



## Involving the stakeholders in the curriculum process: A recipe for success?

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### SUMMARY

The Department of Nursing and Health Studies at the Manukau Institute of Technology (MIT) in Auckland, New Zealand, decided to involve stakeholders from the health care sector in developing a new curriculum. After implementing the new curriculum, the process was evaluated using a content analysis as qualitative research design. Seven individual interviews and one Focus group interview were conducted with the stakeholders to determine their experiences during the process. Ethical permission was sought from the MIT ethical committee. The analyses of the collected data enabled the researchers to identify six main categories. The categories were: “Existing Programme”, “The need to change”, “The curriculum development process”, “The stakeholders”, “Personnel”, and “Ethnic minorities”. From the collected data, it was clear that a new curriculum was necessary to enable the graduates to meet the health care needs of the New Zealand population, especially after the primary health care policy was introduced in New Zealand. It was also clear that the curriculum development process could be a painful process for all concerned, but a strong leadership could cement a feeling of “collegiality” between stakeholders and teaching staff. The importance of considering the rights of ethnic minorities is clearly stated in the Treaty of Waitangi, safeguarding the rights of the Maori People, and therefore applied rigorously in the development process. In this project, the collaborative process was very successful, and the stakeholders actually expressed feelings of “Ownership” of the curriculum.

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### Introduction

Developing a curriculum is challenging, and mostly quite a daunting task. The traditional approach to curriculum development involves developing the curriculum and then consulting with stakeholders, while more contemporary approaches requires collaborative agreements with targeted stakeholders as part of the development process.

It is now accepted that the information relevant to nurse education will double every 5 years (Barnard et al., 2005), which underscores the need to change curricula regularly to keep up with the latest developments. This meant that irrespective of the changes in the health sector, a change in the curriculum for the nursing programme at the Manukau Institute of Technology (MIT) was necessary.

### Background and context

The Department of Nursing and Health Studies at MIT developed a Bachelor of Nursing (BN) curriculum in response to the

changes in the health sector of New Zealand, and the changing requirements of the Nursing Council of New Zealand. The BN programme was accredited in August 2005, and first, the students were admitted in February 2006.

Keeping the multi-cultural aspects of the region in mind, the Department decided to use a collaborative approach in the curriculum development process, by including the stakeholders such as the potential employers of the graduates. MIT therefore defined the stakeholders to be included in their curriculum development process. They were:

- Lecturing staff from MIT (Focus group).
- Public institutions, such as representatives from Counties Manukau District Health Board representing the hospital services.
- Private institutions, such as the community health care services.
- Representatives from the Maori cultural organisations.
- Representatives from the educational institutions, for example the University of Auckland and the Tertiary Accord of New Zealand.
- Professional Associations, such as the New Zealand Nurses' Association.
- Representatives from the non-nursing university sector.

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Collaboration between institutions could be defined as being “... the process of toiling directly with other individuals in an attitude of teamwork that benefits organizations, individuals, and health care consumers” (Boswell and Cannon, 2005:2).

Collaboration between service providers and educational institutions is not an easy task. In a study done by Pardue (2006), it was found that 48% of staff members did not partner with nursing service personnel to help them develop educational programmes, and 39% of them did not cooperate with community services. These nurses reported several problems in implementing their degree programmes. The Department at MIT wanted to prevent a similar situation. Hence, they decided to involve the service provider stakeholders, including the community services, in their curriculum development process from the onset.

The need for collaborative partnerships between tertiary education institutions and stakeholders was highlighted by Vilela et al. (2004), who stated that universities were created to meet the needs of the communities they served. It is therefore imperative, that schools of nursing should consider the needs of the community before they make any changes to their curricula. This may be done by entering into a collaborative process with the communities they serve.

Collaboration can be seen as a very important aspect of modern education, as it is a process as well as a product of innovation (Lawson, 2004). The need for cooperation becomes obvious when one takes the advances in health care delivery and the fact that taught material in nursing programmes often do not keep track of new developments into account.

