

THE LIVED EXPERIENCE OF PRACTICAL NURSING FACULTY WHO HAVE
TRANSITIONED TO A CONCEPT-BASED CURRICULUM AS
REQUIRED BY THE NORTH CAROLINA NURSING
CURRICULUM REVISION PROJECT

by

Lora Poole Bartlett

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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ABSTRACT

The purpose of this hermeneutic phenomenological qualitative study was to understand the lived experience of practical nursing (PN) faculty who have transitioned from a systems-based curriculum to a concept-based curriculum (CBC) as required by the North Carolina nursing revision project. In recent years, nursing education transformation has been a topic of interest among government organizations, the healthcare system, nursing leaders and organizations, and faculty of nursing programs. However, literature specifically on how faculty perceive and transition into these new innovative methods of teaching is minimal. The participants in the study were PN faculty employed by North Carolina community colleges and members of the North Carolina Council of Practical Nurse Educators (NCCPNE). The design used van Manens's hermeneutic phenomenological approach to gain an understanding of the lived experiences of nurse faculty who have transitioned from a systems-based curriculum to a CBC. Additionally, Schlossberg's transition theory was used to describe the experience of nurse faculty during the transition to a CBC. Data collection included individual interviews, a focus group interview, and self-reflective journaling. Data analysis consisted of reading and re-reading each of the transcripts and journal documents to discover the codes, themes, and categories. The results of this research emerged from the experiences of 12 PN faculty who transitioned to a CBC. The primary factor that facilitated the transition was support from peers and coworkers. Faculty often depended on others who had experienced the transition for affirmation and coworkers for involvement and support in the process.

Keywords: concept-based curriculum, faculty role satisfaction, lived experience, meaning, transition, phenomenological study, qualitative studies

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Dedication

I dedicate this work to my husband, Tim. Without your love and support, I would never have been able to complete my many years of ongoing education. Thank you for always being there and being the rock to my rocket, I love you. In memory of Mom, who showed me the importance of education and learning. Finally, in memory of Mamaw Fushia, who believed I had the ability to be a writer.

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List of Abbreviations

Advance practice nurses (APNs)

Affordable Care Act (ACA)

American Association of Colleges of Nursing (AACN)

Assessment Technologies Institute (ATI)

associate degree nursing (ADN)

Associate in General Education (AGE)

Baccalaureate of Science in Nursing (BSN)

Career and College Promise (CCP)

Center for Academic and Professional Success (CAPS)

collaborative improvement model (CIM)

concept-based curriculum (CBC)

concept-based learning activity (CBLA)

curriculum improvement project (CIP)

dedicated education unit (DEU)

evidence-based teaching practices (EBTP)

Family nurse practitioner (FNP)

Institute of Medicine (IOM)

Institutional Review Board (IRB)

learning management system (LMS)

National Academies of Sciences, Engineering, and Medicine (NASEM)

National Council Licensure Examination (NCLEX)

National Council of State Boards of Nursing (NCSBN)

National League for Nursing (NLN)

NCLEX for RNs and PNs (NCLEX-RN and NCLEX-PN)

North Carolina Community College System (NCCCS)

North Carolina Council of Practical Nurse Educators (NCCPNE)

practical nursing (PN)

problem-based learning (PBL)

Regionally Increasing Baccalaureate Nurses (RIBN)

Registered nurse (RN)

Robert Wood Johnson Foundation (RWJF)

Second Careers and Nursing (SCAN)

situation, self, support, and strategies (the 4 S's)

subquestions (SQs)

CHAPTER ONE: INTRODUCTION

Overview

Significant changes in the U.S. healthcare system have led to an increased demand for changes in nursing education (Institute of Medicine [IOM], 2011). The National League for Nursing (NLN, 2003, 2005) has taken note of this demand and has issued statements calling for nursing education reform along with new and innovative methods in the curriculum. Additional drivers behind the call for change in nursing education include an increase in the aging population and an emphasis on community health. Also, prevention measures, improvement in interdisciplinary education, and a failure to remove content from the nursing education curriculum are vital areas requiring attention.

Furthermore, of critical concern is that the nursing curriculum fails to promote critical thinking (Baxley & Cunningham, 2014; Greiner & Knebel, 2003; IOM, 2003; Joynt & Kimball, 2008). The NLN (2003, 2005) position statement advocated for nurse faculty to base curriculum decisions on current research and for nurse faculty whose specialty is in education to lead the way in promoting innovative curriculum. Faculty resistance to change in the curriculum has been a significant reason reform has not taken place (Hendricks, & Wangerin, 2017). A change to nursing education requires faculty to shift the focus from massive amounts of content to essential concepts and abilities (Dalley, Candela, & Benzel-Lindley, 2008). However, Kopperschmidt and Burns (1997) stated, nursing curricula are “an extension of the faculty’s psychological self” and “any curriculum change causes a variety of faculty responses ranging from uneasiness to active resistance” (p. 90). A traditional, teacher-centered lecture format continues to influence most nursing education programs, with less than 20% of nursing programs

implementing innovative teaching approaches (NLN, 2003; O'Sullivan, Blevens-Stephens, Smith, & Vaughn-Wrobel, 1997).

Additionally, faculty report perceived barriers to curriculum change related to student characteristics and time constraints (Shell, 2001). According to J. M. Phillips et al. (2013), an additional reason for faculty resistance to a change in curriculum is due to the pressures of the National Council Licensure Examination (NCLEX) pass rates placed on students. Furthermore, the changes in nursing practice in recent years, along with the demands to change nursing education, places more enormous strains on the faculty in their role as educators. Due to these dynamics, faculty resistance to a change in the curriculum has been a significant reason why reform has not taken place.

Another concern in nursing education is the shortage of nursing faculty and the impact a change in the curriculum may have on faculty role satisfaction and the ability to recruit and retain nurse faculty (Ingeno, 2013; Weidman, 2013). Derby-Davis (2014a, 2014b) suggested that nurse faculty with poor role satisfaction may not transition well to changes in curriculum. Additionally, the more educated and experienced nurse faculty are better equipped to adjust to a change in curriculum. However, it is this population of faculty who are at retirement age and are leaving academia (Thompson et al., 2014; Weidman, 2013). The call for reform in nursing education and the transition experiences of nurse faculty are essential for the future of nursing education. Exploring the transition experiences of nurse faculty is crucial to gaining an understanding of how nurse faculty experience and cope with change and how the transition affects their teaching practices and role as educators. This current study utilized a hermeneutic phenomenological study design to explore the common meanings for several individuals and

their lived experiences of the phenomenon of transitioning from a systems-based to a concept-based curriculum (CBC) (Creswell & Poth, 2017).

This chapter serves to introduce and discuss the essential information about this research study. The subsections in this chapter include background, situation to self, problem statement, purpose statement, the significance of the study, and research questions. This chapter concludes with definitions of some particular terms used.

Background

Significant changes are presently occurring in the U.S. healthcare system that influence nursing education and the nursing profession. Changes in the education of future nurses and how those changes impact nurse educators at a time when there is a shortage of nurse faculty are essential for understanding and efficiently retaining current faculty and recruiting future faculty. Also, there is a discussion of the theoretical context as it is crucial to understanding the variables, concepts, and principles of this research.

Historical Context

The enactment of the Affordable Care Act (ACA) in 2010 resulted in the most significant changes in healthcare since the creation of Medicare and Medicaid in 1965. Additionally, the aging population will increase to nearly 20% of the total populace by 2030 (IOM, 2010). These aging Americans will lead to increasing occurrences of associated chronic diseases like diabetes, hypertension, arthritis, cardiovascular disease, and mental health conditions (IOM, 2010). Along with an aging population, the emphasis is on more community health and prevention measures. Despite these changes in patient populations, nursing education is challenged to remove additive content from curricula while promoting critical thinking abilities among nursing graduates.

Furthermore, those in the field of nursing are encouraged to develop more

interdisciplinary and collaborative learning approaches to increase teamwork and collaborative practices among all healthcare providers to improve healthcare delivery and consistent patient outcomes (Baxley & Cunningham, 2014, IOM, 2010). Overall, nursing, as one of the largest health professions in America, is required to provide quality, safe, competent, and collaborative care in a variety of healthcare settings (IOM, 2010; National Academies of Sciences, Engineering, and Medicine [NASEM], 2016). The responsibility and accountability faculty feel regarding graduating safe, competent nurses increase their role strain and may impact how they transition to innovative teaching approaches.

The IOM and the Robert Wood Johnson Foundation (RWJF) established an initiative to assess and transform the nursing profession in 2008. Additionally, Benner, Sutphen, Leonard, and Day (2010) called upon nurse educators to transform their practice and the profession of nursing. Since that time nursing education has undergone numerous innovative changes to include the addition of simulation, nurse residency programs, use of technology and distance education. Additionally, changes in pedagogy such as teacher-centered to student-centered approaches are being implemented (Benner, 2012; Faison & Montague, 2013; Handwerker, 2012; Murray, 2013; J. M. Phillips et al, 2013; Shin & Kim, 2013; Stanley & Dougherty, 2010; Tanner, 2010; Waters, Rochester, & McMillan, 2012). Curriculum change is one of the most significant reforms for nursing education with an emphasis on content removal and an increase in critical thinking skills of nursing graduates (Daly, 1998; Diekelmann, 2002). Curriculum change includes revisions like shifting from a medical systems-based, content-laden model to one founded on the concepts with the elimination of content (Murray, 2013). Nursing education is currently experiencing a shift from a traditional based model to innovative models of instruction with attention to changes to curriculum and teaching approaches. Nurse educators are on the

front line of this transition and act as the leaders and change agents in nursing education reform. Nurse educators' ability to cope with this transition lies at the heart of the success or failure of the changes expected for nursing, the future of healthcare, and patient outcomes (NLN, 2003, 2005). Studies have been done on the results of these innovative methods and approaches to nursing education from a student and program perspective (Benner, 2012; Murray, 2013; Shin & Kim, 2013). However, very little has been studied on how nurse faculty perceive, adapt, and transition into these new models of nursing education (Donohue-Porter, Forbes, & White, 2011; J. F. Giddens & Brady, 2007; Stanley & Dougherty, 2010).

Social Context

Nurse faculty shortages are another area of significant concern with the changes occurring within healthcare and explicitly nursing education (Ingeno, 2013). The lack of nurse educators directly affects the supply of nurses to meet health care needs at a time of increasing demand (Derby-Davis, 2014a, 2014b; Laurencelle, Scanlan, & Brett, 2016; Nardi & Gyurko, 2013; Thompson et al., 2014; Wang & Liesveld, 2015). As faculty numbers continue to decrease so too will the number of students admitted into schools of nursing. The decrease in student admissions leads to a reduction of nursing graduates who are prepared to address the healthcare needs of the growing aging population (American Association of Colleges of Nursing [AACN], 2015; Evans, 2013; Laurencelle et al., 2016). McMenamin (2014) reported the employment of 34,200 additional nurse educators is needed to meet the needs required by 2022. Other factors affecting faculty numbers include the retirement of aging faculty and the lack of younger, adequately educated nurse faculty to replace them (McDermid, Peters, Jackson, & Daly, 2012).

Derby-Davis (2014a, 2014b) stated that job satisfaction is a variable that affects the intent to stay in an organization. Furthermore, the faculty's intention to stay in academia is influenced

by the high expectations placed upon faculty in their role as educators. There are three top professional fulfillment sources for U.S. faculty: student interaction, the intellectual environment, and their teaching role (Peterson & Wiesenberg, 2004). Faculty with high levels of job satisfaction rated their intent to stay as higher than did faculty with low levels of job satisfaction (Derby-Davis, 2014a, 2014b). Other factors that can positively impact faculty intent to stay are administrators' mentoring, support, and recognition of faculty efforts and needs (Candela, Gutierrez, & Keating, 2013). Finally, the shortage of faculty correlates with role transition and role strain. Role ambiguity and self-assessed competency are significant predictors of role strain. Role strain is a significant predictor of satisfaction with role transition and intent to stay in the faculty role (Cranford, 2013). The increasing emphasis for nurse faculty to change how they teach directly affects faculty role strain and may affect how faculty transition to innovative teaching methods and curricula. It is essential to understand how nurse faculty perceive, describe, and transition in their role as new approaches to nursing education are adopted for nurse leaders and administrators to mentor, support, and meet the needs required by faculty during the transition.

Theoretical Context

The theoretical frameworks of this study were centered on Nancy Schlossberg's transition theory (Anderson, Goodman, & Schlossberg, 2012; Sargent & Schlossberg, 1988; Schlossberg, 1981) and Max van Manen's (1990) phenomenological methodological approach to describing and interpreting lived experience. Schlossberg (1981) introduced her theory in an article entitled, "A Model for Analyzing Human Adaptation to Transition." Schlossberg initially referred to her theory as a model, and it was not until later that she referred to it as a theory. Since that time, she has continued to develop and co-author several books describing the theory

(Anderson et al., 2012; Goodman, Schlossberg, & Anderson, 2006; Schlossberg, 1984; Schlossberg, Waters, & Goodman, 1995). From the first edition of Schlossberg's book in 1981, *Counseling Adults in Transition* until the fourth edition in 2012, the model was further developed into three parts, included an integrative model of the transition process, and the 4S model (Anderson et al., 2012). For this study, I used the current description of Schlossberg's theory. Anderson et al. (2012) stated the theory is founded on three principles. First, adults continuously experience transitions; and second, adults' reactions to a transition are dependent upon the type, context, perception, and impact of the transition on the life of the individual. Lastly, transitions have no end point, but instead, are a process that occurs over time and include the phases of assimilation and appraisal as individuals move into, through, and out of the transition.

Evans, Forney, and Guido-DiBrito (1998) reported Schlossberg's definition of a transition is "any event, or non-event that results in changed relationships, routines, assumptions, and roles" (p. 111). Sargent and Schlossberg (1988) stated, "People bring a combination of assets and deficits to each transition" (p. 60). The type of transition must be considered such as anticipated, unanticipated, or a non-event when an expected transition does not occur (Evans et al., 1998). Context refers to the relationship of the individual to the transition and the setting where it happens. The impact is based on the degree to which the transition alters the daily life of an individual.

According to Schlossberg's (1981) definition of transition, "A transition can be said to occur if an event or non-event results in a change in assumptions about oneself and the world and thus requires a corresponding change in one's behavior and relationships" (p. 5). The transition may be influenced by several factors, including the individual's perception of the event. Schlossberg's (1981) primary set of factors that affect an individual's ability to cope with a

transition include situation, self, support, and strategies (i.e., the 4 S's). Situation comprises precipitating factors, timing, amount of control an individual perceives, role change, duration of the event, previous experience, and concurrent stress. The factor of self includes personal and demographic characteristics of the individual as well as ego development, outlook, commitment, and values. The factor of support encompasses intimate relationships, family, friends, institutions, and communities. Finally, strategies or coping responses include any that modify the situation, control the meaning of the problem, and aid in managing stress in the aftermath (Sargent & Schlossberg, 1988). As nurse faculty made the transition to a new curriculum, the ability to cope with the transition was explored in the present study through the type, context, and impact of the transition while viewed through the lens of the 4 S's of the situation, self, support, and strategies of the individual.

This study, founded on the hermeneutic phenomenological approach of van Manen (1990), utilized this approach to describe and interpret the phenomenon of transition as experienced by nurse faculty. According to Goble and Yin (2014), "Hermeneutic phenomenology is a qualitative research methodology that arose out of and remains closely tied to phenomenological philosophy" (para.1). Martin Heidegger (1962), Hans-Georg Gadamer (1988), and Paul Ricoeur (1979) are the most prominent representatives of hermeneutic phenomenology. Phenomenology is hermeneutic when the method is interpretative as compared to a descriptive approach as in transcendental phenomenology (van Manen, 2011). Van der Zalm and Bergum (2000) described this methodology as striving to understand experience, rather than to provide a causal explanation of that experience. In doing hermeneutic phenomenology, van Manen (1990) offered six research activities that are used in human science research.

Additionally, van Manen (1990) stated that while these events are presented in an organized manner, it is not meant to be a prescribed set of procedures, but to stimulate insight instead. The six research activities include (a) turning to the nature of lived experience or phenomenon, (b) investigating experience as we live it, (c) reflecting on essential themes, (d) the art of writing and rewriting, (e) maintaining a strong and oriented relation to the phenomenon, and (f) balancing the research by considering the parts and the whole (van Manen, 1990). Use of phenomenological reflection and writing is an attempt to grasp the essential meaning or essence of an individual's experience of transition. Interpretation of the phenomenon will occur through the deliberate act of describing the experience through a textual form (van Manen, 2007). The aim is to construct a text of human actions, behaviors, intentions, and experiences as met in the lifeworld (van Manen, 1990).

Situation to Self

My role as a nursing faculty member within a community college nursing program in North Carolina influenced my interest and desire to study the impact curriculum change has on nursing education. I have always enjoyed teaching and have striven to make nursing education a positive experience in contrast to some of the nursing faculty I had as a young nursing student. I am interested in new approaches to education and fully believe that learning is developed or constructed based on previous knowledge and is the responsibility of the student. However, new nursing students need someone to guide and direct them on the road toward knowledge acquisition, self-confidence, and eventually, independent nursing practice. I have taught in a traditional systems-based curriculum and implemented a CBC in 2015, and I continue to utilize this curriculum. I believe that it is essential to learn how others experience, perceive, and adapt to change in their personal and work lives. Additionally, it is crucial to know what support is

needed for faculty as they transition to a new method of teaching as well as what can be done to recruit new faculty and how to retain current faculty during times of transition.

I bring an epistemological, philosophical assumption to this study through my belief that individuals experience the world uniquely. An epistemological assumption includes questions about knowledge and the relationship between the researcher and the participants (Creswell & Poth, 2017). To examine the participants' subjective experiences, I interviewed participants where they work using a method in which they felt most comfortable, relying on quotes from interviews, conversations, and written journal reflections. This study was viewed through the social constructivism paradigm. Social constructivism, also known as interpretivism, is used to understand the world in which individuals live and work. The aim was to rely on the participants' views of the phenomenon as they interacted with others (Creswell & Poth, 2017).

All my professional nursing education and teaching experience have taken place within a traditional systems-based curriculum. It is essential that I share my experience regarding curriculum change from a systems-based to a CBC as this was at the heart of this study. I am aware that my own beliefs and values will color the background of the study and my personal experience of curriculum change can affect how I perceive and interpret others' lived experiences.

Problem Statement

The current changing healthcare arena has led to a demand for changes in how nurses are educated and prepared to meet the needs of healthcare recipients. As nurse educators implement new approaches in nursing education, it is essential to understand how nurse faculty experience and cope with this transition process. Additionally, this transition comes during a time when nurse faculty shortages limit the ability of schools of nursing to enroll and graduate adequate

numbers of nursing students to meet the demands of the projected 3.24 million nurses needed by 2022 (AACN, 2014), placing higher demands and stress on nursing faculty. The additional stress and role strain may affect role job satisfaction, leading to a loss of current faculty and the inability to recruit new faculty.

Despite the current abundance of knowledge about nursing education, much is unknown about how nurse faculty transition and cope with innovative approaches to nursing education (Donohue-Porter, Forbes, & White, 2011; J. F. Giddens & Brady, 2007; Stanley & Dougherty, 2010). Successful curriculum change is dependent upon the faculty who must accept, promote, and implement the process. Research into how faculty transition into new and innovative methods of teaching in nursing is vital as nurse faculty are the change agents called to execute the creative approaches to prepare the future nursing workforce. Role and job satisfaction contribute to whether faculty will remain in academia (Derby-Davis, 2014a, 2014b). Nurse faculty has been resistant to curriculum change in the past (J. M. Phillips et al., 2013). It is imperative to give a voice to how faculty experiences transition so adequate training, mentoring, and support for their needs can be met by schools of nursing administrators, nurse leaders, and those in a position of influence over nursing practice. Therefore, the problem addressed in this hermeneutic phenomenological qualitative study was the lived experience of practical nursing faculty who have transitioned from a systems-based curriculum to a CBC as required by the North Carolina curriculum revision project.

Purpose Statement

The purpose of this hermeneutic phenomenological qualitative study was to understand the lived experience of practical nursing (PN) faculty who have transitioned from a systems-based curriculum to a CBC as required by the North Carolina nursing curriculum revision

project. For this present study, transition was defined as, “an event or non-event that results in changed relationships, routines, assumptions, and roles” (Anderson et al., 2012, p. 39). The theory used to guide this study was the transition theory by Schlossberg (1981), which is centered on the type, context, and impact of human adaptation to transition and used to define transition factors that influence an individual’s transition experience. Van Manen’s (1990) hermeneutic phenomenological method was used to gain an understanding of the meanings or the essence of an individual’s experience of transition.

Significance of the Study

The literature supports innovative changes in nursing education. However, research on the CBC in nursing education is currently sparse (Sportsman & Pleasant, 2017). Lasater and Nielsen (2009) reported that concept-based clinical learning activities increased student clinical judgment. J. F. Giddens and Morton (2010) described curriculum evaluation within a baccalaureate nursing program after implementation of a CBC. The strengths expressed by students and faculty in this study include the conceptual approach, interactive small-group activities, clinical intensives, and early patient care experiences (J. F. Giddens & Morton, 2010). The weaknesses identified in this study include a perception of repetition of content, coordination of clinical experiences, a need for greater age-span, pharmacology, pathophysiology content, and NCLEX preparation (J. F. Giddens & Morton, 2010). Lewis (2014) reported favorable results with the NCLEX pass rates, retention, and graduation rates as well as overall program satisfaction with a concept-based curriculum. Satisfaction surveys revealed that students felt that participation in a CBC fostered critical thinking and an ability to transfer knowledge rapidly in their clinical practice (Lewis, 2014).

Additionally, students perceived group discussions and assignments in the concept-based curriculum as a facilitator to learning and that peer relationships developed during group learning helped in becoming novice nurses (Gooder & Cantwell, 2017). In contrast, students identified redundancies in the curriculum and ineffective pedagogy as areas of dissatisfaction (Gooder & Cantwell, 2017). Deane and Asselin (2015) described the process and preparation of faculty to teach in a CBC to include support for faculty as well as the need to educate faculty on the method of teaching conceptually.

Furthermore, little research has been completed on how program or curriculum revision and the application of new teaching modalities are perceived and experienced by nurse faculty (J. F. Giddens & Brady, 2007; Kantor, 2010; J. M. Phillips et al., 2013). Duncan and Shulz (2015) reported a lack of research on nurse faculty perspective and input regarding the implementation of a CBC within baccalaureate-level nursing education. Additionally, Kalb, O'Conner-Von, Brockway, Rierson, and Sendelbach (2015) identified a need for more research about nursing faculty perspectives on the use of evidence-based teaching practices, especially with the call to transform nursing education. Lastly, Venance, LaDonna, and Watling (2014) recommended further research to evaluate the perspectives of teachers who have reservations about curriculum reform. Exploring the lived experiences of PN faculty who have transitioned to a CBC can provide insight to leaders within the discipline of nursing and nursing education as they seek innovative approaches to educating new nurses.

This study was designed to address current gaps in the literature of the lived experience of a curriculum transition for nursing faculty. The significance of this study is situated in the exploration of how nurse faculty perceive and describe their transition in the implementation of new approaches in nursing education. Nursing has historically been based on a teacher-centered,

systems-based model of instruction and the changes recommended by the IOM and RWJF have challenged the traditional approach to nurse education (Institute of Medicine, 2011). It is essential to examine the transition experience of faculty during this time of nursing education reform to provide valuable insight into the process of transition for nurse faculty when they implement innovative methods of teaching and curriculum changes. Because of the North Carolina community college system mandate to transition to a CBC, it is imperative to understand the experience of nurse educator participants after they have implemented this innovative approach to teaching in nursing. The importance of exploring the teaching styles of faculty is to determine why some adapt and become facilitators of change as compared to those who remain resistant to change in nursing education is a topic needing further research (Venance et al., 2014). The aim of this present study was to provide a more in-depth understanding of faculty perspectives regarding curriculum change. By understanding why some faculty adapt while others resist curriculum change, appropriate support can be provided to facilitate faculty transition to a new role and curriculum. Schools of nursing need to listen and respond to the voices of faculty who experience transition, especially in a time of nursing shortages and a need for an increase in nurse educators and nurse caregivers (Sword, 2012).

Furthermore, it is hoped that through this study, the field of nursing education will be given insight into nurse faculty experience with curriculum transition and how this affects role satisfaction and intent to remain in academia. Paige and Smith (2013) called for further research into the beliefs and assumptions of nurse faculty and the opportunities to affect them. In the present study, the participants' experiences may provide insight into how perspectives change over time and determine hidden views and assumptions regarding teaching and learning by nurse faculty. Support for nurse faculty is crucial as resistance to program changes have been a

concern in the past. This resistance may be related to a lack of preparation and an increase in anxiety due to curriculum changes (Colley, 2012; Hurtado, Eagan, Pryor, Whang, & Tran, 2012; Paulson, 2011; J. M. Phillips et al., 2013). An examination of perceived support systems of the participants as they experience transition and how the change process affects them will provide those in other programs with effective support methods to transform their curriculum.

This study was conducted to understand the transition experience of nurse faculty as they move from a traditional, systems-based curriculum to an innovative CBC. Thus, schools of nursing leaders and their organizations will be able to offer appropriate resources and support during this time of transition so innovative approaches to nursing education can progress seamlessly and successfully for the benefit of nursing students, the nursing profession, and all healthcare recipients (Halstead, 2012).

Research Questions

This study was guided by the following central research question and four research subquestions.

Central Research Question

What is the lived experience of practical nursing faculty who have transitioned from a systems-based curriculum to a concept-based curriculum as required by the North Carolina nursing curriculum revision project?

According to Creswell (2015), the intent of the central question in phenomenological research is to question something by asking “What is it like?” and “What is the nature of the lived experience?” It is essential to be cognizant of the original research question and remain oriented to the lived experience throughout the research process (Creswell, 2015).

Research Subquestions (SQs)

SQ1. How do practical nursing faculty experience the situation of transitioning from a systems-based curriculum to a concept-based curriculum? The individual's perception of a transition is as essential to understanding how an individual is impacted by changing events as is the type, context, and impact of the transition itself (Labrague, 2013).

Transitions can be anticipated, unanticipated, or non-events such as expected events that do not occur; for example, failure to be admitted into a university or college. It is essential to know and understand what type of transition an individual is experiencing. Transitions alter an individual's life, role, relationships, routines, and assumptions (Schlossberg, 2011). According to Cranford (2013), to gain an understanding of adult behavior necessitates knowledge of their life transitions as well as the events or non-events occurring in their lives.

SQ2. How does sense-of-self for practical nursing faculty impact their transition from a systems-based curriculum to a concept-based curriculum?

According to Schlossberg (2011), self is "the person's inner strength for coping with the situation" (p. 160). The self refers to the individual to whom the transition is happening and includes an individual's personal, cultural, and psychological characteristics. These individual components are unique and impact how the transition is perceived (Poronsky, 2013).

Additionally, an individual's resilience is the ability to positively adjust to adversity by use of such strategies as developing positive nurturing relationships, development of emotional insight, life balance and spirituality, and being more reflective (Jackson, Firtko, & Edenborough, 2007).

SQ3. How do practical nursing faculty perceive support systems impact their transition from a systems-based curriculum to a concept-based curriculum?

Veiel and Baumann (1992) describe support as representing a characteristic of an individual and his or her environment, or a social system that includes the individual and his or her environment. Schlossberg (2011) stated, “The support available at the time of transition is critical to one’s sense of wellbeing” (p. 160). Support is mainly received from social sources and helps address how caring, affirmation, and positive feedback can facilitate transitions (Anderson et al., 2012; Schlossberg et al., 1995).

SQ4. What strategies do practical nursing faculty utilize in coping with the transition from a systems-based curriculum to a concept-based curriculum?

Pearlin and Schooler (1978) classified strategies into those that are attempts to change the situation, those that are used to reframe the situation, and those that serve as attempts to reduce stress. Flexible individuals may use multiple strategies and are better able to cope with change and transition (Pearlin & Schooler, 1978). Strategies employ four modes of coping: seeking information, taking direct action, not acting, and intrapsychic behavior (Poronsky, 2013).

Definitions

1. *Concept-based curriculum (CBC)* - A concept-based curriculum is founded on select core concepts to guide the delivery of content in the classroom and the clinical setting. Courses are designed around specific chief exemplars representative of the concepts (Giddens & Brady, 2007).
2. *Critical thinking* - Characteristics of critical thinking include (a) the ability to gather and seek information, (b) question and investigate, (c) analyze, evaluate, and infer and (d) possess the ability to problem solve and apply theory (Chan, 2013).

3. *Innovation in nursing education* - Innovation in nursing education includes the use of “technology, partnerships, innovative curricular, clinical, and classroom teaching strategies” (Murray, 2013, p. 26).
4. *Lived experience* - Lived experience is the study of the lifeworld of an individual, defined by van Manen (1984) as “the world as we immediately experience it rather than as we conceptualize, categorize, or theorize about it” (p.1).
5. *Self* – A variable of Schlossberg, Waters, and Goodman’s (1995) 4 S system. Includes what an individual brings to the transition. Characteristics that are particularly relevant for individuals in transition are personal and demographic characteristics related to socioeconomic status, gender, age and stage of life, health status and ethnicity. Second, the psychological resources of ego development, outlook such as optimism and self-efficacy, and commitment and values (Schlossberg, Waters, & Goodman 1995).
6. *Situation* – A variable of Schlossberg, Waters, and Goodman’s (1995) 4 S system. Individual’s situations vary according to the following factors; trigger, timing, control, role change, duration, previous experience, concurrent stress, and assessment of the situation by the individual as positive, negative, or benign (Schlossberg, Waters, & Goodman, 1995).
7. *Strategies* – A variable of Schlossberg, Waters, and Goodman’s (1995) 4 S system. Pearlin and Schooler (as cited in Schlossberg, Waters, and Goodman, 1995) describe as the coping strategies individuals do to avoid being harmed by life strains. Three types of coping are distinguished; modification of the situation, control of the meaning of the problem, and management of stress after it has occurred (Schlossberg, Waters, & Goodman, 1995).

8. *Support* - A variable of Schlossberg, Waters, and Goodman's (1995) 4 S system. Types of support individuals receive to handle stress include intimate relationships, family units, networks of friends, and the institutions or organizations of which the individual is a part (Schlossberg, Waters, & Goodman, 1995).
9. *Student-centered environment* - A safe and comfortable environment where teaching optimizes student learning, and the focus is less on teaching and more on the learning process. Students share control and take greater responsibility for their learning. Learning is relevant to the past experiences and knowledge of the student (Colley, 2012).
10. *Systems-based curriculum* - Systems based instruction in nursing education refers to the study of specific body systems such as cardiovascular or respiratory systems. The systems-based model of instruction has been the primary model used in nursing education (Giddens & Brady, 2007). Curricula are developed around body systems, with the addition of age or population-specific courses such as pediatrics. This curricular model emphasizes behavioral outcomes and linear thinking and fails to develop higher-level clinical judgment and problem-solving skills for clinical practice (Giddens & Brady, 2007; NLN, 2003).
11. *Teacher-centered environment* - A teacher-centered environment has its focus on a "traditional learning structure designed to transfer knowledge from teacher to learner through repetition, memorization, and recitation...not necessarily application of knowledge" (Candela, Dalley, & Benzel-Lindley, 2006).
12. *Transition* - A transition is an event and non-event that alter adult lives. "The more the event or nonevent alters an adult's role, routines, assumptions, and relationships the more he or she will be affected by transition" (Sargent, & Schlossberg, 1988, p. 58).

Summary

Previous studies have been conducted to examine the impact of innovative approaches to nursing education on student and program outcomes and success. However, few studies have been focused on innovative teaching methods that impact nurse faculty who have been educated by—and taught to use—the traditional, medical systems-based model in nursing education. The purpose of this present hermeneutic phenomenological qualitative study was to understand the lived experience of PN faculty who have transitioned from a systems-based curriculum to a CBC as required by the North Carolina nursing curriculum revision project. This study was conducted to describe how nurse faculty experience, cope with, and adapt to a curriculum change and how this impacts their teaching and role as educators. It is essential to gain insight and knowledge into what faculty may require regarding the situation, self, support, and strategies for successful nurse faculty transition.

