

A REPLICATION STUDY OF PRIORITIES AND ATTITUDES OF TWO NURSING PROGRAMS' COMMUNITIES OF INTEREST: AN APPRECIATIVE INQUIRY

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American universities and nursing faculties, caught between the imperatives of community demand and university financial constraints, need to analyze their communities of interests' shared priorities for nursing education. This replication study's objective was to compare the priorities and attitudes of two nursing programs' communities of interest using appreciative inquiry (AI). The researchers used AI to conduct a qualitative, comparative analysis of data from two nursing programs. They used one-on-one and focus group interviews to examine stakeholders' views of the best of the nursing program's past, their vision and approaches to realizing the vision, and their roles in contributing to the vision they created. The researchers analyzed the qualitative data using a standardized codebook and content analysis. Respondents' priorities for both academic programs were similar, with the western respondents emphasizing nursing's contribution to quality care and the southern respondents emphasizing its leadership and commitment to diversity. Both identified the role of legislators and the community in partnering with nursing to secure funds for expansion. Both programs' respondents viewed nursing as a major part of the university and considered their role as supporters of the university's academic and financial goals. The two nursing programs appeared to harness external and internal support in their respective communities. While some priorities differed between the two nursing programs, respondents were aware of the ripple effect of decreased funding for nursing education on the delivery of nursing services to the community. Differences among the undergraduate and graduate students, which reflect a nursing program's student mix, underscore the priorities that nursing programs must emphasize. (Index words: Appreciative inquiry; Nursing education evaluation; Nursing methodology research) J Prof Nurs 23:267–77, 2007. © 2007 Published by Elsevier Inc.

UNIVERSITIES IN THE United States are undergoing changes and financial adjustments never experienced in the history of higher education. In some places, zero student growth has become policy and students are postponing graduation dates because of cost-related policies required to curb course offerings, even in critically needed areas of instruction. In turn, nursing faculty find themselves caught in the tension

between these policies and the imperative to increase their number of graduates. Further, although health care employers need nurse graduates, they, too, are under similar financial constraints to restrict the delivery of health care to its basic core elements. These events have affected the public and have focused the attention of the community and university in establishing the priorities for nursing education. One way of determining these priorities is through an analysis of a nursing program's community of interest. These communities are vital to the success of a nursing program and, in turn, nursing's success is vital to their continuing work, productivity, and survival.

Background

A university's major responsibility is to educate students and prepare them as scholars and practitioners. The communities that hire and employ nurses are key stake-

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holders in the educational system as are the politicians, health care employers, their patients, consumers, and their families. As the higher education system in the country undergoes radical change and, in some instances, downsizing, these stakeholders' priorities and attitudes will assume increasing importance in helping the system focus on the emerging populations that require new or renewed attention and on the health care issues that demand high priority for curricular content (Lindeman, 2000).

One of this investigation's authors completed an earlier study, using appreciative inquiry (AI), in a nursing program in a southern state university (hereafter referred to as the southern program; Barrett & Cooperrider, 1990; Farrell, Douglas, & Siltanen, 2003). This replication study was conducted in a western state university, and the results are compared with those from the southern program initiative. Specifically, this study examined the western nursing program's internal and external community of interest's views concerning (a) the best of the nursing program's past that can be brought into the present, (b) its vision for the future, (c) the ways in which it would put the vision into practice, and (d) its suggestions as to the ways in which each stakeholder might contribute to the realization of its shared, co-created vision (Barrett & Cooperrider, 1990). The objective of this replication study was to examine, through AI, the similarities and differences of priorities and attitudes between two university-based nursing programs.

Conceptual Framework

The conceptual framework and its accompanying operational definitions that are used this study are based on those that Farrell et al. (2003) developed for the initial study. In this investigation, nursing is considered as a dynamic discipline that changes as the society it serves changes and is defined as the diagnosis and treatment of the human response to health and health care conditions. Nursing is a professional discipline of the scholar practitioner and, thus, includes theory and practice components. Nursing develops a shared, cocreated set of beliefs, expectations, and relationships with the society in which it develops, and in this regard, it derives from, contributes to, and is owned by that society (Lindeman, 2000). In light of this, society can be defined as a stakeholder in the preparation, formal approval, and use

of professional nursing care. Specifically, this stakeholder includes an internal and an external community of interest (American Association of Colleges of Nursing [AACN] Commission on Collegiate Nursing Education [CCNE] Accreditation, 1998).

An internal community of interest refers to university-based individuals and groups that include university administration, faculty, and students, as well as the groups that govern the activities of faculty and students (AACN CCNE Accreditation, 1998). An external community of interest refers to individuals and groups that influence or participate in the nursing education program, namely, legislators, employers, health care organizations, local groups, professional nursing organizations, consumers, and prospective students and their families.

Nursing Education and Practice

The practitioner of nursing progresses through a system of nursing education, entry to practice, and nursing practice, elements about which stakeholders establish priorities and attitudes. Specifically, nursing education addresses the needs of society in its curriculum and provides learning experiences for students throughout the health care delivery system. Nursing education's components are as follows: recruitment and admission, progression, and graduation. Entry to professional practice involves the successful completion of an educational program, achievement of acceptable scores on a standard measure for licensure, and meeting of state requirements to practice nursing (Table 1).

Nursing practice expectations begin with theory. Once a theoretical base is established, a code of ethical behavior is established and serves as the basis for standards of nursing practice that are used to ensure the delivery of timely and quality care. These three parts, nursing education, entry to professional practice, and nursing practice, are assessed through ongoing, formative, and end-of-program summative processes. The results of this evaluation provide feedback to the various parts of the system as a basis for individual and systems improvement.

Operational Definitions

The researchers used the following list of operational definitions to code the data and map the two communities' responses for priorities and attitude:

Table 1. Organizational System Coding Scheme

	1. Nursing education		2. Entry to practice		3. Nursing practice
Program	9. Recruitment admission →	14. Progression →	19. Graduation →	22. NCLEX Registration →	25. Practice of Nursing ↓
4. BSN	10. Procedure	15. Administration	20. Preparation for practice	23. Preparation for NCLEX	26. Nursing and other theory ↓
5. RN to BSN	11. Interactions/ Relationships	16. Curriculum	21. Recognition graduation	24. Procedures	27. Management of patient care ↓
6. MSN	12. Orientation	17. Faculty			28. Standards of practice ↓
7. NP	13. Feedback	18. Resources			29. Code of ethics ↓
8. Doctoral					30. Regulatory and disciplinary practice
↑ ← Evaluation	↑ ← Evaluation	↑ ← Evaluation	↑ ← Evaluation	↑ ← Evaluation ←	

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