-down administrative process (Donohoe, 1986; Lubbert, 1995).

The development of a collaborative program to be delivered jointly by university and diploma schools of nursing provides an opportunity for the integration of the many resources within each setting. The integration of distinct cultures, philosophies, and operational goals, however, may pose a challenge for faculty who feel the loss of the uniqueness of their institution. This may especially be the case for faculty at diploma schools of nursing as they anticipate the amalgamation of their programs into a university, especially if the schools have distinct religious denominational foundations. Grenier and Dewis (1995) found that loss of established school identification was an issue for both faculty within college and university programs, but particularly so for the diploma school faculty.
Stew (1996) suggests that the traditional nursing culture and role of diploma programs, based firmly within the clinical practice and service setting, may clash with the new academic culture and role within a university environment. This can create a tension between two professional identities and cultures, as the teaching staff make a determination of the degree to which their teaching experience and clinical expertise are valued.

It is evident from the literature that the many issues expected to arise as nurse educators move into a collaborative curriculum and/or a new work environment will require a deeper understanding of how individuals are affected by, and respond to, workplace change. The previous literature review suggests that we cannot separate changes occurring within the workplace from employees' responses to those changes since each has an effect on the other. This "systems" approach to understanding and describing workplace phenomena may be the most useful when considering the diversity of work-related and personal factors that influence a person's perception of the work environment (Owens, 1991).

**Theoretical Framework: General Systems Theory**

The basis for general systems theory was first made public in the late 1920s and the concepts formalized in 1954 with the establishment of the Society for General Systems Research, an affiliate of the American Association for the Advancement of Science (Putt, 1978, p. 1). This theory was first applied by Ludwig von Bertalanffy (1968) to the field of biology and has since influenced a multitude of disciplines to describe structures and processes.
A ‘system’ is a collection of interconnected parts, each with its own identity and purpose, whose activities must be coordinated for the parent system to function optimally. Bonds or relationships tie the system together, making it a functional unit. For example, as part of its overall structure, the human body contains a nervous system, a musculoskeletal system, a respiratory system, and a circulatory system. Neither of these systems can sustain life on its own, but the functioning of all of the systems must be integrated to maintain life. Systems theory explains not only the relationship of each biological subsystem to the human body, but also the specific structure and function within the individual subsystems. When the functioning of one subsystem is compromised, a ripple goes through the entire system and each component part is affected (Beckhard & Harris, 1987).

Systems vary in the degree to which they interact with their external environment. Some are “closed” in nature, having little or no interaction with the surroundings, while other systems are “open” and freely exchange materials and/or information with the external environment. In fact, most open systems would not survive without such activity (Baron, 1986).

General systems theory provides one perspective on organizational change. Viewing an organization as an open system is of crucial importance to understanding its internal structure and its ability to respond to external pressures. The environment through legislation, consumer demands, competition, and/or economic necessity may exert pressure on the organization to change its structure and functional processes. Both the specific structure it adopts and the success of the organization itself are shaped by the continuous flow of information, people, and resources back and forth across dynamic boundaries in response to change (Baron, 1986).
ORGANIZATIONS AS SOCIOTECHNICAL SYSTEMS

The concept of 'sociotechnical systems' emerged from studies and consulting work by Eric Trist in 1951 at the Tavistock Institute of Human Relations in England. Consistent with the principles of general systems theory, Trist viewed an organization as a complex whole of interrelated, interdependent parts and stressed the importance of considering the totality of the interrelationships between the entities that make up the organization rather than looking at each component separately.

The structure of an organization includes both a technical component (the knowledge, skills and resources necessary to achieve the goals of the organization) and a social component (the way individuals function within the organization) (French, Kast & Rosezweig, 1985). Sociotechnical systems theory considers the relationship between these social and technical systems, as well as how they interact with the external environment. It provides a framework for systematically organizing people and technology for optimum productivity by viewing organizations as comprising three interrelated components:

- the social interactions that occur in organizations and the theories and methods that exist to make more efficient use of human resources, including the organizational culture, level of motivation and organizational commitment, styles of communication, participation in decision-making, satisfaction with the work environment, willingness to accept change, work group cooperation, human resource development, satisfaction with compensation, and policies;
Chapter 2: Literature Review

- the *technological processes* used by the organization and the constraint placed on the design and operation of the system, including the technology itself, work processes, information flow, job responsibilities, and procedures; and

- *systems theory* which integrates the interaction between both the human and technological factors, and the mechanics of change (Margulies & Colflesh, 1982; Pasmore & Sherwood, 1978, p. 3).

The objective of applying sociotechnical systems theory to planned organizational change is to develop a better fit between the social and human systems of the organization and the technology used to enhance organizational goals. Margulies and Colflesh (1982) propose that, in order for this to be accomplished, the theory has evolved a set of reasonable propositions which specify that: the design of the organization must fit its goals and take into account work processes, people, and management processes; employees directly affected by organizational change must be actively consulted in the design and implementation of new systems and structures; and effective use of new work processes must include the development of a high quality of life.

This continuous interaction between the system (organization) and its environment results in a distinctive “style,” or climate, within the work setting. This work climate is determined by many factors, including the organization’s physical features, policies and rules, and the characteristics of the people who work there. It includes decision making processes, interaction between work groups, and the attitudes of work group members toward the work itself (Moos & Billings, 1991).
THE WORK ENVIRONMENT WITHIN A SOCIOTECHNICAL SYSTEM

Rudolf Moos (1984, 1986) envisioned the work environment as a dynamic system. His conceptual framework, with its roots in sociotechnical theory, links all aspects of the work environment with the personal characteristics of employees to predict organizational outcomes. It emphasizes how individuals select and alter their work settings based on needs and preferences, as well as the impact of work and the work environment on the person. Moreover, it recognizes that the influence of a job may carry over into other life contexts such as family relationships.

Moos (1987) structured his framework into a model composed of six factors (panels), each of which plays a role in determining how an individual views the work environment and is impacted by it (see Figure 1). The environmental system (Panel I) is composed of the everyday interactions that arise from family and work, and the organizational and social resources available to the individual. The personal system (Panel II) encompasses the individual’s occupation and experience, work roles, socio-demographic characteristics, personal preferences and expectations, self-confidence and motivation, needs, and value orientations.

These personal and environmental systems are impacted by each other, as are the work and non-work factors within both systems. For example, the actual structure of the work setting can directly affect how an individual interacts within the work group. If frequent interaction between work group members is required, an open office layout (work stations with clustered meeting areas) may facilitate communication and peer cohesion to a greater degree than would walls and a structured office configuration. On the other hand, the same physical setup may inhibit confidential communication and individual work activity because of increased noise and physical
Figure 1. A model of the links between personal and environmental factors and individual adaptation.

Panel I: Environmental System
- Work and non-work contexts
- Organizational and social resources

Panel II: Personal System
- Demographic and personality factors
- Ability and motivational factors
- Personal preferences

Panel III: Cognitive Appraisal

Panel IV: Coping Responses

Panel V: Individual Adaptation
- Morale and performance
- Self-esteem, well-being

Panel VI: Outcomes
- Quality of services
- Client/Student Outcomes


activity. A geographical distance between team members may, out of necessity, promote flexible work policies and autonomy in decision-making or it may result in feelings of alienation and lack of direction.

An employee’s evaluation of the work environment will also be affected by how well the structure, policies, and culture of the workplace (Panel I) meet his or her personal preferences and expectations (Panel II). This workplace cognitive appraisal (Panel III) can determine the employee’s behaviours and attitudes, or coping responses (Panel IV) in response to that appraisal, work performance (Panel V) and, ultimately, outcomes for the client (Panel VI). For example, in an organization where employee work groups determine the work assignments, timing of rest breaks, and allocation of resources an individual who prefers autonomy, independence and involvement in
decision-making will appraise the work situation favourably and perform well. An individual who prefers more supervisory control, however, might consider the work environment as chaotic and disorganized and have a more difficult time completing work assignments.

Panel IV of the model reflects an individual's efforts to manage the environment by selecting a preferred set of coping responses. Such responses are prompted by the personal system (some people prefer the interaction provided by an open office configuration while others are distracted by it) and the environmental system (some work settings use the assignment of fixed offices as a reward with the size and location of an office reflecting the esteem with which the person is held). Depending on the person's appraisal of the situation, subsequent coping responses will ultimately influence his or her job satisfaction and morale. Thus, there is strong support for the belief that solid connections exist between aspects of the work environment and personal characteristics with employee productivity and client outcomes (the connection between Panels I and II with Panels V and VI).

Moos (1986) proposes that the link between the environmental system (Panel I) and an individual's adaptation (Panel V) is mediated by personal attributes (Panel II), the person's cognitive appraisal of the environment (Panel III) and any coping responses employed (Panel IV). More specifically, what a person thinks about a particular work situation (Panel III) is often the outcome of an interplay between factors within the environment (Panel I) and his or her personal preferences (Panel II). This appraisal can shape how the person responds (Panel IV) and will be a factor in determining morale, productivity, and self-esteem (Panel V) and favourable organizational outcomes (Panel VI).

Moos and his colleagues (Moos, 1984, 1986, 1994b; Moos & Billings, 1991;
Moos & Schaefer, 1987; Schaefer & Moos, 1993) support the view that, in the end, the work climate of an organization influences, and is influenced by, the type of people who choose to work there, its organizational policies and practices, and the physical features of the workplace. An organization’s structure and policies may influence the work climate directly (small work groups tend to be more cohesive) or indirectly (hierarchical organizations tend to attract more task oriented, competitive people) by influencing how individuals function within the work environment. Likewise, the individuals who comprise a work group bring with them unique values, norms, experiences, and abilities. The aggregate of these attributes in part defines the culture that forms in a work setting and the resulting morale and behaviour of its employees. The characteristics of the workforce within an organization can shape its structure, influence its policies and culture, and determine the physical arrangements.

Traditionally, organizations have been more concerned with the dynamics of a change process and the possible effects on business processes than with any effect these changes may have on the human resources. However, it is not possible to look at what goes on within an organization without looking at both the technological processes and the social environment (the work and the way work is accomplished) (Pasmore & Sherwood, 1978). Through any workplace change, the employees are often concerned about how they and their work environment will be affected.

Nursing education within schools of nursing is a very dynamic, open system process. It is from the external environment that the system obtains much of its raw materials, information, and financial and human resources, and it is back to the external environment that it sends its final services and products. Because schools of nursing are open systems, they are currently coping with shifts in environmental
conditions, responses to technological advancements, changing consumer expectations, shifts in social attitudes and values, and a struggling economy.

Just as organizations are viewed as open systems, individuals within those organizations are also open systems. Individual characteristics and preferences, the presence of support and resources, administrative practices and the climate of the workplace will all contribute to a person's response to workplace change and the effectiveness of coping strategies in the aftermath (Moos, 1987; Moos & Billings, 1991).

Nursing faculty of the provincial schools of nursing are at the center of a major change process as basic nursing education is restructured in Newfoundland. The literature supports the assumption that a variety of issues and concerns can be anticipated from both the university and diploma school faculty and that common reactions may be predicted during the transition to a new collaborative curriculum and work environment (Kenrick, 1993).

Sociotechnical systems theory may provide guidance and direction for the implementation of this change effort since it takes into account the complex relationship between people, tasks, management and technology. The Moos’ model has generated a considerable body of research to examine its application within work, school and health care settings. Many of the studies propose a direct relationship between aspects of the environment (Panel I) with individual work outcomes (Panels V and VI). A growing number of studies, however, are considering the combined effect of the environment (Panel I) and personal factors (Panel II) on employees’ cognitive

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14The Moos social climate scales have been used extensively to examine the impact of aspects of a variety of settings on the individual. Moos reported a list of 300 studies (Moos, 1984) and 215 case summaries (Moos, 1994b) in which authors have used his framework.
appraisal (Panel III) of the work environment (Moos, 1987).

As the model in Figure 1 (page 62) illustrates, perceptions of social climate are the outcome of an interplay among actual events, qualities of an organization, and an individual’s values and beliefs. This study investigated the perceptions (cognitive appraisal) of nursing faculty during a period of substantial change and transition within nursing education in Newfoundland (environmental factors) and explored how demographics and personal preferences (personal system) may influence that appraisal. The research is based on a holistic framework that builds on the sociotechnical perspective and encompasses the links between work and personal contexts. In this way, new knowledge is generated which may be useful in successfully managing change and transition in a variety of settings.
CHAPTER 3

Research Design

The phenomena under investigation in this study have developed as the result of a planned restructuring to the delivery of basic nursing education in Newfoundland. Therefore, little research is likely to exist within this specific area of investigation. Existing Canadian studies (Berry, 1994; Bishop, 1995; Goldenberg et al., 1995; Grenier & Dewis, 1995) focus primarily on local populations and, while these experiences may have implications for administrators and faculty in Newfoundland schools of nursing, their results are specifically applicable to the participating schools of nursing. The results of this research study may be useful in comparing the results of those studies and presenting a broader understanding of the effect of transition and change on nursing faculty responses.
STUDY DESIGN

The design of this study was based on research questions arising from the background to the change initiative, problem statement, literature review, and conceptual framework identified in Chapters 1 and 2. An exploratory, comparative survey design was used to describe the work expectations and concerns of nursing faculty within Newfoundland schools of nursing as they anticipated a major restructuring to the delivery of basic nursing education. It utilized qualitative (analysis of written responses) and quantitative (descriptive and nonparametric statistics) approaches to represent the data.

Brink and Wood (1978) advocate that an exploratory approach is the most effective method of data collection when there is limited knowledge about the variables under study. The instruments used in this study contribute to an exploratory design by investigating and describing new information that might subsequently be used to develop hypotheses for future investigation.

RESEARCH QUESTIONS

The restructuring of the existing provincial basic nursing education system poses many challenges for nurse educators. The success of the collaborative effort will, in large part, be dependent upon their abilities, motivations, and commitment to change. What are the principal issues and concerns for these faculty members as they experience this transition?

For the purpose of this study, these research questions are explored:

1. What are the salient personal/professional, curricular, administrative,
and cultural issues for nursing faculty within Newfoundland schools
of nursing as they anticipate the proposed educational restructuring?

2. Is there a relationship between selected demographic factors (age,
   position, nursing experience, academic background, future plans) and
   faculty members’ issues and concerns?

3. What are the significant similarities and differences in the responses
   of faculty from the participating schools of nursing?

**DEFINITION OF TERMS**

**Administrative Issues:** the perceptions of nursing faculty related to the impact of
changes to the provision of basic nursing education on the overall
administration of schools of nursing and the management of faculty within
those schools.

**Baccalaureate Nursing Program:** a basic nursing education program, offered by a
university school of nursing, which results in the granting of a
baccalaureate degree.

**Bachelor of Nursing (Collaborative) Program:** the new basic nursing education
program, developed through a collaborative process among the five
Newfoundland schools of nursing, which results in the granting of a
Bachelor of Nursing degree.

**Collaboration:** a common effort toward shared problem-solving, goal setting, and
decision making within a structure of collegiality (Henneman, Lee & Cohen,
1995).
Consolidation: the process whereby the three hospital-based diploma schools of nursing located in St. John’s were closed and a new Centre for Nursing Studies opened.

Cultural Issues: perceptions of nursing faculty related to the impact of changes to the provision of basic nursing education on the personality of the work setting, and the workplace norms and values by which the school of nursing operates.

Curricular Issues: perceptions of nursing faculty related to the impact of changes to the provision of basic nursing education on the curriculum taught within the schools of nursing, on student outcomes, and for faculty as nurse educators.

Diploma Nursing Program: a basic nursing education program, offered by a hospital-based school of nursing, which results in the granting of a nursing diploma.

Nursing Faculty: nurse educators and administrators employed within diploma or degree nursing education programs. For the purpose of this study, no distinction is made between faculty with MUNFA-designated classifications and NLNU-designated classifications. Throughout this report, the term “faculty” refers to nurse educators within both the diploma and degree programs unless otherwise indicated.

The Memorial University of Newfoundland Faculty Association (MUNFA) represents faculty within the university, while the Newfoundland and Labrador Nurses’ Union (NLNU) represents faculty at the diploma schools of nursing. The NLNU will continue to represent nursing faculty at the Centre for Nursing Studies and Western Regional School of Nursing.
Organizational Change: alteration to aspects of the structure and/or functioning of an organization which takes into account shifting external or internal conditions (Baron, 1986: 506).

Personal/Professional Issues: perceptions of nursing faculty related to the impact of changes to the provision of basic nursing education on faculty members as educators, as nurses, and as individuals.

Transition: psychological processes of change that are lasting in their effects, which force a redefinition of the world and one's place in it, and necessitate the development of new coping skills (Parkes, 1971).

INSTRUMENTATION

The survey package contained self-report questionnaires (Appendix E), consisting of three parts:

○ Part A - Demographic Data Sheet;

○ Part B - Work Environment Scale, Form I (Ideal) and Form E (Expectations);

  and

○ Part C - The Collaborative Model of Nursing Education.

Part A: Demographic Data Sheet

Part A of the questionnaire package, designed specifically for this study, consisted of a demographic data sheet asking participants to provide information regarding academic background, work history, experience in nursing and nursing education, age, family status, and future plans. An extensive body of research within various types of workplaces has suggested that employees' personal characteristics,
such as level of education and professional experience, can influence the climate of a work setting (see Holland, 1985). In addition, the presence of personal and environmental resources are positively linked to active coping strategies (Holahan & Moos, 1987). This information, reflecting measurements of personal systems consistent with Panels I and II of Moos’ conceptual framework (see model in Figure 1, Chapter 2), allowed the researcher to gain an understanding of the characteristics of the participants to facilitate comparison within and among study sites.

**Part B: Work Environment Scale**

Part B, The Work Environment Scale (WES) is a 90-item, 10 subscale instrument, developed by Paul Insel and Rudolf Moos, which operationalizes Moos’ model of person-environment linkages (Table 2 includes a description of each dimension and subscale). Based on research in a variety of work settings, Moos (1994b) organized facets of the work environment into three dimensions:

- **the relationship dimension** which assesses the extent to which employees are concerned with and committed to their job (involvement) and supportive of one another (peer cohesion), and the extent to which managers support and help their employees (supervisor support);

- **the personal growth dimension** which assesses the extent to which employees are encouraged to be self-sufficient and to make their own decisions (autonomy), the climate emphasizes good planning and efficiency (task orientation), and the pressure of work dominates the workplace (work pressure); and
the system maintenance and change dimension which evaluates the explicitness of rules and policies (clarity), the extent to which rules are used to maintain control (control), the emphasis placed on change and trying new approaches (innovation), and the pleasantness of the surroundings (physical comfort).

The WES has three forms: the real (Form R) which measures perceptions of the current work environment; the ideal (Form I) which measures conceptions of the preferred work environment; and the expectations (Form E) which measures expectations about a different or new work setting (Moos, 1994b). Each form of the instrument assesses the social climate of a work environment by focussing on the three underlying dimensions of the work environment outlined in Table 2.

Nine questionnaire items are associated with each subscale and participants are asked to determine if each statement is true or false for them, in the context of the WES being administered. The subscale responses are summed, giving each subscale a possible score of 0-9. The instrument is based on the premise that employees are participant observers in the work milieu and uniquely qualified to appraise it (Moos, 1987).

These key aspects of work climate have important implications for both organizations and their employees. Work climates that are cohesive and accepting are typically oriented toward independence and autonomy, and provide meaningful and challenging work, thus promoting employee morale and productivity. Clear expectations about job tasks and policies, feedback on job performance, and moderate organizational structure all contribute to satisfaction and effectiveness (Moos, 1987).
### Table 2
**Work Environment Scale (WES) Dimensions and Subscales**

<table>
<thead>
<tr>
<th>Relationship Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement</td>
</tr>
<tr>
<td>Peer cohesion</td>
</tr>
<tr>
<td>Supervisor support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Growth Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy</td>
</tr>
<tr>
<td>Task orientation</td>
</tr>
<tr>
<td>Work pressure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>System Maintenance and Change Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarity</td>
</tr>
<tr>
<td>Control</td>
</tr>
<tr>
<td>Innovation</td>
</tr>
<tr>
<td>Physical comfort</td>
</tr>
</tbody>
</table>


The WES has been used to describe workplace social environments, contrast managers’ and employees’ views of their work environment, compare actual and preferred work environments, and contrast different work settings and individuals’ perceptions over time. It has been used to facilitate counselling and career planning, formulate clinical case descriptions, evaluate programs, plan and monitor change in work settings, evaluate the impact of intervention programs, and promote improvement in the workplace. (For more information on the uses of the WES, see Flarey, 1991; Moos, 1984, 1986, 1987, 1994b; Moos & Billings, 1991).
The WES was standardized on a sample of more than 3000 employees—1400 in general work settings and 1600 in health care settings. Both forms of the WES used in this study have been used in a variety of settings with diverse employee groups encompassing health care (including nursing) and educational settings. At the time of this study, however, the WES had not been used with nurse educators in an academic setting (Personal communication, Moos, 1996).

Because the instrument has been used in numerous studies, content and user reliability and validity have been established (Flarey, 1991; Grigsby, 1991). The breadth of settings, particularly within nursing and education, where the WES has been used, support the construct and predictive validity of the scale. Subscale means and standard deviations, internal consistencies and intercorrelations, test-retest reliability and profile stability are all discussed by Moos (1994b: 21-26). Internal consistencies for each of the subscales range from .69 (peer cohesion) to .86 (innovation). The remainder of the subscales had internal consistencies of .73 (autonomy), .76 (task orientation), .76 (control), .77 (supervisor support), .79 (clarity), .80 (work pressure), .81 (physical comfort), and .84 (involvement) (Grigsby, 1991).

The WES was chosen for this study because the subscales are consistent with the issues identified through a literature review and problem identification as salient for faculty undergoing a major organizational change. The review of the literature in Chapter 2 suggests that during a restructuring of nursing education, nursing faculty members can be expected to have concerns related to personal/professional issues (consistent with the WES subscales clarity and innovation), curricular issues (consistent with the WES subscales autonomy, involvement, task orientation and work pressure), administrative issues (consistent with the WES subscales autonomy,
supervisor support and control), and cultural issues (consistent with the WES subscales peer cohesion and physical comfort).

Particularly relevant for this study was the ability to measure the WES dimensions for both the ideal and the expected work environment. As such, Forms I (Ideal) and E (Expectations) were used in this study to provide participants with an opportunity to describe what they consider to be their ideal work setting and what they anticipate their new work environment will be. Jayaram (1978) highlighted the need to understand the external and internal environments and designed a process to give organizational members an opportunity to identify relevant aspects of the environment. He suggested looking at realistic future scenarios (the expected future) and idealistic future scenarios (the desired future). The WES provides a method of investigating any variances that exist between the expected and the ideal future, whether measures can be put in place to address the variances, and any areas of broad agreement/disagreement among employee groups.

Although many workplace issues can be examined using this approach, this study emphasizes the importance of employees’ expectations and concerns about a work environment. It looks specifically at how organizational factors and certain employee characteristics can mediate how employees see the work environment. Such information may help to modify a work setting by identifying potential areas for change, identifying measures to ease the transition for employees during an organizational change, setting a benchmark for future measurements within the same population, and providing a baseline from which the results of change efforts can be monitored.
Part C: The Collaborative Model of Nursing Education

Part C, a 24-item questionnaire, was used to identify concerns specifically related to the introduction of the collaborative model of basic nursing education and the process used to consolidate three St. John’s diploma schools of nursing. The items on this section of the questionnaire were formulated from the literature review (particularly Ashford, 1988; Berry, 1994; Schlossberg, 1981; Schumacher & Meleis, 1994) and the researcher’s understanding of the dynamics of an organizational change process.

Part C was structured such that the first 21 items relate to personal/professional, curricular, administrative, and cultural issues identified in the literature as being of concern to faculty when a major change occurs to the delivery of nursing education. Participants were asked to indicate, using a Likert scale, their degree of agreement/disagreement with each of the 21 items. The items were recombined and reported based on these four general categories:

**Personal/Professional Issues**

Statements were included to determine to what extent participants believed that the changes occurring within nursing education were exciting and professionally valuable for them, and whether job satisfaction, job security, and/or role clarity were issues for them.

1. I find the change to a new basic nursing education program exciting.
2. I feel the change to a new curriculum will be professionally valuable for me.
4. The change to a new basic nursing education program will increase my overall job satisfaction.
5. I feel secure in my job.
8. I have a clear understanding of the roles that will be expected of me under the new model.
Curricular Issues

These statements sought to determine to what degree factors related to the nursing curriculum were important for the participants, such as participation in the development of the new curriculum, workload, consistency in curriculum delivery, and whether the changes would be beneficial for nursing students.

6. I believe that my workload when teaching in the new curriculum will be reasonable (i.e., student contact hours, teaching hours, scholarly activities).
10. I feel there will be consistency in curriculum content as the result of educational restructuring.
12. I have been directly involved in developing the new curriculum.
13. I believe faculty members from each school of nursing have an equal voice in decisions regarding curriculum development.
14. I believe that the education of nursing students will be enhanced as the result of the new curriculum.
18. I believe each institution is represented equally on committees planning the new curriculum.

Administrative Issues

During any organizational change there may be administrative factors important to those involved. These statements explored the importance of supervisor support, participation in the collaborative process, being kept informed, and administrative practices for the participants.

3. I have been given an opportunity to participate in the collaborative process.
9. I have been given adequate encouragement toward furthering my education. How have you been encouraged?
15. Administrators in my work setting have been supportive of me throughout the collaborative and/or consolidation change process.
16. I am kept well informed about curriculum-related issues.
17. I am kept well informed about how the changes will affect me.
19. I believe the process planned to hire faculty for teaching positions is fair.

Cultural Issues

The work culture can have a profound effect on employee work productivity, morale, and self-esteem (Moos, 1989). Statements were included to determine
participants' perception of how well their teaching experience and clinical expertise would be valued in the new environment, the degree to which there would be a close working relationship among faculty at the various sites, and whether the unique nature of each school would be incorporated into curriculum delivery.

7. I will have a close working relationship with the faculty at the other schools of nursing.
11. I believe the uniqueness of each institution has been incorporated into the delivery of the new program.
20. I feel my particular teaching abilities will be valued highly under the new program.
21. I feel my particular clinical expertise will be valued highly under the new program.

In addition to these 21 items, three open-ended questions were included which were not pre-coded. These questions concerned the consolidation process for the schools of nursing independent of the introduction of the collaborative program and were included to distinguish perceptions of faculty from the participating schools of nursing.

22. What is the most significant issue(s) for you as you anticipate teaching in the new curriculum?
23. What is the most significant issue(s) for you as you anticipate the consolidation of three schools of nursing in St. John's?
24. What measures would be helpful to improve your own transition during these changes?

Marshall and Rossman (1989) state that the process of triangulation can strengthen a study's usefulness for other settings. They define triangulation as "the act of bringing more than one source of data to bear on a single point" (p. 146). The process is meant to support a finding by showing that independent measures of that phenomenon agree with, or at least do not contradict, it (Miles & Huberman, 1984, p. 234). These three open-ended questions were included to elaborate on information
collected on Part C of the questionnaire and illuminate the participants’ perceptions of the collaborative and consolidation processes.

**QUESTIONNAIRE TESTS**

To gather feedback on the clarity of questionnaire items, a pilot test of the questionnaires was conducted with six nurse educators who had recent experience within at least one of the participating schools of nursing and had been involved in the development of the collaborative and consolidation processes at a school of nursing and/or the provincial nursing association. As these people were not currently teaching at either of the schools, they would not be included in the actual study. In this way, feedback could be received about the questionnaires from people well acquainted with nursing education in the province, and who had been involved to some degree in the restructuring process, without having to exclude participants from a relatively small target population should substantial revisions to the questionnaire be required.

Participants in the pilot were asked to record the length of time required to complete the questionnaire and to identify unclear and/or ambiguous items (Appendix F). Comments concerning the overall format and the clarity of instructions were elicited and suggested changes made to Parts A and C of the questionnaire package. Miles and Huberman (1994) state that using validated instruments may be the best guarantee of dependable and meaningful findings and may facilitate explanations, predictions, and/or cross-case comparisons. Even though the WES has been used extensively in research studies, the Ideal Form and the Expectations Form were also included in the pilot test package to ensure clarity of both the explanations and items in the context of this study; no changes were suggested to the WES.
STUDY SITES/POPULATION

The total population of nursing faculty in permanent positions within the five Newfoundland schools of nursing were included as study participants (95 potential participants). These sites included: Memorial University of Newfoundland School of Nursing in St. John’s; General Hospital School of Nursing in St. John’s; Grace General Hospital School of Nursing in St. John’s; St. Clare’s Mercy Hospital School of Nursing in St. John’s; and Western Memorial Hospital School of Nursing in Corner Brook. To be included, faculty were requested to complete a survey package containing self-report questionnaires and mail them directly to the researcher.