CHAPTER TWO: LITERATURE REVIEW

Overview

Chapter Two includes a review of Schlossberg's transition theory as the theoretical framework for the study as well as the relevant literature about nursing education, curriculum transitions in nursing education, concept-based curriculum, and nurse faculty. Mackey (2005) supported a theoretical framework for research: "Philosophy determines the appropriateness of methodological processes for research and guides the researcher's approach to data analysis" (p. 180). Heidegger's (1962) phenomenology of "being in the world" and "how someone makes sense of a major transition in their life" (Smith, Flowers, & Larkin, 2009, p. 3) were used to guide the present study's theoretical framework as it pertained to nurse faculty and how they made sense of their transition experience.

Additionally, to "grasp the very nature" (van Manen as cited in Creswell & Poth, 2017, p. 75) of the faculty transition experience, van Manen's (1977) approach to writing, reflection, and ways of knowing was used for the basis for this qualitative study. Schlossberg's (1981) transition theory was used to describe the transition experience of nurse faculty during the change to a CBC. The study of transition requires simultaneous analysis of the individual and the external factors that influence transition. Individuals experience change and these changes require new ways of seeing oneself (Schlossberg, 1981). The relevant literature denotes what is currently known regarding the system-based curriculum in nursing education, curriculum transitions in nursing education, and CBC in nursing education. Additionally, the relevant literature includes examination of nurse faculty work life, support, role conflict, and development. Finally, the perceptions and influences identified by nurse faculty in the use of other nursing education innovations are discussed.

Theoretical Framework

Due to its applicability, Schlossberg's (1981) transition theory has been used in numerous studies regarding individuals in transition and transition within the college environment. Schlossberg's (1981) transition theory is founded on adult development theories of several theorists that include Erik Erikson's stages of development theory, Daniel Levinson's seasons of life theory, George Vaillant's adult tasks theory, and Bernice Neugarten's social clock theory. According to Forkner (2017), Schlossberg's transition theory is a bidirectional movement rather than a linear progression. Sargent and Schlossberg (1988) proposed three fundamental truths regarding adult behavior, "adult behavior is determined by transitions, not age, adults are motivated to learn and change, and adult readiness for change depends on the four S's—situation, support, self, and strategies" (p. 58). It is these four factors that influence how an individual cope with transitions. While the theory has been used in traditional and nontraditional college student transition, it has also been used in military personnel transition as well as nursing student transitions. As an adult development theory, I have found the theory relevant to nurse faculty transition.

Approaching Transitions

Identification of the nature of a transition provides the perspective that an individual may choose as the best means for dealing with the transition (Anderson et al., 2012). The identification of the transition looks at what type of change is about to occur. Additionally, a transition is not so much a change as the individual's perception of the change. Transitions are categorized by Schlossberg (1981) into three variables that must be taken into consideration when considering an individual's transition; these include type, context, and impact of the transition (see Figure 1). In a study by Barker and Mamiseishvili (2014) the kind of transition,

anticipated or unanticipated differed among the participants. Those participants who expected the transition were much less apprehensive, and Barker and Mamiseishvili noted that the more the participants knew about the transition, the more comfortable they were. Additionally, the impact of transition was found to be the most challenging aspect of this study. The pre-transition environment differed from the post-transition environment and was found to impact the participants' apprehension (Barker & Mamiseishvili, 2014).

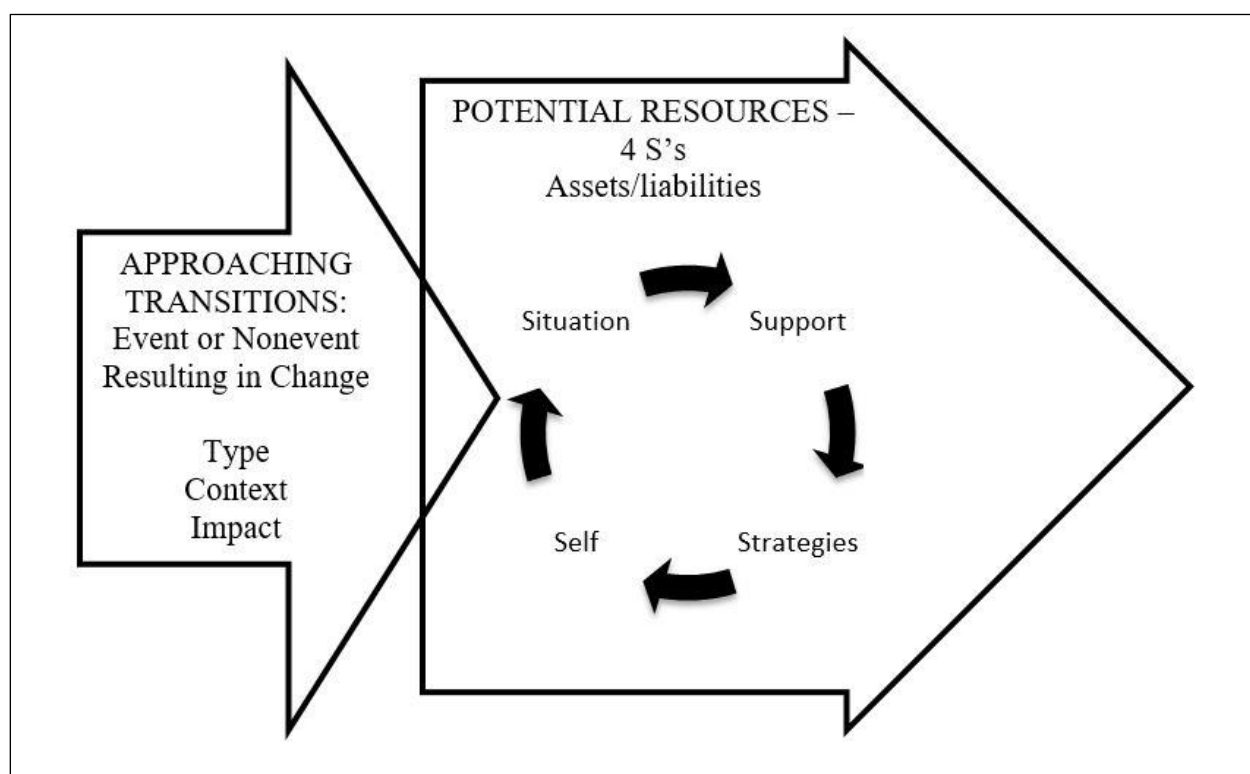


Figure 1. The individual in transition. Adapted from “The Transition Framework,” by M. L. Anderson, J. Goodman, and N. K. Schlossberg, *Counseling Adults in Transition: Linking Schlossberg’s Theory with Practice in a Diverse World* (4th ed., p. 39), 2012, New York, NY: Springer. Adapted with permission (see Appendix A).

Transition Process

Anderson et al. (2012) emphasized the importance of identifying where an individual is in the transition process to understand the nature of a transition (see Figure 2). Rather than

having an endpoint, a transition is a process over time that includes phases of assimilation and continuous appraisal while moving in, through, and out of transition (Anderson et al., 2012). This process involves understanding the changes that are occurring, and whether they are anticipated or unanticipated. Additionally, it is essential to know how this transition changes the individual through role, relationships, routines, or assumptions. According to Mann-Feder, Eades, Sobel, and De Stafano (2014), transitions occur in stages and require that an individual let go of earlier roles to adjust to his or her new status. McSweeney (2013) found the “moving-in” process to be a slow process with a physical and emotional impact.

Additionally, Cruz, Farr, Klakovich, and Esslinger (2013) reported that the moving-in phase is “setting expectations” (p. 12). Wheeler (2012) described moving in as developing an understanding of identity and learning what is expected of military veterans. The moving-through phase is when the new environment is understood, and the individual finds balance with the new environment and his or her life (Wheeler, 2012).

In contrast, Cruz et al. (2013) described moving-through as instilling a cultural context for an individual. Furthermore, McSweeney (2013) reported that frustration and uncertainty were experienced during the transition. Finally, the moving-out phase is described as “finding their feet,” and the time when coping strategies are developed (McSweeney, 2013, p. 331). According to Cruz et al. (2013), moving-out strengthens feelings while Wheeler (2012) described moving out at the end of one transition and the anticipation of a new transition.

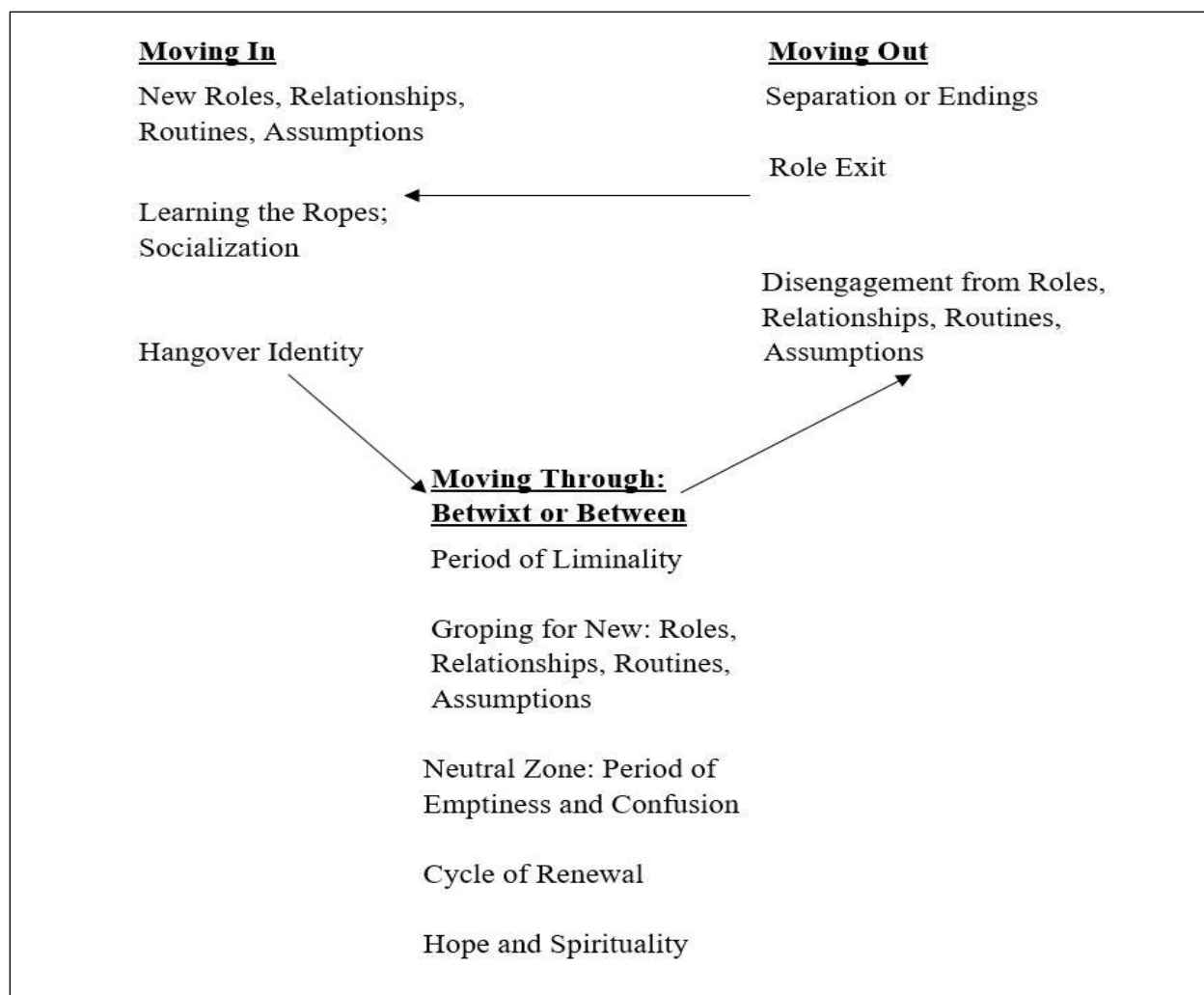


Figure 2. Transition process. Adapted from “Integrative Model of the Transition Process,” by M. L. Anderson, J. Goodman, and N. K. Schlossberg, *Counseling Adults in Transition: Linking Schlossberg’s Theory with Practice in a Diverse World* (4th ed., p. 56), 2012, New York, NY: Springer. Adapted with permission (see Appendix B).

Factors That Influence Transitions

An individual’s ability to cope with the transition is influenced by the four major factors of the situation, self, support, and strategies as identified by Schlossberg (2011). Depending on how an individual cope with change these factors can be either assets or liabilities (see Figure 1). The asset-liability balance dramatically influences the ability of an individual to adapt to change. The asset-liability balance partially answers why different individuals react differently to the

same type of transition and why an individual may react differently at different times (Anderson et al., 2012; Schlossberg et al., 1995). Poronsky (2013) asserted that coping with transitions begins by taking stock through the use of the 4 S's of the situation, self, support, and strategies.

Additionally, Poronsky (2013) stated, "The 4 S's are designed to assess assets and deficits for coping with situational transitions, relationship transitions, and personal transitions" (p. 354). The 4 S's and the multicultural view include acknowledging that individual options may be actual, perceived, utilized, or created. Everyone has some level of coping strategy and support system. However, in a critique of the 4 S system, Cooke (as cited in Anderson et al., 2012, pp. 66–67) stated there are individuals for whom situation, self, supports, and strategies are severely restricted, and the 4 S's alone cannot be studied within specific areas such as race, ethnicity, gender, age, and socioeconomic status. According to Cooke (as cited in Anderson et al., 2012), individuals' resources are determined by the outside world and may not be reflective of traditional sociocultural populations.

Situation. Situation includes what the individual may be experiencing at the time of the transition. The questions related to situation include the following: Are there precipitating factors involved? How does the individual view the timing of the transition, is it "on time" or "off time"? Is the transition viewed positively or negatively? What control does the individual have over the transition process? (Anderson et al., 2012; Evans et al., 1998; Schlossberg, 2011). Flowers, Luzynski, and Zamani-Gallaher, (2014) stated the situation is "how the individual views the transition" (p. 107). Situations can be either a liability or an asset. The situation is a liability when it is unplanned, sudden, and the individual has no choice or control over the situation (Griffin & Gilbert, 2015; Winter, 2014).

In contrast, a situation that is planned as well as sought after is viewed favorably (Pellegrino & Hoggan, 2015). Concerns and needs for resources that address the situation dimension are essential for promoting better transitions (Griffin, & Gilbert, 2015). The ability to cope with a new situation is associated with the type of strategy and support an individual has available (Kennedy & Winkle-Wagner, 2014). Finally, situational factors are significantly associated with job and career satisfaction and turnover intentions (Laschinger et al., 2016).

Self. An individual has assets and liabilities, resources, and deficits that are brought to a transition (Anderson et al., 2012). Self is the personal characteristics and demographics of the individual, as well as their inner strengths and weaknesses. Transition results in a change in assumptions about oneself (Schlossberg, 1981). Cranford (2013) stated, “Being self-aware assists the individual to identify strengths and weaknesses as well as to identify areas for development” (p. 5).

In contrast, self-awareness can also lead to role strain as an expert assumes a novice role leading to feelings of decreased competence and increased anxiety (Chang, Mu, & Tsay, 2006). The internal factors of psychological resources and personal control are factors that impact the adaptation to a transition (Isa & Rasdi, 2015). Additionally, successful transitions are affected by self-reliance that contributes to the ability to navigate the transition process (Flowers et al., 2014).

Support. Support systems include relationships with intimate partners, family, friends, co-workers, and organizations. Intimate partner relationships are an essential resource for stressful situations. Intimate relationships “involve trust, support, understanding and the sharing of confidences” (Lowenthal & Weiss, 1976, p. 12.). The family serves as another source of support during crises and aids in the process of adaptation (Anderson et al., 2012). Friendships

provide support to individuals through affect, affirmation, and aid. Affect is the expression of liking and admiration. Affirmation provides agreement or acknowledgment of the appropriateness of an act or statement (Kahn & Antonucci as cited in Anderson et al., 2012, p. 85). In a study by Flowers et al. (2014) student athletes had greater self-confidence and a small support network that contributed to their success in matriculating into college directly from high school. According to Flowers et al., the “participants defined their resources and liabilities within the narrow arena of athletics” (p. 112) and confidence in self-contributed significantly to the strategies used by each athlete of seeking information and support.

Interestingly, Flowers et al. (2014) stated that it was the support network that positioned the athletes in starting the transition process. McSweeney (2013) suggested various forms of support through peer relations, institutional support, and support through the preparation of students for the emotional and physical impact of the transition into higher education. Support is a resource individual require for successful transitions and is based on relationships the individual has with other people.

Strategies. Pearlin and Schooler (1978) identified three forms of coping an individual may take in adapting to a transition: modify the situation, control the meaning of the situation, and manage the stress. The strategy is the plan of action an individual take that increases the ability to adapt to the transition and to avoid harm from life’s stressors (Anderson et al., 2012). Student advisement is a support dimension under Schlossberg’s 4 S’s. However, it is reported as a strategy by Workman (2015) due to the direct action taken by the student in choosing to attend advising sessions.

Additionally, in the case of children’s transition into state care, Winter (2014) reported that practitioners can strengthen children’s strategies through their involvement in all aspects of

the transition process. Transitions for children into state care should be undertaken as a transition process with the child versus taken for and on behalf of the child (Winter, 2014). Brower (2015) reported a combination of a support network and help-seeking behaviors that resulted over time from modeling negative coping strategies to the modeling of positive coping strategies in the life of an individual who has gone from prison to graduate school. Schlossberg (1981) separated support and strategies for coping; however, in a study by Kennedy and Winkle-Wagner (2014), data reflected a connection between support and strategy. L. D. Patton and Davis (2014) report the use of direct action and intrapsychic behavior or “the use of a source of inner strength, such as spirituality” (p. 12) as the strategies used by African American students during their transition after Hurricane Katrina. Strategy as a plan of action aides the individual in coping with or adapting to a transition.

Changes. Schlossberg (2011) stated that an individual who experiences a transition will have a change in behavior, role, learning, or perception (see Figure 1). Change has been described as two turning points between periods of stability (Bridges, 1988; Goodman et al., 2006). Transitions can upset the balance of an individual’s life and therefore requires new patterns of behavior (Schlossberg, 1984). The changes and disruptions that occur with transitions can bring about uncomfortable feelings. For some individuals, the transition process can be distressing or terrifying (Goodman et al., 2006). Poronsky (2013) described the transition process of the registered nurse (RN) to the family nurse practitioner (FNP) and the change in roles that must occur. A difference in how military nurses perceived life after deployment was found by Elliott (2015). Military nurses reported a new sense of knowledge and confidence. This new way of knowing and confidence translated into “looking at life through a new lens” (Elliott, 2015, p. 6). Through an understanding of where nurse faculty are in their transitions and

what coping factors they have may help nurse leaders, deans or directors, and lead instructors to assist them in the transition process. Ellis (2016) found that nurse educators who identified as learner-centered were more likely to exhibit behaviors of learner-centered teaching. Finally, Fenwick, Zukas, and Kilminster (2013) examined the effect of transitions on knowledge development as well as the effects of professional work dynamics has on professional learning and identity. Transitions ultimately lead to a change in behavior, role, learning, and perceptions and are impacted by the four S's, as well as the assets and liabilities of the individual.

Schlossberg's Theory Applied to Nursing

Schlossberg's (1981) transition theory has been used in various studies to explore the transition experiences of nursing students, military nurses, and nurse faculty. Of these studies, support was found to be a significant factor in the ability of individuals to adapt to role strain and role ambiguity in personal and professional roles.

Nursing students. Poronsky (2013) reported the application of the theory begins with the individual making a determination about the stage of transition one is in; for example, moving in, moving through, or moving out of transition. To provide insight into the transition process from an RN to an FNP, Poronsky had students utilize the 4 S's to take stock of their transition or the first *S* (situation). Completion of a self-assessment of assets and deficits aided the students in balancing the transition process, enabling them to take charge and strengthen available resources in stabilizing the transition. However, Poronsky noted that "each situation differs, which in turn may affect these FNP students' ability to maintain balance during transition" (p. 355).

In a study by Cruz et al. (2013), the transition process was utilized in a Second Careers and Nursing (SCAN) program based on Schlossberg's (1981) three stages of moving in, moving

through, and moving out of transition. The purpose was to socialize non-nursing college graduates into nursing's professional knowledge, skills, and behaviors. Cruz et al. (2013) reported the three phases to provide a foundation for formulating the socialization approaches offered during the SCAN program. The moving in period provided support via peers, support services, and mentors (Cruz et al., 2013). During the moving through phase, a formal and informal structured learning environment was established to include implicit rules, regulations, and routines. Finally, in the moving out phase competence (self) is strengthened by adding increasing accountability and responsibility during clinical assignments (Cruz et al., 2013).

Schlossberg's (1981) theory was used in the development of the Center for Academic and Professional Success (CAPS) program within a nursing school and initiated after a presentation was heard on the importance of academic support services (Tantillo, Marconi, Rideout, Anson, & Reifenstein, 2017). Support services included academic and clinical course support, librarian assistance, mentoring, test-taking, stress management, writing coaches, and social activities. Tantillo et al. (2017) used transition theory to examine the academic needs of nontraditional, working nursing students and found that not only was traditional academic support necessary, but also that it should include other critical supports to help with academic and social stressors. Interestingly, Tantillo et al. (2017) reported that services essential to student support such as student-faculty and peer mentor interactions and learning in small groups can be explained by an adult learning theory and adult transition theory.

C. Phillips, Kenny, Esterman, and Smith (2014) found that the factors of the situation, support, and self were essential aspects of transitioning from the student nurse to nurse graduate roles. Matching the skill sets of the novice nurse addresses the factor of the situation and provides a beginning foundation for the new graduate. Support is offered via a comprehensive

orientation for new graduates along with positive feedback. Finally, the factor of self can be promoted through feeling valued by coworkers and mentors who provide credit and praise for a job well done. As C. Phillips et al. (2014) summarized, “While there are a multitude of factors that influence successful transition, it is the overwhelming attitudes, behaviours and experiences that are encountered in beginning practice that most influence the quality of transition” (p. 110). While C. Phillips et al. examined the factors of the situation, support, and self for the transition from student nurse to graduate nurse, the strategies used by nurse graduates during their transition were not explored.

A successful transition depends upon a balance between resources as compared to deficits. Based on Schlossberg’s transition theory, bullying is considered an event that yields adverse outcomes (Ren, Kim, & Jung, 2015). Ren et al. (2015) looked at the effect bullying had on the psychological well-being of the self, to include depression, self-esteem, and academic major satisfaction. The findings support the importance of self and bullying experiences of nursing students. Students who have been bullied have a lower sense of competence that, in turn, leads to lower academic ability as compared to those students who are not bullied. Bullying interferes with a successful transition due to a lack of resources or support (Ren et al., 2015). However, Ren et al. did not examine the factors of situation and strategies but did recommend future research using transition theory and a causal modeling approach.

Military nurses. Elliot’s (2015) study “addresses military nurses’ experiences returning to personal and professional roles post-deployment” (p. 1066). Elliot (2015) found Schlossberg’s factor of support as most essential for returning military nurses after deployment. Not only were these nurses transitioning personal and professional roles, but they also had to transition from combat to civilian life. Elliot (2015) reported that these nurses had difficulty

“fitting in” upon return and often felt guilt over family and friend’s sacrifices as well as a sense of loss over the “old self” (pp. 4-5). Military nurses reported the “triviality” of what was once acceptable and important in their lives. Many had to learn to deal with environmental changes through sensitivity to loud noises and visual stimuli, crowds and transitioning to the new surroundings. A final transition experience was of “seeing life through a new lens” and of having served a “greater purpose” (Elliot, 2015, p. 6).

The importance of support for military nurses returning from deployment was reemphasized in Elliott, Chargualaf, and Patterson’s (2016) study. Military nurses returning from military practice and transitioning to civilian practice were the focus of this study. The transition began with the decision to separate from military life (Elliott et al., 2016), correlating with the approaching transitions stage. The transition to civilian life produced unexpected conflict and chaos as most participants failed to realize how different military life was compared to civilian life. Civilian life leads to a loss of structure, purpose, and community as well as the loss of support these offered (Elliott et al., 2016). In this study, not only was support a significant factor for work role, but Elliott et al. found that the factor of self or identity was an area of transition that these nurses needed support with as well.

Finally, Finnegan, Lauder, and McKenna (2016) studied the experience of military nurses as they delivered nursing care within a war zone. According to Finnegan et al., “Military nurses faced prolonged periods of caring for seriously injured polytrauma casualties of all ages, and there were associated distressing psychological effects and prolonged periods of adjustment on returning homestate” (p. 450). Additionally, adjustment to a transition can take up to 1 year in length. Military nurses as caregivers experience the stress of caregiving and need support with this stressor or, the “carers need carers” (Finnegan et al., 2016, p. 450). Transitions can be

challenging and stressful, and support has been the one factor of the 4 S's that stands out as most essential for helping those in transition.

Nurse faculty. The four S's of the situation, self, support, and strategy are all part of the "taking stock" phase of transition. Additionally, transitions are two turning points between two periods of stability (Bridges, 1988; Goodman et al., 2006; Levinson, 1986). Cranford (2013) focused on identifying factors that contribute to successful retention of clinical nurses once they move into academia. Advance practice nurses (APNs) who move from clinical practice to academia must undergo a role change, learning a new body of knowledge, skills, behaviors, and a different role from expert clinician to novice faculty (Cranford, 2013). As Cranford (2013) reported, "Role ambiguity, interpersonal support, and self-assessed instructional competence each significantly predicted role strain" (p. 5). Additionally, Cranford (2013) found that the more an event alters the life of the individual, the more they will be affected by the transition. Clear guidelines, expectations, and policies can significantly decrease role ambiguity and role strain (Cranford, 2013).

Sargent and Schlossberg (1988) stated, "people in transition are often preoccupied and a little confused" (p. 58). These individuals need support with the process of changing situations, self, and strategies to adjust and adapt during the transition experience. Nursing faculty have traditionally failed to transition to newer teaching modalities and gaining a greater understanding of the factors that inhibit or promote transition may lead to insights that will be helpful to nurse faculty during times of transition. There is a lack of research that addresses the transition experiences of nurse faculty, particularly research focused on the curriculum transition experience of nurse faculty. This present study provided nurse leaders and nurse administrators insight into the transition experience of nursing faculty as they transition from a systems-based

curriculum to a CBC. Subsequently, necessary and appropriate support can be provided in the areas of situation, self, and strategies during times of transition.

Related Literature

The related literature provides insight into what is currently known and what needs to be understood regarding the topic areas of nursing education, curriculum transition in nursing education, CBC, and nursing faculty.

Nursing Education

Allen (2013) reported significant changes in nursing education have taken place after findings from the IOM's (2010) report indicated nursing curricula have not been preparing future nurses adequately for the current healthcare workplace. Numerous approaches and trends have occurred due to these findings and include moving from passive to active learning strategies, flipping the classroom, concept-based learning, increased use of technology, online programs, and new clinical models outside of acute care (Allen, 2013). In a study on evidence-based teaching practices (EBTP) and perspectives of nurse educators, Kalb et al. (2015) found that the vast majority of nurse educators believe that EBTP was important for faculty to use and, while respondents reported using diverse sources of evidence for their EBTP, they also rated the availability of sufficient evidence as low. Korniewicz (2016) stated that nursing education continues to reinvent the same traditional nursing curriculum of the past. Korniewicz performed a comprehensive review of the literature and found "research projects associated with nursing curricula and change in the content or courses remains scant" (para. 3).

Additionally, Nosek, Scheckel, Waterbury, MacDonald, and Wozney (2016) stated that due to the lack of research in nursing curriculum, nurse educators are left with a "thin evidence base upon which to revise curricula" (p. 1). Breytenbach, Ten Ham-Baloyi, and Jordan's (2017)

review of literature into the best evidence-based teaching strategies that can be used by nurse educators suggested that all teaching strategies reviewed increased student knowledge.

However, three increased knowledge significantly, including concept-mapping, Internet-based learning, and evidence-based learning (Breytenbach et al., 2017). With all the new approaches utilized in nursing education, the importance of determining best practice must be examined.

Nosek et al. summarized the concern of nursing education best: “The ability of nurse educators to practice from an evidence base to revise curricula hinges upon developing a science for nursing education in the area of curriculum development” (p. 12).

Curriculum Transitions in Nursing Education

Pardue et al. (2005) defined innovative nursing education as follows:

Innovation is using knowledge to create ways and services that are new (or perceived as new) in order to transform systems. It requires deconstructing, (i.e., challenging) long-held assumptions and values. The outcome of innovation in nursing education is excellence in nursing practice and the development of a culture that supports risk-taking, creativity, and excellence. (p. 55)

Bevis (1989) reported curriculum innovation is crucial due to the rapid changes in nursing knowledge, nurse practice settings, a change in today’s nursing students and the need to distinguish nursing from other health care professions. Nearly 20 years later, Bellack (2008) found that little innovative change in nursing education had occurred, and the emphasis has remained on content and the traditional educational practices while the creative changes that have occurred lack significant paradigm shifts. However, the call for changes in nursing education and curriculum has reached new levels. Faison and Montague (2013) described

curriculum change as a process that requires evidence-based preparation and continuous evaluation.

Additionally, nursing faculty must be prepared for the development of a sound curriculum. Benner (2012) looked at the progress made in the nursing education transformation and reported two areas of change: curriculum revisions and clinical education innovations. Crookes, Crookes, and Walsh (2013) identified seven areas in which a link between classroom theory and application in the clinical setting have shown a measurable approach to teaching students to recognize and engage in nursing theory meaningfully. These seven areas include “technology and online, simulation, gaming, art, narratives, problem/context-based learning, and reflection” (Crookes et al., 2013, p. 241). Breytenbach et al. (2017) found in their integrative review of evidence-based teaching strategies for nurse educators that out of eight strategies, only three significantly increased student knowledge: concept mapping, Internet-based learning, and evidence-based learning.

In contrast, J. M. Phillips et al. (2013) reported that while reform within schools of nursing is occurring, there is little being researched and disseminated. Research in nursing education has relied too heavily on general education and has failed to develop domain-specific research on teaching nursing (Benner et al., 2010). Herinckx, Munkvold, Winter, and Tanner (2014) stated that an essential area necessary for advancing nursing education is the need to evaluate how curricula and pedagogy affect student outcomes. To discover how to best teach for nursing practice, nurse educators must engage in research that has nursing-specific pedagogies and curricular strategies (Golde & Walker, 2006). Additionally, Kupperschmidt and Burns (1997) reported, “Nursing curricula can be viewed as an extension of the faculty’s psychological self, collectively and individually” (p. 90). Furthermore, focusing on curriculum revision as a

transition rather than as a change may assist faculty in developing necessary thinking to create a new curriculum (Kupperschmidt & Burns, 1997).

Since the appeal for an increase in nursing-specific pedagogies and curricular strategies, there remain few studies to examine curriculum transitions in nursing education. Additionally, in contrast to the promotion of a curriculum change as a transition several studies that examine curriculum change report success with the use of retreats and collaboration among students and faculty. Hendricks, Taylor, Walker, and Welch (2016) described a successful curriculum change that was promoted among a large group of nursing faculty through a series of retreats and stated, “Faculty communication and collaboration are critical for transparency” (p. 36). In another study, Nosek et al. (2016) described the collaborative improvement model (CIM) as an approach for revising the curriculum. This model fostered student involvement in curriculum revision, facilitated faculty collaboration, encouraged scholarship of teaching and learning, and emphasized the importance of facilitators during curriculum revision (Nosek et al., 2016).

Problem-based learning. Shin and Kim (2013) identified problem-based learning (PBL) as having “positive effects on clinical education, as well as on student satisfaction and psychomotor factors in the outcome domain” (p. 1117). Additionally, Della Ratta (2015) reported that the use of team based-learning along with a flipped classroom approach to teaching nursing leads to an increase in active student learning as well as enhanced learning of students. The results were evidenced by the final examinations and the presentations of students as required in the team-based learning activities (Della Ratta, 2015). A systematic review and meta-analysis by Kong, Qin, Zhou, Mou, and Gao (2014) to determine the effectiveness of PBL within nursing education revealed that PBL encouraged students to be self-directed learners.

Kong et al. (2014) reported that nursing student critical thinking skills were improved through the use of PBL.