Lawson (2004:227) did warn against the idea that “the professional knows best what clients and students need and must do”. The educators should rather view students and their clients as partners who have valuable expertise on their own needs. MIT therefore involved the identified stakeholders as well as students and graduates in the development process of the new degree programme.

## Method

“Qualitative research is a systematic, subjective approach used to describe the life experiences and give them meaning” (Burns and Grove, 2005:61). Burns and Grove used this quote from several other authors, but the essence of this quote is as valid today as it was in 1985.

The following research question was developed for the project: “How did the stakeholders experience the collaboration process with the Department at MIT while participating in the development of the BN curriculum?”

The population involved in the study included all stakeholders already identified.

Data was collected using one Focus group interview with the identified Focus group. A further six individual interviews were conducted with representatives from each identified organisation. Appointments for the interviews were made by means of email contact. A participant information sheet outlining the project and explaining the ethical aspects of the study was also attached. The interviews took place within one week after the first contact was made, and was always conducted by two of the researchers. The interview with the Māori-stakeholder was conducted by the lead researcher and a researcher speaking the Māori language. During the interview, the lead researcher asked the questions, and the accompanying researcher observed the interviewees for untoward reactions. There was no attrition from the identified stakeholder population during the interview process.

With the consent of the participants all interviews were tape-recorded and transcribed verbatim. Data analysis was done using

content analysis following the method suggested by Mayring and Gläser-Zikuda (2005), as it enabled the researchers to reduce a large amount of interview data to manageable units through the process of reduction and summarising. The analysis of the collected data commences with the first reduction of the material through reading the transcriptions line for line. For this project, the researchers used colour coding to identify the relevant passages. Once all the relevant material for category building was identified, the selected material was read again. At this stage the material was rigorously scrutinised and reduced yet again in a second reduction process. This is best demonstrated in Fig. 1. The size of the blocks indicates the amount of material initially used before the reduction was done. This material is later used to build the categories.

The qualitative content analysis enabled researchers to implement a process of inductive category building. Defining the categories was a central step in the research process. It was decided to use a combination of both deductive and inductive category definition approaches. The first step was using the deductive approach, which based on the analysed literature and the research question. The categories were developed by means of applying the theoretical constructs identified from the literature on curriculum development and collaboration processes (Mayring, 2003).

The second step involved using an inductive approach and generalising the data to build the categories from the analysed interview data. In this part of the research, the process had to be approached as neutral as possible without prejudices caused by the viewed literature. Mayring (2003) stated that this is comparable with the process of “open coding” as used in the grounded theory approach.

Once the reduction process was completed, the material was reduced even further into broad categories in accordance with the research question and analysed literature (Mayring, 2003). The process can best be demonstrated in Fig. 2. This process was completed by each of the researchers involved in the project.

The final main categories were defined once the researchers agreed the identified broad categories.

The quality criteria applied during the analysis were described by Bucher and Fritz (1989) as quoted by Mayring and Gläser-Zikuda (2005:30). The criteria were:

1. The principle of reviewing material that fit together.
2. The principle of “explicitness”.
3. The principle of reflectivity.

Ethical approval was obtained from the MIT Ethics Committee in May 2006. Participant information sheets and consent forms were distributed to the participants before making appointments for the interviews. In accordance with the Treaty of Waitangi, the interests of the Māori-population had to be safeguarded. Representatives of the Māori, therefore participated as stakeholders in developing the curriculum. The necessary protocols about involving the Māori were included in the application to the ethical committee, and were strictly adhered to during the research process.

The auditability and creditability of the analysed interviews were safeguarded by using a form of triangulation for the interpreted data. It involved sending the analysed datasheets to the participants with the request to indicate their satisfaction with the transcript and the analysis of their particular interview. As far as the confirmability was concerned, only one person made some suggestions about an alternative interpretation of her interview. The suggestions were incorporated into the final presentation of the data. In the end her disagreement was noted in

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