The study excluded all clinical instructors seconded from their permanent staff nurse positions within the various hospitals to part-time clinical instructor positions. These clinical instructors supervise students in clinical placements, however their primary, permanent job exists within the nursing department of a hospital. Since they, and their positions, would not be affected in the same way as the full-time nursing faculty, only faculty hired specifically into full-time teaching positions at the participating schools of nursing were included.

DATA COLLECTION

The researcher met with the director of each school of nursing to explain the study and request administrative consent to collect data. When the signed administrative consent forms were received (Appendix B), each director was contacted to arrange for distribution of the survey packages to the faculty. The researcher

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16This was the name of the school at the time of the study. As part of the overall provincial restructuring of health care, however, this school of nursing was later renamed the Western Regional School of Nursing. Results will be reported using the latter title.
offered to meet with the faculty at each site to explain the study and distribute the questionnaires.

The actual process for the distribution of questionnaires varied among schools. For example, at three of the diploma schools, the respective directors arranged a meeting with the faculty where an explanation of the study was given by the researcher and the survey packages distributed. At another diploma school, a faculty meeting was arranged, however survey packages were held in the director’s office where faculty would obtain them. Therefore, in this school, the director may have been aware of which faculty members chose to participate. The university faculty felt that the introductory package was self-explanatory and that a meeting was not necessary. In this school, survey packages were sent to the school’s main administrative office to be distributed to the faculty from there. In all cases, completed surveys were mailed directly back to the researcher’s home address.

Potential participants received a survey package which included a cover letter explaining the purpose of the study, measures to ensure confidentiality (such as protection of raw data), the use of the data, and deadline date for mailed return of the questionnaire (Appendix C). Potential participants were encouraged to contact the researcher with any questions they might have about the study. To increase the response rate, a follow-up reminder letter was sent to potential participants (Appendix D).

**DATA ANALYSIS AND REPORTING**

At the beginning of this study, the researcher had proposed to report faculty responses by the five sites involved. However, in a meeting with the faculty at a
St. John’s diploma school, concerns were raised by the faculty members regarding the reporting of results. They felt that, given the often painful process of collaboration and decision-making for consolidation, any positive gains might be jeopardized by a later reporting of measures initiated by a specific site to address faculty concerns. The faculty were reluctant to participate for that reason and requested that responses from the three St. John’s diploma schools be reported as one unit. Therefore, the method of reporting was changed in such a way that individual participants would not be identified by site and aggregate responses from a specific St. John’s diploma school would not be identified.

Given the voiced concern about identifying work location, the option not to identify the specific work location was then given to the faculty at Western Memorial Hospital School of Nursing and Memorial University of Newfoundland School of Nursing (See Appendix D). Three (3) participants (7% of the total respondent group) chose not to identify their work location.

The participating sites were reconstructed to include: Memorial University of Newfoundland School of Nursing (MUN); the three St. John’s diploma schools of nursing (SJS) comprising combined results from the General Hospital School of Nursing, Grace General Hospital School of Nursing, and St. Clare’s Mercy Hospital School of Nursing; and Western Regional School of Nursing (WRS); and NL, those respondents who did not specify a work location\textsuperscript{17}. There was no attempt to identify respondents/non-respondents or to ascertain the degree of representation from the diploma schools in St. John’s.

\textsuperscript{17}Even though the number was low, the researcher felt that the perspectives of these participants were also valuable and, where possible, data were included in the analysis and discussion.
RESPONSE RATE

In total, 43 surveys were returned from a possible 95 participants for a total response rate of 45.3%. Of the returned questionnaires, 19 (44.2%) were returned from faculty of the SJS; 12 (27.9%) from faculty at WRS; 9 (20.9%) from MUN; and 3 respondents (7%) did not identify the location (NL). Table 3 gives a response rate profile of the participating sites. The number of full-time faculty is presented which indicates the total potential participant group within each school of nursing. This includes faculty members on leaves of absence at the time of the survey who may, or may not, have been available to participate.

The Social Climate Scale User's Guide (Moos, 1994a) offers some guidance for determining an adequate sample size. Moos states that, to obtain an adequate profile of the setting, the size of the sample should be based on the number of people who can complete the scales. From his research, he developed these guidelines:

If the setting has 20 people or fewer in it, try to include as many of them as you can in the sample. If the setting has 21-40 participants, include at least 50 percent random sample. If the setting includes more than 40 people, use at least 25 percent random sample. (pp. 15-16)

Only the combined SJS total had more than 40 potential participants, while only the WRS had fewer than 20 potential participants. In this study, the participants were not randomly selected since all nursing faculty were invited to participate. The target population self-selected their participation.

According to the Moos guidelines, the response rate from the total target participant group is sufficient to get a profile of that group. For the individual participating sites, there is an adequate sample from the SJS and WRS groups while...
the number of responses from MUN is lower than preferred.

The response rate for this study is similar to that achieved by Whittaker et al. (1994), (44%), who investigated faculty responses to changes within the provision of basic nursing education in the United Kingdom. Brockner et al. (1992) state that people may be reluctant to participate in organizational change surveys because of anxiety and uncertainty, that employees undergoing major changes at work typically avoid any risks to their future with the organization, whether those fears are real or perceived.

**STATISTICAL DATA ANALYSIS**

All data were compiled using the SPSS (Version 7.5) and reported for the 43 study respondents. Chapter 4: Data Analysis and Findings includes both a report and discussion of the study findings. The process for reporting the data, and subsequent discussion and analysis, is based on the three identified research questions. In addition, demographic data is presented to give a profile of the participant group.
Using descriptive statistics, the age, family status, nursing work history, current position information, and academic background of the participants are presented.

**Research Question 1:**

What are the salient personal/professional, curricular, administrative, and cultural issues for nursing faculty within Newfoundland schools of nursing as they anticipate the proposed educational restructuring?

**Part B: Work Environment Scale:** The results on Part B of the questionnaire were hand-scored using a standardized template and the subscale scores were summed for each participant. Results are presented using descriptive statistics (mean, standard deviation) and Pearson correlation coefficient. The Pearson product moment correlation coefficient \( r \) provides a quantitative measure of the strength of the linear relationship between two variables (McClave & Benson, 1985, p. 418), in this case two versions of the WES.

Paired samples t-tests were performed to compare within group means from the two forms of the WES. This test is appropriate when two separate measurements are taken on the same subjects or groups. For these tests, there may be reason to believe that the two scores are not independent since the score on one test may influence the score on the other (Drew & Hardman, 1985, p. 256).

Group means were also compared with the Work Environment Scale norms for each subscale, as specified by Moos (1989) in the *Work Environment Scale – Form R Interpretative Report* (Appendix G). The norms compare responses on each of the dimension subscales in this study to the scores of work groups in general, measured on a continuum from considerably below average to considerably above average.
Part C: The Collaborative Model of Nursing Education: Part C of the questionnaire was structured such that the first 21 items related to issues identified in the literature as being of concern to faculty during a major change to the delivery of nursing education. Participants were asked to indicate, using a Likert scale, their degree of agreement/disagreement with the items. Results are categorized based on the themes identified in Chapter 2: Literature Review as important to nursing faculty experiencing transition (personal/professional, curricular, administrative, cultural) and presented using descriptive statistics.

In addition to the 21-item Likert scale statements, three open-ended questions were included to provide participants with an opportunity to identify those issues most important to them as they anticipate the many changes they were anticipating. The responses to these questions were not coded and will be used in Chapter 5: Discussion and Implications in their original form to shed light on some of the key issues for faculty in the transition process.

Research Question 2:
Is there a relationship between selected demographic factors (age, position, nursing experience, academic background, future plans) and faculty members' issues and concerns?

Descriptive data collected on Part A: Demographic Data Sheet is reported using narrative summaries, descriptive statistics, graphs and tables. Multiple regression analyses and Pearson product-moment correlation coefficients are used to show possible relationships between the demographic data collected and results from each of the three parts of the questionnaire.
Multiple regression analyses were used to predict the value of the dependent variables (responses on Parts B and C of the questionnaire) using multiple independent variables (Part A of the questionnaire). Multiple regression has a major advantage over single-variable regression as predictions will generally be more accurate, given that more information goes into making the prediction (Glenberg, 1988, p. 453). Multiple regression makes it possible to combine many variables to make predictions of a dependent variable and separates the effects of independent variables on the dependent variable. This enables both causal analysis of the unique contribution of each independent variable on the dependent variable and a prediction for future effects (Allison, 1999).

The Pearson product-moment correlation coefficient ($r$) is used for all correlation tests involving the demographic data since this test is particularly useful when measuring the strength of a linear relationship between two variables in which a potential relationship is being explored (Glenberg, 1988, pp. 460-461). To determine the rejection region for the Pearson product-moment correlation for a nondirectional test, Table E of Glenberg (1988, p. 515) was consulted. Glenberg’s table identifies the critical values as:

### Table 4

**Critical Values of the Pearson Product Moment Correlation Coefficient ($r_o$)**

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<th>$\alpha$</th>
<th>1</th>
<th>5</th>
<th>10</th>
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<td>0.325</td>
<td>0.304</td>
<td>0.288</td>
</tr>
</tbody>
</table>

Research Question 3:
What are the significant similarities and differences in the responses of faculty from the participating schools of nursing?

To determine the significant similarities and differences in faculty responses among the schools of nursing, descriptive statistics (mean, standard deviation), independent t-tests, and analysis of variance are reported. Analysis of variance (ANOVA) is an appropriate test when studying responses (means) for an experimental variable from three or more participating groups (Drew & Hardman, 1985, p. 258).

In this study, ANOVA was administered to determine any statistically significant differences in the means from three data sets on Parts B and C of the questionnaire. For those variables where a statistically significant difference was suggested, independent t-tests were used to determine between which data sets the differences occurred. Independent t-tests for differences is an appropriate test for comparing two independent means (Drew & Hardman, 1985, p. 255).

**Ethical Considerations**

The research study proposal was submitted for ethical review to both The Ontario Institute for Studies in Education of the University of Toronto and Memorial University of Newfoundland and approval was obtained (Appendix A).

The directors of each school of nursing were contacted requesting administrative consent to conduct the study and assistance in distributing the survey materials (Appendix B). After written approvals from the ethical review committees were obtained, a survey package was either distributed to the faculty members at a meeting or left with the director of nursing for distribution. The survey package contained a
cover letter (Appendix C) explaining the purpose of the study, a statement reinforcing
the voluntary nature of participation, and a request for participation. Participation
involved the completion of self-report questionnaires (Appendix E).

Participants were notified that findings would be reported in a summary report
following the guidelines of the University of Toronto regarding doctoral dissertations
and a discussion of the results might be reported in professional journals. Global
responses from participating groups are reported; however individual participant
responses are strictly confidential and not linked at any time to information in any
study reports. Only members of the investigator’s dissertation committee had access
to the raw data.

During the data collection phase, data were stored on a stand-alone (non-network
linked) personal computer. The hard copies (completed questionnaires, computer
disks) will be kept in a locked filing cabinet by the investigator for a period of five
years from the date of the dissertation publication.
Descriptive data were compiled using the SPSS (Version 7.5). Narrative summaries, graphs and tables are used to present the results. The discussion of results is based on responses from the 43 study participants and, where possible, results are presented both as aggregate numbers as well as by participant site responses. Where inclusion of site data would increase the likelihood of identifying participants and/or non-participants, only aggregate data are reported.

PART A: DEMOGRAPHIC DATA SHEET

Part A: Demographic Data Sheet of the questionnaire asked participants to disclose data related to their personal information, job position and responsibilities,
current and past nursing and teaching experience, academic background, and future plans to continue teaching in nursing.

**Personal Characteristics**

**Age**

The 35-44 year age group contained the largest number of participants at 19 (44.2%), followed by the 45-54 year range with 15 (34.9%) (see Figure 2).

**Family Status**

The majority of participants in this study, 27 (62.8%), are married. The “single, never married” category had the second highest frequency with 8 (18.6%). Within the total group, 28 (65.1%) reported having children with the highest frequency, 12 (27.9%), with 2 children. There were 9 (20.9%) participants with no children, while 6 (14%) did not respond to that question. There was a wide range in children’s ages,

**Figure 2. Participant Age Profile**

![Bar chart showing participant age profile with four age ranges: 25-34, 35-44, 45-54, 55-64, and number of participants in each range]
from young child to young adult. No single children’s age appeared more frequently than any other.

**Nursing Employment History**

The participants were asked to complete questions related to their experience in nursing and nursing education, current job title and major responsibilities, position classification, and academic background. As a group, participants reported many years of nursing (Figure 3) and nursing education (Figure 4) experience.

**Years of Experience in Nursing**

The highest frequency of total years working in nursing was 17 (39.5%) participants with more than 20 years. In total, 30 (69.7%) of the participants had at least 15 years overall nursing experience.

![Figure 3. Experience in Nursing](image-url)
Years of Experience in Nursing Education

The majority of participants, 27 (62.7%), have at least 10 years' teaching experience in nursing; 16 (37.2%) had more than 15 years' nursing education experience.

Current Position

Participants were asked to identify the classification of their current teaching position. There were 29 (67.5%) participants who were classified as a Nursing Instructor, as designated by the Newfoundland & Labrador Nurses’ Union, while other academic designations\(^\text{18}\) accounted for 9 (20.9%). Four participants (9.3%) were classified as administrators/coordinators.

Years of service in the current school of nursing was relatively high (see Figure 5). Of the participants, 35 (81.4%) had a least 5 years of teaching in the same

\(^\text{18}\)Professor, Associate Professor, Assistant Professor, Adjunct Professor, and Lecturer.
school, while 11 (25.6%) had at least 15 years.

Slightly more than half of the respondents, 25 (58.1%), indicated that their primary responsibilities involved both theoretical and clinical practice instruction, while another 5 (11.6%) stated that they also assume administrative responsibilities with their theoretical and clinical practice responsibilities. The remainder of the respondents have a combination of responsibilities that include theoretical instruction, clinical practice supervision, program coordination, and/or administrative responsibilities.

There were 34 participants (79.1%) who stated that they plan to continue teaching in nursing over the next 5 years, 7 (16.3%) stated they would not be teaching in a nursing program, and 2 (4.6%) did not answer. Reasons given for not continuing to teach in nursing education included plans for retirement, an inability to meet academic qualifications, seeking different opportunities, plans to change responsibilities, and uncertainty about the future.

**Figure 5. Experience in School of Nursing**

[Graph showing distribution of years spent in school of nursing]
**Academic Background**

Participants were asked to provide information about their academic background and current academic enrollment. The majority of respondents, 39 (90.7%), currently hold a baccalaureate degree; 37 (94.9%) of those holding a bachelor’s degree in nursing. In total, 18 (41.9%) participants have completed a masters degree; 11 (61.1% of those with a masters degree) in nursing.

**Academic Enrollment**

There were 21 (48.8%) participants enrolled in a masters degree program at the time of the study, 16 as part-time students. The majority of participants, 14 (66.7% of those enrolled in a masters program) were attending Memorial University of Newfoundland in a variety of disciplines.

Participants were asked to summarize the reasons that might have prevented them from obtaining a masters degree, if applicable. Ten (10) of the 25 participants who did not have a masters degree (40%) responded to this question. The most frequent factor for the respondents was lack of access to a program (11.6%), followed by family commitments, financial considerations, workload, and personal choice not to pursue a masters degree.

The demographic data provided a profile of the nursing faculty who participated in this study, while Pearson product-moment correlations (see Table 5) report possible relationships between the selected data. The demographic data for the participant group as a whole reflects a nursing faculty which is predominately middle-aged and married with 2 or fewer children. There were positive and statistically significant correlations between participants’ ages and their years within nursing ($r = .694, p \leq .01$) and nursing education ($r = .569, p \leq .01$), and their length of service within the current
school of nursing \((r = .451, p \leq .01)\). This would be expected since the course of nursing education is such that students enter nursing programs at a relatively young age, gaining experience as time passes. These study participants have a wealth of experience within both nursing education and their current school of nursing.

There was also a positive and statistically significant correlation between age and participants' current position, i.e., teaching or administrative \((r = .464, p \leq .01)\). Those in administrative positions are older, on average, than those in teaching positions, have longer years of service within nursing \((r = .360, p \leq .05)\), and are more likely to have a masters degree \((r = .452, p \leq .01)\). In fact, the majority of those in administrative positions (75\%)\(^{19}\) and teaching in a university program (77.8\%) had completed a masters degree, compared with 24.1\% of those teaching in a diploma program.

Table 5

<table>
<thead>
<tr>
<th>Correlation Between Select Demographic Data (N = 43)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Current Position</td>
</tr>
<tr>
<td>Masters Degree</td>
</tr>
<tr>
<td>Years with School</td>
</tr>
<tr>
<td>Years in Education</td>
</tr>
<tr>
<td>Years in Nursing</td>
</tr>
<tr>
<td>Continue Teaching</td>
</tr>
</tbody>
</table>

The Pearson product-moment correlation coefficient \(r\) calculated at the 0.05 level (2-tailed) unless otherwise indicated (*) where it is calculated at the 0.01 level (2-tailed). To determine the rejection region, Table E of Glenberg (1988, p. 515) was consulted. All findings which fall outside of the rejection region for 0.05 \((r = .3044)\) and 0.01 \((r = .3932)\) are indicated in **bold**.

\(^{19}\)Given the small number of respondents in administrative positions, these responses were not further reported by classification or site as doing so would increase the likelihood of identifying individual participants.
Given the nature of the different job classifications between university and diploma schools of nursing and position classification differences within collective agreements, faculty from the university were primarily classified as either assistant or associate professor while those from the diploma schools were primarily classified as Nursing Instructor. The majority of faculty in this study held teaching positions; in fact, only 11.6% of respondents were administrators.

Less than half of the faculty had already completed a masters degree (41.9%), however 84% of those who had not completed a masters degree were enrolled in a program at the time of the study. Only 4 (9.3%) of the participants were not enrolled in a masters program and had not already completed a masters degree at the time of the study, numbers too small to get a sense of how individuals in that situation would see themselves affected by the changes compared to other participants.

There were positive and statistically significant correlations between years working within the current school and years of service within nursing ($r = .431$, $p \leq .01$) and nursing education ($r = .849$, $p \leq .01$) suggesting that the participants had gained a large proportion of their nursing education experience with the same institution. A majority of the participants, 42 (97.7%), had at least 10 years' overall nursing experience and 38 (88.4%) had at least 10 years’ nursing education experience. More than half of the participants, 23 (53.5%), had been with the same institution for that 10-year period, and 35 (81.4%) for at least 5 years. Nearly a third of the participants, 14 (32.5%), had taught in at least two of the participating schools of nursing. The majority of participants, 34 (79.1%), planned to continue teaching in nursing education for at least another 5 years.

Responses from faculty at three participating sites are reflected in the data: Memorial University School of Nursing (MUN); the combined diploma schools of
nursing in St. John's (SJS); and Western Regional School of Nursing (WRS). As such, the reporting of aggregate data may be influenced by site location. In fact, examining the frequencies of the responses by site revealed differences in the demographic makeup of the faculty in each work location. Table 6 provides a profile of the percentage of participants within each site along these dimensions: age, at least 35 years of age; with at least 15 years of nursing experience; with at least 10 years of nursing education experience; with at least 10 years of service within the current school of nursing; completion of a masters degree and/or enrolled in a masters program; and plans for continuing in nursing education for the next 5 years. Family status, current job position, and experience in other schools of nursing were not reported by site since this would increase the likelihood of identifying participants and/or non-participants.

The average age of faculty members among the participating sites was lower for the SJS group than the others, so it is reasonable to expect that the total years of experience in nursing and nursing education would also be lower given the strong positive correlation between these factors. When examined by site, there was a wider distribution within the age ranges for the SJS faculty, with ages from 25 to 54 years.

<table>
<thead>
<tr>
<th>Table 6</th>
<th>Participant Group Profile by Site (N = 40)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MUN (%)</td>
</tr>
<tr>
<td>Age -- 35+</td>
<td>100.0</td>
</tr>
<tr>
<td>Years in Nursing -- 15+</td>
<td>77.7</td>
</tr>
<tr>
<td>Years in Nursing Education -- 10+</td>
<td>55.5</td>
</tr>
<tr>
<td>Years of SON service -- 10+</td>
<td>55.5</td>
</tr>
<tr>
<td>Masters Degree -- Completed</td>
<td>66.7</td>
</tr>
<tr>
<td>- Enrolled</td>
<td>11.1</td>
</tr>
<tr>
<td>Plans to be teaching in 5 years</td>
<td>55.5</td>
</tr>
</tbody>
</table>
while all of the MUN and WRS faculty were at least 35 years of age.

The highest frequency range of total years of nursing experience within the SJS was 8 (44.4%) with 10-14 years experience, followed closely with 7 (36.8%) with at least 20 years. By contrast, 7 (77.7%) of the MUN faculty, and 10 (83.3%) of the WRS faculty, had at least 15 years of total nursing experience. From the WRS, 11 (91.7%) had been employed in nursing education for at least 10 years, compared with 5 (55.5%) of the faculty from MUN and 10 (52.6%) from the SJS.

Parts B and C of the survey questionnaire were administered to determine the issues important to nurse educators as they anticipate the restructuring of nursing education and the introduction of the collaborative program.

**PART B: WORK ENVIRONMENT SCALE**

On Part B of the questionnaire, participants were asked to complete two versions of the Work Environment Scale (WES), Form I (Ideal) and Form E (Expectations). This instrument was used to gather information about nursing faculty members’ expectations of a new work environment and their preferences for an “ideal” work environment. The subscale scores were measured along three dimensions, as identified by Moos (1994b, p. 1): relationship; personal growth; and system maintenance and change.

Table 7 provides the means and standard deviations for each of the dimension subscales, Pearson product-moment correlation coefficients between the ideal and expectations scores of the same subscale, and paired samples t-test results comparing group means between the two versions of the WES. To determine the rejection region for the Pearson correlation coefficient, Table E of Glenberg (1988, p. 515) was consulted.
**Table 7**

*Work Environment Scale (WES) Group Results: Forms I and E*

<table>
<thead>
<tr>
<th>Dimensions/Subscales</th>
<th>Mean</th>
<th>SD</th>
<th>(r^*)</th>
<th>(t^*)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relationship Dimensions:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement: Ideal</td>
<td>8.81</td>
<td>.55</td>
<td>.108</td>
<td>6.859</td>
</tr>
<tr>
<td>Expectations</td>
<td>7.14</td>
<td>1.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer Cohesion: Ideal</td>
<td>8.33</td>
<td>1.07</td>
<td>.137</td>
<td>6.701</td>
</tr>
<tr>
<td>Expectations</td>
<td>5.70</td>
<td>2.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor Support: Ideal</td>
<td>7.71</td>
<td>.74</td>
<td>-.036</td>
<td>7.009</td>
</tr>
<tr>
<td>Expectations</td>
<td>5.47</td>
<td>1.99</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Personal Growth Dimensions:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autonomy: Ideal</td>
<td>8.21</td>
<td>.78</td>
<td>.153</td>
<td>4.863</td>
</tr>
<tr>
<td>Expectations</td>
<td>6.72</td>
<td>2.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task Orientation: Ideal</td>
<td>8.05</td>
<td>1.06</td>
<td>.470 **</td>
<td>4.262</td>
</tr>
<tr>
<td>Expectations</td>
<td>7.21</td>
<td>1.34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Pressure: Ideal</td>
<td>2.52</td>
<td>1.70</td>
<td>.116</td>
<td>-12.686</td>
</tr>
<tr>
<td>Expectations</td>
<td>7.51</td>
<td>2.07</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>System Maintenance and Change Dimensions:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clarity: Ideal</td>
<td>7.60</td>
<td>1.23</td>
<td>.398 **</td>
<td>7.790</td>
</tr>
<tr>
<td>Expectations</td>
<td>5.28</td>
<td>2.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control: Ideal</td>
<td>2.14</td>
<td>1.69</td>
<td>.466 **</td>
<td>-6.063</td>
</tr>
<tr>
<td>Expectations</td>
<td>4.37</td>
<td>2.85</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Innovation: Ideal</td>
<td>8.29</td>
<td>.74</td>
<td>.104</td>
<td>3.933</td>
</tr>
<tr>
<td>Expectations</td>
<td>6.77</td>
<td>2.45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Comfort: Ideal</td>
<td>7.88</td>
<td>1.04</td>
<td>-.203</td>
<td>8.115</td>
</tr>
<tr>
<td>Expectations</td>
<td>5.21</td>
<td>2.38</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^*(df=41).\) Correlation between the WES Form I (Ideal) and Form E (Expectations) using the Pearson correlation coefficient. Correlation is significant at the 0.05 level (2-tailed). Significant differences indicated in **Bold.**

\(^**Correlation is significant at the 0.01 level (2-tailed).\)

\(^\star(df=42).\) Distribution significant at the 0.01 level (2-tailed). Significant differences indicated in **Bold.**

The paired samples t-test is used when the t-test for independent samples is not appropriate and where pre-treatment and post-treatment measures are obtained for a single sample (Polit & Hungler, 1985, p. 306). This test is appropriate when exploring the relationship between each pair of subscales on Part B as each represents a pretreatment/post-treatment measure, as perceived by the participants. Participants were asked to indicate their perception of characteristics of the work environment as an ideal and what they expect after an intervention.
The results for each pair of subscales suggest statistically significant differences in respondents’ preferred (ideal) work environment and what they expect of their new work environment, calculated at the 0.01 confidence interval. For each set of variables (Forms I and E of the WES), there was a greater range of responses on expected work environment scores than for ideal scores (as evidenced by the wider standard deviations), suggesting more agreement from faculty as a group on what an ideal work environment would include than how they believe their work environment will be affected by the impending changes.

**Relationship Dimension**

The relationship dimension assesses how committed employees are to their job (involvement), how friendly they are and supportive of one another (peer cohesion), and how supportive managers are of their staff and encourage support between staff (supervisor support).

The mean scores for each of the relationship dimension subscales were higher on Form I than on Form E, suggesting that participants did not expect to experience as much involvement, peer cohesion and supervisor support as they would prefer. This finding is supported in the results from paired sample t-tests. Pearson correlation coefficients between the paired sets of variables (both forms of the WES) suggest no statistically significant linear relationship between the two scores, while paired samples t-tests suggest statistically significant differences in participants’ view of ideal levels of involvement ($t=6.659, p \leq .01$), peer cohesion ($t=6.701, p \leq .01$), and supervisor support ($t=7.009, p \leq .01$) compared with what they expect after the changes are made within nursing education.
Using the WES norms established by Moos (1989) (see Appendix G), participants’ responses on the ideal scale indicate a desire to have considerably above average opportunities for involvement and peer cohesion, and well above average supervisor support in their work environment. While they expect an above average level of involvement, they anticipate only average levels of peer cohesion and below average supervisor support.

**Personal Growth Dimension**

The personal growth dimension focuses on the emphasis placed on independence in decision-making (autonomy), good planning and getting the job done (task orientation), and the degree to which the pressure of work demands dominates the work milieu (work pressure).

Paired sample t-test results for both the autonomy \( (t=4.863, p<.01) \) and task orientation \( (t=4.262, p<.01) \) subscales suggest that the ideal work environment would have statistically significantly higher levels of these two attributes than are expected for the new work environment. While there is a difference between the means for task orientation on Forms I and E, it should be noted that there was still a general feeling that there would be above average opportunities for ‘getting the job done’. In fact, correlation between results of the task orientation subscale scores suggest a positive and statistically significant \( (r=.470, p<.01) \) linear relationship between what participants feel would be a preferred focus on work activities and what they actually expect.

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20These results have been compared to the Work Environment Scale norms for each subscale, as specified in the *Work Environment Scale – Form R Interpretative Report* (Moos, 1989). The norms compare responses on each of the dimension subscales in this study to the scores of work groups in general. The norms are measured on a continuum from considerably below average to considerably above average.
The results for the work pressure subscale indicate the greatest difference between the ideal and expected means ($t = -12.686, p \leq .01$). Means and t-test scores suggest that participants believe that job demands will be great, much more than they would like, as the new curriculum and collaborative program is implemented. In fact, while their ideal work environment would have well below average levels of work pressure, they expect considerably above average levels of pressure from work responsibilities.

**System Maintenance and Change Dimension**

The third set of subscales assesses the work setting’s emphasis on role expectations (clarity), the degree to which rules and policies are emphasized (control), the opportunity extended for creativity and variety (innovation), and the extent to which the physical surroundings contribute to a pleasant work setting (physical comfort).

Means and paired sample t-test results suggest that participants feel there will be more managerial control ($t = -6.083, p \leq .01$) in the new environment and less opportunity to be innovative ($t = 3.933, p \leq .01$) than they would prefer. While roles and responsibilities would ideally be very clearly outlined, there is less expectation that work responsibilities will be clearly defined ($t = 7.790, p \leq .01$). There is an average expectation that their physical surroundings will be pleasant, as compared with a considerably above average preference for a comfortable physical work environment ($t = 6.115. p \leq .01$).