Additionally, Paige and Smith (2013) studied the experience of nurse faculty who participated in a PBL faculty development program. Four themes arose from this study: a change in perception of the teacher-student relationship, struggle with letting go, uncertainty, and valuing PBL as a developmental process (Paige & Smith, 2013). Finally, Landeen, Jewiss, Vajoczki, and Vine (2013) examined PBL about student dissatisfaction and perception of inconsistency in teaching and evaluation. Landeen et al. (2013) identified three themes in the study: perception of consistency was related to student level of experience with PBL, expectations associated with the evaluation of assignments among faculty, and strategies that would promote consistency. Overall, PBL fosters student critical thinking and results on final examinations. However, concerns remain regarding faculty letting go and consistency of teaching and evaluation.

Simulation. The use of simulation is another area utilized in nursing education as an innovative approach to nursing education. LaFond and Van Hulle Vincent (2013) critiqued the National League for Nursing/Jefferies simulation framework and reported that there were positive student outcomes. However, Lafond et al. (2013) noted that results related to patient care are yet to be determined and the use of simulations that replace actual clinical experiences remains to be evaluated. In a meta-analysis of patient simulation in nursing education, Shin, Park, and Kim (2015) found “simulation education could improve learning outcomes with medium-to-large effect size, compared with no intervention or traditional education” (p. 181). Taplay, Jack, Baxter, Eva, and Martin (2015) used a grounded theory study to explain the process of adoption and incorporation of simulation as a teaching strategy in undergraduate

nursing programs. Taplay et al. (2015) described the implementation of a simulation seven-phase process that is useful for highlighting organizational and program outcomes. A significant shift in thinking is necessary for the organization as well as the program. This change in thinking must move from the simulation as a unique teaching strategy to one that augments, replaces, and enhances current teaching practices (Taplay et al., 2015). Simulation can increase self-confidence in nursing students, according to Samawi, Miller, and Haras (2014). Samawi et al. looked at concept-mapping and simulation and found a correlation with the use of strategies with an increase in student assessment skills, critical thinking, and self-confidence in the care of children. Simulation has also been shown to improve the confidence level of nursing students in the provision of palliative care. Fabro, Schaffer, and Scharton (2014) used high-fidelity simulation with senior nursing students and reported that the simulation provided an opportunity for students to gain confidence in their ability to care for dying patients. Simulation remains an innovative method of teaching in nursing, is gaining favor and use among nursing programs, and is being promoted as a replacement for clinical experiences (Korniewicz, 2016).

Narrative pedagogy. Narrative pedagogy is another area that has been studied for effectiveness in transforming nursing education. Ironside (2015) described narrative pedagogy as “shifting attention away from content and skills toward an understanding of the experiences teachers and students co-create with each other and with those for whom they provide care” (p. 87). This method enables the educator and the student to interpret a shared experience. Mitchell, Jonas-Simpson, and Cross (2013) looked at narrative and complexity science in nursing education. The use of narratives was used to provide a portal into the social determinants of health with individuals living in poverty. Mitchell et al. found that students experienced openness and freedom to explore and contribute; however, one drawback to this approach was

the dilemma of how to evaluate learning. In a review of the literature, Ironside (2015) described narrative pedagogy as a phenomenological nursing pedagogy. The results of this literature review indicate that narrative pedagogy is widely investigated and enacted in nursing (Ironside, 2015).

Additionally, Ironside (2015) explained that narrative pedagogy is a research-based method to transform schools of nursing and nursing courses, shift attention away from content and skills and move toward a greater understanding of the experiences teachers and students cocreate with each other. Finally, Brady and Asselin (2016) sought to identify narrative pedagogy learning outcomes and evaluation methods in pre-licensure nursing students. The learning from narrative pedagogy was grouped into five themes: “thinking, empowerment, interconnectedness, learning as a process of making meaning, and ethical/moral judgment” (Brady & Asselin, 2016, p. 2). Furthermore, narrative pedagogy was found to be too broad an approach to measure its effectiveness reliably. Further research is recommended to determine the efficacy of innovative teaching strategies to obtain desired outcomes (Brady & Asselin, 2016).

Technology and online. A review of the literature by Button, Harrington, and Belan (2014) found a mix of issues that supported and detracted from e-learning in pre-registration nursing programs. These problems were categorized into three themes; issues related to e-learning for students, issues with information communication technology, and issues related to e-learning for educators. McGarry, Theobald, Lewis, and Coyer (2015) looked at the benefits of flexible learning design. This flexible learning design included the use of student-centric curricula and the related learning designs of e-learning and blended learning. McGarry et al. concluded that flexible curriculum delivery is advantageous, particularly for students, and the

student-centric approach promotes engagement, active, and flexible learning while beneficial in developing metacognition. Peisachovich, Murtha, Phillips, and Messinger (2016) examined the implementation of a flipped-classroom format and its effect on a health assessment class. Included in this curricular innovation were pre-recorded lectures, online forums and quizzes, unfolding case-studies, a classroom student response system, and lab activities. The outcome of this flipped-classroom approach reported improved student learning, improvement in student autonomy, and professional competence (Peisachovich et al., 2016). Finally, Judge and Murray (2017) reported on the student and faculty transition process to Canvas, an online learning management system (LMS). Through the use of curriculum templates and training, the faculty reported feeling competent or very competent in the use of Canvas. Student response to the transition to Canvas describe feeling comfortable with the LMS system, but they did not feel comfortable making the transition so early in the spring semester (Judge & Murray, 2017). The conclusion was that the standardized templates provided a framework that was student-centered and effective for online learning (Judge & Murray, 2017). Overall, online learning and technology use in nursing education has revealed positive results for student and educator.

Clinical education. Gubrud-Howe and Schoessler (2008) reported that clinical assignments in which students go to an agency or hospital unit and do what the nurse on the unit typically does lead to unpredictable, unfocused, and random learning. Innovations in clinical nursing education have led to the development of several new approaches. Nielsen, Noone, Voss, and Mathews (2013) proposed a clinical education model that includes case-based, concept-based, intervention skilled-based, focused direct patient care, and integrative experiences as part of the Oregon clinical education model. Neilson et al. (2013) found an increase in the complexity of student thinking and increased satisfaction by faculty due to a more

focused approach to the evaluation of students. Nishioka, Coe, Hanita, and Moscato (2014) studied a dedicated education unit (DEU) where facility nurses provide clinical instruction with clinical faculty support. The perspectives of nurses who were assigned to a DEU were positive overall, with the unit being more welcoming to students and nurses receiving professional development from clinical faculty. This faculty-nurse partnership is viewed as providing superior clinical experiences for the student while improving nurse work satisfaction. While there are innovations taking place within nursing clinical education, Ironside, McNelis, and Ebright (2014) found that sustained clinical changes were still needed to explore how students can best be prepared for practice. B. C. Phillips (2017) reported the use of clinical excursions to expose students to the clinical setting, increase their comfort to the clinical setting, and provide opportunities to utilize the skills and knowledge gained in class and skills laboratory. The results were an increase in student confidence and preparedness for their first clinical rotation (B. C. Phillips, 2017). Innovative clinical education has shown an increase in students' critical thinking, improvements in student comfort on the unit, and optimization of students' use of skills and knowledge; however, no one approach has been shown to improve outcomes in all areas of student learning.

Concept-Based Curriculum (CBC)

One potential solution to the content-laden curriculum has been the development of the CBC (Getha-Eby, Beery, Xu, & O'Brien, 2014; J. F. Giddens, 2006; J. F. Giddens & Brady, 2007; J. Giddens et al., 2008; J. F. Giddens & Morton, 2010; Lasater & Nielsen, 2009). Erickson (2012) described the concept-based curriculum and instruction as follows:

Thinking deeply with factual knowledge and concepts to communicate ideas and solve problems, transferring knowledge across distinct global contexts and situations, and

seeing patterns and connections between concepts, ideas and situations are at the heart of concept-based teaching and learning. Less factual coverage can open the door to deeper thinking and understanding. (p. 3)

Erikson's (2002, 2012) CBC was initially developed and used in primary, secondary, and postsecondary education. J. F. Giddens and Brady (2007) proposed "rescuing nursing education from content saturation" (p. 67) through the adoption of a CBC. This change would require a shift in paradigm for the educator and the student moving from a practice orientation with an emphasis on content to a conceptual pedagogy with a focus on concepts across environmental settings, patient lifespan, and the health-illness continuum (J. F. Giddens & Brady, 2007).

According to J. Giddens et al. (2008), changing to a conceptual approach offers three advantages: a de-emphasis on content, conceptual learning that promotes critical thinking, and teaching that occurs across all populations and settings. The conceptual plan requires the nurse educator to think differently and move out of familiar comfort areas of education and instruction (J. F. Giddens & Brady, 2007). The concept-based approach follows a constructivist theory of adult learning as an active process with the construction of new ideas while building on current or past knowledge (Brandon & All, 2010). According to J. F. Giddens and Brady (2007), the conceptual learning approach allows students to learn how to organize information logically thereby challenging students to become skilled thinkers. For nurse educators, the CBC requires an active, learner-centered approach to teaching (J. F. Giddens & Brady, 2007).

The effectiveness of a concept-based curriculum. Heims and Boyd (1990) first introduced research into the development and usefulness of concept-based learning activity (CBLA) in the clinical nursing setting. Reported advantages to the CBLA have increased flexibility with a focus on learning, efficient use of clinical time and recognition of the student as

a capable learner. Heims and Boyd stressed the importance of teacher attitude toward students and staff along with planning and collaboration as necessary for the implementation of CBLA. Additionally, further study into the outcomes of the CBLA was recommended primarily related to efficacy (Heims & Boyd, 1990). Additional research into the use and effectiveness of CBC was not reported until Lee-Hsieh, Kao, Kuo, and Tseng (2003) conducted a 3-year longitudinal study to evaluate the clinical nursing competence of RN-to-BSN students in a nursing CBC in Taiwan. The focus of this research was to measure student caring, communication–coordination, management–teaching, and professional self-growth competence. Interestingly, the results indicated a difference between full-time and part-time students with full-time students’ self-evaluations showing improvement over time and no difference in the part-time students’ results (Lee-Hsieh et al., 2003). Recommendations were for future RN-BSN program development with a focus on the differences between full and part-time students.

Later articles encompass discussion of innovative approaches and methods that have occurred in undergraduate nursing education (Brady et al., 2008; J. F. Giddens & Brady, 2007; J. Giddens et al., 2008) to include the use of The Neighborhood, a web-based platform that supports and facilitates conceptual teaching across the curriculum (J. F. Giddens, 2007). However, it was not until 2009 that another research study by Lasater and Neilson explored the influence of a CBC on students’ clinical judgment and reported that concept-based clinical learning activities deepen clinical thinking and clinical judgment. Nielson (2009) studied the effect of The Clinical Judgment Model incorporated into concept-based learning activities, “as a framework to guide student thinking about the concepts” (p. 350). Nielson (2009) concluded that concept-based learning activities in the clinical environment added significantly to student clinical learning. Additionally, there was an increase in the direct contact time for students and

faculty leading to an increase in communication. Finally, the CBC learning activities permitted faculty more time to observe physical assessment skills and allowed students to focus on one idea at the time (Nielson, 2009).

CBC and curriculum evaluation. Curriculum evaluation is an ongoing process and evaluation of student and program outcomes after CBC implementation was performed by J. F. Giddens and Morton (2010). J. F. Giddens and Morton (2010) described the results from surveys and focus groups in evaluating an innovative concept-based baccalaureate nursing curriculum. Reported strengths of this new curriculum included the conceptual approach, interactive group activities, clinical intensives, and earlier patient care experiences (J. F. Giddens & Morton, 2010). Kantor (2010) described a personal experience with a change from a traditional, content-laden instructional method to a student-centered CBC within a BSN program. Through self-reflection, it was reported that greater insight was obtained into the value a change in pedagogy can have for student learning and enhancement of critical thinking (Kantor, 2010).

Lewis (2014) reported on program outcomes using NCLEX pass rates, retention and graduation rates, as well as program satisfaction before and after implementation of a concept-based curriculum within a pre-licensure diploma RN program. In this study, Lewis suggested that a CBC would support improved retention and on-time graduation rates, while not affecting other program outcomes. Areas not predicted to change were program completion rates, employer satisfaction, and NCLEX pass rates all of which increased with the new curriculum (Lewis, 2014). Adverse outcomes were reported in the areas of student end-of-program satisfaction, and alumni satisfaction rates that decreased. These results were reported as skewed related to the insufficient numbers from the first group of the new CBC.

Interestingly, faculty turnover was reported as minimal during the time of the study providing insight into faculty adaptation to a new curriculum. In a second study, Duncan and Shulz (2015) looked at program outcomes after a curriculum change in a baccalaureate nursing program and examined the consequences of a CBC on NCLEX pass rates, graduation rates, a national assessment of critical thinking, and program satisfaction. Results indicated few differences between NCLEX pass rates, critical thinking ability, and graduation rates. However, student satisfaction was highest in the traditional curriculum as compared to the CBC. Additionally, student self-efficacy was similar between the curriculums with increased confidence in caring for more than one patient, correctly calculating medication dosages and use of search strategies to locate articles. In contrast, lower levels of confidence were noted for both groups in the areas of influencing health care legislation, interpret a doctor's order, and providing staff education (Duncan & Shultz, 2015).

CBC and student satisfaction. Carlson-Sabelli, Giddens, Fogg, and Fiedler (2011) examined a student perspective using a mixed-method design that included an analysis of qualitative themes within the context of quantitative measures. Through the use of The Neighborhood, presentation of nursing concepts is achieved by using a virtual community. Three qualitative themes were found; student engagement with characters through ongoing stories, clarity of concept application to real-life situations, and an enlarged view of factors that impact health care (Carlson-Sabelli et al., 2011). Challenges were also identified and included keeping up with so much information, inefficient use of time and busy work, dull and lack of a mechanism to attain additional information when curious, and positive challenges (Carlson-Sabelli et al., 2011). Data analysis using the diamond of opposites suggested that higher use indicates more significant benefits, as compared to lower use and less significant benefit.

Overall, the benefits and challenges of utilizing The Neighborhood grew together (Carlson-Sabelli et al., 2011).

Nurse Faculty

Nursing faculty shortages are of significant concern not only within the United States but globally as well (Candela et al., 2013, Candela, Gutierrez, & Keating, 2015; Chung & Kowalski, 2012; Derby-Davis, 2014a, 2014b; Goodrich, 2014; Gutierrez, Candela, & Carver, 2012; McDermid et al., 2012; Wang & Liesveld, 2015). A decrease in nursing faculty decreases the number of students a program can admit and prepare for the future workforce in nursing. Faculty satisfaction with their work life is essential in attracting and keeping nursing education faculty. Typically, nurse faculty have only moderate levels of job satisfaction compared to other fields that in contrast have relatively high levels of satisfaction (Altuntaş, 2014). Additionally, role/job satisfaction is an essential factor in work life for faculty to be productive, prosperous, and happy (Altuntaş, 2014).

Faculty satisfaction with work life. The impact of role and job dissatisfaction has the potential to affect the everyday lives of people and can impair their physical as well as their mental health (Altuntaş, 2014). The literature reveals several factors that contribute to role and job satisfaction and directly impact the work life of nurse faculty and their intent to stay in academia. These factors include administrative support, mentorship, workloads, financial compensation, and work environment. Additionally, perceived teaching experience, role conflict, communication, and conflicts between work and personal life influence job satisfaction. Finally, a second or third job responsibilities add to the potential for personal and work life dissatisfaction (Bittner & O'Connor, 2012; Candela et al., 2013, 2015; Cangelosi, 2014; Cranford, 2013).

Derby-Davis (2014a, 2014b) studied predictors of role and job satisfaction and found that career satisfaction is threatened by workloads, multiple role expectations, scholarship, and service. Nurse faculty typically have significantly higher teaching workloads than do their allied health partners (Derby-Davis, 2014, 2014b). When faculty have poor role and job satisfaction, their intent to stay in academia is negatively affected and may lead to alienation and indifference to their jobs (Altuntaş, 2014). Factors that influence faculty work life and their intent to assume, stay with, or leave the faculty role include teaching activities, scholarly and research activities, and service activities (Candela et al., 2013). Noteworthy influences on faculty intent to stay or leave academia are perceived workload and teaching expertise of faculty. Administrative support is the common factor that influences faculty career satisfaction and intention to remain in academia. Additionally, role conflict is a variable to whether faculty are satisfied or dissatisfied but is not an indicator of faculty's intent to stay or leave academia (Candela et al., 2013).

Administrative support. Administrative support and mentorship are a significant contributor to job satisfaction (Candela et al., 2013, 2015; Chung & Kowalski, 2012). A significant prediction of faculty satisfaction was found to be administration support by developing personalized relationships with faculty and acknowledgment of their efforts and needs (Candela et al., 2015). Included in administrative support is perceived fairness, open communication, and assistance in obtaining needed resources for faculty development to meet teaching, research, and service mission of the organization (Candela et al., 2015). Administrative support also influences the promotion and tenure of faculty and is affected by the workload.

Additionally, workload strongly influences teaching expertise and in turn influences intent to stay. Interestingly, age and generation of faculty do not directly predict faculty

perception of administrative fairness (Candela et al., 2015). Administrative support and mentorship are essential for providing structure and assistance in learning the faculty role for nurses who transition from a clinical expert into a novice faculty role (Cangelosi, 2014). Support is an essential factor that contributes towards faculty satisfaction and intent to stay in academia but is not the only factor that plays a significant part in faculty satisfaction. Role conflict and role strain take second place to administrative support in its impact on faculty satisfaction.

Role conflict and role strain. Role conflict, role strain, and ambiguity are other factors that influence nurse faculty career satisfaction. Satisfaction is threatened by workloads and conflicts between multiple role expectations of teaching, scholarship, and service (Derby-Davis, 2014a, 2014b). Conflicts arise between work and personal life, and financial conflicts related to low pay that nurse faculty receives as compared to pay they receive in the clinical setting (Carlson, 2015; Cranford, 2013). This conflict is especially real for part-time clinical faculty who often feel undervalued or expendable in their roles and have a lack of support from schools of nursing (Carlson, 2015). Role conflict arises from the multiple roles nurse faculty is expected to assume such as advising, research, scholarly activities, clinician–practitioner, teacher, and service activities (Candela et al., 2013). Several responsibilities that are often overlooked are the advising role of nurse faculty, the demand to remain abreast of changes in clinical practice and to participate in committees (Candela et al., 2013). These responsibilities are often not included in studies on the work responsibilities of faculty but are an expectation for the nurse faculty role. The multiple role demands can lead to a negative impact on nurse faculty and their ability to perform all these functions while remaining productive (Candela et al., 2015). The increased demands also increase role stress and affect faculty intent to stay or leave academia (Candela et al., 2013). The part-time faculty are more likely to have role conflicts as responsibilities with a

part-time faculty role may contend with other jobs and responsibilities (Carlson, 2015).

Generational differences in faculty impact role conflict as senior faculty typically have fewer demands from personal lives as compared to that of younger faculty. Baby boomers have shown a greater desire to remain in the faculty role as compared to Millennials who have a higher willingness to leave (Candela et al., 2013). Role conflict and role strain are significant factors in faculty satisfaction and can negatively impact the faculty's intent to stay in academia. Faculty experiences with innovative teaching methods and approaches have been studied with numerous factors that influence adoption by faculty. Transitioning from a traditional model of teaching can be stressful and negatively affect one's faculty role and job satisfaction. Nurse faculty often are not provided training or have a model to follow in adopting new teaching approaches, instead of relying on their instructors as models for how to teach (Gardner, 2014). Faculty experiences with new and innovative methods in nursing education may impact role and job satisfaction and therefore influence the intent to stay or leave academia.

Faculty development. Faculty development is an essential factor in obtaining faculty commitment to change (Fiedler, Giddens, & North, 2014). Time and development were reported by faculty as necessary in a study by Kalb et al. (2015) on the implementation of EBTP. Nurse faculty develop a sense of empowerment and an increased willingness to change to innovative methods when they have had training and education (J. M. Phillips et al., 2013). In a study by Abell and Garrett-Wright (2014) on the adoption of eBooks, nurse faculty had a desire for additional training and education in their use and implementation. Faculty development influences willingness and commitment to the adoption of innovative teaching methods. Faculty willingness to change views, beliefs, and perceptions regarding innovation in nursing education affects faculty use and effectiveness of innovations in nursing education. One concern regarding

faculty development voiced by Ignatavicius and Chung (2016) is the transfer of learning into educational practice after faculty development conferences. According to Ignatavicius and Chung, the “knowledge, skills, and attitudes gained at CE events are being transferred and utilized in nursing education practice if the academic culture allows change decisions to be made at the faculty level” (p. 141). Additionally, Ignatavicius and Chung reported other nursing faculty as both facilitator and barrier to curriculum change in addition to the extraordinary amount of impact academic culture has on curriculum and educational practice.

Nurse faculty transitions. Faculty experiences with transitioning to innovative approaches and methods of teaching have been met with resistance. Faculty reports of large class sizes, inadequate time, lack of incentive, commitment, and knowledge all contribute to the resistance of faculty to use innovative teaching methods. Additionally, faculty cite lack of evidence, administrative support, and an inability to let go of teaching control as other reasons for a failure to change (Feidler, 2014; Gardner, 2014; Kalb et al., 2015; Paige & Smith, 2013; J. M. Phillips et al., 2013). One common perception by faculty in the adoption and implementation of any innovative teaching approach is the need for administrative and organizational support. Support is especially critical for creative faculty who dare to challenge the status quo (Fiedler, Giddens, & North, 2014; Gardner, 2014; Kalb et al., 2015; Paige & Smith, 2013; J. M. Phillips et al., 2013). Faculty who perceive little support from the administration has little incentive to plan and adopt new innovative approaches to nursing education (Fiedler, Giddens, & North, 2014).

Additionally, the importance of having a mentor or some form of formal or informal support was a crucial perception of faculty in a study by Gardner (2014) of nurses transitioning into a nurse faculty role. Factors that influence the faculty’s positive perception and use of EBTP was attributed to supportive administration (Kalb et al., 2015). Faculty transitioning to a

PBL approach report administrative support as a contributing factor to success (Paige & Smith, 2013). Another important perception of faculty during the transition to innovative teaching methods includes the inclusion of faculty development before implementation (Abell, & Garrett-Wright, 2014; Fiedler, Giddens, & North, 2014; Kalb et al., 2015; J. M. Phillips et al., 2013).

Faculty's need to reflect upon their own beliefs and values regarding teaching is another experience of faculty during the adoption of innovative teaching methods (Paige & Smith, 2013). Another belief that must be re-evaluated is the traditional teacher-student relationship and the struggle to let go of favored content (Paige & Smith, 2013; J. M. Phillips et al., 2013). The removal of content is often the most challenging for faculty as they let go of long-held traditions (J. M. Phillips et al., 2013). Some of the hesitation in letting go of control and content is related to faculty belief that they may not be doing their job and the innovative approach to teaching will not be effective (Paige & Smith, 2013). Often, a change in teaching requires a reevaluation of long-held beliefs and views by nurse faculty concerning nursing education. Traditionally, nursing education has been taught using methods that were used by faculty's instructors (Gardner, 2014). Numerous themes were identified by Colley (2012) in a study regarding the transition from a teacher-centered to a learner-centered philosophy. Of these, the perception of isolation and lack of group interaction played a significant role in the negative aspects of the implementation process. Nurse faculty who verbalize acceptance and use of innovative methods described roles of student and teacher that conflicted with the intent of the innovative approach being used (Paige & Smith, 2013). The complex and unresolved experiences of nurse faculty as they transition to new innovative teaching approaches includes the desire for training and education, the need to change their current beliefs and perceptions, and the conflict between

teacher and student roles regarding innovation and change and feelings of isolation (Abell, & Garrett-Wright, 2014; Colley, 2012; Paige & Smith, 2013; J. M. Phillips et al., 2013).

Summary

Chapter Two included a description of the theoretical frameworks used to guide this study. Heidegger's (1962) sense of being-in-the-world and how an individual makes sense of their life is foundational to this study. Schlossberg's (1981) theory has been used to identify where an individual may be in the transition process as either anticipated or unanticipated as well as moving in, moving through, or moving out of transition. The use of Schlossberg's (1981) theory has been used to describe transitions for nursing students, military nurses, and nurse faculty in transition.

Additionally, Schlossberg's (1981) transition theory was used as the framework to describe the transition experience of nurse faculty while simultaneously looking at the individual and the external factors that influence transition. There are numerous studies on the use of innovative teaching approaches in nursing education that are discussed to include curriculum, clinical, and technological education innovations.

Further discussion included the CBC and the effects on student outcomes and clinical learning. Research related to nurse faculty role and job satisfaction were discussed as related to administrative support, workloads, sense of value, and responsibilities. Faculty transitions to new teaching approaches have been studied and found to be an area that faculty are resistant to change.

Furthermore, faculty values and beliefs also play a role in whether faculty adopt innovative teaching methods. The research is lacking regarding nurse faculty experiences of innovative approaches and the influence this has on faculty's role satisfaction. Use of the CBC

in nursing education remains in its infancy and is a significant undertaking for schools of nursing and the faculty who teach in them.

CHAPTER THREE: METHODS

Overview

The purpose of this hermeneutic phenomenological qualitative study was to understand the lived experience of practical nursing faculty who have transitioned from a systems-based curriculum to a CBC as required by the North Carolina nursing curriculum revision project. This study utilized a hermeneutic phenomenological method as described by van Manen (1990) to explore the lived experiences of PN faculty with the study phenomenon.

This chapter includes a description of the North Carolina community college setting, along with a general description of the PN faculty participants. The procedures for this study included semistructured individual interviews, semistructured focus group interviews, and participant responses to journal prompts to identify the perceptions of the participants. A discussion of the researcher's role and how personal bias was acknowledged and mitigated is presented. Data analysis was performed through reading and re-reading, memoing of descriptors, and coding of the data using HyperRESEARCH (ResearchWare, Inc., 2015) qualitative analysis software. A section on trustworthiness includes a description of the credibility, dependability, confirmability, and transferability of the study. Finally, ethical assurances are presented, followed by the chapter summary.

Design

This was a hermeneutic phenomenological qualitative study conducted to understand the lived experience of PN faculty during curriculum transition. This study utilized a qualitative design to explore PN faculty's lived experiences during their transition from a systems-based curriculum to a CBC. Qualitative designs are naturalistic and occur in a real-world setting where the phenomenon is not manipulated (Denzin & Lincoln, 1994; M. Q. Patton, 2002). According

to M. Q. Patton (2002), “Observations take place in real-world settings and people are interviewed with open-ended questions in places and under conditions that are comfortable and familiar to them” (p. 39). According to Creswell and Poth (2017), qualitative research is appropriate when a problem or issue needs to be explored within a group or population.

Additionally, qualitative research is used to gain a “complex, detailed understanding of an issue” (Creswell & Poth, 2017, p. 45). Qualitative research is conducted when the goal or aim is to empower individuals through sharing of stories, allow participants’ voices to be heard, and to minimize power relationships between participants and the researcher (Creswell & Poth, 2017). Qualitative research places emphasis on meanings over quantitative research that emphasizes quantity, amount, or frequency (Denzin & Lincoln, 1994). Creswell & Poth (2017) recommended an initial exploration and description of the essence of experience using qualitative research before generalizing to larger groups using quantitative research. The rationale behind the choice of hermeneutic phenomenological research was to help identify how North Carolina community college PN faculty perceive, through their experiences, the transition from a systems-based curriculum to a CBC.

Phenomenology is derived from the works of Edmund Husserl, Jean-Paul Sartre, and Maurice Merleau-Ponty as well as others (Creswell & Poth, 2017; van Manen, 2014). According to Creswell and Poth (2017), when the research focus is on understanding the essence of the experience and when the research problem is investigated to understand the lived experience of a phenomenon, then a phenomenological approach is appropriate. More accurately, a phenomenological study serves to describe the collective meaning for several individuals of their lived experiences of a phenomenon (Creswell & Poth, 2017). The primary purpose of qualitative

hermeneutic research is to reduce individual experiences to a description of the universal essence or to “grasp the very nature of the thing” (van Manen, 1990, p. 177).

This study utilized van Manen’s (1990) hermeneutic phenomenological approach to gain an understanding of the lived experience of nurse faculty who have transitioned from a systems-based curriculum to a CBC. Hermeneutical phenomenology is a dynamic interplay among six research activities (Creswell & Poth, 2017; van Manen, 1990). These research activities require researchers to choose a phenomenon that seriously interests them. The researcher must reflect on the essential themes that constitute the nature of the lived experience and must write a description of the phenomenon while maintaining a strong connection to the topic. The researcher maintains a balance between the separate pieces of the phenomenon to the overall whole of the phenomenon. Finally, the researcher must interpret the meaning of the lived experience (Creswell & Poth, 2017; van Manen, 1990). According to van Manen (2014), “Phenomenology is primarily a philosophic *method of questioning*, not a method for answering or discovering or drawing determinate conclusions” (p. 29). The hermeneutic phenomenological qualitative approach was chosen as it is most useful in understanding experience as it is understood by those who are living it (Cohen, Kahn, & Steeves, 2000). Ferrarotti (as cited in Seidman, 2013) describes social abstractions like “education” to be best understood through the experiences of the individuals whose lives provide the basis for the abstractions to be built. There has been abundant research on nursing education; however, there is little research based on the perspectives of nursing faculty whose experiences makeup nursing education (Donohue-Porter, Forbes, & White, 2011; J. F. Giddens & Brady, 2007; Stanley & Dougherty, 2010). The purpose of using van Manen’s method was to gain an understanding of the lived experience of PN faculty who have transitioned from a systems-based curriculum to a CBC.

Research Questions

Central Research Question

What is the lived experience of practical nursing faculty who have transitioned from a systems-based curriculum to a concept-based curriculum as required by the North Carolina nursing curriculum revision project?

Research Subquestions

SQ1. How do practical nursing faculty experience the situation of transitioning from a systems-based curriculum to a concept-based curriculum?

SQ2. How does sense-of-self for practical nursing faculty impact their transition from a systems-based curriculum to a concept-based curriculum?

SQ3. How do practical nursing faculty perceive support systems impact their transition from a systems-based curriculum to a concept-based curriculum?

SQ4. What strategies do practical nursing faculty utilize in coping with the transition from a systems-based curriculum to a concept-based curriculum?

Setting

The setting for this research was community colleges within the North Carolina Community College System (NCCCS). Community colleges are defined as local schools that are attended for education toward the first two years of college or to obtain an associate degree (Merriam-Webster's Online Dictionary, n.d.). The NCCCS is a statewide network of public community colleges governed by the State Board of Community Colleges. Community college leadership consists of an NCCCS president and vice president governed by the State Board of Community Colleges (NCCCS, n.d.b). Individual colleges are governed by a local board of trustees, community college president, vice president, and either a dean or program director over

the nursing program(s). The NCCCS has 58 community colleges, of which 49 offer degrees in nursing. The colleges that offer nursing degrees may have PN and associate degree nursing (ADN) programs and typically have two to 20 instructors, depending on the size of the program. Of these, there are a total of 38 colleges approved for PN programs with a program length of three to four semesters and a potential for a total capacity of approximately 1,699 PN students (see Table 1; North Carolina Board of Nursing, 2017; NCCCS, n.d.a).

