



Evaluation of how a curriculum change in nurse education was managed through the application of a business change management model: A qualitative case study



Annette Chowthi-Williams ^{a,*}, Joan Curzio ^{b,2}, Stephen Lerman ^{c,3}

^a *LSBU Havering Campus Room, Faculty of Health & Social Care, London South Bank University, Goldcrest Way, Harold Wood RM3 OBE, United Kingdom*

^b *Faculty of Health and Social Care, London South Bank University, 103 Borough Road, London SE1 0AA, United Kingdom*

^c *Department of Education, London South Bank University, 103 Borough Road, London SE1 0AA, United Kingdom*

ARTICLE INFO

Article history:
Accepted 27 August 2015

Keywords:
Change management
Nurse education
Change model
Curriculum changes

SUMMARY

Background: Curriculum changes are a regular feature of nurse education, yet little is known about how such changes are managed. Research in this arena is yet to emerge.

Objective: Evaluation of how a curriculum change in nurse education was managed through the application of a business change management model.

Method: A qualitative case study: the single case was the new curriculum, the Primary Care Pathway.

Participants and Setting: One executive, three senior managers, two academics and nineteen students participated in this study in one faculty of health and social care in a higher education institution.

Results: The findings suggest that leadership was pivotal to the inception of the programme and guiding teams managed the change and did not take on a leadership role. The vision for the change and efforts to communicate it did not reach the frontline. Whilst empowerment was high amongst stakeholders and students, academics felt dis-empowered. Short-term wins were not significant in keeping up the momentum of change. The credibility of the change was under challenge and the concept of the new programme was not yet embedded in academia.

Conclusion: Differences between the strategic and operational part of the organisation surfaced with many challenges occurring at the implementation stage. The business change model used was valuable, but was found to not be applicable during curriculum changes in nurse education. A new change model emerged, and a tool was developed alongside to aid future curriculum changes.

© 2015 Elsevier Ltd. All rights reserved.

Introduction and Background

Curriculum change has become a key feature of nurse education in the United Kingdom (UK) and is driven by health care policies. A shift in UK government policy away from acute hospital care towards primary and community care (Department of Health [DH], 2001, 2003, 2008) opened up the opportunity for one faculty of Health and Social Care in a higher education institution (HEI) to develop and implement a pre-registration programme for student nurses, the Primary Care Pathway (PCP), the first programme of its kind in the UK, which prepared students to take up a newly qualified nurse's role in primary care and community.

The purpose of this paper is to report on an analysis of how this nurse education curriculum change was managed, through the retrospective application of Kotter's business model of change. The paper will also discuss how a proposed new change management model and a tool developed from the study's findings might inform future curriculum changes, and could be applied in other settings retrospectively, prospectively or in real time.

Background Literature

A major change in the UK's pre-registration nursing curriculum, referred to as 'Project 2000', took place in the 1990s, and was a change in philosophy of nurse education from an apprentice-style training to an education-led one (United Kingdom Central Council [UKCC], 1987). Nurse education was thus transferred into HEIs and a new curriculum with a more holistic focus on patient care, including care in the community setting was instituted (Hart, 2004). However, concerns at the failure of the new curriculum to prepare practitioners for their future role, led to further curriculum changes (Department of Health, 1999).

* Corresponding author.

E-mail addresses: annettecw@hotmail.co.uk (A. Chowthi-Williams), curziojl@lsbu.ac.uk (J. Curzio), lermans@lsbu.ac.uk (S. Lerman).

¹ Tel.: +1 7738087108; fax: +1 207 815 5906.

² Tel.: +1 207 815 5928; fax: +1 207 815 5906.

³ Tel.: +44 20 7815 7440; fax: +44 20 7815 8160.

Since then, there have been new curriculum changes reflecting developments in health care policy towards primary and community care (Department of Health, 2003, 2008, 2010) and the introduction of an all-graduate profession (Nursing and Midwifery Council [NMC], 2010), with universities currently implementing these changes.

Curriculum changes require strategic and operational management of wide-ranging adjustments, both within academia and in the practice setting, as an equal amount of time is given to theory and practice in UK nurse education (Nursing and Midwifery Council, NMC, 2010). This kind of change might include setting out a vision, changing philosophy, introducing new teaching and learning, and academics developing new skills and expertise. Academics feel at ease in their field of expertise and teaching approaches. Change can be alarming and resistance can emanate, as fear of the unknown and the inability to preserve influence becomes evident. Thus expert use of change strategies is likely to ensure success (Brady et al, 2008). Curriculum change can be eased through the use of approaches that help to comprehend and work through the process. Equally, a tool that forecasts problems and gives strategies for addressing emerging issues can heighten success (Hull et al, 2001; Kramer, 2005). The challenges of the recent changes to UK nurse education have led to employers developing strategies to help manage this change (NHS Employers, 2012).