Though paired samples t-test results suggest differences in participants’ ideal and expected levels of clarity and control, Pearson correlation coefficients for clarity ($r = .466, p \leq .01$) and control ($r = .398, p \leq .01$) suggest statistically significant linear
relationships between the paired preferred and expected sets of variables.

An important consideration when examining the results of the study is to explore possible relationships between the various demographic data variables with responses on Forms I (Ideal) and E (Expectations) of the WES. The data were analysed using WES norms (see Appendix G) and multiple regression analysis was used to determine whether there were statistically significant relationships between selected demographic variables\(^{21}\) and responses for each dimension on both forms of the WES.

**Relationship Dimension**

**WES: Ideal Form**

As a group, participants indicated that their ideal work environment would include above average levels of involvement, peer cohesion, and supervisor support. With the exception of 3 (7%) respondents who rated each of these three subscales from 4 (well below average) to 6 (average), all other participants rated each of the subscales above average or higher. Any variations in the participant group responses on the involvement and peer cohesion subscales were really ones of degree of agreement rather than substantial disagreement.

Table 8 presents the results of multiple regression analyses to determine whether any of the selected demographic data variables from Part A of the questionnaire had statistically significant effects on responses for the three subscales of involvement,

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\(^{21}\)The demographic data variables selected included age, current position, completion of a graduate degree, years of service with the current school of nursing, years within nursing and nursing education, and plans to continue teaching in nursing for at least 5 years. Other demographic variables were excluded from this analysis as further breakdown of responses would increase the likelihood of identifying individual respondents and/or there was an insufficient number of respondents in a response category to make further analysis meaningful.
Table 8
**Effects of Select Demographic Data on Work Environment Scale.**
*Form I Relationship Dimension Responses (N = 43)*

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Age</th>
<th>Current Position</th>
<th>Masters Degree</th>
<th>Years in SON</th>
<th>Years Teaching</th>
<th>Years Nursing</th>
<th>Plan to Teach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Involvement:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( b )</td>
<td>.296</td>
<td>2.789E-02</td>
<td>.109</td>
<td>-3.80E-02</td>
<td>-.127</td>
<td>-.108</td>
<td>.419</td>
</tr>
<tr>
<td>( \text{Beta} )</td>
<td>.411</td>
<td>.033</td>
<td>.096</td>
<td>-.090</td>
<td>-.303</td>
<td>-.170</td>
<td>.301</td>
</tr>
<tr>
<td>( t \text{ value} )</td>
<td>1.394</td>
<td>.145</td>
<td>.514</td>
<td>-.278</td>
<td>-.752</td>
<td>-.670</td>
<td>1.626</td>
</tr>
<tr>
<td>( \text{Sig.} )</td>
<td>.173</td>
<td>.886</td>
<td>.611</td>
<td>.783</td>
<td>.458</td>
<td>.507</td>
<td>.114</td>
</tr>
<tr>
<td><strong>R^2 = .132</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F = .695</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Peer Cohesion:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( b )</td>
<td>-.141</td>
<td>.766</td>
<td>-.811</td>
<td>-5.24E-02</td>
<td>2.097E-02</td>
<td>-.155</td>
<td>.417</td>
</tr>
<tr>
<td>( \text{Beta} )</td>
<td>-.107</td>
<td>.498</td>
<td>-.389</td>
<td>-.068</td>
<td>.027</td>
<td>-.134</td>
<td>.164</td>
</tr>
<tr>
<td>( t \text{ value} )</td>
<td>-.376</td>
<td>2.259</td>
<td>-2.176</td>
<td>-2.171</td>
<td>.070</td>
<td>-.547</td>
<td>.917</td>
</tr>
<tr>
<td>( \text{Sig.} )</td>
<td>.710</td>
<td>.031 *</td>
<td>.037 *</td>
<td>.829</td>
<td>.944</td>
<td>.588</td>
<td>.366</td>
</tr>
<tr>
<td><strong>R^2 = .195</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>F = 1.108</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Supervisor Support:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( b )</td>
<td>-.211</td>
<td>.513</td>
<td>1.867E-02</td>
<td>-.317</td>
<td>.396</td>
<td>-.207</td>
<td>.276</td>
</tr>
<tr>
<td>( \text{Beta} )</td>
<td>-.222</td>
<td>.464</td>
<td>-.270</td>
<td>-.175</td>
<td>.216</td>
<td>.205</td>
<td>.330</td>
</tr>
<tr>
<td>( t \text{ value} )</td>
<td>-.777</td>
<td>2.088</td>
<td>.069</td>
<td>-1.814</td>
<td>1.830</td>
<td>-1.099</td>
<td>.838</td>
</tr>
<tr>
<td>( \text{Sig.} )</td>
<td>.443</td>
<td>.045 *</td>
<td>.945</td>
<td>.079</td>
<td>.077</td>
<td>.321</td>
<td>.408</td>
</tr>
<tr>
<td><strong>R^2 = .183</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F = 1.025</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:**
- \( b \) = Unstandardized regression coefficient, with standard error in parentheses;
- \( \text{Beta} \) = Standardized regression coefficient.
- \(*p < .05; **p < .01; ***p < .001 (2-tailed tests).**

Peer cohesion and supervisor support. Multiple regression analysis suggested only two statistically significant effects for the selected demographic data variables—current position and masters completed—with responses for preferred levels of the relationship dimension subscales. The results suggest that, holding the other independent variables constant, responses from those in administrative positions are positively associated with a higher preference for both peer cohesion (\( b = .766, p = .031 \)) and supervisor support (\( b = .513, p = .045 \)). As well, responses from participants who have completed a masters degree are negatively associated with preference for peer cohesion.
(b = -.811, p = .037) as compared with those who have not completed a masters degree.

Cross-tabulation between the peer cohesion and supervisor support subscales with current position and masters completed, and a comparison of the raw data with WES norms, would support these findings. All of the administrators preferred considerably above average levels of peer cohesion compared with 86.5% of the teaching faculty. Likewise, while all of the administrators indicated a preference for high levels of supervisor support, only 62.5% of the teaching staff rated the subscale at the same level. For those with a masters degree, 76.5% preferred considerably above average levels of peer cohesion compared with 92% of those who had not completed a masters program.

**WES: Expectations Form**

As Table 9 presents, multiple regression analysis suggested no statistically significant effect of the selected demographic data variables on responses for expected levels of either involvement or peer cohesion. However, expected levels of supervisor support would appear to be positively related to participants’ seniority within their current school of nursing (b = .830, p = .035) and negatively related to years within nursing education (b = -1.149, p = .014).

While the majority of those with less than 1 year and those with at least 20 years’ service within their school of nursing indicated above average expectation of supervisor support, there was a wider range of responses from those with 1-19 years’ service. By total years in nursing education, as years of experience increased, expectation of supervisor support decreased and there was a wider range of responses across all response categories. Overall, expectation of supervisor support showed the greatest range of responses of all of the relationship dimension subscales.
### Table 9

**Effects of Select Demographic Data on Work Environment Scale.**

**Form E Relationship Dimension Responses (N = 43)**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Age</th>
<th>Current Position</th>
<th>Masters Degree</th>
<th>Years in SON</th>
<th>Years Teaching</th>
<th>Years Nursing</th>
<th>Plan to Teach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Involvement:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>-.630</td>
<td>-.632</td>
<td>.303</td>
<td>.305</td>
<td>-.427</td>
<td>.775</td>
<td>-.476</td>
</tr>
<tr>
<td>Beta</td>
<td>(.539)</td>
<td>(.542)</td>
<td>(.594)</td>
<td>(.384)</td>
<td>(.451)</td>
<td>(.455)</td>
<td>(.713)</td>
</tr>
<tr>
<td>t value</td>
<td>-1.169</td>
<td>-1.166</td>
<td>.510</td>
<td>.792</td>
<td>-.947</td>
<td>1.701</td>
<td>-.667</td>
</tr>
<tr>
<td>Sig.</td>
<td>.251</td>
<td>.252</td>
<td>.614</td>
<td>.434</td>
<td>.351</td>
<td>.098</td>
<td>.510</td>
</tr>
<tr>
<td>(R^2 = .139)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F = .781)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Peer Cohesion:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>-.923</td>
<td>.993</td>
<td>2.176</td>
<td>.781</td>
<td>-.608</td>
<td>-.260</td>
<td>1.423</td>
</tr>
<tr>
<td>Beta</td>
<td>(.384)</td>
<td>(.389)</td>
<td>(.919)</td>
<td>(.595)</td>
<td>(.698)</td>
<td>(.705)</td>
<td>(.1105)</td>
</tr>
<tr>
<td>t value</td>
<td>-1.106</td>
<td>1.183</td>
<td>.024</td>
<td>1.312</td>
<td>-.870</td>
<td>-.399</td>
<td>1.288</td>
</tr>
<tr>
<td>Sig.</td>
<td>.277</td>
<td>.245</td>
<td>.981</td>
<td>.199</td>
<td>.390</td>
<td>.715</td>
<td>.207</td>
</tr>
<tr>
<td>(R^2 = .211)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F = 1.281)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Supervisor Support:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>-.784</td>
<td>.963</td>
<td>1.105</td>
<td>.830</td>
<td>-1.149</td>
<td>.301</td>
<td>.156</td>
</tr>
<tr>
<td>Beta</td>
<td>(.529)</td>
<td>(.532)</td>
<td>(.583)</td>
<td>(.378)</td>
<td>(.443)</td>
<td>(.447)</td>
<td>(.700)</td>
</tr>
<tr>
<td>t value</td>
<td>-1.481</td>
<td>1.810</td>
<td>1.895</td>
<td>2.198</td>
<td>-2.597</td>
<td>.673</td>
<td>.223</td>
</tr>
<tr>
<td>Sig.</td>
<td>.148</td>
<td>.079</td>
<td>.067</td>
<td>.035 *</td>
<td>.014 *</td>
<td>.506</td>
<td>.825</td>
</tr>
</tbody>
</table>

\[\text{NOTE:}\]

\(b\) = Unstandardized regression coefficient, with standard error in parentheses;

Beta = Standardized regression coefficient.

* \(p < .05\); ** \(p < .01\); *** \(p < .001\) (2-tailed tests).

### Personal Growth Dimension

**WES: Ideal Form**

As Table 10 presents, regression analysis suggested no statistically significant effect of the selected demographic data variables on responses for the task orientation or work pressure subscales. However, results suggested that seniority within the current school of nursing may be positively associated with preferred levels of autonomy (\(b = .415, p = .023\)).
Table 10

Effects of Select Demographic Data on Work Environment Scale. Form I Personal Growth Dimension Responses (N = 43)

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Age</th>
<th>Current Position</th>
<th>Master's Degree</th>
<th>Years in SON</th>
<th>Years Teaching</th>
<th>Years Nursing</th>
<th>Plan to Teach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$b$</td>
<td>.363</td>
<td>.243</td>
<td>.226</td>
<td>.415</td>
<td>-.346</td>
<td>-.244</td>
<td>.226</td>
</tr>
<tr>
<td>Beta</td>
<td>.360</td>
<td>.243</td>
<td>.142</td>
<td>.700</td>
<td>-.567</td>
<td>-.275</td>
<td>.023*</td>
</tr>
<tr>
<td>t value</td>
<td>1.352</td>
<td>.211</td>
<td>.847</td>
<td>2.398</td>
<td>-1.814</td>
<td>-1.200</td>
<td>.037</td>
</tr>
<tr>
<td>Sig.</td>
<td>.186</td>
<td>.835</td>
<td>.403</td>
<td>.023*</td>
<td>.116</td>
<td>.239</td>
<td>.970</td>
</tr>
<tr>
<td>$R^2 = .294$ F = 1.907</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Task orientation:

| $b$             | -.233  | .430             | 8.645E-02       | -.359        | .370          | -.145         | .584E-02      |
| Beta            | (.410) | (.372)           | (.408)          | (.264)       | (.327)        | (.311)        | (.498)        |
| t value         | -.172  | .272             | .040            | -.452        | .468          | -.122         | .002          |
| Sig.            | .574   | .256             | .834            | .183         | .267          | .643          | .991          |
| $R^2 = .085$ F = .424 |

Work pressure:

| $b$             | -.350  | .470             | 1.332E-02       | -.289        | .746          | -.501         | -.911         |
| Beta            | (.652) | (.591)           | (.650)          | (.420)       | (.520)        | (.494)        | (.793)        |
| t value         | -.177  | .183             | .004            | -.224        | .581          | -.259         | -.214         |
| Sig.            | .554   | .432             | .984            | .496         | .162          | .318          | .259          |
| $R^2 = .121$ F = .531 |

NOTE:
$b$ = Unstandardized regression coefficient, with standard error in parentheses;
Beta = Standardized regression coefficient.
*p < .05; **p < .01; ***p < .001 (2-tailed tests).

While the majority of participants (95.2%) indicated a preference for at least above average levels of autonomy, as participants' years of service within the school of nursing increased, their degree of preference for autonomy was particularly high.

WES: Expectations Form

Table 11 presents multiple regression analysis between the subscale responses for expected levels of the personal growth dimension subscales and selected demographic data variables. The results suggest that participants' experience within nursing education is negatively associated with expectations for autonomy.
### Table 11

**Effects of Select Demographic Data on Work Environment Scale.**

**Form E Personal Growth Dimension Responses (N = 43)**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Age</th>
<th>Current Position</th>
<th>Masters Degree</th>
<th>Years in SON</th>
<th>Years Teaching</th>
<th>Years Nursing</th>
<th>Plan to Teach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Autonomy:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>-0.301</td>
<td>0.740</td>
<td>0.522</td>
<td>0.637</td>
<td>-1.109</td>
<td>3.713^{*}</td>
<td>0.298</td>
</tr>
<tr>
<td>(Beta)</td>
<td>-0.120</td>
<td>0.242</td>
<td>0.127</td>
<td>0.411</td>
<td>-0.719</td>
<td>0.016</td>
<td>0.058</td>
</tr>
<tr>
<td>(t) value</td>
<td>-1.489</td>
<td>1.196</td>
<td>0.770</td>
<td>1.461</td>
<td>-2.155</td>
<td>0.071</td>
<td>0.366</td>
</tr>
<tr>
<td>(Sig.)</td>
<td>0.628</td>
<td>0.240</td>
<td>0.447</td>
<td>0.156</td>
<td>0.039^{*}</td>
<td>0.943</td>
<td>0.717</td>
</tr>
<tr>
<td>(R^2 = 0.306 )</td>
<td></td>
<td>(F = 2.076)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Task orientation:** |      |                  |                |              |               |               |               |
| \(b\)               | -0.552 | -3.27^{*}       | 0.564          | -0.196       | 0.331         | 0.333         | -1.242        |
| \(Beta\)            | -0.332 | -0.016          | 0.206          | -0.169       | 0.322         | 0.218         | -1.365        |
| \(t\) value         | -1.232 | 0.072           | 1.141          | -0.611       | 0.883         | 0.880         | -2.092        |
| \(Sig.\)            | 0.227  | 0.943           | 0.282          | 0.545        | 0.384         | 0.385         | 0.044^{*}     |
| \(R^2 = 0.170 \)    |      | \(F = 0.867\)   |                |              |               |               |               |

| **Work pressure:**  |      |                  |                |              |               |               |               |
| \(b\)              | -0.139 | 0.113          | -6.76^{*}      | -0.768       | 1.172         | -3.398        | -5.02         |
| \(Beta\)           | -0.062 | 0.041          | -0.018         | -0.550       | 0.845         | 0.419         | -0.109        |
| \(t\) value        | -0.228 | 0.185          | -0.101         | -1.767       | 2.300         | 0.774         | -0.622        |
| \(Sig.\)           | 0.821  | 0.854           | 0.920          | 0.086        | 0.028^{*}     | 0.444         | 0.538         |
| \(R^2 = 0.159 \)   |      | \(F = 0.891\)   |                |              |               |               |               |

**NOTE:**

- \(b\) = Unstandardized regression coefficient, with standard error in parentheses;
- \(Beta\) = Standardized regression coefficient.

\(*p < .05; **p < .01; ***p < .001\) (2-tailed tests).

\(b = -1.109, p = .039\) and positively associated with expectations of work pressure \(b = 1.172, p = .028\). Also, responses from those who plan to continue teaching in nursing are negatively associated with expected task orientation \(b = -1.242, p = .044\).

Those with more years of nursing education experience expect less autonomy (independence). In fact, while all of the participants with up to 4 years’ nursing education experience expect considerably above average levels of autonomy, there is less agreement (37.7% for those with 20+ years) as experience increases.

Participants with more nursing education experience also expect more work pressure. Only 50% of those with less than 5 years’ nursing education experience expect
considerably above average levels of work pressure compared with 87.5% of those with at least 15 years.

Those who plan to continue teaching in nursing had a wider range of responses on the task orientation scale than those who indicated they would not be teaching in 5 years. Of those who felt they would still be teaching in 5 years, 38.2% expect considerably above average levels of task orientation (good planning) compared with 80% of those who indicated they would be leaving nursing education.

**System Maintenance and Change Dimension**

**WES: Ideal Form**

Table 12 presents the results of multiple regression analyses for the clarity, control, innovation and physical comfort subscales. Results suggest that none of the demographic data variables have a statistically significant effect on the subscale responses.

**WES: Expectations Form**

Regression analysis suggested no statistically significant linear relationships between the selected demographic data variables and responses on either the clarity or innovation subscales, however completion of a masters degree was related to responses for expected levels of control and physical comfort (see Table 13). For these study participants, having a masters degree would appear to be positively related to expectations for a comfortable work environment ($b = 2.022, p = .020$) but less managerial control ($b = -1.821, p = .036$).

Of those participants with a masters degree, 72.2% expect at least an average degree of physically comfortable surroundings compared with 52% of those without a masters degree. Conversely, 56% of those without a masters degree expect at least
above average levels of managerial control, compared with 27.8% of those with a masters degree.

With a description of the overall responses on the Work Environment Scales, a clearer picture emerges of the participants’ perceptions of how the restructuring within basic nursing education will affect them and aspects of the workplace, particularly as they relate to selected demographic data. To get an even more meaningful picture of
Table 13

Effects of Select Demographic Data on Work Environment Scale,
Form E System Maintenance and Change Dimension Responses (N = 43)

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Age</th>
<th>Current Position</th>
<th>Masters Degree</th>
<th>Years in SON</th>
<th>Years Teaching</th>
<th>Years Nursing</th>
<th>Plan to Teach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarity:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>.483</td>
<td>.170</td>
<td>.471</td>
<td>3.254e-02</td>
<td>.241</td>
<td>-.328</td>
<td>-.226</td>
</tr>
<tr>
<td>Beta</td>
<td>(.727)</td>
<td>(.731)</td>
<td>(.801)</td>
<td>(.519)</td>
<td>(.608)</td>
<td>(.615)</td>
<td>(.963)</td>
</tr>
<tr>
<td>t value</td>
<td>.685</td>
<td>.232</td>
<td>.588</td>
<td>.063</td>
<td>-.397</td>
<td>-.534</td>
<td>.235</td>
</tr>
<tr>
<td>Sig.</td>
<td>.511</td>
<td>.818</td>
<td>.560</td>
<td>.950</td>
<td>.694</td>
<td>.597</td>
<td>.816</td>
</tr>
<tr>
<td>R² = .084</td>
<td>F = .320</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Control:

| b           | .373 | -.464           | -1.821         | 6.338e-02    | .918          | -.383         | .158          |
| Beta        | (.756)| (.760)          | (.833)         | (.539)       | (.632)        | (.639)        | (1.001)       |
| t value     | .493 | -.611           | -2.186         | .117         | 1.452         | -.600         | .158          |
| Sig.        | .625 | .546             | .036 *         | .907         | .156          | .553          | .875          |
| R² = .355   | F = 2.597 |

Innovation:

| b           | -1.422| 1.225          | .868           | -.219        | .176          | -.307e-02     | 3.583e-02     |
| Beta        | (.788)| (.793)          | (.868)         | (.562)       | (.659)        | (.666)        | (1.043)       |
| t value     | -1.604| 1.546           | 1.000          | -.390        | .287          | -.046         | .034          |
| Sig.        | .080 | .132             | .324           | .699         | .791          | .963          | .973          |
| R² = .221   | F = 1.335 |

Physical Comfort:

| b           | .632 | .749             | 2.022          | 3.876e-02    | -.486         | -.207         | -.663         |
| Beta        | (.752)| (.756)          | (.828)         | (.537)       | (.629)        | (.635)        | (.996)        |
| t value     | .218 | -.211           | .425           | .022         | -.271         | -.078         | -.112         |
| Sig.        | .407 | .991             | 2.441          | .072         | -.772         | -.326         | -.666         |
| R² = .230   | F = 1.407 |

NOTE:

b = Unstandardized regression coefficient, with standard error in parentheses;
Beta = Standardized regression coefficient.
*p < .05; **p < .01; ***p < .001 (2-tailed tests).

how the proposed changes will affect the various participant groups, however, it is important to determine whether there are significant similarities and/or differences among the participating faculty from the various locations.

Table 14 presents the site means (on a scale of 0-9) and standard deviations for each dimension on both forms of the Work Environment Scale. For each site, the ideal
work environment would exhibit characteristics different from that expected of a new work environment.

Though differences were apparent in responses from the participating sites, analysis of variance (ANOVA) was used to determine whether there was actually a statistically significant main effect for site on each of the WES subscale responses. The results are presented in Table 15.
Table 15

Analysis of Variance of Work Environment Scale Responses
By Participating Site (N = 40)

<table>
<thead>
<tr>
<th>Dimensions/Subscales</th>
<th>F value (p) Ideal</th>
<th>F value (p) Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relationship Dimensions:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement</td>
<td>1.363 (p = .269)</td>
<td>2.355 (p = .109)</td>
</tr>
<tr>
<td>Peer Cohesion</td>
<td>1.017 (p = .372)</td>
<td>1.876 (p = .167)</td>
</tr>
<tr>
<td>Supervisor Support</td>
<td>1.953 (p = .157)</td>
<td>.189 (p = .828)</td>
</tr>
<tr>
<td><strong>Personal Growth Dimensions:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autonomy</td>
<td>.901 (p = .415)</td>
<td>.345 (p = .710)</td>
</tr>
<tr>
<td>Task Orientation</td>
<td>.936 (p = .402)</td>
<td>.993 (p = .360)</td>
</tr>
<tr>
<td>Work Pressure</td>
<td>.458 (p = .636)</td>
<td>.218 (p = .805)</td>
</tr>
<tr>
<td><strong>System Maintenance and Change Dimensions:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clarity</td>
<td>.518 (p = .600)</td>
<td>1.249 (p = .299)</td>
</tr>
<tr>
<td>Control</td>
<td>1.952 (p = .157)</td>
<td>1.574 (p = .221)</td>
</tr>
<tr>
<td>Innovation</td>
<td>.598 (p = .555)</td>
<td>1.030 (p = .367)</td>
</tr>
<tr>
<td>Physical Comfort</td>
<td>.263 (p = .771)</td>
<td>1.593 (p = .217)</td>
</tr>
</tbody>
</table>

F value calculated at .05 confidence interval (3.26) (Glenberg, 1988, p. 513).

It is evident from the results presented in the above table that, though differences between sites did exist, these were not statistically significant using ANOVA.

**PART C: THE COLLABORATIVE MODEL OF NURSING EDUCATION**

On Part C of the questionnaire participants were asked to respond to 21 positively worded statements, using a 5-point Likert scale (1 – Strongly disagree; 2 – Disagree; 3 – Agree; 4 – Strongly agree; 9 – No opinion22) to indicate personal

22In the original questionnaire, participants responded by circling ‘9’ to indicate no opinion concerning that particular statement. To facilitate statistical data analysis, however, the value of the response was later changed to ‘0’.
beliefs about the statements. These statements sought to identify participants’ perceptions of selected personal and professional, curricular, administrative, and cultural issues related to the collaborative process and/or the consolidation process for the schools of nursing.

**Personal/Professional Issues**

Although many participants felt that they had been given opportunities to contribute to the development of the new collaborative curriculum, 58.1% felt that they were unclear about their roles in the new framework. None of the respondents ‘strongly agreed’ that they were clear about their roles, and only 37.2% ‘agreed’ with that statement. The majority of the respondents acknowledged that the change to a collaborative program was exciting (88.4%), however only 69.8% believed that the changes would be professionally valuable for them.

There was a wider range of responses for the statements asking participants how the program changes would affect them personally. As a group, only 44.2% felt that
the change to a new program would increase their overall job satisfaction while 34.9% felt the change would not increase their job satisfaction; 20.9% offered no opinion. Only a third of the respondents (33.4%) indicated that they agreed or strongly agreed with the statement, "I feel secure in my job"; almost half (45.2%) strongly disagreed.

Curricular Issues

There was an overall consensus that opportunities had been provided for involvement in developing the new curriculum (86%), that faculty members from each school of nursing had been given a voice in decisions regarding curriculum development (76.2%), and that schools of nursing were represented on curriculum development committees (68.3%). In response to the statement, "I believe that my workload when teaching in the new curriculum will be reasonable," 62.8% of the faculty agreed or strongly agreed, 30.2% disagreed or strongly disagreed, and 7% had no opinion.

The majority (79.1%) indicated they believed that there would be consistency in

![Figure 7. Curricular Issues](image-url)
the delivery of curriculum content by the schools of nursing. The participants were consistent in the belief that the education of nursing students would be enhanced in the new curriculum, with 81.4% of the respondents either strongly agreeing or agreeing with that statement.

**Administrative Issues**

The majority of respondents stated they had been given opportunities to participate in the collaborative process (90.7%) and were kept well informed regarding curriculum related issues (82.9%). There was less agreement on the degree to which participants believed they had been kept well informed about how the changes would affect them personally; only 46.3% felt they had been kept well informed, while 51.3% disagreed and 2.4% offered no opinion.

There was a consensus (73.8%) that school of nursing administrators had been supportive of faculty throughout the whole restructuring process, and as they pursued their own educational goals (59.5% agreed or strongly agreed, 16.7% had no opinion). The most frequently mentioned methods of support offered to them as they furthered their own education were through study leaves, financial support, and verbal encouragement. Other important factors mentioned included peer and family support.

There was no consensus in the distribution of responses regarding perception of fairness in the process of hiring faculty for teaching positions at the new Centre for Nursing Studies. Only 40% strongly agreed or agreed that the process was fair, while 35% strongly disagreed or disagreed. There was a relatively high percentage (25%) that either had no opinion or didn’t respond, 69.2% of whom were not teaching in either of the schools of nursing undergoing a consolidation process.
Cultural Issues

A marked difference of opinion was evident in the statement concerning possibilities for a close working relationship among the faculty at the various locations. Overall 48.8% agreed or strongly agreed, 39.5% disagreed or strongly disagreed, and 11.6% had no opinion. There was a slim majority believing that opportunities existed to incorporate the uniqueness of each institution into the delivery of the new program; 51.2% strongly agreed/agreed, 39.5% disagreed/strongly disagreed, and 9.3% had no opinion. A slight majority of the respondents felt there would be value placed on their previous teaching (56.1%) and clinical (53.6%) experience.

There are a variety of issues that may be important to faculty as they anticipate the restructuring of nursing education, particularly in relation to how the changes will impact them personally and professionally. Multiple regression analysis was used to explore possible relationships between participants’ responses (dependent variables) and the demographic data (independent variables).
Personal/Professional Issues

Table 16 presents multiple regression results for selected personal and professional issues. The results suggest that participants' perceptions that the changes within nursing education would be professionally valuable for them were negatively associated with age ($b = -.885, p = .026$), and that their perceptions of job security was positively associated with completion of a masters degree ($b = .869, p = .034$).

Though the majority of participants felt that the changes would be professionally valuable (69.8%), as age increased there was less agreement that the changes occurring within nursing education would be professionally valuable for them. All of the participants in the 25-34 year age range believed they would benefit professionally, compared with none of those in the 55-64 year range.