Table 1

Demographics of Colleges That Currently Offer Practical Nursing Diplomas

| | Number of PN faculty | Maximum number of PN students | Length of program in semesters |
|-----------------------------|----------------------|----------------------------------|-----------------------------------|
| Beaufort | 3 | 30 | 3 |
| Bladen | 3 | 30 | 3 |
| Brunswick | 2 | 27 | 3 |
| Cape Fear | 2 | 26 | 3 |
| Central Carolina | 4 | 60 | 3 |
| Cleveland | 2 | 25 | 3 |
| Coastal Carolina | 2 | 20 | 4 1/2 |
| College of the Albemarle | 2 | 24 | 3 |
| Craven | 2 | 20 | 3 |
| Davidson | 3 | 30 | 3 |
| Durham | 4 | 60 | 3 |
| ECPI-Charlotte | 5 | 120 | 14 (mini-semesters) |
| ECPI-Greensboro | 6 | 140 | 14 (mini-semesters) |
| ECPI-Raleigh | 6 | 140 | 4 |
| Edgecombe | 4 | 80 | 5 |
| Fayetteville | 4 | 83 | 3 |
| Forsythe | 4 | 80 | 3 |
| Gaston | 4 | 70 | 3 |

(continued)

Table 1 (continued)

| | Number of PN faculty | Maximum number of PN students | Length of program in semesters |
|-----------------|----------------------|----------------------------------|-----------------------------------|
| Guilford | 3 | 30 | 3 |
| Halifax | 2 | 18 | 3 |
| Isothermal | 2 | 35 | 3 |
| James Sprunt | 2 | 20 | 3 |
| Lenoir | 3 | 30 | 3 |
| Mayland | 2 | 25 | 3 |
| McDowell | 4 | 48 | 3 |
| Montgomery | 4 | 60 | 3 |
| Nash | 2 | 24 | 3 |
| Richmond | 2 | 20 | 3 |
| Robeson | 2 | 24 | 3 |
| Rockingham | 2 | 35 | 3 |
| Rowan-Cabarrus | 2 | 30 | 3 |
| Sampson | 4 | 66 | 3 |
| Southeastern | 3 | 30 | 3 |
| South Piedmont | 2 | 20 | 3 |
| Surry | 3 | 35 | 3 |
| Vance-Granville | 4 | 40 | 3 |
| Wayne | 2 | 20 | 3 |
| Wilson | 2 | 24 | 3 |

Note. Adapted from “Approved Pre-Licensure Nursing Programs,” by North Carolina Board of Nursing, 2017, Retrieved from <https://www.ncbon.com/education-programs-in-north-carolina-approved-pre-licensure-nursing-programs-diploma-in-practical-nursing>

The NCCCS provides prelicensure education to most of North Carolina’s first-time test-takers for the NCLEX for RNs and PNs (NCLEX-RN and NCLEX-PN). The NCCCS has multiple educational options for entry into nursing to include the ADN and PN diploma. The NCCCS offers seamless transitions into higher nursing degrees through several programs to include the Regionally Increasing Baccalaureate Nurses (RIBN) program, and the RN-to-

Baccalaureate of Science in Nursing (BSN) Uniform Articulation Agreement to promote educational advancement for RNs moving between North Carolina community colleges and institutions of the University of North Carolina.

Additionally, the NCCCS offers an Associate in General Education (AGE) in Nursing for those students wishing to obtain an ADN and progress toward a BSN based on the Uniform Articulation Agreement. Finally, the Career and College Promise (CCP) ADN Pathway is designed for high school juniors and seniors who wish to begin their educational studies toward the ADN and a BSN (NCCCS, n.d.a).

The NCCCS setting was selected for this present study because these schools were mandated to implement a CBC within their PN nursing programs by the year 2016. While some schools within the NCCCS chose to implement the CBC earlier in 2015, all schools had to have implemented the CBC curriculum by 2016. All PN faculty that have implemented the CBC in 2015 were chosen and an invitation was sent to the members of the North Carolina Council of Practical Nurse Educators (NCCPNE) in order to elicit participants who were undergoing the transition experience, obtaining 12 participants. The purpose of a phenomenological study is to gain insight into the phenomenon; therefore, it is essential to investigate the experience as it is lived, by those who have experienced it (van Manen, 1990).

Participants

It was critical to obtain participants who are experiencing the phenomenon (Creswell & Poth, 2017). Therefore, a purposeful, criterion sample of participants, all of whom were employed as PN faculty within a North Carolina community college school of PN, was used to gather information for this study. Purposeful sampling is used by researchers of qualitative studies who intentionally select individuals and sites to understand a central phenomenon

(Creswell & Poth, 2017). Additionally, criterion sampling requires participants to meet predetermined criteria for selection of participants. Furthermore, criterion sampling is applicable when all individuals studied are representative of the people who have experienced the phenomenon (Creswell & Poth, 2017). This study utilized criterion sampling, and each participant was serving as a full-time PN nursing faculty who had transitioned from a systems-based curriculum to the CBC since 2015. The purpose of interviewing PN faculty in their second year was to investigate individuals' transition to a CBC because they would be able to reflect on their first full year of a CBC along with its challenges and successes. Finally, an examination of those individuals who have taught in a CBC for at least 1 year allowed me to examine the strategies those participants used to persist into the second year. The nurse educator demographics by age, gender, level of education, and ethnicity are presented in Table 2. The number of participants for the study is a total of 12 female PN faculty members meeting the minimum of 10 participants needed to complete the study.

Table 2

Nurse Educator Demographics

| Demographic (<i>n</i> = 12) | Mean/frequency | Percent |
|------------------------------|----------------|---------|
| Age | 54 | 17 |
| Gender | | |
| Female | 12 | 100 |
| Male | 0 | 0 |
| Years of experience | | |
| Years in nursing | 30 | |
| Years of teaching | 14 | |
| Level of Education | | |
| Bachelors | 0 | 0 |
| Masters | 11 | 92 |
| Doctoral | 1 | 8 |
| Ethnicity | | |
| Caucasian | 10 | 83 |
| African American | 2 | 17 |
| Other | 0 | 0 |

Procedures

After this proposal was successfully defended, the application was made to the Institutional Review Board (IRB) of Liberty University for approval. After receiving IRB approval (Appendix C), data collection began. Subsequent steps included gaining access and establishing rapport (Creswell & Poth, 2017). An invitation was sent to the members of the NCCPNE in order to elicit participants who were undergoing the transition experience. A letter (Appendix D) explaining the purpose of the study and the voluntary nature of the study with the NCCPNE board of directors was sent in order to obtain approval to perform the study with the NCCPNE membership. After consent from the NCCPNE board of directors was received

(Appendix E), potential participants were then invited via email to join the study. The first week of the study, NCCPNE faculty members were e-mailed a letter of invitation, along with a consent form inviting faculty members to participate in this voluntary study. This letter of invitation included a description of the proposed study, the importance of the study, how participants are selected, and reassurance that results would be kept confidential (Appendix F). Participants who accepted the invitation to participate in the study returned the signed consent (Appendix G) before beginning the study. The third week, nonrespondent NCCPNE faculty members were e-mailed a letter (Appendix H) reminding them of the study and asking for their participation and return of the consent form.

Interviews served as the primary data source for this study (Appendix I). Interviews were conducted in a private setting, online via a private web-based platform such as Skype, (Microsoft, 2017) or FaceTime (Apple, Inc., 2017) and at a time using a method that was convenient for each participant. The individual interview questions, focus group interview questions, and the journaling prompts were adapted from Kyle's (2015) and Power's (2010) interview questions developed from the literature on curriculum change, teaching methodologies, comfort with change; and trends influencing transformation in nursing education, including the moving into, through, and out of transition. Additionally, the individual interview questions were grouped according to the 4 S's of situation, self, support, and strategies. Finally, the questions were categorized according to Seidman's (2013) three-interview series: focused history, details of the experience, and reflection on the meaning. The primary purpose of the interview questions was to have the participants reconstruct their experiences of transitioning to a CBC (Seidman, 2013). Additional individual interviews were not needed to clarify initial responses as data saturation was met with the initial interviews (Creswell & Poth, 2107). The

individual interviews were focused on the history of the transition and provided the foundation for the subsequent focus group interviews. Audio and video recordings of interviews were made at the time of the interviews and transcribed immediately afterward to ensure accuracy.

A focus group interview (Appendix J) was conducted and consisted of a group of eight faculty members who were participants in the study. This interview was held in a private setting via a conference call at a time that was convenient for all the participants. The focus group interview occurred after all the individual interviews had been completed. The focus group questions were semistructured and open-ended to direct and elicit responses from the group that allowed for elaboration and to elicit more in-depth details about the phenomenon, the second step of the three-interview series as described by Seidman (2013). The purpose of the focus group interview was to concentrate on the details of the lived experience. An audio recording of the focus group interview was made at the time of the interview and transcribed immediately afterward to ensure accuracy.

Self-reflective journaling served as the third step of the three-step interview series with the aim of getting participants to reflect on the meaning of their experience (Seidman, 2013). Self-reflective journaling was completed by email asking participants to reflect and respond to the open-ended prompts to elicit further self-reflection on the transition experience and to add data source for triangulation. One journal prompt was sent via email once a week for 4 weeks (Appendices K, L, M, & N) for a total of four journaling prompts. Participants were asked to spend 30–60 minutes reflecting and responding about their experiences during their transition to a CBC curriculum covering the topics of situation, self, support, and strategies. The journaling prompts were intended to obtain a direct account of personal experience as it was lived (van

Manen, 1990). Journaling was the final method used to elicit participant meaning from their experience.

Confidentiality of participants was maintained throughout the data collection and analysis process. Files of interview audio and video recordings and documents from journaling are stored, organized, and backed up using a secure password-protected external hard drive (Creswell & Poth, 2017). Pseudonyms were assigned for reporting the results of this study. The data will be maintained for 3 years following the study and accessible only to myself.

The Researcher's Role

As the human instrument for data collection in this research study, it was imperative that I maintained professionalism, honesty, and ethical standards while conducting the study. Additionally, as the researcher for this hermeneutic phenomenological study, I needed to be aware of a personal inclination to be led by preunderstandings, frameworks, and theories regarding the nature of the research question (van Manen, 2014). To conduct a high quality interpretative and descriptive phenomenological study, I utilized in-depth, multiple interviews (Creswell & Poth, 2017). Additionally, van Manen's "writings combine the descriptive phenomenology of Husserl, with an emphasis on the study of the world before reflection and also argues that it is scientific and simultaneously asserts that it involves interpretation" (Dowling, 2007, p. 138). In choosing a specific methodology in qualitative research, the interests and representative discipline of the researcher is led by a systematic procedure for inquiry (Creswell, 2015). In my current role as PN faculty within a community college that has experienced the transition from a systems-based curriculum to a CBC, I found myself interested in how other faculty experienced the transition process. Heidegger's (1962) hermeneutic phenomenology informed, by van Manen's (1990) approach, was utilized to assist in bringing structure, analysis,

and reflection to the study. Van Manen's (1990) hermeneutic phenomenological approach was used to understand the meaning in the lived experience of PN faculty during a curriculum change.

Additionally, van Manen's (1990) approach involves a system of investigating, description, and reflection. Attempts were made to explore and describe in rich detail the experience of PN faculty. Furthermore, as the researcher, I was the principal instrument in the data collection and analysis process (Creswell & Poth, 2017).

As a nurse faculty within a community college nursing program that has implemented a CBC, I have developed my personal views and theories regarding the use of CBC and its influence on faculty roles and work satisfaction. I acknowledge the importance of changing nursing education to meet the demands of the current health care system. Finally, I disclose a professional relationship with the study participants as members of the NCCPNE. To minimize any bias in my procedures, I relied on the literature and phenomenological protocols to guide the study.

Additionally, as I brought some bias into the study, it was vital to establish epoché by setting aside my personal experience as much as possible. Therefore, I explored my personal experience with the interview process and the curriculum transition by being interviewed using the interview and focus group questions and responding to the journal prompts before performing the data collection from participants (Creswell & Poth, 2017; Seidman, 2013). Additionally, I maintained a personal journal of my thoughts, insights, and reflections through self-reflective journaling during this study. The use of anecdotal narratives helped focus my attention, leading to more in-depth reflection, again aiding understanding of participants' stories

through my own story, transformed my understanding and ultimately determined my interpretive sense (van Manen, 1990).

Data Collection

Data for the study were collected using individual interviews (Appendix I), focus group interviews (Appendix J), and self-reflective journaling by the participants, based on reflective prompts (Appendices K, L, M, & N). A modified approach to in-depth phenomenological interviewing, as described by Seidman (2013), was used. The individual interviews, focus group interviews, and the journal prompts provide a “three interview series” (Seidman, 2013, p. 20) to capture different dimensions of the same phenomenon. Schuman (as cited in Seidman, 2013) suggested the use of three separate interviews to allow the interviewer and the participant to explore the participants’ experience, place it in context, and reflect on its meaning.

Individual Interviews

The purpose of interviewing in qualitative research is to explore the real experiences of individuals and the meaning their experience has for them. The individual interviews were structured to obtain a focused history from the participants (Saldaña, 2016). Interviews were semistructured and open-ended to direct and elicit responses from individuals that allow for elaboration and to elicit more in-depth details about the experience of transition from a systems-based curriculum to a CBC. The interview questions were adapted with permission from Kyle’s (2015; see Appendix O) and Powers’s (2010; see Appendix P) doctoral dissertations. The questions were modified to focus on the factors of situation, self, support, and strategies as it relates to the transition experience of PN faculty. Following are the standardized, open-ended interview questions with the central research question (CRQ) and research subquestions (SQs) addressed in parentheses:

1. How did you view the initial situation of transition to the concept-based curriculum?
(CRQ, SQ1)
2. How did the timing of the transition to a concept-based curriculum impact you?
(CRQ, SQ1)
3. Can you describe what the transition to the concept-based curriculum was like for you? (CRQ, SQ1)
4. What qualities about yourself helped you adapt to the concept-based curriculum?
(CRQ, SQ2)
5. Have you experienced any change or transition similar to a curriculum transition?
(CRQ, SQ2)
6. How did you feel when you first began using the concept-based curriculum in your teaching? (CRQ, SQ2)
7. Tell me about your support systems. (CRQ, SQ3)
8. In what ways was your _____ supportive during the transition to a concept-based curriculum? (CRQ, SQ3)
9. In what ways was your _____ not supportive during the transition to the concept-based curriculum? (CRQ, SQ3)
10. What strategies did you use in preparing to teach in a concept-based curriculum?
(CRQ, SQ4)
11. What was your greatest barrier encountered in the transition to a concept-based curriculum? (CRQ, SQ4)
12. When things are stressed with change are you the type of person who tries to change the situation (such as negotiation, optimistic, self-reliance, seek advice, or decide

- there is nothing you can do), reframe the situation (such as positive comparisons, selective ignoring, substitution of rewards), or tries to reduce the stress of the change (such as ventilation of feelings, self-assertion, passive forbearance)? (CRQ, SQ4)
13. What else you would you like to share with me about this curriculum transition process? (CRQ)

Seidman (2013) recommended a structure for in-depth, phenomenological interviewing via a three-interview series. The individual interview provides a focused history of the transition experience and places the participant's experience in context "by asking him or her to tell as much as possible about him or herself in light of" (Seidman, 2013, p. 21) curriculum transition up to the present time. Having participants focus on their transition experiences as they related to situation, self, support, and strategies, placed the CBC in the context of the participants' lives. This focus was intended as an aid in answering SQ1: How do practical nursing faculty experience the situation of transitioning from a systems-based to a concept-based curriculum? Interview Questions 1 through 3 addressed the situation leading up to the transition to a CBC and were focused on the moving-in phase in preparation of the implementation of the CBC (Anderson et al., 2012).

Interview Questions 4 through 6 addressed SQ2: How does sense-of-self for practical nurse faculty impact their transition from a systems-based curriculum to a concept-based curriculum? These questions were part of the moving into and through phases of transition. The individual characteristics of an individual's personal, cultural, and psychological self affect how a transition is perceived (Poronsky, 2013).

Support facilitates the transition process, and was used to answer SQ3: How do practical nurse faculty perceive support systems impact their transition from a systems-based to a concept-

based curriculum? Interview Questions 7 through 9 were asked to determine what participants perceive as support during the transition to a CBC. Additionally, they offered further insight into the moving into and through phases of the transition process.

Interview Questions 10 through 12 were focused on SQ4 and were meant to address the strategies PN faculty used during the transition to a concept-based curriculum. Coping consists of four modes: seeking information, taking action, not acting, and the mindset of the individual. These questions are part of the moving through and out of transition phases of the transition process.

The last question, Interview Question 13 was asked so the participant could elaborate on any topic that may have been overlooked or was not previously addressed. This question also allowed for closure to the interview process.

The comfort and familiarity level of the participant may play a role in their ability to transition to other approaches of instruction. Additionally, nurse faculty's ability to reflect upon their values and beliefs regarding teaching approaches may affect their ability to transition to innovative teaching method (Paige & Smith, 2013). Finally, feeling questions aimed to elicit emotions regarding the transition process and what strategies were taken to adapt to this new teaching method.

Focus Group Interview

The purpose of a focus group interview is to obtain high-quality data in a social context, and the topics of a focus group interview are narrowly focused (M. Q. Patton, 2002).

Additionally, a focus group interview can be used to gain additional details of the experience as part of Seidman's (2013) second step in the three-interview series. The focus group interview provided several advantages for this study, including the ability to gather information from

several PN faculty versus only one. As M. Q. Patton (2002) stated, “Interactions among participants enhance data quality” (p. 386). The focus group interview was conducted with a group of eight faculty members who were participants in the study. During this focus group interview, the study’s participants were able to hear each other’s responses and make additional comments. The ability to determine a consistent, shared view or diversity is readily determined within a focus group interview (M. Q. Patton, 2002). Additionally, by conducting a focus group interview among several PN faculty, I was able to determine consistency or diversity of views while making the focus group interview enjoyable for the participants. Finally, concrete details of the participants’ lived experience of the transition to a CBC through the focus group interview constituted the lived experiences of the participants (Seidman, 2013). Following are the focus group interview prompts:

1. Describe your personal experiences with the concept-based course and conceptual learning.
2. Describe your role in the curriculum transition process.
3. Describe factors affecting your involvement in this curricular transition process.
4. Does the fact that this transition is required by your community college system concern you?
5. Describe the nature of your concerns.
6. Describe what you value about conceptual learning.
7. Describe what you dislike about conceptual learning.
8. Describe the most challenging aspects of this curricular change.
9. Describe the beneficial aspects of this curricular change.
10. What other information would you like to add?

The focus group interview concentrated on the details of the participants' lived experience related to a CBC transition. Participants were asked to reconstruct the details of the experience, upon which their opinions may be built (Seidman, 2013). Focus Group Prompts 1 through 5 were intended to discover the involvement and concerns regarding the process of transition the participants have for the curriculum change. Focus Group Prompts 6 through 9 were designed to get the participants to discuss their values and feelings concerning conceptual learning. Additionally, as these questions were asked in a group setting, a variety of perspectives was revealed, and participants shared their perceptions in a nonthreatening environment (M. Q. Patton, 2002). Group members also influenced each other by responding to comments and by providing a check and balance with each other (M. Q. Patton, 2002). Finally, Focus Group Prompt 10 was intended to allow for further insight into the group's perceptions and provide closure to the interview.

Self-Reflective Journaling

Self-reflective journaling provided an additional source of data regarding the participants' lived experience of curriculum transition. The purpose of self-reflection was to have participants further reflect on the meaning of the transition experience (Seidman, 2013). Additionally, "Keeping a regular diary may help a person to reflect on significant aspects of his or her past and present life" (van Manen, 1990, p. 73). Van Manen (1990) described diaries, journals, and personal logs as sources of lived experience. Through journal writing, self-reflection was promoted and human experiences could be mined for significant aspects of PN faculty's lived experience of curriculum transition (van Manen, 1990). The researcher can discern patterns of the work in progress and reflect upon previous reflections (van Manen, 1990). Journal writing promoted refinement and understanding of the responses of the PN faculty in this present study

(Janesick, 1998). Participants were asked to respond to four prompts, one entry a week for four weeks via email. Participants were asked to respond to these weekly prompts and forward copies of their entries to me via email. Following are the journal prompts for Weeks 1 through 4.

1. This is Week 1 of the journaling prompts. Reflect on your personal experience for 30–60 minutes and write a direct account of what the transition from a systems-based curriculum to a concept-based curriculum means to you as an instructor and for the nursing program.
2. This is Week 2 of the journaling prompts. Reflect on your personal experience for 30–60 minutes and write a direct account of the specific strategies you are taking to adjust to the curriculum transition from a systems-based curriculum to a concept-based curriculum.
3. This is Week 3 of the journaling prompts. Reflect on your personal experience for 30–60 minutes and write a direct account of the ways the transition from a systems-based curriculum to a concept-based curriculum is affecting your teaching style.
4. This is Week 4 of the journaling prompts. Reflect on your personal experience for 30–60 minutes and write a direct account of how effective you feel as a teacher during the transition from a systems-based curriculum to a concept-based curriculum and why.

Self-reflective journaling is used to ask participants to reflect on the meaning of their experience (Seidman, 2013). The question of meaning is not one of satisfaction or reward; instead, the intellectual and emotional connections between the participants' work and life (Seidman, 2013). Journal Prompts 1 through 4 were designed to get the participants to reflect upon their values and feelings regarding their teaching styles and approaches and how effective

they felt as educators with conceptual learning. Reflection can be productive only when the foundation has been established through the individual interviews and the focus group interviews (Seidman, 2013).

Data Analysis

Creswell and Poth (2017) reported that phenomenology has a specific, structured method of analysis as advanced by Moustakas (1994). However, Creswell and Poth (2017) also described a simplified version of Moustakas' process of analysis to include a personal description of the phenomenon under study. This is accomplished with the researcher beginning with a full description of his or her own experience of the phenomenon. Utilizing this approach, I described my own experience with a curriculum transition. Additionally, as data were collected during the scheduled interviews, focus group interviews, and journal responses, I read the data to begin the process of understanding the content. Following the initial reading, I made annotations along with memos of potential code descriptors. Reading and re-reading each of the transcripts and journal documents was completed to discover codes, themes, and categories. Memos were made during the interviews as field notes and made part of the initial phase of data exploration. Creswell and Poth described memoing as vital for developing a textural description of "what happened" and "how" the phenomenon was experienced, enabling the "essence" of the data to be identified (p. 199).

Furthermore, I kept a personal self-reflective journal of thoughts, feelings, emotions, and insights throughout the data collection and analysis process. As part of the reduction process I first "experienced the process" myself as recommended by Seidman (2013). As the only interviewer in the research process, it was essential to alleviate any preconceptions I had regarding the curriculum transition process. I experienced the interview process before

beginning the data collection process using the same interview questions and journal prompts posed to participants in order to allow me to examine the experience of curriculum transition personally. Transcribing my responses to the interview questions and prompts aided in exploring any potential problems with the data collection process while allowing me to connect to the interviewing process (Seidman, 2013).

I transcribed the data verbatim using the computer transcription program, HyperTRANSCRIBE (ResearchWare, Inc., 2013). During the transcription process, I made notes and memos of my reflections. After transcription for each interview was completed, the transcriptions were imported into HyperRESEARCH (ResearchWare, Inc., 2015) a computer program for qualitative data analysis. I read each transcript three times to understand the overall narrative. The fourth time of reading, I precoded the data by highlighting, bolding, and underlining essential participant quotes or passages from the transcripts, noting phrases that stood out (Creswell & Poth, 2017; Saldaña, 2016). This process allowed me to reflect upon and jot down preliminary words or phrases which characterized the phenomenon (Saldaña, 2016).

Coding of data was the first technique used to place the data into significant categories of information after the initial organization (precoding) and memoing. A list of codes along with their descriptions and data examples were maintained in the HyperRESEARCH (ResearchWare, Inc., 2015) software. I used Saldaña's (2016) process of qualitative coding data. The first cycle coding method was an initial coding process, or "open coding," to create a starting point for analytic leads for further exploration and to determine which direction the study would take (Saldaña, 2016). Initial coding was followed by the structural coding process as a second cycle coding method. Structural coding, also called "utilitarian coding," applies content based on conceptual phrases representing a topic of inquiry that relates to a specific research question

(Saldaña, 2016). As the coding process was performed a consultation with the participants (member checking) to validate the initial and structural codes was performed.

Additionally, I maintained a reflective journal for analytic memo writing (Saldaña, 2016) as a check of my interpretations I developed with the participants. I kept field notes of my observations of participants and included my personal and subjective responses to the social actions encountered (Saldaña, 2016). Finally, theming the data brought “meaning and identity to a recurrent experience” (Desantis & Ugarriza as cited in Saldaña, 2016, p. 199). Themes aid phenomenology, “the world as we immediately experience it. . . . Phenomenology aims at gaining a deeper understanding of the nature or meaning of our everyday experiences” (van Manen, 1990, p. 9). Themes are defined as an extended phrase or sentence that identifies what a unit of data is about and what it means. The winnowing down of themes to what is essential rather than incidental was performed as well as how themes are similar, different, and the relationship between them identified (Saldaña, 2016).

Significant statements from the interviews, focus groups, and journal texts were used to reflect the individual experiences of the phenomenon of interest (Creswell & Poth, 2017). Participant statements from the coding process were used to group the data into codes and themes. Examination of the data for a “textural description” was elicited from the participant’s statements (Creswell & Poth, 2017). Data were coded based on identified core categories, and constant comparison performed as I reviewed and re-reviewed the data for codes and themes.

Interpretation of data was used to develop a broader meaning from the codes and themes (Creswell & Poth, 2017, p. 195). Data interpretation is presented in table format to display the identified themes and subthemes of data (Creswell & Poth, 2017). Reflection upon the participants’ responses along with the writing and rewriting of personal reflections was

performed, especially observing elements that frequently occurred in the text (van Manen, 1990). The structure of the experience from the participants' perspectives was analyzed to determine what makes up the experience (van Manen, 1990). Participants' descriptions of the phenomenon were examined to discover themes as they pertained to each participant and then analyzed for similarities or differences.

Trustworthiness

According to M. Q. Patton (2002), qualitative research must be trustworthy and credible. Additionally, trustworthiness addresses issues of bias and provides the reader confidence that reported data in the study can be trusted. Triangulation was used to establish trustworthiness through the collection of data via three different methods of individual interviews, focus group interviews, and participant reflective journaling. Trustworthiness for this study was further addressed through credibility, dependability and confirmability, and transferability (Creswell & Poth, 2017).

Credibility

Creswell (2015) described credibility as the accuracy of the findings. To ensure credibility, a step-by-step, systematic approach was utilized in data collection and analysis. Site triangulation was implemented by eliciting participation of participants from several community colleges thereby reducing the likelihood of the effect of peculiarities of one institution (Shenton, 2004). Additionally, member checking provided trustworthiness through credibility (Creswell, 2015) and helped to validate my analysis and interpretation of the participants' experiences. Through member checking, the establishment of credibility by participants on their views and opportunities to fill in any missing data was achieved (Creswell & Poth, 2017). For this study, participants were asked to provide member checking of their transcripts adding comments or

feedback in order to validate the accuracy of the data. Peer reviews provided a measure of credibility for the study through the use of peer debriefing sessions in which colleagues and peers were asked to review the data to provide a fresh perspective on the data and to challenge any of my assumptions. The thoughtful commentary provided additional credibility to the study and allowed me to record initial impressions of each data collection session and patterns appearing to emerge (Shenton, 2004). To further establish credibility, I kept reflective notes as analytic memos after data collection sessions, data transcription, and while reading the transcripts.

Dependability and Confirmability

Dependability represents how consistent the findings of the study are and whether they can be repeated. To ensure the dependability of the data, details of how the research is planned and executed is provided allowing for transparency of the research process. Data analysis was conducted through multiple readings of the transcripts, checking for mistakes and beginning the precoding process. Identification of the steps taken during the interviews in addition to an evaluation of the effectiveness of the process is described in detail. Confirmability is the extent to which the findings of a study are reflective of the participants and not by researcher bias, motivation, or interest (Lincoln & Guba, 1985). In the present study, I achieved confirmability through the keeping accurate records and reflective notes to expose any of my potential biases.

Additionally, confirmability was established through reflexivity of my writings. To maintain a self-understanding about any biases, values, and experiences I may have brought to the study, I shared my personal experiences with curriculum transition and how these experiences shaped my interpretation of the phenomenon (Creswell & Poth, 2017). Audit trails can provide a level of dependability and confirmability as they can be retrieved and examined

(Creswell & Poth, 2017). In order to establish dependability and credibility, an audit trail was established through the memoing guide recommended by Creswell and Poth (2017). The memoing guide describes prioritizing memos throughout the analysis process by memoing during the initial reading of data to the writing of conclusions. Additionally, I organized memos into a system that was relevant to me for the sorting of data. Finally, dating and captioning of memos to make them easily retrievable and sortable was followed (Creswell & Poth, 2017).

Transferability

Creswell (2015) defined transferability as the ability to transfer the findings to other studies. Thick description is described by Lincoln and Guba (1985) as a way of achieving a type of transferability. Transferability for this study was ensured through a selection of diverse faculty who were experiencing a curriculum transition from a systems-based curriculum to a CBC. I compiled rich, thick, detailed descriptions of the participants, sites, and data collection process, along with any potential factors that may have affected the interviews throughout the study. Additionally, the study descriptions of the phenomenon were kept in detail, making it possible to evaluate the extent to which the conclusions drawn are transferable to other times, settings, situations, and people. My writing of rich, thick descriptions in this study enables readers to determine the transferability of the study (Creswell & Poth, 2017).

Ethical Considerations

Ethical issues must be considered during the planning and implementation of a qualitative study (Creswell & Poth, 2017). Permission was obtained for use and adaptation of the interview questions from the author (Appendix O). Informed consent, including full disclosure of the purpose of the study, was obtained from the participants before data collection. Additionally, permission was obtained to use and adapt the figures from the publisher (Appendices A & B).

Participant privacy was maintained through the use of pseudonyms. Furthermore, all participants had pseudonyms assigned during the reporting of the results of this study. Ethics is central to any research and during the collection process is a time when the ethical issue of storage of data and materials must be addressed (Creswell & Poth, 2017). Files of interview recordings and documents from journaling are stored, organized, and backed up using a secure password-protected external hard drive (Creswell & Poth, 2017). This secure drive will be stored in a locked file cabinet in a locked office when not in use for 3 years and only accessible to me. At the end of 3 years, the files on the external hard drive will be securely erased and the hard drive reformatted.

Summary

Chapter Three included a description of the design and procedures that were used to conduct this study of the lived experiences of nurse faculty who have transitioned from a systems-based curriculum to a CBC. A hermeneutic qualitative design by van Manen (1990) was used. The community college setting was North Carolina community colleges that have transitioned to a CBC. Participants were PN faculty who were employed by the NCCCS and members of the NCCPNE. Following IRB approval, the study was conducted, and data collected through individual interviews, focus group interviews, and self-reflective journaling. Data analysis included reading and re-reading, memoing of descriptors, and coding of the data using HyperRESEARCH (ResearchWare, Inc., 2015) qualitative analysis software. Chapter Three concluded with a discussion on trustworthiness through member checking, peer reviews, transparency of the research process, audit trails, and diversity of participants. Finally, the ethical assurances of this study were maintained through the confidentiality of the participants and the secure storage of data.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this hermeneutic phenomenological qualitative study was to understand the lived experience of PN faculty who transitioned to a concept-based curriculum as required by the North Carolina nursing curriculum revision project. Participants encompassed 12 PN faculty members from eight community colleges within the NCCCS, whose experiences with the transition to a CBC were explored. This study utilized three forms of data to generate the codes, themes, and descriptions of participants. The themes were organized based on Schlossberg's (1981) 4 S's of situation, self, support, and strategies. This chapter includes a presentation of the results of the data collection to include participant descriptions, research findings, and a summary.

Participants

Participants in this study were PN educators from eight community colleges within the NCCCS. Purposeful sampling was used to include NCCPNE members who were full-time faculty of PN programs employed within the NCCCS because these programs were required to transition to a CBC by the fall of 2016. Participants were recruited from the NCCPNE membership, representing a diversity of PN educators. Participant demographics were not known before contact with the NCCPNE membership; however, as participants volunteered for the study, a variation in ethnicity and professional background occurred naturally. This variation of participants provided for a diversity of educational preparation, nursing specialty experience, and nursing teaching experience. Participants were all female, as the NCCPNE membership consisted of an overwhelming majority of female faculty, although it was noted that there was one male among the membership.

Participants who agreed to be in the study included 12 females, of which there were 10 Caucasians and two African Americans and all held either a master's degree or doctorate. Their diverse and varied backgrounds created an opportunity to collect rich, thick, detailed, and descriptive data (Creswell & Poth, 2017). The participants were identified by pseudonyms to protect their identities and privacy during data analysis and reporting. Table 3 shows an overall description of the participant names (pseudonyms), age, ethnicity, gender, highest educational degree, and years of experience in nursing education.

Table 3

Participant Demographics

| Participant | Age | Ethnicity | Gender | Highest degree | Years in education |
|-------------|-----|------------------|--------|----------------|--------------------|
| Charlotte | 53 | Caucasian | Female | Masters | 22 |
| Corrine | 46 | African-American | Female | Masters | 3 |
| Debbie | 53 | Caucasian | Female | Masters | 17 |
| Glenda | 56 | Caucasian | Female | Masters | 7 |
| Julie | 57 | Caucasian | Female | Masters | 16 |
| June | 67 | African-American | Female | Masters | 28 |
| Kathleen | 59 | Caucasian | Female | Masters | 9 |
| Kelly | 51 | Caucasian | Female | Masters | 10 |
| Keri | 51 | Caucasian | Female | Doctorate | 13 |
| Peggy | 58 | Caucasian | Female | Masters | 25 |
| Sharon | 48 | Caucasian | Female | Masters | 13 |
| Sherry | 45 | Caucasian | Female | Masters | 10 |

The participants' descriptions are provided below to include the details concerning the participants' lived experience of transitioning to a CBC. According to Clark, Birkhead, Fernandez, and Egger (2017), there is a consensus among qualitative researchers using interviews that a transcript is a word-for-word or verbatim record of the interview dialogue.

