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Janet H. Davis, MSN, MBA PhD, RN*

College of Nursing, Purdue University Northwest, Hammond, IN 46323, USA

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ABSTRACT

Accreditation, a public measure of program quality, is essential in today's competitive higher education environment. State board of nursing preclicensure program approval and a program's reputation are affected by the accreditation decision of a nursing program-accrediting agency. Writing the accreditation self-study and hosting the program site visit are often stressful experiences for the nursing program administrators, faculty, and students involved in these processes. The Neuman Systems Model can be used to objectively develop protective buffers for the stressors associated with programmatic accreditation. Three example scenarios that were developed to describe interventions, based on the Neuman Systems Model, to buffer and reduce the stress of the accrediting agency's processes are presented. The scenarios do not represent any specific nursing program but were created based on the experiences and questions of faculty members and academic administrators.

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Introduction

Successful programmatic accreditation starts with insight into the purpose of accreditation followed by systematic implementation of defenses for overcoming the stressors common to the program review process. Programmatic accreditation is frequently characterized as a stressful undertaking for nursing education programs. It requires that significant academic resources be dedicated to the goal of demonstrating compliance with national nursing education standards. Some state nursing boards will only approve degree authority for those preclicensure nursing programs that are programmatically accredited. In those particular states, a program cannot operate without accreditation by a nursing accrediting agency. In other states, accreditation serves as a tangible means of communicating program quality across constituencies (National Council of State Boards of Nursing, 2012). Consequently, a nursing program's image and reputation are affected by the accrediting agency's program review decision.

In the United States, academic program accreditation is implemented by private, nonprofit agencies that are recognized by the Council for Higher Education Accreditation or by the United States Department of Education (Middaugh, 2010). The two major agencies that accredit associate degree nursing programs are the Accreditation Commission for Education in Nursing (ACEN) and a new agency, the National League for Nursing Commission for Nursing Education

(CNEA; Jackson & Halstead, 2016). The ACEN has six program accreditation standards: mission and administrative capacity, faculty and staff, students, curriculum, resources, and outcomes (ACEN, 2017). The CNEA has five standards of program quality: culture of excellence—program outcomes; culture of integrity and accountability—mission, governance, and resources; culture of excellence and caring—faculty; culture of excellence and caring—students; culture of learning and diversity—curriculum and evaluation processes (CNEA, 2016).

The ACEN and the CNEA follow a similar cyclical process for assessing compliance with their published accreditation standards. For initial and renewed accreditation, a nursing program submits a self-study for peer review followed by a campus site visit. The accrediting agency reviews the findings report submitted by the site visit team chair, and the agency then communicates its findings and decision to the school's senior leadership. The review cycle continues with variations depending on the accrediting agency's decision about the program's compliance with accreditation standards. An accredited program submits annual reports to the agency to demonstrate continued compliance with the standards.

The programmatic accrediting agencies correspond with the senior campus leadership because the final responsibility for program quality rests with those institutional officers. When a program is in compliance with accreditation standards, the agency's correspondence is generally short and to the point. In contrast, letters regarding program deficiencies usually include a complete statement of the standards, often in bold face type, followed by program deficiencies along with due dates for an institutional response and any required

¹ The author declares no conflict of interest.* Corresponding author. Tel.: +1 773 771 6364.
E-mail address: Janet.Davis@pnw.edu.

program documents. The required format and critical dates for responding to any citations included in the letter from the agency should be carefully noted.

The Neuman Systems Model

The cyclical, ongoing nature of accreditation aligns with the characteristics of the Neuman Systems Model. Developed in 1970, the Neuman Systems Model has been applied to individual-, family-, and community-centered care. In addition to clinical nursing applications, it has been used as the basis of nursing curriculum and nursing services administration (Neuman, 2011). This is a general systems model that recognizes that each organizational system, just like each prelicensure nursing program, is unique. Applying the Model's components to nursing program accreditation provides an objective perspective on the stress that is produced by the review process and suggests interventions to buffer that stress.

The Neuman Systems Model proposes that an organization has a normal line of defense consisting of the usual range of responses a system uses to maintain normalcy (Neuman, 2011). This line of defense protects the organization's energy resources and core functions. For example, a line of defense for a nursing program is using an institutional grading scale for student grade calculation. Externally imposed environmental stressors, such as programmatic accreditation processes, can penetrate an organization's usual line of defense. The requirements of the external programmatic review process add stress to a nursing program's core functions, especially when accreditation tasks are added to an already full workload.