Only 33.4% of the total participant group indicated that they felt secure about their jobs. However, there was a statistically significant positive relationship between
**Table 16**  
Effects of Select Demographic Data Variables on Personal/Professional Issue Responses (N = 43)

<table>
<thead>
<tr>
<th>Issues</th>
<th>Age</th>
<th>Current Position</th>
<th>Masters Degree</th>
<th>Years in SON</th>
<th>Years Teaching</th>
<th>Years Nursing</th>
<th>Plan to Teach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exciting change:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>$b$</td>
<td>-510</td>
<td>-.228</td>
<td>.125</td>
<td>.351</td>
<td>-.106</td>
<td>.222</td>
<td>.363</td>
</tr>
<tr>
<td>$\beta$</td>
<td></td>
<td>(.262)</td>
<td>(.253)</td>
<td>(.278)</td>
<td>(.180)</td>
<td>(.211)</td>
<td>(.213)</td>
</tr>
<tr>
<td>$t$ value</td>
<td></td>
<td>-2.026</td>
<td>-.899</td>
<td>.449</td>
<td>1.954</td>
<td>-.514</td>
<td>1.043</td>
</tr>
<tr>
<td>Sig.</td>
<td></td>
<td>.051</td>
<td>.375</td>
<td>.656</td>
<td>.059</td>
<td>.610</td>
<td>.304</td>
</tr>
<tr>
<td>$R^2 = .302$</td>
<td></td>
<td>$F = 2.041$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionally valued:</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$b$</td>
<td>-.885</td>
<td>-.295</td>
<td>-3.82$^{2}$</td>
<td>.215</td>
<td>.109</td>
<td>.128</td>
<td>.177</td>
</tr>
<tr>
<td>$\beta$</td>
<td></td>
<td>(.379)</td>
<td>(.381)</td>
<td>(.418)</td>
<td>(.271)</td>
<td>(.317)</td>
<td>(.320)</td>
</tr>
<tr>
<td>$t$ value</td>
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<td>-.615</td>
<td>-.015</td>
<td>.229</td>
<td>.117</td>
<td>.093</td>
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<tr>
<td>Sig.</td>
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<td>-.772</td>
<td>-.091</td>
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<td>.343</td>
<td>.401</td>
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<tr>
<td>$R^2 = .275$</td>
<td></td>
<td>$F = 1.790$</td>
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</tr>
<tr>
<td>Job satisfaction:</td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>$b$</td>
<td>-.888</td>
<td>.177</td>
<td>.106</td>
<td>-.158</td>
<td>.134</td>
<td>.300</td>
<td>.114</td>
</tr>
<tr>
<td>$\beta$</td>
<td></td>
<td>(.493)</td>
<td>(.496)</td>
<td>(.543)</td>
<td>(.352)</td>
<td>(.412)</td>
<td>(.416)</td>
</tr>
<tr>
<td>$t$ value</td>
<td></td>
<td>-.496</td>
<td>.081</td>
<td>.038</td>
<td>-.142</td>
<td>.121</td>
<td>.182</td>
</tr>
<tr>
<td>Sig.</td>
<td></td>
<td>-.103</td>
<td>.356</td>
<td>.194</td>
<td>-.450</td>
<td>.324</td>
<td>.719</td>
</tr>
<tr>
<td>$R^2 = .136$</td>
<td></td>
<td>$F = .743$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job security:</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$b$</td>
<td>-3.41$^{2}$</td>
<td>-1.25</td>
<td>.869</td>
<td>9.310$^{2}$</td>
<td>-.278</td>
<td>.474</td>
<td>-.718</td>
</tr>
<tr>
<td>$\beta$</td>
<td></td>
<td>(.358)</td>
<td>(.360)</td>
<td>(.394)</td>
<td>(.255)</td>
<td>(.299)</td>
<td>(.302)</td>
</tr>
<tr>
<td>$t$ value</td>
<td></td>
<td>-.030</td>
<td>.073</td>
<td>.377</td>
<td>.107</td>
<td>-.320</td>
<td>.368</td>
</tr>
<tr>
<td>Sig.</td>
<td></td>
<td>-.095</td>
<td>-.347</td>
<td>2.206</td>
<td>.365</td>
<td>-.928</td>
<td>1.589</td>
</tr>
<tr>
<td>$R^2 = .258$</td>
<td></td>
<td>$F = 1.640$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role clarity:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$b$</td>
<td>-.233</td>
<td>-6.50$^{2}$</td>
<td>.126</td>
<td>.125</td>
<td>-.111</td>
<td>-.101</td>
<td>-.128</td>
</tr>
<tr>
<td>$\beta$</td>
<td></td>
<td>(.292)</td>
<td>(.294)</td>
<td>(.322)</td>
<td>(.209)</td>
<td>(.244)</td>
<td>(.247)</td>
</tr>
<tr>
<td>$t$ value</td>
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<td>-.221</td>
<td>-.050</td>
<td>.073</td>
<td>.191</td>
<td>-.171</td>
<td>-.105</td>
</tr>
<tr>
<td>Sig.</td>
<td></td>
<td>-.799</td>
<td>-.221</td>
<td>.391</td>
<td>.600</td>
<td>-.455</td>
<td>-.411</td>
</tr>
<tr>
<td>$R^2 = .122$</td>
<td></td>
<td>$F = .857$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:**  
$b$ = Unstandardized regression coefficient, with standard error in parentheses;  
$\beta$ = Standardized regression coefficient.  
*p < .05; **p < .01; ***p < .001 (2-tailed tests).  

Perceptions of job security and completion of a masters degree ($b = .869, p = .034$).  
For those with a masters degree the feeling of job security was stronger, though still  
by only a slim margin (52.9%, compared with 20% of those without a masters degree).
Curricular Issues

Table 17 presents multiple regression results exploring the effects of selected demographic data variables on participant responses to statements regarding the nursing curriculum, involvement in curriculum development, and workload. The results suggest that participant responses regarding their perception of the involvement of each school of nursing is negatively associated with age ($b = -.866, p = .044$). When asked whether they believed the schools of nursing were equally represented on curriculum development committees, all of the participants in the 25-34 year age range agreed compared with 33.3% of those 55-64 years.

Administrative Issues

Table 18 presents results of multiple regression analysis which explored relationships between the selected demographic data variables and participants' responses on statements that involved the administrative aspects of the change process. The results suggest that several of the participant demographic characteristics may be associated with their perception of how the process was implemented by nursing administrators.

The majority of respondents (73.8%) agreed that they had received support from their nurse administrators during the change process. There was also a consensus (59.5%) that nurse administrators had been supportive to the faculty as they furthered their own education, particularly from those with more years within their school of nursing ($b = .727, p = .012$) and for those who indicated they plan to continue teaching ($b = 1.070, p = .040$).

As years with the school of nursing increased, there was a stronger perception of support for faculty education. Only 42.8% of those with less than 5 years' experience
### Table 17

**Effects of Select Demographic Data Variables on Curricular Issue Responses (N = 43)**

<table>
<thead>
<tr>
<th>Issues</th>
<th>Age</th>
<th>Current Position</th>
<th>Masters Degree</th>
<th>Years in SON</th>
<th>Years Teaching</th>
<th>Years Nursing</th>
<th>Plan to Teach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal Involvement:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>( b )</td>
<td>-196</td>
<td>-.152</td>
<td>.483</td>
<td>.120</td>
<td>.150</td>
<td>-1.88 ( E )-02</td>
<td>.487</td>
</tr>
<tr>
<td>( \text{Beta} )</td>
<td>-.211</td>
<td>-.134</td>
<td>.317</td>
<td>.209</td>
<td>.262</td>
<td>-.022</td>
<td>.257</td>
</tr>
<tr>
<td>( t \text{ value} )</td>
<td>-.853</td>
<td>-.657</td>
<td>1.909</td>
<td>.733</td>
<td>.782</td>
<td>-.097</td>
<td>1.601</td>
</tr>
<tr>
<td>( \text{Sig.} )</td>
<td>.400</td>
<td>.516</td>
<td>.065</td>
<td>.469</td>
<td>.440</td>
<td>.923</td>
<td>.119</td>
</tr>
<tr>
<td>( R^2 = .298 \quad F = 1.998 )</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Faculty involved:</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( b )</td>
<td>-.273</td>
<td>-.183</td>
<td>.411</td>
<td>-4.86 ( E )-02</td>
<td>.271</td>
<td>.136</td>
<td>-.125</td>
</tr>
<tr>
<td>( \text{Beta} )</td>
<td>-.393</td>
<td>(.306)</td>
<td>(.341)</td>
<td>(.217)</td>
<td>(.256)</td>
<td>(.279)</td>
<td>(.410)</td>
</tr>
<tr>
<td>( t \text{ value} )</td>
<td>-.252</td>
<td>-.138</td>
<td>.231</td>
<td>-.073</td>
<td>.409</td>
<td>.136</td>
<td>-.057</td>
</tr>
<tr>
<td>( \text{Sig.} )</td>
<td>.426</td>
<td>.555</td>
<td>.237</td>
<td>.824</td>
<td>.297</td>
<td>.629</td>
<td>.763</td>
</tr>
<tr>
<td>( R^2 = .115 \quad F = .595 )</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Schools represented:</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>( b )</td>
<td>-.866</td>
<td>-.338</td>
<td>.572</td>
<td>.525</td>
<td>-4.27 ( E )-02</td>
<td>.366</td>
<td>.127</td>
</tr>
<tr>
<td>( \text{Beta} )</td>
<td>(.413)</td>
<td>(.442)</td>
<td>(.477)</td>
<td>(.301)</td>
<td>(.354)</td>
<td>(.358)</td>
<td>(.574)</td>
</tr>
<tr>
<td>( t \text{ value} )</td>
<td>-.531</td>
<td>-.175</td>
<td>.217</td>
<td>.504</td>
<td>-.041</td>
<td>.247</td>
<td>.038</td>
</tr>
<tr>
<td>( \text{Sig.} )</td>
<td>.044</td>
<td>.091</td>
<td>.091</td>
<td>.091</td>
<td>.905</td>
<td>.313</td>
<td>.826</td>
</tr>
<tr>
<td>( R^2 = .264 \quad F = 1.590 )</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Consistent curriculum:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( b )</td>
<td>-.422</td>
<td>.186</td>
<td>.223</td>
<td>7.97 ( E )-02</td>
<td>7.283 ( E )-02</td>
<td>9.19 ( E )-02</td>
<td>-.257</td>
</tr>
<tr>
<td>( \text{Beta} )</td>
<td>(.314)</td>
<td>(.315)</td>
<td>(.345)</td>
<td>(.224)</td>
<td>(.262)</td>
<td>(.265)</td>
<td>(.415)</td>
</tr>
<tr>
<td>( t \text{ value} )</td>
<td>-.380</td>
<td>.137</td>
<td>.122</td>
<td>.116</td>
<td>.106</td>
<td>.097</td>
<td>-.113</td>
</tr>
<tr>
<td>( \text{Sig.} )</td>
<td>.188</td>
<td>.559</td>
<td>.523</td>
<td>.724</td>
<td>.783</td>
<td>.711</td>
<td>.540</td>
</tr>
<tr>
<td>( R^2 = .088 \quad F = .454 )</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Reasonable workload:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( b )</td>
<td>-.524</td>
<td>.496</td>
<td>.523</td>
<td>.178</td>
<td>-.230</td>
<td>.352</td>
<td>.306</td>
</tr>
<tr>
<td>( \text{Beta} )</td>
<td>(.275)</td>
<td>(.277)</td>
<td>(.303)</td>
<td>(.196)</td>
<td>(.230)</td>
<td>(.232)</td>
<td>(.364)</td>
</tr>
<tr>
<td>( t \text{ value} )</td>
<td>-.419</td>
<td>.324</td>
<td>.254</td>
<td>-.229</td>
<td>-.297</td>
<td>.306</td>
<td>.119</td>
</tr>
<tr>
<td>( \text{Sig.} )</td>
<td>.107</td>
<td>1.792</td>
<td>1.726</td>
<td>.908</td>
<td>.998</td>
<td>1.514</td>
<td>.839</td>
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<tr>
<td>( R^2 = .446 \quad F = 3.822 )</td>
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<td></td>
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<tr>
<td><strong>Benefit students:</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( b )</td>
<td>-.528</td>
<td>.369</td>
<td>4.30 ( E )-02</td>
<td>7.54 ( E )-02</td>
<td>.120</td>
<td>-.38 ( E )-02</td>
<td>.426</td>
</tr>
<tr>
<td>( \text{Beta} )</td>
<td>(.311)</td>
<td>(.313)</td>
<td>(.343)</td>
<td>(.222)</td>
<td>(.260)</td>
<td>(.263)</td>
<td>(.412)</td>
</tr>
<tr>
<td>( t \text{ value} )</td>
<td>-.459</td>
<td>.263</td>
<td>.023</td>
<td>.105</td>
<td>.169</td>
<td>-.037</td>
<td>.181</td>
</tr>
<tr>
<td>( \text{Sig.} )</td>
<td>.169</td>
<td>1.180</td>
<td>.126</td>
<td>.339</td>
<td>.462</td>
<td>-.147</td>
<td>1.032</td>
</tr>
<tr>
<td>( R^2 = .162 \quad F = .912 )</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Note:**
- \( b \) = Unstandardized regression coefficient, with standard error in parentheses;
- \( \text{Beta} \) = Standardized regression coefficient.
- \*\( p < .05 \); \**\( p < .01 \); \***\( p < .001 \) (2-tailed tests).
### Table 18
Effects of Select Demographic Data Variables on Administrative Issue Responses (N = 43)

<table>
<thead>
<tr>
<th>Issues</th>
<th>Age</th>
<th>Current Position</th>
<th>Masters Degree</th>
<th>Years in SON</th>
<th>Years Teaching</th>
<th>Years Nursing</th>
<th>Plan to Teach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participated in collaboration:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$b$</td>
<td>-.106</td>
<td>-.292</td>
<td>.376</td>
<td>9.22$^2$</td>
<td>.103</td>
<td>.128</td>
<td>-3.28$^2$</td>
</tr>
<tr>
<td>Beta</td>
<td>(.204)</td>
<td>(.235)</td>
<td>(.258)</td>
<td>(.167)</td>
<td>(.198)</td>
<td>(.198)</td>
<td>(.310)</td>
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<tr>
<td>$t$ value</td>
<td>-.172</td>
<td>-.275</td>
<td>.264</td>
<td>.171</td>
<td>.192</td>
<td>.161</td>
<td>-.022</td>
</tr>
<tr>
<td>Sig.</td>
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<td>.154</td>
<td>.584</td>
<td>.503</td>
<td>.521</td>
<td>.556</td>
</tr>
<tr>
<td>$R^2$</td>
<td>.109</td>
<td>$F = 1.958$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Administrator support:**

| $b$   | -.465 | -.115 | .602 | .468 | -.133 | 5.61$^2$ | 7.63$^2$ |
| Beta  | (.392) | (.391) | (.422) | (.278) | (.320) | (.324) | (.568) |
| $t$ value | -.182 | -.295 | 1.427 | 1.696 | -.414 | .173 | .134 |
| Sig.  | .245 | .770 | .163 | .101 | .681 | .864 | .894 |
| $R^2$ | .194 | $F = 1.103$ |

**Educational support:**

| $b$   | -.790 | .419 | -.916 | .727 | .514 | -.212 | 1.070 |
| Beta  | (.385) | (.371) | (.411) | (.273) | (.310) | (.312) | (.500) |
| $t$ value | -.454 | .197 | -.317 | .639 | -.466 | -.134 | .288 |
| Sig.  | .048 | * .268 | .933 | .012 | .106 | .501 | .340 * |
| $R^2$ | .492 | $F = 4.432$ |

**Curriculum information:**

| $b$   | -.382 | -.353 | .761 | .379 | 5.13$^2$ | .163 | .374 |
| Beta  | (.287) | (.307) | (.331) | (.209) | (.246) | (.249) | (.399) |
| $t$ value | -.318 | -.248 | .391 | .493 | .066 | .149 | .150 |
| Sig.  | .193 | .259 | .828 | .060 | .836 | .517 | .356 |
| $R^2$ | .347 | $F = 2.368$ |

**Change information:**

| $b$   | -.171 | .340 | .629 | .362 | -.183 | -.352 | 1.299 |
| Beta  | (.310) | (.332) | (.358) | (.220) | (.286) | (.289) | (.431) |
| $t$ value | -.123 | .207 | .280 | .408 | -.205 | -.279 | .452 |
| Sig.  | .586 | .313 | .089 | .120 | .496 | .200 | .005 ** |
| $R^2$ | .425 | $F = 3.290$ |

**Fair hiring process:**

| $b$   | -1.022 | .818 | -.12$^2$ | 4.25$^2$ | -.432 | .472 | .574 |
| Beta  | (.398) | (.425) | (.458) | (.290) | (.341) | (.344) | (.552) |
| $t$ value | -.576 | .366 | -.025 | .037 | -.379 | .293 | .156 |
| Sig.  | .015 | * .063 | .860 | .584 | .214 | .179 | .306 |
| $R^2$ | .425 | $F = 3.282$ |

**Note:**
- $b =$ Unstandardized regression coefficient, with standard error in parentheses;
- Beta = Standardized regression coefficient.
- *$p < .05$; **$p < .01$; ***$p < .001$ (2-tailed tests).
within the school believed they had been supported in their education, compared with 80% of those with at least 20 years in the school. The majority (64.7%) of those who indicated that they planned to continue teaching felt they had received support for their education (compared with 42.9% of those who indicated they would not be continuing in nursing education).

The belief that administrators had been supportive to faculty as they continued their education was negatively associated with age ($b = -.790, p = .048$) and completion of a masters degree ($b = -.916, p = .033$). All of those in the 25-34 year age range believed their own education had been supported compared with 33.3% of those 55-64 years of age. For those with a masters degree, 52.9% felt they had received educational support compared with 64% of those without a masters degree. It should be noted, however, that 35.3% of those with a masters degree offered no opinion on the issue.

Overall, 82.9% of the participants felt that they had been kept well informed about curriculum-related changes. This was particularly positively associated with completion of a masters degree ($b = .761, p = .029$). Of those with a masters degree, 94.1% felt they had been kept informed (the remaining 5.9% offered no opinion) compared with 75% of those without a masters degree.

In terms of how well the participants believed they had been kept informed about how the changes would affect them personally, only 46.3% overall agreed that they were prepared for how the changes would affect them. However, there was a significantly positive association with responses from those who plan to continue teaching ($b = 1.299, p = .005$). A slight majority of those who indicated they planned to continue teaching felt they had been better informed (54.5%) than those who indicated they would not be teaching in five years (14.3%).
Only 40% of the participants overall believed in the fairness of the hiring process for positions at the new Centre for Nursing Studies. This perception of fairness in the hiring process was negatively associated with age \((b = -1.022, p = .015)\). Of those who responded (25% offered no opinion), 80% of those in the 25-34 year age range felt the hiring process was fair, compared with 33.3% of those 45 years of age or over.

**Cultural Issues**

Table 19 presents results of multiple regression analysis of the possible relationship between the selected demographic data variables with participants’ responses for cultural issues surrounding the changes. The results suggest that participants’ age may be negatively associated with their perception that the uniqueness of the various schools would be incorporated into the plans for change \((b = -.710, p = .030)\) and that their teaching experience would be valued in the new work environment \((b = -.892, p = .037)\). The results also suggest that completion of a masters degree may be positively associated with participants’ perceptions that their teaching experience would be valued \((b = 1.204, p = .016)\).

Only a slight majority of the participants (51.2%) overall felt that the uniqueness of each school of nursing would be preserved and as age increased there was even less agreement that the uniqueness of each school would be incorporated into the new curriculum. There was 83.3% of those in the 25-34 year age range who believed institutional uniqueness would be preserved compared with none of those 55-64 years of age. A slight majority of participants (56.1%) also felt there would be value placed on teaching experience though this was less true for those 45-54 years of age (50%) than for those 25-34 years (100%). For those 55-64 years of age, 33.3% agreed their
teaching abilities would be valued, though 66.7% offered no opinion.

The perception that teaching experience would be valued was positively associated with completion of a masters degree. Those with a masters degree felt
more positively (82.4%) that their teaching experience would be valued in the new framework than those without a masters degree.

The statements on Part C of the questionnaire explored issues that may be important to faculty as they anticipate changes to the delivery of nursing education, particularly in relation to how those changes will impact them personally and professionally. In addition to gaining a perspective of how demographic characteristics may be associated with faculty responses and perceptions, it is also useful to ascertain whether site location may play a factor. The site means (on a Likert scale of 1-4) and standard deviations for participant responses for each statement on Part C: The Collaborative Model of Nursing Education are presented in Table 20.

There appear to be a number of differences in faculty responses from the participating sites. To determine whether any of those differences were statistically significant, however, analysis of variance (ANOVA) was calculated and the results are presented in Table 21. Where statistically significant differences were evident, independent t-tests were performed to explore just what those site differences might be (see Table 22).

**Personal/Professional Issues**

Analysis of variance results suggested that statistically significant differences exist among sites in the participants' perception that the changes being made within nursing education are exciting ($F=3.600$, $p=.037$) and would be professionally valuable ($F=7.570$, $p=.002$), and in their perception of job security ($F=8.487$, $p=.001$).

In exploring further using independent t-tests, results suggest that, though the
Table 20
Part C: The Collaborative Model of Nursing Education
Site Means and Standard Deviations (N = 40)

<table>
<thead>
<tr>
<th>Issues</th>
<th>MUN (n = 9)</th>
<th>SJS (n = 19)</th>
<th>WRS (n = 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal/Professional:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exciting change</td>
<td>2.78 (1.20)</td>
<td>3.58 (0.69)</td>
<td>3.58 (0.51)</td>
</tr>
<tr>
<td>Professionally valuable</td>
<td>1.78 (1.20)</td>
<td>3.32 (1.11)</td>
<td>3.42 (0.90)</td>
</tr>
<tr>
<td>Job satisfaction</td>
<td>1.67 (0.87)</td>
<td>2.42 (1.57)</td>
<td>2.08 (1.68)</td>
</tr>
<tr>
<td>Job security</td>
<td>3.11 (1.27)</td>
<td>1.74 (0.81)</td>
<td>1.50 (0.90)</td>
</tr>
<tr>
<td>Role clarity</td>
<td>2.22 (0.83)</td>
<td>1.84 (1.01)</td>
<td>2.33 (0.49)</td>
</tr>
<tr>
<td><strong>Curricular:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involved in development</td>
<td>2.67 (1.12)</td>
<td>3.42 (0.51)</td>
<td>3.08 (0.67)</td>
</tr>
<tr>
<td>Reasonable workload</td>
<td>3.22 (0.67)</td>
<td>2.63 (0.90)</td>
<td>2.08 (1.16)</td>
</tr>
<tr>
<td>Consistent curriculum</td>
<td>2.56 (1.33)</td>
<td>3.16 (0.60)</td>
<td>2.58 (0.90)</td>
</tr>
<tr>
<td>Faculty voice on committees</td>
<td>2.38 (1.41)</td>
<td>3.21 (0.71)</td>
<td>3.00 (0.60)</td>
</tr>
<tr>
<td>SON participated in development</td>
<td>2.78 (1.39)</td>
<td>3.53 (0.70)</td>
<td>3.17 (0.83)</td>
</tr>
<tr>
<td>Benefit for students</td>
<td>1.89 (1.62)</td>
<td>3.41 (0.87)</td>
<td>3.08 (1.16)</td>
</tr>
<tr>
<td><strong>Administrative:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for faculty education</td>
<td>1.38 (1.60)</td>
<td>2.84 (1.38)</td>
<td>3.50 (0.67)</td>
</tr>
<tr>
<td>Participation in collaboration</td>
<td>3.11 (1.05)</td>
<td>3.68 (0.58)</td>
<td>3.50 (0.52)</td>
</tr>
<tr>
<td>Administrator support</td>
<td>2.44 (1.59)</td>
<td>3.37 (0.90)</td>
<td>2.91 (1.14)</td>
</tr>
<tr>
<td>Curriculum information</td>
<td>2.67 (1.32)</td>
<td>3.59 (0.62)</td>
<td>3.08 (0.90)</td>
</tr>
<tr>
<td>Change information</td>
<td>1.78 (0.83)</td>
<td>2.94 (1.14)</td>
<td>2.25 (0.97)</td>
</tr>
<tr>
<td>Fair hiring process</td>
<td>1.78 (1.72)</td>
<td>2.06 (1.30)</td>
<td>1.58 (1.51)</td>
</tr>
<tr>
<td><strong>Cultural:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close working relationship</td>
<td>1.56 (1.24)</td>
<td>2.74 (1.15)</td>
<td>1.92 (0.79)</td>
</tr>
<tr>
<td>Uniqueness of schools preserved</td>
<td>1.33 (1.12)</td>
<td>2.47 (0.96)</td>
<td>2.58 (0.90)</td>
</tr>
<tr>
<td>Teaching abilities valued</td>
<td>2.22 (1.56)</td>
<td>2.71 (1.16)</td>
<td>1.75 (1.48)</td>
</tr>
<tr>
<td>Clinical expertise valued</td>
<td>2.44 (1.74)</td>
<td>2.53 (1.33)</td>
<td>1.83 (1.27)</td>
</tr>
</tbody>
</table>

A majority of respondents believed that the change to a collaborative program was exciting, there were differences in perception between responses from the MUN faculty when compared with those from the SJS ($t = -2.247, p = .033$) and WRS ($t = -2.093, p = .050$). In fact, the degree to which the MUN faculty (77.8%) viewed the change as exciting was lower than responses from either the SJS (89.5%) and WRS (100%).

A similar result was found for the perception that the changes would be
professionally valuable, with the MUN faculty having a lower degree of agreement with the statement than those from the SJS ($t = -3.340, p = .003$) and WRS ($t = -3.581, p = .002$). A considerable difference was evident in responses from the MUN faculty (22.2%) and those from WRS (91.7%) and SJS (79%).

Table 21

*Analysis of Variance of Part C Responses by Participating Site (N = 49)*

<table>
<thead>
<tr>
<th>Issues</th>
<th>$F$ value ($p$)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal/Professional:</strong></td>
<td></td>
</tr>
<tr>
<td>Exciting change</td>
<td>3.600 ($p = .037$) *</td>
</tr>
<tr>
<td>Professionally valuable</td>
<td>7.570 ($p = .002$) **</td>
</tr>
<tr>
<td>Job satisfaction</td>
<td>0.806 ($p = .454$)</td>
</tr>
<tr>
<td>Job security</td>
<td>8.487 ($p = .001$) ***</td>
</tr>
<tr>
<td>Role clarity</td>
<td>1.402 ($p = .259$)</td>
</tr>
<tr>
<td><strong>Curricular:</strong></td>
<td></td>
</tr>
<tr>
<td>Involved in development</td>
<td>3.361 ($p = .046$) *</td>
</tr>
<tr>
<td>Reasonable workload</td>
<td>3.772 ($p = .032$) *</td>
</tr>
<tr>
<td>Consistent curriculum</td>
<td>2.142 ($p = .132$)</td>
</tr>
<tr>
<td>Faculty voice on committees</td>
<td>2.624 ($p = .086$)</td>
</tr>
<tr>
<td>SON participated in development</td>
<td>5.102 ($p = .011$) **</td>
</tr>
<tr>
<td>Benefit for students</td>
<td>2.050 ($p = .143$)</td>
</tr>
<tr>
<td><strong>Administrative:</strong></td>
<td></td>
</tr>
<tr>
<td>Support for faculty education</td>
<td>6.910 ($p = .003$) **</td>
</tr>
<tr>
<td>Participation in collaboration</td>
<td>2.062 ($p = .142$)</td>
</tr>
<tr>
<td>Administrator support</td>
<td>2.052 ($p = .143$)</td>
</tr>
<tr>
<td>Curriculum information</td>
<td>3.183 ($p = .054$)</td>
</tr>
<tr>
<td>Change information</td>
<td>4.118 ($p = .025$) *</td>
</tr>
<tr>
<td>Fair hiring process</td>
<td>0.380 ($p = .686$)</td>
</tr>
<tr>
<td><strong>Cultural:</strong></td>
<td></td>
</tr>
<tr>
<td>Close working relationship</td>
<td>4.386 ($p = .020$) *</td>
</tr>
<tr>
<td>Uniqueness of schools preserved</td>
<td>5.109 ($p = .011$) *</td>
</tr>
<tr>
<td>Teaching abilities valued</td>
<td>1.736 ($p = .191$)</td>
</tr>
<tr>
<td>Clinical expertise valued</td>
<td>0.921 ($p = .407$)</td>
</tr>
</tbody>
</table>

$F$ value calculated at .05 confidence interval (3.26). (Glenberg, 1988, p. 513)
Statistically significant differences are indicated as bold.
*p<.05; **p<.01; ***p<.001 (2-tailed tests).
Table 22
Relationship of Participant Responses Regarding The Collaborative Model of Nursing by Site (N = 40)

<table>
<thead>
<tr>
<th>Issues</th>
<th>MUN/SJS</th>
<th>MUN/WRS</th>
<th>SJS/WRS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal/Professional:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exciting change</td>
<td>-2.247</td>
<td>-2.093</td>
<td>-0.019</td>
</tr>
<tr>
<td>(p = .033)</td>
<td></td>
<td>(p = .050)</td>
<td>(p = .985)</td>
</tr>
<tr>
<td>Professionally valuable</td>
<td>-3.340</td>
<td>-3.581</td>
<td>-2.265</td>
</tr>
<tr>
<td>(p = .003)</td>
<td></td>
<td>(p = .002)</td>
<td>(p = .793)</td>
</tr>
<tr>
<td>Job security</td>
<td>3.493</td>
<td>3.404</td>
<td>0.761</td>
</tr>
<tr>
<td>(p = .002)</td>
<td></td>
<td>(p = .003)</td>
<td>(p = .453)</td>
</tr>
<tr>
<td><strong>Curricular:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involved in development</td>
<td>-2.485</td>
<td>-1.066</td>
<td>1.596</td>
</tr>
<tr>
<td>(p = .020)</td>
<td></td>
<td>(p = .300)</td>
<td>(p = .121)</td>
</tr>
<tr>
<td>Reasonable workload</td>
<td>1.755</td>
<td>2.619</td>
<td>1.478</td>
</tr>
<tr>
<td>(p = .091)</td>
<td></td>
<td>(p = .017)</td>
<td>(p = .150)</td>
</tr>
<tr>
<td>SON participated in development</td>
<td>-3.150</td>
<td>-1.973</td>
<td>0.871</td>
</tr>
<tr>
<td>(p = .004)</td>
<td></td>
<td>(p = .063)</td>
<td>(p = .392)</td>
</tr>
<tr>
<td><strong>Administrative:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for faculty education</td>
<td>-2.404</td>
<td>-4.130</td>
<td>-1.528</td>
</tr>
<tr>
<td>(p = .024)</td>
<td></td>
<td>(p = .001)</td>
<td>(p = .137)</td>
</tr>
<tr>
<td>Change information</td>
<td>-2.686</td>
<td>-1.174</td>
<td>1.706</td>
</tr>
<tr>
<td>(p = .013)</td>
<td></td>
<td>(p = .255)</td>
<td>(p = .100)</td>
</tr>
<tr>
<td><strong>Cultural:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close working relationship</td>
<td>-2.484</td>
<td>-0.816</td>
<td>2.165</td>
</tr>
<tr>
<td>(p = .020)</td>
<td></td>
<td>(p = .425)</td>
<td>(p = .039)</td>
</tr>
<tr>
<td>Uniqueness of schools preserved</td>
<td>-2.779</td>
<td>-2.841</td>
<td>-0.316</td>
</tr>
<tr>
<td>(p = .010)</td>
<td></td>
<td>(p = .010)</td>
<td>(p = .754)</td>
</tr>
</tbody>
</table>

Independent t-tests (t) calculated at .05 confidence interval. Statistically significant differences are indicated as bold. *p<.05; **p<.01; ***p<.001 (2-tailed tests).