Errors in the spoken words such as incomplete sentences, word choice mistakes, or sentence structure problems are reproduced in the interview transcripts. Furthermore, as van Manen (1990) explained,

The emphasis is always on the meaning of the lived experience. The point is to “borrow” people’s experiences and their reflections on their experiences in order to be better be able to come to an understanding of the deeper meaning or significance of an aspect of human experience. (p. 62)

Therefore, I have included all quotes verbatim, to include verbal tics and grammatical errors, both in speech and in writing to gain a deeper insight into each participant’s lived experience.

Charlotte

At the time of the study, Charlotte was the director of the nursing program for her college. She admitted to having had a desire to be a nurse at an early age. Charlotte became a nursing assistant at the age of 16 after being inspired by her mother who was a nursing assistant working with the elderly. During the interview, I noted that Charlotte was very frank and upfront regarding her feelings and experience of the transition to a CBC. Charlotte admitted to feeling anxious about leading faculty during the change in curriculum. However, Charlotte professed a reliance on her leadership skills and training to maintain a positive perspective and “make the best of it.” I observed that Charlotte is a natural leader who easily takes charge and has a plan of action formulated. Charlotte described using networking skills to reach out to other programs and faculty experiencing the curriculum transition and taking a proactive approach to seek out methods to improve her understanding and knowledge of the CBC. She admitted struggling to find meaningful activities to meet the unit objectives and often falling back to old ways of teaching because it was “easier.” I noticed Charlotte’s deep commitment to the students

to keep the disruption of the transition “behind the scenes” so students could continue to learn and succeed.

Corrine

At the time of the study, Corrine was a relatively new nurse faculty member who taught in the classroom and clinical settings. Corrine became a nurse educator because she was “seeking to give more and to have a voice in creating new nurses.” Corrine considered herself a “pretty good nurse and wanted to create minions of myself.” Corrine was uncomfortable talking about herself and was quiet and somewhat reserved during the interview. Corrine admitted that she felt that the transition to a CBC “felt broken.” She felt the students did not get enough information in the CBC and personally experienced the transition as “chaos.” Corrine was able to work through the transition because she was organized and had the support of her peers and coworkers. Her most significant concern and difficulty was getting the students to prepare ahead and be accountable for their learning.

Debbie

Debbie is an experienced faculty member who teaches in the classroom, laboratory, and clinical settings. Debbie became a nurse because she had an interest in caring for people and animals and she became a nurse educator because she enjoyed teaching. Debbie admitted that she does not like change, but “knew it had to happen.” Debbie was concerned about the extra work the transition to the CBC triggered, but she prepared ahead of time and had the support of an ADN instructor who had experienced a similar transition. Debbie described her curriculum transition experience as similar to the transition she felt when moving from a clinical nurse role to nurse educator. I noticed that Debbie was insightful about how faculty must feel during a change, describing it as “making instructors feel ineffective, but as they use this approach, they

grow in understanding.” I observed growth in Debbie’s teaching style as she described the process of using less PowerPoint and increasing active learning strategies in the classroom.

Glenda

Glenda is a dedicated faculty member with 17 years of experience teaching in the classroom and clinical settings at the time of the study. Glenda became a nurse educator because of her love of teaching, and she spoke of how all her nursing jobs involved teaching to some extent. I noted that Glenda was concerned about the effect the CBC would have on the nursing profession as she feels nursing is more than treating a concept, and this can adversely affect nursing judgment. During the transition, Glenda felt disorganized and felt the curriculum was disorganized. Her sole support during this time came from faculty members who supported each other through the transition. Glenda emphasized the importance of taking a break and going for walks to decrease the stress she felt. Glenda admitted that she did not feel competent as a teacher because she did not know or understand the CBC and was therefore unable to tie the concepts together for the students. Glenda readily admitted that personal life stressors also contributed to feeling unfocused and this, in turn, affected her effectiveness as a teacher during the transition.

Julie

At the time of the study, Julie was the director of the PN program at her college and has a solid foundation of experience in nursing education. Julie is passionate about nursing, nursing education, and student success. During the interview, Julie often used stories of her experiences to portray how she felt about her role as a nurse and nurse educator. Julie attributed her experience and her master’s degree as making it easier to transition to the CBC as this gave her the foundation for active learning strategies in the classroom. Additionally, she said she often

utilized games and other active learning strategies in her teaching approach before the transition to the CBC. Julie also did not feel the transition was as difficult for her as for others because of the organized leadership she received. She felt the most significant barrier to the transition to the CBC was a lack of training, and there was “no place faculty could learn about the CBC prior to implementation.” She felt the CBC has a good goal of students being self-directed learners; however, it is not realistic. A complaint she has received from students included “having to teach themselves” and she has found it challenging to get the students to accept responsibility for learning.

June

At the time of the study, June was a faculty member who had been in nursing education for 28 years, teaching in the classroom and clinical settings. June was inspired to go into healthcare in order to be self-sufficient and give back to the community. She spoke of her “compassionate heart for helping others” and a desire to help students perfect their skills. June spoke of the time she received a “jolt to reality” in her nursing career and realized she had a desire “to be a part of the foundation process to provide positive mentorship to future nurses.” June’s experience of the transition to a CBC was one of many questions: “Is this gonna be better or is this gonna be more work or less work? How are we going to adapt all that change and get all the same material in?” I noticed that June placed an emphasis on timing of the CBC and related it to the stage of her life: “So I think I was also at the stage of my development that, okay, with this new technology, we can do this and this and this.” June explained that the benefit was “growing and adapting at that point in my life . . . not, let not become stagnant.” June indicated she enjoys learning and new ideas, and receives satisfaction when students learn. Faculty

provided support as they divided the materials and content. June took a personal approach to the transition and prepared herself through research and reading to become familiar with the CBC.

Kathleen

At the time of the study, Kathleen was a nurse faculty member with 9 years of experience who admitted she was initially scared and nervous about the curriculum transition. Kathleen became a nurse because she wanted to help people and she became a nursing instructor because “I love teaching and I love helping students become nurses.” Kathleen described her experience as “a lot of work and time-consuming.” “Difficult” was another term I noted that Kathleen used to describe her experience. She acknowledged that coming up with activities was hard because “I am an in-the-box person and I have trouble getting out of that box.” Kathleen was not exposed to any of the new teaching strategies as a student and was accustomed to lecturing at the podium. Kathleen saw her greatest strength as having an openness to new ideas with a commitment to her job. I observed that she considered herself a Type A personality that will work until the job is finished. Kathleen received support from numerous sources, citing faculty, dean, coworkers, and the NCCPNE organization. Kathleen tried to remain optimistic in the face of change, seeking out advice to help with the change, but admitted to attempting to negotiate the change if that is an option.

Kelly

At the time of the study, Kelly was an assistant director and PN faculty member who had taught for 10 years and was lead faculty for the NUR 103 course. Kelly’s initial reaction to the curriculum transition was excited, but as the transition progressed, this developed into frustration and fear. Kelly worked with her peers to create the course syllabus and found the biggest challenge in the transition was the lack of a concept-based textbook at the PN level. Kelly often

felt overworked in preparing for the new curriculum, assuming a three-course load and becoming the assistant director of the program at the same time. The added responsibilities challenged her to keep up while she had the added concern about student success. Kelly's attention to detail helped her in the transition, and sheer determination, as well as an unwillingness to be defeated, kept her going. Kelly pointed out that her leadership skills helped her to think ahead and prepare. She had the support of her director, along with her peers who were supportive through teamwork. Kelly prepared herself for the transition by reviewing the CBC outline, studying it to gain an understanding so she could incorporate it into her teaching. Kelly acknowledged that "There are some things you're afraid to let go of." When stressed with change, Kelly tried to be optimistic and look at the different perspectives. Kelly was concerned about the program's pass rates, but was elated when the results came in; this increased her confidence, and she felt she had added value to the program.

Keri

At the time of the study, Keri was the director of the PN program at her college. Keri had a very bubbly and funny personality, which kept us laughing during the interview. Keri had been in nursing education for 13 years and participated as an active leader in various professional organizations. She initially felt the CBC was not well-planned, was last minute, and just copied from the ADN programs. Keri stated that the transition experience for her was, "I suppose a different way of thinking because I was used to the systems or medical model way of thinking, that had been ingrained forever." Keri frankly admitted that when she first started looking at it and using the CBC, "it was a hot mess," disorganized, and did not make sense to her. Keri acknowledged feelings of "being old and stuck in my ways while still having a problem wrapping my mind around it." Her ability to just accept it and do it enabled her in the transition

process, and she stated, “if you can’t beat them, join them.” Keri’s flexibility, open-mindedness, possession of critical thinking skills, organization, and assertiveness are qualities she attributed to her successful transition. Keri’s support came from the coworkers, support staff, and her organization’s willingness to let her participate in the curriculum improvement project (CIP) committee. Teamwork, along with a trial run with the new CBC and review of textbooks, were strategies used to help her through the transition. Keri saw a decrease in the NCLEX scores, leading to a lot of faculty anxiety. However, she and the faculty continue to revise the curriculum based on what is successful and not successful in order to fine-tune the curriculum. Keri felt the CBC promotes critical thinking in the students, but felt it is also influenced by the faculty’s overall knowledge, presentation, and attitude.

Peggy

At the time of the study, Peggy was a faculty member whose responsibilities included classroom, laboratory, and clinical teaching. Peggy was initially excited with the prospect of a curriculum change, but after exposure to the classroom aspect of concept-based teaching, she admitted to becoming less enthusiastic. Peggy stated there is a loss of classroom and clinical time with the new curriculum. With the loss of classroom time, she felt “the time wasn’t there to spend on more activities, and I felt like I couldn’t give students what they needed.” Peggy also reported feeling as if certain important information had been left out while activities have been made the focus and these added activities created extra work in preparing for class. Peggy admitted to feeling confused and still struggled to find balance. She found the CBC and the concepts are connected to too many other concepts with not enough time to go over them properly. Peggy’s support system came from the faculty working as a team and helping each other by sharing ideas and resources. She stated that her college supported the transition.

However, Peggy did not feel supported by the NCCCS as she did not receive the training and educational preparation that she felt was necessary. Peggy prepared for the change by taking the time to look for activities that were easy, comprehensible, and memorable. I noted Peggy's frustration level during our conversation and how she often went back to her concern that the time had been decreased for class and clinical, but more time-intensive activities were expected to be implemented. Peggy believed she was just as effective in her teaching because she used the exam averages and student evaluations as feedback on the effectiveness of her teaching.

Sharon

At the time of the study, Sharon had been in nursing education for 13 years and was a PN faculty member teaching in the classroom and clinical settings. I noticed an overall struggle and conflict in Sharon regarding her experience with the CBC. She reported that it was "frightening"; and stated, "We didn't learn that in my masters . . . we learned about PowerPoints." She recognized that the systems-based curriculum was "giving the students all the information. Now, students have to come prepared, and you do more hands-on, it's just totally different." Sharon spoke of trying to make learning fun in the CBC. Sharon attributed her experience as a nurse as helping her during this transition. Sharon's support came from her organization via financial assistance for education regarding the CBC as well as with needed supplies. Sharon described the transition to the CBC as requiring considerable thought and creativity.

Sherry

At the time of the study, Sherry had 10 years in nursing education and was an assistant director and faculty member teaching in the classroom and clinical settings. Sherry's initial response to the curriculum transition was, "Why did we have to transition? And I wondered

about how faculty would relate to concept-based, and I wondered if students would understand concepts instead of the typical medical model that we have always been used to.” Overall, Sherry spoke of how unsettled she felt about the transition, but at the same time, she was excited. Sherry credited her leadership qualities as the faculty looked to her for guidance. Sherry tried to portray a positive attitude about the transition for faculty and students, keeping them informed and lines of communication open. Sherry’s support systems were limited as she felt her director was entirely against the CBC. She felt that the administration of the college was supportive, allowing her to attend meetings and training on the CBC. Sherry found that collaborating with other community college PN programs was helpful as well as listening to the concerns of faculty and having discussions addressing those concerns when needed.

Results

The following are the results of this qualitative hermeneutic phenomenological study. The data collected from individual interviews, the focus group interview, and the journal responses are described in detail below. From the analysis, I was able to develop the narrative description of the PN faculty’s lived experiences of transitioning from a systems-based curriculum to a CBC. The data were organized and themed using Schlossberg’s (1981) 4 S’s of transition: situation, self, support, and strategies. The next section includes description of the process of code and theme development, descriptions and details of the findings, and addresses the results of the research questions.

The identification of codes and themes occurred during the data collection and data analysis process. This study was theoretically grounded in Schlossberg’s (1981) 4 S’s of transition: situation, self, support, and strategies. Therefore, the 4 S’s were used to guide the organization and understanding of the data as the interview questions, focus group questions, and

journal prompts were organized around these four factors. The process of identifying the codes and themes followed the data collection process, and data analysis was developed from 12 participants using the individual interviews, the focus group interview, and the journal prompt responses. From these three sources, I initially transcribed the data, sent the transcripts to individual participants for verification of content, read and re-read the transcripts, and maintained a reflective journal. The data were coded and analyzed using the process of initial coding followed by structural coding and finally theming as described by Saldaña (2016). I utilized initial coding as a starting point in the data analysis process through which I was able to garner leads for further exploration. The initial coding period was used as a period of “digesting and reflection” (Saldaña, 2016, p. 115) and data were analyzed in a detailed line-by-line method. Structural coding is a question-based coding used to label and index data, allowing for coding and categorization of the data (Saldaña, 2016). I followed this method after the initial coding process which allowed for the cataloging of the data by Schlossberg’s (1981) 4 S’s. According to van Manen (1990), the theming of the data “is the form of capturing the phenomenon one tries to understand” (p. 87).

Additionally, thematic analysis “is a strategic choice as part of the research design that includes the primary questions, goals, conceptual framework, and literature review” (Saldaña, 2016, p. 200). I continued to theme the data organized around the 4 S’s, allowing for the subthemes to emerge naturally. The data revealed 70 codes, from which I identified and categorized 11 subthemes based on situation, self, support, and strategies.

Individual interviews provided an overview of how each faculty member experienced their transitions to a CBC. During the initial analysis process, I was able to gain insight into the thoughts, feelings, and understandings of the faculty related to a curriculum transition. As I read

and re-read the interview transcripts, I was able to see similarities and differences emerge between the participants. Eight faculty members participated in the focus group interview via a conference call. The focus group data further developed the thoughts and feelings shared in the individual interviews and, along with the journal reflections, provided a greater understanding of the faculty transition experience. The journal prompts added to the interview data through sharing of participants' reflections regarding their transitions to a CBC. Constant comparison was performed between the individual interview responses, the focus group interview responses, and the journal responses. This comparative method was utilized by moving from small to larger datasets (Silverman, 2006); for example, looking at the data related to how one participant described faculty buy-in and then sifting through the data to find other participants who described faculty buy-in. Table 4 provides the frequency of codes from the data organized by the major themes and their respective subthemes.

Table 4

Themes and Codes

| Subtheme | Codes |
|--------------------------|---|
| Major theme: Situation | |
| Faculty buy-in | Choice (19), assessment (12), experience (11), precipitating (9), control (6), concern (4), trigger (1) |
| Added responsibilities | Extra work (90), student accountability (30), negative outcomes (27), concurrent stress (16), timing (15), student satisfaction (9), role change (2) |
| Preparation and training | Difficult (52), positive outcome (48), disorganized (34), challenging (33), loss of content (20), negative (14), asset (14), broken (12), confusing (11), unfair (9), liability (8), good (7), overwhelming (6), off-time (4), on-time (4), stranded (1), chaos (1) |
| Major theme: Self | |
| Commitment | Concern about students (33), defense (4), wrong impression (3) |
| Perspective | Strength (32), lead others (23), benefit (14), excited (4), love of teaching (4), patience (2), persistence (4) |
| Willingness to adapt | Positivism (28), accepting of change (23), change in assumptions (13), integration (12), flexible (6) |
| Major theme: Support | |
| Relationships | Support systems (92), teamwork (40), faculty involvement (28), feedback (10), affirmation (3), co-workers (8) |
| Resources | Available resources (65), lack of resources (37), negation (13), support (8), unsupported (8) |
| Major theme: Strategies | |
| Adaptation | Preparation (72), active learning (43), relearn (38), student-centered (27), modification (13), plan of action (9), organized (7) |
| Resistance | Barriers (16), reduction of stress (11), control of meaning (10), teacher-centered (4), passive learning (1) |

Major Theme 1: Situation

The four major themes that emerged from the study aligned with Schlossberg's (1981) 4 S's of transition—a theoretical foundation for this study—including situation, self, support, and strategies. Major Theme 1, situation, is used to explain an assessment of the who or what that is seen as responsible, the amount of control faculty may have over the situation, and the role change faculty experienced. Within this first theme of situation were three subthemes, including faculty buy-in, added responsibilities, and preparation and training.

Faculty buy-in. The first subtheme revealed within the major theme of situation was faculty buy-in. Buy-in is defined by the *English Oxford Dictionary* (n.d.) as the agreement with or acceptance of a policy or suggestion. Faculty buy-in includes how the faculty initially assessed the situation, the concern they felt, the amount of control and choice they had, the precipitating factors, and their prior experience with curriculum change. One of the first responses by nursing faculty in assessing the situation was one of questioning why a curriculum change was necessary. Sherry stated, “Why did we have to transition? I wondered about how, you know, faculty would relate to concept-based. I also wondered if students would understand the concepts instead of the typical medical model.” Additionally, Julie expressed, “Well, as with any change there is hesitation. Was it a good change? Was it being made for the right reasons?” Other responses included fear, nervousness, frustration, and anger over the required curriculum change. Sharon expressed feeling frightened when asked how she viewed the initial situation of transition to a CBC, “Um, it was frightening, um, because I was used to lecture. . . . It's just totally different. But it was frightening.” Kathleen admitted, “I was somewhat scared and nervous about it, how we were going to do this?” Feelings of anxiety were also expressed during an interview with Charlotte: “I think it was feelings of anxiety because we didn't really have a

lot of training. . . . I was anxious about it, especially as a director because now I got to lead the faculty through this curriculum development.”

The transition to a CBC affected the amount of control or choice faculty felt they had with the decision to adopt and implement a CBC. The loss of academic freedom exemplified feelings of loss of control for Julie:

At first, it bothered me because I thought it was going to take away academic freedom because in the past we felt like we had a really good curriculum and to be told that that one was no longer valid and we needed to change, I think that was a hard pill to swallow so to speak.

Keri stated outright the lack of choice faculty had in the decision to move to a CBC: “So we were told ‘You’re going to do this, it’s mandated. . . . I actually served on the CRP, and we met and got it all together within a year or so and then boom, it’s being mandated.” Additionally, the faculty felt they had to implement more active learning strategies within the classroom. The impetus for activities may have pushed faculty out of their comfort zone in teaching, as Charlotte explained, “Then the other thing about activities we learned about, do these activities, but sometimes I was not going to do an activity just for the sake of doing an activity.” Sherry commented, “Sometimes following in others’ footsteps is not necessarily the correct thing to do.”

Concern was another feeling that faculty voiced regarding the situation of curriculum change. Program director Keri expressed concern about the initial planning of the CBC: “It was announced about the CBC rather abruptly” and “We kind of took the ADN concept curriculum and kind of adopted it.” Similarly, Julie described a lack of planning for the implementation of the CBC: “We went full-blown; you start concept-based today, and you’re going to do it for the

rest of this program. I think that was a harsh reality for both the faculty and the students.” Keri expressed concern about the time frame for implementation: “They did the ADN over a couple of years, and we were basically given a year or less than a year and told, well, the ADNs already done it.” The lack of faculty buy-in was emphasized with the concern that students would not receive all the knowledge or information necessary for them to be successful on the NCLEX licensing exam or to be safe practitioners. Sharon described how the loss of classroom and clinical time has led to a loss of content: “I used to teach cancer for 3 days . . . now it’s 4 hours.” Julie spoke of her concern regarding the students getting needed information:

The teaching part of it was difficult in that, you feel like you want to give so much information to the students and there just wasn’t as much time to give information and reinforce with the activities. So, learning to make the student, I guess, more accountable for coming to class prepared to do the activities is, has . . . was, was difficult for me.

Additionally, Julie expressed concern that the students would not receive foundational knowledge, “Again, confused and frustrated because I felt like the concept-based curriculum did not provide that foundation that beginning nursing students need.” Peggy expressed the following regarding her concern over the loss of content and students getting needed information: “Well, I felt like there was certain information that I needed to give the students. . . . And I felt like I couldn’t give the students what they needed.” Finally, Sherry was concerned about the students adapting to the CBC when she wrote in a journal response, “In a educational system where nursing students learn other subjects in a system-based approach, I was anxious about how students would react to moving to a concept based curriculum.”

Curriculum change was a new idea to many of the nursing faculty; the nursing curriculum has changed little since the inception of nursing education. June spoke of the difficulty she had with the change in curriculum stating:

I had gone from a medical way of learning how to do things and the way that we had been taught for years and years and years based on my experience, then having to change and see all these changes come about.

There were also precipitating factors and triggers of the situation that contributed to the lack of faculty buy-in. Charlotte best described these factors during the focus group interview:

I know as I talk to other faculty, there was a lot of education and prep and time devoted to the ADN faculty to have them understand the concept curriculum and they had Jean Giddens come and talk to them. They got a lot of attention. Then when it came, it was like an afterthought for the PN group that just goes okay, here's the PN curriculum, yes, you can participate in creating it, and then you have to run with it. I don't want to sound resentful, but I just feel like we were definitely treated like stepchildren.

Additionally, a lack of research into the effectiveness of the curriculum with the ADN programs before implementing the CBC with the PN programs contributed to faculty remaining unaccepting of the CBC. Keri stated, "Tell me how you've reevaluated to see if it's working or not, or what needs revising before we create our PN curriculum? Nobody could produce any results. That was bothersome."

A couple of faculty members admitted to having had some previous experience with the situation of changing to the CBC. Kelly stated, "Fortunately, I had experience with the concept-based curriculum in the ADN program prior to our PN program changing over." Debbie

acknowledged relying on the experience of the ADN faculty to help her during the transition: “I had a lot of support from the ADN instructors who had already gone in that direction.”

Added responsibilities. The second subtheme revealed within the major theme of situation was added responsibilities. The situation of transitioning to a CBC led to added responsibilities for faculty. These added responsibilities included increased workloads—often doubled—that increased faculty stress in the form of worry and fear over adverse outcomes for program and student, a demand for a role change in teaching behaviors, an increase in student accountability for learning, and a concern about student satisfaction with the program and school. Several faculty members mentioned concurrent stress as they described the situation of transitioning to a CBC. The transition to a CBC required a new way of thinking about and understanding how nursing is to be taught, as Julie stated, “It was an adjustment period of wrapping my head around that part of it.”

Furthermore, the faculty was trying to maintain the current curriculum as they prepared for the CBC. Glenda recounted this experience: “We were trying to do two things at one time.” Additionally, Glenda disclosed in her journaling that in addition to work stress, she was experiencing stress in her personal life as well: “In my personal life I had a tremendous amount of family stress and loss. As I looked back the next year, I realized that I hardly knew what I was teaching and frankly my mind wasn’t focused.” As an expression of the added responsibilities and stress, June wrote, “Not only continued teaching responsibilities but also faculty responsibilities to the students, the school and the community.” Kelly also spoke and wrote about the extra stress and responsibilities during the transition:

So, I had three courses at one time. And I was, became the associate director of nursing.

So, trying to juggle all of that. It was very scary because I was one of the ones that was

changing an entire course over to that concept based and we were also worried about leaving out key information that we've been teaching for years and worried about our pass rate, whether or not our pass rate would stay up or whether it would drop. That is the fear that I had.

Debbie voiced having concurrent stress related to the lack of a concept-based textbook for faculty and students: "And I think the biggest thing is not having a book to go by." Kathleen also described how the lack of a concept-based textbook made the transition harder: "The transition has also been very frustrating. There are no concept-based books in circulation or available for PN students." Furthermore, Kelly spoke of how a lack of textbook made it challenging to organize the material for the students: "I think that was probably the biggest effect that we've experienced. It's just that fear of not having the material. Yeah, you can find these concepts in 50 different books, but what student has the money to pay for that many different books?" Finally, June said it best when she stated, "I do agree that we need a focused book or a guide where we can sort of go to. . . . We do need some publishers or book reps or book companies to have a book."

Many nurse faculty spoke of the extra work that was involved with the curriculum change and the lack of time allotted to develop the curriculum. As Charlotte explained, "So we did not get to set aside time to say, okay we're going to create this curriculum. So, we did curriculum development on top of our regular responsibilities as faculty." Julie described the process of preparing the new curriculum as follows:

We had sheets and sheets of paper stuck on a wall and the entire faculty spent months and months developing the curriculum and taking our piece of paper back to our office and writing part of the curriculum, bringing it back for faculty to review.

The time when all faculty could get together and work on the curriculum was a topic brought up by Keri: “One of our biggest factors was time for all of us to stop what we were doing, get together and develop the curriculum itself.” In addition to developing the curriculum, faculty had the added workload of transforming their lessons, recreating tests and exams, and rewriting the clinical tools and evaluations. Glenda summed it up as, “Finally, everything required a huge amount of work of which we were not compensated for in salary or workload. I had to do everything I usually do and meet the additional deadlines for the new curriculum.”

With the change in curriculum, faculty often had to learn to teach in areas other than their specialty area, as Corrine wrote, “I had to go back and re-read stuff about cardiac . . . because I had specialized in maternal-child.” Additionally, Debbie wrote, “It also led to many hours of concept-based continuing education, and hours of preparation to be able to include more interactive teaching/learning activities in the classroom.” One area that was often not taken into consideration was helping students learn how to learn in a CBC. Charlotte commented,

I think one of the things I did not anticipate was the amount of time I spent teaching students how to learn. We were spending time teaching them and continue to spend time teaching them how to learn in a conceptual curriculum.

Role change was spoken of by two of the faculty. Sharon described her role change: “I have learned that I have transitioned from a teacher to where I provide guidance to students.” Keri stated, “We’re still learning.”

Faculty struggled to increase student accountability. Julie explained, “So learning to make the student more accountable for coming to class prepared to do the activities is difficult for me.” Additionally, there was a lack of student preparation when implementing a flipped classroom, according to Corrine:

The new trend now is doing a flipped classroom. But the reality is our students don't read ahead of time. And, so I feel like whenever I do a complete flip, they're looking at me like deer in headlights and I'm looking at them like deer in headlights [laughs]."

Furthermore, the burden students have in addition to their class, and the expectation placed on students was of concern, as Julie described it:

Our students work fulltime, have families that they're responsible for, and I agree they have to be responsible for their learning, but we have to also be realistic with how much we can expect them to be able to do outside of classroom with all these other responsibilities.

Julie also noted the difficulty in teaching students to be self-directed learners when she wrote, "But when you are the only curriculum teaching this way it makes it difficult to help the student realize their accountability to be prepared when they come to class." Sharon journaled that with student accountability she feels the responsibility for teaching is lifted, "I like how the students are made to come prepared to class, and some responsibilities are shifted on the students to meet me half way to learn."

Finally, student satisfaction and timing were related to the added responsibilities of faculty. June described how student satisfaction was affected in her journal response: "I remember that students were less satisfied with instructor/teacher performance evaluation in the classroom because there was the introduction and implementation for the student to be more active in learning." Additionally, both Julie and Sharon commented that students complained about "not being taught and having to teach themselves." Lastly, as Charlotte pointed out, the timing was viewed as "good" and faculty "had enough time to develop our curriculum over two years." However, Glenda felt the timing was not well-planned: "We had just moved into this

building, and we were still just trying to work, the three of us together with what we had and figure that out. And then it was time to switch it all again.”

Preparation and training. The third subtheme revealed within the major theme of situation was preparation and training. Faculty spoke of the preparation and training they felt was essential before implementing the CBC. Early preparation was experienced as an asset, good, positive, and something that led to positive outcomes for the majority of faculty during the situation of transitioning to the CBC. Debbie brought out the positive aspect of the CBC: “For new instructors . . . I think it’s a great structure because you know what to teach and when to teach it.” Other positives verbalized by faculty included Kathleen’s remark, “having the ADN program to help guide us.” The CBC was seen as “good” by several faculty members because they felt they had time to prepare; for example, Charlotte stated, “There was something good, it was the timing because we had two years to transition in.”

Additionally, less time was needed in the classroom, according to Corrine: “The CBC provides for a more focused learning time/environment with the students . . . and I have found that concepts do reduce the time spent in the classroom.” Other positive comments related to the use of templates to guide the process of transition, as Kelly stated, “We already had like a template for a syllabus with our modules and stuff to go by. That did make it easier.” Faculty were challenged to change teaching methods, and this was perceived as a positive outcome. As Julie explained, “I do see some advantages in the concept-based model in that we are more interactive in our teaching. We’ve brought a lot more fun into the classroom.” Additional positive comments related to preparation and training included Debbie’s remark: “I was able to see it develop from start to finish and how everything fits in.” June spoke of how the curriculum helped tie all aspects of the curriculum together:

We've been able to come together so that they all get the same type of understanding when we focus on particular things and have a clinical focus as to what's going on in the classroom and bring it all together at one point.

Furthermore, June spoke of the extra time she has available to prepare and learn new teaching approaches, "giving me a little bit more time to educate myself in other ways, meaning for nursing, for events. Like attending workshops."

Finally, faculty felt they have improved their teaching. Kathleen stated, "I feel I am becoming more effective as a teacher during the transition from a systems-based curriculum to a concept-based curriculum because I have been forced to change my teaching methods." Two faculty members spoke of the timing of the transition as "on time" related to preparation and implementation; Julie stated, "Well I had just finished my master's program so in some ways the timing was probably pretty good in that I was definitely indoctrinated into active learning." Sherry felt she "had time to review the concept-based curriculum."

However, training regarding the CBC was experienced as broken, challenging, chaotic, confusing, stressful, and disorganized by a majority of faculty members. A lack of training led to faculty feeling overwhelmed, stranded, and left in unfair circumstances. *Broken* was the first expression used by many faculty members to describe their perspective of the CBC. Lack of training and education on the CBC led faculty, such as Corrine, to state, "Concepts seem to be a broken way of learning." Kathleen commented, "It feels like it's kind of broken apart here and there, you know." Julie stated, "If we could have had some workshops or something to have prepared us better before we actually had to write a curriculum and implement a curriculum, I think that would have helped a lot for me personally."

Challenging was another word used to describe the transition from a systems-based curriculum to a CBC. As Charlotte stated, “This new curriculum constantly challenges me to think differently and analyze my approach to the content I plan to use.” Moreover, faculty found it challenging to teach students how to learn in a CBC. Julie remarked about “teaching them to learn this way when we’ve never learned that way was a challenge” and Charlotte explained, “I think it’s challenging every semester to get students to understand how to learn in concept. I still think that’s challenging as an instructor.”

Without adequate preparation and training, faculty felt the curriculum was chaotic. According to Corrine, “It was chaos for me.” Julie spoke of the confusion she felt with the CBC: “As we got into the process, it was confusing at first, because some of them kind of overlapped.” Keri also acknowledged inexperience with the CBC made it challenging to comprehend the sequence and placement of content within the curriculum: “I had a hard time teaching gallbladder disease and endometriosis with inflammation.”

Implementing new teaching strategies was also seen as difficult for several faculty. Sherry stated, “Becoming creative was very hard for me.” The lack of training left faculty feeling the transition was complicated and disorganized. As Keri stated, “I thought it was not planned as well as it should have been” and “I thought it was very disorganized, just parts and pieces stuck here and there.” The liability with the new curriculum was focused on the time frame for completion for a PN program versus an ADN program. Keri continued, “My initial concerns were they’re doing it in five semesters, and we’re doing it in three for about two less concepts.”