Despite the many changes in nurse education curricula over the last few decades, how curriculum changes are managed in the UK appears unknown. Studies undertaken to evaluate curriculum changes have focused on evaluating the content, process and outcomes of curriculum changes. Roxburgh et al. (2008) undertook a substantive review of curriculum evaluation in UK nurse education. Though the aim was to examine how these evaluations were approached, what the work does show is that none of these studies examined how the various curriculum changes were managed in nurse education. Earlier studies similarly concentrated on changes to practice, role of mentors, community experience and change in philosophy as new curricula were introduced (Clarke, 1996; Hallet, 1996).

With no literature found on how curriculum changes are managed in nurse education in the UK, it is not known how such changes were managed, whether a change management model might help manage change effectively, or whether models, theories, and approaches developed by other disciplines could be valuable in nurse education.

When compared to other sectors, for example business or healthcare, there are gaps and limitations around theory, research and evidence in managing curriculum changes in nurse education. The field is yet to develop or test models, theories or approaches that might be particularly relevant as curriculum changes occur constantly.

With no change management models developed in nurse education and Kotter's model addressing change from its conception to implementation; together with universities now becoming more entrepreneurial, it seems apt to use this business change model as the theoretical underpinning for this study.

Step 1 Increase Urgency
Step 2 Build the Guiding Team
Step 3 Build the Right Vision
Step 4 Communicate for 'Buy In'
Step 5 Empower Action
Step 6 Create Short Terms Wins
Step 7 Don't Let Up
Step 8 Make Change Stick

Fig. 1. Eight steps for successful large-scale change (Kotter and Cohen, 2002).

The Eight Steps for Successful Large Scale Change

Kotter and Cohen (2002) change model (see Fig. 1) emanates from the Emergent approach, which views change as complex, chaotic, and challenging and which should be driven from the bottom (Pettigrew et al, 2001) and which cannot be pre-planned (Kanter, 2008).

Based on empirical research internationally, it is a pragmatic model underpinned by the philosophy that transforming organisations through a step-by-step approach, occurring sequentially and completed within a reasonable time, is key to successful change. Steps one to four help to unfreeze the resistant and embedded status quo, and get people to accept the realities of change. Steps five and six help implement and introduce new practices, whilst the remaining steps consolidate and embed the new ethos (Kotter and Cohen, 2002). Alongside using the steps, this model stresses that the key to effective change lies in addressing people's feelings. Leadership at differing levels has also been emphasised as important to successful change (Kotter and Cohen, 2002).

Study Aim

The aim of this study was to examine how a curriculum change was managed in one HEI in the UK, through an analysis using the retrospective application of Kotter's business model of change across the organisation.

Method

A qualitative design using a case study approach was adopted. The single case under exploration was the new pre-registration programme, the PCP, developed at one HEI. A case study approach enabled the exploration of change management and the context in which it was occurring (Yin, 2014).

Setting and Participants

This study took place in a Faculty of Health and Social Care in a HEI in England and four Primary Care Trusts [PCTs] (now Clinical Commissioning Groups [CCGs]).

The sample was selected purposively to capture the key players involved in the change across the HEI and included executives, senior managers, academics, and students.

Data Collection

Change Management

Data was gathered through semi-structured interviews, focus groups and documentary analysis. Questions based on Kotter's model were devised for different participants, with the aim of capturing change across the organisation. An interview schedule was developed each lasting up to an hour. Documentary analysis examined documents such as minutes of meetings from the curriculum steering groups, curriculum planning groups, working papers and departmental meetings.

Ethical Consideration

A University Research Ethics Committee application was approved. All participants were sent invitation letters with information sheets that provided details about consent, benefits and harm, confidentiality, data protection and the right to withdraw. All participants gave written consent. Different consent forms were designed for academics and seniors managers, in light of issues of confidentiality. All data were anonymised and secured safely on a password-protected computer.

Download English Version:

<https://daneshyari.com/en/article/6847652>

Download Persian Version:

<https://daneshyari.com/article/6847652>

[Daneshyari.com](https://daneshyari.com)