On the other hand, the MUN faculty felt much more secure in their job than either the SJS (t=3.493, p = .002) or WRS (t=3.404, p = .003) faculty. The majority of the MUN faculty (77.8%) agreed that they felt their jobs were secure, compared with responses from the SJS (21.1%) and WRS (8.3%). The highest percentage of perceived job insecurity came from WRS (66.7%).

**Curricular Issues**

Analysis of variance results suggest that statistically significant differences exist among sites in participants’ belief that they, personally, had been given opportunities to participate in the development of the new curriculum (F=3.361, p = .046), that the
schools of nursing had been equally represented on curriculum development committees \((F=5.102, \ p=.011)\), and that the workload would be reasonable \((F=3.772, \ p=.032)\).

To determine between which sites these differences might exist, independent t-tests were conducted. These revealed that there were differences among sites concerning perceptions that the schools of nursing as institutions, and that the participants personally, had been given opportunities to participate in the development of the new curriculum. All of the faculty from the SJS believed they had been involved personally in the development of the new curriculum compared with 66.6% of those from MUN \((t=2.485, \ p=.020)\).

The SJS faculty also had a stronger belief that the schools of nursing had been well represented on curriculum development committees than did the faculty from MUN \((t=3.150, \ p=.004)\) with 84.2% of the SJS faculty believing that the schools had been well represented compared with 50% from MUN. There were differences in participant site responses in the belief that the workload would be reasonable in the new curriculum. The MUN faculty felt their workload would be reasonable to a greater extent than did those from the WRS \((t=2.619, \ p=.017)\). In fact, 88.9% of the faculty from MUN felt their workload would be reasonable compared with 50% from WRS.

**Administrative Issues**

Analysis of variance results suggest that statistically significant differences exist between sites in participants’ belief that they had been given information about how the changes would affect them personally \((F=4.118, \ p=.025)\) and their belief that their supervisors had supported them in their education \((F=6.910, \ p=.003)\).
To determine among which sites these differences might exist, independent t-tests were conducted. These revealed that faculty from the diploma schools believed to a greater extent that they had received support for educational opportunities from their nurse administrators than did those from the university. The agreement was especially strong from the WRS with 91.7% of the faculty believing that they had been actively encouraged to further their own education, and to a lesser extent from SJS (63.2%), compared with 25% from MUN (though 50% offered no opinion and 66.7% had already obtained a masters degree).

The faculty from the SJS had a greater perception that they had been kept informed about how the changes would affect them than did those from MUN \((t = 2.686, p = .013)\). In fact, 70.6% of the SJS faculty felt that they had been kept informed about how the changes would affect them personally, compared with 11.1% of the MUN faculty.

**Cultural Issues**

Analysis of variance results suggest that statistically significant differences exist among sites in participants’ belief that the faculty from each sites would have a close working relationship \((F = 4.386, p = .020)\) and that the uniqueness of the various schools would be evident in the new curriculum \((F = 5.109, p = .011)\).

Independent t-test results suggested that the faculty from the SJS believed there would be a close working relationship with other faculty to a greater extent than either MUN \((t = 2.484, p = .020)\) or WRS \((t = 2.165, p = .039)\). Overall, there was more agreement from the SJS faculty (73.7%) than either MUN (33.3%) or WRS (16.7%) that there would be opportunities for faculty at the various sites to work together.

There was little agreement among groups that opportunity existed to incorporate
the uniqueness of each institution into the delivery of the new program. The faculty from MUN were not as convinced that the uniqueness of the schools would be retained as was faculty from the SJS ($t = -2.779, p = .010$) or WRS ($t = -2.841, p = .010$). Only 11.1% of the participants from MUN felt there were opportunities to incorporate institutional uniqueness compared with WRS (75%) and the SJS (57.9%).

This study was designed to explore the work expectations and concerns of faculty from the Newfoundland schools of nursing as they anticipated a major restructuring to the delivery of basic nursing education. Using statistical methods, the data were analysed as a single group and responses were distinguished based on demographic characteristics and by participating site. The following chapter presents a discussion of that analysis.
Discussion and Implications

BACKGROUND TO THE STUDY

We live in times of intense change—and much of it involves the environment in which we work. Business leaders, across all industries, struggle to balance the necessity for organizational restructuring with the potentially negative impact of workplace change and transition on their workforce.

Changing societal expectations, technological advancements, an increasingly complex health care system, and consumer demand for increased knowledge and participation have combined to persuade the nursing profession in many parts of the world that a more knowledgeable, creative, autonomous health professional is required as we enter the 21st century. Responsibility for the preparation of nurses rests with both the nursing profession and its educational system. The profession’s response to
changes in the health status of Canadians, the health care system, and the nature of
nursing practice have resulted in collaborative initiatives among diploma and degree
schools of nursing to establish generic baccalaureate nursing education with a
subsequent phasing out of the diploma programs (Bajnok, 1992).

In keeping with this philosophy, the Canadian Nurses Association (CNA) officially
adopted the position of “Entry to practice by the year 2000” at its 1982 Biennial
Convention held in St. John’s, Newfoundland (CNA, 1982). Across the country,
professional nursing associations supported the view that a bachelor’s degree in
nursing become the entry requirement for practice (CNA, 1986) and many have
explored a variety of mechanisms to achieve that goal.

The nursing profession in Newfoundland concurred with the national movement
toward a baccalaureate degree as the entry requirement to the practice of nursing.
Shortly after the CNA’s 1982 position paper was released, a collaborative process was
initiated to achieve a common basic nursing curriculum for delivery in each of the
provincial schools of nursing. Development of the new curriculum would require the
cooperation of five schools of nursing, the provincial professional nursing association,
and the provincial government. The resulting framework would bring change to the
structure, organization, and delivery of basic nursing education in the province. In
addition to the introduction of a new common core curriculum, the proposed changes
would result in the phasing out of the hospital-based diploma programs. Changes
within the provincial health care system would later result in closure of three of those
schools and the opening of a new, consolidated Centre for Nursing Studies.

During times of radical organizational change, such as that proposed for nursing
education, employees often experience high levels of stress as their career paths, areas
of responsibility, and performance expectations are revised. Employees’ perceptions of
how workplace change will affect them may influence their subsequent work
behaviours, self-esteem, and personal identity (Kenrick, 1993; Nicholson & West,
1988).

The dynamics of the workplace plays such an important factor in an
organization's effectiveness, and the ability of its workforce to adapt to change, that
there is a growing body of literature examining employees' perception of their
treatment within the workplace (Cohen & Greenberg, 1982; Greenberg, 1987; Tyler &
Bies, 1990), their reaction to how decisions are made (Lind & Tyler, 1988; Thibaut &
Walker, 1975) and communicated (Bies & Moag, 1986; Bies & Shapiro, 1987), and
their response to opportunities for expressing their personal opinions (Folger, 1977).

Research has been relatively silent, however, in exploring employees' perceptions
of how change will affect them personally and their experiences during a transition
associated with workplace change (Callan, 1993). Much of the literature on personal
response to organizational change and transition is anecdotal and draws from the
experiences of organizational change agents. The available literature does support the
premise that understanding employees' perceptions of how they will be affected by the
organizational change, and their resulting behaviours, is critical to planning a

This study considered the perceptions of one population of employees—school of
nursing faculty—as they experienced transition to a new curriculum and work
environment as the mission, structure, and culture of basic nursing education in
Newfoundland was transformed. Though representing a small proportion of the total
nursing population, nurse educators play a critical role in preparing nurses for the
future. They lead by example, furnish the concepts and skills for nursing practice, and
socialize students into the profession (Barrett & Goldenberg, 1988). Thus, an
understanding of their concerns and issues is important for the faculty themselves and, potentially, for the next generation of nurses.

This study contributes to our understanding of the key issues for people experiencing transition by building on previous work in the field of organizational change and transition. Through its design, this study considers patterns of responses within and among groups of nursing faculty rather than solely on individual person responses. The results can play a valuable role in assisting organizational leaders to anticipate the important issues and concerns of the workforce thus providing an opportunity to address those concerns before the more negative aspects of change impede a successful outcome.

**THEORETICAL FRAMEWORK**

Workplace assessments can be very useful when employees are anticipating and/or experiencing a significant workplace change. The results can assist organizations to identify potential obstacles to, and enablers of, a smooth transition; establish a benchmark for measuring the impact of the change; plan future improvements to the change process; provide a mechanism to establish common goals; and evaluate how a planned change affects those involved (Moos & Billings, 1991; Walker, 1998). Results may also provide an opportunity to consider the impact of workplace expectations on morale and productivity whereby measures can be introduced to reduce confusion and conflict (Moos, 1994b; Walker, 1998).

Rudolf Moos (1984, 1994b) proposed a model which considers a variety of work and personal factors to explain responses to workplace change. Moos structured his model into six panels, each playing a role in determining how an individual views the
work environment and is impacted by it (see the model in Figure 1, page 62). The environmental system encompasses all of the everyday interactions that arise from family and work, and resources available to the individual both within the organization and in a social context. The personal system comprises the individual’s occupation and experience, work roles, sociodemographic characteristics, personal preferences and expectations, self-confidence and motivation, needs, and value orientations.

This study explored the influence of the environment and personal characteristics on employees’ subsequent evaluation of the workplace. The instruments used for data collection allowed an investigation of the perceptions of nursing faculty during a period of substantial change and transition and a measurement of their perceptions of an ideal and an expected work environment. This information, related to environmental and personal factors (Panels I and II of the model), provided an opportunity to explore possible relationships between work and personal factors and participants’ resulting concerns and expectations (Panel III).

The remaining three panels of Moos’ model depict a belief that a person’s cognitive appraisal of the work environment may influence his or her coping responses (Panel IV) and will determine their level of work productivity and performance (Panel V) and quality of client outcomes (Panel VI). These aspects of the model were not explored in this study.

**Methodology**

The potential participant group included all permanent faculty of one university and four diploma schools of nursing within Newfoundland: Memorial University of Newfoundland (MUN) School of Nursing (St. John’s); General Hospital School of
Nursing (St. John’s); Grace General Hospital School of Nursing (St. John’s); St. Clare’s Mercy Hospital School of Nursing (St. John’s); and Western Memorial Hospital School of Nursing\textsuperscript{23} (Corner Brook).

This study explored the principal issues and concerns of the nursing faculty within those schools of nursing as they experienced transition to a new collaborative nursing curriculum and/or the consolidation of the diploma schools of nursing in St. John’s. Not all of the schools of nursing would be affected in the same way, or to the same degree, by the proposed changes:

- MUN School of Nursing would offer the Bachelor of Nursing (Collaborative) Program from its existing location at Memorial University, in addition to a Bachelor of Nursing (Post-RN) Program for returning registered nurses.

- The three diploma schools of nursing in St. John’s would be phased out by June 1998; a Centre for Nursing Studies would open in September 1996 and offer the Bachelor of Nursing (Collaborative) Program from its St. John’s location.

- Western Regional School of Nursing would offer the Bachelor of Nursing (Collaborative) Program from its existing location in Corner Brook, in close working relationship with Sir Wilfred Grenfell College (MUN’s west coast campus).

Faculty members from each school of nursing were invited to complete a three-part questionnaire (Appendix E) which explored the salient personal/professional,\textsuperscript{23}Western Memorial Hospital School of Nursing would later be renamed the Western Regional School of Nursing after a provincial restructuring created regional health care boards.
curricular, administrative, and cultural issues for them as they anticipated the proposed changes. Possible relationships between those issues, selected demographic factors, and similarities/differences among sites were also explored.

The questionnaire package consisted of:

- **Part A: Demographic Data Sheet** which asked participants to provide information regarding their academic background, work history in nursing education, experience in nursing, age, family status, and future plans.

- **Part B: Work Environment Scale, Form I (Ideal) and Form E (Expectations).** The Form I (Ideal) measured participants’ conceptions of their preferred work environment and Form E (Expectations) measured their expectations about a different or new work setting. Each form of the instrument assessed the workplace social climate by focussing on the three underlying dimensions of the work environment outlined by Moos (1994b). These include (see Table 2, page 74 for a more detailed description):
  - **the relationship dimension** – the extent to which employees are concerned with and committed to their job (involvement) and supportive of one another (peer cohesion), and the extent to which managers support and help their employees (supervisor support);
  - **the personal growth dimension** – the extent to which employees are encouraged to be self-sufficient and to make their own decisions (autonomy), the climate emphasizes good
planning and efficiency (task orientation), and the pressure of work dominates the workplace (work pressure); and

- **the system maintenance and change dimension** — the explicitness of role expectations and the clarification of policies (clarity), the extent to which rules are used to maintain control (control), the emphasis placed on change and trying new approaches (innovation), and the pleasantness of the surroundings (physical comfort).

- **Part C: The Collaborative Model of Nursing Education** identified issues and concerns related to the introduction of the collaborative basic nursing education curriculum and the process used to consolidate the three St. John’s diploma schools of nursing. It included questions regarding participants’ perception of how the changes would affect them personally and professionally, administrative practices, the new curriculum and its development process, and the work culture and environment.

**MAJOR FINDINGS**

**PARTICIPANT GROUP PROFILE**

As a group, the participants represent a predominately middle adult, married population; 86.1% were over the age of 35. The majority (90.7%) have a bachelor of nursing and 41.9% have completed a masters degree (61.1% of those in nursing); 48.8% are registered in a masters program. Their primary faculty responsibilities
include both theoretical classroom instruction and clinical supervision, as would be expected since 90.7% of the participants were teaching faculty members; 11.6% stated they often assume additional administrative responsibilities.

Generally, this is a very experienced group, both in nursing practice and nursing education, who would be extremely familiar with the roles and responsibilities of a faculty member and the operations of their respective schools of nursing. In fact, 62.7% have at least 10 years of nursing education experience, 37.2% with at least 15 years. Over half have been teaching in their current school of nursing through the entry to practice debate and subsequent plans for collaboration and consolidation. While 32.5% have experience in more than one of the participating schools of nursing, most of their nursing education experience has been with this current school.

According to the responses on Part C of the questionnaire, these faculty members understand the rationale for, and the value of, the changes being made within nursing education and believe these changes are in the best interest of future nursing students and the profession itself. They are very concerned, however, about how all of this will affect them personally and professionally, especially since 79.1% plan to continue teaching in nursing for at least another five years. Their jobs are not seen to be secure and they are unclear about how they will fit within the new curriculum.

A demographic profile indicates that those participants in administrative positions tended to have a higher average age than that of the teaching faculty, though the numbers are too small to make any general statements. Those with longer service with their school, in nursing education, and nursing generally tended to be older suggesting increased experience with, and possibly strong loyalties to, their current workplace. As such, we would expect that these faculty members have sufficient
experience to comment on the effects of the proposed educational restructuring on
students, the curriculum, and themselves as faculty.

While less than half of the participants had already completed a masters degree,
most of those with a degree worked at the university and/or held administrative
positions; 75% of the administrators and 77.8% of the university faculty had already
completed a masters program. Almost half of the participants were enrolled in a
masters program suggesting that, with such a large percentage of university faculty
already having a masters degree, those without a degree were likely teaching in the
diploma schools.

Several site\textsuperscript{24} differences were noted in the demographic data. The faculty
teaching at the St. John’s diploma schools were younger and had fewer years within
nursing, nursing education, and their current school of nursing. This may help to
explain the higher percentage of faculty from the diploma schools who planned to
continue teaching in nursing.

The methodology for this study was based on investigation of concerns and
issues for faculty members as they anticipated an educational restructuring. This
entailed exploring the answer to three research questions. The previous reporting of
findings were the result of responses on true/false statements (Part B) and Likert scale
statements (Part C). On Part C of the questionnaire, opportunity was also given to
participants to articulate, in their own words, concerns and issues important to them
as they approach a new common core curriculum and the consolidation of the diploma

\textsuperscript{24}For the purpose of this study, the participating sites included Memorial University of
Newfoundland School of Nursing (MUN), the combined diploma schools in St. John’s (SJS),
and Western Regional School of Nursing (WRS).
schools of nursing. Responses on these open-ended questions will be used to supplement the actual data findings and will appear as quotations.

**RESEARCH QUESTION 1:**

What are the salient personal/professional, curricular, administrative, and cultural issues for nursing faculty within Newfoundland schools of nursing as they anticipate the proposed educational restructuring?

**Part B: Work Environment Scale**

Table 7 (page 101) provided the means and standard deviations for responses on both forms of the Work Environment Scale. The results suggested that differences exist between participants’ preferences for a work environment (Form I: Ideal) and what they expect in a new, anticipated work environment (Form E: Expectations). There was a high degree of agreement from the participants, as a group, about what the ideal work environment would look like. These faculty members prefer a great deal of involvement in decisions that affect them and the flexibility to try new approaches. They also prefer a close working relationship with their peers and the support of their supervisors. They prefer clear role definition and the autonomy to fulfil their work responsibilities. In addition to a work environment that is conducive to accomplishing job responsibilities, they prefer a comfortable physical environment.

Their expectations for the work environment after the changes have been made are distinctly different. Along with the means for each response set being lower (except for work pressure and control which were higher), the standard deviations were wider for the expectations responses suggesting less agreement from participants as a group concerning how they believe it will actually be. Generally, they do not
anticipate as much interaction, involvement and autonomy as they would like, but they do expect more supervisory control and work pressure.

Table 23 provides a summary of total participant group responses using Work Environment Scale (WES) norms (on a scale from considerably below average to considerably above average) as established by Moos (1989). These norms allow one to determine the relative degree of difference between perceptions of an ideal work environment and expectations for a new work environment.

Although paired samples t-tests suggested statistically significant differences between the perceived characteristics of a preferred and expected work environment on responses for involvement, autonomy, task orientation and innovation, the WES norms are actually quite similar. Group means indicate at least above average preferences and expectations within the new work environment on each of these issues. Likewise, while the participants prefer considerably below average levels of control, they still only expect below average control. Therefore, the responses indicate that there may not be a substantial difference between preferences and expectations on several of the subscales.

To determine the more salient issues for these participants, then, one needs to compare WES norms between each set of subscales. From this comparison we can determine that the greatest differences in responses seem to focus around peer relationships, the level of supervisor support that will be available to participants, the clarity of work roles and expectations, and the amount of work pressure and workload. There was less concern with being involved in decision-making, independence at work, the ability to try new things, the degree to which work would be very structured, and the comfort of the physical environment. The participants expect that there will be at least average levels of these attributes.
Table 23
Summary of Participant Responses on Parts B and C of the Questionnaire (N = 43)

<table>
<thead>
<tr>
<th>Part B: Work Environment Scale</th>
<th>Form I (Ideal)</th>
<th>Form E (Expectations)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dimensions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Relationship</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement</td>
<td>Considerably above average</td>
<td>Above average</td>
</tr>
<tr>
<td>Peer cohesion</td>
<td>Considerably above average</td>
<td>Average</td>
</tr>
<tr>
<td>Supervisor support</td>
<td>Well above average</td>
<td>Below average</td>
</tr>
<tr>
<td><strong>Personal Growth</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autonomy</td>
<td>Considerably above average</td>
<td>Above average</td>
</tr>
<tr>
<td>Task orientation</td>
<td>Considerably above average</td>
<td>Average</td>
</tr>
<tr>
<td>Work pressure</td>
<td>Well below average</td>
<td>Considerably above average</td>
</tr>
<tr>
<td><strong>System Maintenance and Change Dimensions</strong></td>
<td>Well above average</td>
<td>Below average</td>
</tr>
<tr>
<td>Clarity</td>
<td>Considerably below average</td>
<td>Below average</td>
</tr>
<tr>
<td>Control</td>
<td>Considerably above average</td>
<td>Well above average</td>
</tr>
<tr>
<td>Innovation</td>
<td>Considerably above average</td>
<td>Average</td>
</tr>
<tr>
<td>Physical Comfort</td>
<td>Considerably above average</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part C: The Collaborative Model of Nursing Education</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal/Professional Issues</strong></td>
<td></td>
</tr>
<tr>
<td>88.4% Changes exciting</td>
<td></td>
</tr>
<tr>
<td>69.8% Changes professionally valuable</td>
<td></td>
</tr>
<tr>
<td>44.2% Increased job satisfaction</td>
<td></td>
</tr>
<tr>
<td>37.2% Role clarity</td>
<td></td>
</tr>
<tr>
<td>33.4% Job security</td>
<td></td>
</tr>
<tr>
<td><strong>Curricular Issues</strong></td>
<td></td>
</tr>
<tr>
<td>81.4% Benefit for students</td>
<td></td>
</tr>
<tr>
<td>79.1% Consistency in curriculum delivery</td>
<td></td>
</tr>
<tr>
<td>76.2% Faculty have equal voice in curriculum development</td>
<td></td>
</tr>
<tr>
<td>68.3% Schools have equal voice on committees</td>
<td></td>
</tr>
<tr>
<td>62.8% Reasonable workload</td>
<td></td>
</tr>
<tr>
<td><strong>Administrative Issues</strong></td>
<td></td>
</tr>
<tr>
<td>90.7% Participated in collaborative process</td>
<td></td>
</tr>
<tr>
<td>82.9% Curriculum-related information given</td>
<td></td>
</tr>
<tr>
<td>73.8% Administrator supportive</td>
<td></td>
</tr>
<tr>
<td>59.5% Administrators provided educational support</td>
<td></td>
</tr>
<tr>
<td>46.3% Personal change information given</td>
<td></td>
</tr>
<tr>
<td>40.0% Fair hiring process</td>
<td></td>
</tr>
<tr>
<td><strong>Cultural Issues</strong></td>
<td></td>
</tr>
<tr>
<td>56.1% Teaching experience would be valued</td>
<td></td>
</tr>
<tr>
<td>53.6% Clinical expertise would be valued</td>
<td></td>
</tr>
<tr>
<td>51.2% Uniqueness of each school incorporated</td>
<td></td>
</tr>
<tr>
<td>48.8% Close working relationship among schools</td>
<td></td>
</tr>
</tbody>
</table>
Part C: The Collaborative Model of Nursing Education

Table 23 also provides a summary of the total participant group responses concerning several personal/professional, curricular, administrative, and cultural issues concerning the introduction of the new core curriculum.

Personal/Professional Issues

While participants believed the changes occurring within nursing education were exciting and would be professionally valuable for them, there was a great deal of concern about how the changes would affect them personally, their positions, and how they will fit into the new environment. This concern was particularly evident in their lack of a sense of role clarity, job security, and overall job satisfaction.

Curricular Issues

On all aspects of curricular issues, participant responses were quite positive. The majority of participants agreed that they as individuals, faculty within the schools of nursing generally, and the schools as institutions participated on curriculum development committees. The consistency of the delivery of the curriculum and potential benefits for students were also strongly acknowledged. A majority felt their workload would be reasonable in the new curriculum.

Administrative Issues

As with the personal/professional issues identified, the more administrative nature of this change process didn’t seem to create a concern for these participants. As a group, they felt they had been given opportunities to participate in the collaborative process, been kept informed about curriculum-related matters, and given support from their supervisors. There was a sense of great concern, however, concerning the more personal aspects of the change. Slightly more than half felt their
administrators had supported them as they endeavoured to attain the required educational qualifications. Less than half felt they had been kept informed about matters that would affect them personally and, overwhelmingly, they felt that the process to hire faculty for positions at the Centre for Nursing Studies did not follow a fair process.

**Cultural Issues**

As a group of questions, responses were borderline on issues related to the cultural environment of the workplace. Less than half of the participants felt there would be a close working relationship among faculty at the schools of nursing and slightly more than half believed that the uniqueness of each school would be incorporated into the new curriculum. In terms of their own abilities, a slight majority felt their teaching experience and clinical expertise was valued.

**Discussion**

It would appear from the group results that the more administrative aspects of the proposed change do not pose a substantial concern for those participating in the study. With the exception of the hiring process for faculty positions at the Centre for Nursing Studies, the majority of participants agree with the implementation processes of collaboration and consolidation. The issues of particular concern for faculty are those concerned with how the changes would affect them personally and the degree to which they were prepared personally for collaboration and consolidation. These issues may have contributed to an overall perception that job satisfaction will not be enhanced as the result of these changes.

While these participants acknowledge they have been given opportunities to participate in the collaborative process and development of the new curriculum, and
have had the support of their administrators, this has done little to alleviate their personal anxiety. These faculty members have a wealth of knowledge and experience to draw from to identify how changes within basic nursing education will affect them and the profession of nursing. They also have a vested interest in ensuring that the transitions are smooth and that valued aspects of the nursing education program are maintained given that 79.1% indicated a desire to continue teaching in nursing.

When the group responses are reviewed, several salient issues begin to emerge and, in some cases, show consistency between Parts B and C of the questionnaire. In particular, interpersonal relationships with both colleagues and supervisors were identified as concerns, as was concern over the degree to which they felt their roles had been clarified. There were discrepancies, however, between responses on Parts B and C of the questionnaire in relation to supervisor support and work pressure.

**Work Pressure**

While work pressure emerged as a concern on Part B: WES, 62.8% responded on Part C that they felt their workload would be reasonable in the new curriculum. This may reflect a difference in how the questions were interpreted and/or differences in the belief that work pressure and workload are synonymous. The Part C question asked specifically about workload in the new curriculum, whereas the subscale statements on Part B included the work environment as a whole. If participants included research and other scholarly activities, administrative responsibilities, and professional contributions in their perceptions of activities that would contribute to work pressure, they may have responded differently on the two questionnaires. Another factor may be differences in site responses, thus skewing the results. This will be examined in an analysis of participant site similarities and differences (Research Question 3).
**Supervisor support**

It is interesting that, though 73.8% felt their supervisors had been supportive through the collaborative process, the overall perception was that there would be below average support from supervisors after the changes had been made. The results have suggested that the faculty acknowledge the support provided by supervisors on the more administrative aspects of the change process, such as information about curriculum changes, opportunities to participate in development of the new curriculum, and benefits for students. Where they do not feel there was as much support is in the personal aspects of the change, such as how they will be affected personally, role clarification, and educational support. This may have resulted in an overall perception of lack of support in the matters that are most important for them.

This may also, in part, be explained by the timing of data collection. At the time the data were collected, only the director for the Centre for Nursing Studies had been selected; neither the other administrative positions nor the faculty positions had been filled. As such, responses may reflect concern of the unknown. A later examination of responses by site may provide more information, especially since there was no anticipated change in directors at MUN and WRS.