Along with the time frame for completion of a PN program was the negative connotation over the loss of content. Faculty voiced concerns of feeling as if they were not teaching enough

or concerns about leaving out essential information. Glenda expressed, “I feel like we’re not going as in-depth, we don’t use as much time to teach.” Keri stated, “What I find missing is a lot is the growth and development.” Finally, Sherry vented her feelings: “Realizing that you are taking things out of the curriculum that you once were very comfortable teaching that was difficult and painstaking.”

Along with a negative association with the loss of content was the perception of adverse outcomes, Charlotte explained, “As a director, I was worried about retention and of course NCLEX pass rates.” Keri wrote, “In the beginning, with the first class on concept-based students, we saw a drop in NCLEX scores.” Glenda spoke of the disservice to students when they are not adequately prepared to pass the NCLEX: “Our concern was the NCLEX pass rates as it is a disservice to the students for them to pass the program and not pass the NCLEX.” Kelly voiced a concern “that the students would not be fully prepared for NCLEX or the real world.” Finally, other descriptions used by faculty included *off time*, *overwhelming*, *stranded*, and *unfair*. Notably, Keri stated, “It was kind of something put on us last minute . . . it was sent out in summer semester when everybody was off” and “No, the timing was not good.” Corrine felt overwhelmed and stranded in the classroom: “I oriented about a month and a half observing and so when it got time to teach I kind of felt like they left me hanging, like nobody came.”

Major Theme 2: Self

Major Theme 2 addressed the factors considered important to self and concern an individual’s personal and demographic characteristics as well as their available psychological resources. Within the major theme of self were three subthemes of commitment, perspective, and willingness to adapt.

Commitment. The first subtheme revealed within the major theme of self was commitment. Nurses inherently feel a sense of loyalty and duty to their patients and this sense of duty is carried over to the role of nurse educator as a sense of obligation and dedication for the education of future nurses. Areas identified within commitment include a concern with students getting the knowledge and education they need to be safe caregivers, defensiveness when questioned or challenged about issues with the implementation of the CBC, and a wrong impression about implementing the CBC. By far, the majority of comments were regarding concern about students. Some faculty, as expressed by Debbie, felt ineffective in their teaching: “I felt a bit ineffective in the beginning.” Often, faculty had a loss of confidence in their teaching, as Sherry wrote, “Sometimes I left the classroom asking myself if I could have done something different to help get the information across.” At other times, faculty felt as if they were not teaching, but instead, as Charlotte described, “shoving information at students to cover the content that we needed to.”

Additionally, faculty had to reel in their desire to give students too much information. Julie explained, “You feel like you want to give so much information to the students and there just wasn’t as much time to reinforce with activities.” Furthermore, Julie wrote about the disconnect between the classroom and clinical environments: “the students struggle to understand concepts and then apply them to the clinical setting.” The decrease in clinical time was also viewed as a hindrance to student learning, as Peggy wrote, “Decreasing clinical time has also made it harder to give the students the learning experience they need.” Kelly felt challenged to “pull the resources and stuff together to give them the information that they needed.” Faculty often voiced defensiveness and a lack of enthusiasm to transition to the CBC. Charlotte stated, “Honestly, they [faculty] drug their feet, and they had their head in the sand the

entire time.” Faculty often took the defensive when students complained about the lack of lecture or an increase in active learning strategies, laying blame on the new curriculum. As Charlotte remarked, “This is new to us, you know, because it became a defense mechanism.” Finally, there were faculty who did not wish to portray a wrong impression for the students, as Glenda described, “perseverance and wanting to do a good job wanting it to be the very best.”

Perspective. The second subtheme revealed within the major theme of self was perspective. Several faculty members expressed feelings of excitement and enjoyed the challenge; for example, Kelly stated, “Well, I was really excited about moving it to concept-based. I enjoyed it because it was a challenge.” Sherry stated, “I was somewhat unsettled, but also somewhat kind of excited to see a change in nursing, that was supposed to help delete some of the content that we had originally planned to teach.” Finally, Peggy stated she was initially excited: “So at first, I was pretty excited about doing the project. But as time went on and I was in the classroom, I guess you would say I became less and less excited on it.”

Other faculty described benefits to the CBC such as being able to have more fun in the classroom. Charlotte stated, “I do have more fun in the classroom.” Additionally, June spoke of growth due to the additional time as a result of the CBC: “The benefit for me was growing and adapting . . . so both personal and professional time I gained going to concepts.” During this time of transition, the faculty found themselves in the role of leading others. Leadership ability was perceived as a strength. Charlotte discussed, “my leadership because I did have to lead the faculty through it. . . . I pulled the faculty through to make them feel like they were important in the process.” Sherry spoke of how she led her faculty and the outcomes: “My faculty looked to me for leadership. . . . I tried to bring out positive qualities as to how this will positively affect the faculty as well as students.” Julie spoke of the leadership that helped guide her through the

process of transition: “I think a positive factor was having leadership that guided us very well into unknown waters.” A love of teaching and learning was a quality that June mentioned: “Because I enjoy learning new things and being able to accept new things as they come along. I like to learn, and I like to see new ideas come on persons’ faces.” Charlotte spoke of learning patience: “I have learned to have patience with the students and to use different techniques to get them to critically think.” Another view voiced by Charlotte was that of persistence: “You got to keep pushing through, even though they’re going resist it because it’s harder for them to learn that way.”

Finally, faculty spoke of the strengths that assisted them the transition process. Kathleen explained, “I have a Type A personality, so I’m going to work until I finish something if I drop dead. . . . I’m still going to be working.” Other strengths noted by Keri were “being open-minded, and being a critical thinker”; while Kelly spoke of her “attention to detail, and determination.” Sherry described the importance she placed on communication and resourcefulness: “I mean I communicate, I felt strongly about making sure that my faculty were in the loop. . . . I reached out to several different programs that had already implemented [the curriculum].”

Willingness to adapt. The third subtheme revealed within the major theme of self was a willingness to adapt. Faculty acknowledged a willingness to adapt to the new curriculum through acceptance of change, changing their assumptions, changing their teaching style, being flexible, integrating new teaching approaches and remaining positive. One of the first acknowledgments of acceptance was made by June: “I think I accepted whatever was going to come and I could make adjustments.” Keri admitted, “I became more comfortable with the model and accepting.” Kelly spoke of being a facilitator of the change: “As a leader, you have to

step up and facilitate change and not [be] an obstacle of it.” Finally, Peggy stated, “I think I’ve always been pretty receptive to change.”

Other faculty spoke of a change in assumptions with the transition. Sharon stated, “I do not feel so much pressure to make sure I go over everything with students.” Kelly expressed, “I think that it was at that moment that I realized the value that I could add to our nursing program.” Debbie described how the transition enabled her to grow as an instructor: “I was able to see it develop from start to finish and see where everything fits in. That helped me as an instructor.” Charlotte addressed the contradiction between the resistance to the more structured curriculum and the acceptance of the structure: “What I like about it . . . the structure of it. It kind of gives me a guide of what to teach, when to teach it, and how to teach it.” Lastly, Julie admitted to valuing the aspect of the curriculum that “does assist students to move across the state . . . to be able to move more easily to another program.”

Along with the change in assumptions, it was noted there was a change in teaching style for many of the faculty. Charlotte admitted to “bringing in more simulation” than what was used in the past, while Corrine described how she stepped out of her comfort zone and brought in more props to class to illustrate a concept, flipped the classroom, and used quizzing software to make her classes more interactive. Debbie stated, “I tried to bring in more teaching strategies. I now use less PowerPoints and more active learning strategies.” Glenda admitted she was “moving away from that lecture kind of mode, to activity and self-learning mode.” Peggy has implemented “more case studies, puzzles, group projects, and written assignments to help students learn.” Sharon stated, “The transition to concept-based curriculum did change my style of teaching.” Finally, Sherry spoke of the change in her teaching style: “I had to move from the

thought process of teaching students everything to teaching concepts and assisting students to apply this knowledge to different systems.”

Part of the faculty’s willingness to adapt could be attributed to their positive approach to the transition. Charlotte admitted, “I just chose to make the best of it.” Corrine acknowledged, “I try to be that glass is half full type of person.” Kelly stated she “tried to look at the positive side”; while Peggy worked “to make the best of it”; and Sherry decided to “look at the benefits.”

Major Theme 3: Support

Major Theme 3 addressed support and included relationships with others, either personal or professional. The theme of support is associated with an individual receiving what she or he needs, whether the transition interrupts the support, and the degree to which the individual feels supported. Within the theme of support were the subthemes of relationships and resources.

Relationships. The first subtheme revealed within the major theme of support was relationships. Relationships provide support from others like partners, family, coworkers, and organizations. The support from these relationships can be perceived as either encouraging or invalidating. Within the subtheme of relationships are the areas of affirmation, faculty involvement, feedback, support systems, and teamwork. A noted affirmation was the support faculty received from leaders, which Julie described as, “the factors affecting my involvement positively because we had a super leader that organized everything for us.” Peggy spoke of her leadership support as a positive: “We couldn’t have had any better support than we had.” Faculty viewed involvement with the transition process as supportive with faculty working together to convert current curriculum materials to the CBC. Keri explained, “We worked together, we actually worked some extra summer hours revising our curriculum.” Other faculty expressed the importance of faculty support with the transition, as Kelly remarked, “If it weren’t

for that collaboration, that probably would have been a nightmare.” Sherry stated, “We talked before it happened, during the transition, and we are constantly talking after each semester; we’re sitting down and discussing concept-based what worked, what didn’t and so forth.”

Feedback was an essential aspect of support for faculty as well. Peggy stated, “I also look at comments on my evaluations to see what students have to say about my teaching.” Charlotte spoke of networking with other colleges and the support it provided: “Some other school shared their things they used in the classroom, active learning strategies they used, so you felt like there was stuff out there you didn’t have to go create it all yourselves.” Kathleen acknowledged the support from other PN program faculty: “Networking with other PN educators has helped.” The administration was noted to be supportive for some, like Corrine, who expressed, “The department chair was very supportive of me adapting things where I could do it.” Finally, Debbie expressed, “We have a lot of support, administratively . . . and using teamwork was especially important.”

June noted the support from outside sources such as workshops:

“But then sometimes we had these workshops . . . they were creative about different things, and we would decide maybe this is a better activity or what type of activity would get the students involved in their own learning.” Glenda also noted the importance of conferences and workshops as a form of support: “There was a conference that a woman came and spoke to . . . we went to hear. We also got the Giddens book.” Similar to faculty involvement was the support of teamwork. Many of the faculty expressed how teamwork helped get them and their program through the transition to a CBC. Julie described her experience in this way:

Working with faculty that's willing to support each other in any curriculum change I've discovered through this process, that is the huge key that if we're all willing to work together, give each other ideas, help each other it can be less stressful.

Kelly stated, "We just really worked together and bounced things off of each other . . . we worked very closely as faculty."

Resources. The second subtheme revealed within the major theme of support was resources. Resources included areas other than relationships, including the areas of available resources, lack of resources, negation, support, and unsupported. While relationships with other faculty were notably positive, the perceived lack of resources was experienced as unfavorable. Available resources included other PN or ADN programs that had transitioned to the CBC. As Keri stated, "We also had the ADN program next door, that if we really had questions about concepts, how do you do this or what do you include here, we could ask them for examples." Other areas of resources came from the departmental purchase of online training webinars. Corrine described her access to these webinars as helpful in learning about the CBC: "Our nursing department has also subscribed to NurseTim[®] so that we have access to webinars that encourage the concept curriculum." The use of the organization's information technology department was also viewed as a resource to help with the creation of creative teaching strategies in the classroom, as June explained, "then we had technology use, creativity in the classroom, sharing thoughts as to how to teach this." The Assessment Technologies Institute (ATI) was a resource that faculty used to evaluate student learning. Debbie explained, "I also am looking at ATI scores to see where the students need more instruction." Other help came from the textbook on concepts for nursing. Glenda stated, "Also as a school, we adopted the Giddens book. For NUR 101 that was especially helpful as it defined the concept and gave good examples of

teaching ideas for class involvement.” Other faculty commented on the support and resources they received from the organization. According to Sherry, “They paid for travel, they paid for overnight hotel, they paid for me to take time off to be able to go to meetings.”

One of the most prominent comments related to lack of resources was associated with the lack of a PN-level concept-based textbook. Debbie explained, “We have an ADN concept book but just not the PN. I think that was probably the biggest effect that we've experienced.”

Kathleen also spoke of the difficulty experienced related to a lack of textbooks: “It’s been difficult, and I just feel like we don’t have the textbooks and that’s made it harder.” Kelly remarked, “Just not having that concept-based curriculum book was very difficult for us in trying to make sure that we had a way to cover the material with the students.” June stated, “I do agree that we need a focused book or a guide where we can sort of go to, this is exactly what we need.”

Textbooks were focused on the body system model of the curriculum, and this made it challenging to provide reading resources for the student. As Kathleen stated, “Not having the books, that was difficult because some of the books we were using, they didn’t even have an exemplar in it, so we had to pull that from the Internet somewhere.” Kelly remarked on the failure of publishers to create a PN-level concept-based textbook and the difficulty this created:

I needed a concept-based book. And the company that I reached out to tried to give me a list of books that I could choose from. But they were like 15 books. You get this concept out of this book, and still, we have no book.

Negation and nonsupport was another aspect faculty spoke of when asked about the transition to the CBC. Charlotte explained, “We’re not offered any help to do it. I don’t feel like I got support from administration. They were just like, you got to make this happen.” Other negating

experiences made faculty feel as if their needs were not significant when not offered education or training about the CBC, as Julie described,

There was never a place or area that we could go to that said this is what concept-based teaching should look like. This is how you do it. This is what is effective. We didn't have anything like that; it was just here it is, do it.

Glenda commented, "Personally, I think the school was not supportive by not recognizing how much effort went into it. Even secretarial support, we had to pretty much type all our stuff and organize it ourselves." Glenda also wrote about the issue of extra work and the lack of compensation, "Finally, everything required a huge amount of work of which we were not compensated for in salary or workload." Keri made a final comment regarding the lack of time in order to prepare the new curriculum: "That was one of our biggest things was just having the time and setting aside the time and getting our administration to give us the time."

Major Theme 4: Strategies

Major Theme 4 encompassed strategies, which are related to the responses an individual has to the transition and can be divided into three categories: those that modify the situation, those that control the meaning, and those that aid in the management of the stress. The major theme of strategies included the subthemes of adaptation and resistance.

Adaptation. The first subtheme revealed within the major theme of strategies was adaptation. Adaptation to the transition was identified by faculty implementing active learning and student-centered teaching approaches, modification of their attitude toward the CBC, making a plan of action, being organized and prepared, and relearning a new way of teaching. Many faculty made changes in their teaching by decreasing lecture and increasing more active learning strategies and student-centered approaches. Corrine wrote, "I am able to be more interactive

with the students and do more of a flipped classroom.” June acknowledged, “There was the implementation of more classroom discussion to clinical/labs as well as the opportunities to focus on individual student learning needs.”

Additionally, Kathleen wrote, “I used more critical thinking maps and learned how to bring clinical to lecture.” Other student-centered approaches were recognized by Keri, who wrote, “My new teaching style includes use of concept-maps, student-centered activities such as think-pair-share, reflection-in-action, use of SBAR, use of research articles and informatics.” Finally, Sherry admitted that she was incorporating more active learning strategies “such as case studies, role play, and scenarios, instead of straight, stand-up PowerPoint lectures.” Kelly spoke of modification in this way:

When we realize there is something that no one is teaching, we add it somewhere, which is outside of those concepts but it’s important things that we think the students need to know such as growth and development, diverticulitis, peritonitis, and irritable bowel syndrome.

A change in the perspective of faculty was noted as well. Debbie remarked, “But there was some things that I had to change, and part of that was bringing things into the course that were not in there before.” Glenda wrote about her willingness to continually change and modify her approach in order for the students to be successful: “When students do poorly on a test, I feel more responsibility and that I somehow failed them. So again, it is constantly reinventing the wheel.” Julie wrote of the change in her perspective: “There have been student complaints . . . when this happens, I do regroup and listen to them.”

The organization was an essential piece to transitioning to another method of teaching for many of the faculty. Faculty spoke of the organization of the CBC as helpful. For example,

Corrine stated, “I consider myself still a new instructor 3 years in. It gives me a guide of what to teach, when to teach it, and how to teach it,” Keri expressed her ability to organize as helpful in the transition, “I guess being flexible, being open-minded, being a critical thinker, being organized.”

Some faculty addressed how they changed their usual plan of action to include, as June described, “accepting and reducing the content to need to know, and must know, from good to know, and using the good to know to enhance additional learning opportunity.” Charlotte wrote of the need for preparation: “I am constantly searching for new ideas that are creative for classroom activities.” Keri described her preparation as “introducing myself to the new way of thinking.” Corrine spoke of her ability to prepare: “I was able to pick out things that I wanted to do, and things that I didn’t want to do.” Finally, Debbie commented, “I had already prepared; it wasn’t so difficult.”

Another part of faculty adaptation to transition included the ability and willingness to relearn. June was especially excited about the opportunity to relearn: “as I went through it as education, oh, this might be a new learning experience. I’m all about learning new things.” Kathleen spoke of the difficulty she had with the relearning: “Having to teach this curriculum and never being taught that way like somebody said before and what was just said that all were factors were very difficult.” The majority of faculty expressed the continual process required to relearn and change with the transition to the CBC. Keri stated, “We’re still learning. The first year was a lot of trial and error, and the second year we did quite a bit of revision based on what we learned from the first year.” Glenda expressed, “I felt I had to start over again with everything and just redecide how I was gonna teach it because I wasn’t teaching disease

processes, I was teaching concepts.” Sharon stated, “I had to relearn how to make learning fun and being creative. . . . I had to learn how to teach all over again.”

Finally, student-centered learning was a part of relearning to teach as well as learning to be interactive and active in teaching methods. Julie stated, “I feel like it does focus on making them more engaged, more responsible, more actively putting clinical theory together and the reasoning being better established in the classroom.” A novel approach from June included the following:

Let them share some of their background and their thinking is also helpful in getting the objective across, not just everything that you say, meaning the instructor. But the whole group can participate, and there’s learning, quicker and faster because some of them come from similar backgrounds.

Kathleen expressed, “I feel like teaching this way makes the students think more.” Finally, Sharon noted, “There is less of me talking and more of the students in groups and getting up in front of each other and teaching each other. I mainly guide the students and make sure students cover the material correctly.”

Resistance. The second subtheme revealed within the major theme of strategies was resistance. Resistance to a change in the curriculum was noted through barriers to change, attempting to control the meaning, maintaining a passive learning environment, methods to reduce stress, and continuing teacher-centered teaching approaches. Several faculty admitted to various barriers to the transition to the CBC, as June stated, “understanding the concepts myself . . . beginning to see that we were building instead.” Some faculty felt a major barrier was due to what Peggy labeled the “lack of time” needed to learn, prepare and implement the CBC. Other faculty saw the curriculum as disorganized causing a barrier for faculty and students. Sherry

pointed out, “We’re having to jump around. That’s a tremendous barrier not only for faculty but for students.”

Control over the meaning of the transition to a CBC was a type of resistance to a change in curriculum. When asked how she responded to the stress of change, Julie stated, “I’ve reframed the situation trying to find a good thing about it.” Corrine stated, “In my brain, it still feels broken.” Glenda verbalized her attempt to control the meaning of the transition: “If we were all teaching the same, then I don’t know why some schools are still struggling with their NCLEX pass rates.” Charlotte spoke of the continued use of passive learning: “The students never read anyway, so it was so much easier to coach them along or use Socratic questioning in the classroom.” Resistance to change is highest when an individual is stressed, so faculty often looked for ways to de-stress, as June stated, “Not to hoard, not to try to keep everything. But what am I willing to give up reduce the stress?” For some faculty, reducing stress was a verbal exercise, as Julie commented, “But I do try to reduce the stress of the changes. Ventilate, ventilation of my feelings.” Sherry not only tried to decrease her stress, but also the stress of her faculty, with the acknowledgment that sometimes the stressor cannot be changed:

Because if it’s stressful for me, then it’s stressful for my faculty. I want to try to de-stress them. I do what I can within my power to de-stress, and there may be times that I can’t change what the stressor is.

Teacher-centered learning was difficult to give up for many of the faculty. As Sharon explained, “I taught for years with the systems-based curriculum. I mainly lectured from PowerPoint and told students about past nursing experiences.” Kathleen admitted, “I had been staying at the podium.”

Research Question Responses

Information derived from all data sources was used to answer the central research question and the research subquestions. In the following section, the themes discovered during analysis and the evidence from participant responses are provided to answer the research questions.

Central Research Question

What is the lived experience of practical nursing faculty who have transitioned from a systems-based curriculum to a concept-based curriculum as required by the North Carolina nursing curriculum revision project?

The central research question of the study was used to investigate the lived experience of practical nursing faculty who have transitioned from a systems-based curriculum to a CBC as required by the North Carolina nursing curriculum revision project. Derived from the gap in the literature, the central research question addressed nurse faculty experiences of innovative teaching approaches and the influence this has on faculty's role satisfaction. The central research question was answered as the four major themes and 11 subthemes were developed. The major themes were situation, self, support, and strategies as founded on Schlossberg's (1981) 4 S's of transition. The most frequent code in the study was support systems, occurring 92 times within the data, falling under the major theme of support. Support was an essential factor that helped faculty with the transition to a new curriculum and method of teaching. As June stated,

But now that we can talk with each other, we have some workshops that we can go to and do have some times to connect with each other, where we say, what did you do for this and what did you do for that when we have our different meetings and everything.

The second most frequent code that developed was extra work, which occurred 90 times in the data and within the major theme of situation. Faculty described the extra work expected from them based on the requirement to implement the CBC. As Charlotte commented, “So we did curriculum development on top of our regular responsibilities as a faculty.” The third most frequent code that developed from the data was preparation, which occurred 72 times in the data and within the major theme of strategies. Preparation was perceived as an essential tactic for transitioning to the CBC. Debbie reported, “I started early, I tried not to wait until the last minute.” Finally, resistance to change was the fourth most frequent code to develop from the data, occurring 56 times within the major theme of self. Keri remarked, “Things that was their area, that they always taught that section, but now they didn’t have to, and they didn’t want to give it up.” June stated, “Well, of course you know, there’s some that did not want to change.” The following sections include discussion of the research subquestions and more details related to how PN faculty experienced the transition to a CBC as it relates to the major themes of situation, self, support, and strategies and their respective subthemes.

Research SQ1

How do practical nursing faculty experience the situation of transitioning from a systems-based curriculum to a concept-based curriculum?

The first research subquestion of the study was used to investigate how practical nursing faculty experience the situation of transitioning from a systems-based curriculum to a CBC. Faculty members’ descriptions of their experiences with the transition to a CBC validated the first major theme of situation and allowed the development of three subthemes of faculty buy-in, added responsibilities, and preparation and training. Within the subtheme of faculty buy-in were the codes of choice (19), assessment (12), experience (11), precipitating (9), control (6), concern

(4), and trigger (1). When questioned about the situation of transitioning to a CBC, many faculty spoke of their lack of buy-in to the new curriculum and the many added responsibilities they were given without needed preparation and training. When asked about the initial reaction to the situation of the transition, many faculty expressed, fear, anxiety, and concern. Failure to obtain faculty buy-in contributed to these feelings. Faculty expressed a lack of control over the situation as well as a lack of training or preparation for the transition. During the focus group interview, Keri commented, “One of our challenges too was faculty buy-in, especially faculty who had been here a long time and had taught for a lot of years. It was change, and we know how that goes sometimes.” When faculty spoke of the situation of transitioning to the CBC, there were many concerns about the decision to transition to the CBC. Faculty verbalized having had no “voice” in the decision to change the curriculum or when it would be implemented.

Additionally, the faculty felt they received little to no information about the CBC or how to teach in a concept-based curriculum. This lack of information led to a lack of understanding of the CBC and a failure of faculty acceptance for the CBC. As Julie stated, “If we could have had some workshops or something to have prepared us better before we actually had to write a curriculum and implement a curriculum, I think that would have helped a lot for me personally.”

Within the subtheme of added responsibilities were the codes of extra work (90), student accountability (30), negative outcomes (27), concurrent stress (16), timing (15), student satisfaction (9), and role change (2). Along with a lack of faculty buy-in to the CBC were the additional responsibilities the faculty had placed upon them to prepare and implement the CBC. This additional responsibility did not come with an increase of compensation of either pay or time off from other duties to complete the transition. The lack of time that could be set aside to work on the writing of the curriculum was minimal to nonexistent and left faculty struggling to

meet and complete timelines. During the focus group interview, Julie stated, “Time was a problem. We just had to hone out that time.”

Furthermore, there was an increase in student accountability, meaning that more effort and time was placed upon the student to learn. Sherry wrote, “I must now encourage students to come more prepared to class than what they have been held accountable for in the past.” Student classroom preparation, in turn, led to a decrease in student satisfaction with the program and instruction. June wrote about student satisfaction: “Students were less satisfied with instructor/teacher performance evaluation in the classroom.”

Finally, within the subtheme of preparation and training were the codes of difficult (52), positive outcome (48), disorganized (34), challenging (33), loss of content (20), negative (14), asset (14), broken (12), confusing (11), unfair (9), liability (8), good (7), overwhelming (6) off-time (4), on-time (4), stranded (1), and chaos (1). Preparation and training for the transition had varied responses from the positive to negative. Positive comments included asset, good, and on-time. Faculty reported being notified 2 years before the implementation date for the CBC. This timeframe created the opportunity to plan ahead and prepare to write the new syllabi, lesson plans, exams, clinical assignments, and evaluation tools. Faculty spoke of how the CBC provided structure for new instructors. Other comments included a decrease in class time because of a more focused learning approach and the removal of excess content. Faculty mentioned syllabus templates that all programs were to follow, thereby decreasing the time needed to write the syllabus. Furthermore, the faculty felt the classroom time was more interactive and fun. Lastly, the faculty felt they had improved in their teaching.

In contrast, there were negative connotations associated with preparation and training for the CBC. Some faculty felt the curriculum was broken, disorganized, and sometimes chaotic.

Additionally, training on the new curriculum was perceived as absent. During the focus group interview, Charlotte stated, “There was a lot of education and prep and time devoted to the ADN faculty to have them understand the concept curriculum.” Faculty were challenged to change their educational philosophies and long-held beliefs regarding nursing education. Faculty were expected to implement a curriculum for which there was little to no training that prepared them for the new curriculum. Many faculty spoke of the confusion they felt and how this prevented their ability to guide the students. Numerous faculty spoke of the difficulty they had with changing their teaching style and giving up favored content. Julie stated, “We had taught so long about the medical model, wrapping my head around teaching conceptually was very difficult because at first, it felt like we were just renaming things.” Some voiced concern over the decrease in NCLEX pass rates. As Kelly stated, “I worried about our pass rate, whether or not our pass rate would stay up or whether it would drop. That is the fear that I had.” Others voiced concern about the fact that the curriculum adapted from the ADN programs was not significantly changed for the PN programs to reflect the decrease in program time. As Keri commented,

They did the ADN over a couple of years, and we were basically given a year or less than a year and told well, the ADNs already done it. This is what we’re going to do, look at theirs and do it the same way.

In conclusion, faculty buy-in was overlooked by those who were making the curriculum decisions and led to the faculty experience of the situation of transitioning from a systems-based curriculum to a CBC as having added responsibilities without compensation.

Faculty experience of stress and confusion was accentuated by a lack of education and training about the concept-based teaching and learning method and how the nursing CBC was organized. When initially implementing the CBC, faculty was concerned about the loss of

content, attrition rates, and student ability to pass the NCLEX exam. However, faculty members were able to realize the positive aspects of the CBC as having more structure and being a guide for new instructors.

Research SQ2

How does sense-of-self for practical nursing faculty impact their transition from a systems-based curriculum to a concept-based curriculum?

The second research subquestion of the study served to investigate how sense-of-self for practical nursing faculty impacted their transition from a systems-based curriculum to a CBC. When questioned about their sense of self and how this impacted their transition, most faculty attributed their commitment to nursing education and the future of the nursing profession through their concern about students. Faculty members' narratives of self were used to develop the subthemes of a sense of personal commitment, individual perspective, and a willingness to adapt to change. Within the subtheme of commitment were the codes of concern about students (32), defense (4), and wrong impression (3). Concern about students was an aspect of faculty that stood out as the most prominent. Faculty experienced concern about students getting an adequate education to practice safely within nursing.

Additionally, faculty were concerned about doing an excellent job of teaching in the CBC in order for students to be successful. Faculty sometimes became defensive over their lack of expertise with a CBC when challenged by students and peers. As Charlotte stated, "I think sometimes the faculty slipped and said, well, this is new to us, because it became a defense mechanism. But the students were pushing back." Faculty did not want to present the wrong impression about the CBC to students in order to maintain a sense of confidence about the

change in curriculum. Lastly, faculty initially often had the wrong impression about the CBC in regard to completing the same amount of content within a shorter amount of time.

Within the subtheme of perspective were the codes of strength (32), lead others (22), benefit (14), excited (4), love of teaching (4), patience (2), and persistence (4). Personal strengths viewed by faculty included the characteristics of personality type, open-mindedness, critical thinking, persistence, and communication skills in assisting with the transition. Faculty believed they possessed a Type-A personality that caused them to be driven, hardworking, and determined. Kathleen stated, "I have a Type A personality, so I'm going to work until I finish something if it, if I drop dead, I'm still going to be working." Other personality traits mentioned by faculty included communication skills, as Sherry pointed out: "So communication definitely is, uh, is one of my strong points there." Finally, personal characteristics that faculty believed they held included the ability to think critically. Critical thinking was talked about by Keri, "I guess being flexible, being open-minded, being a critical thinker, being organized, being assertive." Another characteristic mentioned was that of persistence; a characteristic that faculty felt helped in their ability to transition to a new curriculum, as Charlotte explained, "I have learned to have patience with the students and to use different techniques to get them to critically think in the lab, classroom and clinical."

Finally, within the subtheme of willingness to adapt were the codes of positivism (28), accepting of change (23), change in assumptions (13), integration (12), and flexible (6). Faculty attempted to maintain a positive perspective or make the best of it as well as to strive for patience with themselves and the students during the transition. For example, June explained, "I always try to look at it positively versus a negative way." Additionally, Corrine stated, "So even though we know stressors will exist, I try to be that glass half full type of person." Lastly, Peggy stated,

“I think I’ve always been pretty receptive to change.” Integration into the new curriculum evolved as faculty no longer felt pushed to give too much information while feeling more effective as educators. Faculty could see how the curriculum developed as they progressed through the program.

Furthermore, faculty experienced a change in assumptions about the CBC to include no longer feeling as if they were shoving information at the students, and the curriculum offered more structure as compared to the systems-based curriculum. Faculty felt that students were more actively participating in their learning.

Moreover, a willingness to adapt to the transition was most notable with June: “I think I accepted whatever was going to come and I could make the adjustments.” Furthermore, characteristics mentioned by faculty include their ability to maintain open-mindedness or the perspective of maintaining a positive outlook and presenting a positive attitude to others. In conclusion, the aspects of the faculty’s sense of self that most influenced the transition to a CBC were the characteristics of commitment, positivism, and a willingness to adapt.

Research SQ3

How do practical nursing faculty perceive support systems impact their transition from a systems-based curriculum to a concept-based curriculum?

The third research subquestion of the study investigated how practical nursing faculty perceived the impact of support systems on their transition from a systems-based curriculum to a CBC. Faculty members’ descriptions of their support systems with others and the availability of resources during the transition to a CBC reinforced the third theme of support and allowed the two subthemes of relationships and resources to develop. When questioned about their support

during the transition to the CBC many faculty spoke of relationships, networking, and resources that helped them to adapt to the CBC.

Within the subtheme of relationships were the codes of support systems (92), teamwork (40), faculty involvement (28), feedback (10), affirmation (3), and coworkers (8). Relationships with others influenced how well faculty were able to transition. Relationships with coworkers, leaders, administration, and ADN program faculty were notable as either supportive or nonsupportive. Faculty often depended on others who had experienced the transition for affirmation and coworkers for involvement and support in the process. Debbie highlighted the importance of relationships with coworkers and faculty: “All of us in the program who were going to concepts, there were three of us, we all collaborated with our ADN people because we teach in both programs.” However, for others, faculty involvement was felt to be a problem due to scheduling conflicts in order to meet together at regular intervals. As Keri stated, “That was one of our hardest things because we’re a small program and everybody’s always somewhere with students.”