The stability of a prelicensure nursing program is impacted by environmental stressors. How deeply a stressor penetrates an organization's stability depends on the development of a flexible line of defense. Flexible lines of defense for an organization are developed using internal and external resources to protect against threatening environmental stressors. A flexible line of defense can be visualized as a rubber band that protects the nursing program's normal functioning while also stretching its capacity. The lines of defense stabilize and return a nursing program to its usual positive functioning and can even move it to a higher level of stability.

How can a nursing program maintain and strengthen its flexible lines of defense against the stress of an accreditation review? Interventions that are created from the program's internal and external resources will produce protective buffers. These interventions, classified as primary, secondary, or tertiary prevention, develop and support the flexible lines of defense.

A Primary Prevention Scenario: Engage in the Process

Primary prevention defense interventions are applied to prevent stressors before they occur in a nursing program's accreditation cycle. For instance, this scenario was designed to illustrate how a community college program developed flexible lines of defense through consistent engagement in the accreditation processes. In this example, the nursing program administrator had a background in nursing service administration and had previously participated in several quality assurance hospital site visits. He transferred this experience to his nursing program leadership role and decided that it was very important to deliberately build reciprocal relationships with his program's accrediting agency. Attending the agency's annual meeting, reading its newsletters, and following it on social media kept the administrator up-to-date on the accrediting agency's expectations. The administrator realized that the best way to truly understand the accreditation process for his nursing program was to become trained as a volunteer site visitor for the accrediting agency. This training presented how a self-study is evaluated, described site visit protocols, explained what is included in the on-site report, and

reviewed the processes for the agency's approval decision based on a program's review.

The accrediting agency automatically included an accreditation preparation workshop registration as part of the institutional fee structure (Tanner, 2013). Two faculty members readily volunteered to represent the program at the agency's annual workshop. The workshop sessions provided the faculty with useful insights into the backgrounds of the agency's volunteer peer reviewers and staff members as well as its culture. Networking with nursing administrators and other faculty going through the accreditation process was an additional benefit.

The program administrator and faculty constantly related the programmatic accreditation standards to the academic structures and processes used by their program as a primary prevention intervention. Through this intervention, buffers are created that reinforce the program's flexible lines of defense. Knowing that faculty should be prepared to describe the curriculum model and the educational principles included in the curriculum during a site visit, the program's curriculum committee included in its annual summary report to the faculty a description of how the nursing curriculum plan was built based on research literature, governmental documents, professional association publications, and educational theory. The curriculum committee's annual summary report very clearly described how the organization, sequencing, and integration of courses facilitate student achievement of the expected outcomes. As part of the report, a curriculum committee member validates annually that the same statements of expected student outcomes at the completion of the program, required by the accreditation standards, appear in all institutional Web sites, publications, and syllabi.

Faculty routinely audited their syllabi based on the national accreditation standards. The program's course syllabi were formatted to include title, number, description, credit hours, instructor, hours and schedule, course objectives, outline of content, description of teaching methods and learning experiences, methods of student evaluation/grading, required and recommended readings, and course prerequisites. Specific prerequisite course requirements, including the knowledge and skills that students are expected to possess upon entrance into the nursing program, are stated. The course syllabi objectives were reviewed for behavioral terms that are reflective of the breadth and depth of the course content and of the level of student performance expected. A variety of instructional methods selected to maximize learning were evident. Rationale for the instructional methods was based on the curriculum philosophy, the content, the needs of the learners, and the defined expected student outcomes. The syllabi demonstrated that a variety of evaluation methods are used across the curriculum to determine if students have achieved the learning objectives.

An additional internal resource to buffer the stress of accreditation was found in the program's advisory board. As a primary prevention strategy, the accrediting agency requirements were included in each board meeting agenda with a short presentation by the program administrator to update the board members and keep them current regarding the standards. Constituency representatives, such as students and graduates, were positive program advocates and strong internal resources for the program review process. The program faculty, staff, and constituency representatives always felt prepared for the accreditation review process. This scenario illustrates how a program used primary prevention interventions and included the program's internal and external resources to both maintain and strengthen its flexible lines of defense against the stress of accreditation review.

A Secondary Prevention Scenario: Expand the Team

Secondary prevention interventions are used after the stressor has already occurred and begins to affect a program's core function

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