The analysis of the important personal/professional, curricular, administrative, and cultural issues provided an overall picture of how these nursing faculty, as a population, viewed the changes proposed for basic nursing education. As with any population, however, these faculty come with demographic differences such as age, experience, academic background, and future plans. To get a meaningful picture of how the proposed changes would affect the various participant groups, it is important to look at characteristics of the respondents and whether aspects of the demographic
data provide another perspective to understanding the impact of these changes for those involved.

In planning a major organizational change, it is often advantageous to identify how demographics influence perceptions of events and subsequent reactions. This may be critical when planning communication strategies and measures to facilitate successful change implementation. To this end, the data were analysed in light of any possible relationships between participants’ responses and selected demographic data variables.

**RESEARCH QUESTION 2**

Is there a relationship between selected demographic factors (age, position, nursing experience, academic background, future plans) and faculty members’ issues and concerns?

Several demographic data variables were selected and multiple regression was used to determine whether these independent variables had a statistically significant effect on Part B: Work Environment Scale and Part C: The Collaborative Model of Nursing Education participant responses.

**Part B: Work Environment Scale**

Trends became evident as responses were examined by age, years of experience in nursing and nursing education, and seniority within their current school of nursing. There were also different perspectives presented at times from the administrators who participated, those who had already attained a masters degree, and those who plan to continue teaching in nursing. While other demographic information was collected (such as marital status, experience in other schools, specific degree obtained), these
were not explored as further breakdown would have identified individual respondents and/or the number of responses in each response set was too small to be statistically meaningful.

Overall, there were more statistically significant relationships between demographic characteristics and subscale responses measuring the relationship and personal growth dimensions than for those measuring the system maintenance and change dimension. This would indicate greater concern from participants about issues that affect them personally than for those issues that deal with the more administrative aspects of the restructuring.

The most noteworthy variation in responses involved the degree to which participants felt there would be high levels of supervisor support in the new work environment, especially as this relates to their seniority within their current school of nursing ($b = .830, p = .035$) and within nursing education overall ($b = -1.149, p = .014$). While their expectation of support increased the longer they worked within the school, there was less expectation and a wider distribution of responses as they gained experience in nursing education. It is interesting that, even though their preference for supervisor support increased with experience (though not statistically significant at $\alpha = .05$), their expectation of getting a high level of support from supervisors actually decreased from 100% (< 1 year) to 37.5% (20+ years). This may suggest that, as faculty gain experience in nursing education, they become more cynical about how the changes will affect them and their relationships with supervisors. Their past experience of being supported by their nurse administrators in their particular school of nursing, however, may lead them to believe they will be supported in the future.

This preference for, and expectation of, supervisor support is an important consideration when supporting faculty through the transition since the perceptions of
nurse administrators and the faculty, for this group, seemed to be quite different. It is also important to note that there were results that, though not statistically significant, were not markedly higher than the criterion value of $\alpha = .05$ and it would be unwise to dismiss these. There were distinct differences in the expectations of supervisor support for those in administrative positions ($b = .963, p = .079$) and those with a masters degree ($b = 1.105, p = .067$). Given the overall demographic profile regarding the concentration of those with masters degrees at the university and in administrative positions, this would imply substantial variation in responses between the university and diploma school faculty and between administrators and teaching faculty as to what the supervisory relationship will be. The administrators in the group and those teaching at the university were more likely to believe there will be support from supervisors after the changes are made; the diploma school faculty members were not as certain.

It would appear that administrators and teaching faculty also have differing preferences for close working relationships within the workplace, whether with coworkers or supervisors. Administrators showed a stronger preference for close working relationships with peers ($b = .766, p = .021$) and a higher level of supervisory support ($b = .513, p = .045$) than did the teaching faculty. This may be a reflection of the differences in the nature of the work and responsibilities between administrative and teaching positions and the subsequent levels of interaction with peers and supervisors. It may also relate to the difference between participants' preferred degree of supervisor support and what they actually expect. In either case, administrators may need to determine the most appropriate levels of support for specific faculty groups.
Even though multiple regression indicated statistically significant relationships between responses for autonomy (ideal) and task orientation (expectations) with years within the current school of nursing and plans to continue teaching respectively, these variations really need to be considered in the context of the overall rating of the dimension subscales (as discussed under Research Question #1). Any differences between responses on the subscales were really ones of degree of agreement rather than dissension since the majority of respondents indicated agreement in their responses regardless of demographics.

While there was considerable agreement among participants on many aspects of the preferred and expected work environments, generally as their tenure within their school of nursing increases, these faculty prefer more autonomy and independence ($b = .415, p = .023$) at work. In contrast, as their experience in nursing education increases, they are less likely to expect involvement in decision-making ($b = -1.109, p = .039$) but are more likely to expect high levels of work pressure ($b = 1.172, p = .028$). This may indicate either a degree of cynicism regarding any positive outcome of these changes or the benefit of experience as seniority is achieved.

The results suggested that those with masters degrees needed less interaction with peers ($b = -.811, p = .037$) and expected less workplace control ($b = -1.821, p = .036$) but more comfortable surroundings ($b = 2.022, p = .020$). Given that a large percentage of participants with a masters degree were working at the university and/or in administrative positions, this finding may be a reflection of the working style of a university setting where individual effort is rewarded and more freedom is given to pursue academic interests and the independent nature of administrative work.

The $R^2$ values and $F$ statistics may give some indication of the overall utility of using multiple regression to predict faculty responses on the dimensions of the Work
Environment Scale (WES). On the WES Form I, the lowest values were for physical comfort \((R^2 = .048, F = .231)\) to the highest for autonomy \((R^2 = .294, F = 1.907)\). On the WES Form E, the values ranged from clarity \((R^2 = .064, F = .320)\) to supervisor support \((R^2 = .476, F = 4.281)\).

We can be reasonably confident that these independent variables are useful in predicting faculty expectations of supervisor support and workplace control at \(\alpha = .05\) (McClave & Benson, 1985, p. 668). In this study, these variables accounted for 47.6% and 35.5% of the variation in responses for expectation of supervisor support and control respectively. This may be another indication of the importance of the supervisory/faculty relationship and, by extension, workplace control since the focus on rules and policies is largely applied through supervisory discretion.

**Part C: The Collaborative Model of Nursing Education**

Several trends emerged from the results when the responses were examined for possible influences of demographic characteristics. It was quite evident from the results that participants were more concerned about the interpersonal aspects of the change process than with curriculum-related factors. The participants agreed with the rationale for the change from a philosophical viewpoint and were optimistic that the changes would benefit future nursing students. They were more cynical, however, about the potential outcomes of these changes for them personally and professionally, particularly for the older participants and those with more experience.

The predominant concern for participants was the security of their jobs. As might be expected, those with a masters degree felt a stronger sense of security \((b = .869, p = .034)\) and felt that their teaching experience would be valued \((b = 1.204, p = .016)\). Given that a masters degree would be required to teach in the new
curriculum, those with that degree may have seen their educational qualifications and experience as giving them an advantage in the selection of faculty positions at the Centre for Nursing Studies; those with a masters degree teaching at Memorial University may have anticipated no adverse impact to their employment status.

There were several trends observed from the results that may be understandable, given the groups involved. The results suggested that those with a masters degree felt more informed about curriculum-related changes \((b = .761, p = .029)\). Given again that the majority of those with masters degrees were administrators and/or university faculty, they may have been more actively involved in, or in a position to be informed about, discussions concerning both curriculum changes and planning for the consolidation process. Or it may reflect a site difference (discussed under Research Question 3) in which the university faculty feel a higher level of knowledge with a baccalaureate curriculum.

Another trend suggests that those who planned to continue teaching felt they received more educational support from their administrators than those who would not be teaching another five years \((b = 1.070, p = .040)\). It is difficult to determine which came first—participants' interest in pursuing a masters degree and then supervisor encouragement or whether measures initiated by the supervisors to facilitate faculty completion of courses encouraged the faculty to pursue a masters degree. Or, if faculty members indicated they would not be seeking a teaching position, the supervisors may not have overtly encouraged them to register in a masters program. This may explain, in part, the findings that those who indicated that they would continue to teach after the changes felt more informed about how the changes would affect them \((b = 1.299, p = .005)\) and that those with more seniority within their school of nursing were more positive in their perceptions of how they had been supported to
achieve educational qualifications ($b = .727, p = .012$).

Participants in the higher age ranges were particularly negative in their belief that the changes would be professionally valuable ($b = -.885, p = .026$) for them and that they had received educational support from their nurse administrators ($b = -.790, p = .048$). There was also a more negative impression that the hiring process for faculty positions was fair ($b = -1.022, p = .015$), that the schools of nursing had been given equal representation ($b = -.422, p = .044$), that individual school of nursing uniqueness would be preserved ($b = -.710, p = .030$), and that their teaching experience was valued ($b = -.892, p = .037$). This is particularly interesting, given that completion of a masters degree increased with age. The results could be explained by an assumption that these participants may be more likely looking toward retirement rather than augmenting their professional abilities. The nature of collective agreements is such that seniority plays a substantial role in personnel decisions. Therefore, those with more nursing experience may feel that their experience should be rewarded over completion of a masters degree.

Though not statistically significant, there were several observations from the findings that may have substantial clinical or practical implications. One observation concerned the particularly negative view of the older, more experienced participants in their perceptions of several other dependent variables. In particular, as age increased, participants had a more negative view that the changes would be exciting for them ($b = -.510, p = .051$) or beneficial for students ($b = -.528, p = .099$), that their job satisfaction would increase ($b = -.888, p = .081$), that they would enjoy close working relationships with colleagues ($b = -.679, p = .068$), and that their workload would be reasonable ($b = -.524, p = .065$). During any administrative initiative, administrators often look to the more seasoned staff to help facilitate the change. More experienced
faculty can be a great source of support, given their knowledge and experience of educational processes, in mentoring younger faculty through the process of change and transition. In this study, it would appear that the more experienced faculty are actually a cause for concern.

In contrast, several responses were particularly positive from the participants in administrative positions. The administrators' perception that the workload would be reasonable was more optimistic than the teaching faculty ($b = .496, p = .082$) and the administrators had a more positive view of the process used to fill the teaching positions ($b = .818, p = .063$). Either the administrators were expressing an opinion about their own workload only and reflects the differing work responsibilities, they had more information about the required workload than the teaching faculty were aware of, the teaching faculty were in a better position to determine the degree of workload pressure they would face than their supervisors, or the interpretation of what constitutes a reasonable workload differs between the two groups. It is difficult to determine which would have the greater influence. Whatever the reason, it is important for administrators to be aware of these differing perspectives.

An interesting observation (though not statistically significant at $\alpha = .05$) concerned participants with 1-4 years within their school of nursing specifically, and nursing education generally. These faculty members were particularly negative in their assessment of the potential outcomes of these changes. In contrast, those with 5-9 years in both their school and nursing education were exceptionally positive in their views on every aspect of the change.

Cross-tabulations between years within the school of nursing and nursing education may help to explain the results. None of those with 1-4 years within the school of nursing, and only 11.1% of those with 1-4 years in nursing education, had a
masters degree. These people may perceive that, without either of the two factors—masters degree, seniority—which will likely determine the selection of faculty for teaching positions, their options are limited. The 5-9 year group, on the other hand, represent the group with the largest percentage of people with masters degrees. Faculty in other years of service ranges, though they had more seniority, had a smaller percentage of people with masters degrees. This would certainly improve the opportunities of the 5-9 year service group in securing a teaching position and would help to explain their more positive view of aspects of the change.

Overall, $R^2$ and $F$ statistic values showed a wide distribution. The $R^2$ values suggest that the demographic characteristics selected to determine whether personal characteristics have an effect on participant responses ranged from 4.8% (Part B: WES, Form I; physical comfort) to 49.2% (Part C: educational support). This phenomenon may be explained, in part, by an analysis of the dependent variables themselves.

The $R^2$ and $F$ statistics have higher values where the dependent variables are controlled external to the participant. Educational support from supervisors, workplace control, workload, hiring policies, the flow of information, and the value placed on experience are all determined by someone else. In these cases, the selected demographic data variables helped to explain the results to a greater extent. When the dependent variable represented a philosophical perspective from the participants (such as whether the changes would be professional valuable or beneficial for students) or an intangible workplace attribute (such as innovation at work and a focus on productivity), other factors account for a much higher percentage of participant responses. This would support the views of Holahan and Moos (1987) and Moos
(1984, 1994b) that a great many personal factors (Panel II of the model) contribute to an individual's appraisal of the work environment.

Results of Research Question 2 further enhanced the picture of how these participants viewed the changes happening within basic nursing education. Identifying the relationship between responses and demographic differences provide opportunities to identify how various groups of faculty members may respond to major organizational restructuring.

In this particular restructuring, faculty participants also represented various site locations, each of which would be affected differently by that change. To provide another perspective of the data results, the responses were examined to determine whether there were significant similarities and/or differences in responses by site.

**RESEARCH QUESTION 3**

What are the significant similarities and differences in the responses of faculty from the participating schools of nursing?

The data were next examined to determine significant similarities and differences between participants' responses and the school of nursing in which they worked. Combining the responses from the three diploma schools of nursing in St. John's (SJS) did pose a considerable limitation in answering this question to the fullest. The analysis could not determine whether the returned questionnaires represent the distribution of faculty at each school or whether differences in responses existed among those three schools, or among each of these three schools, WRS, and MUN. As such, there was no way of identifying whether responses from one site may have skewed the overall results in a particular direction.
Only those issues from Part C of the questionnaire that were identified as having statistically significant relationships with participants' work location are presented. Though differences did exist between site responses on both forms of the Part B: Work Environment Scale, analysis of variance determined that neither of those differences were statistically significant at $\alpha = .05$.

**Part C: The Collaborative Model of Nursing Education**

The results suggested that, at times, there were different perspectives presented from the university faculty when compared with responses from the diploma school faculty, and also certain differences between responses from faculty at the two diploma school participating sites.

By far, the greatest concern for these participants was the security of their job, particularly for those teaching in a diploma school. At the time of the study, the actual hiring decisions had not been made for filling the available faculty positions. Therefore, the faculty didn't know whether they would have a teaching position in nursing when the new curriculum was introduced and the diploma schools closed. When asked for their perception of the most important aspect of the change for them, these faculty members expressed that all other issues become secondary when one is unsure that work will be available.

**SJS:** Whether or not I will be teaching in the new curriculum. Where and how I fit into the program is not an issue.

**WRS:** Whether or not there will be a clinical position for me.

**MUN:** Whether or not I will have employment.

**SJS:** The most significant issue is whether or not I will be teaching in the new curriculum. Workload is not a concern.
In contrast to Knight’s (1998) finding that faculty are skeptical about the rationale for curriculum changes, these faculty actually agree with the philosophical rationale for the introduction of a common nursing curriculum and, in fact, most feel the changes are exciting and will be professionally valuable. This may be indicative of the ambivalence described by Davis (1991) where faculty involved in a similar change process agreed with the rationale for the change but were concerned about the effects on them personally. This would help to explain why, even though they see the changes as positive for nursing, their personal job satisfaction, job security, and role clarity are not viewed as positively.

Though not a statistically significant difference among the three groups, there was a trend that the WRS faculty preferred a greater degree of coworker interaction (peer cohesion) than those from the SJS. The explanation may be found in the distinctiveness of these schools. WRS is the only school of nursing located outside of St. John’s (located on Newfoundland’s west coast, approximately 700 km from the other schools). This may result in a closer interaction among the faculty at that site and may contribute to their overall impression that, based on past experience, there would be few opportunities to work with faculty from the other sites.

Other trends may be understandable in light of the previous literature review. The MUN faculty indicated a greater preference for autonomy and innovation, but less need for involvement, than the diploma school faculty. This may reflect a difference in the work milieu of university and diploma schools of nursing. Universities, traditionally, base promotion and tenure decisions on individual effort and a program of research and scholarly activities tailored to individual faculty members’ areas of expertise. Dewis and Grenier’s (1993) depiction of a university faculty accustomed to more independence than diploma school faculty would be supported by these results.
The results would also support Barrett and Goldenberg's (1988) assertion that all faculty, but particularly university faculty, enjoy challenging jobs, independence in decision-making, and individual autonomy.

The MUN faculty were more critical in their assessment of the degree to which the curriculum changes would be beneficial for either future nursing students or themselves professionally. As one faculty member expressed it:

**MUN:** I feel the new curriculum is not as strong as our current curriculum. We have weakened nursing education.

There is a crucial factor to be considered—the university faculty already teach in a baccalaureate program with the accompanying expectations for research, scholarly activity, and professional service. As such, they may not experience the same degree of concern in adjusting to the introduction of the new curriculum as was expressed by the diploma school faculty, and in fact, may feel that the curriculum was just fine as it was. In contrast, the diploma faculty may have greater difficulty adjusting to changing roles and responsibilities, reorganized teaching assignments, and shifts in clinical roles (Baines, 1992; Grenier & Dewis, 1995; Stew, 1996).

Adjustment by the university faculty may center more around the meaning of the new curriculum from a professional perspective. Kupperschmidt and Burns (1997) proposed that a nursing curriculum is a reflection of the shared values, knowledge, skills, and clinical expertise held by the faculty of a school of nursing. Curriculum revisions, then, cause a redefinition of the values held by teaching staff in relation to health, nursing and society, the teaching/learning process, the process of transmitting knowledge, and the practice of nursing. There was a clear division of opinion as university faculty in this study questioned the need for curriculum changes and
whether future students would actually benefit. The traditional nursing culture and role of diploma programs, based within a clinical practice and service setting, may clash with the academic culture of a university environment (Stew, 1996).

Just as in Berry’s (1994) study, the university faculty felt that neither they, nor their peers, had been included in a substantive way in developing the new curriculum. This may have contributed to the overall perception that the changes would benefit neither them nor nursing students, that delivery of the new curriculum would be inconsistent, and that the uniqueness of each school would be lost in the process. The diploma faculty, on the other hand, had a more positive attitude about their own and their coworkers’ participation in curriculum development and the collaborative process.

It is difficult to determine with any certainty what may account for this difference, given that the actual process was not evaluated. However, it may reflect a conscious effort on the part of those planning the change and transition to include the diploma school faculty in all aspects of the collaboration and consolidation processes, since they would be perceived as being more substantially affected.

Knight (1998) stressed the importance of including faculty in making decisions in order to increase commitment to implementing the necessary changes and fostering ownership of the new curriculum. The respondents in studies by Davis (1991) and Knight (1998) commented on their lack of involvement in the change process and their belief that more participation would have promoted greater awareness and less resistance to the changes.

The nursing literature has been divided on whether the university faculty (Berry, 1994; Dewis & Grenier, 1993; Grenier & Dewis, 1995) or the diploma faculty (Baines, 1992; Schuster et al., 1997) have a greater concern about increased workload during a curriculum change. In this study, the university faculty actually had a more positive
outlook anticipating workload pressure than the diploma faculty. The academic world with its focus on research and publications would be new to the diploma school faculty. As such, they may be more concerned about the additional demands of research, scholarly activities, and professional service being added to their classroom and clinical responsibilities.

Results from this study, whether examined as a whole, by demographic variables, or by site, support the position that employee concerns are an essential factor in the success of any change initiative and that attention must be given to understanding transition from the perspective of those most affected. Gaining an understanding of the preferences and expectations of people experiencing change may be helpful in also understanding their reactions to specific issues and practices in the change process. As Davis (1991) cautioned, a person’s perception about how a change will affect them is more important than what actually occurs.

**The Transition Through Organizational Change**

William Bridges’ (1986) model of change and transition is particularly relevant for this group and this particular change initiative. The faculty within Newfoundland schools of nursing were anticipating enormous workplace change. Change, at the time of this study, hadn’t happened; transition was occurring every day. Caught between the past and the future, these faculty members were aware of what was ending and were trying to cope with an unknown future. Therefore, we would expect a range of responses as these individuals let go of the familiar, cope with the ambiguities and uncertainty of change, and accept or reject what has been proposed for the future.
As has already been discussed, several general themes emerged in exploring responses of faculty in Newfoundland schools of nursing to a proposed curriculum change and consolidation process. As a participant group, these faculty members have a great deal of experience in nursing education and within their school of nursing. As such, they have a wealth of experience upon which to draw in developing certain expectations for the future. They would have had sufficient time to envision an “ideal” work environment within a school of nursing and to comment on whether the changes proposed complement or contradict that vision.

Conner (1992) stated that our capacity to move intellectually through the stages of change and transition is greater than our capacity to move through the same sequence emotionally. Therefore, we often make an intellectual commitment that far exceeds our emotional one. As these results suggest, this particular group accepted, and even concurred with, the rationale for the introduction of a baccalaureate-only entry to nursing practice and its inherent benefit for nursing. More concern was expressed, however, regarding the personal and interpersonal aspects of change and issues related to introduction of a new curriculum.

People experiencing change often feel anxious and uncertain, especially as their roles and responsibilities are altered (Greenhalgh & Rosenblatt, 1984) and future opportunities for development and employment are in doubt (Knight, 1998). Kotter and Schlesinger (1979) found that, even when the rationale is clear, people may still resist change because they fear losing something that is valued. As Lewis (1994) found in her study, this internal process can create confusion for participants and mixed signals for leaders. Administrators may not be aware that concerns exist since a person’s behaviour may not be consistent with his or her attitudes and beliefs. The public image may mask private emotional conflict.
The restructuring within basic nursing education has caused these faculty members to question the impact of the changes on them as educators, as nurses, and as individuals. The available literature on responses to organizational change, especially from the nursing literature, contributes a great deal to understanding the impact of change and transition within these schools of nursing. But, regardless of what may have occurred in another setting and with other groups of nursing faculty, this change is a very real, personal experience for these individuals.

In the final section of Part C of the questionnaire, participants were asked to respond to three open-ended questions identifying significant issues for them as they face the restructuring of basic nursing education:

1. What is the most significant issue(s) for you as you anticipate teaching in the new curriculum?
2. What is the most significant issue(s) for you as you anticipate the consolidation of the schools of nursing in St. John’s?
3. What measures would be helpful to improve your own transition during these changes?

These unedited comments are included for two reasons. First, an observation was made that, when participants were given an opportunity to express their own thoughts about the change process, their comments almost without exception portrayed deep concern and distress. There was little indication of the more positive aspects expressed in other sections of the questionnaire. The second is a recognition that comments from the participants themselves best illustrate their anxiety, anticipation, frustration, and apprehension.
JOB SECURITY

It is understandable that faculty, particularly those from the diploma schools, would have great concern about how their job would be affected. A major determining factor in deciding positions in the new curriculum is the attainment of a masters degree. Those wishing to continue teaching were under pressure to complete a masters degree by August 1999.

As Baines (1992), Berry (1994) and Grenier and Dewis (1995) discovered with faculty in other settings, the diploma school faculty often feel that, until they obtain a masters degree, they will not hold the academic qualifications necessary to compete for the available positions. These comments portray their anxiety and uncertainty as they wondered whether they would be successful in securing a teaching position:

**SJS:** Will I be teaching in the new curriculum? That is the most significant issue. The uncertainty and downright anxiety over loss of work is tremendous. We have been given little to no support or encouragement about employment. The human resources issue is always being put on the back burner. We all feel as if we don’t count or have much worth.

**SJS:** There will be a better course for nursing students and I feel basic entry to practice should be BN. Unfortunately because I don’t have a masters degree, only my years of experience in nursing education, there seems to be no place for me!

or whether “bumping” provisions under the collective agreement would be effective:

**WRS:** Keeping a job—so low on the union scale I will be phased out.
quickly. Otherwise, I feel confident about what I have to offer—I don’t feel they value it!

WRS: Loss of jobs. Since I don’t know for sure how exactly the hiring will be done I don’t feel secure about keeping my job, eg., Could I get bumped by somebody with more experience and the same qualifications as I have (I understand we will be informed about this later).

SJS: Will I get a job? Will seniority override experience and/or education?

Several of the university faculty also identified job security as a concern, either because of the nursing education restructuring or as the result of budget reductions to the university:

MUN: Unfortunately, with many years of experience in all clinical areas I will not be able to apply for a position in the new curriculum. It appears one’s experience is not valued at all.

MUN: Separate from collaborative curriculum—feel insecure about job because of economy, not because of collaborative curriculum.

Ashford (1988), Greenhalgh (1983), and Knight (1998) agree that, even if the job is secure, people may experience job insecurity if valued aspects of the job are lost. Many participant concerns—role clarity, effect on interpersonal interaction, recognition for experience and expertise, changes to the nature of the work environment—may all be tied to the perception that, while in the end they may have a job, the job itself and
where it is performed, and previous roles and responsibilities within the program will be changed.

**WRS:** I guess at times there is a stress that the nursing components that you enjoyed teaching will no longer be part of your career.

**SJS:** Loss of identity; different values; change in management team; different leadership style.

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**ROLE CLARITY**

On changes in job roles and responsibilities, and any resulting job satisfaction (diploma faculty) ...

**WRS:** I wonder how I will adjust to the teaching in the new curriculum—will I experience more stress or will it be less stressful than what I am experiencing at present?

**SJS:** Where will I fit into the new curriculum? Will the workload be too much for the students?

**WRS:** Uncertainty as to where I will fit into the new program. Whether or not the program will be delivered on the west coast. Whether or not it will be a “quality” program that is consistent throughout the province.

**SJS:** Discussions re program goals and expectations and being informed.

**WRS:** This is December—no tentative plan in place yet for when faculty
would be utilized and how many. These plans would help alleviate some anxieties.

**INTERPERSONAL INTERACTION**

Interpersonal aspects of the work environment, staff morale, support from supervisors, and faculty cohesiveness were particular concerns for the faculty from the diploma schools as they faced closure of their schools:

**SJS:** How well we will interact and work together and if it will be a continuation of our present ideal working environment.

**SJS:** Achieving cohesiveness and a positive working environment. Human resources and relationship issues; staff morale; job satisfaction.

**SJS:** Will I have a job? What will the morale be like in the new school with layoffs and possibly individuals not getting the job they wanted?

**SJS:** That a work environment that remains open and has leadership valuing a humanistic approach continue. That all faculty will bring their strengths in meeting this challenge for change.

and for university faculty as they anticipated a different working relationship with the other schools:

**MUN:** If I had to anticipate, it would be working with new people—loss of long friendships and collegiality—I feel it will be much more “impersonal.”
MUN: Closer interaction (through committees and joint teaching) with other sites.

QUALITY OF THE CURRICULUM

The main impetus for the entry-to-practice position was the need to graduate a nurse prepared for the increasing demands of a complex health care system (Bajnok, 1992). Several diploma school faculty raised concern over curriculum issues and questioned the quality of the new program, its benefit for nursing students, and impact on the faculty-student relationship:

SJS: Will we produce a nurse who will be more knowledgeable (globally) and clinically proficient—one who will be ready to assume a beginning level nursing position?

WRS: What the “relationship” between faculty and students will be. Will there be time and consideration for the kinds of mentoring approaches (ie., support, challenges, and vision) that will be critical for student development and learning?

SJS: Will the needs of students be met? Because the guidelines for hiring instructors have changed once again (at present you must have a masters degree in 1996), will students have instructors with masters degrees but little clinical and teaching experience? Until last month we were told that if one is in a masters program and would have course work completed by 1999, you could apply for work in the new curriculum.
**WRS:** I strongly disagree with content focus and lack of education and curriculum theory expertise of the new curriculum. The difficulty involved in a “new” approach.

The university faculty identified philosophical program issues, quality of the curriculum and courses, and the effect on student education as concerns:

**MUN:** Having to change from an undergraduate curriculum I believe is good to one which is untested.

**MUN:** Courses so tightly structured that they prohibit academic freedom, individual expertise of course professor, creativity in teaching, and the flexibility to encourage same in students.

**MUN:** Will nursing education be truly baccalaureate oriented (philosophy) or will it be diploma driven (philosophy-oriented) offered under the guise of degree-oriented?

**MUN:** Number of students per group in the clinical area and availability of institutions for teaching.

and the process of working with the other schools of nursing to make curriculum revisions:

**MUN:** Is it truly collaborative? We all worked on the curriculum but everything else—administrative, etc.—seems to be separate.

**MUN:** Any change or procedure developed will be slowed because of the necessity of checking with the different partners.
ADMINISTRATION CONSIDERATIONS

Merging five distinct cultures, philosophies, and operational goals, posed a challenge for faculty who felt the loss of the uniqueness of each institution. The practical administrative issues such as loss of the three St. John’s schools, location of the new Centre, workload, and equality of decision-making were concerns for both the diploma:

**WRS:** Will the consolidation provide the St. John’s Health Corporation with additional funds which will place them at a distinct monetary advantage over MUN or Western—in that they will be able to provide the best program—perhaps the “only” one!