Feedback was also an essential piece of the ability to transition successfully. Faculty used feedback from students and each other to change aspects of their teaching that worked and did not work. Peggy commented, “We bounce ideas off of each other. I also looked at comments on my evaluations to see what the students have to say about my teaching.” Support systems came from organizations such as the NCCPNE, as Charlotte stated, “I think one of the best things was the NCCPNE because we were all in the same boat together. It allowed networking opportunities.” Teamwork also influenced the transition to the CBC, as June explained so well:

To implement a change was new and I had to recognize that a TEAM (Together Each Accomplishes More) approach had to be the answer to relieving my personal stress and made the transition easier and a better more positive outcome for both student learners and my personal learning, adaptation, and teaching enjoyment.

The combination of affirmation, faculty involvement, feedback, support, and teamwork enabled faculty to perceive the transition process positively.

Within the subtheme of resources were the codes of available resources (65), lack of resources (37), negation (13), support (8), and unsupported (8). Resources, in contrast, were often felt by faculty to be lacking during the transition. The most significant lack of resource was, markedly, the absence of a PN-level concept-based textbook. This made transitioning more difficult for faculty and students when the organization of the current textbooks was based on systems and the curriculum was written based on concepts. Kathleen explained, "That was a major effort because you're using all new books. Like I said, it was so scattered around you had to look in the index, you couldn't go chapter by chapter." Sherry also commented about the lack of a textbook: "That's the biggest barrier that we still have, is that we don't have a book."

Because of the lack of resources, faculty often felt unsupported in their transition to the CBC.

Nonsupport was perceived when faculty did not receive education and training on the CBC. Support was felt to be lacking from the administration; for example, faculty were not given time away from other duties and responsibilities to train, prepare, and implement the CBC. Charlotte commented about this: "Can I take you out of teaching? Can I take you out of the lab to help get this done? No, there was none of that." Some faculty, however, did feel their administration supported them by allowing them to attend conferences and workshops to learn about the CBC, as Debbie remarked, "Allowing me to go to the conferences, the NCCPNE

conferences and what they had to offer and then whatever, the educational summit had to offer. And even since then, Nurse Tim[®], we have Nurse Tim[®].” The perception of support systems greatly influenced the attitude that faculty held regarding the transition process, making it either a positive or negative experience.

Research SQ4

What strategies do practical nursing faculty utilize in coping with the transition from a systems-based curriculum to a concept-based curriculum?

The fourth research subquestion of the study served to investigate strategies that PN faculty utilized in coping with the transition from a systems-based curriculum to a CBC. Faculty members' descriptions of their strategies allowed the subthemes of adaptation and resistance to the transition to develop. Within the subtheme of adaptation were the codes of preparation (72), active learning (43), relearn (38), student-centered (27), modification (13), plan of action (9), and organized (7). When questioned about the strategies used and how the strategies impacted the transition, most faculty attributed active learning, modification of teaching style, organizational skills, having a plan of action, preparation, willingness to relearn and incorporation of student-centered learning as aiding in the transition to the CBC. Strategies that faculty used to resist the transition were factors such as barriers, controlling the meaning, continued use of passive learning methods, reduction of stress, and failure to remove teacher-centered learning methods. Adaptation was noted when faculty spoke of a willingness to incorporate more active learning strategies into their class times. Corrine provided the best example of how she did this:

I brought in some props, and so I think it was a tube of lip gloss and a wallet. And what I was trying to get them to see was information technology, about how computers talk to each other and how some things don't, so I used the wallet and the debit cards saying that

they talked, the wallet and the lipstick went together. So, they didn't necessarily talk to each other, but one worked with the other, and then the debit card and checkbook talked to each other is how I integrated IT [information technology].

Other faculty spoke of a change in their teaching style and using student-centered learning approaches.

Kathleen stated, "I am trying to bring clinical to the classroom more." Faculty also spoke of the ability to be organized and prepared, and of having a plan of action enabling them to transition more smoothly to the CBC. June explained her process as follows: "I read articles, attended workshops, Nursing Education Conferences, Seminars and collaborated with colleagues about the change in the educational process in nursing and how the change was needed to implement the change in the future of nursing.

Within the subtheme of resistance were the codes of barriers (16), reduction of stress (11), control of meaning (10), teacher-centered (4), and passive learning (1). In contrast, some faculty resisted the transition by setting up barriers, maintaining a passive and teacher-centered learning environment as a method to reduce personal stress, and attempting to control the meaning of the transition. Barriers included an inability of faculty to understand and comprehend the concepts, as Keri stated, "Just a different way of thinking, being old and stuck in our ways." Faculty persisted in their old methods of teaching by maintaining a passive, teacher-centered learning environment. As Charlotte explained, "So, it was much easier to coach them [students] along or use Socratic questioning in the classroom."

Stress was perceived as inevitable by faculty and most sought ways to reduce the stress of change. Charlotte stated, "I think I try to find ways to [de-stress] because the change is going to occur." Additionally, control of meaning was an area in which faculty made attempts to come to

terms with the change in curriculum, as June explained, “I think it’s a chosen field of nursing, and the changes that you see and what’s expected of nurses.” Faculty initially resisted the change, but ultimately knew that resistance was futile and therefore made the necessary transition in their thoughts and feelings.

Summary

Chapter Four included detailed descriptions of 12 PN faculty members’ experiences with the transition to a CBC as required by the North Carolina nursing curriculum revision project. The participants represented nurse faculty from eight North Carolina community colleges. Using three forms of data collection, including individual interviews, a focus group interview, and journal responses; four major themes and 11 subthemes were determined, based on Schlossberg’s (1981) 4 S’s of transition. Summarized comments and direct quotes from the participants demonstrated the themes discovered during the analysis of the study. The data provided rich, thick descriptions of faculty’s lived experience of transitioning to a CBC as well as supporting the subthemes and codes derived from the data. Additionally, information derived from the three data sources helped to answer the research questions regarding the lived experience of PN faculty’s transition to a CBC based on Schlossberg’s 4 S’s. The chapter concluded with a discussion of the research questions and their respective subthemes. The next chapter includes a summary of the findings, a discussion of the findings concerning the theoretical framework and literature review, the implications of the study, the delimitations and limitations, and the recommendations for future research.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this hermeneutic phenomenological qualitative study was to understand the lived experience of PN faculty who transitioned to a CBC as required by the North Carolina nursing curriculum revision project. This chapter includes a summary of findings as related to the PN faculty's lived experience of a curriculum transition. Also included is a discussion on the implications of this study inclusive of the theoretical, empirical, and practical implications. Next is a discussion of the delimitations and limitations of the study, followed by recommendations for future research. Last, this chapter concludes with a summary to review the relevant conclusions drawn from the study.

Summary of Findings

This study was conducted with 12 PN educators employed by the NCCCS who were members of the NCCPNE at the time of the study. The experiences of these nurse faculty were obtained from individual interviews, a focus group interview, and participant responses to the four weekly journal prompts. From this data, an overall understanding of the lived experience of nurse faculty transitioning to a concept-based curriculum was revealed. The four major themes include those founded on Schlossberg's 4 S's of transition: situation, self, support, and strategies. The research questions guiding this study were aimed to gain more in-depth insight into the lived experience of practical nurse faculty who transitioned from a systems-based curriculum to a CBC.

With the central research question, I investigated the lived experience of practical nursing faculty who have transitioned from a systems-based curriculum to a CBC as required by the North Carolina nursing curriculum revision project. The purpose of this question was to gain an

understanding of PN faculty experiences with innovative teaching strategies and the influence this has on faculty's role satisfaction. The most frequent code from the data was support systems, under the major theme of support. Faculty members' experiences with a curriculum change were most influenced by their support systems and relationships with others. Faculty who utilized fellow educators and peers were able to adapt to the curriculum transition over time. The second most frequent code from the data was added responsibilities in the form of extra work under the major theme of situation. Extra work was added to the faculty without extra compensation of pay or time off from other duties. Time to work on the new curriculum had to be found, and this often took away from regular responsibilities, leaving faculty struggling to complete the new curriculum revision as well as their normal duties.

The third most frequent code was preparation under the theme of strategies. Early preparation by faculty was necessary for the transition to occur. Many faculty began work on the new curriculum with plans to implement by the first required implementation date. Faculty who waited until the last minute perceived a disadvantage in the transition to the CBC. Finally, the fourth most frequent code, resistance, fell under the major theme of self. Resistance to changing teaching approaches to incorporate more active learning and giving up content was experienced by faculty during the transition. Faculty's lived experience to a transition in curriculum included utilizing support systems, additional work, and resistance to a change in teaching styles.

The second research subquestion of the study was used to investigate how sense-of-self for practical nursing faculty impact their transition from a systems-based curriculum to a concept-based curriculum. Participants spoke of the lack of faculty buy-in in the transition to a CBC. Faculty experienced a lack of involvement in the process of the curriculum transition, experiencing the transition as left out of the decision process with a lack of consideration for

their opinions. Other experiences shared by faculty included added responsibilities and the difficulty they experienced during the transition. The curriculum change was experienced as extra work by faculty in order to rewrite the curriculum, redo lesson plans, and obtain training and education about the CBC all while still maintaining the current curriculum.

Furthermore, the transition was experienced as complicated by the majority of faculty who identified the transition as confusing, disorganized, and requiring a change in teaching style. Overall, faculty experienced the situation as a transition without choice. This transition was experienced with no participant control and as unfavorable by a majority of the faculty, making the situation of the transition a liability.

The second research subquestion of the study was designed to investigate how sense-of-self for practical nursing faculty impact their transition from a systems-based curriculum to a concept-based curriculum. Faculty identified a commitment to students and nursing education, a perspective of personal strengths, and a willingness to adapt through positivism as personal characteristics that enabled their transition to a CBC. Faculty commitment was most notable in their concern for students. Faculty were concerned about students getting the education necessary to practice as new licensed practical nurses. Additionally, faculty had a concern about their ability to teach effectively in the CBC and did not want to present the wrong impression to students regarding the CBC. Faculty perspectives included the self-perceived strengths of being determined, open-minded, a critical thinker, persistent, and possessing excellent communication skills. These perspectives of personal strengths assisted nurse faculty to persevere during their transition experience. Working until the job is finished added another dimension to commitment. Furthermore, communication was an asset when working with other support

systems and students. Mainly, faculty were committed to the success of their students and were persistent and patient during the process of curriculum transition.

The third research subquestion of the study was focused on how PN faculty perceived support systems impacted their transition from a systems-based curriculum to a CBC.

Relationships and resources contributed to the transition in positive and negative aspects.

Relationships with coworkers, leaders, and administrators were meaningful for faculty to feel supported or nonsupported during the transition. Coworkers often worked as a team to accomplish the curriculum transition effectively. Additionally, coworkers supported each other by providing collaborative assistance with implementing active learning strategies and guidance on the CBC. Leadership was necessary for the transition to the CBC. When faculty had knowledgeable leaders to guide the process, the transition was smoother; however, when leadership was absent or inadequate, faculty felt stranded or abandoned in implementing the transition.

Feedback from students and peers contributed to the faculty's ability to make adjustments in their teaching, aiding in the adaptation to the CBC. Organizational support through the NCCPNE was identified as a tremendous support system for collaboration with other PN faculty who were experiencing the transition. Finally, faculty felt the administration provided support through funding for continuing education and training of faculty as they prepared for the transition to the CBC. In contrast, there were a few faculty who experienced an administration failure to provide support in either funding for training or in schedule changes to accommodate the added work of the curriculum transition. Furthermore, a lack of support was most noted in the absence of a concept-based textbook. Faculty identified the lack of a textbook as a major inhibitor in the transition to a CBC. Receiving support from coworkers, peers, leadership, and

administration made the transition to the CBC a more natural and acceptable process than when faculty did not receive these support systems while a lack of a textbook and funding for training hindered the transition.

The fourth research subquestion of the study was an exploration of the strategies that PN faculty utilize in coping with the transition from a systems-based curriculum to a CBC.

Faculty's descriptions of their strategies allowed the subthemes of adaptation and resistance to the transition to develop. Faculty either adapted or resisted the transition in the curriculum. The adaptation was facilitated by a willingness to relearn and incorporate more student-centered learning strategies. Faculty made a conscious effort to change their teaching methods and made plans ahead of time to learn about the curriculum and how to best implement new learning techniques. Being organized, planning ahead, and getting training about the CBC helped faculty during their transition.

In contrast, several faculty resisted the transition and spoke of barriers and an unwillingness to give up teaching approaches. One major barrier was the inability of the faculty to understand or comprehend the concept-based curriculum. Another was persistence in teaching using passive, teacher-centered instruction as a tactic to diminish the stress of change and to maintain control. Faculty initially resisted the transition by maintaining current teaching methods; however, faculty realized that change had occurred, and that they must adapt to remain current and effective as nursing faculty.

Discussion

The purpose of this hermeneutic phenomenological qualitative study was to understand the lived experience of PN faculty who transitioned to a CBC as required by the North Carolina nursing curriculum revision project. Through this study, I was able to gain an insight into the

lived experience of faculty transition to a new method of teaching and learning. The theoretical foundation of this study was based on Schlossberg's (1981) 4 S's of transition. The data were founded on these factors of transition in order to guide my approach to data analysis.

Additionally, the findings of this study correspond with the literature on what is currently known about nursing education, curriculum transition, CBC, and nursing faculty. The following sections provide further details on the empirical literature, theoretical literature, and additional information regarding nurse faculty transition to a CBC in the NCCCS.

Empirical Literature

The empirical literature was supported through the experiences of the participants in this study related to changes in nursing education, the CBC, and the nurse faculty role. The following serves to explain how results of this study relate to or diverge from past research and how this study adds to the current literature on curriculum transition experiences of nursing faculty.

Nurse educators expressed a belief that EBTP are important for faculty to use while rating the available evidence as low (Kalb et al., 2015). For example, Keri reported a desire to see the research in support of the change to a CBC and the lack of evidence provided to the PN faculty reflecting EBTP:

My question for the CRP at that time was show me how you've gone back and reevaluated what you've been doing. Tell me how you've reevaluated to see if it's working or not, or what needs revising before we create our PN curriculum. Nobody could produce any results. That was bothersome.

Additionally, several of the participants verbalized concerns about how the CBC would affect student outcomes. Charlotte stated, "I was discouraged because everything I read stated with the

implementation of the new curriculum faculty should expect increased attrition and decreased pass rates on the NCLEX.” Kelly explained, “I was worried about our pass rate, whether or not our pass rate would stay up or whether it would drop.” Glenda wrote, “Our concern was the NCLEX pass rates as it is a disservice to the students for them to pass the program and not pass the NCLEX.” These concerns echoed Herinckx et al.’s (2014) report that there is an essential need to evaluate how curricula and pedagogy affect student outcomes.

The literature supports the extension of nurse faculty’s psychological self, collectively and individually (Kupperschmidt & Burns, 1997). The participants of this study identified closely with the systems-based curriculum and found it difficult and confusing to transition to the CBC. Julie stated,

We had taught so long about the medical model, wrapping my head around teaching conceptually was very difficult because at first it felt like we were just renaming things because we still had our exemplars which were our disease processes; we just titled it with a concept instead of a body system.

Hendricks et al. (2016) reported that a successful curriculum change was promoted through a series of retreats that promoted communication and collaboration. The participants of this present study reported that faculty communication and collaboration during the curriculum transition contributed to the success of the CBC within their respective programs. As Sherry stated, “We talked before it happened, during the transition, and we are constantly [talking], after each semester, we’re sitting down and discussing concept-based curriculum: what worked, what didn’t and so forth.”

Faculty development and training were noted as lacking in preparation for the participants of this study; preparation, education, and a continuous evaluation process was noted

in the literature as an important aspect for successful nursing education innovations and curriculum revisions (Faison & Montague, 2013). Furthermore, the literature supports the fact that while reform is occurring in nursing education, very little is being researched and disseminated (J. M. Phillips et al., 2013). In spite of a lack of evidence to support the change in curriculum, several participants of this study reported positive outcomes. Keri remarked, “As an instructor, I do feel the curriculum is successful in promoting critical thinking.” Julie elaborated, “I do see some advantages in the concept based model in that we are more interactive in our teaching. We’ve brought a lot more fun into the classroom.”

While this study’s participants report positive outcomes for students, the issue of nursing education reform being implemented without domain-specific research, and the failure to evaluate how curricula and pedagogy affect student outcomes remains a concern (Benner et al., 2010; Herinckx et al., 2014). Furthermore, research indicates that faculty may develop the necessary thinking related to the creation of a new curriculum had the focus been on curriculum revision as a transition rather than as a change (Kupperschmidt & Burns, 1997). Participants in this study experienced curriculum change as a revision and did not develop the necessary thinking until much later into the transition process. Kelly commented, “I think that it was that moment that I realized the value that I could add to our nursing program.” According to Debbie, “I was able to see it develop from start to finish and see where everything fits in. You might not call me a new instructor, but I was new to a curriculum change or to a curriculum development.”

Hendricks et al. (2016) attributed successful curriculum changes through faculty communication and collaboration, which was noted as one of the major factors that promoted curriculum transition in this study. Paige and Smith (2013) found four themes from their study on the experience of nurse faculty who participated in a problem-based learning development

program. From these four themes, three were noted among the current study participants: a change in perception of the teacher-student relationship, a struggle with letting go, and uncertainty. Keri described her change in the teacher-student relationship: “My teaching style changed from being content-heavy lecture to student-centered, active learning.” Kelly described her struggle in letting go of content as “those little gray areas that we’ve always focused on . . . that we didn’t want to let go of. We kind of still, still held onto some of those.” Lastly, uncertainty was evident in Kathleen’s statement regarding the CBC: “I still don’t know that we’re doing it 100% correct, but we’re trying.”

The literature indicates that Erickson’s (2002, 2012) CBC was developed and used in primary, secondary, and postsecondary education. Current study participants verbalized concerns over the effectiveness and appropriate application of the CBC to nursing education. Sherry conveyed her concern: “I wondered about how, you know, faculty would relate to concept-based. I also wondered if students would understand concepts instead of the typical medical model that we have always been used to, so I was somewhat unsettled.” Julie stated, “I was confused and frustrated because I felt like the concept-based curriculum did not provide that foundation that beginning nursing students need.”

According to Golde and Walker (2006), to discover how to teach for nursing practice effectively, nurse educators must engage in research that has nursing-specific pedagogies and curricular strategies. Taplay et al.’s (2014) findings indicated that a significant shift in thinking is necessary for the organization as well as the program during the implementation of simulation. J. F. Giddens and Brady (2007) also stated that a change in nursing education would require a change in paradigm for nurse educators and the student moving from an emphasis on content to a conceptual pedagogy. Participants in the current study spoke of the change in thinking and

perspective they experienced after the implementation to a CBC. According to Kelly, “It certainly increased my confidence as an educator because I knew that between the three faculty members, we had developed the concept based curriculum for our PN students and it was successful.” Furthermore, nurse educators must move to an active learner-centered approach to teaching (J. F. Giddens & Brady 2007). This move was noted among the current participants as they described the change in their teaching methods and willingness to become more student-centered in their approaches to nursing education. Debbie remarked, “I just tried to bring in more teaching strategies. And get away from so much lecture.” Lasater and Neilson (2009) reported that the CBC deepened the clinical thinking and clinical judgment of students. In contrast, this was not a reported outcome by the participants in this study.

Lewis (2014) reported an unexpected program outcome from the CBC was an increase in NCLEX pass rates and adverse outcomes of student end-of-program satisfaction that had decreased. Current study participants spoke of NCLEX pass rates for their respective programs as decreasing and corroborated the student-satisfaction rates as declining. Keri wrote, “In the beginning, with the first class on concept-based students, we saw a drop in NCLEX scores.” June noted, “I also remember that students were less satisfied with instructor/teacher performance evaluation in the classroom because there was the introduction and implementation for the student to be more active in learning.” Furthermore, Lewis (2014) reported minimal faculty turnover during the time of the study providing an insight into faculty adaptation and role satisfaction with a new curriculum. Altuntaş (2014) reported administrative support, mentorship, workloads, financial compensation and work environment as factors that contribute to role and job satisfaction and directly impact the work life of nurse faculty and their intent to stay in academia.

Participants in the present study reported role and job satisfaction were influenced positively as related to the support received from the administration, and negatively as related to workload and financial compensation. Sherry remarked, “My administration, they were great. They allowed me to be on the committee. The administration there at the college, they supported me with that.” Glenda wrote, “This added STRESS to my life personally and professionally. Finally, everything required a huge amount of work of which we were not compensated for in salary or work load.” Furthermore, participants experienced a decrease in productivity and effectiveness during the transition due to the increase in workloads. Julie stated, “I honestly do not feel I am as an effective teacher since transitioning to the concept-based curriculum.”

Kathleen, described her experience:

Having the time to work because I had to teach a whole lot of new material that I’d never taught before so I had to rewrite a whole lot of things; or not rewrite, but write it from scratch and then not having the books, that was difficult because some of the books we were using they didn’t even have exemplar in it, so we had to pull that from the Internet somewhere.

Faculty development has been noted as an essential factor in obtaining faculty commitment to a change (Fiedler, Giddens, & North, 2014). Additionally, nurse educators felt a sense of empowerment and an increased willingness to change to innovative methods when they received training and education (J. M. Phillips et al., 2013).

Participants in this study voiced resistance to a change in curriculum as well as having concerns regarding whether they were inadequately trained or educated on the CBC. Keri remarked, “I was resistant because I did not understand the concept model.” Julie stated, “For me, a factor was not having enough education ahead of time for me to understand conceptual

teaching and the expectations I should have of a conceptual learner.” Nurse faculty transition to innovative teaching methods was noted in the literature as being met with resistance. This resistance was related to large class sizes, inadequate time, commitment, and knowledge. Also, faculty cited lack of evidence, and an inability to let go of teaching control as other reasons for faculty’s failure to change (Fiedler, Giddens, & North, 2014; Gardner, 2014; Kalb et al., 2015; Paige & Smith, 2013; J. M. Phillips et al., 2013).

In the present study, participants cited a lack of faculty development, time, research evidence, and resistance in letting go of teaching control as reasons for the difficulty in transitioning to a CBC. Julie expressed concerns about a lack of education: “For me, a factor was not having enough education ahead of time for me to understand conceptual teaching and the expectations I should have of a conceptual learner.” Glenda commented on the lack of time and “the time it took, not just even to put the curriculum and all together, but then to be able to do those kinds of activities for flipping [the classroom].” Keri voiced a concern about a lack of evidence:

My question for the CRP at that time was show me how you’ve gone back and reevaluated what you’ve been doing. Tell me how you’ve reevaluated to see if it’s working or not, or what needs revising before we create our PN curriculum.

Kelly spoke of faculty resistance to letting go of content,

Of course there hasn’t been that many [occurrences], but when we realize there is something that no one is teaching, we add it somewhere, which is outside of those concepts, but it’s important things that we think the students need to know such as growth and development, diverticulitis, peritonitis, and irritable bowel syndrome.

In contrast, factors that influenced faculty's positive perceptions and use of innovative teaching strategies were attributed to a supportive administration and administrative support as a contributing factor to success (Kalb et al., 2015; Paige & Smith, 2013). The participants of this study spoke of the administrative support they received making it possible for them to obtain necessary training and development on the CBC.

Sherry described her administrative support: "They paid for travel, they paid for overnight hotel, they allowed me to take time off work to be able to go to the meetings." Lastly, According to Paige and Smith (2013), faculty believe that they may not be doing their job and the innovative approach to teaching will not be effective. This was mirrored by the current study participants as they voiced concerns regarding their teaching effectiveness and students getting the needed information to be safe and effective caregivers. Corrine stated, "It's still a learning curve. Like I said, even after 3 years, I still struggle with doing activities." Charlotte wrote, "We were not covering what seemed like half the content we did in the past."

Theoretical Literature

The theoretical foundation for this study was Schlossberg's (1981) transition theory. According to Sargent and Schlossberg (1988), adult behavior is affected by transitions and readiness for change depends upon the 4 S's of situation, self, support, and strategies. The responses from the participants in this present study supported the 4 S's of transition. The factor of support was revealed as the most common factor that influenced the experience of participants in this study during their transition to a CBC. The second most common factor from this study was the situation of added responsibilities and extra workloads. Strategies, in the form of early preparation and self through resistance, were factors that influenced the transition of the participants, but not to the extent of support and situation.

The factor of support is made up of relationships and organizations that provide affirmation and aid to the individual. The literature found support as a significant factor in the ability to adapt to a transition (Cranford, 2013; Cruz et al., 2013, Elliot, 2015; Elliott et al., 2016; Poronsky, 2013; Tantillo et al., 2017). Support was the most important influence for the transition to a CBC for the participants of this study. Participants reported they received support from coworkers and fellow faculty members. As Kathleen stated, “It would’ve been even more difficult had I not had the ADN people to help me.” Kelly remarked, “Our director, he’s very, very supportive. And I am very fortunate to work with a wonderful team here.” Additionally, participants reported receiving support from the organization of NCCPNE when networking, training, and education was provided among peers experiencing the same transition process. Charlotte wrote about the NCCPNE: “I find networking with other educators across the state is helpful to find different ideas for creativity and implementation.”

The factor of situation includes how the individual views or perceives the transition (Flowers, Luzynski, & Zamani-Gallaher, 2014) and the transition is perceived as a liability when it is unplanned, sudden, and the individual has no choice or control over the situation. Resources that address the situation were found to promote better transitions (Griffin & Gilbert, 2015). Participants in this study spoke of a lack of choice regarding the decision to move to a CBC and voiced concerns over a lack of resources and training for the transition to the CBC. Keri stated, “But we just had to go with it, it was mandated.” Julie acknowledged, “For me, a factor was not having enough education ahead of time for me to understand conceptual teaching.” Kathleen remarked, “It’s been difficult, and I just feel like we don’t have the textbooks and that’s made it harder.” The literature suggests that situational factors significantly influence job and career satisfaction and turnover intentions (Lashinger et al., 2016). The current participants voiced

feelings of being ineffective and unprepared to teach in the CBC. Julie wrote, “I honestly do not feel I am as an effective teacher since transitioning to the concept-based curriculum.”

The literature on the factor of strategies has identified three forms of coping that individuals may use to adapt to a transition: modify the situation, attempt to control the situation, and attempt to manage the stress (Pearlin & Schooler, 1978). The strategy is the plan of action an individual takes to adapt or avoid life’s stressors (Anderson et al., 2012). Brower (2015) reported a combination of a support network and help-seeking behaviors as strategies during the transition. The participants in this study developed a plan of action in preparation for the transition to a CBC, including working ahead to prepare the curriculum, seeking out knowledge and information regarding the CBC, and utilizing support networks. Debbie remarked, “I started early, I tried not to wait until the last minute.” Corrine reported continuing to seek knowledge: “I have attended, and still attend, many conferences on concept-based teaching.” Kathleen stated, “I have really improved and grown a lot especially with attending the workshops that the NCCPNE put on.”

Cruz et al. (2013) reported moving through as instilling a cultural context. McSweeney (2013) reported that frustration and uncertainty were experienced during the transition and described the moving-out phase as becoming comfortable with the change. Moving into the transition of a CBC, the current participants described new roles and routines in the classroom. Sharon stated, “I have learned that I have transitioned from a teacher to where I provide guidance to students.” Additionally, the participants in this study reported feeling lost and confused, but as time progressed, participants spoke of a gradual change in perspective and an acceptance of the CBC. Julie commented, “I feel like it does focus on making them [students] more engaged, more responsible, more actively putting clinical theory together and the reasoning being better

established in the classroom.” Participants in this study had not fully progressed into the moving-out phase of disengagement from prior roles and relationships. According to Charlotte,

But it’s so much better now. I mean, looking back, it’s so much better than it was, but it’s still challenging every time I teach it [the CBC]. And I think pretty soon, just like I taught in the medical model, but I think that over time, that just got, like, so easy. Now it’s [the CBC] getting easier. It’s just challenging.

The factor of self consists of the personal characteristics of an individual to include strengths and weaknesses. The participants in this study reported self-reliance as a strength as well as a factor that enabled them to transition to the CBC. As Glenda explained,

I knew the previous curriculum so well that I could draw on what was about to be taught and was had already been taught. So, I was better at tying it all together and helping the students draw conclusions and think critically.

Literature reports that those undergoing a transition undergo a role strain (Cranford, 2013).

Similarly, the current participants described the role change they had to adapt to the implementation of the CBC, moving from teacher-centered to student-centered approaches.

Sharon wrote about role change: “I have learned that I have transitioned from a teacher to where I provide guidance to students.” Additionally, people in transition are preoccupied and confused (Sargent & Schlossberg, 1988). The participants in this study reported feelings of confusion, anxiety, being overwhelmed, and even frightened with the change in curriculum. As Julie explained,

It was hard at first, we had taught so long about the medical model, wrapping my head around teaching conceptually was very difficult because at first it felt like we were just

renaming things because we still had our exemplars which were our disease processes we just titled it with a concept instead of a body system.

Keri wrote, “In the beginning, with the first class on concept-based students, we saw a drop in NCLEX scores. As a result, faculty were anxious about continuing to use the concept-based curriculum.” June remarked, “I thought it was overwhelming because I thought I was going to leave something out.” Kelly commented, “Any time there is change, it is scary, not only for faculty, but for students as well.”

Overall, the participants’ experiences during the transition to a CBC reflected Schlossberg’s (1981) transition process, with support standing out as the major factor that influenced the transition to a CBC. The literature indicates there are several factors that contribute to role and job satisfaction and directly impact the work life of nurse faculty (Bittner & O’Connor, 2012; Candela et al., 2013, 2015; Cangelosi, 2014; Cranford, 2013). These factors include administrative support, mentorship, workloads, financial compensation, and work environment which were evident for the participants of this study as well.

Implications

Scholars note that changing healthcare policies have led to a demand for a change in nursing education. Multiple nursing education strategies are being implemented with little evidence to support their use and effectiveness (J. M. Phillips et al., 2013). Furthermore, some studies have addressed the experiences and outcomes of nursing students during these changes (Carlson-Sabelli et al., 2011; Duncan & Shultz, 2015; J. F. Giddens & Morton, 2010; Lewis, 2014). I found relatively little to no research into how the nurse educator experiences these changes or how to assist nurse educators during these transitions. This present qualitative study was an attempt to fill the research and literature gap by adding nurse educator experiences with

curriculum transition research. There were theoretical, empirical, and practical implications for this study to understand the lived experience of PN faculty transitioning to a CBC.

Theoretical Implications

Comparison of the study findings with Schlossberg's (1981) transition theory as the theoretical framework is examined in this section. This study added an additional application to Schlossberg's (1981) transition theory. Schlossberg (1981) developed transition theory to describe individuals in transition that includes the 4 S's of situation, self, support, and strategies. According to Sargent and Schlossberg (1988), adult behavior is affected by transitions and a readiness for change depends upon the 4 S's of transition. Furthermore, Anderson et al. (2012) stated the importance of identifying where an individual is in the process of transition: moving in, moving through, or moving out of transition.

After completing individual interviews, a focus group interview, and collecting responses from journal prompts I found that the participants' transition process reflected the 4 S's of transition. Additionally, the participants were in the moving-through phase of the transition when this study was conducted. Understanding the transition process for nurse educators who are moving to a new or innovative method of teaching in nursing is important in helping nurse educators understand and successfully adapt to these new approaches. The 4 S's were an effective means to understand the process of curriculum transition for PN faculty within the NCCCS.

Situation includes what the individual may be experiencing at the time of the transition. Concerns and needs for resources that address the situation dimension are essential for promoting better transitions (Griffin & Gilbert, 2015). Situations can be either a liability or an asset. According to Griffen and Gilbert (2015) and Winter (2014), the situation is a liability

when it is unplanned, sudden, and the individual has no choice or control over the situation. The impact of the transition was found by Barker and Mamiseishvili (2014) to be the most challenging. Participants in this study emphasized having no control or input into the decision to transition to a CBC. Furthermore, participant responses indicated that the situation of added responsibilities and workloads contributed negatively to their transition experience, making the transition a liability. Finally, the situation of transition left the participants with feelings of frustration and uncertainty, making the transition a challenge.

Anderson et al. (2012) stated that an individual has assets, liabilities, resources, and deficits that are brought to a transition. Furthermore, personal characteristics, strengths, and weaknesses contribute to the self of an individual. Participants of this study related a sense of self-reliance and personal strengths that enabled their transition to a CBC. Additionally, participants reported a commitment to their students, programs, and the nursing profession which contributed to their assets and resources brought to the transition. Communication skills were identified as an important individual asset that made up part of their resources brought to the transition process.

Support is affirmation providing agreement or acknowledgement (Kahn & Antonucci as cited in Anderson et al., 2012, p. 85). Various forms of support through peer relations, institutional support, and support through preparation were noted among current study participants as an important aspect of transition. Support is a resource that individuals require for successful transitions and is based on relationships the individual has with other people. The participant responses focused on support as the main factor that influenced their transition experience with peer support as the most helpful; organizational support was perceived as positive; and administrative support varied as positive or negative, based on the participant's

college. Without support, participants felt as if they did not know where to begin or how to proceed with the transition to a CBC. Support was found to be the necessary factor that participants felt they could have received more of in the form of preparation, training, and education regarding the CBC prior to implementation. Participants did not indicate the transition process influenced their job or role satisfaction or intent to stay or leave nursing education.

Pearlin and Schooler (1978) identified three forms of coping strategies: those that modify, those that are attempts to control, and those that are used to manage the stress of transition. Strategies are the plans of action used by individuals to manage a transition and therefore increase their ability to adapt to the transition. Schlossberg (2011) stated an individual who experiences a transition will have a change in behavior, role, learning, or perception. Participants in this study adapted to the transition through incorporation of active learning strategies into their teaching, verbalizing a willingness to relearn and to early preparation. Over time, the participants acknowledged a change in their perception of the CBC, becoming more comfortable with and accepting of this approach to teaching.

Schlossberg's (1981) transition theory was used in this study in application of the transition process for nurse educators transitioning from a systems-based curriculum to a CBC. The transition process of the participants of this study reveals one more application of Schlossberg's (1981) transition theory. The participants experienced the transition to the CBC via the 4 S's leading to a change in their behavior, role, learning, and perceptions.

Empirical Implications

The majority of the empirical literature is focused on the importance of changes to nursing education, particularly innovative teaching approaches and curriculum transitions. The greater part of research has been quantitative with a focus on student nurse experiences and

outcomes related to innovative nursing education methods. Lacking in the literature was research into how nurse educators experience new nursing education innovations, what factors influence their ability to change their teaching methods, and how these changes affect job and role satisfaction. J. M. Phillips et al. (2013) stated that reform within nursing schools is occurring; however, little is researched and publicized. This study will help to fill this gap.

Interviews with PN faculty from North Carolina community colleges provided a perspective of nurse faculty who transitioned to a curriculum that included innovative teaching methods. Faculty struggled to adapt to the new curriculum and relied heavily on support systems, personal strengths, and strategies to help them during the transition. Furthermore, faculty identified areas that could have made the process easier and less stressful. These areas include early preparation and training, more administrative support in the form of financial recompense and allowing more time away from regular duties to prepare the new curriculum.

Stakeholders most directly affected by changes to nursing education are the nursing students. Students expect to receive a quality, evidence-based nursing education that prepares them for careers in an ever-changing healthcare environment. Students must demand access to quality courses from nursing education programs to meet their learning requirements. Students must have the knowledge and the experience necessary to deliver quality and compassionate nursing care. In addition, accrediting and legislative bodies as well as professional associations should recommend and implement evidence-based changes to nursing education that prepare and train faculty, provide more administrative support in the form of financial recompense, and allow more time to prepare the new curriculum. School personnel such as the board of directors, administrators, and faculty of nursing programs need to support nursing faculty in building and maintaining quality nursing programs recognized by the National Council of State Boards of

Nursing (NCSBN) and other accrediting agencies. Faculty within nursing programs need to be prepared for and trained on new teaching strategies and approaches prior to being expected to educate students using these innovative methods. Better-prepared faculty will be able to educate students for successful program completion and to successfully pass NCLEX exams.

Additionally, programs with successful graduation and NCLEX pass rates will attract additional outstanding students to their nursing program. Employers of nurses such as hospitals, doctor's offices, home health agencies, and other healthcare providers who serve as clinical sites for nursing programs need to recruit recent program graduates for employment. Finally, the communities and patients served by healthcare providers are most affected by the quality of nursing programs and its graduates within their area and should demand high-quality nursing educational programs in order to receive high-quality, compassionate nursing care.

Practical Implications

This study has practical implications for nursing students, nurse educators, deans, directors, and administrators and other stakeholders who are involved in a curriculum change in nursing education. Faculty are closely tied to their traditional curriculum and methods of teaching. For example, large class sizes, inadequate time, lack of incentive, commitment, and knowledge all contribute to the resistance of faculty to use innovative teaching methods (Feidler, 2014; Gardner, 2014; Kalb et al., 2015; Paige & Smith, 2013; J. M. Phillips et al., 2013). Additionally, faculty cite lack of evidence, administrative support, and an inability to let go of teaching control as other reasons for a failure to change (Kalb et al., 2015). Faculty buy-in is of great importance for a nursing education curriculum transition. Nurse faculty need excellent communication and education on the rationale regarding any transitions in nursing education. Additionally, faculty empowerment and involvement during the process of transition is essential

for any changes or revisions to the curriculum within nursing education. Training on the active learning methods should be completed prior to the transition to help faculty feel more comfortable in their move from teacher-centered to student-centered approaches.

Faculty in this study voiced concerns regarding students getting the necessary knowledge base to be successful practitioners. Peggy stated, “I felt like I couldn't give the students what they needed.” Nurse faculty need more preparation and training regarding new teaching methods. Additionally, faculty need training that help them define the foundational knowledge that is critically necessary compared to content that can be removed from the curriculum. Additionally, providing evidence in support of the transition would ease the process. More importantly, faculty would have been better prepared to teach in the CBC had they received training and education about the CBC prior to implementation. The transition was made more difficult due to a lack of understanding and knowledge by faculty leading to an experience of being lost, disorganized, confused, anxious, and scared. Keri described, “At the beginning, I also thought it was so unorganized, so not connected.” Kathleen reported, “It doesn't flow real well.” Debbie stated her fear was “the fear of getting it all done, getting it all done timely.” Kelly remarked, “But that's probably . . . the fear. The anxiety. And the worry and concern about the students.”

Added workloads were a major concern and a complaint by the study participants. Charlotte wrote, “The transition from a systems-based curriculum to a concept-based curriculum initially meant that I had so much work to do.” Participants spoke of the importance they placed on support systems from peers and leadership with the added responsibilities of the CBC. Debbie stated, “So I was able to use team work . . . we have a lot of support, administratively and . . . teamwork was especially important.” Nurse educators need to feel supported by their

coworkers, directors, and deans. Additional support includes administrative support from the college for financial funding for training and preparation on the proposed curriculum change. Additionally, time away from normal duties to work on new lesson plans, syllabi, classroom activities, and training on the curriculum would have prevented faculty from feeling overwhelmed.

Implications of this study provide the following recommendations for nurse educators, deans, directors, administrators, and other stakeholders who are involved in a curriculum change in nursing education. First, faculty need to see the evidence that supports the decision to change the curriculum, teaching methods, and approaches. This evidence should include the effectiveness on student outcomes as well as program outcomes. Secondly, faculty buy-in is a priority and all nurse faculty who will be affected by a curriculum change should receive frequent and constant communication about the process. Education on the new curriculum is a must to ensure faculty have the knowledge and understanding to implement new approaches in nursing education. Faculty involvement in the process should be included to allow for a feeling of having a voice in the decision-making process. Preparation and training need to be completed prior to implementation so faculty are prepared to teach in the classroom and clinical settings using new methods.

Finally, faculty need to have time to prepare for the transition in order to prepare for the change in curriculum. Adding the preparation time to already overloaded faculty increases stress and can decrease job and role satisfaction. Overworked faculty, especially those who are not adequately compensated, feel unappreciated and insignificant to their nursing program and school. While additional pay cannot always be offered, time for extra work in exchange for time off could be a possible compromise. The implications of this study impact all those in

healthcare. Currently, nurse educators do not meet the demands for the number of nurses needed in healthcare over the next 5 to 10 years. Unless nurse educators are given a voice in nursing education or are adequately compensated for their time, fewer nurse educators will enter the academic arena or those who are currently in academia may leave. A decrease in nurse educators leads to a decrease in well-prepared nurses which, in turn, will affect the overall health of society in the future.

Delimitations and Limitations

Delimitations for this study were used to focus on PN faculty's experience with a transition to a CBC. The delimitations of this study included the choice of using purposeful, criterion sampling of participants, all of whom are employed as PN faculty within a North Carolina community college school of PN and were members of the NCCPNE at the time of the study. Participants served as full-time PN nursing faculty who had transitioned from a systems-based curriculum to the CBC since 2015. This eliminated ADN faculty within the NCCCS who had transitioned to a CBC. Additionally, this study did not include nurse educators from 4-year universities. The demographics of the colleges were restricted because the study was focused only on community colleges within the NCCCS that had transitioned to the CBC as required by the North Carolina curriculum revision project.

One of the limitations for the study was the decision to use a qualitative approach. I believe a more robust study would have resulted from the inclusion of a quantitative component with statistical analysis that would have produced more evidence to support the qualitative findings. Furthermore, a qualitative approach lends itself to the self-reported experiences of the participants and cannot be generalized to other nurse educators or settings.

Another limitation of this study was my own researcher bias. The phenomenon I studied was the lived experience of PN faculty transitioning to a CBC. The bias stems from my experience as a PN nurse educator within the NCCCS who has transitioned to a CBC. I used personal experience as the starting point for my phenomenological research, realizing that my own experience may be possible experiences of others (van Manen, 1990). Due to my personal experience, there was some amount of bias in how I interpreted and drew the conclusions from the data.

Another limitation was the voluntary nature of the study. This study was limited to 12 participants from the recommendation for 15, all of whom were female. As no male nurse educators were represented in this study, the valuable perspective of male nurse educators was not a part of this study. A larger, more varied group of participants may have provided additional or more diverse themes. This study was conducted in the community college setting within the NCCCS and among members of the NCCPNE and reflected the lived experience of the nursing faculty in practical nursing programs from eight of these colleges. Therefore, this study does not reflect the experiences of all nursing faculty within the community college system.

Additionally, adding more participants to include all the community colleges within the NCCCS may have imparted more insight into the lived experience of PN nurse educators. A limitation was noted due to the subjectivity of the study's participants. The recall and honesty of the participants in recounting their experiences was another limitation of this study. A final limitation includes participants from my community college as those participants may have been influenced by our relationship. Lastly, I had a professional acquaintance with all of the participants prior to the implementation of this study, but had no knowledge of their classroom or

clinical experiences other than what the participants relayed to me during the interviews and journal responses.

Recommendations for Future Research

I sought to understand the lived experience of PN faculty who had transitioned to a CBC within the NCCCS. I wanted to understand their perspectives and views as they transitioned to a different approach to teaching in nursing education. While there are studies that include examination of the experiences and outcomes for the students and programs, there remains modest research on the experiences of nurse faculty implementing these innovative approaches in nursing education. This study helped to fill a gap in the literature regarding nurse educators' transition to a CBC within PN programs and revealed similar faculty experiences impacted by the factors of situation, sense of self, support, and strategies. Participants of this study confirmed similar challenges to those found in the literature on nurse educators' transition to new teaching approaches.

Nursing organizations and legislators need to require further research into the implementation process of a CBC; specifically, examination of the negative components of curriculum change and the cause and sources of these negative reactions. Recommendations for future research include replicating the study with a larger sample size, to include more diversity among the participants. Also, adding ADN and BSN programs would add further data on the experiences of nurse educators who are transitioning to new, innovative methods of teaching in nursing education. Additionally, further studies are needed to investigate approaches to clinical rotations that will correlate with conceptual learning occurring in the classroom. Finally, more research is needed on the use of the CBC in the clinical setting.

Nurse researchers and educators need to explore the impact of curriculum change on nursing students. There were several questions raised during this study, indicating the need for future research on how the nursing student can be prepared better for a change to a CBC. Students learn the body systems typically taught in the traditional nursing courses in their pre- and corequisites of anatomy and physiology, and pathophysiology. Future researchers need to examine how this affects students' abilities to transition to concepts. A quantitative study should be conducted to explore the impact of student-centered learning versus teacher-centered learning on students' learning experiences. Furthermore, more research is needed into the impact of a curriculum change on students' learning strategies and their related outcomes.

Nursing leaders and administrators need to demand more research into the implementation process of a new curriculum for faculty to include what is required and expected from faculty during the transition. Faculty commented that they were confused and lost during the transition, so more research is needed into how the faculty transition experience may have been different had the faculty received formal training and education on the CBC prior to implementation. This ties into the support faculty receive; more research is needed in the type of support that would best enable faculty to transition to newer teaching approaches. More research is needed into leadership and administrative skills, along with strategies and resources that are needed to effectively assist faculty during curriculum transition and implementation. Research is needed to examine the underlying forces of change to determine how nurse leaders and organizations approach nursing curriculum changes. Research should be conducted to investigate the need and impact of an educational foundation in conceptual teaching strategies for faculty and how this prepares them for implementation of the CBC. Further research is needed to explore the impact of faculty role and responsibilities as a teacher and mentor in the

learning environment during curriculum transition. Research is needed to explore the post implementation aspect of a curriculum change and what support provided the most effective and positive outcomes. Finally, more research is needed to explore the relationship between the innovative changes taking place in nursing education and the influence this may have on nurse faculty's decision to remain in or leave nursing education. While no faculty in this study left their role as educator, this is a highly likely outcome to the changes occurring in nursing education.

While the results of this study support the related literature regarding nurse faculty's need for administrative support, faculty development, faculty collaboration, hesitation in letting go of control and content, and a lack of evidence to support a change there were some areas that I did not address. Related research has indicated that role strain and role conflicts are reasons for faculty leaving academia (Altuntaş, 2014, Derby-Davis, 2014a, 2014b). While faculty participants in this study reported some degree of role strain and role conflict, they did not report a desire to leave nursing education due to changes in curriculum. Scholarship and service were reported in the literature as important for nursing faculty's satisfaction with work life. Faculty participants in this study did not describe, either positively or negatively, whether scholarship or service impacted their transition to the CBC. Mentorship was found in the literature to be important for aiding faculty during transition; however, faculty participants in this study did not have experienced mentors but relied upon coworkers and peers to assist them during transition.

Summary

Based on theoretical frameworks of Schlossberg's (1981) transition theory and van Manen's (1990) hermeneutic phenomenology, this study was an effort to understand the lived experience of PN faculty who have transitioned from a systems-based curriculum to a CBC as

required by the North Carolina curriculum revision project. I strove to reflect and explicate the meaning (van Manen, 1990) from the nurse educators in transition; in other words, to grasp the essence of the experience (van Manen, 1990). Additionally, I wanted a deeper understanding of these experiences in order to know what other nurse educators experienced as they transitioned to a new curriculum. Themes that emerged from the data analysis included situation, self, support, and strategies based on Schlossberg's (1981) transition theory. Situation encompassed faculty buy-in, added responsibilities, and preparation and training. Self incorporated commitment, perspective, and willingness to adapt. Support was made up of relationships and resources, while strategies included adaptation and resistance.

Participants shared their experience with a curriculum transition and how they moved into, through, and out of the transition. The factor of situation represented a moving-in period, experienced as out of faculty control, with no training and preparation, and included added responsibilities. This was best summarized by Charlotte: "I think it, it was feelings of anxiety, because we didn't really have a lot of training. . . . I was anxious about it, especially as a director because now I got to lead the faculty through this curriculum development." The factor of self symbolized a moving-through period important during the transition as it was faculty's strengths to persevere in spite of obstacles that enabled them to adapt. As Kathleen explained, "I have a Type-A personality, so I'm going to work until I finish something if I drop dead. . . . I'm still going to be working." The factor of support was also representative of a moving-through period and the most important aspect that helped faculty during the transition. According to Kelly, "If it weren't for that collaboration, that probably would have been a nightmare." Finally, the factor of strategies represented a moving-out period in which faculty were able to adapt to and become comfortable with the CBC, and make the new curriculum a part of their teaching. June spoke of

how she adapted to the transition as follows: “I read articles, attended workshops, Nursing Education Conferences, Seminars and collaborated with colleagues about the change in the educational process in nursing and how the change was needed to implement the change in the future of nursing.”

Though there are innovative teaching approaches being used in nursing education, there is very little research that addresses the lived experiences of nurse educators during transition to these teaching approaches. Due to this unique approach in nursing education, it was essential to determine how the CBC transition impacted nurse faculty. This study was focused on one central research question and four research subquestions that revealed the experiences of 12 participants and addressed the gap in the literature by giving voice to PN faculty within the NCCCS. This research permitted faculty to share their experiences related to a curriculum transition in their respective programs.

The topic of this study needs additional research to gain further insight into curriculum changes in nursing education and how those changes impact nurse educators and nursing education. Research that addresses nurse faculty’s experiences with a curriculum change may also aid in preventing failures in innovative changes to nursing education and identify methods that are most effective. This study should be expanded upon to include nurse educators’ and nursing students’ experiences with innovative teaching approaches and to those in other programs of nursing education to include ADN and BSN programs.

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APPENDIX A: SPRINGER PERMISSION: THE INDIVIDUAL IN TRANSITION

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| Title or numeric reference of the portion(s) | Chapter 2 Figure 2.1 The Individual in transition |
| Title of the article or chapter the portion is from | The Transition Framework |
| Editor of portion(s) | N/A |
| Author of portion(s) | Mary Anderson, Jane Goodman, Nancy Schlossberg |
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| Title of the article or chapter the portion is from | Chapter 2. The Transition Framework |
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APPENDIX C: IRB APPROVAL LETTER**LIBERTY UNIVERSITY.**
INSTITUTIONAL REVIEW BOARD

May 30, 2018

Lora Poole Bartlett

IRB Approval 3278.053018: The Lived Experience of Practical Nursing Faculty Who Have Transitioned to a Concept-Based Curriculum as Required by the North Carolina Curriculum Revision Project

Dear Lora Poole Bartlett,

We are pleased to inform you that your study has been approved by the Liberty University IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year, or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,



G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
The Graduate School

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APPENDIX D: REQUEST FOR PERMISSION FROM NCCPNE

April 3, 2018

NCCPNE Board of Directors


Attn: Carolyn McCormick.

Dear Mrs. McCormick:

As a doctoral candidate in the School of Education at Liberty University, I am conducting dissertation research as part of the requirements for the Doctor of Education degree in Educational Leadership. The title of my dissertation is “The Lived Experience of Practical Nursing Faculty Who Have Transitioned to a Concept-based Curriculum as Required by the North Carolina Nursing Curriculum Revision Project” and the purpose of my research is to explore and gain an understanding of the transition experience of practical nursing faculty employed by community colleges within the North Carolina Community College System after a curriculum change.

I am writing to request your permission to contact practical nursing faculty of your organization to invite them to participate in my research study.

Participants will be asked to participate in one individual interview, one focus group interview, and respond to four journal prompts regarding their transition experience. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are allowed to discontinue participation at any time without penalty.

I would be very grateful if you would provide me the contact information for the practical nursing faculty within your organization through a reply email within one week in order for me to seek voluntary participants for the study.

Thank you for considering my request. If you choose to grant permission, please provide a signed statement to me on official letterhead indicating your approval within one week.

Sincerely,



Lora Bartlett
Doctoral Candidate
Liberty University

APPENDIX E: NCCPNE APPROVAL



North Carolina Council of Practical Nurse Educators, Inc.

Carolyn McCormick



April 16, 2018

Lora Bartlett



Dear Lora Bartlett:

On April 7, 2018, the NCCPNE Board of Directors approved your request to contact the Practical Nursing faculty of the NCCPNE membership to invite them to participate in your research study titled, "The Lived Experience of Practical Nursing Faculty Who Have Transitioned to A Concept-Based Curriculum as required by the North Carolina Nursing Curriculum Revision Project."

We wish you the best in your dissertation phase of your doctoral program and look forward to hearing the results of your study.

Sincerely,



Carolyn McCormick
President, NCCPNE

APPENDIX F: RECRUITMENT LETTER

[Insert Date]

[Recipient]

[Title]

[Company]

[Address 1]

[Address 2]

[Address 3]

Dear [Recipient]:

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for the Doctor of Education degree in Educational Leadership. The purpose of my research is to explore and gain an understanding of the transition experience of practical nursing faculty who have transitioned from a systems-based curriculum to a concept-based curriculum as required by the North Carolina nursing curriculum revision project. The sub-questions for my research include How do practical nurse faculty perceive the situation of transition from a systems-based to a concept-based curriculum? How does practical nurse faculty's sense of self impact the transition from a systems-based to a concept-based curriculum? How do practical nurse faculty perceive their support systems during the transition from a systems-based to a concept-based curriculum? and What strategies do practical nurse faculty utilize in coping with the transition from a systems-based to a concept-based curriculum? I am writing to invite you to participate in my study.

If you are currently employed full-time as Practical Nurse faculty within the North Carolina Community College System and have transitioned from a systems-based to a concept-based curriculum within the past two years and are willing to participate, you will be asked to take part in an individual interview, one focus group interview, and respond to four journal prompts about your transition experience. It should take approximately six weeks for you to complete the procedures listed. Your name and/or other identifying information will be requested as part of your participation, but the information will remain confidential and accessible to only the researcher. Throughout the study participants will be given pseudonyms to maintain and protect confidentiality.

To participate, sign and return the attached consent document by email to [REDACTED] or by fax at [REDACTED]. I will follow up with you after consent is received to schedule the one-on-one interview and focus group interview and to provide the journaling instructions.

If you choose to participate, you will be entered in a random drawing to receive one of five \$100.00 Amazon gift cards at the completion of this study.

Sincerely,

Lora Bartlett
 Doctoral Candidate
 Liberty University

APPENDIX G: CONSENT FORM

CONSENT FORM

THE LIVED EXPERIENCE OF PRACTICAL NURSING FACULTY WHO HAVE
TRANSITIONED TO A CONCEPT-BASED CURRICULUM AS REQUIRED
BY THE NORTH CAROLINA CURRICULUM REVISION PROJECT

Lora Bartlett

Liberty University

School of Education

You are invited to be in a research study on the experience of practical nurse faculty who have transitioned from a systems-based curriculum to a concept-based curriculum. You were selected as a possible participant because you are currently serving as full-time practical nursing faculty member within the North Carolina Community College System, and you have transitioned from a systems-based curriculum to a concept-based curriculum within the past two years. Please read this form and ask any questions you may have before agreeing to be in the study.

Lora Bartlett, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

Background Information: The purpose of this study is to understand the lived experience of practical nursing faculty who have transitioned from a systems-based to a concept-based curriculum as required by the North Carolina curriculum revision project. The research will examine how practical nurse faculty member's perception of situation, support, sense of self, and coping strategies impacts the transition experience from a systems-based to a concept-based curriculum.

Procedures: If you agree to be in this study, I would ask you to do the following things:

1. Participate in one individual interview that could last one to two hours. The interview will be audio/video taped for transcription by the researcher immediately after the interview.
2. Participate in one focus group interview that could last one to two hours. The interview will be audio/video taped for transcription immediately after the interview.
3. Spend 30-60 minutes reflecting and responding to one journal prompt per week for four weeks and forward a copy via email of each entry to the researcher when complete.

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

Benefits: Participants should not expect to receive a direct benefit from taking part in this study. We will be adding to the body of research on nursing education professional practices during curriculum change, which may benefit some nursing faculty and nursing education administrators.

Compensation: Participants will be compensated for participating in this study. Randomly selected participants will receive one of five \$100.00 Amazon gift cards at the completion of this study.

Confidentiality: The records of this study will be kept private. I will conduct the interviews in a location where others will not easily overhear the conversation. I cannot assure participants that other members of the focus group interviews will not share what was discussed with persons outside of the group. All interviews will be recorded and transcribed by the researcher and recordings will be stored on a password protected external hard drive. Only the researcher will have access to these recordings. Data may be used in future presentations. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Participants will be assigned a pseudonym. After three years, all electronic records will be deleted.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Contacts and Questions: The researcher conducting this study is Lora Bartlett. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at 828.527.8160 and/or lbartlett@liberty.edu. You may also contact the researcher's faculty advisor, Dr. Kenneth Tierce, at krtierce@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher **you are encouraged** to contact the [REDACTED]

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH
CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

The researcher has my permission to audio-record/video-record me as part of my participation in
this study.

Signature of Participant

Date

Signature of Investigator

APPENDIX H: REMINDER LETTER

[Insert Date]

[Recipient]

[Title]

[Company]

[Address 1]

[Address 2]

[Address 3]

Dear [Recipient]:

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for the Doctor of Education degree in Educational Leadership. The purpose of my research is to explore and gain an understanding of the transition experience of practical nursing faculty who have transitioned from a systems-based curriculum to a concept-based curriculum as required by the North Carolina nursing curriculum revision project. The sub-questions for my research include How do practical nurse faculty perceive the situation of transition from a systems-based to a concept-based curriculum? How does practical nurse faculty's sense of self impact the transition from a systems-based to a concept-based curriculum? How do practical nurse faculty perceive their support systems during the transition from a systems-based to a concept-based curriculum? and What strategies do practical nurse faculty utilize in coping with the transition from a systems-based to a concept-based curriculum? I am writing to invite you to participate in my study.

If you are currently employed full-time as Practical Nurse faculty within the North Carolina Community College System and have transitioned from a systems-based to a concept-based curriculum within the past two years and are willing to participate, you will be asked to take part in an individual interview, one focus group interview, and respond to four journal prompts about your transition experience. It should take approximately six weeks for you to complete the procedures listed. Your name and/or other identifying information will be requested as part of your participation, but the information will remain confidential and accessible to only the researcher. Throughout the study participants will be given pseudonyms to maintain and protect confidentiality.

To participate, sign and return the attached consent document by email to [REDACTED] or fax at [REDACTED]. I will follow up with you after consent is received to schedule the one-on-one interview and focus group interview and to provide the journaling instructions.

If you choose to participate, you will be entered in a random drawing to receive one of five \$100.00 Amazon gift cards at the completion of this study.

Sincerely,

Lora Bartlett
Doctoral Candidate
Liberty University

APPENDIX I: INDIVIDUAL INTERVIEW GUIDE

Date:

Time of Interview:

Place or method of interview:

Interviewer:

Interviewee:

(Briefly describe the project)

Standardized Open-Ended Interview Questions

1. How did you view the initial situation of transition to the concept-based curriculum?
2. How did the timing of the transition to a concept-based curriculum impact you?
3. Can you describe what the transition to the concept-based curriculum was like for you?
4. What qualities about yourself helped you adapt to the concept-based curriculum?
5. Have you experienced any change or transition similar to a curriculum transition?
6. How did you feel when you first began using the concept-based curriculum in your teaching?
7. Tell me about your support systems.
8. In what ways was your _____ supportive during the transition to a concept-based curriculum?
9. In what ways was your _____ not supportive during the transition to the concept-based curriculum?
10. What strategies did you use in preparing to teach in a concept-based curriculum?
11. What was your greatest barrier encountered in the transition to a concept-based curriculum?

12. When things are stressed with change are you the type of person who tries to change the situation (such as negotiation, optimistic, self-reliance, seek advice, or decide there is nothing you can do), reframe the situation (such as positive comparisons, selective ignoring, substitution of rewards), or tries to reduce the stress of the change (such as ventilation of feelings, self-assertion, passive forbearance)?
13. Is there anything else you would like to share with me about this curriculum transition process?

Thank the individual for participating in this interview. Assure him or her of confidentiality of responses.

APPENDIX J: FOCUS GROUP INTERVIEW GUIDE

Date:

Time of Interview:

Place or method of interview:

Interviewer:

Interviewees:

(Briefly describe the project)

Focus Group Prompts

1. Describe your personal experiences with the concept-based course and conceptual learning.
2. Describe your role in the curriculum transition process?
3. Describe factors affecting your involvement in this curricular transition process?
4. Does the fact that this transition is required by your community college system concern you?
5. Describe the nature of your concerns.
6. Describe what you value about conceptual learning.
7. Describe what you dislike about conceptual learning.
8. Describe the most challenging aspects of this curricular change.
9. Describe the beneficial aspects of this curricular change.
10. Is there anything you would like to add?

Thank the group for participating in this interview. Assure the group of confidentiality of responses.

APPENDIX K: WEEK 1 JOURNAL PROMPT

[Insert Date]

[Recipient]

[Title]

[Company]

[Address 1]

[Address 2]

[Address 3]

Dear [Recipient]:

This is week one of the journaling prompts. Reflect on your personal experience for 30-60 minutes and write a direct account of what the transition from a systems-based curriculum to a concept-based curriculum means to you as an instructor and for the nursing program?

Please return your response to me via email within one week.

Sincerely,

Lora Bartlett
Doctoral Candidate
Liberty University

APPENDIX L: WEEK 2 JOURNAL PROMPT

[Insert Date]

[Recipient]

[Title]

[Company]

[Address 1]

[Address 2]

[Address 3]

Dear [Recipient]:

This is week two of the journaling prompts. Reflect on your personal experience for 30-60 minutes and write a direct account of the specific strategies you are taking to adjust to the curriculum transition from a systems-based curriculum to a concept-based curriculum.

Please return your response to me via email within one week.

Sincerely,

Lora Bartlett
Doctoral Candidate
Liberty University

APPENDIX M: WEEK 3 JOURNAL PROMPT

[Insert Date]

[Recipient]

[Title]

[Company]

[Address 1]

[Address 2]

[Address 3]

Dear [Recipient]:

This is week three of the journaling prompts. Reflect on your personal experience for 30-60 minutes and write a direct account of the ways the transition from a systems-based curriculum to a concept-based curriculum is affecting your teaching style.

Please return your response to me via email within one week.

Sincerely,

Lora Bartlett
Doctoral Candidate
Liberty University

APPENDIX N: WEEK 4 JOURNAL PROMPT

[Insert Date]

[Recipient]

[Title]

[Company]

[Address 1]

[Address 2]

[Address 3]

Dear [Recipient]:

This is week four of the journaling prompts. Reflect on your personal experience for 30-60 minutes and write a direct account of how effective you feel as a teacher during the transition from a systems-based curriculum to a concept-based curriculum and why?

Please return your response to me via email within one week.

Sincerely,

Lora Bartlett
Doctoral Candidate
Liberty University

APPENDIX O: PERMISSION REQUEST TO ADAPT INTERVIEW QUESTIONS**(KYLE)**Lora P. Bartlett


12/5/2016

Dr. Valerie Kyle


Dear Dr. Valerie Kyle:

I am a doctoral student from Liberty University writing my dissertation tentatively titled, The Lived Experience of Practical Nursing Faculty Who Have Transitioned to a Concept-Based Curriculum Based on the North Carolina Revision Project. I would like your permission to use your interview questionnaire in my research study. I would like to use and print your questionnaire under the following conditions: I will use this questionnaire only for my research study and will not sell or use it with any compensated or curriculum development activities. I will include the copyright statement on all copies of the interview questionnaire. I will send my research study and one copy of reports, articles, and the like that make use of the data promptly to your attention. If these are acceptable terms and conditions, please indicate so by signing below on the signature line of this letter and returning it to me through e-mail: lbartlett@liberty.edu

Sincerely, Lora P. Bartlett, Doctoral Candidate, Expected date of completion 05/30/2018

Signature:  _____

**APPENDIX P: PERMISSION REQUEST TO ADAPT INTERVIEW QUESTIONS
(POWERS)**

Permission to use/adapt dissertation interview questions

Bartlett, Lora <[REDACTED]>

Sun 4/1/2018 11:02 AM

To [REDACTED]

Lora P. Bartlett

[REDACTED]
04/01/2018

Dr. Monica Powers:

I am a doctoral student at Liberty University writing my dissertation titled, The Lived Experience of Practical Nursing Faculty Who Have Transitioned to a Concept-Based Curriculum Based on the North Carolina Nursing Curriculum Revision Project. I would like your permission to use and adapt your dissertation interview questionnaire in my research study. I would like to use and print your questionnaire under the following conditions: I will use this questionnaire only for my research study and will not sell or use it with any compensated or curriculum development activities. I will send my research study and one copy of reports, articles, and the like that make use of the data promptly to your attention. If these are acceptable terms and conditions, please indicate so by signing below on the signature line of this letter and returning to me through email: lbartlett@liberty.edu

Sincerely,

Lora P. Bartlett, Doctoral Candidate, Expected date of completion July 31, 2018

Signature [REDACTED]