**WRS:** I worry that the new school will force nursing out of the university setting—this I feel is a mistake!

**SJS:** Consistent content delivery across 3 sites. Equal voice by all 3 partners. Aiming for retaining the best features of degree and diploma education.

**SJS & WRS:** Having adequate time to prepare for the teaching.

and university faculty:

**MUN:** The loss of the identity of those 3 schools.

**MUN:** Because of its size, it [Centre for Nursing Studies] might overwhelm decision-making at the other 2 sites.
EFFECT ON PERSONAL RESPONSIBILITIES

Because of the added pressure of upgrading educational qualifications, diploma school faculty were concerned about how all of this change would affect other personal responsibilities and commitments:

**WRS:** Working on a masters while implementing a new program. Financially, this will be a strain on my family’s resources. Workload balanced with family life.

**WRS:** Trying to work on masters level courses while at the same time, having to prepare a new curriculum with all its changes. Time (or should I say lack of it) is a major concern. Worry about lack of time for my family. Worry about my own ability to handle all the stress.

Moos (1986) and Schlossberg (1981) asserted that work and personal factors influence a person’s evaluation of a work environment. This study broadens our understanding of how factors within the workplace and the characteristics and perceptions of the workforce interact to influence an assessment of change processes and the determination of how people feel they will be affected by change. From an organizational perspective, this can have tremendously practical applications for an organization planning a complex change process. If managers can anticipate the concerns of various employee groups, measures can be employed throughout a planned change to address those concerns—a major step in facilitating a successful outcome. For example, understanding that all employees, even those with longer service, need additional support from their administrators will assist in planned communication strategies.
STRENGTHS/SIGNIFICANCE OF THE STUDY

Organizational change can be viewed from numerous perspectives. Results from this study provide a unique viewpoint—change from the perspective of the person experiencing change and transition. Published literature on provincial nursing initiatives to achieve the entry-to-practice goal is limited and there are even fewer studies published on the impact of such change for the nursing faculty. This study looked at how the affected nursing faculty viewed the process, given that the changes were externally driven. The reforms occurring within nursing education present an important arena for research on the process of change and transition. The results of this study contribute empirical findings to the knowledge base of organizational behaviour and change dynamics. It builds on previous research and adds another viewpoint to the planning and management of organizational change.

Collaboration is an important concept and many opportunities are being explored to promote collaboration within the nursing profession, including collaboration among various academic disciplines. Yet, collaboration has not been well studied and its definition has remained vague and highly variable (Henneman et al., 1995). This study provides insight into one collaborative effort and contributes to a better understanding of the term “collaboration” and its implications for those involved.

One strength of this study is its participant group; the entire population of full-time nursing faculty within the five Newfoundland schools of nursing was invited to participate in the study. Moore (1983) states that when an entire population is surveyed, and there is an adequate response rate, the researcher can be confident that the salient characteristics of the population are adequately represented. According to the guidelines established by Moos (1994a), the response rate for the WES was
adequate to present a profile of the participating group.

Various formats were used to obtain information, such as 2-point (true/false) scales, 4-point Likert scales, and open-ended questions. This combination of formats provided participants with variety and a means of responding without a great deal of time required to complete the questionnaires. It allowed the researcher to explore factors consistent with the literature review and conceptual framework using a variety of methods. Human transition is a complex phenomenon; a true understanding of how people successfully move through the transitions associated with change is only possible through an integration of a variety of approaches.

The use of a survey instrument allowed flexibility and increased accessibility of potential participants given that there is geographic distance among sites. In this case, a survey method was flexible enough to allow the researcher to focus on a wide range of topics. The questionnaire format offered participants complete confidentiality, a crucial factor in obtaining candid responses, particularly when the topic under investigation involves personal or sensitive information (Polit & Hungler, 1985; Brink & Wood, 1978). Participants were assured that no data would be presented in any report that may identify their individual responses (Appendix C).

Given the nature of the changes proposed within nursing education, the conceptual model proposed by Rudolf Moos (discussed in detail in Chapter 2) is particularly useful as a framework. It is designed such that a number of factors can be explored, either separately or in combination, which may affect a person’s response to changes within the work environment. Even though this study focussed on Panels I, II and III of Moos’ model, results may provide a baseline for further study and/or a starting point for investigating all six panels of the model with the same participant groups.
Another strength of the study is the potential use of its design in subsequent projects (such as its application to other industries), as a baseline for future study, and in the development of implementation plans for employees facing a similar organizational change. The design of the study is such that it can be used with limited modification with other nursing faculty groups experiencing similar changes.

This study is particularly relevant and timely given the scope of change anticipated in the Newfoundland public service. The present rate and nature of change within health care and education, and which is anticipated for the future, confirms that we must be concerned with the consequences of organizational change for the people who must adapt to it. The experiences of this collaborative effort, led by the nursing profession, may provide guidance to today’s policy makers as they debate health care and education reform.

**Limitations of the Study**

The goal of this study was neither to confirm nor contradict a positive implementation of the restructuring effort. Rather, this study focussed on the importance of that restructuring to the nursing faculty involved and their perception of how the changes affected them personally and professionally. As such, no attempt was made to evaluate the actual mechanisms put in place to anticipate faculty responses and to facilitate a positive transition.

A valid objection to survey questionnaires is their reliance on subjective data. There is a strong case for arguing that subjective measures are entirely appropriate, however. For a variety of perceptual phenomena, what is perceived is real for the participants and real in its consequences and responses (Conner, 1992; Davis, 1991).
If one is concerned about an individual’s action and reaction, then how the situation is seen by that individual is of greatest importance (Nicholson & West, 1988).

Faculty members may have been on a leave of absence from the school of nursing at the time of the study and, therefore, unavailable to participate in the study. For those who received a survey package, for any number of reasons, they may have been unwilling or unable to accurately describe their workplace expectations and concerns. During any major organizational change, employees are often reluctant to create waves for fear of reprisals (Ashford, 1988; Brockner et al., 1985).

Participants may have been reluctant to respond because of previous employment, personal and/or educational relationships with the researcher. The researcher is known to many of the faculty at the schools of nursing from a number of affiliations: as a graduate of one of the diploma schools and the university school of nursing; as a former faculty member in another diploma school teaching with many of the faculty currently at the participating sites; as a lecturer in MUN’s Faculty of Education where several faculty members were completing the requirements of a graduate degree; as thesis supervisor for several of the faculty; as a participant in provincial associations; and as a human resources manager at Memorial University. Measures were taken to ensure confidentiality of responses and no names were solicited on any of the questionnaires.

The 45.3% response rate raises concerns as to the representativeness of the participant group to the entire population of nursing faculty in Newfoundland schools of nursing. A breakdown of the total potential participant group indicates the following distribution of faculty at the time of data collection:

- MUN: 25.3%
- SJS: 57.9%
- WRS: 16.8%
The participants in this study represent the various schools of nursing in this proportion:

MUN: 20.9%; SJS: 44.2%; WRS: 27.9%

The actual percentages may vary slightly since 3 (7%) participants did not identify a work location. While the percentages of respondents from MUN and SJS are lower than their overall representativeness in the total faculty population, responses were still sufficient to make observation from the data. The high return rate from WRS suggests that their responses can reasonably depict perceptions overall from that school of nursing.

Even though the overall response rate may be lower than preferred, those who did respond have the experience necessary both within nursing education and their respective schools of nursing to grasp the implications of the proposed changes. Nevertheless, one should keep this potential bias in mind when considering the study results. The initial plan had been to analyse the data separately for each of the five schools of nursing. In a meeting with one of the faculty groups, however, concern was raised about the possible outcomes of reporting a comparison of the variables under study. These faculty members felt that any variation in responses by site might compromise any positive progress to date in the consolidation process and, therefore, many were reluctant to participate. Several faculty members expressed the view that, by the time results were published, the three diploma schools of nursing in St. John’s would be closed and a new Centre for Nursing Studies opened. Since this would limit the practical usefulness of the results, the faculty asked that the data collected from faculty at the three St. John’s diploma schools be reported as one group. In order to
elicit participation, the researcher agreed to collect and report data from those schools as one group.

There is always the possibility that participants may have misunderstood the questions, not giving a full explanation of the variables under study. To decrease this possibility, a pilot of the questionnaire was conducted (Appendix F). Six nurse educators who had taught in at least one of the schools of nursing in the previous five years were asked to pilot the instrument and answer questions about the questionnaire design. These educators were familiar enough with the process to restructure the nursing program to comment on the structure of the survey instruments. Minor revisions were made to Parts A and C of the questionnaire based on the feedback received.

The use of a single research methodology may have limited the identification of all of the salient factors of how change and transition affects this participant group. A descriptive exploratory survey design, however, is entirely appropriate when there is little known about the variables under study (Brink & Wood, 1978; Miles & Huberman, 1994). In order to reduce the influence of some of the limitations in data collection and analysis, a variety of data collection methods were used, such as both standardized and researcher-developed questionnaires and a combination of two-point, Likert-scale, and open response questions.

Given that the actual processes described in this study are not widely published, Chapter 1: Introduction was reviewed by nurse administrators and faculty representing the schools of nursing and the ARNN. Meetings were held to discuss the accuracy of the information presented on the background to the collaborative effort and consolidation process; recommended revisions were made.
MAJOR IMPLICATIONS OF THE STUDY

This study represents an initial effort to study the individual’s response during organizational transition and to provide a basis for further research. The study design, and its identification of the salient issues for this participant group, served to raise questions and provide a basis for more in-depth research and comparison of results.

THEORETICAL FRAMEWORK AND INSTRUMENTS

In selecting the study’s theoretical framework and accompanying instruments, one of the determining factors was the potential “fit” between the theoretical framework and the ability of the instruments to elicit information that would answer the study’s research questions. Several pretested, standardized instruments were evaluated for their ability to measure a variety of workplace factors identified in a literature review. It was anticipated that measurement of work environment factors would provide a structure for investigating participants’ response to workplace change and transition, enhance the findings from two researcher-designed questionnaires, facilitate a comparison and analysis of results from each section of the survey package, and establish a baseline for future studies with this or other populations.

The person-environment theoretical framework proposed by Rudolph Moos (1986) was chosen since its premise complemented change and transition literature which postulates that a variety of factors will affect a person’s acceptance of workplace change (Bridges, 1986, 1991; Brockner et al., 1992; Schlossberg, 1981; Schumacher & Meleis, 1994). In addition, the information gathered through the Work Environment Scale (WES) would permit an examination of the issues and concerns expressed by nursing faculty in similar studies (Berry, 1994; Dewis & Grenier, 1993;
Kenrick, 1993; Knight, 1998; Stew., 1996). The WES provided a framework by which results could be analysed to determine the issues most important for this participant group during this specific change process along three dimensions: concern about their interactions with others (relationship); the effect of change on them and their job (personal growth); and the administrative nature of the workplace (system maintenance and change).

A demographic data sheet was constructed to profile this participant group as well as a questionnaire to consider the importance of specific issues and concerns related to basic nursing education reform in Newfoundland. Given the nature of the phenomenon under investigation, these two questionnaires were developed based on the author’s knowledge of the setting and participant group, a literature review, and information provided in ARNN documents related to the collaborative process and plans for consolidation of the diploma schools of nursing (ARNN, 1994a & b).

The findings of this study support Moos’ (1986) contention that a variety of work and personal factors will influence a person’s evaluation of the work environment and his or her place in it. The WES was not only useful for the information it provided about participants’ perception of an ideal and expected work environment, it also provided a basis for comparison between the different sections of the survey questionnaire. The instruments/theory provided a profile of this participant group (Part A), their perceptions of what they want in a work environment (Part B: WES, Form I), what they expect after an organizational/system change (Part B: WES, Form E), and what their experience has been with this particular collaborative effort and consolidation process (Part C).

The findings will be instrumental in planning future changes, either for this or any other group, by looking at the impact of demographic variables, change implementation
strategies, expectations and perceptions, and available resources and support a person’s appraisal of the change processes.

The structure of the WES and the dimensions it measures provided an opportunity to explore whether the findings of this study were consistent with the organizational behaviour literature and the outcomes of other studies. Schlossberg (1981) identified three factors which influence an individual’s acceptance of organizational change: the nature of the event—planned or sudden, effect on roles, the degree to which it is perceived as positive; characteristics of the environment—availability of resources and support, quality of the physical setting, options for the future; characteristics of the individual—demographics and perceptions. The WES provides an opportunity to distinguish between Schlossberg’s factors and the relative degree of influence each might have on participants’ appraisal of the work environment and to determine the relative effect of each factor for specific participant groups.

This study focussed on nursing faculty members’ perception of how proposed change would affect them and their work environment, as measured during a defined set of organizational changes. The results support Bridges’ (1986, 1991) assertion that understanding the psychological process people experience during transition is fundamental to a successful change initiative. These participants were not as concerned with change—new curriculum, new work setting, new rules—as they were with transition—letting go of the past, coping with the uncertainty of the present, and accepting an unknown future.

Moos’ (1986, 1987) model of how changes within a system affect the social nature of the work environment is thus linked with Bridges’ (1986, 1991) focus on how changes affect the people within that work environment. A conceptual perspective that combines these concepts strengthens the connection between the
environmental (Panel I) and personal (Panel II) factors of Moos' framework with the individual's cognitive appraisal of the situation (Panel III), thus enhancing our understanding of planned organizational change.

Lewis (1994) identified a critical issue during any organizational change—employees' behaviour may or may not reflect their actual beliefs and attitudes. Therefore, to assume that employees concur with an organizational change simply because they haven't voiced disagreement may result in an incorrect diagnosis of the situation. By using Moos' framework, this study was able to explore those attitudes and beliefs rather than relying on observed behaviour. Using this approach, organizations which anticipate major change can design implementation strategies in such a way as to take into account the people directly affected by the change and anticipate how they may respond (Panel IV). Consequently, the quality of life at work and individual's morale and well-being, job performance, and receptiveness to innovation and change (Panel V) will be enhanced thus contributing to positive client outcomes (Panel VI).

The results of this study are consistent with the conclusions of other researchers (Ashford, 1988; Brockner et al., 1992; Greenhalgh & Rosenblatt, 1984) that people will question the impact of a planned change on the security of their job, their interactions with coworkers and supervisors, the culture of the workplace, and the nature of the work they perform. These instruments were structured in such a way that they can be used in studies of a similar organizational change with little modification.
RECOMMENDATIONS FOR FUTURE PLANNED CHANGE

As was evidenced in this study, the hardest part of change is often not in accepting the rationale for change or the actual change decisions, but attitudinal—letting go of the past, coming to terms with what has ended, and then moving on. Bridges (1991) states that the failure to identify and be ready for the personal reactions to workplace change is the largest single problem encountered by organizations in transition.

Previous studies suggest to us that high levels of communication (Walker, 1998; Whittaker et al., 1993) and supportive social networks (Billings & Moos, 1981; Holahan & Moos, 1987) provide a climate which can strengthen the self-esteem of individuals and act as buffers to the levels of psychological distress that can occur during times of crisis. Resistance to a change process can be reduced by keeping those most affected informed of the issues, urging them to assist in defining the problems, involving them in the development of intervention strategies, and including them in evaluating the effectiveness of the change (Kotter & Schlesinger, 1979; Peterson & Fisher, 1991). Unless a smooth transition is achieved, employees may not relate to each other with a "team" identity and may continue to relate more to previous structures, roles and relationships than to the new work setting (Knight, 1998).

Dewis and Grenier (1993) and Whittaker et al. (1994) assert that administrators need to employ a variety of methods to communicate to staff as the changes progress, including print material, staff meetings, one-on-one meetings, presentations, faculty development, and the formation of an advisory group to address staff concerns. The authors found that implementing a variety of communication strategies, even if some are not accessed by faculty, was perceived by the faculty as effective and elicited a
positive feeling that their needs were acknowledged and being addressed during the restructuring.

Kupperschmidt and Burns (1997) state that the leadership role in curriculum revision and transition processes is crucial. The participants in this study, themselves, echo other authors’ advice that several organizational, administrative, professional, and interpersonal strategies must be put in place by the administrators of the schools of nursing to ease the transition:

**SJS:** Knowing more about the structure, the site, the teaching duties, who will be my working partners, who will be the administrators.

**SJS:** Information [regarding] human resources issue that is complete, fair, and adhered to (not changed). This issue has been pushed under the carpet so often. Competition and bad feeling has crept into the workplace; people are stressed to the maximum and the pleasure and fulfilment of working with students has deteriorated to one of fear and suspicion—and the saddest thing is that the mismanagement of the human resources issues did not have to be this way if instructors were valued and someone cared about our welfare.

**WRS:** I feel that if I am kept informed about all the changes, the work expectations in the new curriculum, the hiring practices, etc., I will feel less anxious. I can also prepare myself for the future, eg., Do I want to stay in this new curriculum or retire early, or look for some other type of work elsewhere—even out of the province if necessary.
WRS: We need more information from our funding sources—we are only months away from program implementation and we still do not know if we have funding.

Other measures related more to how the faculty could be assisted professionally to enhance their opportunities within the new program:

WRS: Relief from present duties so I would have time to work on developing the courses I am slotted to teach in September.

WRS: Access to education and a climate fostering academic excellence among faculty.

SJS: Release time to develop courses or inform other instructors about the university system.

WRS: Early planning, especially in regard to specific individual teaching assignments. Special consideration of workload given those faculty working on masters. Possible financial assistance. In-service to faculty [regarding] teaching strategies/ideas compatible with the philosophy of the program.

Interpersonal measures and working relationship issues were also identified:

SJS: The joining of the 3 diploma programs and the development of the consortium in such a manner to produce a positive, close-working environment.

SJS: Opportunities to interact with other faculty. More discussion on hiring of faculty (this is presently being addressed).
Open, honest communication between faculty and managers. Professional climate with academic freedom.

MUN: Open dialogue with diploma school faculty about what degree-oriented teaching is/is not.

WRS: Increase my education, keep a positive outlook, and maintain and value the support that is all around me.

Many of the faculty felt that, given the magnitude of the changes, everything that could be done, had been done. However, it seems clear that certain factors contribute to successful implementation of a change initiative. Planning and communication (Margulies & Colflesh, 1982; Schumacher & Meleis, 1994; Walker, 1998; Whittaker et al., 1993), participation in decision-making (Dewis & Grenier, 1993; Kotter & Schlesinger, 1979; Peterson & Fisher, 1991), supervisor support (Bevis & Krulik, 1991; Kupperschmidt & Burns, 1997), and social networks (Billings & Moos, 1981; Holahan & Moos, 1987) all contribute to the perception of how change will affect people.

This research examined the effects of change in the context of a unique transition. Certainly the closure of three schools of nursing, each with a distinguished and proud history, and the educational reform of basic nursing education posed a challenge to those charged with implementing those changes. Universal though change is, its meaning, process, and effects in our lives may still be underestimated.
It is perhaps misleading to use a particular change on the assumption that this will describe the meaning of change and transition generally for individuals. So often we attempt to isolate a particular change from its context assuming that this will be representative of all situations. In reality, changes are not sequential; they often happen all at once; each change process at a different stage of progression and each with an effect on the individual. In truth, people experience several transitions at once and may be in various stages of accepting and letting go.

The reform of basic nursing education in Newfoundland represents more than simply a difference in a nursing degree becoming the requirement for entry to practice. As the results of this study suggest, that change in entry requirement also represents differences in the degree to which the existing schools of nursing would be affected and differences in the degree to which the faculty felt they would be affected. Given
that the faculty in this study were experiencing simultaneous change processes, we cannot determine from these results which might have the greater impact on their perceptions. These faculty, at least from the diploma schools of nursing in St. John’s, may be reacting to the closure of their school of nursing and transition to the Centre for Nursing Studies as much as to a change in curriculum requirements.

The meaning of change for an individual may cause him or her to demonstrate ambivalent feelings. This ambivalence can occur within the same individual and, over time, even with respect to the same change. This is a normal component of the change process. Therefore, any study of this type must be considered a “point-in-time” assessment. In this study, what participants prefer and what they expect from a change process differs on some measures, but are quite similar on others. The major differences involve interpersonal issues such as support from supervisors and working relationships with their peers, concern over the degree of work pressure, and the clarity of their roles and responsibilities. The more administrative processes and the philosophical rationale for the change were not challenged; the more personal impact of those changes caused the greatest concern.

Through any organizational change, administrators and supervisors have to adjust to a dual role. They are leaders of a change effort and must support their staff through the many transitions to effect a successful change outcome. They are also participants in the change, however, and subject to the same anxiety and uncertainty felt by their employees. At times of crisis, it is often easier for supervisors to deal with the system issues—curriculum revisions, move to a new location, the rationale for change—than the people issues. The more personal side of change may not be as certain, comfortable, or tangible.

Yet, it is at this time that employees most want and need support from their
supervisors. Even though the supervisors may have been supportive in the past, their inability to respond to the personal side of a change of this magnitude may precipitate concerns over how supportive they truly are on the issues that affect their staff as people. As was suggested in the findings, this can undo a lot of positive attitudes from past experience and result in a reduction in expectation for supervisor support.

Results from this study enrich our understanding of the influence of personal and environmental factors on response to change and yield new insights into the management of change. The following implications for research are aimed at moving the literature on organizational change beyond the consideration of specific measures managers can employ to most effectively bring about change to the examination of how transitions affect employees and organizational issues that must be addressed as they cope with, and adjust to, changing circumstances.

**Recommendations for Research on Change Management**

Several implications for future research within any organization planning complex change arise from the findings of this investigation:

* These findings can be investigated through studies which employ various qualitative data collection techniques (interviews, observation) to further document the effects of complex change on employee groups. For reasons identified in the Limitations of the Study section of this report, an interview format was not chosen for this study. Several issues identified in the results, however, may benefit from a more in-depth analysis by exploring why they are of concern. For example, the hiring process to fill faculty positions was
not viewed positively by these participants. What aspects of the hiring process concerned the participants and why?

○ There is an opportunity to learn from colleagues throughout the world and to engage in comparative, collaborative research to expand the knowledge base in the organization behaviour literature by investigating whether personal response to workplace change and transition transcends culture, government and educational structures.

○ There is also an opportunity to collaborate with various disciplines to investigate whether specific response to change is a human reaction or unique to disciplines and/or industries. The results might prove fruitful in identifying the issues and concerns for each group, such as the effect of change on the nursing, medical, and allied health professionals during major health care reform.

○ The organizational behaviour literature approaches response to change from an overall human perspective. Though not by conscious design, but a result of the composition of most nursing groups, the participants in this study were all women. There is a body of literature, such as that by Carol Gilligan (1979, 1982), which asserts that women are more concerned with relationships and maintaining harmony than are men. Are these results, then, a reflection of gender differences?

○ How does the size and complexity of the institution, its bureaucratic structures, and differing management styles affect how well change is accepted by staff and their responses during transition?
What is the role of supervisor support on an employee’s acceptance or rejection of change? How prepared are supervisors to deal with the more personal aspects of change and transition? Are employees’ expectations of outcomes influenced by how well supervisors prepared them for the change and supported them through transition?

The administrator participants constituted 11% of this study’s participant group and, as such, the results cannot be used to form any conclusions about the issues and concerns important for this particular group. A study of supervisors/administrators may yield additional information useful for planning change strategies to address their concerns.

**Implications for Nursing Education in Newfoundland**

The restructuring proposed for nursing education will require substantial change to the work, and how and where work is performed. Results from the two versions of the WES—ideal and expectations—can be used to facilitate a discussion between people of what a setting will be, or should be, like and to identify people who need more or different forms of information to adjust to a new work environment. Information about the discrepancies between the ideal and expected work setting can guide attempts to create a work environment that matches employees’ preferences. This may ease the transition during a planned change and create an environment that increases employee morale and promotes productivity (Moos, 1994b).
Several findings might benefit from a more in-depth analysis:

- It was identified that age and experience played a role in participants’ confidence in dealing with change. What is the effect of the career stage of nursing faculty (novice/expert) on response to change? What are the communication needs of faculty at different career stages?

- This study and its results may provide the basis for a follow-up study of faculty in Newfoundland schools of nursing to determine their perception of the entire change process. The results would yield a comparison of responses during transition with those after change has occurred.

- To what extent have the faculty at the Centre for Nursing Studies and Western Regional School of Nursing been prepared for, and become involved in, academic activities such as research and other scholarly activities?

- This study should be replicated with faculty in other jurisdictions to determine whether the findings are characteristic of this population or representative of nursing faculty more generally.

**Implications for the Newfoundland Educational System**

As with the public sector nationally, all Newfoundland public service agencies, departments, and organizations are responding to the need for restructuring of services and resources. The current administrative structure of basic nursing education involves two separate reporting systems: the Centre for Nursing Studies and the
Western Regional School of Nursing report to the Department of Health through their respective regional health care boards, while Memorial University School of Nursing reports to the Department of Education through Memorial University of Newfoundland.

- Given that all schools of nursing teach a program governed by the regulations of Memorial University, what are the implications of having one reporting structure for all basic nursing education on cost-effectiveness, communication, and reduction in administrative structures?
- What are the economic, financial, and policy considerations in retaining two administrative structures?

The Newfoundland K-12 educational system is currently undergoing a process of reform. This process will result in the closure of schools, the redistribution of resources, and a revised curriculum for teaching units (there are no longer denominationally-based boards of education). Ultimately, all teachers are affected by these changes and in a similar manner as the nursing faculty in this study.

- The results of this study could provide information that would facilitate the incorporation of planned change initiatives in a variety of educational settings for teachers in elementary and secondary schools.
- How prepared are principals, vice principals, and board personnel to address the personal and professional concerns of the teachers?
- What are the perceptions of the teaching staff of how they are being affected personally and professionally?
This study did not intend to evaluate any measures employed to facilitate participation and to communicate progress in achieving the collaborative program, either by the respective schools of nursing or the professional association. In fact, ARNN documentation was reviewed to ascertain a chronology of the process only, not to provide commentary on the effectiveness of the process adopted. Therefore, no conclusions can be drawn about the differences between sites on the support that had been given to these faculty members, the information provided, or the opportunities offered for participation. It is acknowledged that a detailed review of those measures may explain some of the findings.

No plan is perfect; integrating different organizational cultures into a single program philosophy and work environment doesn’t occur overnight. Incorporating new work practices and creating a new set of organizational values takes time given the ingrained work behaviours that exist in all organizations. Where resistance occurs, it should not necessarily be perceived as a negative force within the process of change. It should, rather, be examined for its function in terms of coping with and finding meaning in a rapidly changing nursing world.

The type of relationships fostered between nursing faculty in the schools of nursing, and whether or not the restructuring is a success, will depend in part on the climate created within the new program. One of the challenges of the collaborative program will be in creating and maintaining a system of values and beliefs which reflect mutual goals for faculty from all institutions—a work environment that enhances nursing professionalism, job satisfaction and productivity, and quality outcomes in student education.
Henneman et al. (1995) may have said it best:

Collaboration is a complex, sophisticated process. It requires competence, confidence and commitment on the part of all parties involved. Respect and trust, both for oneself and others, is the key to collaboration. As such, patience, nurturance and time are required to build a relationship to the point where collaboration can occur.

Although organizations can be instrumental in supporting collaboration, they cannot ensure its success. Collaboration is, in fact, a process which occurs between individuals, not institutions, and only the persons involved ultimately determine whether or not collaboration occurs.

(p. 108)
Postscript

The five provincial schools of nursing, with participation from the Association of Registered Nurses of Newfoundland (ARNN), collaborated to develop a common curriculum of basic nursing education and, in the fall of 1996, a single nursing degree program was introduced. As of September 1996, a new Bachelor of Nursing (Collaborative) Program was offered by Memorial University School of Nursing, the Centre for Nursing Studies, and Western Regional School of Nursing.

For the next two years, a reduced number of faculty remained at the St. John’s diploma schools to phase out those programs and, in June 1998, the General Hospital School of Nursing, the SA Grace General Hospital School of Nursing, and St. Clare’s Mercy Hospital School of Nursing closed with the graduation of the last classes of diploma nursing students.

Beginning in the year 2000, the entry requirement for nursing practice in Newfoundland will be a Bachelor of Nursing. All graduates will have their degrees conferred by Memorial University with recognition of the site attended.
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Appendix A

Ethical Review Approvals

ETHICAL CERTIFICATE

Project/Thesis Title:  Toward Collaborative Basic Nursing Education: Anticipating a New Work Environment

Student and Thesis Supervisor:  Marilyn Thompson 008690270
                                             Dr. Michael Skolnik, Higher Education Group

Ethical Review Committee Members:

Glen Jones, Chair

Ardra Cole

George Geis

This certificate is completed in the light of relevant OISE policy on legal, ethical and moral review, taking into account the relevant standards of the discipline concerned as well as, where appropriate, the standards specified by certain external funding bodies.

This is to certify that the above noted committee has examined this research and development project and concludes that the research meets the accepted professional standards for the conduct of research prevailing within the discipline(s) involved, including appropriate standards of ethical acceptability.

Signature of Chairperson
Ethical Review Committee

Date

Except that the following additional measures must be taken to ensure conformity with such standards.

(Please specify and indicate if further review is required).

Signature of Chairperson
Ethical Review Committee

Date
FACULTY OF EDUCATION
Memorial University of Newfoundland
Faculty Committee for Ethical Review of Research Involving Human Subjects

CERTIFICATE OF APPROVAL

Investigator:  Ms. Marilyn Thompson
Investigator’s Workplace: Faculty of Nursing, MUN
Supervisor:
Title of Research:  "Forensic collaborative basic nursing education: anticipatng a new work environment."
Approval Date:  November 2, 1995

The Ethics Review Committee has reviewed the protocol and procedures as described in this research proposal and we conclude that they conform to the University's guidelines for research involving human subjects.

Walter Okshevsky, Ph.D.
Chairperson
Ethics Review Committee

Members:  Dr. Ed Drodge
Dr. David Reid
Dr. Henry Schulz
Dr. Glenn Sheppard
Dr. Amarjit Singh
Dr. Stephen Norris (ex-officio)
Dr. Walter Okshevsky
Appendix B

Letters to Directors of Nursing/Administrative Consent

MARILYN L. THOMPSON

32 Ellesmere Avenue, Box 2732 Telephone: (709) 782-1811 (Home)
Paradise, Newfoundland A1L 1E8 (709) 737-4627 (Work)
(709) 737-2700 (Fax)

To: Directors of the Newfoundland Schools of Nursing

I am a Doctor of Philosophy student at The Ontario Institute for Studies in Education, University of Toronto, presently completing the research requirement of that program. The purpose of my research study is to identify nursing faculty work expectations and concerns as they anticipate the restructuring of basic nursing education in Newfoundland.

To do this, I will be asking all full-time and part-time faculty to complete a self-report questionnaire. I am writing to request permission to collect data within your school of nursing and your assistance in distributing survey materials to nursing faculty members. Those choosing to participate would then mail the completed questionnaires directly to me.

As this is a doctoral research project, study information will be shared with my research supervisor and thesis committee. No other individuals will have access to the raw data. General findings will be reported in a summary report (as per the guidelines of the University of Toronto regarding doctoral research theses) and overall results may be reported in professional journals.

One purpose of this study is to explore whether differences occur between faculty members at the schools of nursing. Therefore, global results from each school will be reported. Individual faculty responses, however, will be anonymous and confidential, and no data will be reported that may identify characteristics of individual participants. When the study is completed, you will receive a summary of the study findings and the overall results from faculty members within your school.

Thank you in advance for considering my request. Pegi Earle has invited me to the Basic Education Advisory Committee (BEAC) meeting on Wednesday, September 27th. I can answer questions you may have at that time and arrange for distribution of the survey materials. If you have any questions prior to the meeting, please do not hesitate to call me at either of the above phone numbers. My thesis supervisor, Dr. Michael Skolnik, would also be happy to discuss any concerns you might have. He can be reached at (416) 923-6641, X2308.

Sincerely,

Marilyn Thompson, BN, MEd
ORGANIZATIONAL CONSENT FORM

I __________________________ hereby give consent to Marilyn L. Thompson to collect data from faculty within __________________________ School of Nursing in a study titled: Toward Collaborative Basic Nursing Education: Anticipating a New Work Environment. I understand that participation is entirely voluntary and that the faculty members may refuse to participate without prejudice. All information is strictly confidential and no information will be reported that may identify any particular participant.

This consent is limited to collection of data through a self-report questionnaire for the purposes of the above study only.

__________________________________________
Signature (Director of Nursing)

__________________________________________
Date
Appendix C

Letters to Participants

MARILYN L. THOMPSON
32 Ellesmere Avenue, Box 2732 Telephone: (709) 782-1811 (Home)
Paradise, Newfoundland A1L 1E8 (709) 737-4627 (Work)
(709) 737-2700 (Fax)

Dear Colleague:

I am a Doctor of Philosophy student at The Ontario Institute for Studies in Education, University of Toronto, presently completing the research requirement of that program. The purpose of my study is to explore the work expectations and concerns of the faculty within Newfoundland schools of nursing as they anticipate the introduction of the collaborative curriculum and/or the consolidation of three schools of nursing in St. John’s.

I am asking you to participate in this study by completing the enclosed questionnaire. If you teach, either full-time or part-time, in any aspect of a nursing diploma and/or baccalaureate degree program in Newfoundland, you are a member of the target group for this study. I hope you will take approximately 45 minutes to complete the questionnaire and return it in the self-addressed stamped envelope by Thursday, November 30, 1995.

Your decision to complete the questionnaire is completely voluntary. You may choose not to participate without adverse consequences to you. If you choose to participate, the information you provide is confidential and your anonymity will be maintained. No data will be reported that may identify individual participant responses. In order to enhance anonymity, I am not asking for your name or a signed consent of participation. Your completion and return of the questionnaire will imply your consent. There are no identifying codes; the numbers on the various parts of the questionnaire serve to ensure all parts of the questionnaire remain together.

As this is a doctoral student research project, study information will be shared with my research supervisor and thesis committee (all of whom are located in Toronto). No other individuals will have access to the raw data. General findings will be reported in a summary report (as per the guidelines of the University of Toronto regarding doctoral research theses) and may be reported in professional journals. A summary of the overall results from each school of nursing will be provided to the respective Directors of Nursing.

Thank you in advance for considering my request. Your assistance would be greatly appreciated. Please feel free to call me with any questions you might have. If you decide not to participate in this study, I thank you for your time and ask that you return the survey materials in the envelope provided.

Sincerely,

Marilyn Thompson
Marilyn Thompson, BN, MEd
PhD Student
The Ontario Institute for Studies in Education
University of Toronto
November 6, 1995

To all Nursing Faculty Members, St. John’s Diploma Schools of Nursing

Thank you for the opportunity of meeting with you last week to discuss my PhD research proposal. Since then I have been in touch with my thesis supervisor to discuss several issues raised at that meeting. Hopefully, we have been able to make changes to the initial study proposal that will enable as many of you as possible to participate.

The 2 major issues raised were:

• The reporting of data by study site. Several faculty members expressed the view that, by the time the study results are released, there will be one diploma school of nursing in St. John’s. This would eliminate the need to report results by study site and the subsequent report to the respective Directors of Nursing.

This is a valid point. Even though variation in responses by site would be interesting, reporting those variations may be counter-productive at that time. Therefore, data will not be reported in such a way that either any individual’s response or the study site could be identified. And as such, a summary will not be sent to the original sites. As I indicated, I am quite willing to make a presentation to the faculty as a whole when information is available.

A general description of the schools of nursing will be necessary, however, to provide background and the context in which the restructuring is occurring. That information, I believe, is a matter of public record and/or can be found in ARNN documents.

• The identification of the school of nursing at which you are currently employed. Given the above, this really is not critical. I would prefer to have your participation on all other areas and treat this as a limitation than not to have your participation at all. Since the consolidation of the schools directly affects those teaching in the 3 St. John’s diploma schools only, I would ask that you indicate that you teach in one of those schools (possibly by writing “St. John’s diploma school” next to Question 5, Part A of the questionnaire).

I hope this addresses the major concerns raised. As I stated, my intention is not to compromise any progress made to date. During any organizational restructuring, however, we all form opinions and perceptions of how proposed changes will affect us as individuals, as members of work groups, and as employees of an organization. I feel it is important to identify and address concerns you might have as you anticipate a new work environment.

Your participation in this study is crucial. Please complete the questionnaire and return it to me by Thursday, November 30, 1995. If you have any questions, I can be reached at either of the above numbers.

Thank you,
November 30, 1995

To all Nursing Faculty Members, Western Memorial Hospital School of Nursing

This letter is a follow-up to the one you have just read, to explain some changes to the original plan for reporting of data. When I met with faculty from other schools of nursing, concerns were raised regarding anonymity of responses and the reporting of results by study site. I have been in touch with my thesis supervisor to discuss these issues and have been able to make changes to the initial study proposal that will address those concerns.

The 2 major issues raised were:

- The reporting of data by study site. Faculty members at other sites have expressed the view that, by the time the study results are released, there will be one diploma school of nursing in St. John's. This would eliminate the need to report results by study site and the subsequent report to the respective Directors of Nursing.
  
  This is a valid point. Even though variation in responses by site would be interesting, reporting those variations would not serve any useful purpose. I told those sites that their data will not be reported in such a way that either any individual's response or the study site could be identified. As such, a summary will not be sent to the original sites or the respective directors of nursing. I indicated to them that I am quite willing to make a presentation to the faculty as a whole when information is available.
  
  I am offering that same arrangement to you. Obviously, there are significant differences between the provincial schools of nursing and it would be preferable to capture those differences. However, I would prefer to have your participation on all other areas and treat this as a limitation than not to have your participation at all. A general description of the schools of nursing will be necessary, however, to provide background and the context in which the restructuring is occurring. That information, I believe, is a matter of public record and/or can be found in ARNN documents.

- The identification of the school of nursing at which you are currently employed. Given the above, this really would not be critical. However, one of the major changes to basic nursing education, namely the consolidation of the 3 St. John’s diploma schools, is a critical factor for those directly involved. Therefore, to enable me to gain insight into how those faculty members are affected, I need to separate the responses of those 3 schools from the 2 schools not so directly affected. If you would prefer not to identify your current workplace, I would ask that you indicate that you are not directly affected by this change (possibly by writing “Not directly affected by the consolidation” under Question 23, Part C of the questionnaire. Of course, if you have concerns about the consolidation, feel free to express those anyway.).

I hope this is not too confusing. I have asked your Director to arrange for a time for me to meet with you to further explain this study, I believe that will be on December 15th. In the meantime, I am sending the questionnaires so that you can have a look at the type of information I am collecting. I'd be happy to address any concerns or questions you have at that time. I look forward to meeting with you then.

Thank you,
November 30, 1995

To all Nursing Faculty Members, Memorial University School of Nursing

Hello again:

You will recall having received a questionnaire regarding nursing faculty expectations and concerns as they anticipate the introduction of the collaborative model of basic nursing education and/or the consolidation of the St. John’s diploma schools of nursing. If you have already completed and mailed the questionnaire, thank you. If you have not completed the questionnaire, this is a reminder to complete the three sections of the questionnaire, and mail it in the self-addressed envelope that was provided.

It is taking me longer to visit the schools of nursing than I had originally anticipated, so I’ve extended the deadline for completion and mailing of the survey materials to Friday, December 22, 1995.

After discussion with faculty from other schools, there has been a change to how some of the results will be reported. Since the St. John’s diploma schools will be consolidated prior to release of the findings, there doesn’t seem to be any useful purpose in separating out the results or the subsequent report to the respective directors of nursing. Therefore, rather than reporting by study site, results will be presented in broader categories - those faculty directly involved in the curriculum change only (which would be Western Memorial and MUN) and those directly affected by both the curriculum change and the consolidation of the St. John’s diploma schools. I’m attaching a copy of the letter sent to the diploma schools in this regard which I hope explains the change more clearly.

Your input is essential to this study and will enhance the value of the findings. I look forward to your participation.

Thank you again for your assistance and support.

Marilyn Thompson
November 30, 1995

Hello again:

You will recall having received a questionnaire regarding nursing faculty expectations and concerns as they anticipate the introduction of the collaborative model of basic nursing education and/or the consolidation of the St. John’s diploma schools of nursing. If you have already completed and mailed the questionnaire, thank you. If you have not completed the questionnaire, this is a reminder to complete the three sections of the questionnaire, and mail it in the self-addressed envelope that was provided.

It is taking me longer to visit the schools of nursing than I had originally anticipated, so I’ve extended the deadline for completion and mailing of the survey materials to Friday, December 15, 1995.

Again, I want to stress that the results will not be reported by site. Your input is essential to this study and will enhance the value of the findings. I look forward to your participation.

Thank you again for your assistance and support.

Marilyn Thompson
Appendix E

Survey Questionnaires

WORK EXPECTATIONS AND CONCERNS OF FACULTY WITHIN NEWFOUNDLAND SCHOOLS OF NURSING

INSTRUCTIONS

This questionnaire is designed to identify the work expectations and concerns of the faculty within Newfoundland schools of nursing as they anticipate the introduction of the new collaborative curriculum and/or the consolidation of the three schools of nursing in St. John's.

This survey questionnaire consists of three parts:

Part A: Demographic Data Sheet

Part B: Work Environment Scales, Form I (Ideal) and Form E (Expectations)

Part C: The Collaborative Model of Nursing Education

Based on feedback from a pilot study, the anticipated time for completion of the entire questionnaire is 45 minutes.

Please follow the directions at the beginning of each part of the questionnaire.

When you have completed the questionnaire, return all survey materials in the self-addressed envelope provided.

Thank you,

Marilyn L. Thompson, BN, MEd
**PART A:**
**Demographic Data Sheet**

This questionnaire asks for background information which will assist me in determining whether certain demographic factors may be related to the responses you give in Parts B and C of the questionnaire. **No data will be reported that would identify individual participant responses.** Please indicate your response by checking the appropriate option within each category.

1. **My age group:**
   - 24 years or younger
   - 25 - 34 years
   - 35 - 44 years
   - 45 - 54 years
   - 55 - 64 years
   - 65 and over

2. **I am:**
   - Single, never married
   - Married
   - Separated/Divorced
   - Widowed
   - Living with Significant Other/Friend

3. **I have _______ (number) of children living at home, ages _____________.

4. **I am currently employed:**
   - Full-time
   - Part-time

5. **I am presently teaching at this school of nursing:**
   - General Hospital
   - Memorial University
   - Western Memorial Hospital

6. **I have been teaching here for:**
   - Less than 1 year
   - 1 - 4 years
   - 5 - 9 years
   - 10 - 14 years
   - 15 - 19 years
   - 20 years or longer

7. **I have also taught at:**
   - General Hospital
   - Memorial University
   - Western Memorial Hospital

8. **In total, I have taught in nursing education:**
   - Less than 1 year
   - 1 - 4 years
   - 5 - 9 years
   - 10 - 14 years
   - 15 - 19 years
   - 20 years or longer

9. **In total, I have been employed in nursing:**
   - Less than 1 year
   - 1 - 4 years
   - 5 - 9 years
   - 10 - 14 years
   - 15 - 19 years
   - 20 years or longer

10. **Job Classification/Rank:**
    - Nursing Instructor II
    - Nursing Instructor I
    - Professor
    - Associate Professor
    - Assistant Professor
    - Adjunct Professor
    - Lecturer
    - Other: ____________________________
11. Administrative Position (if applicable):
- Director
- Assistant Director
- Associate Director
- Program Coordinator

12. Academic/Administrative Responsibilities: (Please indicate all that apply)
- Theoretical instruction
- Administration/Program Coordination
- Clinical practice instruction

13. Academic Background: (Please indicate all levels completed)

<table>
<thead>
<tr>
<th>Degree Level</th>
<th>Program Type</th>
<th>Obtained Year</th>
<th>Which degree obtained (non-nursing)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma-RN program</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor degree</td>
<td>Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masters degree</td>
<td>Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>Nursing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Academic Enrollment: (Please indicate whether you are currently enrolled as a student in either of these programs)

<table>
<thead>
<tr>
<th>Degree Level</th>
<th>Program Type</th>
<th>Currently Enrolled?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor degree</td>
<td>Nursing</td>
<td></td>
</tr>
<tr>
<td>Masters degree</td>
<td>Nursing</td>
<td></td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>Nursing</td>
<td></td>
</tr>
</tbody>
</table>

15. I am enrolled as a student: Full-time □ Part-time □

16. At which university?

17. What factors have prevented you from obtaining a master’s degree (if applicable)?

18. I plan to continue teaching in a basic nursing education program for the next 5 years: Yes □ No □

Reasons for answering "no" (if applicable):

Thank you. Please continue to Part B.
PART B:

WORK ENVIRONMENT SCALES:
FORMS I (IDEAL) AND E (EXPECTATIONS)

This part of the questionnaire contains two forms, each consisting of 90 statements about a proposed work environment.

- Form I (Ideal) asks you to think about your "ideal" work environment - the one in which you would like to work, and answer the questions based on this conception.

- Form E (Expectations) asks you to think about the work environment which you expect when the new collaborative curriculum of nursing education is introduced next September, and base your answers on this expectation.

The statements are intended to apply to all work environments. However, some words may not be suitable for your particular work environment. For example, the term "supervisor" is meant to refer to the Director of your school of nursing, and the term "work" refers to classroom teaching, clinical practice, and scholarly activities.

Please read the instructions at the beginning of each scale. DO NOT complete the demographic information on the answer sheet. Simply read the directions and use the separate answer sheet provided to record your answers. Return both the scales and the answer sheets in the envelope provided.
A SOCIAL CLIMATE SCALE

WORK ENVIRONMENT SCALE
FORM 1

Rudolf H. Moos and Paul N. Insel

Instructions

There are 90 statements in this booklet. They are statements about work environments. They ask you what you think an ideal work environment would be like. You are to decide which of these statements are true of an ideal work environment and which are false. Make all your marks on the separate answer sheet.

If you think the statement is true or mostly true of an ideal work environment, make an X in the box labeled T (true) on the answer sheet.

If you think the statement is false or mostly false of an ideal work environment, make an X in the box labeled F (false) on the answer sheet.

Please be sure to answer every statement.

Consulting Psychologists Press, Inc.
3803 E. Bayshore Road, Palo Alto, CA 94303

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A SOCIAL CLIMATE SCALE

WORK ENVIRONMENT SCALE

FORM E

Rudolf H. Moos and Paul N. Insel

Instructions

There are 90 statements in this booklet. They are statements about work environments. They ask you what you think the work environment you are about to enter will be like. You have probably been thinking about the work environment and we would like to learn about what you think it will be like. Make all your marks on the separate answer sheet.

If you think the statement is true or mostly true of the work environment, make an X in the box labeled T (true) on the answer sheet.

If you think the statement is false or mostly false of the work environment, make an X in the box labeled F (false) on the answer sheet.

Please be sure to answer every statement.
SAMPLE ITEMS FOR THE
WORK ENVIRONMENT SCALE – EXPECTATIONS FORM
by Paul M. Insel and Rudolf H. Moos

Directions: These statements are about the place in which you work. The statements are intended to apply to all work environments. However, some words may not be quite suitable for your work environment. For example, the term “supervisor” is meant to refer to the boss, manager, department head, or the person or persons to whom an employee reports. You are to decide which statements are true of your work environment and which are false.

Involvement Scale
1. The work is really challenging.

Peer Cohesion
2. People go out of their way to help a new employee feel comfortable.

Task Orientation
5. People pay a lot of attention to getting work done.

Work Pressure
6. There is constant pressure to keep working.

Control
8. There’s a strict emphasis on following policies and regulations.

Innovation
9. Doing things in a different way is valued.

Supervisor Support
13. Supervisors usually compliment an employee who does something well.

Autonomy
14. Employees have a great deal of freedom to do as they like.

Clarity
17. Activities are well-planned.

Physical Comfort
20. The lighting is extremely good.

From Work Environment Scale by Paul M. Insel and Rudolf H. Moos. Copyright 1974 by Consulting Psychologists Press, Inc. All rights reserved. Further reproduction is prohibited without the Publisher’s written consent.
PART C:
The Collaborative Model of Nursing Education

The purpose of this section is to explore how you feel teaching in the new curriculum will affect you personally and professionally. Please circle the number indicating your response to each of the following statements. The following code will indicate your response to the statements:

<table>
<thead>
<tr>
<th>1=Strongly Disagree</th>
<th>2=Disagree</th>
<th>3=Agree</th>
<th>4=Strongly Agree</th>
<th>5=No opinion</th>
</tr>
</thead>
</table>
1. I find the change to a new basic nursing education program exciting.  
2. I feel the change to a new curriculum will be professionally valuable for me.  
3. I have been given an opportunity to participate in the collaborative process.  
4. The change to a new basic nursing education program will increase my overall job satisfaction.  
5. I feel secure in my job.  
6. I believe that my workload when teaching in the new curriculum will be reasonable (i.e., student contact hours, teaching hours, scholarly activities).  
7. I will have a close working relationship with the faculty at the other schools of nursing.  
8. I have a clear understanding of the roles that will be expected of me under the new model.  
9. I have been given adequate encouragement toward furthering my education.  

How have you been encouraged?  

10. I feel there will be consistency in curriculum content as the result of educational restructuring.  
11. I believe the uniqueness of each institution has been incorporated into the delivery of the new program.  
12. I have been directly involved in developing the new curriculum.  
13. I believe faculty members from each school of nursing have an equal voice in decisions regarding curriculum development.  
14. I believe that the education of nursing students will be enhanced as the result of the new curriculum.  
15. Administrators in my work setting have been supportive of me throughout the collaborative and/or consolidation change process.
1=Strongly Disagree  2=Disagree  3=Agree  4=Strongly Agree  9=No opinion

16. 1 2 3 4 9 I am kept well informed about curriculum-related issues.
17. 1 2 3 4 9 I am kept well informed about how the changes will affect me.
18. 1 2 3 4 9 I believe each institution is represented equally on committees planning the new curriculum.
19. 1 2 3 4 9 I believe the process planned to hire faculty for teaching positions is fair.
20. 1 2 3 4 9 I feel my particular teaching abilities will be valued highly under the new program.
21. 1 2 3 4 9 I feel my particular clinical expertise will be valued highly under the new program.
22. What is the most significant issue(s) for you as you anticipate teaching in the new curriculum?

23. What is the most significant issue(s) for you as you anticipate the consolidation of three schools of nursing in St. John's?

24. What measures would be helpful to improve your own transition during these changes?

Thank you for your time, input, and support.
Marilyn Thompson
Appendix F

Pilot Study Questionnaire

Marilyn L. Thompson
32 Ellesmere Avenue, Box 2732 Telephone: (709) 782-1811 (Home)
Paradise, Newfoundland A1L 1E8 (709) 737-4627 (Work)
(709) 737-2700 (Fax)

Thank you for agreeing to participate in the pilot of my research study questionnaire. I am very grateful to you for taking the time from your busy schedule to participate in this pilot. I realize that September is a very busy time for everyone.

The target group for this study is all faculty currently teaching in one of the five provincial schools of nursing. Your background in basic nursing education will be very helpful in determining the appropriateness of the particular survey instruments and questions chosen.

I would be grateful if you would assist me by completing the enclosed three (3) part questionnaire. Following completion, please answer the questions related to the questionnaire itself. If necessary, revisions to the questionnaire will be made based on your responses. The information you provide will be used for testing the questionnaire only; therefore you need not return the actual answer sheets.

Please return your comments and the Work Environment Scales to me in the enclosed envelope by Friday, October 6, 1995.

Thank you in advance for your support and assistance.

Sincerely,

Marilyn Thompson, BN, MEd
QUESTIONNAIRE PILOT

1. How long did it take you to complete the questionnaire? _________

2. Do you feel this was a reasonable length of time? Comments:

________________________________________________________________________

3. Were the questions/items in each section clear? If not, which ones were unclear?

________________________________________________________________________

________________________________________________________________________

4. Were there any items to which you could not adequately respond? If so, what were they?

________________________________________________________________________

________________________________________________________________________

5. Was the questionnaire designed in a sequential and logical format? If not, how could it be improved?

________________________________________________________________________

________________________________________________________________________
6. Were the instructions clear? If not, how could they be improved?

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7. Please add any further comments that you think might be helpful.

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Thank you once again for your assistance with the pilot questionnaire.

Marilyn Thompson
Appendix G

WES Form R – Interpretative Report

Work Environment Scale - Form R
Interpretive Report Form
Rudolf H. Moos

The Importance of Assessing Work Climate

The social climate is the "personality" of a work setting, such as an office, a hospital, or a factory. In many ways, each work setting has a unique "personality" or social climate that gives it unity and coherence. Like some individuals, some work settings are friendlier than others; some are more task-oriented; some are more controlling.

Each person in a work setting forms an image of the workplace from his or her experiences in it. For example, if employees take a personal interest in each other, are generally frank about how they feel, and often eat lunch together, than they will think the social climate is cohesive. Such everyday, real events contribute to people's judgments and impressions of their work climates.

Social climate can have a strong influence on people in a work setting. Clinicians and researchers have shown how social climate affects each person's behavior, feelings, and personal growth. Specifically, it can have an impact on an individual's morale and well-being, job performance, receptiveness to office automation, and so on. It can affect an employee's ability to cope successfully with work stressors, an alcoholic patient's prospects for staying sober, and the likelihood that an employee can maintain a positive family environment.

An understanding of your work environment can help you deal with both the positive and negative aspects of your working world. You may want to improve various aspects of your work environment after reviewing this report.

The Work Environment Scale

The Work Environment Scale (WES) measures the social environment of all types of work settings. It comprises ten subscales or dimensions, which are divided into three sets: the Relationship Dimensions, the Personal Growth or Goal Orientation Dimensions, and the System Maintenance and System Change Dimensions.

Using This Report Form

For each scale on the following pages, match your score on that scale to the interpretative statements. These statements compare your perception of that dimension to the scores of work groups in general.
Relationship Dimensions

The first three dimensions measured by the WES are the Relationship Dimensions, which assess how committed employees are to their jobs, how friendly the employees are, and how supportive they are of each other, and how supportive managers are of employees.

Involvement (I)

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<tr>
<td>considerably below avg.</td>
<td>below avg.</td>
<td>avg.</td>
<td>above avg.</td>
<td>well above avg.</td>
<td>cons. above avg.</td>
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</table>

The Involvement subscale measures the extent to which employees are concerned about and committed to their jobs, for example: how challenging the work is, the pride people have in the organization, and the effort they put into what they do.

Peer Cohesion (PC)

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The Peer Cohesion subscale taps the extent to which employees are friendly and supportive of one another, for example: the effort people make to help a new employee feel comfortable, the interest they have in each other, and how frank they are about their feelings.

Supervisor Support (SS)

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<td>well above avg.</td>
<td>cons. above avg.</td>
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The Supervisor Support subscale assesses the extent to which management is supportive of employees and encourages them to be supportive of one another, for example: how often supervisors compliment an employee who does something well, how often they give full credit to the ideas contributed by employees, and whether employees feel free to ask for a raise.
### Personal Growth or Goal Orientation Dimensions

The Personal Growth, or Goal Orientation, subscales make up another set of WES dimensions. This set focuses on the emphasis on independence, getting the job done, and job demands. These dimensions include the Autonomy, Task Orientation, and Work Pressure subscales. All three subscales contribute to a description of the work setting's goal orientation; Autonomy and Task Orientation tap personal growth dimensions as well.

#### Autonomy (A)

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The Autonomy subscale measures the extent to which employees are encouraged to be self-sufficient and to make their own decisions, for example: how much freedom employees have to do as they like, how much they are encouraged to make their own decisions, and whether people can use their own initiative to do things.

#### Task Orientation (TO)

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</table>

The Task Orientation subscale taps the degree of emphasis on good planning, efficiency, and getting the job done, for example: how much attention people pay to getting work done, how often things get "put off until tomorrow," and how efficient and task-oriented the workplace is.

#### Work Pressure (WP)

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The Work Pressure subscale assesses the degree to which the pressure of work and time urgency dominate the job milieu, for example: how much pressure there is to keep working, how often there seems to be an urgency about everything, and whether people can afford to relax.
System Maintenance and System Change Dimensions

The System Maintenance and System Change Dimensions, the last set of dimensions measured by the WES, assess the work setting’s emphasis on rules and policies and on variety and innovation; it also taps the pleasantness of the physical setting. The four subscales in this domain are Clarity, Control, Innovation, and Physical Comfort.

### Clarity (C)

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</table>

The Clarity subscale taps the extent to which employees know what to expect in their daily routine and how explicitly rules and policies are communicated, for example: how well activities are planned, how clearly the responsibilities of supervisors are defined, and how well the details of assigned jobs are explained to employees.

### Control (Ct)

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<tr>
<td>considerably below avg.</td>
<td>well below avg.</td>
<td>avg.</td>
<td>above avg.</td>
<td>well above avg.</td>
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The Control subscale assesses the extent to which management uses rules and pressures to keep employees under control, for example: how much following policies and regulations is emphasized, whether people are expected to follow set rules in doing their work, and how closely supervisors watch employees.

### Innovation (Inn)

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The Innovation subscale measures the degree of emphasis on variety, change, and new approaches, for example: whether doing things in a different way is valued, whether new and different ideas are tried out, and whether the place is one of the first to try out a new idea.

### Physical Comfort (Com)

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The Physical Comfort subscale measures the extent to which the physical surroundings contribute to a pleasant work environment, for example: how good the lighting is, how stylish and modern the place appears, and whether the colors and decorations make the place warm and cheerful to work in.